

CMEO BriefCase

People Living with HIV & SUD: Addressing Barriers to Viral Suppression

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Learning Objective

Implement strategies to overcome barriers to viral suppression in people living with HIV (PLWH) and co-occurring substance use disorder (SUD).

Patient interaction

Patient Case Intro: Cassie

28-year-old female presents to community health clinic to re-establish care after prolonged absence:



Past Medical History

- Diagnosed with HIV-1 during short hospital stay 1 year ago, not currently in care
- Treated for short-term back pain related to motor vehicle accident 2 years ago, sporadic opioids from various episodic care clinics appear on PDMP ever since
- Gave birth 3 years ago, no documented complications or follow-up notes

Medication History

- Dolutegravir (DTG) + emtricitabine/tenofovir disoproxil (FTC/TDF) - #30 of each, last filled 8 months ago
- Oxycodone/acetaminophen 5/325 mg - #10, last filled 2 months ago

Recent Labs (1 year ago)

- HIV RNA - 40,000 copies/mL
- CD4+ count - 350 cells/mm³
- Hepatitis B antigen - negative
- Hepatitis C antibody - negative

CD4 = clusters of differentiation 4; PDMP = prescription drug monitoring program

HIV and SUD: The Trauma Connection

Trauma



Adverse childhood/life experiences (AC/LE), mental health disorders (MHD), socioeconomic insecurity, **substance use**

SUD



Genetic/biologic proclivity, AC/LE, early environmental exposure, maladaptive coping behaviors, lack of social support, MHD, **trauma**

HIV



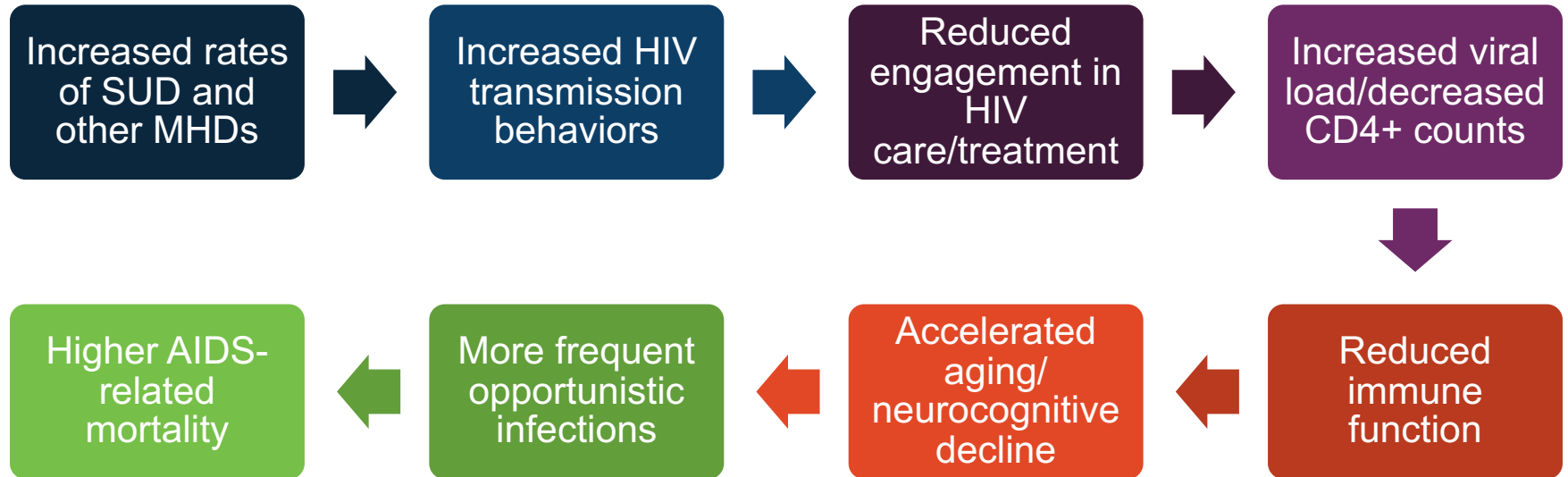
Unprotected sex, stigma and discrimination, socioeconomic disadvantage, lack of access to healthcare/education, MHD, **substance use, trauma**

Among PLWH, up to 70% have experienced trauma, over 60% have used illicit drugs, and approximately one-quarter report receiving treatment for SUDs

Rubin LH, et al. *Psychosom Med*. 2023;85(4):341-350. Campbell JA, et al. *Am J Prev Med*. 2016;50(3):344-352. Leza L, et al. *Drug Alcohol Depend*. 2021;221:108563. Lopez CM, et al. *J Behav Health Serv Res*. 2023. Substance Abuse and Mental Health Services Administration [SAMHSA]-Health Resources and Services Administration [HRSA] Center for Integrated Health Solutions. *The Case for Behavioral Health Screening in HIV Care Settings*. SAMHSA Website. 2016. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4999.pdf>.

