Understanding Substance Use Disorder & Its Impact on Engagement in HIV Care

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Introductions

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Objectives:

1. Define Substance Use Disorder (SUD) according to the DSM V.
2. Describe how substance use effects the brain.
3. Discuss the prevalence of SUD among PLWH.
4. Discuss the impact of SUD on health outcomes.
5. Identify strategies to assess and address SUD among PLWH.
Prevalence of SUD among PLWH

People Living with HIV

50%

General Population

8%

(Durvasula & Miller, 2014; Mimiaga et al., 2013)
The Impact of Substance Use

Significantly increase the risk of adverse health outcomes in patients with HIV infection.

(Mimiaga et al., 2013)
• Addressing substance use is an important component in HIV care
• Any one of these factors can greatly increase or decrease the patients' ability to engage in care
Substance Use Disorder Diagnosis

Substance Use Disorder
- Single disorder
- No longer abuse/dependence

Rated on a continuum
- Mild to Severe

(American Psychiatric Association, 2013)
Four Areas of Assessment

1. Impaired Control Over Substance Use
2. Social Impairment
3. Risky Use
4. Pharmacological

Photo by David Stanley
(American Psychiatric Association, 2013)
Impaired Control

• Taken in larger quantities to achieve same effects
  “I started with just two beers to feel buzzed. Now it takes me six.”

• Persistent desire to stop use
  “I know I need to stop. I think about quitting all the time. I just can’t do it”

• Unsuccessful attempts to stop use
  “I’ve tried to stop using many times, but I always fail”

• Substantial amount of time and resources used to obtain the substance
  “I spend most of my time online looking for a dealer. My whole paycheck ends up going to buy more to keep me going.”
Social Impairment

• Failure to meet role obligations
  “I was supposed to pick up my sister at school, but I was so drunk I forgot. The day before that I called in sick to work. I was too hungover.”

• Decreased social involvement and time spent on recreation and work
  “I don’t hang out with my friends much anymore. My family hassles me about my habit, so I’m alone or with my using friends most of the time.”

Photo by David Stanley
(American Psychiatric Association, 2013)
Risky Use

• Recurrent use in situations that are physically hazardous (e.g., drunk driving)
  
  “I drive home from the bar after having a few all the time. I can handle it because it’s not that far and I know the way”

• Continued use despite recurrent physical and psychological problems caused or exacerbated by use of the substance

  “I can’t make my appointments because of my court dates. This is my second DUI. I’ll need to find a way to get to the clinic for a while. I don’t have many friends anymore so I can’t rely on them.”

Photo by David Stanley

(American Psychiatric Association, 2013)
Pharmacological

- Tolerance
  
  “I stated by smoking a gram but now I smoke three times that much and don’t feel high.”

- Withdrawal

  “Every time I stop or go without it for a few days I get sick. I feel like my body is shaking. Sometimes I use just to feel back to normal and not feel shaky and sick.”

(Photograph by David Stanley, American Psychiatric Association, 2013)
Differential Diagnosis

- 0 to 1 No Disorder
- 2 to 3 Mild Disorder
- 4 to 5 Moderate Disorder
- 6+ Severe Disorder

(American Psychiatric Association, 2013)
Why People Start Using and Continue Using, Even in the Face of Negative Consequences?

Some common reasons for people living with HIV include:

– To self-medicate (depression, fatigue, medication side effects)
– To alleviate negative emotions associated with HIV
– To try to forget their diagnosis “mental vacation”
– To cope with the effects of past trauma
Effects of Substance Use

Body / Mind / Spirit

Connections / Relationships
Holistic Effects: Body

Direct:
- Varies according to the drug used
- Disrupts normal brain-body rhythms
- Increases stress hormones
- Decreases immune functioning

Indirect:
- Exposure to trauma
- Accidents
- Infectious disease
- Decreased self-care
Holistic Effects: Mind

- Establishes or reinforces negative thinking patterns
  - “I am bad.”
  - “I need drugs to live.”
  - “There is no hope.”
- Some drugs can cause significant long-term deficits
- Chronic triggering of the survival brain
- Presence of toxins may exacerbate chronic inflammation in the brain
Holistic Effects: Spirit

- Disconnection to that which inspires
- Disconnection to one’s own spirit
- Denial of spiritual needs
- Avoidance of things spiritual / religious
  - Shame
  - Fear of losing the relationship to drugs
- Dullness of spirit
- Vulnerability to religious exploitation and extreme views
Holistic Effects: Relationships

“We are who we are because of our connections. Our connections create who we are.”

