

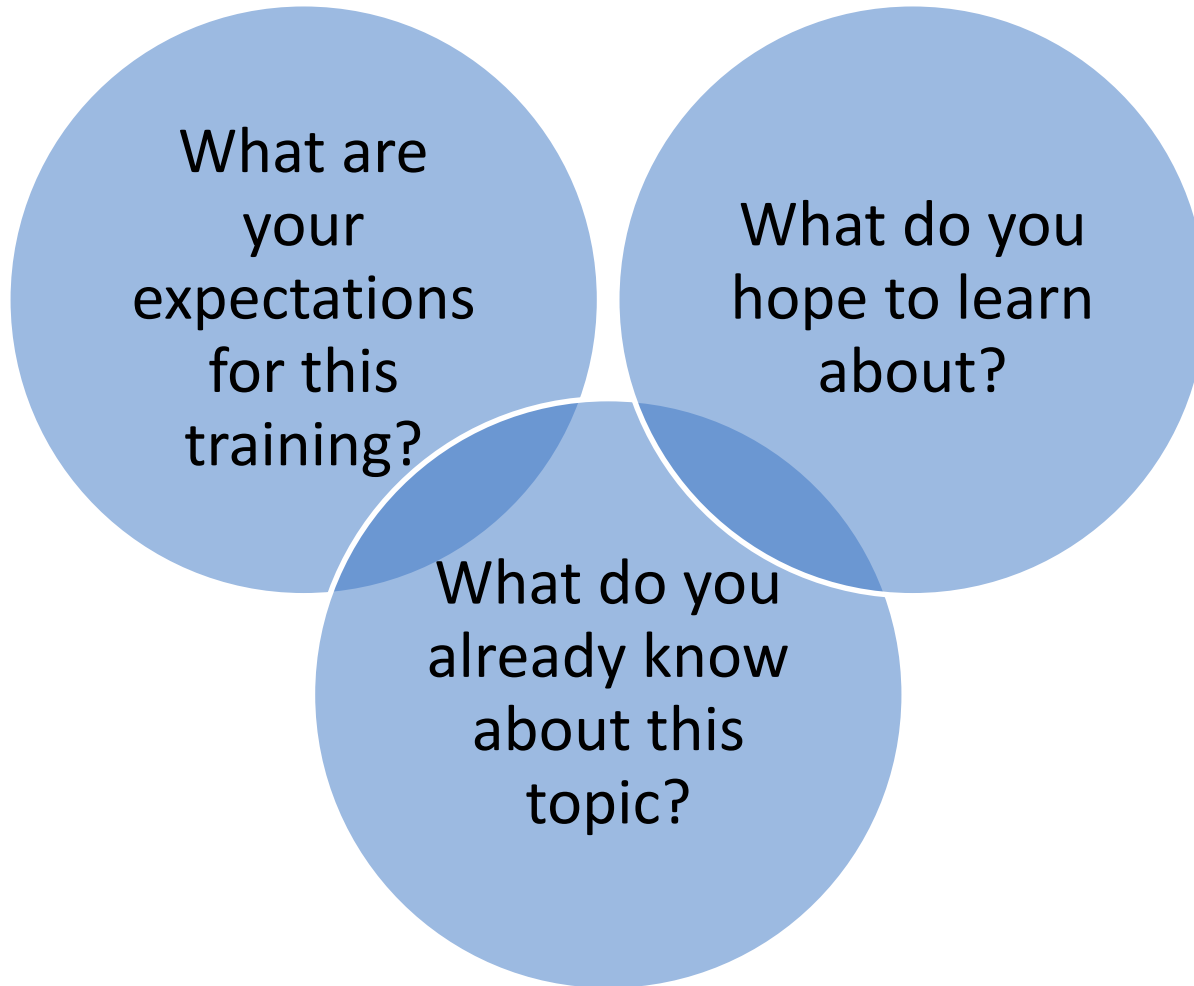
HIV and the Opioid Epidemic: How to Address it Locally

Presented by Laura Gerard and
Hannabah Blue

An aerial photograph of a vast, flat expanse of sea ice. The ice is broken into numerous irregular, white and light blue floes of varying sizes, creating a mosaic-like pattern. The floes are separated by dark, narrow channels of open water. In the far distance, a small, dark silhouette of a ship, likely an icebreaker, is visible on the horizon. The sky is a pale, clear blue, and the overall scene conveys a sense of immense scale and isolation.

ICEBREAKER: COMMONALITIES

Training Overview and Expectations



Workshop Learning Objectives

After today, we hope you will:

- Understand the scope of the opioid crisis as it specifically impacts rates of HIV and viral hepatitis.
- Know where to access information and tools for using the Strategic Prevention Framework (SPF) in your community
- Identify the five steps of the SPF
- Practice developing a plan for your community using the SPF

