HEALTH MANAGEMENT ASSOCIATES

The Intersection of HIV and Substance Use:

Enhancing the Care Continuum with Evidence-Based Practices

Training Series: Session 2
March 8, 2023

DEPARTMENT OF HUMAN SERVICES

Utilizing Zoom

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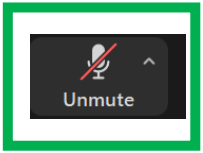
- **Ensure you are on MUTE and your camera is ON.** On the bottom left corner of your screen, you will see a red line through the microphone.



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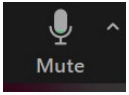

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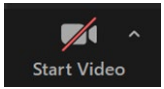

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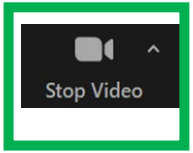
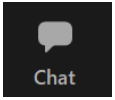
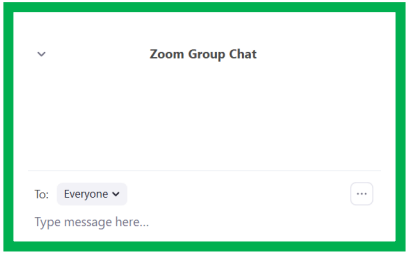


Camera ON

- **Your participation throughout today via chat is appreciated!**

  Locate the chat box. On the bottom middle of your screen, click on the chat icon. This will open the "Zoom Group Chat" pane on the right side of your screen. You will see messages throughout the webinar on there. When prompted by the presenters, type in your answers or questions there.





Housekeeping

- Today is **Session 2**
- This series is eligible for both **CEUs** and **CMEs**
  - *These activities have been approved for CEUs by the Minnesota Board of Behavioral Health and Therapy for 3 hours of credit for LADCs and LPC/LPCCs (total of 12 hours if all four sessions are fully attended)*
  - *These activities have been approved for CMEs by the American Academy of Family Physicians for 3 hours of credit (total of 12 hours if all four sessions are fully attended)*
- **Please complete the evaluation for the webinar that will be sent out via email after each session.**
- **You will be receiving a PDF of today's presentation.**
- Follow-up questions? Contact Ryan Maganini at rmaganini@healthmanagement.com

Acknowledgments

We would also like to thank our **community partners** for their support in developing this curriculum.

Indigenous Peoples Task Force

Land Acknowledgment

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. **We are standing on the ancestral lands of the Dakota people**. **We want to acknowledge the Dakota, the Ojibwe (oh-jib-way), the Ho Chunk, and the other nations of people who also called this place home.** We pay respects to their elders past and present.

Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Today's Presenters

Charles Robbins, MBA
(he/him/his)
Principal
Health Management Associates

Claudia Figallo, MPH, LAADC
(she/her/hers)
Counselor/Supervisor
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Helen DuPlessis, MD, MPH
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Disclosures

Faculty	Nature of Commercial Interest
Charles Robbins, MBA	Mr. Robbins discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Helen DuPlessis, MD, MPH	Dr. DuPlessis discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients. She is also a Board Member of Blue Shield of California Health Plan.
Claudia Figallo, MPH, LAADC	Ms. Figallo is an employee of the San Francisco AIDS Foundation, a non-profit which promotes health, wellness, and social justice for communities most impacted by HIV, through sexual health and substance use services, advocacy, and community partnerships.
Jeanene Smith, MD	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

Time for a Poll

Who is in the Zoom room today?

- Please select your role or discipline in the pop-up poll.

  (If “other”, type in chat)

Agenda for Webinar Series

Session	Topics
#1 **WEDNESDAY, MAR 1** 12:00 pm to 3:00 pm	❑ Understanding HIV ❑ HIV Testing and Treatment ❑ The Science of Addiction ❑ Screening, and Assessment
#2 **WEDNESDAY, MAR 8** 12:00 pm to 3:00 pm	❑ **Ethical and Legal Issues** ❑ **Funding and Policy Considerations** ❑ **HIV Risk Reduction** ❑ **SUD Harm Reduction** ❑ **HIV and Stigma** ❑ **Motivational Interviewing**
#3 **WEDNESDAY, MAR 15** 12:00 pm to 3:00 pm	❑ Working with Justice Involved Persons ❑ Substance Use Disorder Treatment with Medications ❑ Mental Health Treatment and Counseling ❑ Stimulant Use ❑ Chem Sex
#4 **WEDNESDAY, MAR 22** 12:00 pm to 3:00 pm	❑ Cultural, Racial and Sexual Identities ❑ Pregnancy and HIV, SUD/OUD ❑ Accessing, Obtaining, and Integrating Services for Individuals with HIV and SUD in Minnesota

CHATTER FALL

Please respond to following prompt by typing into the chat box

Please share a curiosity you bring with you today regarding the topics we are covering

Type your response and don't click enter.

HEALTH MANAGEMENT ASSOCIATES

Picture from Unsplash

Glossary of Terms (revisited)

- **Sexual orientation –** a person's identity in relation to the gender or genders to which they are sexually attracted (straight, gay, lesbian, asexual, bisexual, pansexual)
- **Gender identity and/or expression** - internal perception of one's gender; how one identifies or expresses oneself.
  - **Cisgender** – a term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth
  - **Transgender** – refers to an individual whose current gender identity and/or expression differs from the sex they were assigned at birth (may have transitioned or be transitioning in how they are living)
  - **Gender Expansive -** refers to an individual who expresses identity along the gender spectrum (genderqueer, gender nonconforming, nonbinary, agender, two spirit)
- **Sexual Minority** – refers to a group whose sexual identity orientation or practices differ from the majority of and are marginalized by the surrounding society.

SOURCE: Centers for Educational Justice and Community Engagement, UC Berkeley

- **Race** - is usually associated with inherited physical, social and biological characteristics. In this context that means race is associated with biology. Institutionalized in a way that has profound consequences (**White, African American, American Indian Alaskan Native, Native Hawaiian or Pacific Islander**)"
- **Ethnicity** - a term used to categorize a group of people with whom you share learned characteristics and identify according to common racial, national tribal, religious, linguistic, or cultural origin or background. (**Hispanic, Non-Hispanic Black, Non-Hispanic Black**, etc.)

SOURCE: US Office of Management and Budget: Federal Register Vol. 62(210): 58782

Glossary of Terms (revisited)

Health Insurance Portability and Accountability Act (HIPAA) - required the creation of national standards to protect sensitive patient health information (PHI) from being disclosed without the patient's consent and includes a Privacy Rule addressing disclosure of and access to PHI; the Security Rule protects disclosure of and access to electronic PHI (e-PHI) a subset of information covered by the Privacy Rule

Code of Federal Regulations, Title 42, Part 2 (42 CFR Part 2) – a complicated set of regulations that strengthen the privacy protections afforded to persons receiving alcohol and substance use treatment (in addition to the more general privacy protections afforded in HIPAA). The regulations restrict the disclosure and use of alcohol and drug patient records which are maintained in connection with any individual or entity that is federally assisted and holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment (42 CFR § 2.11)

Family Education Rights Protection Act (FERPA) - protects the privacy of student education records in public or private elementary, secondary, or post-secondary school and any state or local education agency that receives funds under an applicable program of the US Department of Education.

SOURCES: Centers for Disease Control and Prevention; and the Substance Abuse and Mental Health Services Administration

Common Acronyms (revisited)

ART – Antiretroviral therapy

AUD – Alcohol use disorder

IDU – Injection or intravenous drug use

MSM – Men who have sex with men

OUD – Opioid use disorder

PEH – Person(s) experiencing homelessness

PEP – Post-exposure prophylaxis

PrEP – Pre-exposure prophylaxis

PLWH – Person(s) living with HIV

PWID – Person(s) who injects drugs

SUD – Substance use disorder

Understanding HIV Risk Reduction, SUD Harm Reduction, Ethical and Legal Issues, Funding and Policy Considerations, HIV and Stigma, and Motivational Interviewing

Let's begin!

