

Technical Information

SAMHSA

Substance Abuse and Mental Health
Services Administration

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LIVE

This webinar is now live.



It is being recorded.



Please remain muted.

Welcome

Central East PTTC Webinar

Substance Use and HIV: The Importance of Action and Addressing Disparities

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director

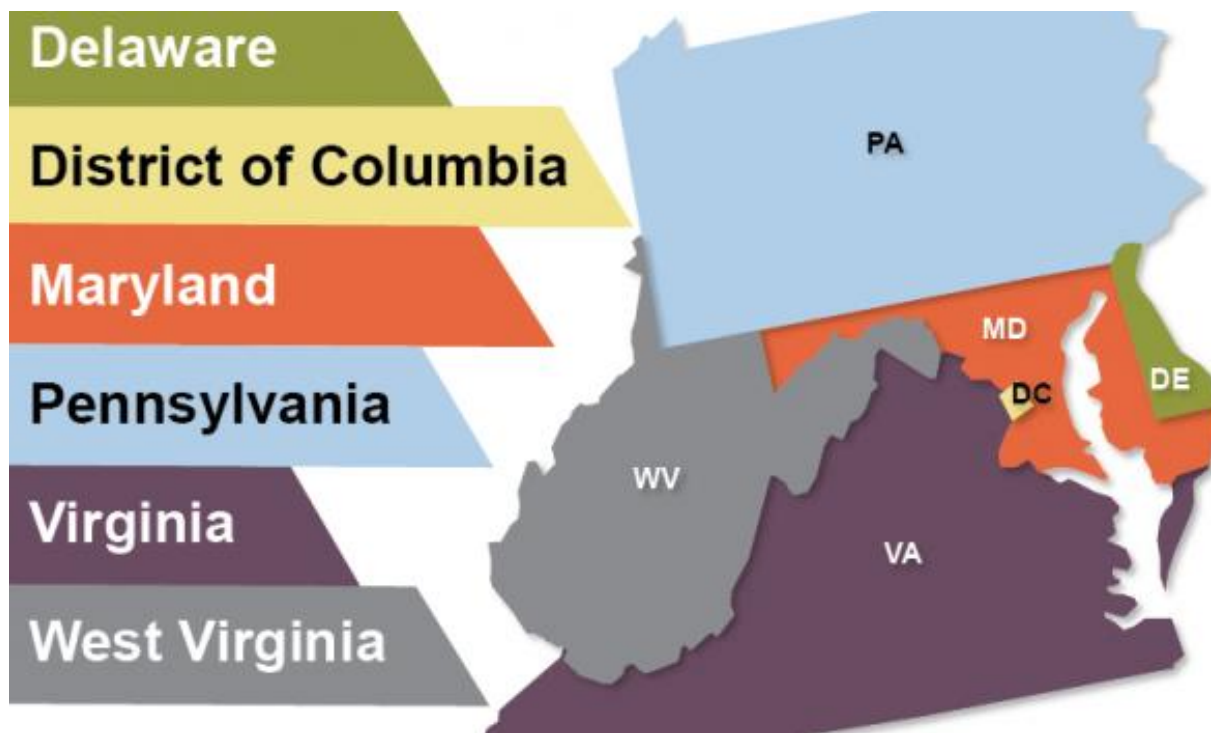


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Central East Region

SAMHSA REGION 3



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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

ethnicity spirituality
orientation practices
normalize experiences expression
standard create
Ethnic stories terror identity
race share injustices
change care Matter shootings
Racial education
space
seem normal
powerful
NASW self Black
gender affected Lives hate
Diversity uncertainty
sexual advocacy
religious competency
cultural
humility



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PTTC Mission



To Strengthen the Capacity of the Workforce

1

To Deliver Evidence-Based Prevention Strategies

2

Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

3



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Services Available



Online Courses



Technical Assistance



Skill Based Training



Webinar



Toolkits



Facilitate Prevention Partnership & Alliances



Research Learning Collaborative



Newsletter



Technology Driven Models



Literature Searches



Virtual Meeting



Research Publication



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Other Resources in SAMHSA Region 3



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ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Substance Use and HIV: The Importance of Action and Addressing Disparities

June 20, 2023

Josh Esrick

PTTC Prevention Specialist
Chief of Training and Technical Assistance
Carnevale Associates, LLC

