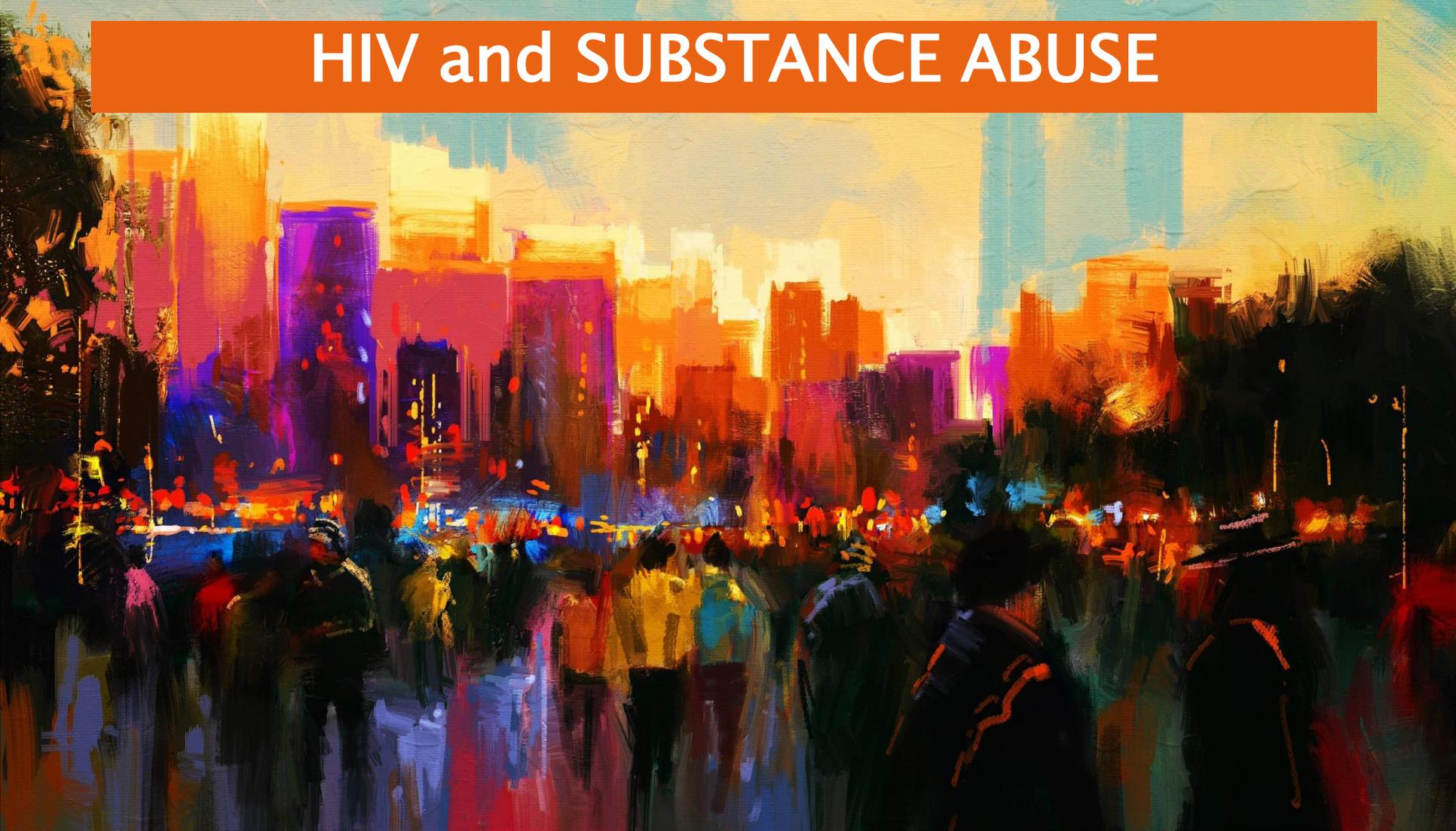


# COUNCIL ON SUBSTANCE ABUSE-NCADD

## HIV and SUBSTANCE ABUSE



# WHO AM I

- ▶ Roberta Esmond
- ▶ MPH
- ▶ Prevention Director-COSA-NCADD
- ▶ 20 + Years in the HIV Field

Traveling, Reading, Eating

## My Hobbies



# COSA-NCADD

The Council on Substance Abuse-NCADD (COSA-NCADD) is a 501(c3) that provides alcohol and substance abuse prevention to include information, referral programs and services to youth and adults in Montgomery, Alabama and surrounding counties.