Trauma Impacts on HIV Care Outcomes

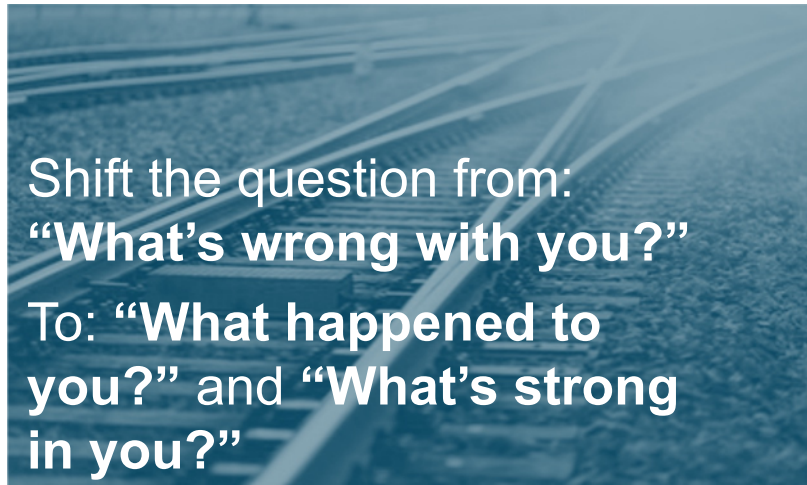
PLWH and significant trauma have:



Trauma-informed Care (TIC)



TIC: a systems-level approach to care that recognizes and responds to the impacts of trauma on patient experiences and outcomes



Preventing re-traumatizing

Establish safety

Provide support



What is meant by contingency management in the context of SUD treatment?

- A. Ensuring patients remain safe despite drug use
- B. Behavioral therapy with one aspect of operant conditioning (reward for behavior)
- C. Penalizing evidence of drug use
- D. Ensuring patient is offered SUD treatment immediately
- E. I don't know

TIC that Promotes Adherence and Engagement

Rapport Building

- Open-ended questions
- Patient as collaborator
- Foster self-efficacy
- Pay attention to nonverbal behavior
- Stay present and practice radical empathy

Contingency Management (CM)

- Delivery of tangible positive reinforcement
- Non-punitive approach
- Use of reinforcers to increase revenue from billable encounters is prohibited and should be avoided

“CM helps reframe treatment as catching you doing something right as opposed to keeping you from doing something wrong.”

Dominick DePhilippis, PhD

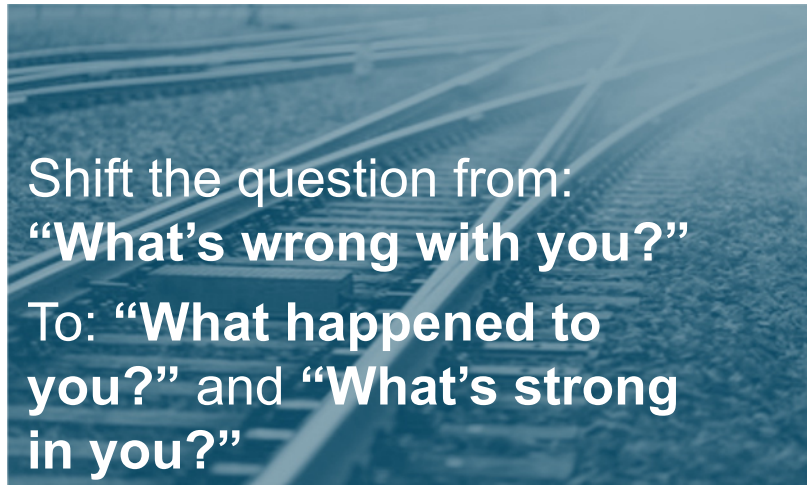
Since 2011, the VA has integrated CM into 70 outpatient SUD clinics



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SUD and Mental Health Screenings/Treatment

- PLWH and SUD at high-risk for mental health conditions
- Depression and SUD have the biggest impact on HIV care continuum
- PHQ-9 (depression screening); GAD-7 (anxiety screening); and SUD screening tools (SASQ, etc.) can be utilized
- Access to medical/mental health care can be protective against poor mental health and trauma's effects; CBT associated with improved outcomes

“Would you be comfortable telling me about any history of issues with substance use?”

“Tell me a little about yourself”

“How do you feel that substance use affects you?”