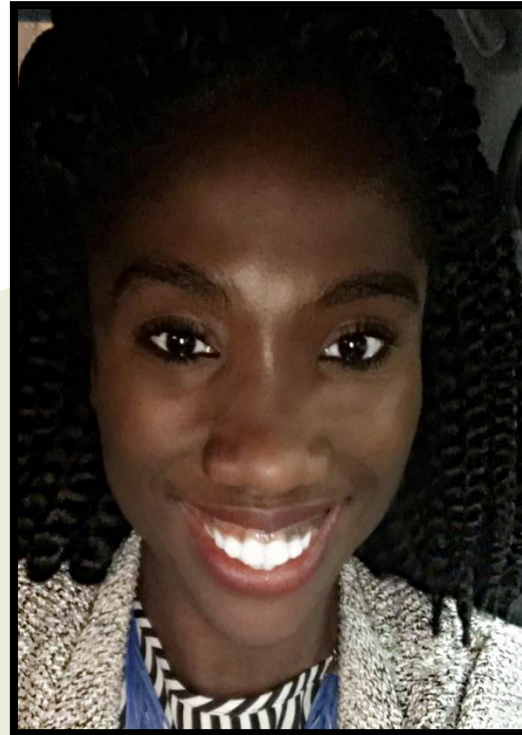
Princess Walker

Technical Assistance Manager
The Danya Institute

Presenters



Josh Esrick



Princess Walker



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Learning Objectives

Explain the importance of addressing substance use and HIV together

Describe the disproportionate impact of HIV

Identify key considerations for serving people living with HIV

Name examples of evidence-based HIV and SUD prevention strategies



Importance of Addressing Substance Use and HIV

There have been major public health successes in reducing the spread of HIV and medical advancements in treating HIV.

However, HIV remains an epidemic that public health needs to continue to address

Significant overlap between populations most at-risk for HIV infection and for substance use disorders



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Current Scope of HIV in the US

- 1.2 million people living with HIV (HIV.gov)
 - Estimated ~13% (156k) are unaware
 - 384 per 100,000 people
- 30,692 new infections in 2020
 - 19% decline from 2015; over 2/3rds decline from 1980s
 - 9.2 per 100,000 people
- 4,977 deaths in 2021 with HIV/AIDS as the underlying cause (CDC)
 - 50% decline from 2010; 80% decline from 1995
 - 1.5 per 100,000 people



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Current Scope of HIV in SAMHSA Region 3

- ~100k living with HIV
- 2,538 new infections in 2020
- 485 deaths in 2021 w/ HIV/AIDS as the underlying cause (CDC)
 - 1.6 per 100,000 people

Living with HIV	
State	Per 100,000
DE	409
MD	655
PA	335
VA	331
WV	220
DC	2,260

New Infections	
State	Per 100,000
DE	11.1
MD	13.8
PA	7.1
VA	8.7
WV	9.1
DC	32.3

HIV Infection Rates, 2020 (CDC)

Race/Ethnicity	Per 100,000 People
African American	37.4
Hispanic/Latino	16.7
Multiracial	15.8
American Indian/Alaska Native	9.9
White	4.6
Asian American	3.8

