

# Substance Use and HIV Care

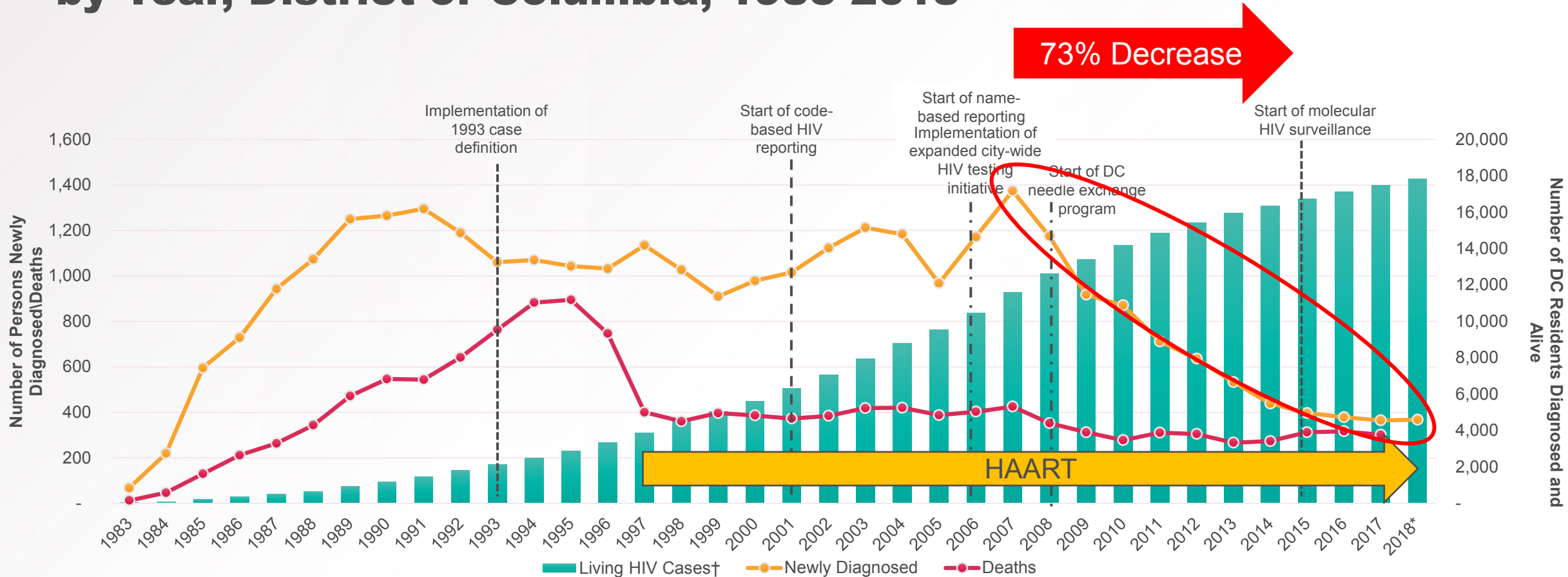
CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD  
Prevention and Treatment  
November 13, 2019