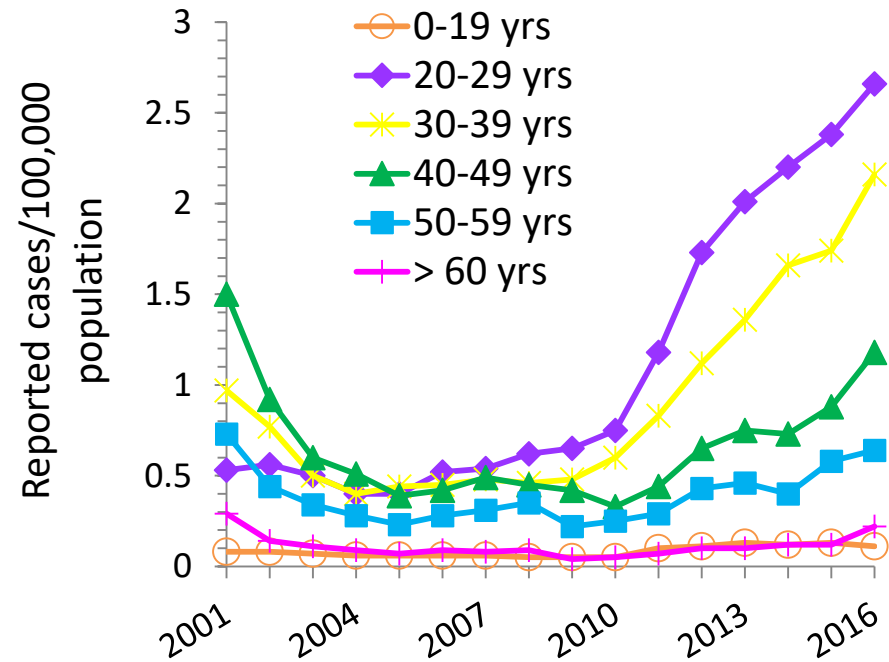
Overview of the Problem

- More than **130 Americans die each day from opioid overdose**, including heroin.
- Increases in injection drug use are driving rates of infectious diseases and related conditions.
- **As rates of opioid use have risen, so have the rates of related infections.**



Overview of the Problem, continued

- Hepatitis C infections have seen a 3.5-fold increase in incidence between 2010 and 2016.
- **Hepatitis C infections are increasing most rapidly among young people**, primarily as a result of increased injection drug use.
- The highest number of new infections are among 20- to 29-year-olds.

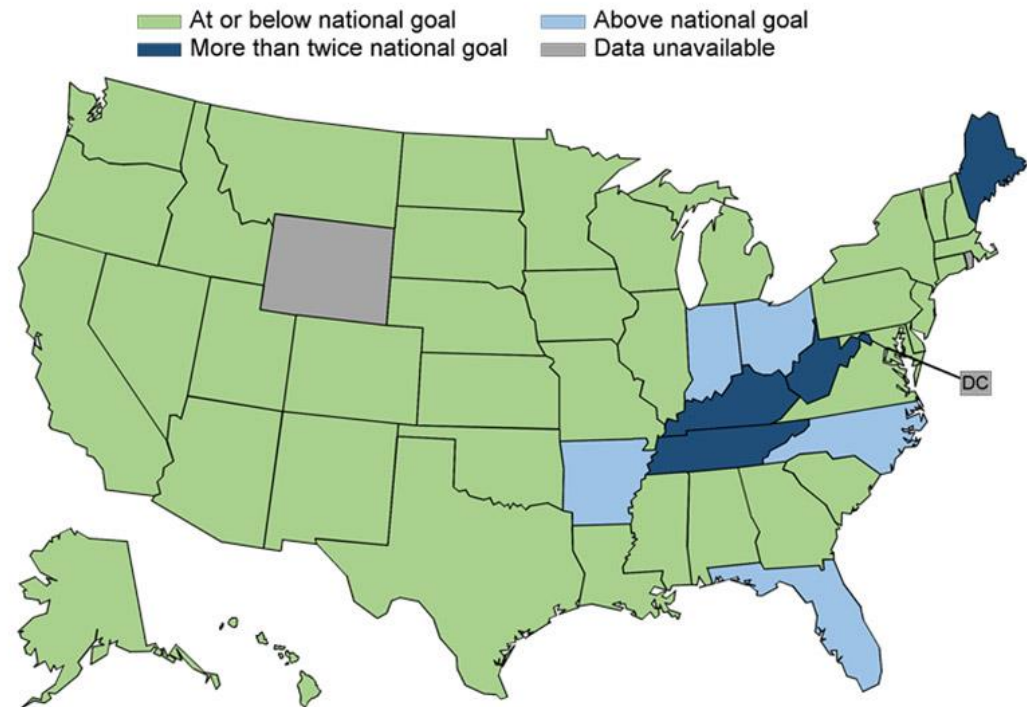


Source: Tammy R. Beckham, "SAMHSA Urges Focus on Synergistic Epidemics of Substance Use Disorder, HIV, and Viral Hepatitis," Blog, February 13, 2019, <https://www.hiv.gov/blog/samhsa-urges-focus-synergistic-epidemics-substance-use-disorder-hiv-and-viral-hepatitis>

Overview of the Problem, continued

- Hepatitis B is vaccine-preventable, yet **progress toward hepatitis B elimination has stalled.**
- In 2016, nine states had hepatitis B rates above the Healthy People 2020 goal, including several hard-hit by the Opioid crisis.