The mission of COSA-NCADD is to reduce the incidence and prevalence of alcoholism, drug addiction and other related problems.

# Learning Objectives

- ▶ Understand the difference between HIV and AIDS
- ▶ Understand how alcohol and other drugs are risk factors for HIV.
- ▶ Explore the impact of substance use disorders and HIV in Alabama
- ▶ Learn lessons from a community that developed high rates of HIV from IV Drug Use
- ▶ Identify substance abuse prevention programs

# HIV

HIV - Human Immunodeficiency Virus.

- ▶ It is the virus that can lead to *acquired immunodeficiency syndrome*, or AIDS, if not treated. Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.
- ▶ HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections

# STAGES of HIV

- ▶ The three stages of HIV infection are: (1) acute HIV infection, (2) clinical latency, and (3) AIDS (acquired immunodeficiency syndrome)
- ▶ Within 2 to 4 weeks after infection, many, but not all, people develop flu-like symptoms, often described as “the worst flu ever.” Symptoms can include fever, swollen glands, sore throat, rash, muscle and joint aches and pains, and headache. This is called “acute retroviral syndrome” (ARS) or “primary HIV infection,” and it’s the body’s natural response to the HIV infection

# STAGES of HIV

- ▶ After the acute stage of HIV infection, the disease moves into a stage called the “clinical latency” stage. “Latency” means a period where a virus is living or developing in a person without producing symptoms. During the clinical latency stage, people who are infected with HIV experience no symptoms, or only mild ones. (This stage is sometimes called “asymptomatic HIV infection” or “chronic HIV infection.”)

# AIDS

## *Acquired Immunodeficiency Syndrome*

- HIV can destroy so many of the T cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.
- When the number of your CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm<sup>3</sup>), you are considered to have progressed to AIDS. (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm<sup>3</sup>.) You are also considered to have progressed to AIDS if you develop one or more opportunistic illnesses, regardless of your CD4 count.

# HIV TRANSMISSION

- ▶ You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and needle or syringe use.
- ▶ Body fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV.
- ▶ These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

# HIV TRANSMISSION

You cannot get HIV :

- ▶ By hugging, shaking hands, sharing toilets, sharing dishes, or closed-mouth or “social” kissing with someone who is HIV-positive.
- ▶ Through saliva, tears, or sweat that is not mixed with the blood of an HIV-positive person.
- ▶ By mosquitoes, ticks or other blood-sucking insects.
- ▶ Through the air

# ACTIVITY

- ▶ High Risk
- ▶ Low Risk
- ▶ No Risk

# POPULATIONS MOST AT RISK

- ▶ Gay and bisexual men have the largest number of new diagnoses in the United States.
- ▶ Blacks/African Americans and Hispanics/Latinos are disproportionately affected by HIV compared to other racial and ethnic groups.
- ▶ Transgender women who have sex with men are among the groups at highest risk for HIV infection
- ▶ Injection drug users remain at significant risk for getting HIV.

# HIV??- How to Determine

- ▶ The only way to know for sure whether you have HIV is to get tested
- ▶ CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care.
- ▶ Some people at higher risk should get tested more often.
- ▶ **About 1 in 7 people in the United States who have HIV do not know they have it.**

# HIV TESTING

- ▶ The time between when a person gets HIV and when a test can accurately detect it is called the *window period*. The window period varies from person to person and also depends upon the type of HIV test.
- ▶ Most HIV tests are **antibody tests**. Antibodies are produced by your immune system when you're exposed to viruses like HIV or bacteria. HIV antibody tests look for these antibodies to HIV in your blood or oral fluid.
- ▶ The soonest an antibody test will detect infection is 3 weeks. Most (approximately 97%), but not all, people will develop detectable antibodies within 3 to 12 weeks (21 to 84 days) of infection.

# HIV TESTING

- ▶ A **combination, or fourth-generation, test** looks for both HIV antibodies and antigens. Antigens are foreign substances that cause your immune system to activate. The antigen is part of the virus itself and is present during acute HIV infection (the phase of infection right after people are infected but before they develop antibodies to HIV).
- ▶ Most, but not all people, will make enough antigens and antibodies for fourth-generation or combination tests to accurately detect infection 2 to 6 weeks (13 to 42 days) after infection.