Substances

- Self-soothing
- Regulate emotions
- Regulate states and sensations
- Block out or access memories
- Risk-taking / self-harm
- Create an altered reality
- To gain a sense of control
- To communicate the pain of trauma

Public Self

Private Self

Others

The world / universe

Trauma
Anxiety
Depression
Stigma
SUD
CONDUCTING A SUBSTANCE USE RISK ASSESSMENT
Be Non-judgmental

Many patients are reluctant to disclose illicit drug use unless a safe environment is established

- Avoid words like junkie, crack head, addict, alcoholic, and other pejorative terms

(Mountain Plains AIDS Education and Training Center, 2013)
Start with *less threatening* questions

“What over-the-counter or prescription medications are you taking?”

“How often do you use alcohol? tobacco?”

“Have you ever used drugs from a non-medical source?”

(Mountain Plains AIDS Education and Training Center., 2013).
Do Not Assume Anything

- Drug use occurs across all socioeconomic strata, races, and cultures
- If a patient says s/he uses/has used drugs, ask about specific drugs
- Don’t forget that people also inject insulin, steroids, and hormones

(Mountain Plains AIDS Education and Training Center., 2013).
There is No Completely Safe Form of Drug Use

• Alcohol use is highly correlated with unsafe sexual activities
• Nasal straws and pipes also carry some risk for transmitting blood borne diseases
• Any drug that alters decision-making capabilities can lead to sexual risk behaviors
• Any sharing of injection equipment, even one time, can result in exposure to HIV, hepatitis B/C

(Mountain Plains AIDS Education and Training Center, 2013).
Look for Other Clues in the History and Physical

- Antisocial behavior
- Anxiety, depression, insomnia
- Recurrent legal problems
- Needle tracks or other physical evidence
- Family reports of use

(Mountain Plains AIDS Education and Training Center., 2013).
If There is a Positive History of Drug Use, Get More Information

- “How do you use drugs (inject, snort, smoke, etc.)?”
- “Have you ever injected any kind of drug?”
- “What drugs do/did you inject?”
- “Do/Did you share any drug-using equipment?”
- “Is/Was the equipment you use(d) clean? How do/did you know it is/was clean?”
- “Tell me about the last time you had sex when you were high.”

(Mountain Plains AIDS Education and Training Center., 2013).
Strategies to Assess SUD

- **SBIRT**
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.

https://www.integration.samhsa.gov/clinical-practice/sbirt
SBIRT Components

• Screening — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

• Brief Intervention — a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

• Referral to Treatment — a healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

• https://careacttarget.org/library/sbirt-hiv-care-training
## SBIRT Screening Tools

<table>
<thead>
<tr>
<th>Screen</th>
<th>Target Population</th>
<th># Items</th>
<th>Assessment [Type]</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST</td>
<td>Adults</td>
<td>8</td>
<td>Hazardous, harmful, or dependent substance use (alcohol, drugs, tobacco) [interview]</td>
</tr>
<tr>
<td>AUDIT</td>
<td>Adults and adolescents</td>
<td>10</td>
<td>Problem alcohol use and dependence [self-admin, interview, or computerized]</td>
</tr>
<tr>
<td>DAST</td>
<td>Adults</td>
<td>10</td>
<td>Past year drug use problems [self-admin or interview]</td>
</tr>
<tr>
<td>CRAFFT</td>
<td>Adolescents</td>
<td>6</td>
<td>Alcohol and drug abuse, risky behavior, and consequences of use [self-admin or interview]</td>
</tr>
<tr>
<td>TWEAK</td>
<td>Pregnant women</td>
<td>5</td>
<td>Risky drinking during pregnancy (based on the CAGE) [self-admin, interview, or computerized]</td>
</tr>
</tbody>
</table>

