HIV/AIDS AND SUBSTANCE ABUSE: WHAT ARE THE CONNECTIONS AND IMPLICATIONS FOR TREATMENT PROVISION?

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Learning Objectives

- Identify the social and psychological aspects of HIV infection that may impact AOD treatment outcomes
- Discuss the experiences of special populations relating to stigma and discrimination as they relate to service delivery
- Describe practical strategies that will support the HIV positive client in achieving his/her treatment goals.
Defining HIV/AIDS

- HIV-Human Immunodeficiency Virus
- AIDS-Acquired Immunodeficiency Syndrome

HIV/AIDS compromises the body’s natural immunity to fight diseases.
History and Statistical Data

- First cases in the U.S. 1980’s – this is the 32nd year of dealing with the disease
- Who was the President at the time? And what was his political position?
- The Centers for Disease Control (CDC) in Atlanta, GA tracks and provides infection rate data.
- 400,000 cases in the United Stated, 32% of which are among people who have a substance use disorder
Decrease in cases in the populations and communities first identified with the disease, IV drug use accounts for 8%

Higher infection rates among women of color ages 15-45

Steady increase since 2008 in infection rates among senior citizens

MSM=Men who have sex with other men account for 61% of new cases in 2010

Heterosexual contact accounts for 28% of new cases in the same time period
HIV/AIDS TODAY

- Pandemic versus an Epidemic
- Shift in view of the disease to a chronic illness, like diabetes
- Living with HIV versus HIV=AIDS=DEATH
- Medication protocol “the cocktail” concept
- Education and Prevention efforts increased
- “HIV/AIDS is a Disease of the Behaviors”
Routes of Transmission

- Unprotected Sex
- Sharing needles
- Blood transfusions
- Perinatal (mother to child)

**BODY FLUIDS:**

<table>
<thead>
<tr>
<th>Contains Blood</th>
<th>Not found in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Feces</td>
</tr>
<tr>
<td>Semen</td>
<td>Tears</td>
</tr>
<tr>
<td>Vaginal fluid</td>
<td>Perspiration</td>
</tr>
<tr>
<td>Breast milk</td>
<td>Urine</td>
</tr>
<tr>
<td>Other body fluids containing blood</td>
<td>Saliva</td>
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</tbody>
</table>
Social Aspects

- There continues to be a “stigma” attached to people living with HIV/AIDS despite the increase in knowledge and education about the disease.
- Societal and Public stigma
- Health Care/Addiction Professionals negative attitudes towards homosexuality and injection drug users does exist
- Some make judgments about the lifestyles of these two groups and therefore “deserving” of contracting the disease
Social Aspects (cont’d)

- Isolation from family, friends, and community as a result of the stigma.
- Being a “social outcast” can worsen the traumatic experience of being infected.
- Discrimination against clients/patients who do not comply with traditional medical models of treatment.
- It is not uncommon for those who have addiction to be deprived of needed treatment due to these issues.
Psychological Impact within the Substance Abuser

- Treatment failures due to health issues
- Depression
- Relapse trigger
- Fatalistic
- Recovery quality
- Family conflict
- Isolation
- Suicide potential
Treatment Considerations

- Counselor and other agency staff knowledge base
- Rational versus irrational fears
- Ability to collaborate with medical professionals such as Infectious Disease Doctors
- Bias
- Harm Reduction compatibility
- Inclusion in relapse prevention and treatment planning
Treatment Considerations

- Comfort level talking about “safer sex practices”—knowledgeable about options
- Confidentiality
- Referrals
- Sensitivity
- Nutritional needs
- Feelings about the disease (client & staff)
- Disclosure policies
Assessment and the identification of issues that affect the individual’s responses to treatment will give the counselor a better understanding of the distress felt by patients and help them to introduce healthier coping alternatives:

- How the person became infected
- Lifestyle
- Marital / relationship status
- Personality style
- Cultural background
The “Worried Well” — experience guilt about their sexual behaviors when under the influence of drugs but have not yet been tested for HIV due to the fear.

“Undiagnosed Confirmation” — suspect I’m positive based on my sexual and drug abuse history, but fearful of being tested because “I don’t want to know the truth, I may die so I’ll just continue to get high.”
Dealing with a HIV-positive Diagnosis – issues that come up for this group:

- Self-disclosure – who do I tell?
- Compliance with medical treatment
- Preoccupation with maintaining good health and ability to function
- Changing ones sexual practices – negotiating safer sex behaviors
- Coping with the development of symptoms – “am I getting sicker and will I die now?”
HIV/AIDS has been, and unfortunately continues to be, associated with gay men, exclusively. Yet we know it is not a “gay disease” as we thought early on.