# HIV TESTING

- ▶ A **nucleic acid test** (NAT) looks for HIV in the blood. It looks for the virus and not the antibodies to the virus. This test is very expensive and not routinely used for screening individuals unless they recently had a high-risk exposure or a possible exposure with early symptoms of HIV infection.
- ▶ Most, but not all people, will have enough HIV in their blood for a nucleic acid test to detect infection 1 to 4 weeks (7 to 28 days) after infection.

# ALABAMA DATA

## ▶ Prevalence

- ▶ Number of people living with diagnosed HIV in 2014: 12,439
- ▶ Rate of people living with diagnosed HIV in 2014 per 100,000 people: 306
- ▶ 72% of people living with diagnosed HIV in 2014 were men, and 28% were women.
- ▶ 64% of people living with diagnosed HIV in 2014 were black, 3% Hispanic/Latino, and 28% white.

<https://aidsvu.org/state/alabama/>

# ALABAMA

## ▶ **New Diagnoses**

- ▶ Number of new HIV diagnoses in 2015: 481
- ▶ Rate of new HIV diagnoses in 2015 per 100,000 people: 12

## ▶ **Mortality**

- ▶ Number of deaths of people with diagnosed HIV in 2014: 284
- ▶ Rate of deaths of people with diagnosed HIV per 100,000 people: 7

<https://aidsvu.org/state/alabama/>

# ALABAMA TRANSMISSION

## People Living with Diagnosed HIV 2014

### Male Transmission Categories

- ▶ Injection Drug Use (6.7%)
- ▶ Heterosexual Contact (11.5%)
- ▶ Other\* (0.8%)
- ▶ Male-to-Male Sexual Contact (74.7%)
- ▶ Male-to-Male Sexual Contact & Injection Drug Use (6.2%)

<https://aidsvu.org/state/alabama/>

# ALABAMA TRANSMISSION



## People Living with Diagnosed HIV 2014

### Female Transmission Categories

- ▶ Injection Drug Use (15.1%)
- ▶ Heterosexual Contact (83.2%)
- ▶ Other\* (1.7%)