# Objectives

- HIV Epidemiology in DC
- Substance Use and HIV
- DC Strategies
- Next Steps



# Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2018

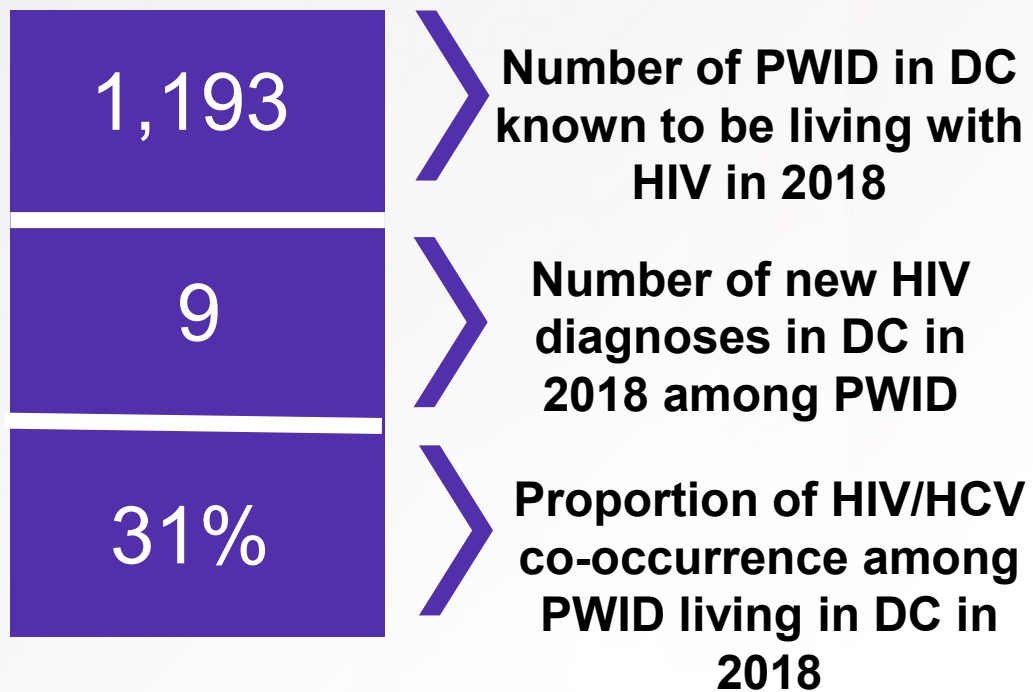


† Living HIV cases who were DC residents at diagnosis

\* 2018 deaths not available at time of publication

Source: Annual Epidemiology & Surveillance Report: Data Through December 2018. District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration (2019)