Sex At Birth	% of Infections
Male	74%
Female	26%

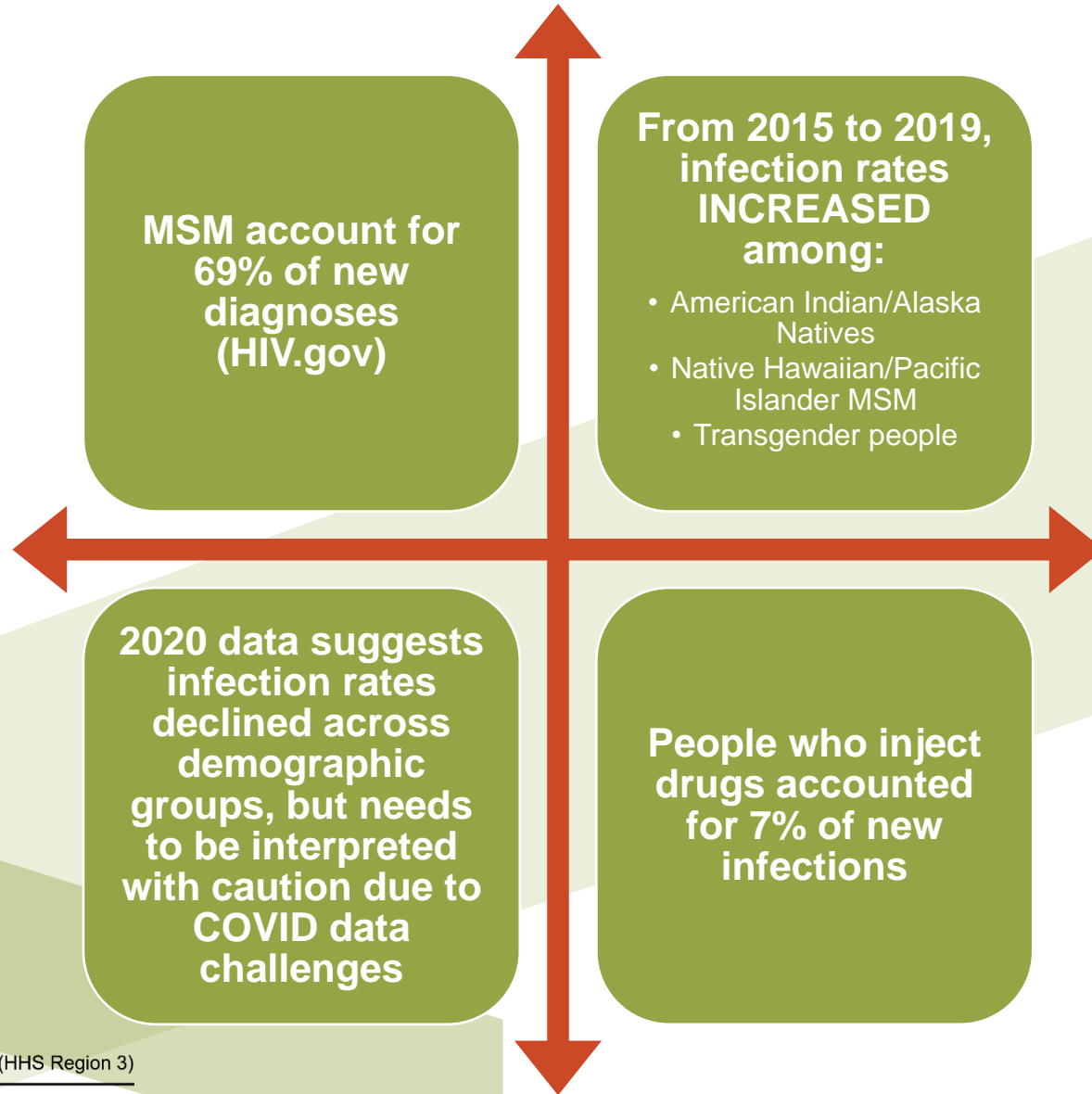
Region of Residence	Per 100K People
Northeast	8.9
Midwest	7.2
South	14.7
West	9.5



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HIV Infection Rates, 2019



Substance Use Increases Risk of HIV

Injection drug use can be a direct transmission source (CDC)

Many types of substance use increase likelihood of high-risk behaviors for HIV:

E.g., needle sharing, risky sexual behaviors

SAMHSA study in 2010 found that:

17% of people with HIV had lifetime intravenous drug use

64% had lifetime other, non-intravenous drug use

19% had never used substances



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HIV Can Increase Risk of Substance Use



Living with HIV is strongly associated with increased risk of mental health disorders

Mood, anxiety, and cognitive disorders
Stress and depression



And these mental health disorders can increase risk of developing co-occurring substance use disorders

Substance Use Worsens HIV Outcomes (NIH)

Substance use can hasten the progression of HIV and its consequences

Weaken the immune system and increase HIV viral load

Potentially alters neural system in ways that eases ability of HIV to enter the brain