Map 3.1 State Acute Hepatitis B Incidence Compared to Healthy People 2020 National Goal*
United States, 2016



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

*National goal: 1.5 cases/100,000 population



Source: Tammy R. Beckham, "SAMHSA Urges Focus on Synergistic Epidemics of Substance Use Disorder, HIV, and Viral Hepatitis," Blog, February 13, 2019, <https://www.hiv.gov/blog/samhsa-urges-focus-synergistic-epidemics-substance-use-disorder-hiv-and-viral-hepatitis>

Overview of the Problem, continued

- Since 2017, a **series of hepatitis A outbreaks have been reported in multiple jurisdictions across more than 17 states**, primarily among people who use drugs, as well among people experiencing homelessness.
- As of January 23, 2019, these outbreaks totaled more than **12,000 infections** leading to more than 7,000 hospitalizations and more than 100 deaths.



Source: Tammy R. Beckham, "SAMHSA Urges Focus on Synergistic Epidemics of Substance Use Disorder, HIV, and Viral Hepatitis," Blog, February 13, 2019, <https://www.hiv.gov/blog/samhsa-urges-focus-synergistic-epidemics-substance-use-disorder-hiv-and-viral-hepatitis>

Overview of the Problem, continued

CDC and health departments have recently investigated several **large clusters of reported HIV infections in communities experiencing increased injection drug use** related to the ongoing opioid epidemic.



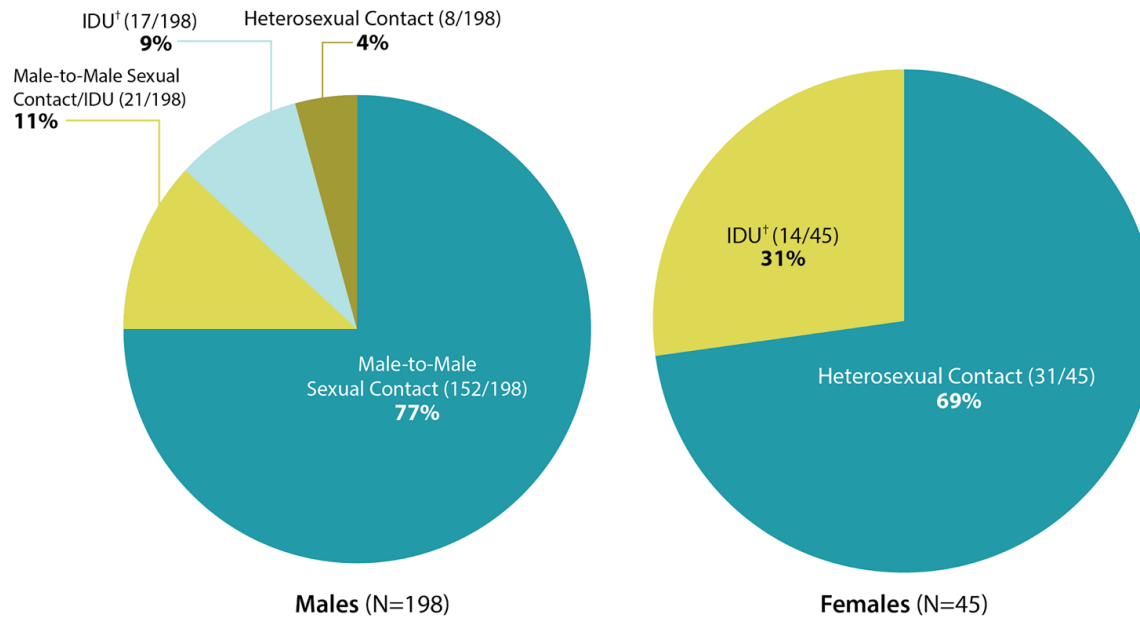
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HIV IN NATIVE COMMUNITIES

Data Review



HIV Diagnoses Among AI/AN in the US by Transmission Category and Sex, 2016



<https://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

New Cases of HIV, AI/AN

- AI/AN comprise 2% of the total U.S. population, yet ranked fourth in the rate of HIV diagnoses in 2016 among reported groups
- HIV has disproportionately affected AI/AN Communities
- HIV incidence among AI/AN patients has increased from 174 cases (7.9/100,000) in 2010 to 222 in 2014 (9.5/100,000)
- This rate is paradoxically HIGHER in the highly active antiretroviral (HAART) era than the pre-HAART era (1990-1999)

Centers for Disease Control and Prevention. HIV Surveillance Report, 2014; vol. 26.
<http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed March 28, 2016
(Reilly et al. Am J Public Health 2014)

Native Women Transmission

- Roughly 31% of new HIV diagnoses among AI/AN women in 2016 was through injection drug use, compared to 12% among all women
- AI/AN women have 3x the HIV diagnosis rate of White women
- There is a 1.5x higher risk of acquiring HIV if a woman has experienced intimate partner violence
- Roughly 80% of AI/AN women and men were reported to experience violence in her lifetime, and nearly 40% of Native women reported experiencing violence within the past year

Centers for Disease Control and Prevention. (2018). HIV Among American Indians and Alaska Natives in the United States. Retrieved from <https://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

Centers for Disease Control and Prevention. (2013). National Health Interview Survey Retrieved from:

<https://www.cdc.gov/nchs/fastats/american-indian-health.htm>

WHO, UNAIDS (2010) Addressing violence against women and HIV/ AIDS: What works?