Ethical and Legal Issues, Funding and Policy Considerations

Learning Objectives:

Ethical and Legal Issues, Funding and Policy Considerations

I

Describe the ethical considerations related to HIV disclosure and how those have changed over time

II

Explain privacy protection and the considerations that affect those protections related to HIV testing and disclosure

III

List the purpose and key components of the Ryan White Programs

IV

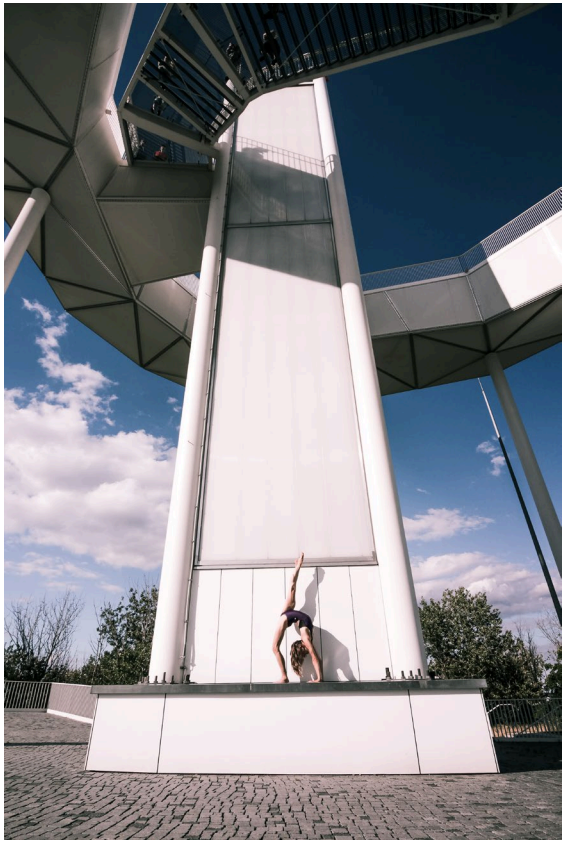
Summarize at least 3 critical steps needed to end the HIV Epidemic

Principles of Bioethics in America

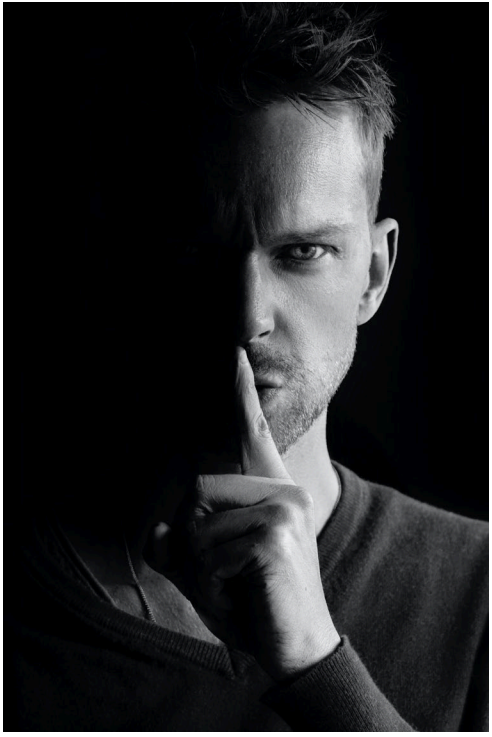
- Autonomy / Respect for Persons – respecting decisions of autonomous persons
  - Assumes capacity
  - Protecting the vulnerable, those without capacity to make autonomous decisions
- Beneficence – act in the best interest of the patient
  - Minimize risks and balance benefits
- Justice – fair treatment
  - Benefits and burdens are distributed fairly in society

Considering Ethics: Structural Lens

- Ethical principles should *NEVER* be applied rigidly, mechanically, or in absolute terms
- Sometimes the principles are in conflict
- Our understanding of HIV/AIDS has changed dramatically and influences how policies and regulations are made and interpreted
  - Better understanding of progression and how to mitigate
  - Phenomenal advances in treatment and prevention



Confidentiality: General



- A core duty (ethical and legal) of medical practice that requires providers to keep patients' personal health information private
  - Prohibits disclosure without consent
  - Encourages steps to ensure security of records/info and prevention of unauthorized access
  - Extends to all communication about patient
  - HIPAA, 42 CFR Part 2, FERPA
- Exceptions to release without consent
  - Exposed Emergency Medical Services (EMS) and Correctional personnel
  - Partner information to the PH Commissions only
  - Public health and safety
  - HIPAA exceptions: treatment, operations, billing/payment
  - 42 CFR Part 2 Exceptions: emergency, child abuse, Dept. Veterans Affairs, court ordered, qualified services organizations

Testing, Reporting and Disclosure

- In general, no specific informed consent or pre-test counseling is required in MN
  - Informed consent must be obtained in case of an EMS exposure
  - Mandatory provision of HIV education materials for clients in chemical dependency treatment programs
- Results are held confidential with exceptions:
  - Results are treated as confidential unless the client approves release of results
  - Name-based reporting must be provided to MN MDH within 24 hours (any reactive test) and to the health commission within 30 days of diagnosis
  - "Anonymous" testing is not completely anonymous
  - In MN it is a criminal offense to knowingly "transfer" a communicable disease to another through "direct transmission"
  - Infected individuals must disclose to sexual partners and those with whom they share needles (in a court of law, self-disclosure is a defense in the former, but not in the latter)
  - *But what about disclosure for those with undetectable viral load?*

Disclosure and Viral Suppression

- In 2017, MDH joined several state health departments in supporting **Undetectable = Untransmittable (U=U)**
- U=U is behind the concept of *treatment as prevention*
- When an HIV+ person has a confirmed undetectable viral load within the last 12 months the MDH will not take partner notification action.
- Partner notification is a practical precaution if there is any reason to believe that a partner may have been exposed to HIV.
- Providers or people living with HIV may still carry out partner notification independently or with assistance from the MDH Partner Services Program.

Disclosure and Viral Suppression

Precedent

The law basically says disclose or provide “practical means of preventing transmission”. In Minnesota, a case has been tried where a person argued that they used a condom and therefore did not expose their partner, and they won the case. That precedent setting case informs us that in MN, a person could use a condom and not inform their partner of their HIV+ status and still be within their legal rights.

Rainbow Health tells us that most people feel like the U=U defense would be upheld in MN, but it hasn’t happened (know their knowledge).

Discussion

- Would a HIV+ virally suppressed individual need to disclose their status to the partner?

- In a monogamous relationship with a virally suppressed individual, should the HIV- partner be on PrEP?

Disclosure and Viral Suppression

Thoughts for Providers

- Change the paradigm that people with HIV having sex is bad/risky to normalize people with HIV having sex.
- Reduce the emotional charge often present to help people navigate this in a sensitive, client centered and less stigmatizing way.
- Help people understand that most people with HIV are concerned about transmission, do what they need to reduce risk and that disclosure is a complex issue
- Discuss and promote treatment as prevention

Ryan White HIV/AIDS Program

- Provides a comprehensive system of care for people living with HIV
- Most funds support primary medical care and other medical-related and support services
- Provides ongoing access to HIV medications
- Small amount of funds used for technical assistance, clinical training, and development of innovative models of care

Ryan White HIV/AIDS Program

- Includes 5 Parts: A, B, C, D, and F
- Administered by the HIV/AIDS Bureau (HAB), within the Health Resources and Services Administration (HRSA)
- RWHAP Parts designed to work together to ensure a comprehensive system of care in urban, suburban, and rural communities throughout the U.S.
- **Payor of last resort**

Ryan White HIV/AIDS Program

Part A – Epidemically/Geographically Targeted

- Funding for areas hardest hit by the HIV epidemic
- Funding for two categories of metropolitan areas:
  - **Eligible Metropolitan Areas** (EMAs), with at least 2,000 new cases of AIDS reported in the past 5 years and at least 3,000 people living with HIV
  - **Transitional Grant Areas** (TGAs), with 1,000 – 1,999 new cases of AIDS reported in the past 5 years and at least 1,500 people living with HIV
- Funds are used to develop or enhance access to a comprehensive system of high-quality community-based care for low-income PLWH

Ryan White HIV/AIDS Program

Part B – All states

- Funding to all 50 States, DC, Puerto Rico, U.S. territories and jurisdictions to improve the quality, availability, and organization of HIV health care and support services
- Provides funds for medical and support services
- Includes the AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications, through direct purchase and purchase of health insurance
- Also provides funds to emerging communities with a growing epidemic, reporting 500-999 new cases in the past 5 years

Ryan White HIV/AIDS Program

Part C – Early Intervention

- Funding to support "**early intervention services**": comprehensive primary health care and support services for PLWH in an outpatient setting
- Competitive grants to local community-based organizations, community health centers, health departments, and hospitals
- Priority on **services in rural areas** and for traditionally underserved populations
- Capacity development grants provided to help public and nonprofit entities deliver HIV services more effectively