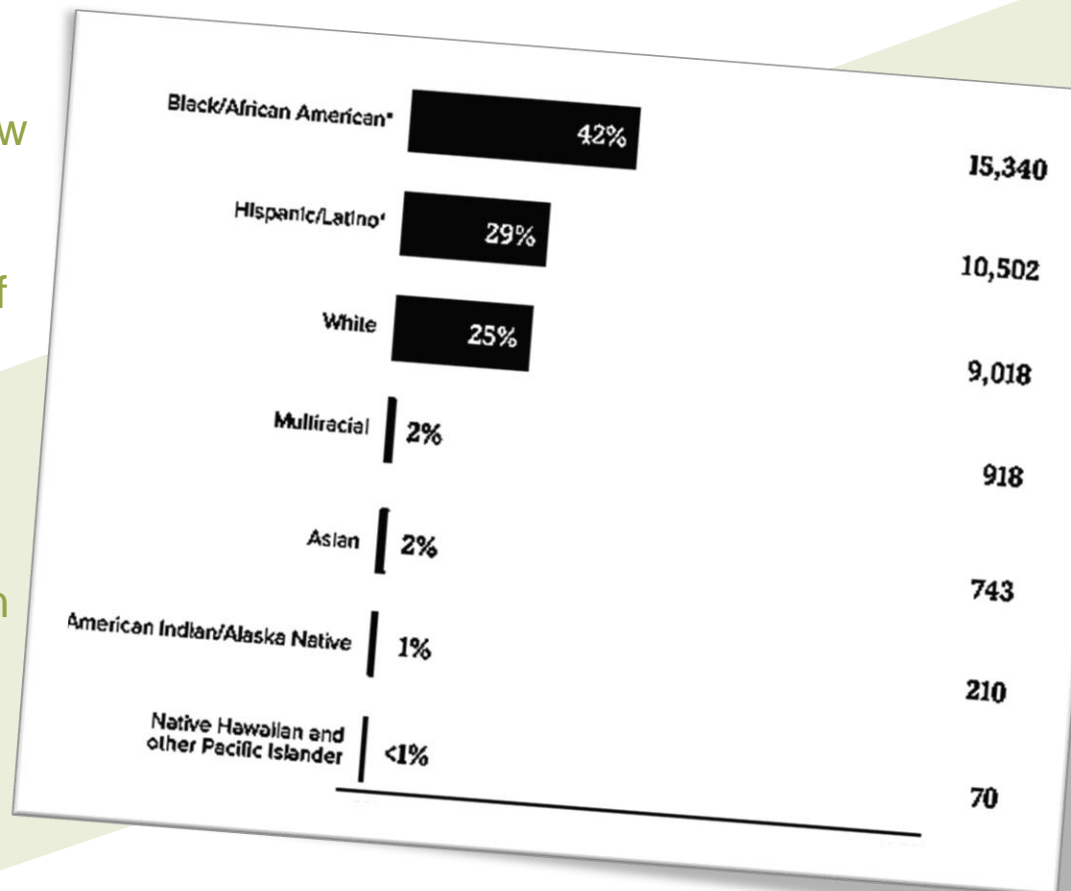
Some substances negatively interact with HIV medications and increase risk of overdose

Can decrease likelihood of adhering to HIV treatment regimen



Disproportionate Impact of HIV in BIPOC Communities

- In 2019, Black/AAs were 42% of new HIV diagnoses and 13% of the population
- Hispanic/Latino people were 29% of new HIV diagnoses and 18% of the population
- Asian Americans have lower rates (2% of diagnoses), which often causes them to be overlooked when new programs are being developed



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Disparities in BIPOC Communities



14.3%

OR 1 in 7 men with HIV are unaware they have it, meaning they cannot access the medications they require to stay healthy and avoid transmission to their partners

