

Whole Person Care: Addressing Triple Diagnosis

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- I have no relevant, financial relationships to disclose.

Learning Objectives

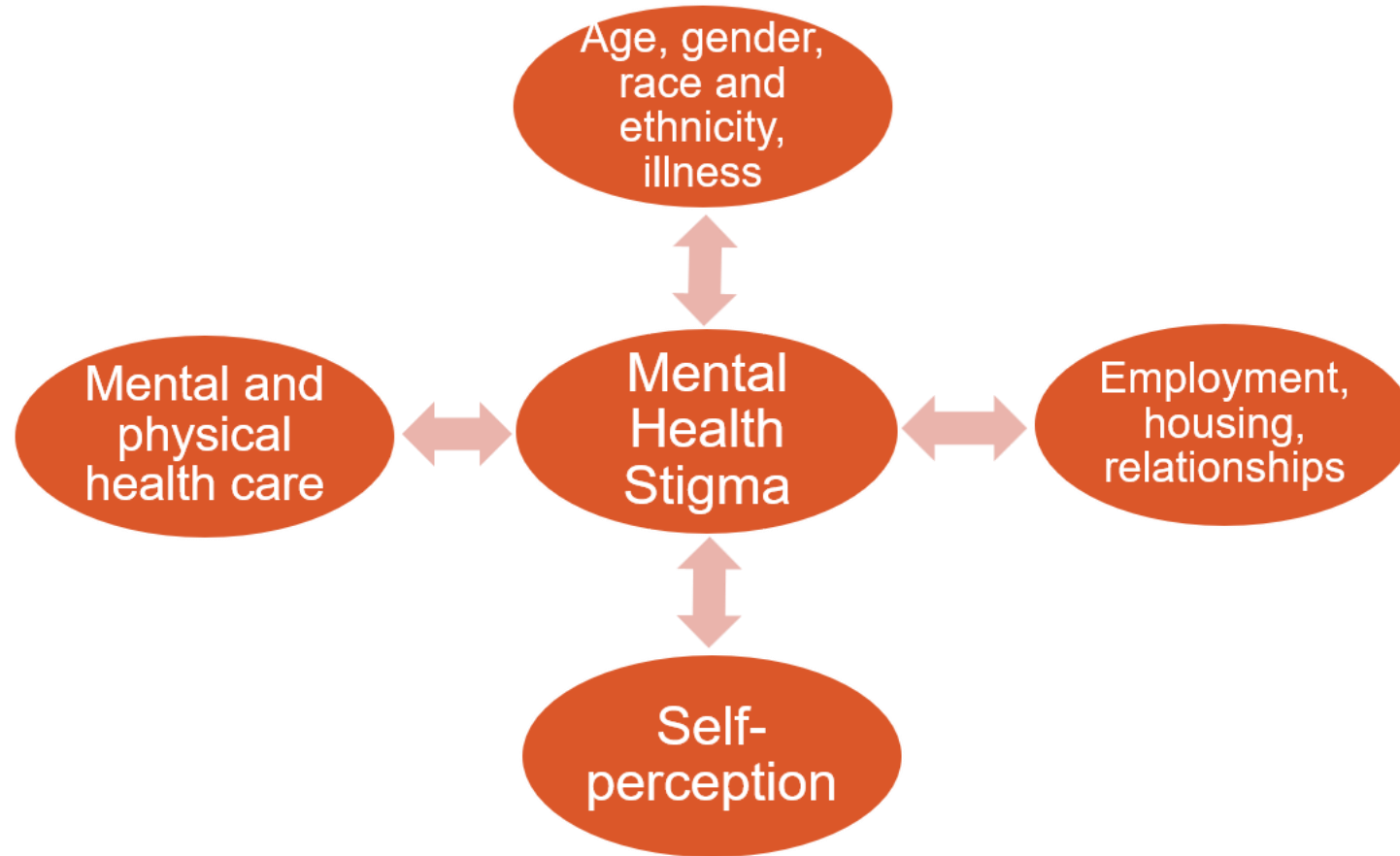
- By the end of this presentation, the participants should be able to:
 - Know the data about HIV and substance use/psychiatric disorders (PDs)
 - Explain how HIV and substance use disorders (SUDs) are intertwined
 - Discuss how SUD care is not much different from HIV care
 - Be knowledgeable about addressing the strategies and therapeutic approaches in the management of co-occurring SUDs, psychiatric disorders, and HIV (“Triple Diagnosis”)
 - Identify the elements of an integrated care/whole person approach

Few Words about Stigma?