Ryan White HIV/AIDS Program

Part D – Population Targeted

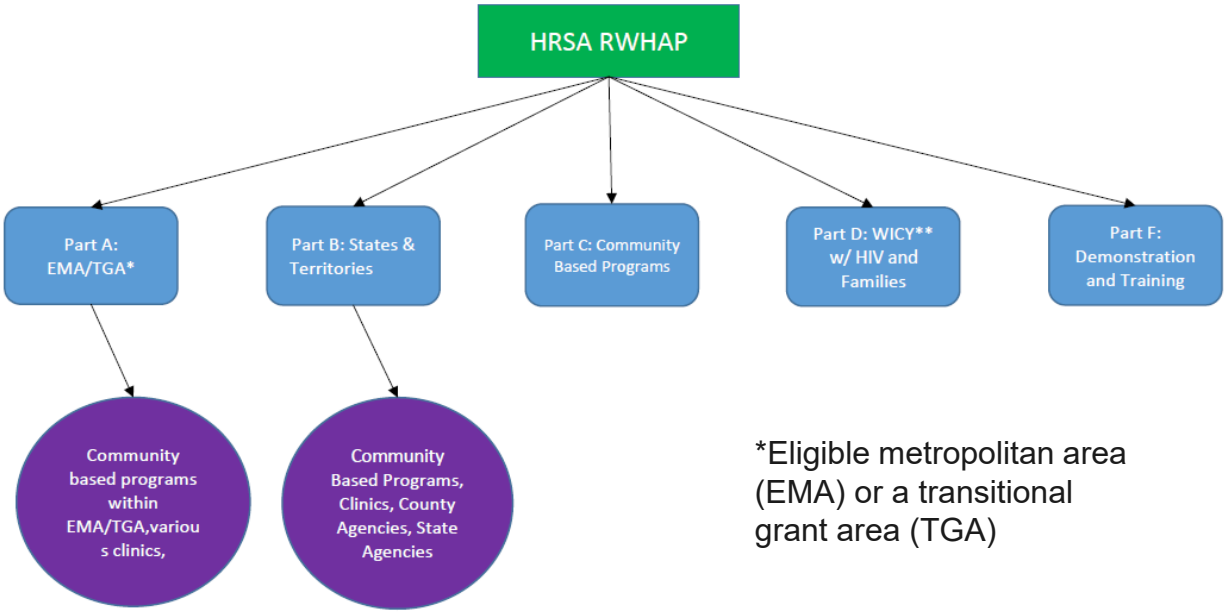
- Funding to support family-centered HIV primary medical and support **services for women, infants, children, and youth** living with HIV
- Competitive grants to local public and private health care entities, including hospitals, and public agencies
- Includes services designed to engage **youth with HIV** and retain them in care
- Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth

Ryan White Federal Programs

Part F – Dental and Special Funds

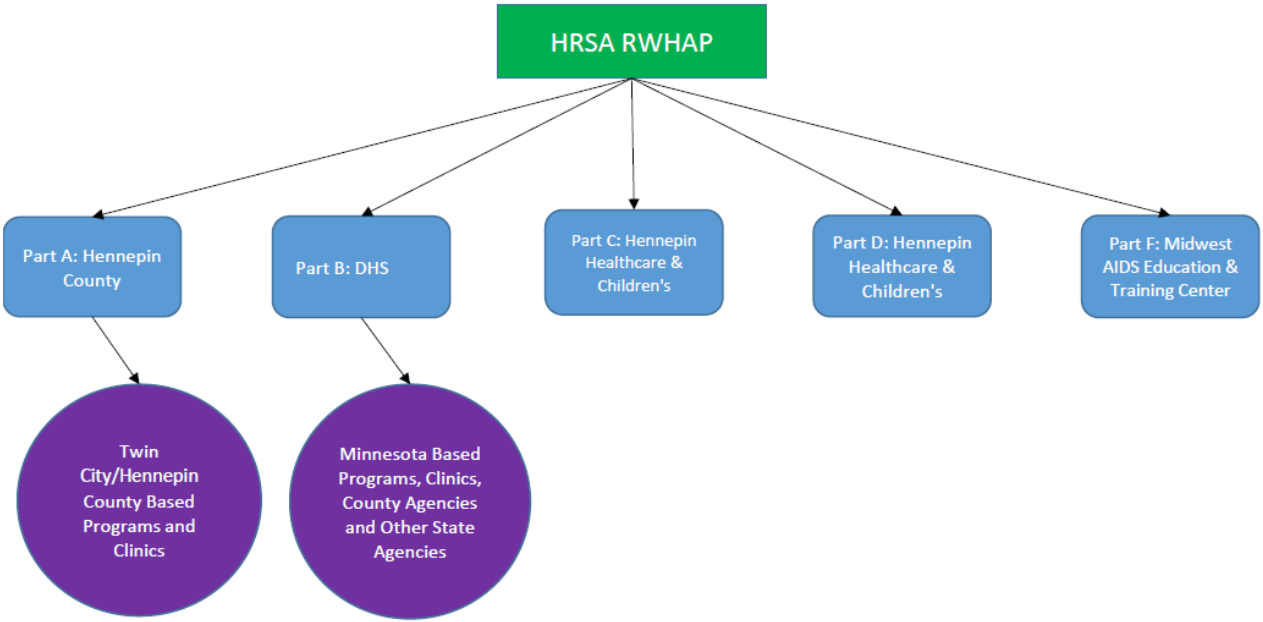
- Funds support **clinician training, dental services, and dental provider training**. In addition, Part F funds the development of innovative models of care to improve health outcomes and reduce HIV transmission.
- Funds Minority AIDS Initiative (MAI)
- Funds Special Project of National Significance (SPNS)
- Funds AIDS Education and Training Centers (AETCs)

Ryan White Federal Programs: MN Specifics



*Eligible metropolitan area (EMA) or a transitional grant area (TGA)

Ryan White Federal Programs: MN Specifics



Ending the HIV Epidemic

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.

END HIV MN IS OUR COMPREHENSIVE STRATEGY TO END HIV IN MINNESOTA.

END HIV MN provides a roadmap for coordinating efforts and resources to end HIV in Minnesota. The strategy contains goals, tactics, and action steps geared toward four specific outcomes.

END HIV MN

How Minnesota will measure success

The Minnesota Legislature has identified four ambitious – but attainable – outcomes for END HIV MN. Timelines to achieve these outcomes were set by the END HIV MN Advisory Board.

75%

4. Reduce the annual number of new HIV diagnoses in Minnesota by at least 25% by 2025 and at least 75% by 2035 (which requires successful achievement of outcomes 1, 2, and 3)

90%

1. Increase the percentage of Minnesotans living with HIV who know their HIV status to at least 90% by 2025

90%

2. Increase the percentage of Minnesotans diagnosed with HIV who are retained in care to at least 90% by 2025

90%

3. Of individuals retained in care, increase the percentage of Minnesotans who are virally suppressed to at least 90% by 2025

Our Vision is Clear

By 2025, Minnesota will be a state where new HIV diagnoses are rare and all people living with HIV – and those at high risk of HIV infection – will have access to high quality health care and the resources they need to live long healthy lives, free from stigma and discrimination.

4

Funding

President Biden's Fiscal Year 2022 Budget Request Includes $670 Million for the Ending the HIV Epidemic Initiative

To help accelerate and strengthen efforts to end the HIV/AIDS epidemic in the United States, the Budget includes $670 million within HHS to help aggressively reduce new HIV cases while increasing access to treatment, expanding the use of pre-exposure prophylaxis, also known as PrEP, and ensuring equitable access to services and supports.

Funding

State Opioid Response Grants: $1.5 Billion over 2 Years

The SAMSHA program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).

This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

Source: https://www.samhsa.gov/newsroom/press-announcements/202008270530

References: Ethics and Legal

- Center for HIV Law and Policy https://www.hivlawandpolicy.org/states/minnesota
- CDC Compendium of State Laws (includes MN Statutes re: criminalization of knowing transmission) https://www.cdc.gov/hiv/policies/law/states/index.html
- CDC Guidelines on Case Reporting and Surveillance https://www.cdc.gov/hiv/guidelines/reporting.html
- MN Center for HIV Law and Policy https://www.hivlawandpolicy.org/resources
- MN Health Department Disease Reporting Requirements and Resources
  - Reporting HIV and AIDS (for health professionals) https://www.health.state.mn.us/diseases/hiv/hcp/report.html
  - STD/HIV Partner Services Program for help with partner notification https://www.health.state.mn.us/diseases/stds/partnerservices.html
  - FAQ on Reporting https://www.health.state.mn.us/diseases/stds/hcp/reportfaq.html
  - HIV and TB Fact Info https://www.health.state.mn.us/diseases/hiv/hcp/hivandtb.html
- UCSF Compendium of State HIV Laws Quick Reference https://nccc.ucsf.edu/wp-content/uploads/2014/03/State_HIV_Testing_Laws_Quick_Reference.pdf
- How Should Physicians Respond if Patient HIV Denial Could Exacerbate Racial Health Inequities? *AMA J Ethics.* 2021;23(5):E382-387. doi: 10.1001/amajethics.2021.382. https://journalofethics.ama-assn.org/article/how-should-clinicians-respond-if-patient-hiv-denial-could-exacerbate-racial-health-inequities/2021-05

References: Funding and Policy

- HRSA Information about Ryan White Programs: https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program
- CDC Information on Ending the HIV Epidemic in the US: https://www.cdc.gov/endhiv/index.html
- MN Department of Health End HIV MN Resources: https://www.health.state.mn.us/endhivmn#:~:text=END%20HIV%20MN%20will%20address,for%20people%20living%20with%20HIV
- CDC Ending the HIV Epidemic Funding Announcement: https://www.cdc.gov/nchhstp/newsroom/2021/ehe-funding.html

5-minute stretch break!