# HIV Cases among People Who Use Drugs

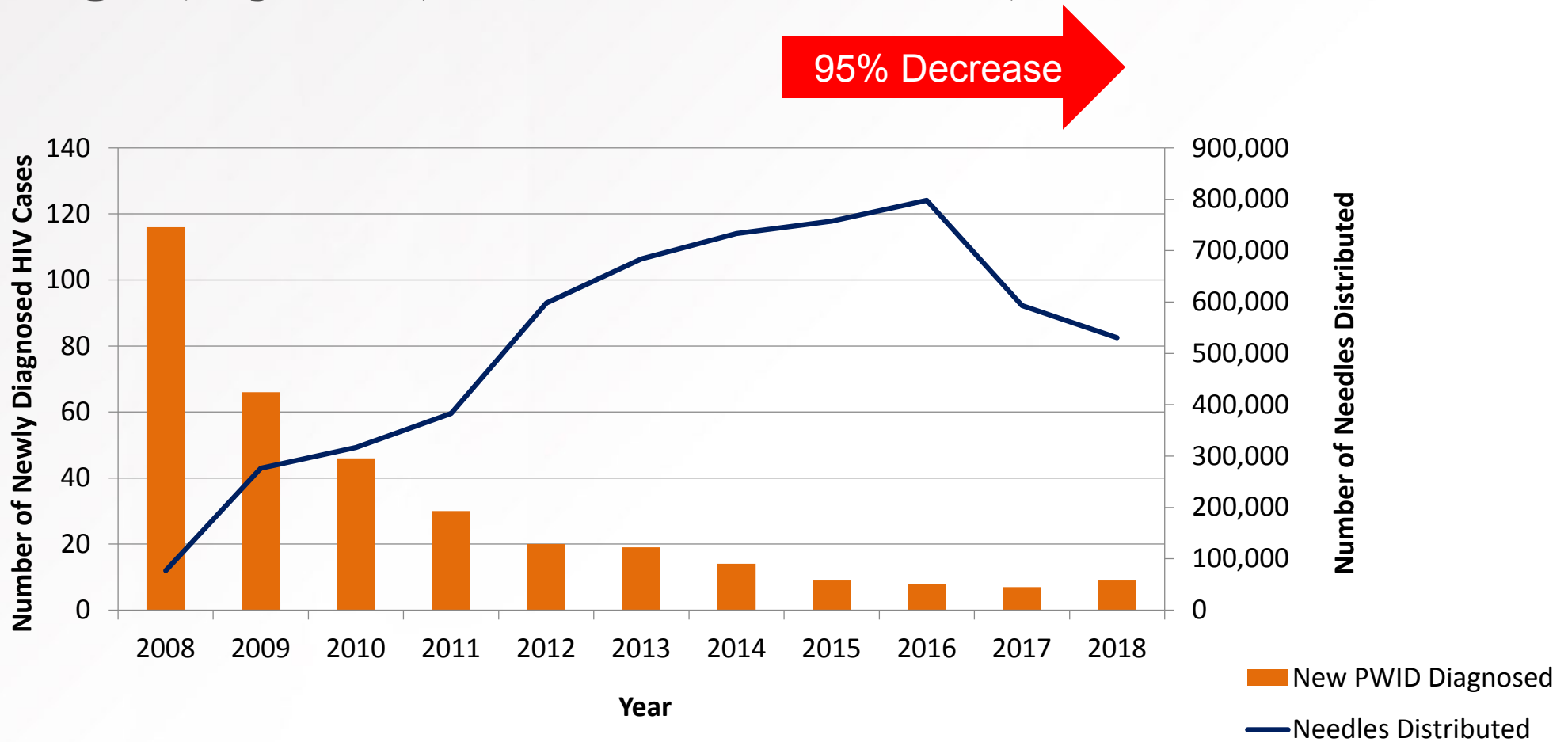


Linkage to care and viral suppression among people diagnosed with HIV in DC, 2013-2017

	PWID	Overall
Linkage to care in 90 days	64%	80%
Viral suppression in 12 months	43%	65%

Source: Annual Epidemiology & Surveillance Report: Data Through December 2018. District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration (2019)

# Newly Diagnosed PWID and the Number of Needles Exchanged, by Year, District of Columbia, 2008-2018



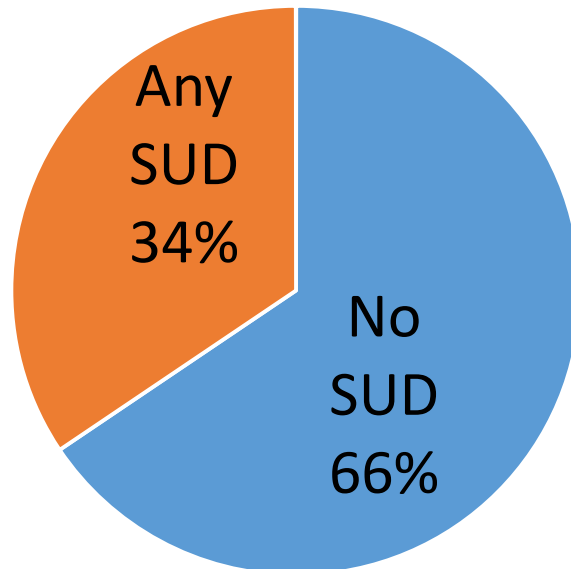
Source: Annual Epidemiology & Surveillance Report: Data Through December 2018. District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, & TB Administration (2019)

# Substance Use among Persons with HIV in DC, NHBS, 2017-2019

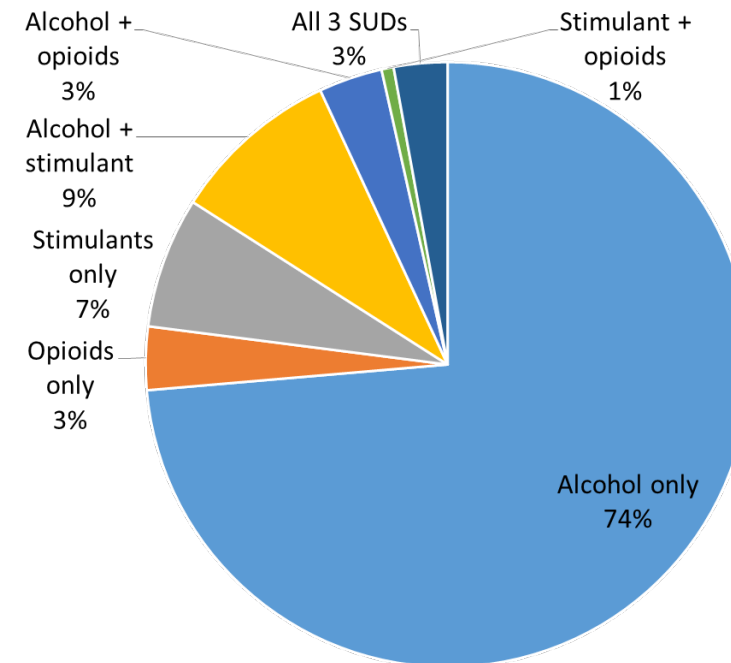
	Heterosexuals	PWUD	MSM
Substance use in past 12 months (non-IDU)	58.8%	93.6%	63.0%
Substance use in past 12 months (IDU)	N/A	100.0%	6.7%
Participated in substance use treatment past 12 months	11.8%	45.2%	7.6%
Past 12 months tried to get into substance use treatment	23.5%	12.9%	5.9%