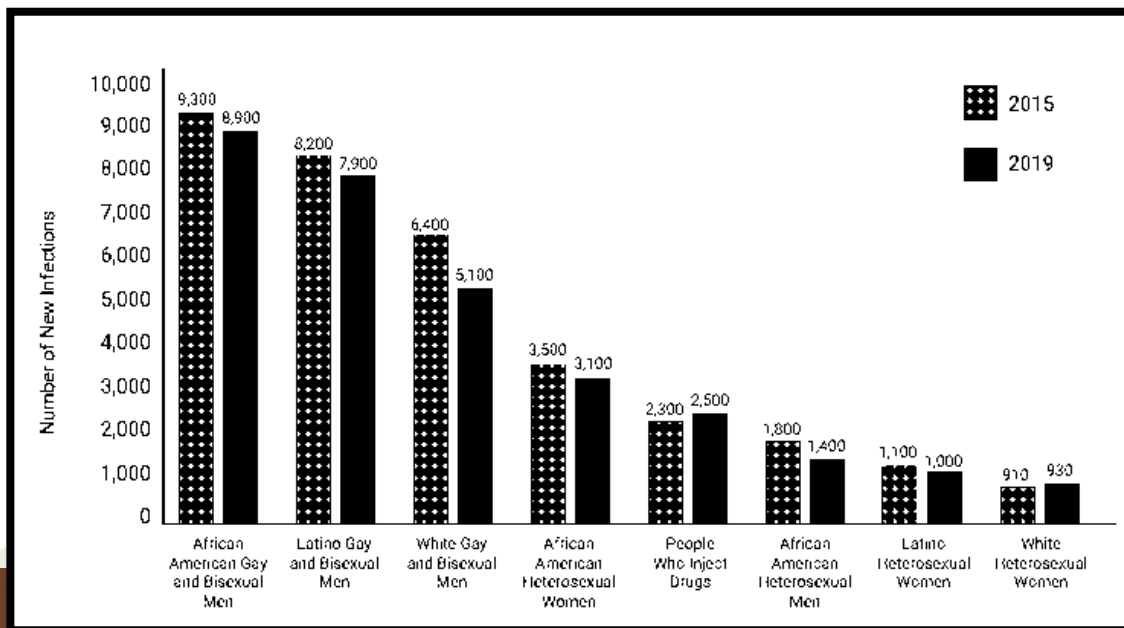
- Within each community, there are more disparities to be addressed. However, in all BIPOC communities, men accounted for higher rates of HIV diagnoses



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HIV disparities among Gay and Bisexual men vs heterosexual men



In all regions of the United States....

Gay and bisexual men are the most disproportionately affected group. They account for about 66% of new HIV infections each year, even though they only account for only 2% of the population, with the highest burden among Black and Latino gay and bisexual men and young men.



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Distribution of HIV Diagnoses

HIV diagnoses are not evenly distributed. The majority of the U.S.'s HIV diagnoses are concentrated in urban areas and southern states.

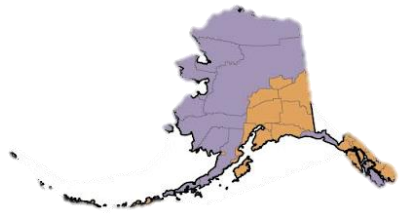
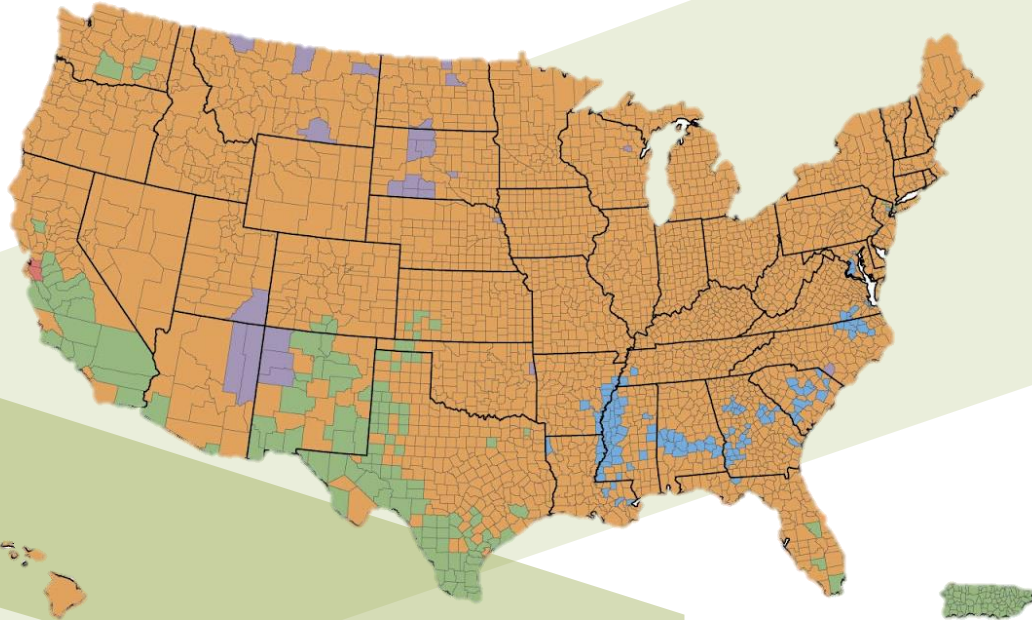


Figure 2 displays the most prevalent race/ethnic group by county in 2020.