HIV Risk Reduction

Learning Objectives:

HIV Risk and SUD Harm Reduction

I. Identify at least 3 critical HIV sexual transmission risk reduction strategies, including but not limited to PrEP and PEP

II. Define Harm Reduction as it relates to both SUD and HIV and describe at least 3 harm reduction strategies

III. Describe the current risks associated with synthetic opioids and specific harm reduction strategies to mitigate those

IV. Describe the relationship between SUD and HIV risk

Definition of HIV Risk Reduction

HIV risk reduction is the selective application of appropriate techniques and management principles to reduce the likelihood of a risky event and/or the negative consequences of such an event.

- The goal of risk reduction counseling is to help patients decrease risks to themselves and others, thereby decreasing the number of new HIV infections.
- Risk reduction helps decrease the rates of HIV infection through targeted prevention efforts.

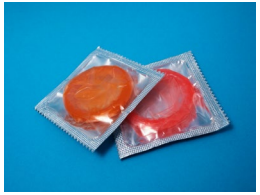
Risks for HIV Infection

Risks for HIV infection

- Unprotected sex
- Sharing needles
- Mother to child

Strategies for HIV prevention

- Safer sex (condoms)
- Routine testing
- Antiretrovial advances
  - Viral suppression (U=U)
  - PrEP and PEP



PrEP and PEP

PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

PEP (post-exposure prophylaxis) means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

Injection Drug Use and HIV Infection

HIV and Hepatitis C

- Syringe access programs
  - A variety of syringes to match a variety of injecting practices
  - Related supplies (e.g., alcohol swabs, ties/tourniquets, etc.)
- Safe smoking supplies (e.g., clean pipes, straws, lip balm)
- Sexual health supplies
- Overdose prevention supplies and education
- Health educators available for brief interventions
- Test strips for Fentanyl and other drugs
- Safe consumption sites
- Opportunities for Hepatitis C and HIV testing and linkage

SUD Harm Reduction

Chatter Fall

What daily Harm Reduction strategies are you familiar with?

Type your response in the chat feature, but **DON'T CLICK ENTER**

When instructed to do so, **CLICK ENTER**

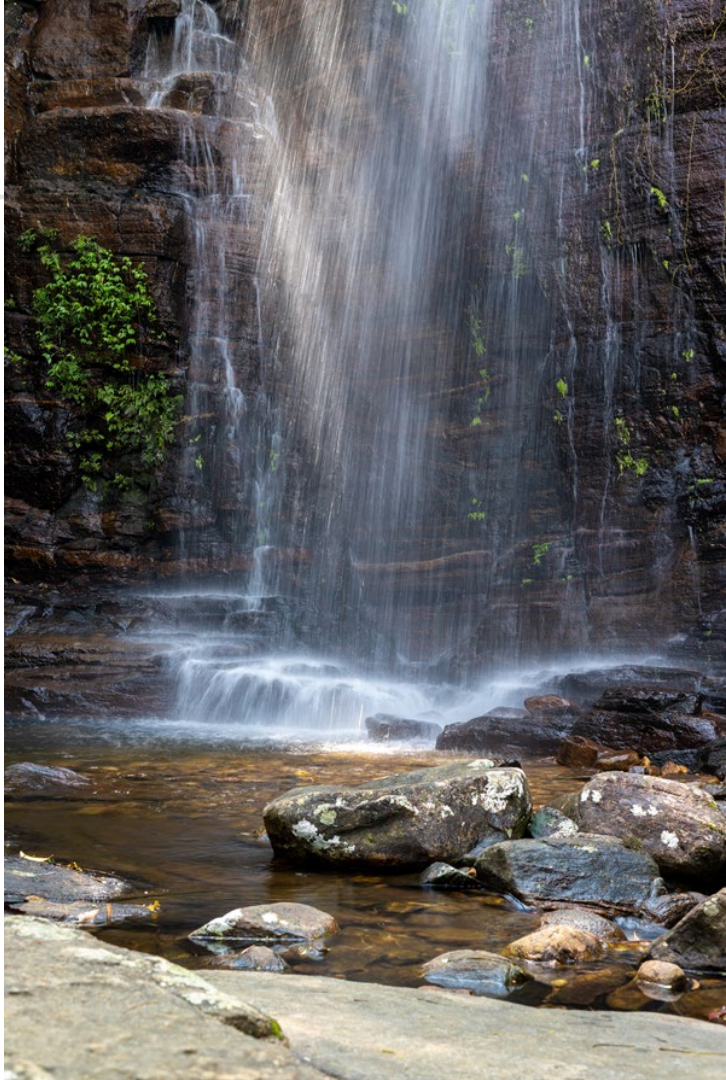


Image provided by Unsplash Photos

Definition of SUD Harm Reduction

Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

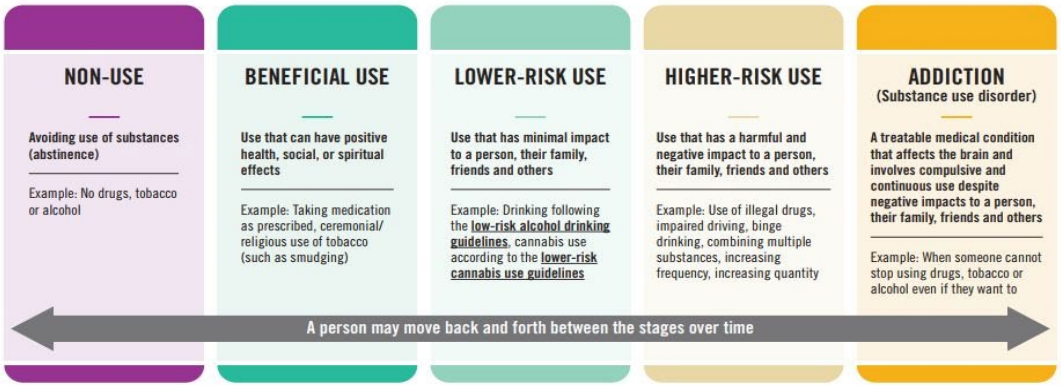
National Harm Reduction Coalition

What Harm Reduction Provides

- Non-judgmental support
- A collaborative approach
- An understanding that refraining from drug use may not be the only step in the healing process. Change can happen in other areas even while people are still using.
- A strong belief in the client's capacity to care for themselves, including prevention of HIV and other drug related health concerns.
- An educational approach
- Allows for mental health and substance use concerns to be treated together
- Supports self-trust, self-efficacy and autonomy
- Client-centered, client-tailored services

SUBSTANCE USE SPECTRUM

People use substances, such as **controlled and illegal drugs**, **cannabis**, **tobacco/nicotine** and **alcohol** for different reasons, including medical purposes; religious or ceremonial purposes; personal enjoyment; or to cope with stress, trauma or pain. Substance use is different for everyone and can be viewed on a spectrum with varying stages of benefits and harms.



NOTES

- Drugs, tobacco and alcohol have different effects on a person depending on factors like the substance(s) being used, tolerance, sex, age, weight, and any underlying health conditions, among other factors.
- The best way to avoid any harms from substance use is to avoid use. However, many people use substances without causing significant harm to themselves or others. In some cases, substances have a serious risk of harm at any level of use.
- Children and young adults are especially vulnerable to the effects of different substances because of the impacts on their development. In some cases, there may be no level of beneficial use or lower-risk use.
- The path to recovery from addiction is possible but it looks different for everyone. Some people may benefit from non-use (abstinence), whereas others may need different support, which could include medication, counselling, withdrawal management, and wrap-around services, such as employment and housing to support longer-term wellness.
- **Resources** are available to help people struggling with substance use. With the right supports, it is possible for a person to improve their health across the spectrum.