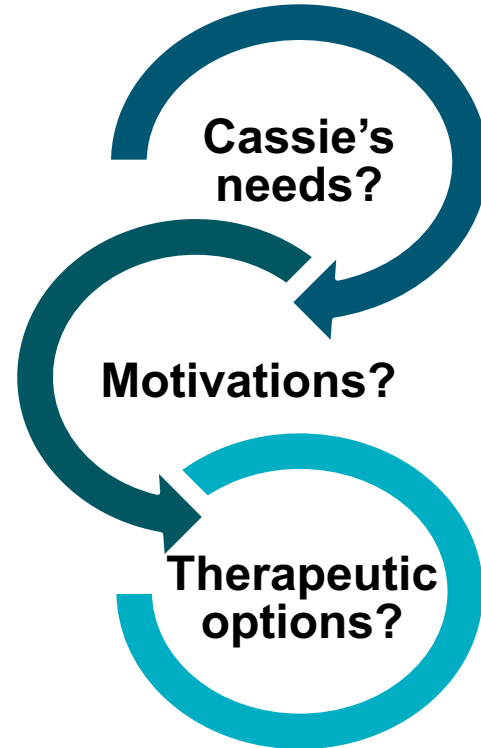
What opportunities do we have to incorporate TIC with our patient, Cassie?

Options for Cassie's Treatment Plan

Mental health needs?

SUD needs?

**Therapeutic options
for HIV and SUD?**



Audience Response



After Cassie presents to the community health clinic today, what is the best recommendation for treating her SUD?

- A. Refer Cassie to addiction medicine
- B. Establish CBT with therapist
- C. Establish CBT with therapist, recommend community support groups, and initiate buprenorphine
- D. Only initiate buprenorphine for OUD
- E. I don't know

Patient interaction

Comprehensive Treatment Plans

HIV Care

- ART options for patients with co-occurring SUD

SUD Care

- Can prescribe in HIV specialty clinic

Mental Health Care

- Treating any co-occurring mental health diagnoses
- Support services for patients to stay retained in care and achieve viral suppression

Recommendations of the International Antiviral Society: USA panel

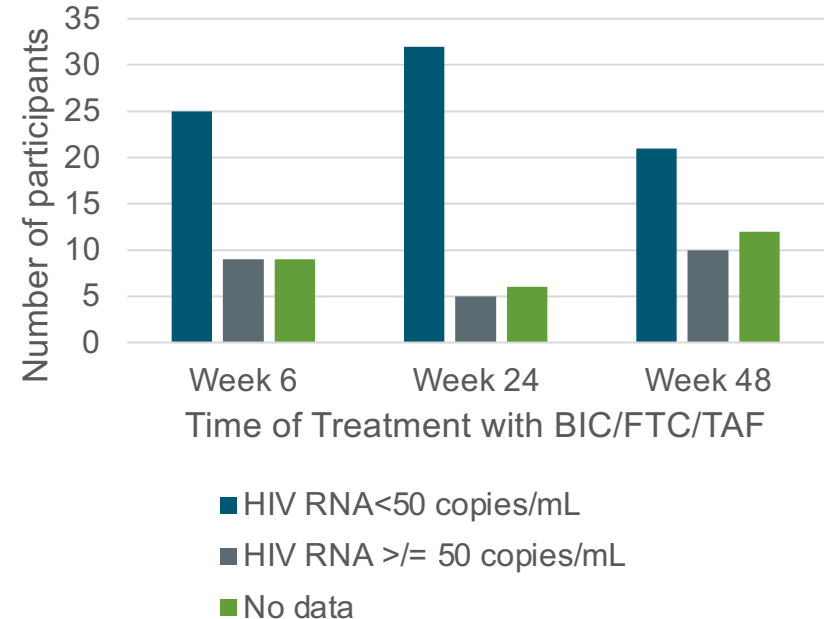
- Provide screening/tx for SUD to all persons at risk for and living with HIV (A1a)
- Substance use tx should be integrated into HIV prevention/tx services (A1a)
- Persons with SUD and HIV or risk for HIV should receive integrated addiction tx with:
 - Pharmacotherapy for OUD and AUD (A1a)
 - Contingency management for stimulant use disorders (A111)
- Those with OUD and/or AUD should be offered timely initiation of medications regardless of HIV/HCV tx plans
- Peer/patient support staff, telehealth, extended hours, mobile clinics, walk-in options should be available to those with SUD receiving HIV tx or prevention tx (A11b)