National Institute of Justice. (2016). Violence Against American Indian and Alaska Native Women and Men – 2010

Findings from the National Intimate Partner and Sexual Violence Survey. Retrieved from

<https://nij.gov/publications/pages/publication-detail.aspx?ncjnumber=249736>



Death Rates

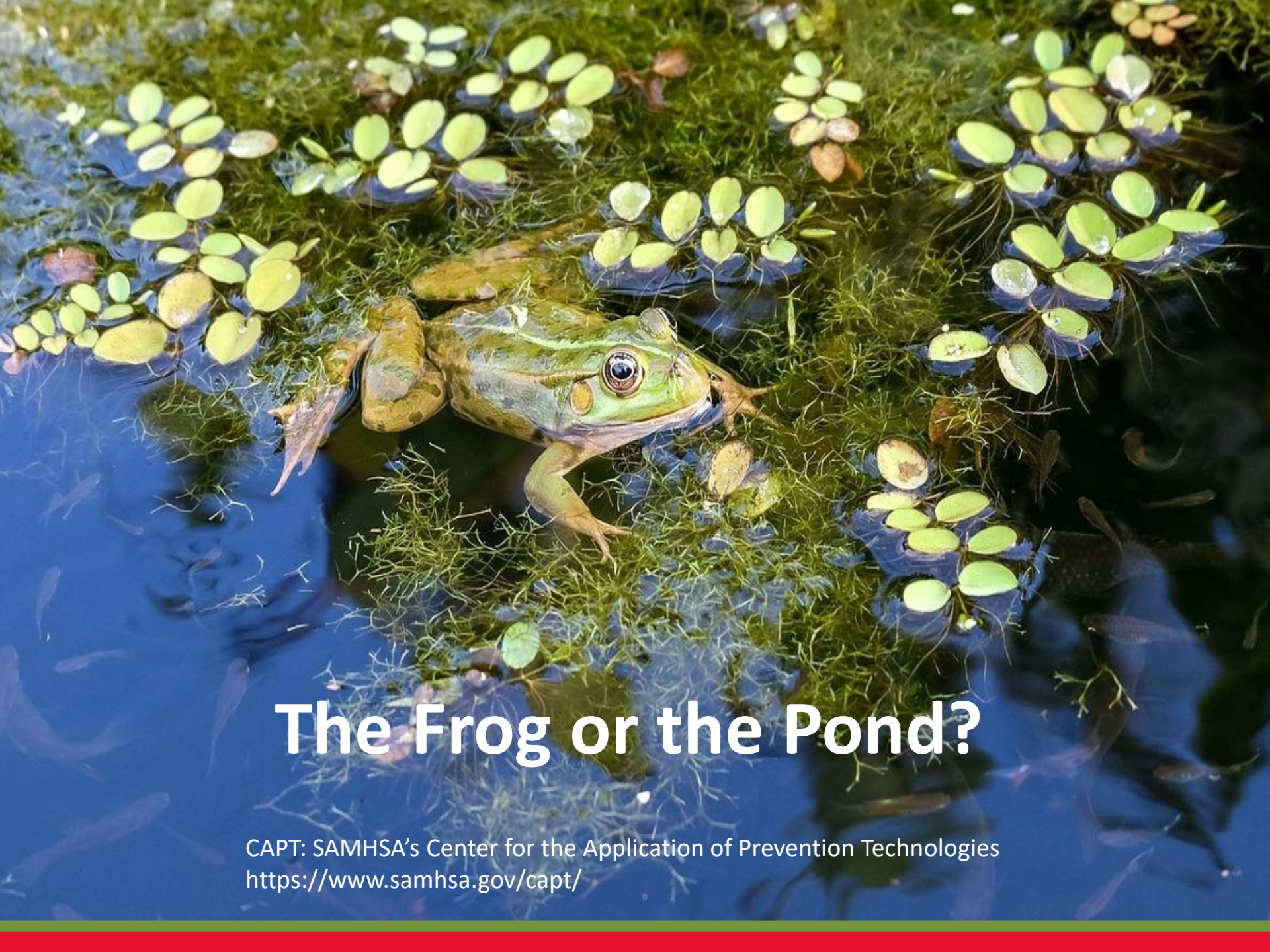
- AI/AN persons living with HIV/AIDS (PLWHA) have the lowest proportion of survival after 12, 24, and 36 months when compared to other age-matched groups
- In 2014, AI/AN and Native Hawaiians/Pacific Islanders were reported to have the highest percentage (25.4%) of Stage 3 (AIDS) at the time of diagnosis compared with other racial groups.

Death Rates From Human Immunodeficiency Virus and Tuberculosis Among American Indians/Alaska Natives in the United States, 1990–2009

Reilley, B., Bloss, E., Byrd, K. K., Iralu, J., Neel, L., & Cheek, J. (2014). Death rates from human immunodeficiency virus and tuberculosis among American Indians/Alaska Natives in the United States, 1990–2009. *American journal of public health*, 104(S3), S453-S459.

Where To Go From Here?