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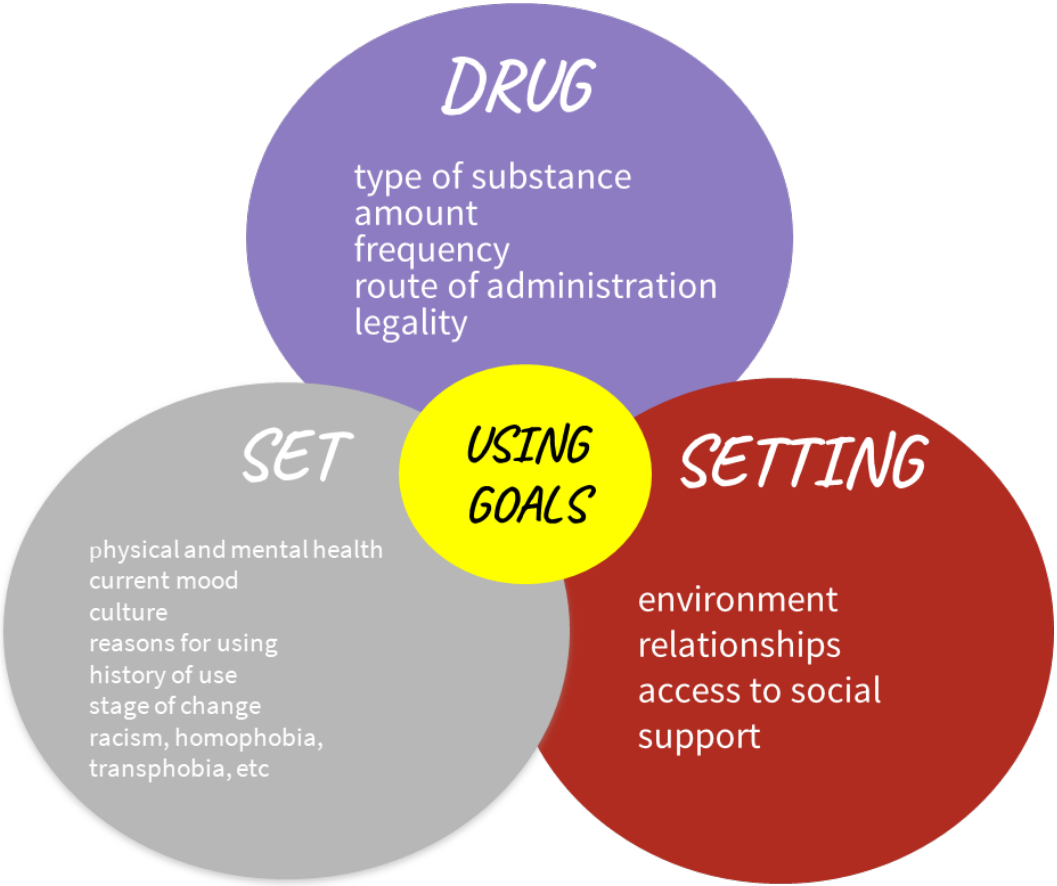
Health Canada Santé Canada

Canada



Adapted from Zinberg's model of Drug, Set and Setting

Harm Reduction : Alcohol use and HIV

- Explore the pros and cons of drinking
- Discuss drug, set and setting
- Consider alternating drinks
- Discuss budget and finance options
- Phone Apps (Saying When)
- Groups
- PrEP and PEP

Harm Reduction: Substance Use + Sex

- Building Healthy Online Communities - https://bhocpartners.org/
- Testing (including home testing) - https://together.takemehome.org
- Hooking up and meth- Tweaker.org

Discussing Sex-Drug Linked Behavior

These are the five general motivations for sex/drug linked behavior:

1. To increase ability to sexually function
   (e.g., erections, better orgasms, etc.)
2. To change level of sexual interest, desire, or arousal
   (e.g., to increase interest in sex or frequency of sex)
3. To experience a specific sexual turn-on
   (same-sex desires, “specific” turn-ons, etc.)
4. To escape from negative or overwhelming feelings
   (e.g., anxious, sad, lonely. Also includes feeling ugly or unwanted, etc.)
5. To express feelings of love, affection, and commitment
   (e.g., wanting to feel close, needing to be touched, etc.)

Overdose Prevention – Meth and Opiates

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: METH

WHAT TO DO WHEN YOU GET WAY TOO HIGH ON STIMULANTS...

DRINK PLENTY OF WATER OR GATORADE.

GET SOME REST— SLEEP REALLY HELPS.

WALK IT OFF IF YOU CAN'T SLEEP.

REMEMBER TO EAT. EVEN A PIECE OF FRUIT OR A SMOOTHIE CAN REALLY HELP.

COOL DOWN WITH AN ICE PACK IF YOU'RE OVERHEATED.

CALL 911 IF YOU ARE EXPERIENCING CHEST PAIN, SHORTNESS OF BREATH, OR SIGNS OF STROKE OR SEIZURE.

SAN FRANCISCO AIDS FOUNDATION PRESENTS

OD PREVENTION TIPS: OPIATES

SOMEONE OVERDOSING ON OPIATES WILL NOT BE RESPONSIVE. THEY WON'T BE BREATHING, OR THEIR BREATHS WILL BE SLOW AND SHALLOW.

OTHER THINGS TO LOOK FOR:

BODY IS LIMP (OR STIFF)

SKIN COLOR CHANGES

COLOR TURNS GRAY OR ASHEN FOR DARKER SKIN, BLUISH-PURPLISH FOR LIGHTER SKIN. FINGERNAILS AND LIPS MAY TURN BLUE OR DARK PURPLE

NOISES SNORING, CHOKING, OR GURGLING

VOMITING

Overdose Prevention – Safer Use

Naloxone (Narcan) Saves Lives

What is Naloxone? A medication that can reverse an overdose.

Signs of overdose: Unconscious or not responding, not breathing or slow breathing, turning gray or ashen or bluish, gurgling noises, body is limp, skin is clammy.

What to do? Call their name loudly or clap your hands, sternum rub. If not responding, administer Narcan and call 911.

Ways to administer Naloxone: Nasal and Intramuscular

- Considerations in the Fentanyl era

Who should carry Naloxone? Everyone

MN Good Samaritan/Steve's Law

Why Harm Reduction for Effective Support

- Because it considers a spectrum use, not just drugs or no drugs
- Because it sees drug use from an ecological lens, not just an individual lens
- Because it can explore drug-set-setting
- Because it allows **ambivalence** in the room
- Because not all drug use is abuse or misuse
- Because it's about support, not punishment (housing v/s drugs). Inclusion, not exclusion.
- Because it reduces **stigma** (which is more harmful than drugs)
- Because it is trauma informed
- Because it starts from a place of compassion and love
- Harm Reduction is Shame Reduction

HIV and Substance Use Stigma, Motivational Interviewing

Learning Objectives:

HIV and Substance Use Stigma, Motivational Interviewing

I

Define the 3 different types of stigma and how stigma influences testing, retention in treatment and outcomes of HIV and SUD

II

Describe how cultural considerations can influence treatment engagement

III

List at least 3 effective motivational interviewing tools

Unpacking Stigma

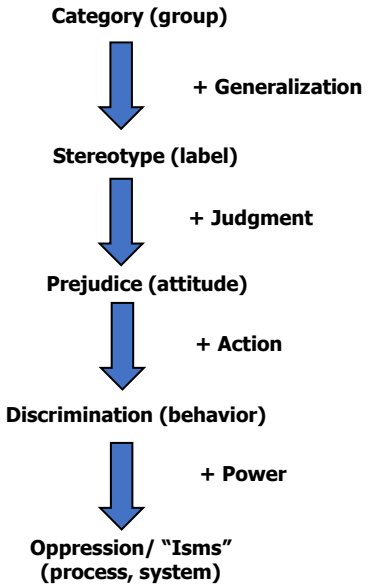
“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” – *Maya Angelou*

Picture from Unsplash.

How do we define stigma?

Categories of Stigma

- Self-Stigma
- Social Stigma
- Structural Stigma



S. Harrell, Ph.D.

Stigma

Key Elements:

Blame and Moral Judgment

Pathologize and Patronize

Fear and Isolation (the opposite of connection)

Criminalize

Functional Outcomes of Stigma:

Difference --- To keep people out

Danger ---To keep people away

Discrimination---To keep people down

National Harm Reduction Coalition

How does stigma impact people with HIV & people who use drugs?

- Incarceration
- Limit to housing options
- Limit to treatment options
- Poor or unavailable healthcare services
- Limit access to culturally concordant services
- Fewer funds for research
- Poor treatment for pain
- Poor treatment for mental health concerns
- Limit to job opportunities
- Loss of parenting rights
- Loss of reproductive rights
- Disconnection from families or loved ones
- People are less likely to ask for support
- Possible hepatitis C (HCV) and sexually transmitted infections (STIs)
- Lack of access to OD prevention
- Lack of access to syringes

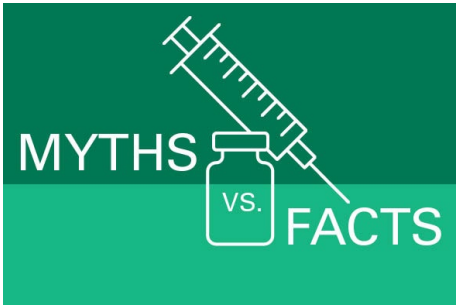
Stigma if Often Exacerbated by

Lack of context

Misinformation and myths

Poorly conceived policies

Discriminatory or dehumanizing language



Language

Remember:
Beverages are alcoholic,
not people

Laundry is dirty and clean,
not people

FIGURE 4: BETTER LANGUAGE

☑ USE	☒ DON'T USE
Person who uses drugs	Drug user
Person with non-problematic drug use	Recreational, casual, or experimental users
Person with drug dependence, person with problematic drug use, person with substance use disorder; person who uses drugs (when use is not problematic)	Addict; drug/substance abuser; junkie; dope head, pothead, smack head, crackhead etc.; druggie; stoner
Substance use disorder; problematic drug use	Drug habit
Has a X use disorder	Addicted to X
Abstinent; person who has stopped using drugs	Clean
Actively uses drugs; positive for substance use	Dirty (as in "dirty screen")
Respond, program, address, manage	Fight, counter, combat drugs and other combatant language
Safe consumption facility	Fix rooms
Person in recovery, person in long-term recovery	Former addicts; reformed addict
Person who injects drugs	Injecting drug user
Opioid substitution therapy	Opioid replacement therapy

Chatter Fall

What are some of the ways you can begin to dismantle stigma (individually or in your organization)?