It is important to take into consideration that most gay men have lost friends or lovers/partners to the disease and know other gay men that are HIV infected.

The grief and loss gay men feel and share is profound and must be a treatment consideration when working with this patient population.
Special Populations: Women with Children

- How do I tell my children I have HIV?
- Importance of planning for the children’s care in the event I can no longer care for them or my death
- When a mother is infected and has a child that is also infected
- Guilt and shame connected to all of the above
- Relapse potential
- Treatment compliance
Special Populations: Seniors, Older Adults

- There has been a steady increase in the number of HIV/AIDS cases in adults age 50+. (CDC)
- In 2004, 21.5 percent of older adults 50+ were living with HIV/AIDS. In 2007, the percent of persons 50+ living with HIV/AIDS increased to 27.4 percent. (CDC)
- National Institute on Aging (NIA) reports nearly one-fourth of all people with HIV/AIDS in the U.S. are 50 years old or older.
- African American and Hispanic persons in this age group (baby boomers) account for half (52%) of the overall older adult cases.
Stereotypes about this population such as they are less likely to be sexually active or use drugs.

Safer sex practices such as the use of condoms is not a concept this generation connects too, since their thinking is that pregnancy is no longer an issue and STDs can be cured with antibiotics.

Older adults are less likely to talk about sex due to embarrassment.

There are few prevention initiatives that target this population.

Due to health issues that come with aging there is concern about tolerability of HIV drugs interacting with other medications.
Special Populations: Adolescents

- According to the CDC 2010 data, half of all new HIV infections are believed to occur in people under age 25.
- New cases from heterosexual contact are the highest in this population. This may be due to the early identified populations such as gay males and IV drug users.
- Adolescence is a time of “storm & stress” directly related to the psychological, emotional, and physical changes that occur during puberty in this period of life-span development.
Special Populations: Adolescents (cont’d)

- Age appropriate behaviors and attitudes such as experimentation and risk taking impact prevention efforts for this population.
- Core aspects of identity and self esteem: “finding out who I am”
- Drug use affects meeting developmental milestones
- Dealing with a stigmatized disease compounds this already turbulent time
- Treatment compliance and parental support
Practical Suggestions for Providing Competent Treatment

- Counselor/Clinician self-monitoring
- Seek supervision if homophobia exists
- Don’t “label” patients in a personal way
- Don’t assume it will be harder to achieve recovery for a patient living with the disease
- Get training on the disease when indicated
- Strict adherence to confidentiality as it relates to the HIPAA Laws
- Integrate and collaborate with medical professionals, clergy, community resources, family collaterals
Practical Suggestions for Providing Competent Treatment: Diagnoses

- Newly diagnosed patients will benefit from a counseling approach on acceptance of having and living with a chronic, possibly terminal, disease.

- Patients that have been living with this chronic illness will need to focus on accepting multiple medications for the rest of their lives, taken on a daily basis. Learning to live with a stigmatized disease.

- Advocacy and Case Management interventions will need to be present in both examples above.
Recovery as a Lifestyle when Living with HIV/AIDS

- Get plenty of rest
- Eat a healthy diet
- Reduce stress in one’s life whenever possible
- Abstain from drugs and alcohol use
- Protect “self” and intimate sex “partners”
- Spirituality
- Support network
- Exercise
- Have goals
- Medical and substance abuse treatment compliance
- Positive thinking
- Factual current information
HIV/AIDS IS A DISEASE OF THE BEHAVIORS

Everyone should live as if their HIV positive!

WHY?
HIV/AIDS is a DISEASE of the BEHAVIORS

- Reduction in new cases of infection
- Extending life=living longer with the disease
- Improved quality of life
- Removing stigma
- Greater sensitivity
- Treatment effectiveness
Resources

- New York State HIV/AIDS Hotlines:
  1 800 541-2437; Spanish: 1 800 233-7432

- Centers for Disease Control [www.cdcnpin.org](http://www.cdcnpin.org)
- NYS Department of Health [www.health.state.ny.us](http://www.health.state.ny.us)
- The Body [www.thebody.com](http://www.thebody.com)
- SAMHSA [www.samhsa.gov](http://www.samhsa.gov)
- NIDA [http://www.drugabuse.gov/related-topics/hivaids](http://www.drugabuse.gov/related-topics/hivaids)