Negative stereotypes, judgments, and prejudice



The Far-Reaching Harm Of Stigma

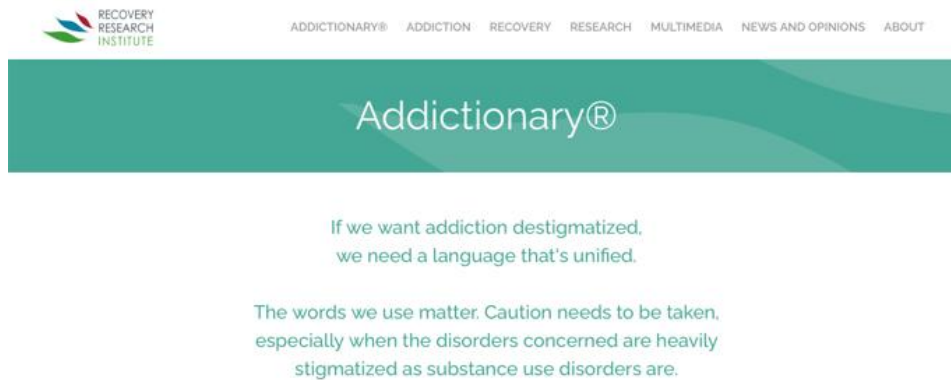


How Does Stigma Impact Mental & Physical Health Care?



Changing Our Language

- Expanding language choices can reduce stigma



<https://www.recoveryanswers.org/addiction-ary/>

Recovery Dialects

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	✗	✗	✗	✗
Alcoholic	✓	✗	✗	✗	✗
Substance Abuser	✗	✗	✗	✗	✗
Opioid Addict	✓	✗	✗	✗	✗
Relapse	✓	✗	✗	✗	✗
Medication-Assisted Treatment	✗	✗	✗	✗	✗
Medication-Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Key Considerations

- Existing data support the evidence of the high prevalence of the comorbidity of SUD, psychiatric disorder, HCV, and HIV
- There is a vast heterogeneity of people living with this “triple diagnosis”
- Each of these comorbidities influences each other, creating a vicious cycle that could potentially result in poor health outcomes
- Screening for SUDs and psychiatric disorders in people with HIV, and if indicated a full evaluation, should be a routine part of care in HIV clinical settings

HIV & Risk Factors

- *About 1 in 10* new HIV diagnoses in the U.S. are attributed to injection drug use (IDU) or male-to-male sexual contact *and* IDU (men who report both risk factors)
- *1/160*, an HIV-negative person has a chance of getting HIV every time they use a needle that has been shared by someone with HIV
- Sharing syringes is the 2nd riskiest behavior for getting HIV
- Receptive anal sex is the riskiest