Race or Ethnicity Group





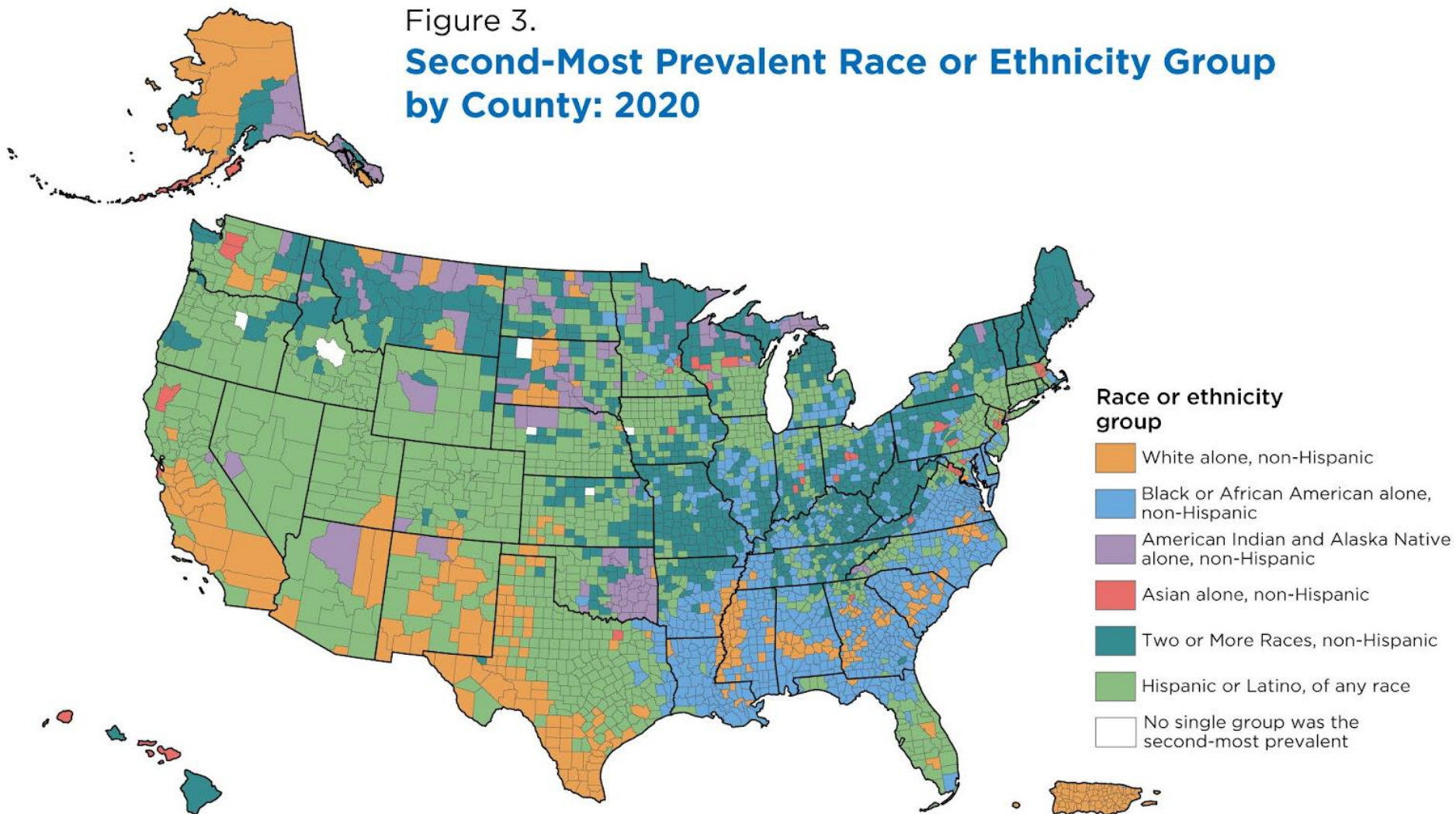
-  White alone, non-Hispanic
-  Black or African American alone, non-Hispanic
-  American Indian and Alaska Native alone, non-Hispanic
-  Asian alone, non-Hispanic
-  Hispanic or Latino, of any race

Figure 3.