# HIV TREATMENT

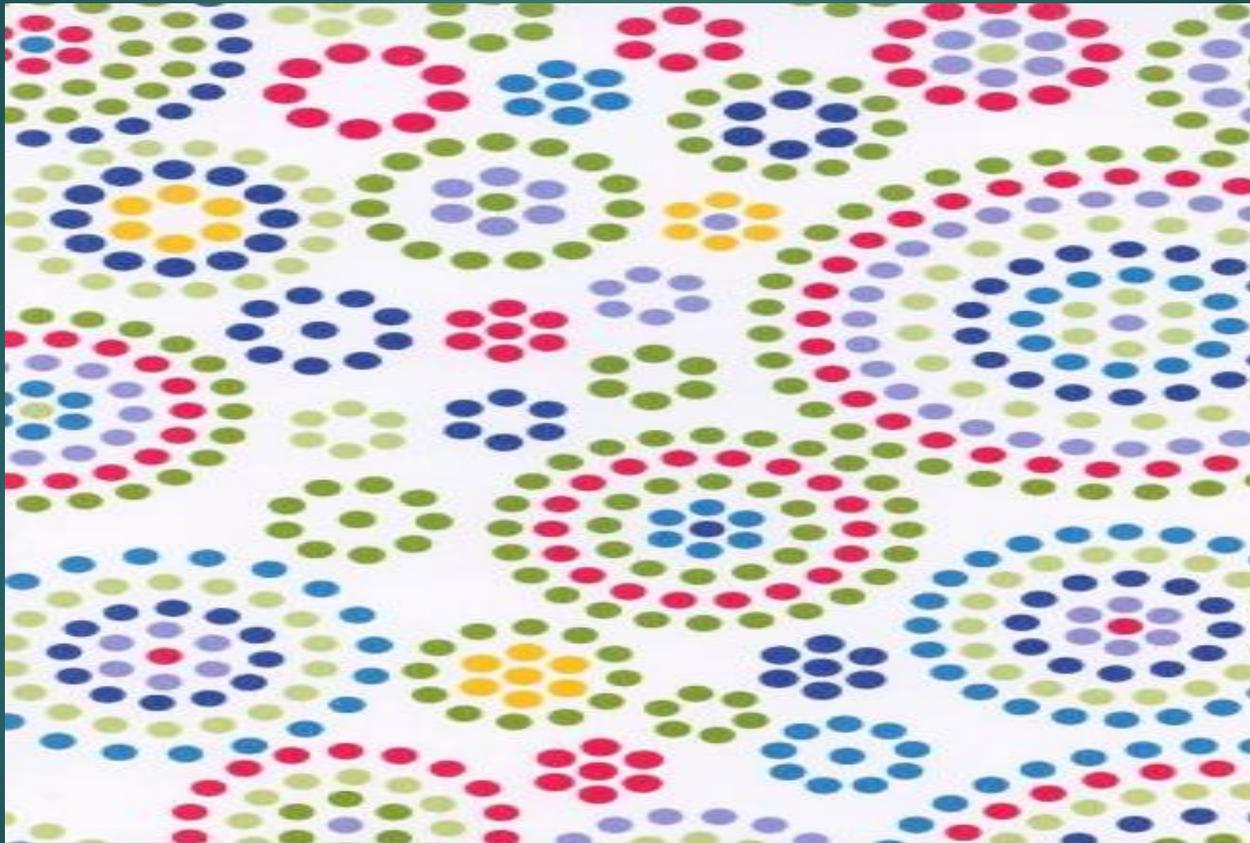


- ▶ No effective cure currently exists for HIV. But with proper medical care, HIV can be controlled.
- ▶ Treatment for HIV is called antiretroviral therapy or ART.
- ▶ If taken the right way, every day, ART can dramatically prolong the lives of many people infected with HIV, keep them healthy, and greatly lower their chance of infecting others

# HIV TREATMENT

- ▶ Studies demonstrate that when someone living with HIV is on treatment and has had multiple viral load tests showing an undetectable or suppressed viral load, their risk of transmitting the virus to an HIV-negative sex partner is greatly reduced (and could possibly be as low as zero).
- ▶ Research has also demonstrated clearly that treatment with ART can improve the health of pregnant women living with HIV and greatly lower the chance that they will pass HIV to their baby before, during, or after birth.

# CONNECTING THE DOTS



# SUBSTANCE ABUSE & HIV

- ▶ About 1 in 10 new HIV diagnoses in the United States are attributed to injection drug use or male-to-male sexual contact *and* injection drug use.
- ▶ The risk for getting or transmitting HIV is very high if an HIV-negative person uses injection equipment that someone living with HIV has used. This is because the needles or works may have blood in them, and blood can carry HIV.
- ▶ HIV can survive in a used needle for up to 42 days, depending on temperature and other factors.

# SUBSTANCE ABUSE & HIV



- ▶ Drinking alcohol, particularly binge drinking, and using drugs like methamphetamine or cocaine can alter your judgment, lower your inhibitions and impair your decisions about sex or other drug use.
- ▶ You may be more likely to have unplanned and unprotected sex and have a harder time using a condom the right way every time you have sex.
- ▶ These behaviors can increase your risk of exposure to HIV. If you have HIV, they can also increase your risk of spreading HIV to others. Being drunk or high affects your ability to make safe choices.

# SUBSTANCE ABUSE & HIV

Substance misuse can also increase the risk of getting HIV through sex.

- ▶ When people are high, they are more likely to have risky anal or vaginal sex, such as having sex without a condom or without medicines to prevent or treat HIV,
- ▶ Having sex with multiple partners, or trading sex for money or drugs.

# SUBSTANCE ABUSE & HIV



- ▶ The number of people in the United States who have injected drugs has increased as a result of the opioid epidemic that is gripping communities across the country.
- ▶ High rates of opioid injection—especially injection of prescription opioid pain relievers, as well as heroin, are fueling increased Hepatitis C and HIV infections most dramatically from 2004 to 2014 among younger Americans (ages 18-39).

# SUBSTANCE ABUSE & HIV

## Changes in who is starting to inject drugs

Percent of new PWID by race suggests fewer blacks, and more whites, are starting to inject drugs



SOURCE: CDC's National HIV Behavioral Surveillance data, 2005-2015

**60%**

Heroin use has increased more than **60%** (114% in whites) in recent years. The heroin and prescription opioid epidemics could lead to new HIV outbreaks.