CDC, 2021

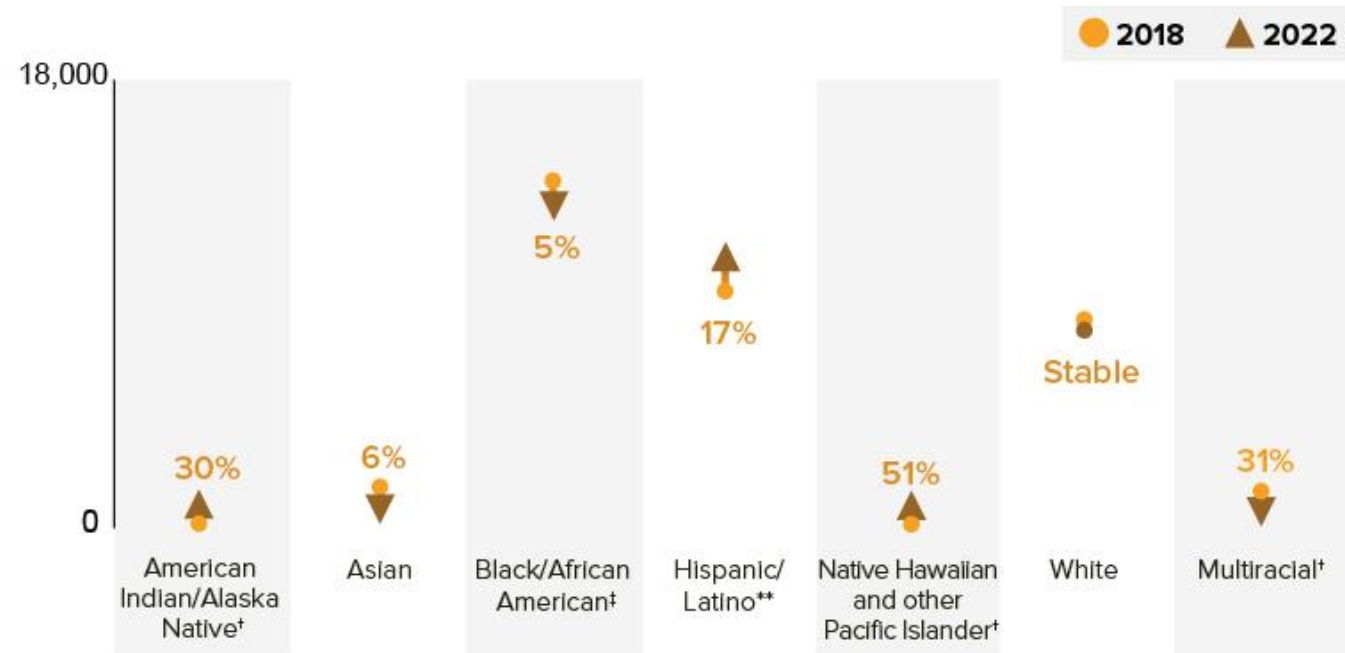
UNAIDS Report

- Confronting inequalities shows that in 2020 the 1.5 million new HIV infections were predominantly among key vulnerable populations and their sexual partners:
 - People who inject drugs (PWID)
 - Sex workers
 - Men who have sex with men (MSM)
 - Sexual partners of these key populations
- They accounted for 65% of HIV infections globally in 2020
- By race/ethnicity, in 2021, according to CDC, Black/African American persons made up approximately 12% of the population of the United States but accounted for 40% (13,000) of the estimated 32,100 new HIV infections

Trends in HIV diagnoses in the US and 6 territories and freely associated states by race and ethnicity, 2018-2022*



Trends by Race and Ethnicity



*Among people aged 13 and older.

† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

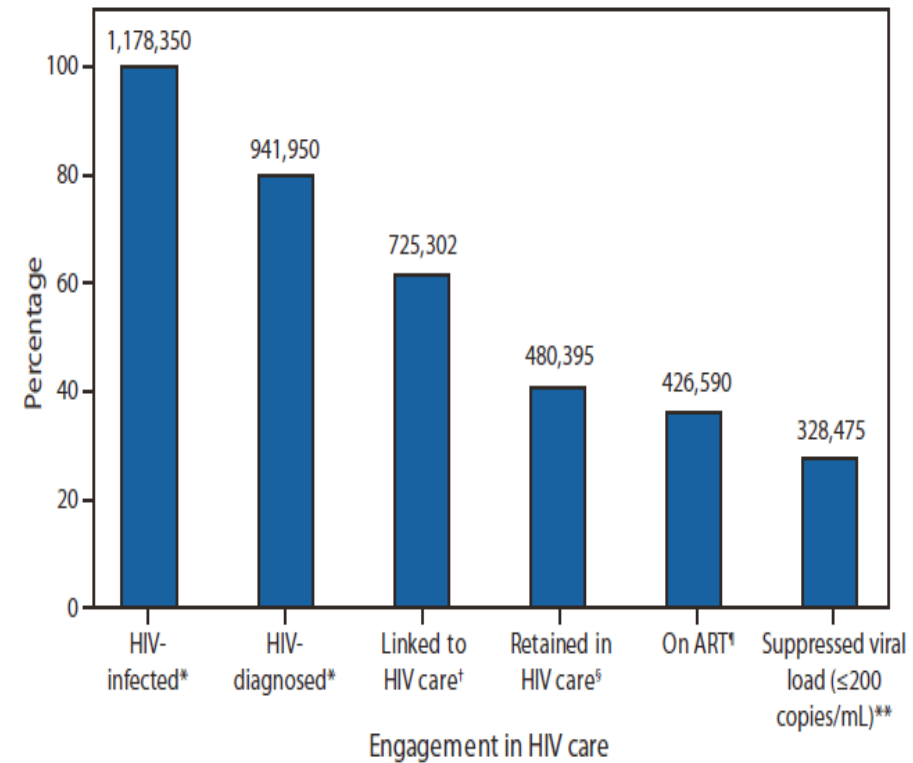
** Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022. *HIV Surveillance Report*, 2022;35.