Second-Most Prevalent Race or Ethnicity Group by County: 2020



Note: Native Hawaiian and Other Pacific Islander alone, non-Hispanic, and Some Other Race alone, non-Hispanic were not the second most prevalent group in any county.

Information on confidentiality protection, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/complete-tech-docs/summary-file/>.

Source: U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171) Summary File.

Access to healthcare also differs among BIPOC communities in comparison to their white counterparts

Structural & Social Determinants

- policies/ institutional practices
- organizational (mis)representations
- Education
- Occupation
- Income



Intermediary Determinants

- Material & Living Circumstances
- Behaviors & Biological Factors
- Psychosocial Factors



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Determinants of Health

Structural Determinants and Social Determinants of Health Inequities

- ✓ Individuals with low determinants of health are at a higher risk of diseases and have worse health outcomes as compared to individuals with stable housing.
- ✓ Lack of transportation and insurance are the main factors in the higher prevalence opportunistic infections among HIV-infected people
- ✓ Providing a stable housing, affordable healthcare, and reliable transportation services will have an huge impact on a quality of life for this population



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Prevention Care / Challenges

Educational/ Behavioral Modification

Some are concerned that other people will find out that they have tested positive (or that they sought testing at all), although testing is completely confidential.

STI Testing and Treatment

Many people with HIV
DO NOT receive ongoing
Treatment

HIV Testing

Many people, even those who engage in high-risk behavior, do not get tested because they do not believe they are at risk for HIV infection.

Treatment and Prevention

Limited resources for
HIV prevention Many
Americans have become
complacent about HIV



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Key Considerations



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Some Key Considerations



Obtain accurate data

Know which populations are most at-risk in your community



Develop a plan for collaborative activities

Many potential community partners interested in one topic or the other
Need to maintain a holistic, whole health approach



Establish an outreach plan

Likely that some of the focused populations will be hard-to-reach

Some Key Considerations, 2



Reinforce cultural competence and humility

Work with peers and people with lived experience



Identify relevant programs and services

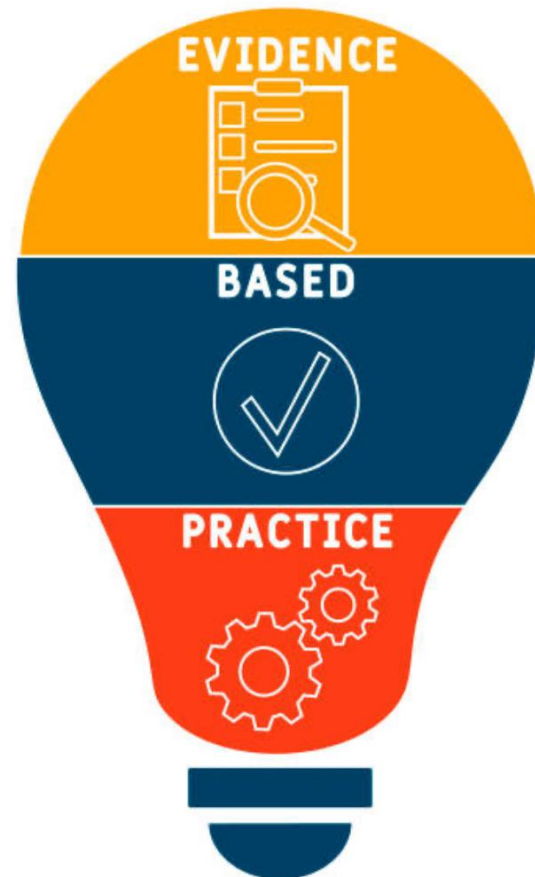
Incorporating HIV and substance use prevention
HIV prevention for people with SUDs
SUD prevention for people with HIV



Determine how to evaluate success

What measures are you most concerned about?