SBIRT in Practice

- **Feedback**
  - Set the context
  - Provide feedback from screener and interpret
  - Elicit client reaction

- **Listen and Understand**
  - Explore Pros and Cons
  - Use Readiness/Importance/Confidence Ruler
  - Summarize

- **Explore Options**
  - Create a menu of options
  - Elicit agreement on selected option
  - Schedule follow-up

- [https://careacttarget.org/library/sbirt-hiv-care-training](https://careacttarget.org/library/sbirt-hiv-care-training)
Activity

Roger is a 35 year old male living with HIV. He is currently on HIV medication that has a warning about alcohol use. He has also missed several of his last medical appointments.

When you ask Roger about his drinking he tells you that he isn’t drinking “that much so it doesn’t matter. “

When you ask Roger how much drinking he does on an average day he tells you that he started with one or two, to help him relax when he was unemployed years ago, but now he averages around a six pack per day.

As you probe further you find out that on the days when he had missed appointments it was because they were in the afternoon and by 1pm Roger has already had too many beers to drive safely so he remains home, but doesn’t call the clinic because he doesn’t want the doctor to scold him.
Responses / Poll

• Based on this information, do you feel that Roger has a problem with drinking?
  1. Yes
  2. No

• If Roger tells you that he is not ready to stop drinking what things might you suggest?
  1. Support Roger in having a conversation with his provider about his alcohol use to see if a medication change is needed and or a referral for SUD treatment
  2. Offer to schedule morning medical appointments instead of afternoon ones
  3. Tell Roger that he needs to stop drinking or he will die and that if he keeps missing his appointment he will be reprimanded
Strategies to Address SUD

- Trauma Informed Services / Compassionate Care
- Focus on developing growth fostering relationships
- Motivational Interviewing
- Stages of Change
- Harm Reduction

- The key is that there is no single approach to addressing substance use disorders.
Trauma Informed Care

“If individuals engage in mental health and substance abuse treatment without addressing the role that trauma has played in their lives, they are less likely to experience recovery in the long run”

(SAMHSA, 2014, p. 21)
"It is through relationships that we have been injured, it is also through them that we heal."

Growth Fostering Relationship

Substances

Safety
Connection
Self Esteem
Counseling
Support groups

Others

Public Self

Others

The world

Private Self

Mutuality
Empathy
Authenticity
Working through difference
Case Study: Dar

• Dar is a 29 year old trans woman who lives alone with her three cats. She has so far refused treatment and refuses to engage in care.
• When you ask her about her supports within the community she tells you that she doesn’t spend much time with others especially after she was sexually assaulted several years ago.
• Dar also reports that she has been assaulted several times before that and faced rejection by her parent because of her gender status.
• She reports that when she is lonely she will go online to cruise for sex. When she hooks up or even while just looking for a partner she inevitably runs into someone offering crystal meth.
Responses / Poll

- Which of the following might be helpful in supporting Dar to engage in care?

1. Provide care that acknowledged the impact of trauma on the lived experience of trans people and offer trauma informed gender responsive care that address its impact.

2. Build a working relationship with her based on mutuality, empathy, and authenticity to help her feel safe.

3. Explain to her the health impact of her meth use and isolation and encourage her to give it up immediately, to go cold turkey.
Motivational Interviewing

A patient-centered method of promoting behavioral change through the exploration of ambivalence towards a particular behavior and through the exploration of the patient’s willingness to change

(Miller & Rollnick, 2013)
Stages of Change

- Behavior change does not happen in one step
- People tend to progress through different stages on their way to successful change
- Each person progresses through the stages at their own rate
- Effective interventions are based on the patient’s current stage of change

(Center for Substance Abuse Treatment, 1997)
Stages of Change (cont.)