Substance Use

Substance use serves as a powerful co-factor at every stage of HIV disease including:

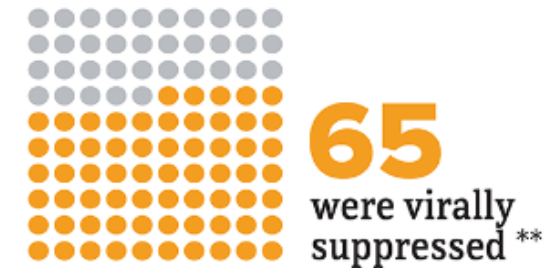
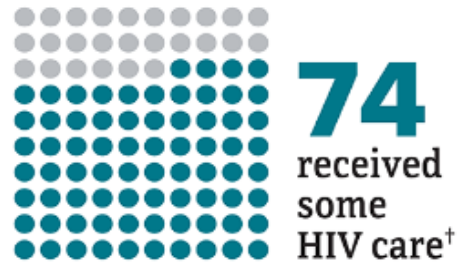
- Transmission
- Diagnosis
- Pathogenesis
- Treatment



Kipp et al., 2011; Amin & Douaihy, 2018; Passaro et al., 2015

HIV Care Among People with Diagnosed HIV in 45 States and the District of Columbia*

For every 100 people overall with diagnosed HIV:



(HIV.Gov, 2022)

Substance of Use & HIV

- Most commonly used substances among people with HIV: alcohol; benzodiazepines; cannabinoids; club drugs; opioids; stimulants (cocaine and methamphetamine), and tobacco
- HIV Risk:
 - Alcohol
 - Opioids
 - Methamphetamine (“meth”)
 - Crack cocaine
 - Inhalants such as amyl nitrite (“poppers”)
- Polysubstance use is the norm

Source: CDC, 2018

Mechanisms Underlying the Relationship between Drug Use & HIV

- Acute drug effects: Drug intoxication and decision making
- Chronic drug effects: Disruption of inhibitory control
- Interaction of drugs and HIV (neurotoxicity)

Patients with Co-Existing HIV & Drug Use

- Are less likely to:
 - Receive antiretroviral therapy (ART¹)
 - Have viral load testing²
 - Adhere to ART³
 - Receive lipid screening⁴
- Are more likely to:
 - Experience HIV-related symptoms⁵
 - Have higher hospitalization rates⁶
 - Have decreased quality of life⁷
 - Die⁸