Type your response in the chat feature, but **DON'T CLICK ENTER**

When instructed to do so, **CLICK ENTER**

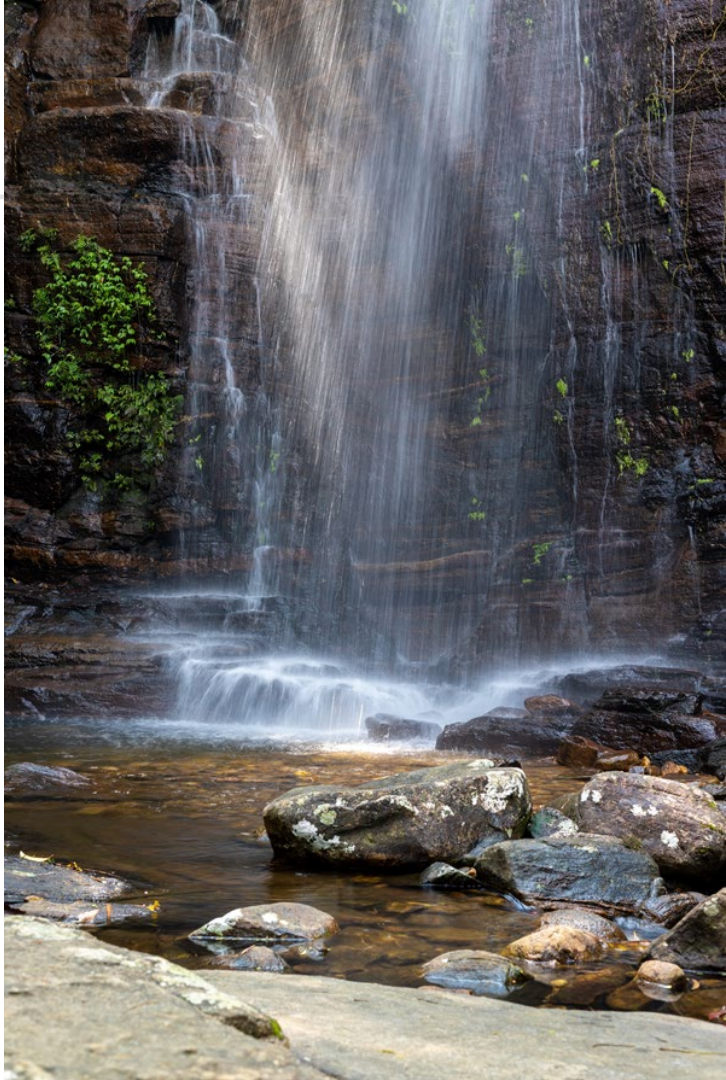


Image provided by Unsplash Photos

Anti-stigma campaign by UK agency, Release
https://www.release.org.uk/nice-people-take-drugs

https://supportdontpunish.org/

Explore networks which support people who use drugs such as: INPUD, VOCAL and Urban Survivors Union.

5-minute stretch break!

Learning Objectives:

Motivational Interviewing

I

Define and explain Motivational Interviewing (MI) and how it can be utilized with clients contemplating behavior change

II

Explain the stages of change and how they relate to under standing and supporting clients

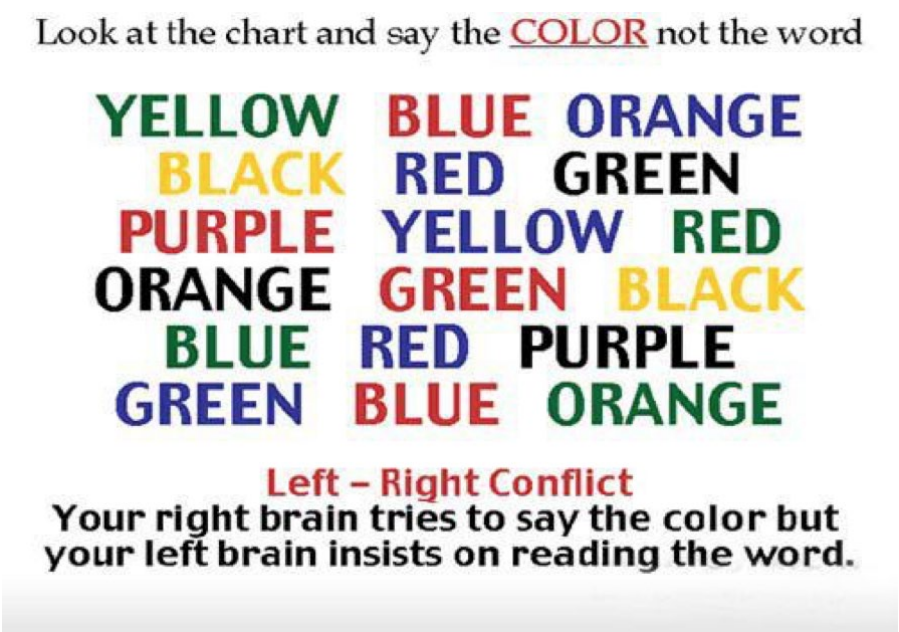
III

Identify the principles and spirit of MI

IV

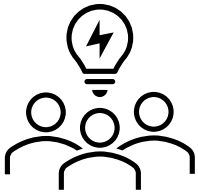
Explain OARS (Open-Ended Questions, Affirmations, Reflections and Summaries)

This is your Brain on Change



Writing Activity

“To change or not to change”

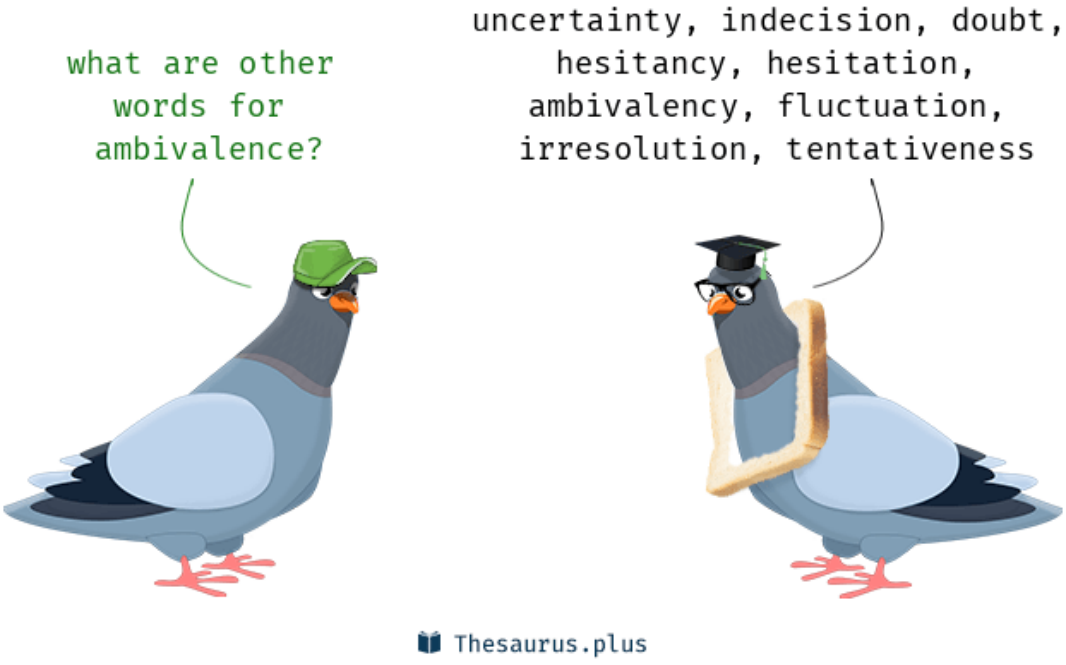


INSTRUCTIONS – Writing Activity

5min:

- *Think about a behavior change you have been considering*
- *Think about the benefits and challenges of making this behavior change. Jot them down.*
- *Think of an image you would use to describe the feeling of wanting to change something and finding challenges in the process.*
- *Share your image in the chat*

What is Ambivalence?



- Many people are **ambivalent** about change.
- Providers who push for specific change create a relational discord which reduces motivation for change.
- Discord perpetuates ambivalence.
- **Evoking** the client's own **change talk** will enhance behavior change.
- We don't have the power to make someone change – we can develop skills to **engage in and tolerate** conversations about the **possibility** of change.
- People are usually motivated for something, find what that is and start there.

What is Motivational Interviewing?

"MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."