# Substance Use among Persons with HIV in DC Cohort

Distribution of any vs. no lifetime history of SUD among DC Cohort participants (n=8,507)

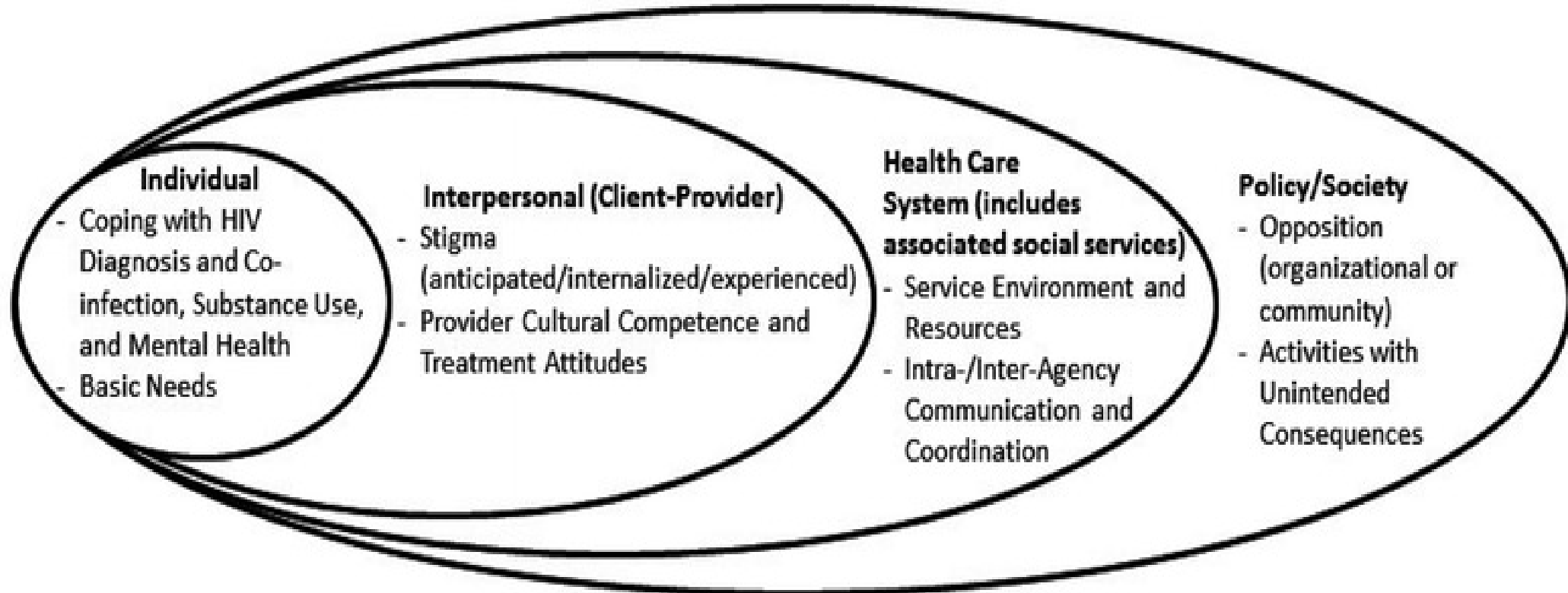


Distribution of single and combination SUDs among those with any lifetime history of SUD (n=2,929)