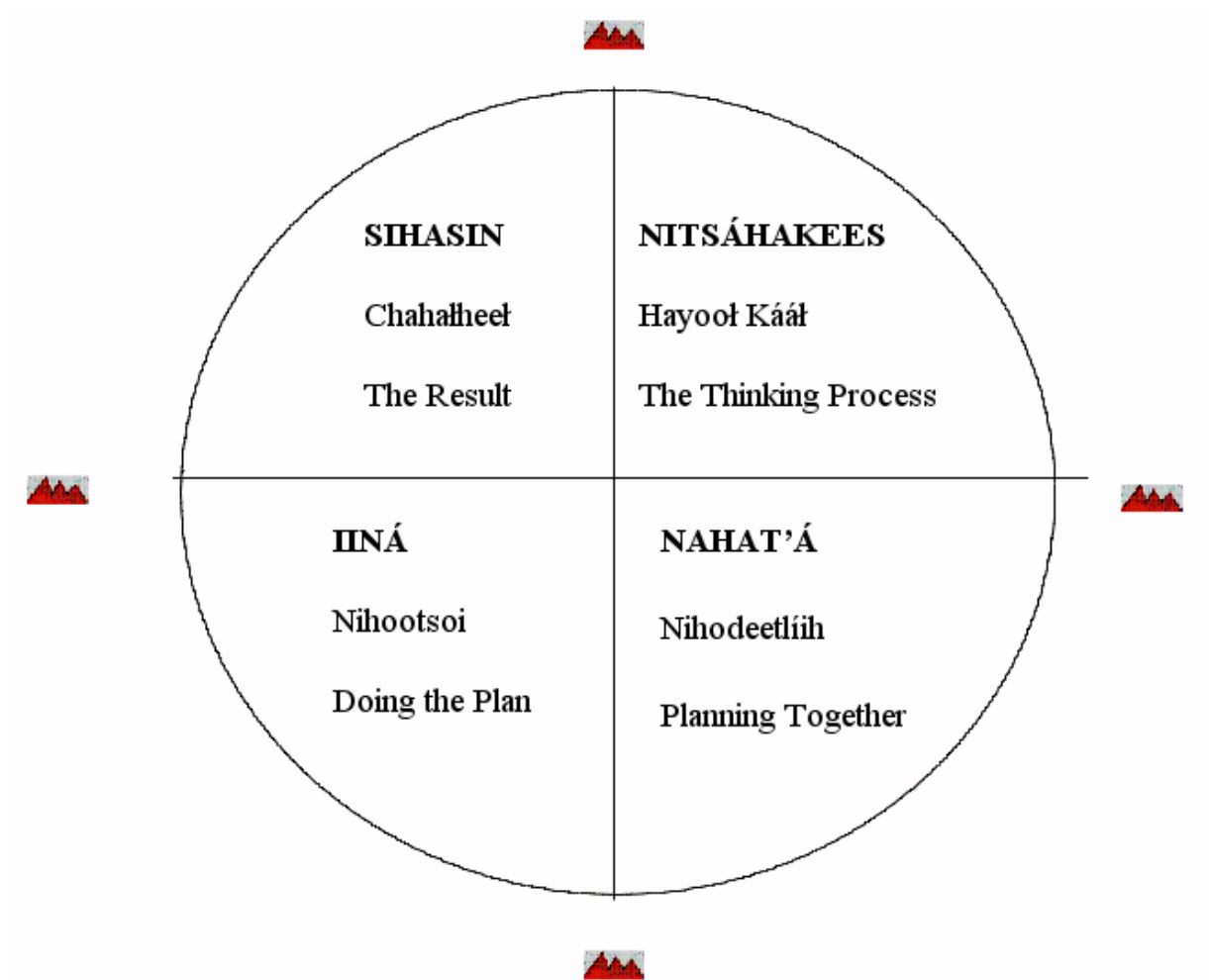
- People with substance use disorders need access to:
 - HIV and Viral Hepatitis testing
 - Linkage to care
 - Treatment services
- *Making these available to those who need them will require more coordinated and integrated approaches, such as the Strategic Planning Framework (SPF).*



The Frog or the Pond?

CAPT: SAMHSA's Center for the Application of Prevention Technologies
<https://www.samhsa.gov/capt/>

Navajo Four Directions



Strategic Prevention Framework



CAPT: SAMHSA's Center for the Application of Prevention Technologies
<https://www.samhsa.gov/capt/>

Activity

Assessment: What to Assess

The nature and extent of substance use problems and related behaviors



The risk and protective factors that influence these problems and behaviors



The existing resources and readiness of the community to address its problems

Understanding the Nature of the Problems and Related Behaviors

- Assessment Questions:
 - What are the problems and related behaviors?
 - Which populations experience them most?
 - How often are they occurring?
 - Where are they occurring?