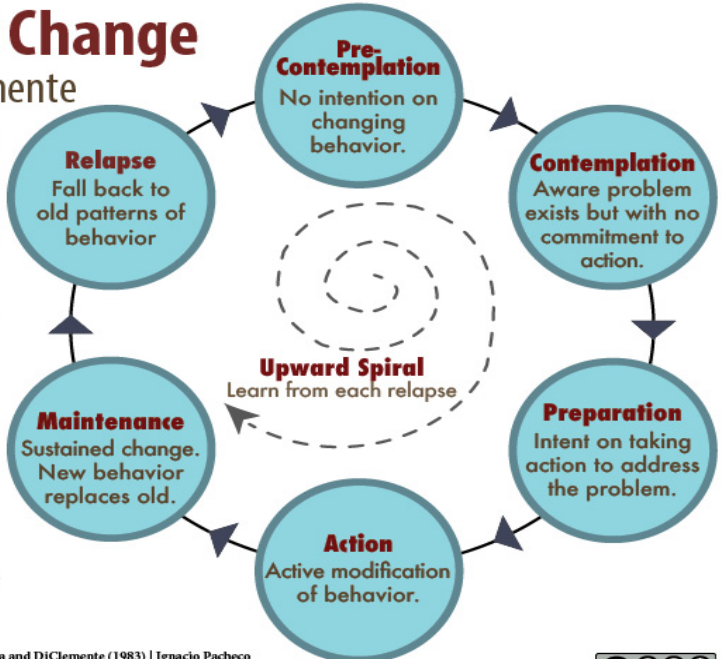
(Miller & Rollnick, 2013, p. 29)

Transtheoretical Model of Change

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



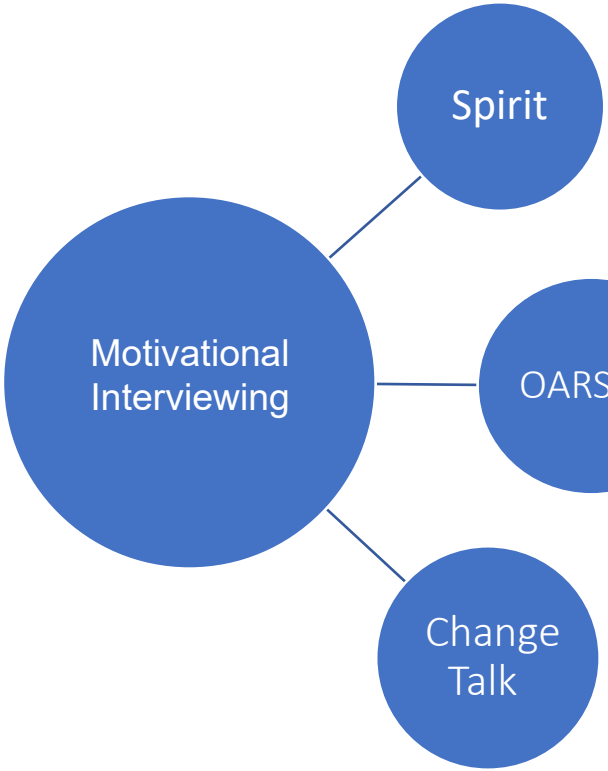
SOCIAL WORK TECH

Prochaska J, DiClemente C. Changing for Good: A Revolutionary Six Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward. New York, Avon Bools. 1995

Motivational Interviewing (MI) Works Best When…

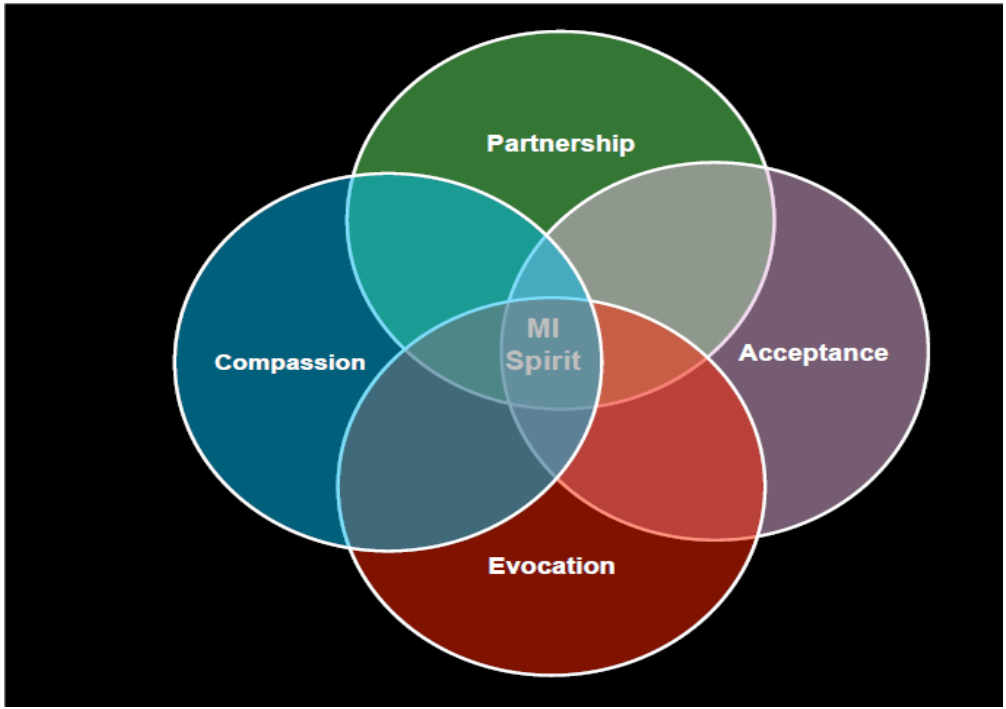
- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear

Core Elements of Motivational Interviewing



- Partnership, Compassion, Acceptance and Evocation
- Open-Ended Questions, Affirmations, Reflections, Summary + Information
- Listen out for DARN CAT

Spirit of Motivational Interviewing



OARS + I

OARS + I

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflections
- **S**ummary

+

- **I**nformation Exchange

For each of the following questions, place "O" in the chat function if you think the question is open ended, and "C" if you think the question is closed.

- How is your back pain impacting your overall life?
- Do you have any concerns about the stress in your life?
- Is it important for you to serve your children healthy food?
- Do you use cannabis or other street drugs?
- Will you remember to do your exercises every day?
- What do you like about drinking?
- How, if at all, does your alcohol use affect your parenting?
- How is your meth use improving your sex life?
- Upon reflection, how does cannabis help reduce your anxiety?
- If you were to stop using heroin, how would your days be different?
- What would you spend your money on if you stopped drinking?
- Can I ask you something?

Open or closed?

Affirmations

What are they?

- Strengths and attributes
- Successes
- Hopes
- Desires
- Efforts to improve things
- Humanity
- Compassion

What are the results?

- Strengthen the relationships
- Build trust
- Support confidence and self-esteem
- Build a meaningful working alliance

Affirmations

These statements should show appreciation for a client's challenges and achievements, however they are not meant to be "cheers" and shouldn't start with "I am".

"You really thought clearly about your next steps"
"Wow, that must've taken a lot of courage"
"You applied some self-care and it helped you stay calm"
"You've achieved so much this week"
"You are determined and continue to search for answers"

Stepping it Up – Affirmation + building experience and confidence

- "You are staying alcohol-free in the face of many challenges", tell me how that feels...
- "You are not avoiding difficult conversations, what is helping you do that?"

Reflections

Reflective Listening:

When people are ambivalent, MI helps organize and integrate our mind, helping to create congruent decisions that make change possible.

Simple: Express that you understand what the client is saying and that you are listening

Complex: Step it up a notch by providing feedback or expanding on a feeling

Tips:

- Avoid using the pronoun "I" (i.e., making the reflection about the listener)
- Avoid negating change talk by using **"and"** instead of **"but"**. Both realities exist at once.
- Should be brief

Examples of Reflections

For the following scenario, use the chat function to suggest open-ended questions the provider could ask next.

Client: I like to party; I don't see a problem as long as I'm at home. It's when I leave the house that things get out of hand.

Provider: Things are fine when you party at home. Partying is different when you leave the house.

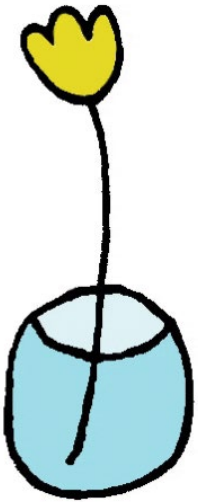
(What Open-ended question could you follow with here?) *Type it in the chat feature*

Summaries

Summaries allow us to keep track of the session, ask more questions and find out if we are really understanding the client's unique situation.
After you state a summary ask:

- "did I get that right?"
- "did I miss anything?"

Encourage the client to "Use the **edit** button". If your reflection is not accurate, say "edit me".



A summary is a bouquet filled with all the material the client has provided.