ART Options for PLWH and SUD



- PLWH and SUD are at higher risk for nonadherence – emphasize individualized treatment plans
- The BASE study – phase 4, evaluating safety/efficacy of BIC/FTC/TAF among PLWH and SUD
- 43 participants enrolled; 95% of participants in this study reported methamphetamine use
- BIC/FTC/TAF once daily for 48 weeks
- Primary endpoint proportion of participants with HIV RNA <50 copies/mL at week 24

Results of BASE: Primary Endpoint



Treatments for Opioid Use Disorder

Medications for OUD	Treatment Requirements	Notes
Full agonist Methadone oral liquid	Only available via treatment program (i.e. “methadone clinic”)	<ul style="list-style-type: none"> • Pain dose ≠ OUD treatment dose • Requires specialized training or extensive experience to safely use for OUD
Partial agonist Buprenorphine SL tab or LAI	Available via treatment program OR via office-based induction and treatment X-waiver and Notice of Intent requirement eliminated in 2023. All practitioners with a current DEA registration may now prescribe buprenorphine for OUD.	<ul style="list-style-type: none"> • Ceiling effects on respiratory depression • More rapid induction to steady state (compared to methadone) • Can induce withdrawal if first dose given before signs of withdrawal are present
Antagonist Naltrexone LAI	Treatment program or office-based	<ul style="list-style-type: none"> • Only recommended to prevent relapse following complete opioid withdrawal • Requires highly motivated patient and close adherence monitoring

LAI = long-acting injection; SL= sublingual
 Dowell D, et al. *MMWR Recomm Rep* 2022;71(3):1–95. American Society of Addiction Medicine (ASAM). *J Addict Med.* 2020;14(2S Suppl 1):1-91. U.S. Department of Health and Human Services (DHHS). *Fed Regist.* 2021;86(80):22439-22440. Ellis MS, et al. *J Pain.* 2021;22(4):432-439.

Treatments for Stimulant Use Disorder+

There is not sufficient evidence to recommend for or against any pharmacotherapy for cocaine use or amphetamine/methamphetamine use disorders.

Psychosocial Interventions	Notes
Cognitive Behavioral Therapy (CBT)	Modification of distorted thoughts, beliefs, maladaptive behaviors Often first choice for stimulant-use disorders Known to be effective for other SUDs
Recovery Therapy drug counseling + community reinforcement	Functional analysis of substance use, vocational guidance/job skills, relationship counseling, Therapy on social and drug refusal skills, new recreational activities and social networks
Contingency Management with other behavioral intervention	Incentivized behaviors could include attendance at sessions, adherence to prescribed medications for other health conditions, stimulant-negative urine specimens, etc.

Reflection – Cassie’s Treatment Plan

Mental health needs?

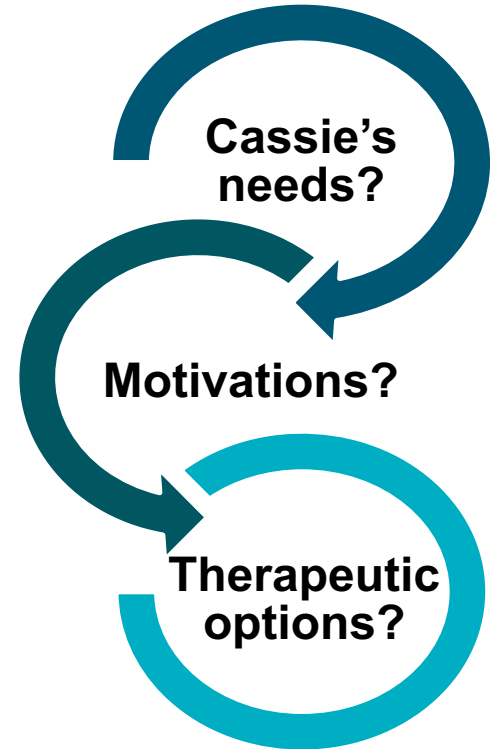
CBT

SUD needs?

Buprenorphine

HIV needs?

Once-daily
BIC/FTC/TAF



SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- Using an empathetic, non-judgmental and patient-centered approach, identify needs and motivations for treatment of PLWH and co-occurring SUD.
- Integrate SUD treatment into appropriate treatment plans for HIV.
- Individualize decisions surrounding HIV, SUD, and mental health needs to each patient.
- Build rapport with PLWH and SUD and recommend programs for community connection and involvement.

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Switching ART Due to
Treatment Resistance

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Team Approach to Addressing
Comorbidities in Aging
Populations of PLWH

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4

ART for People with HIV
Who are Pregnant or of
Childbearing Potential

www.CMEOutfitters.com/infectious-disease-hub/

Infectious Disease Hub



A robust hub of education and resources to learn more about HIV

<https://www.cmeoutfitters.com/infectious-disease-hub/>

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