Types of Data

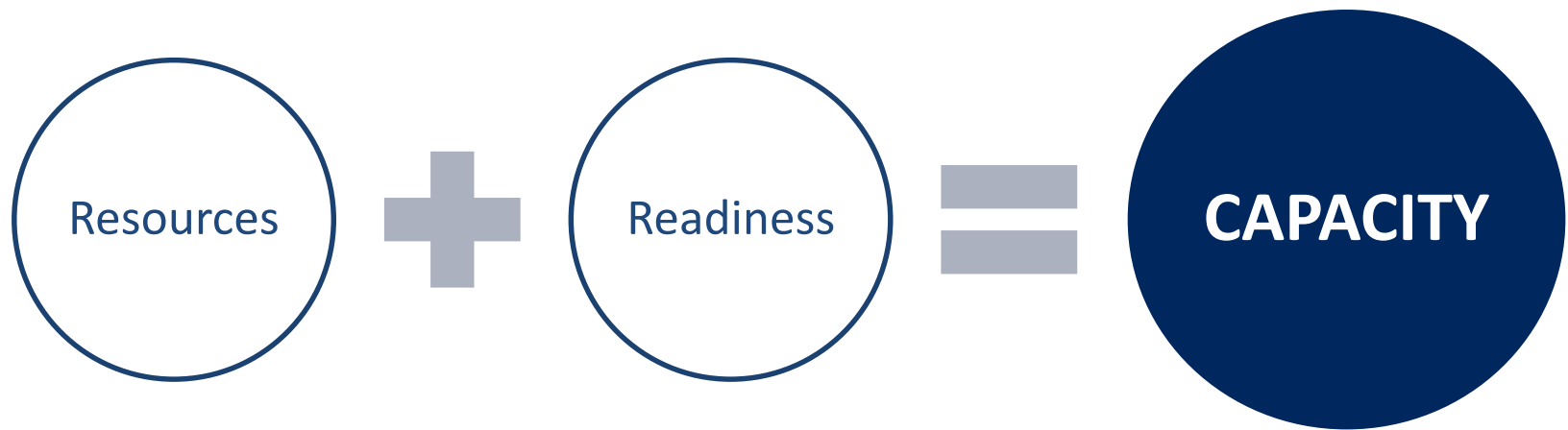
Quantitative

Shows how often an event/ behavior occurs or to what degree it exists

Qualitative

Explains why people behave or feel the way they do

Assessing Capacity



Community Readiness

How ready is a community...

To accept that a substance use problem needs to change?

To take action to change the problem?

Building Capacity Involves...?



**Increasing
Resources**

**Improving
Readiness**

*As an
example,
by...*

1. Engaging stakeholders
2. Strengthening collaborative groups/partnerships
3. Raising awareness

Building Capacity: Engage Stakeholders

Who are the stakeholders in the community?

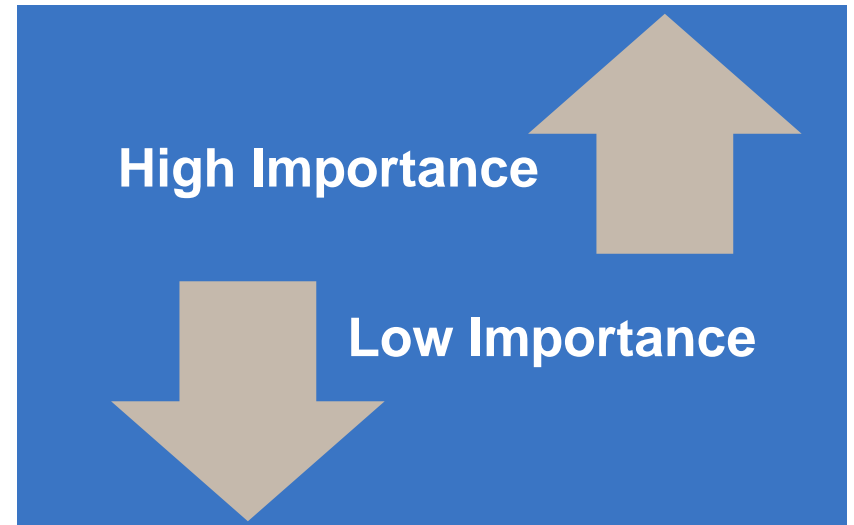


Planning

- Establish criteria for prioritizing risk and protective factors
- Select prevention interventions
- Develop a comprehensive, logical, and data-driven prevention plan

Importance

- How much is the risk/protective factor influencing the problem?
- Does it influence other behavioral health issues?
- Does it directly impact the developmental stage of the population?