# Barriers to HIV & Substance Use Care

## Modified Social Ecological Model





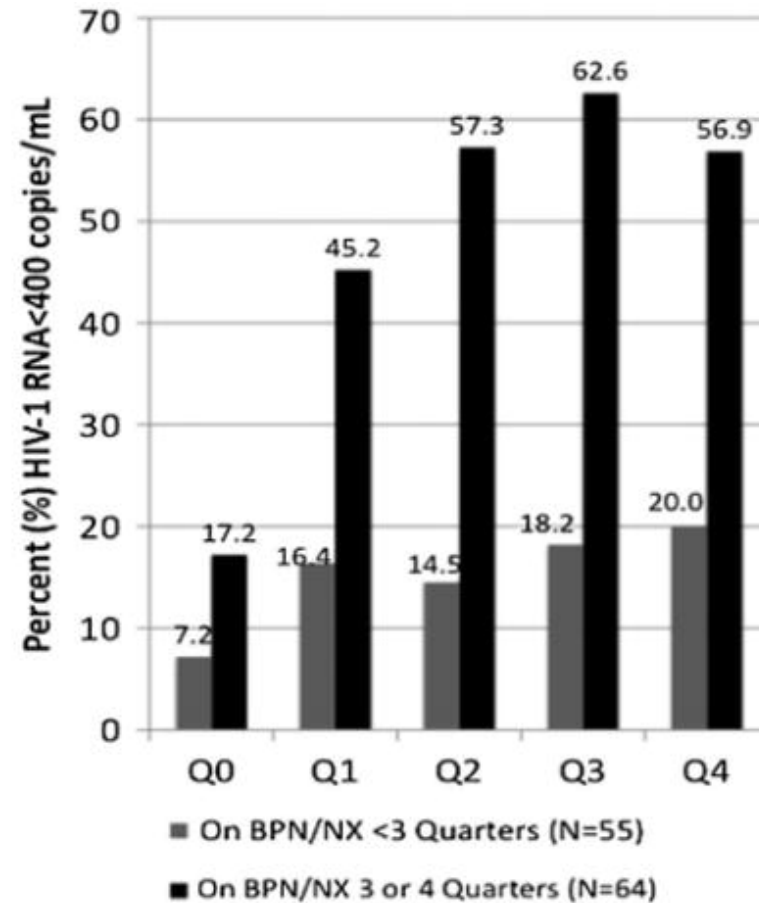
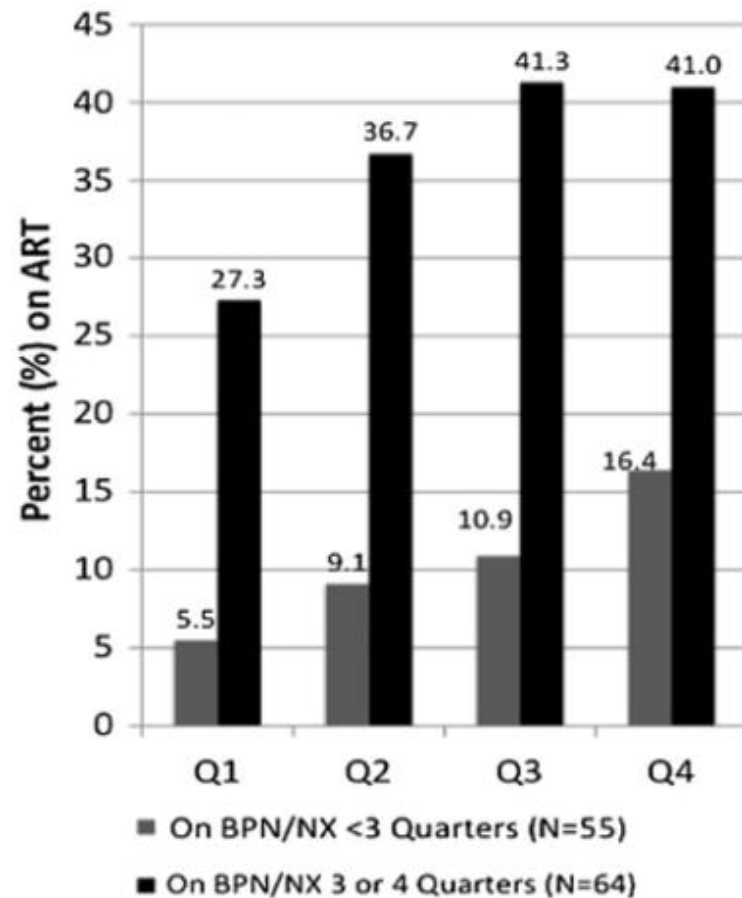
# Opioid Substitution Treatment in HIV Clinical Settings