SOURCE: National Survey on Drug Use and Health, 2002-2013

# SUBSTANCE ABUSE & HIV



91

Individuals die daily from opioid overdose in America. (CDC)

# ALABAMA OPIOID FACTS



- ▶ From 2006-2014, 5,218 individuals in Alabama died from opioid overdose.
- ▶ Opioids are prescribed more widely in Alabama than in any other state, according to the Centers for Disease Control and Prevention. For every 100 people in Alabama, there were 121 prescriptions for opioid painkillers written in 2016, according to CDC statistics.

# ALABAMA OPIOID FACTS



- ▶ At least 30,000 Alabama residents over age 17 are dependent on heroin or prescription painkillers, according to a statement issued by the attorney general's office.
- ▶ Alabama filed a lawsuit in federal court against OxyContin producer Purdue Pharma LP claiming the drug company is fueling the opioid epidemic by deceptively marketing prescription painkillers.

# 2015 HIGH SCHOOL YOUTH RISK BEHAVIOR SURVEY

Ever took prescription drugs without a doctor's prescription (such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life)

Alabama

U.S.

**19.2**

**16.8**

# CASE STUDY

## A HARSH REALITY

- ▶ <https://www.youtube.com/watch?v=mdXtbGKUYqc>

# CASE STUDY



- ▶ Scott County went from 5 new HIV cases annually to 210 cases from 2015 -2016.
- ▶ Most of the cases were in the town of Austin which has a population of 2,500
- ▶ 95% of individuals are con-infected with Hep C



# SYRINGE EXCHANGES

- ▶ Syringe services programs (SSPs, also called syringe exchange programs or needle exchange programs) are community-based programs that play a role in preventing HIV and other health problems among people who inject drugs (PWID).
- ▶ They provide access to sterile syringes and other supplies, testing and linkage to treatment for HIV, hepatitis B, and hepatitis C; education on what to do for an overdose; and other prevention services.
- ▶ SSPs have been demonstrated to be an effective component of a comprehensive approach to prevent HIV and viral hepatitis among PWID, while not increasing illegal drug use.

# PRE-EXPOSURE PROPHYLAXIS-PrEP

- ▶ <http://www.whatisprep.org/>

# DECREASING ACCESS TO OPIOID PRESCRIPTIONS

- ▶ Increase the percentage of prescribers using the Alabama Prescription Drug Monitoring Program(PDMP).
- ▶ Reduce the volume of inappropriate and high-risk opioid prescribing through improved prescriber education and the use of safe prescribing.
- ▶ Encourage all Alabama medical schools and residency programs, osteopathy, podiatry, optometry, dentistry and veterinary science, as well as their postgraduate training programs to include opioid education as a standard part of their curriculum

# RECOGNIZE THE SIGNS OF PRESCRIPTION DRUG ABUSE

- Fatigue, red or glazed eyes, and repeated health complaints
- Sudden mood changes, including irritability, negative attitude, personality changes
- General lack of interest in hobbies/activities

# RECOGNIZE THE SIGNS OF PRESCRIPTION DRUG ABUSE

- Secretiveness and withdrawing from family
- Decreased or obsessive interest in school or work
- Missing prescription medicines
- Missing items or money

# PROGRAMS



- ▶ Alabama Department of Mental Health-Substance Abuse Prevention projects
- ▶ SAMHSA funded Drug Free Communities in several Alabama cities, including Selma and Birmingham
- ▶ Evidence-Based Interventions in Schools (i.e. Life Skills)
- ▶ Minority AIDS Initiative- TEEN Direct – COSA-NCADD

# NATIONAL RESOURCES

- Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Helpline: 800-662-HELP (800-662-4357)
- Substance Abuse and Mental Health Treatment Locator: <http://www.samhsa.gov/treatment>
- Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/hiv/basics/>
- National Institute Drug Abuse <https://www.drugabuse.gov/>

# LOCAL RESOURCES



- Alabama Department of Mental Health  
<http://www.mh.alabama.gov/>  
1-800-367-0955 (Toll-free in Alabama)/334-242-3454
- Alabama Department of Public Health  
<http://www.alabamapublichealth.gov/hiv/index.html>
- Medical Advocacy and Outreach  
<http://maoi.org/hiv-sti-testing/>

# CONTACT



Council on Substance Abuse-NCADD  
828 Forest Avenue, Montgomery, AL 36106

P: 334.262.1629

E: [www.cosancad.org](http://www.cosancad.org)