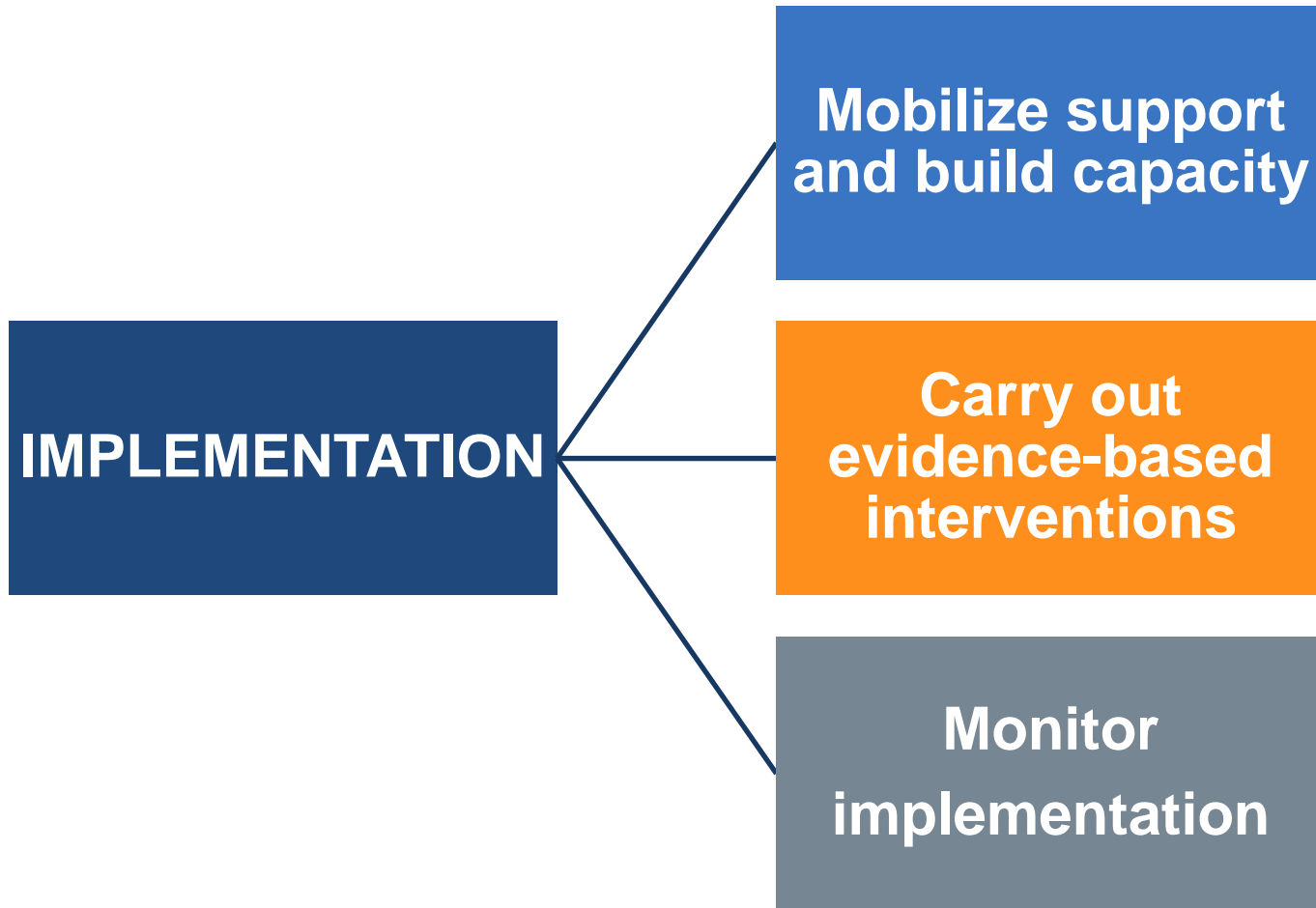


Changeability

- Is there adequate capacity to change the risk/protective factor?
- Does a suitable evidence-based intervention exist?
- Can change occur in a reasonable amount of time?