- Buprenorphine/Naloxone
  - Treatment retention
  - Reduced opioid use
  - Initiated treatment 74% clinic-based v. 41% referred.
  - More HIV primary care visits clinic-based (median 3.5) v. referred (3.0)
- Naltrexone
  - 68% initiated treatment and 88% retention.
  - HIV suppression improved from 67% to 80%.

# Opioid Treatment Relationship to ART

Area	Impact
ART Coverage	↑ 54%
ART Recruitment	↑ 87%
ART Adherence	↑ 45%
ART Discontinuation	↓ 23%

# Buprenorphine-based MAT Associated with ART and Viral Suppression



# Crystal Meth Use among Gay/Bisexual Men with HIV

- Meth use in prior 4 weeks was associated with poor ART adherence (27% vs. 13%,  $p < 0.05$ ) – unplanned non-adherence
- Planned non-adherence: medication holiday, avoid mixing drugs
- Reasons why men used meth:
  - Cope with HIV diagnosis
  - Enhance sexual pleasure, meet sex partners
  - Escape rejection, depression
  - Feel confident, more attractive
- Mixed Meth Treatment Effectiveness

# DC 12 Cities Project – 2012

## **Goal: Develop Integrated Behavioral Health Network for Focus Population**

- Persons living with HIV or High Risk of HIV with co-occurring conditions of substance use disorder and/or serious persistent mental illness
  - Objective 1: Integrate linkage and navigation support infrastructure – Department of Behavioral Health and Department of Health
  - Objective 2: Increase utilization of services
  - Objective 3: Improve and expand provider network capacity to serve individuals with multiple needs
  - Objective 4: Create a mechanism for sharing information across systems (HIE)
  - Objective 5: Develop a sustainability plan
  - Objective 6: Develop and implement an integrated prevention risk management plan

# DC EMA Integrated Care & Prevention Plan – 2016

- Objective 2: Transform Ryan White HIV support services to improve viral load suppression rates throughout the EMA
- Strategy 1: Increase access to HIV support services, including mental health services, **substance use services**, housing services, and enhanced economic opportunities throughout the EMA

# DC Strategies

- Integrate Behavioral Health & HIV Screening
  - Implementation of Global Appraisal of Individual Needs (GAIN) Short Screener
  - HIV screening at Assessment and Referral Center (ARC)
- Substance Use services in RW network
  - 15 EMA providers
- Provider Education
- Harm Reduction
- Integrate MAT at HIV Clinics
  - Whitman-Walker Health, Family & Medical Counseling Service, Mary's Center, Bread for the City, Howard University Hospital
  - >200 PLWH on treatment
- Initiate MAT in Syringe Service Programs
  - HIPS, Bread for the City, Family & Medical Counseling Service
- Peer Community Health Worker/Navigators
- Naloxone Distribution

# DC Strategies

- Capacity Building/Training on Trauma-Informed Care
  - Case Managers and Substance Use providers
  - Community Health Workers
- Bio-Psycho-Social Impact of Trauma
- Mental Health and Substance Use in trauma-approached care
- Application in HIV treatment adherence
- Re-entry – trauma-informed approach to returning citizens with HIV and substance use, retention in support services



# Next Steps

- Improve Data Collection
  - Develop new integrated data system
  - Medicaid data matching
- Inter / Intra Agency Collaboration
  - District Government Agencies
  - Community-Based Providers
- Leverage Research
  - DC Cohort Collaboration
  - NHBS
- Consult with Community on Crystal Meth Strategies
- Stigma Reduction



# Thank You

## Acknowledgements:

Clover Barnes

Rupali Doshi

Jenevieve Opoku

Lena Lago

Leah Varga

Nestor Rocha

Anthony Fox

Ashley Coleman

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