Sustain Talk	Change Talk
Client speech which favors maintaining and not changing a specific behavior	Client speech which favors changing a specific behavior

Listen for DARN CAT

Preparatory Change Talk

Desire: I want to…

Ability: I can…

Reasons: There are good reasons to….

Need: I really need to…

Mobilizing Change Talk

Commitment: I'm going to, I will…

Activation: I'm ready to

Taking steps: I did

Follow up when you hear change talk...

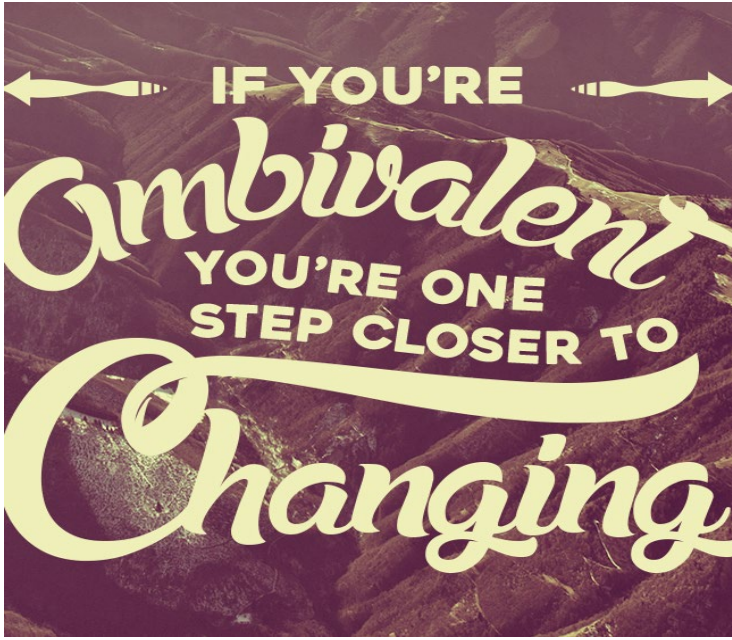
Resist the “Righting Reflex”

- Fix things
- Set things right
- Use shock tactics
- Give advice
- Get someone to face reality
- *Shame into change*

Resist the “Righting Reflex”

“People are more persuaded by what they hear themselves say than what someone else tells them”

(self-perception theory, 1972).



WAIT and WAIST

80/20

REMEMBER THE GOLDEN RULE

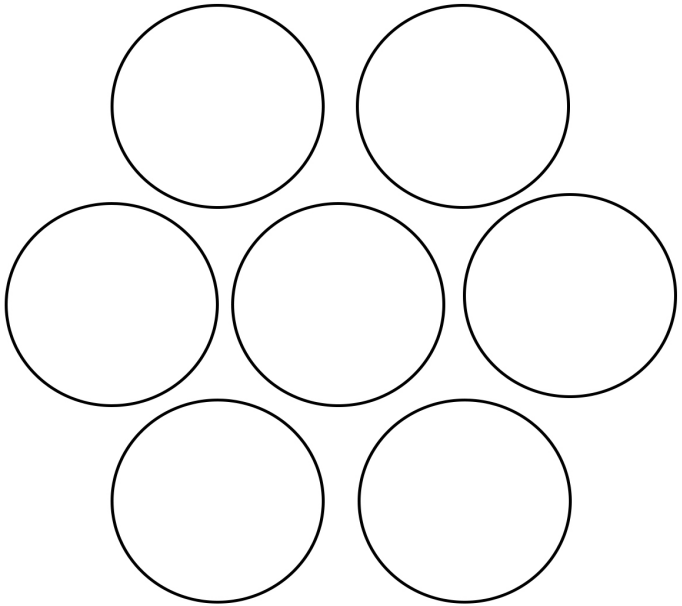
The client should be talking more than the provider and open-ended questions are an ideal way to keep the conversation going.

Tools for MI

- Circle chart
- Decision Matrix
- Scales or rulers

Agenda Map

Fill in the circles with topics to explore.



Decision Matrix – Social Media

Benefits of current behavior	Benefits of change
Staying connected with friends	Spending more time with family
Staying connected to important causes	Spending more time reading
Finding out about events	Spending more time doing self-care activities
Selling/buying stuff	Spending less time browsing
Concerns of current behavior	**Concerns about change**
Too much time spent looking at material which can be useless	Losing connection with people who live far
Spending money on unnecessary things	FOMO
Not prioritizing other activities	Not being able to comment of important conversations

Slides or Change Rulers

On a scale from 1-10 assess for:

- Motivation
- Confidence
- Competence
- Importance

Tell me more about why you chose that number?

Why didn't you choose a lower number?

What is one thing you can do to increase your number?

Ways to Incorporate MI practice into your Work

- Post-it notes in your workspace or find posters on Pinterest
- Organize MI skills meetings once a month (many online curricula can guide you)
- Send a MI video to the team and spend 10 min discussing it before a meeting.
- Focus on one skill each week. It's Affirmations week!!!
- Find films or shows with ambivalent characters and discuss what skills you could use.

- Have a MI book club.
- Practice with songs (Still, Should I stay or should I go, Please don't leave me, A million reasons).
- Lift up good examples for recognition and review
- Take advantage of cases with challenging patients or outcomes to review and role play as part of routine workflow such as
  - During case reviews
  - On rounds
  - During supervision

Developing proficiency in MI is like learning to play a musical instrument. Some initial instruction is helpful, but real skill develops over time with practice, ideally with feedback and consultation from knowledgeable others. As with other complex skills, gaining proficiency is a lifelong process.

- **William Miller, 2008**

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Stigma Abatement Resources

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- Minnesota Harm Reduction and Overdose Prevention Fact Sheet https://www.health.state.mn.us/communities/opioids/documents/sudresourcesheet.pdf
- Zinberg, N. E. (1984). Drug, set, and setting: The basis for controlled intoxicant use. New Haven: Yale University Press.
- Project Implicit at Harvard University has a number of implicit bias resources and tests that should be reviewed before you dive in. https://implicit.harvard.edu/implicit/takeatest.html
- SAMHSA Anti-Stigma Toolkit. A Guide to Reducing Addiction-related Stigma. https://www.montefiore.org/documents/ANTI-STIGMA-TOOLKIT-A-Guide-to-Reducing-Addiction-Related-Stigma.pdf

Harm Reduction resources for you:

- Recovery Research Institute https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/
- National Harm Reduction Coalition - https://harmreduction.org/our-work/action/california/
- California Department of Public Health Injury and Violence Prevention Branch - https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx

HR in Minnesota

- Southside Harm Reduction (Southside) for SE, street outreach, peer discussion/education https://southsideharmreduction.org/covid-19/
- RAAN (Duluth) for SE, naloxone, educational materials https://southsideharmreduction.org/covid-19/
- MN DHS harm reduction website for basic overview and education https://www.health.state.mn.us/communities/opioids/prevention/harmreduction.html

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- Case Western Reserve Center for Evidence-based Practices – The Spirit of MI. https://www.centerforebp.case.edu/resources/tools/the-spirit-of-mi
- MBSEI Toolkit, Best Practice #6 – Appendix A is an abbreviated MI curriculum with several useful internet links. nastoolkit.org
- Motivation Interviewing Network of Trainers (MINT). https://motivationalinterviewing.org/
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- "An Example of an MI 'Session'" from the work of WR Miller and S Rollnick
- Sobell & Sobell. (2008.) Motivational Interviewing Strategies and Techniques: Rationalesand Examples

QUESTIONS?

Next Steps

- Join us for **Session 3 next Wednesday!**
- Your registration should have included a reoccurring calendar invite for all four sessions
- **Please complete the evaluation for this session that will be sent out after via email (evaluations must be completed for those seeking CEU/CME credits).**

Follow-up questions?

Ryan Maganini: rmaganini@healthmanagement.com

Agenda for Webinar Series

Session	Topics
#1 **WEDNESDAY, MAR 1** 12:00 pm to 3:00 pm	❑ Understanding HIV ❑ HIV Testing and Treatment ❑ The Science of Addiction ❑ Screening, and Assessment
#2 **WEDNESDAY, MAR 8** 12:00 pm to 3:00 pm	❑ Ethical and Legal Issues ❑ Funding and Policy Considerations ❑ HIV Risk Reduction ❑ SUD Harm Reduction ❑ HIV and Stigma ❑ Motivational Interviewing
#3 **WEDNESDAY, MAR 15** 12:00 pm to 3:00 pm	❑ **Working with Justice Involved Persons** ❑ **Substance Use Disorder Treatment with Medications** ❑ **Mental Health Treatment and Counseling** ❑ **Stimulant Use** ❑ **Chem Sex**
#4 **WEDNESDAY, MAR 22** 12:00 pm to 3:00 pm	❑ Cultural, Racial and Sexual Identities ❑ Pregnancy and HIV, SUD/OUD ❑ Accessing, Obtaining, and Integrating Services for Individuals with HIV and SUD in Minnesota