Evidence-Based and Promising Programs



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Evidence-Based and Promising Programs

- **Types of programs**
 - Preventing both substance use and HIV
 - Preventing HIV among people using substances
 - Preventing substance use among people living with HIV
- **Overlap- many shared risk factors**
- **BUT, adapt programs to fit local needs and consider ancillary services**



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What We Are Not Covering

- **Standalone HIV prevention**
 - E.g., condom distribution through school health offices
- **Standalone substance use prevention**
 - E.g., anti-tobacco marketing campaigns
- ----
- Remember that many of these programs are effective at reaching their intended outcomes though, and could complement the programs discussed today



When Selecting a Program, Consider... (SAMHSA)



Who is your target population?



What impact existing protocols/procedures may have?



What local factor could impact service delivery?



What are your organizational strengths and areas for improvement?



What training opportunities are available?



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Programs (SAMHSA & Blueprints)

Life Skills Training

Be Proud! Be Responsible!

Eisenhower Quantum Opportunities Program

Families Unidas

Good Behavior Game

HIPTeens

Positive Prevention Plus

Promoting Health Among Teens!

Reducing The Risk

Practices To Increase uptake of and improve adherence to Pre-Exposure Prophylaxis (PreP)

Syringe Services Programs (SSPs)

Contingency Management

Cognitive Behavioral Therapy

Patient Navigation



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Life Skills Training

- **Classroom-based universal substance use prevention program**
- **Contains 30 sessions taught over 3 years**
- **Focuses on building protective factors against substance use; many SUD-related studies**
- **Research has found lower risk of HIV at 10 years follow-up as well**
- **Why? Many shared risk factors are addressed**
 - **Participants also less likely to be risky drivers**



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Families Unidas

Family-base intervention to build parent-support networks among Hispanic immigrant parents and improve parenting practices

Contains 8/9 multi-parent education sessions and 10 family visits

Focuses on supporting parents in helping their children respond to various risks

Research has found reduced risk of substance use and unsafe sexual behaviors



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Reducing the Risk

Student intervention designed to reduce sexual risk-taking behavior

Contains 16 sessions delivered by high school teachers or other community leaders

Focuses on teaching skills to refuse risky sexual behavior

Research has found reduced risk of unsafe sexual behavior; no studies of SUD

However, some skills (e.g., managing peer pressure) overlap; potentially promising



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Practices Related to PrEP

Specifically, practices for people already living with SUD

PrEP is a biomedical intervention to prevent HIV transmission with strong evidence of effectiveness

PrEP requires daily intake and people with SUD or MH disorders often face barriers

Psychosocial practices exist to encourage PrEP intake, with emerging evidence



Practices Related to PrEP, 2



PrEP Mate

Bidirectional text messaging program



Bio-Behavioral Community Health Recovery Program

Weekly group therapy and text-message reminder intervention



Pharmacy-led PrEP

Integrated care intervention with in-clinic pharmacist consultations



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Syringe Services Programs

- SUD harm reduction interventions with strong evidence of effectiveness at reducing risk of infective diseases
- Components
 - Provision of sterile syringes and injection drug equipment
 - Harm reduction education
 - Linkages to MH and SUD treatment services
- Shown to reduce HIV and Hep C by 50%
- Also associated with reduced rates of substance use



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Considering the SDOH

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

Conclusion



HIV REMAINS AN IMPORTANT PUBLIC HEALTH ISSUE, WITH SIGNIFICANT OVERLAP WITH SUBSTANCE USE



HIV HAS HAD A DISPROPORTIONATE IMPACT AMONG MANY OF THE SAME UNDER-SERVED POPULATIONS DISPROPORTIONATELY IMPACTED BY SUBSTANCE USE



MUST CONSIDER AND ADDRESS KEY CHALLENGES TO DEVELOPING APPROPRIATE AND RELEVANT SERVICES



JOIN US FOR A FOLLOW-UP LEARNING LAB THIS THURSDAY FOR PRACTICE EXERCISES AND DISCUSSION SCENARIOS!



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Q & A

Princess Walker and Josh Esrick

pwalker@danyainstitute.org

josh@carnevaleassociates.com

Contact Us



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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

Central East PTTC website:
www.pttcnetwork.org/centraleast

Danya Institute website:
www.danyainstitute.org

Deborah Nixon-Hughes, Director:
dhughes@danyainstitute.org

Danya Institute email and phone:
info@danyainstitute.org
(240) 645-1145

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