• Pre-contemplation
• Contemplation
• Preparation
• Action
• Collapse / Relapse

(Center for Substance Abuse Treatment, 1997)
Precontemplation

Main characteristic

- No intent to change
- Problem behavior seen as having more pros than cons

Intervention match

- Do not focus on behavioral change
- Use motivational interviewing strategies
  - Acknowledge problem
  - Increase awareness of negatives of the problem
  - Evaluate self-regulatory activities

(Center for Substance Abuse Treatment, 1997)
Contemplation

**Main characteristic**
- Thinking about changing
- Seeking information about the problem
- Evaluating pros and cons of change
- Not yet prepared to change

**Intervention match**
- Consciousness raising
- Self-reevaluation
- Environmental reevaluation
  - Make decision to act
  - Engage in preliminary action

(Center for Substance Abuse Treatment, 1997)
Preparation

Main characteristics
• Ready to change in attitude and behavior
• May have begun to increase self-regulation to change

Intervention match
• Same as Contemplation
• Increase commitment to self-liberation
  – Set goals and priorities to achieve change
  – Develop change plan

(Center for Substance Abuse Treatment, 1997)
Main characteristic

• Modifying the problem behavior
• Learning skills to prevent reversal to full return to problem behavior

Intervention match

• Methods of overt behavior change
• Behavior change process
  – Applying behavior change methods for average of six months
  – Increase self-efficacy to perform the behavior change

(Center for Substance Abuse Treatment, 1997)
Maintenance

Main characteristic
• Sustaining changes that have been accomplished

Intervention match
• Methods of overt behavior change continue

(Center for Substance Abuse Treatment, 1997)
Relapse/Collapse

Main characteristic

• Reverting back to full engagement in the problem behavior

Intervention match

• Problem solving
• Use motivational strategies
• Maintain non-judgmental stance

• Abstinence Violation Effect (AVE)

(Center for Substance Abuse Treatment, 1997)
It’s Not “All or Nothing”

A person may be in several stages of change for several behaviors at the same time

- Condom use: *Action*
- IDU: *Precontemplation*
- Alcohol use: *Contemplation*
- Sex work: *Preparation*

A person may also go back and forth between stages for any behavior

(Center for Substance Abuse Treatment, 1997)
Assessing Stage of Change

1. Listen
2. Ask probing, open-ended questions
3. Check your perceptions
4. Review stage status regularly

(Prochaska, Norcross, & DiClemente, 2013).
Developing Goals Appropriate for Each Stage

Goals should be:

• Salient and meaningful to the patient
• Incremental and thus more manageable
• Concrete, specific, and behavior focused
• Focused on increasing desired behaviors
• Include progressive steps for achieving goals
• Realistic and achievable
• Perceived as requiring work and effort

(Prochaska, Norcross, & DiClemente, 2013).
Interventions in the Context of these Stages

- Highly individualized and behavior specific
- Incorporates Motivational Interviewing
- Based on concepts of risk/harm reduction
- Grounded in basic counseling concepts and skills

(Prochaska, Norcross, & DiClemente, 2013).
Making a Referral

When making a referral it is important to consider:

• Patient’s ability to pay

• Patients special needs
  – LGBTQ specific
  – What is the drug of choice
  – Childcare needs
  – Medical needs
  – Severity of the disorder
  – Client’s religious or spiritual beliefs
  – Legal issues

• Level of care needed

https://www.samhsa.gov/find-help

(Center for Substance Abuse Treatment, 1997; Mee-Lee, 2013)
Case Study: George

- 38 yo
- Cisgender
- MSM
- European American
- Recently diagnosed (3 months ago)
- Considering initiating ARV with medical provider
- Reports hx of heavy drinking (5+ drinks per episode) which has increased since his diagnosis

- Consider these statements made by George about his substance use:
Which stage and how to respond:

1. “I’m not ready to quit smoking. My illness has taken everything from me. Smoking is the one thing I can do.”

2. “I gave up using coke years ago. I just got tired of it. It got way to expensive.”

3. “I made an appointment with my doctor to talk about alternatives to opiate use. With all of the overdose deaths I got scared.”

4. “Yeah maybe drinking is bad for my liver. It tastes really good and helps me relax, but it also could make me sick.”
Questions?