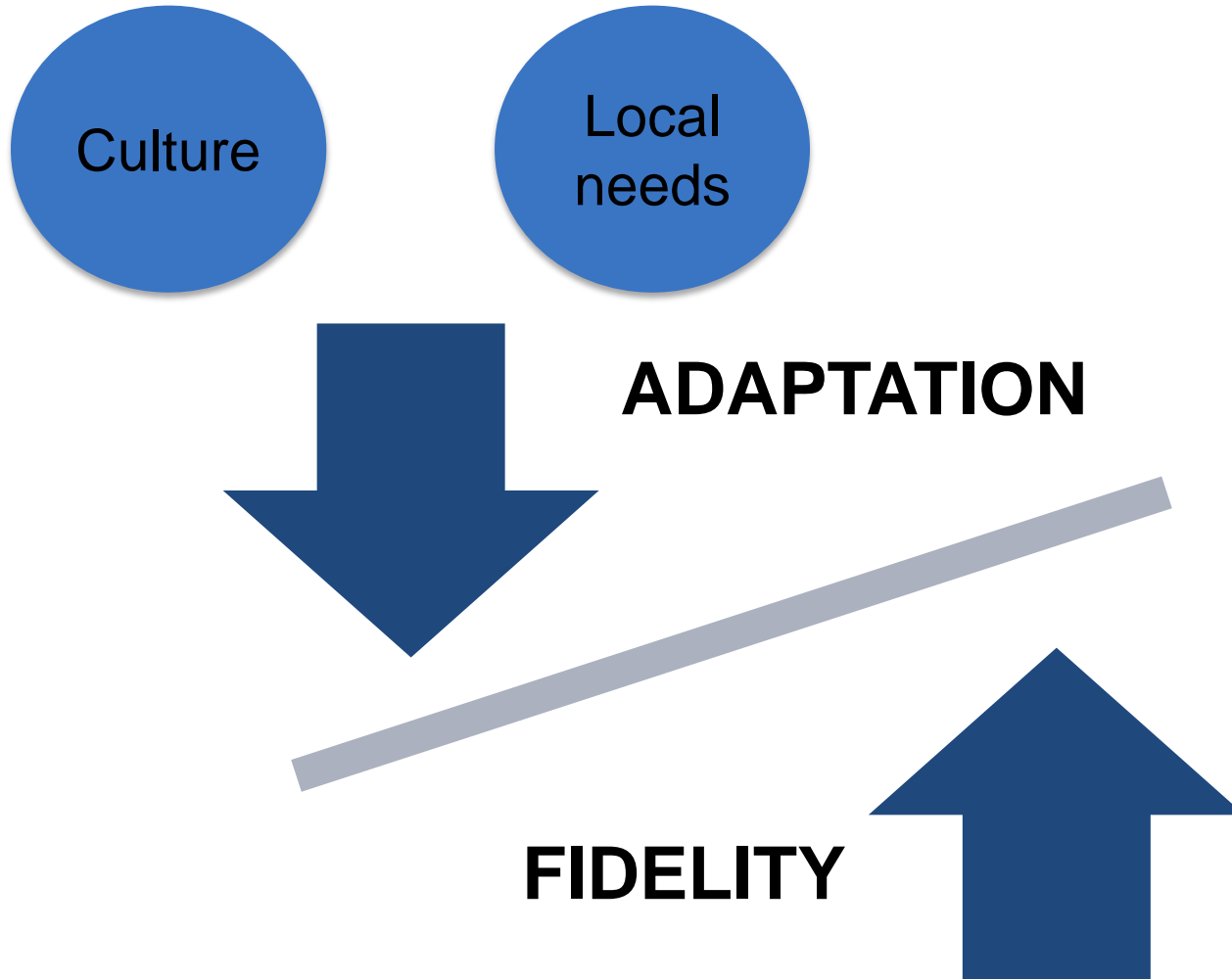
Implementation



Mobilize Support and Build Capacity



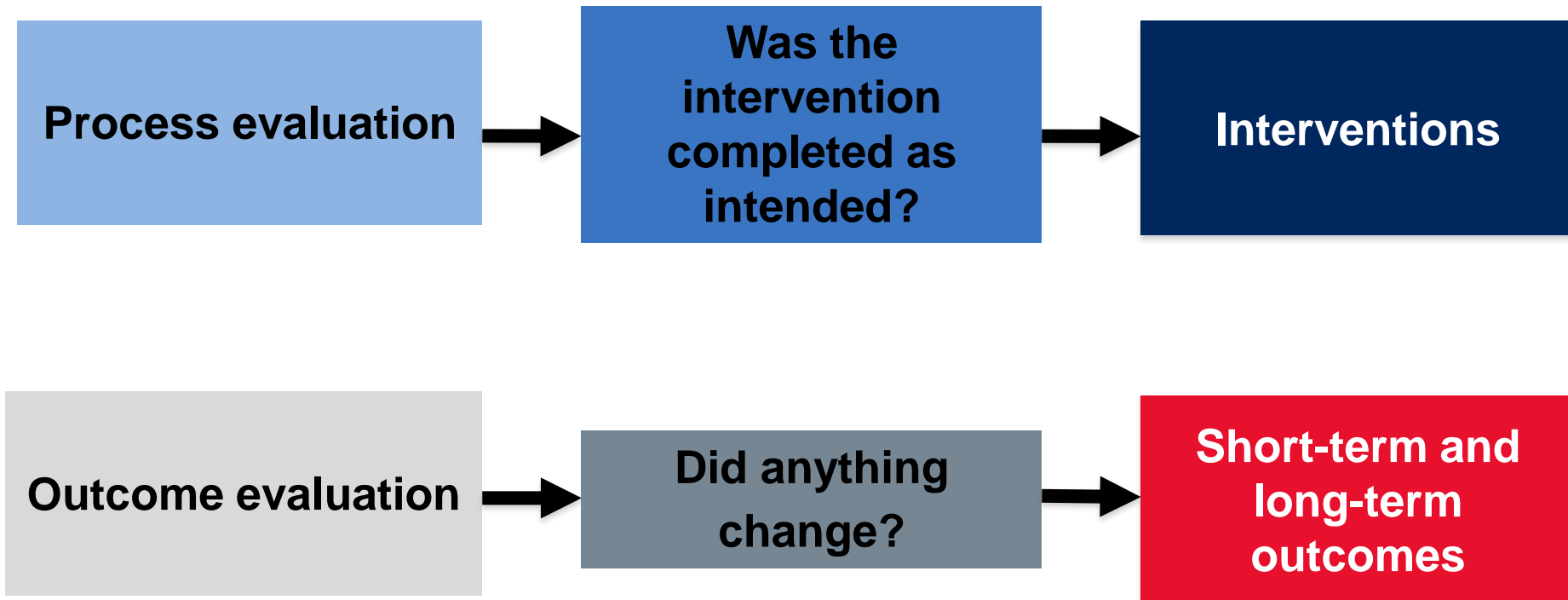
Adapting Evidence-Based Interventions



Evaluation



Evaluating Outcomes



SPF Recap:

1. ASSESSMENT

Identify the problem and related risk and protective factors and determine a community's resources and readiness to address them

2. CAPACITY

Engage stakeholders and build resources and readiness to address capacity

3. PLANNING

Choose interventions that are evidence-informed, conceptually match the identified risk and protective factors and are a good practical fit for the community

4. IMPLEMENTATION

Implement with fidelity

4. EVALUATION

Evaluate process and outcomes measures and review data to make modifications as necessary

KEEP IN MIND

Always consider the culture of the population you are working with and make sure that each step is completed with a sense of cultural humility

Activity

Questions?

Thank you

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