¹ Anderson R, HSR 2000

² Laine C, JAIDS 2003

³ Lawrence P, HIV Med 2007

⁴ Korthuis JAIDS 2004

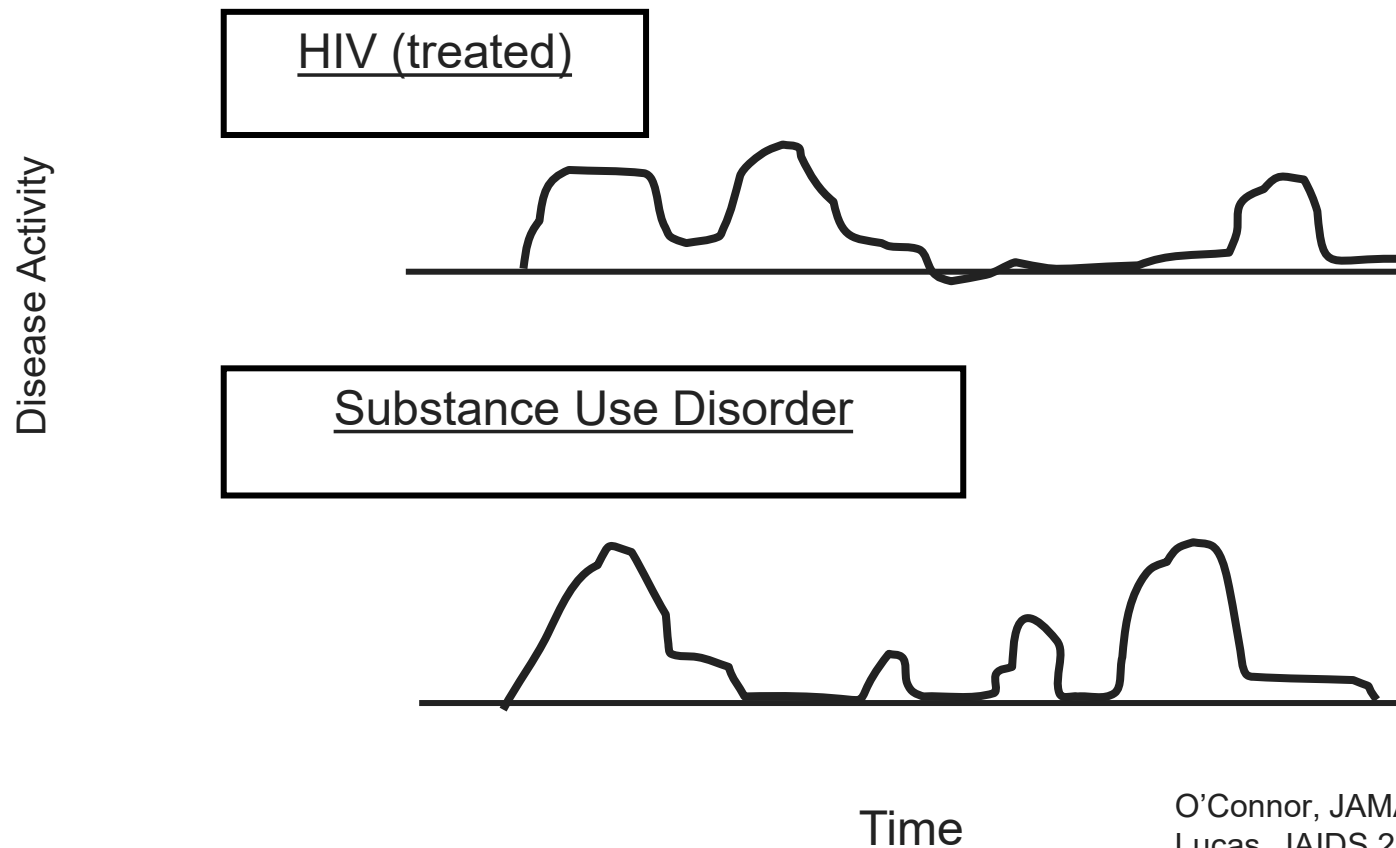
⁵ Mathews WC Med Care 2000

⁶ Fleishman JA, Med Care 2005

⁷ Korthuis AIDS Pt Care 2008

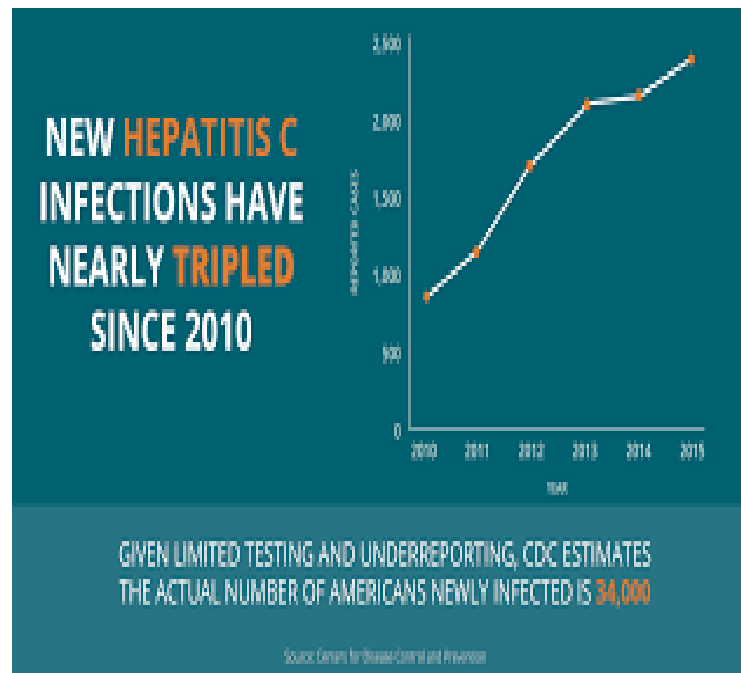
⁸ Wood CMAJ 2003

HIV and Substance Use Disorder: Two Chronic Care Conditions



O'Connor, JAMA 1998
Lucas, JAIDS 2005

“The current situation threatens to become a perfect storm, with the opioid, HIV, and viral hepatitis epidemics intersecting in dangerous ways.”
Richard Wolitski, Director, Office of HIV/AIDS and Infectious Disease Policy, 2017



Addressing the Intersection of HIV & Substance Use & PDs

- Get all people with HIV on ART
- Expand HIV/HCV testing and capacity for early detection
- ✓ Routine HIV testing at venues with vulnerable key populations including jails, addiction services, EDs
- ✓ Active outreach testing to vulnerable populations
- Develop systems to keep at-risk vulnerable individuals uninfected
- ✓ Systematic retesting and education of vulnerable persons
- ✓ SSP and HIV PrEP
- Increase addiction treatment services
 - ✓ Medications
 - ✓ Behavioral Health; Co-occurring PDs
 - ✓ Recovery Support

Interrupting Drug-Related HIV and HCV Transmission

- Harm Reduction
 - SSPs reduce HIV transmission risk by estimated 33-42%¹
- Treatment of Underlying Drug Use Disorders
 - SUD treatment doubles HIV treatment²
 - Decreases risk of HIV seroconversion³

