MidAtlantic AIDS Education and Training Center
HIV Case Finding for Persons with Substance Use Disorder

CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. There is a high prevalence of co-morbidity of Substance Use Disorders and HIV. For these specific risk factors among others, CDC recommends getting tested at least once a year.

HIV risk assessments for a person with current or past substance use disorder entering primary care are invaluable tools for clinicians and patients alike. HIV risk assessment is an ongoing process and not a one time clinical intervention. Substance use disorder is associated with increased risk of HIV transmission.

Behaviors that increase risk for HIV aquisition may also:

- Lower inhibitions, affecting judgment and sexual behavior.
- Contribute to increases in physical risk taking.
- Exacerbate underlying psychiatric disorders, such as depression.
- Interfere with social interactions.
- Contribute to HIV treatment non compliance in some persons.

For persons with substance use disorder (SUD), comorbidities can include:

- Hepatitis A, B, and C
- HIV
- Sexually transmitted infections (STIs)
- Tuberculosis (TB)
- Depression, PTSD, other mental illness

The Seek, Test, Treat, and Retain Model

Seek[2]: Patients in these services should be offered HIV testing regularly.

- Are in substance use treatment or recovery services.
- Have been in jail, prison, on probation or parole.
- Visit emergency departments frequently for primary care.
- Have no primary care provider or medical home.
- Receive intermittent services through health care settings, such as health departments, community health centers.
- Are unstably housed or homeless.

Test: Any person who has engaged in a risky behavior listed below should be offered HIV testing at clinical encounters.

- History of STIs such as syphilis, herpes, chlamydia, gonorrhea, and bacterial vaginosis.
- Sexual contact without condom (vaginal, anal, oral sex).
- Sharing contaminated needles, syringes and drug injecting equipment.
- History of exchanging sex for drugs and money.

Testing Protocol

- Offer testing to all patients. If they decline, offer testing again at next encounter, visit or session.
- Offer information on risk reduction in each encounter.
- Document agreement or refusal to test in medical record.
- Explain reason for test and limitations.
- Discuss meaning of positive and negative test results.
- Assess if patient should be considered for Pre-Exposure Prophylaxis (PrEP).

For all patients: • Protect yourself • Protect your partner(s) • Get tested to find out your HIV status

Treat:

- Persons who use substances can adhere to medication.
- Providing antiretroviral treatment to persons with substance use disorder can reduce HIV transmission in their drug using networks.
- Access to clean syringes and works reduces transmission of HIV and hepatitis C.
- Persons with substance use disorder can change.
- Focus on shared patient provider decision making for treatment.
- Meet the person where they are in their recovery.
- Link patients to substance use treatment and support services.

Selected Effective Treatments:

- Methadone (Pharmacotherapy)
- Buprenorphine (Suboxone) (Pharmacotherapy)
- Naltrexone (Vivitrol®) (Pharmacotherapy)
- Naloxone (Narcan®) Distribution (For opioid overdose reversal)
- Cognitive-Behavioral Therapy
- 12 step programs (Behavioral therapy)
- Residential Treatment

Retain:

- Give positive feedback and acknowledge change progression.
- Address psychosocial and other challenges to change.
- Offer substance use treatment integrated into primary care.
- Link to Medication Assisted Treatment (MAT).
- Refer to substance use specialist as needed.
- Link to patient navigators, case managers.
- Use motivational interviewing techniques. (See Motivational Interviewing Tool at www.maaetc.org)
- Make appointments for times that meet their needs.
- Provide written instructions for appointments, medications, etc.

Harm reduction uses evidence-based methods to help persons with substance use disorder reduce their practice of behaviors associated with increased transmission of HIV and other harmful outcomes. Harm reduction helps set reachable goals, while also emphasizing that changes in behavior are incremental and will take time. Harm reduction strategies recognizes persons with substance use disorder are competent decision makers, making the clients responsible for the outcomes of treatment. Harm reduction strategies can be incorporated into the SBIRT model to mitigate and overcome provider stigma.

SBIRT: S - *Screening* ***BI*** - *Brief Intervention* ***RT*** - *Referral to Treatment*

SBIRT is an evidence based, integrated approach designed to motivate patients with substance use disorders, as well as those who are at risk of developing these disorders, to reduce or eliminate patterns of substance use. (see SBIRT Tool at www.maaetc.org)

Important Points

1. Assess readiness of patient for change and assist with addressing barriers.
2. Discuss patient concerns about stigma related to HIV, drug use, and mental illness.
3. Assist patients with accessing clinical and community services.
4. Offer referrals that the patients have defined as a priority for them.
5. Follow up at the next visit about success in referral and scheduled appointment.
6. Human services and resources may differ according to jurisdiction and can change.
7. Link patients with print and online resources for up to date information.
8. Establish with the patient the importance of ongoing communication regarding needs, challenges so that they can be addressed by the treatment team.
9. Explain the importance of early intervention and role of medical case management for those with HIV, those at risk, and those with substance use disorders.
10. Provide linkage with outreach workers, patient navigators, and community health workers.

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Assessing Drug and Alcohol Risk

Clinicians and health care team members should provide continuous assessment of their patients for drug and alcohol use since substance use disorder can contribute to HIV transmission. Risk behaviors, such as those listed below, can be modified through behavioral and biomedical intervention. Drug and alcohol problems should also be viewed in the context of trauma informed care since physical trauma, psychological trauma, violence, housing insecurity and other social problems can occur requiring intervention.

1. Do you drink alcohol or use drugs? How much per day? Per week? How many times in the past month? Past six months?
2. Do you use more than one drug at a time? Do you use alcohol and drugs together?
3. Does your partner, parents, friends complain about your drug and/or alcohol use?
4. Are you able to stop using drug and/or alcohol when you want to?
5. Have you had withdrawal (felt sick) when you stopped taking drugs or drinking?
6. Do you or your sexual partners currently inject drugs (cocaine/crack, heroin, speed/amphetamines, steroids)? Have you in the past?
7. Have you or any of your partners ever shared needles, syringes or works to inject drugs? What about equipment for body piercing and tattoos?
8. Have you or your sexual partner(s) had unprotected vaginal, anal or oral sex with a person who injects drugs or shares needles, syringes or works?
9. Have you or your sexual partners had sex in exchange for money, drugs or alcohol?
10. Do you or have you had sex while under the influence of drugs or alcohol?
11. Have you experienced any falls, memory loss, or other injuries related to your alcohol or drug use?
12. Have you ever gone to anyone for help with your drug use and/or alcohol use?

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Please refer to the most recent guidelines.
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