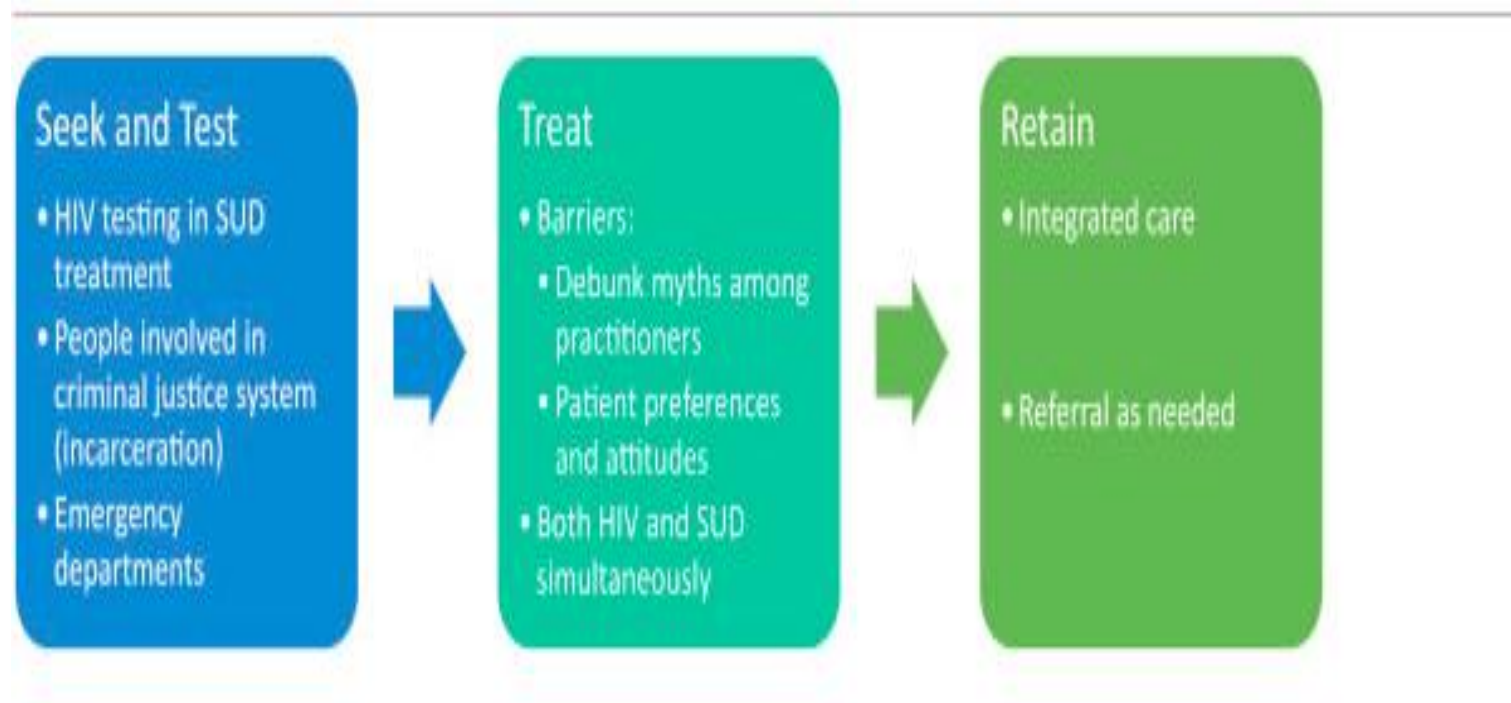
1 Wodak, Subst Use Misuse 2006

2 Strathdee, JAMA 1998

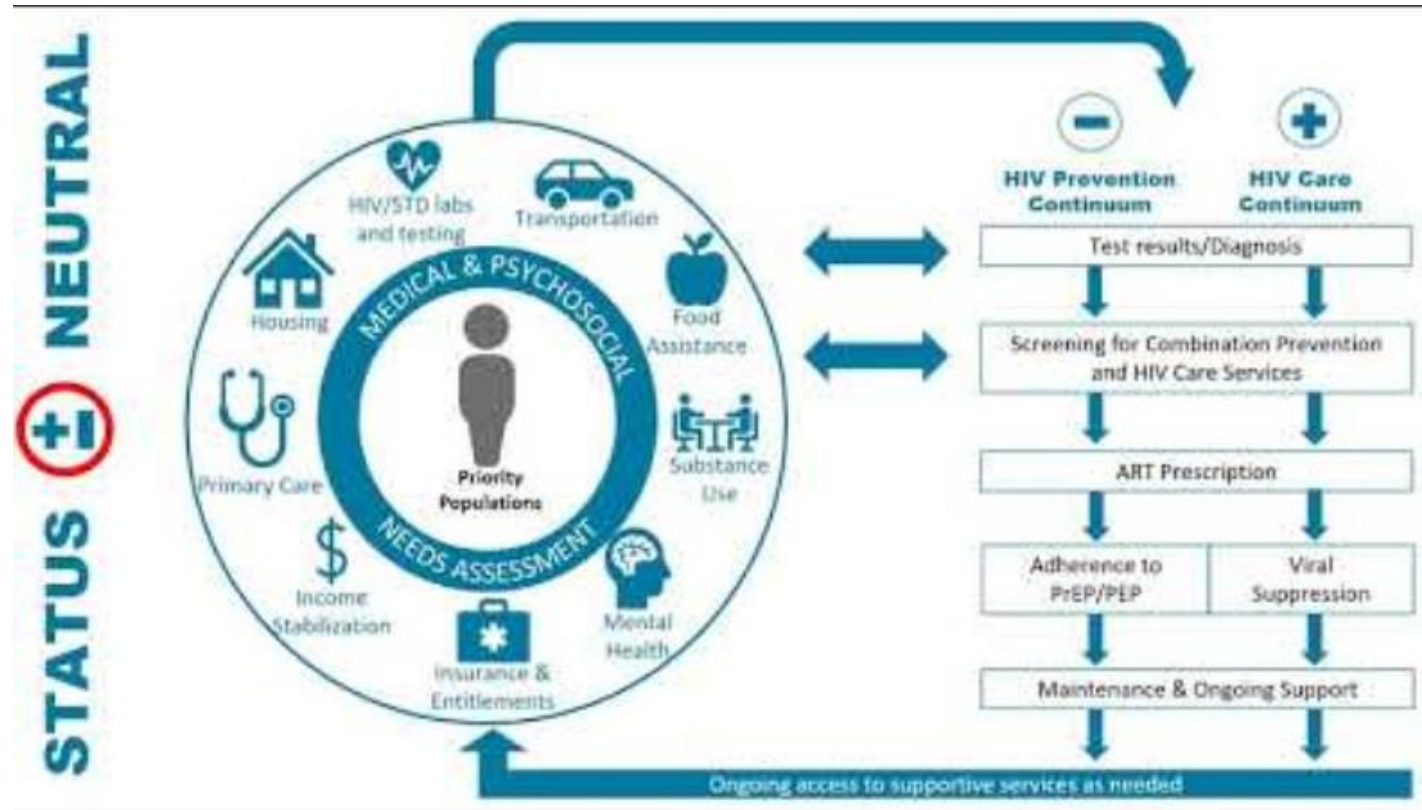
3 Metzger, 1993

Seek, Test, Treat, & Retain

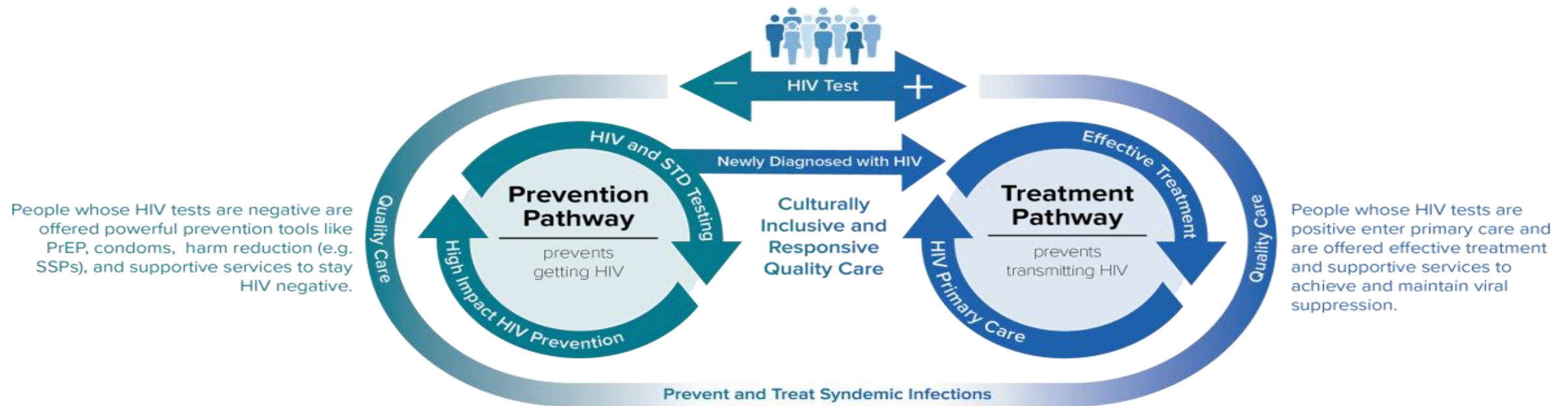
(NIDA; Amin & Douaihy, 2018)



Status Neutral HIV Care



Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Barriers for SUDs & HIV

Unstable life circumstances associated with substance use and psychiatric disorders

HIV-and SUD- Psychiatric disorders-related stigma among practitioners

Lack of access to reliable transportation

HIV-and SUD-related cross-training for practitioners

Improve communication and coordination of care across practitioners in different specialties

(Claborn, K., Hill, R., & Kioumars, A., 2021)



Improvements in initiation and adherence to ART



Better immunologic and virologic outcomes



Lower hospitalizations/mortality



Reduced HIV transmission and reducing risky behaviors

(Mugavero et al., 2013)

Why we use MI in HIV Care?

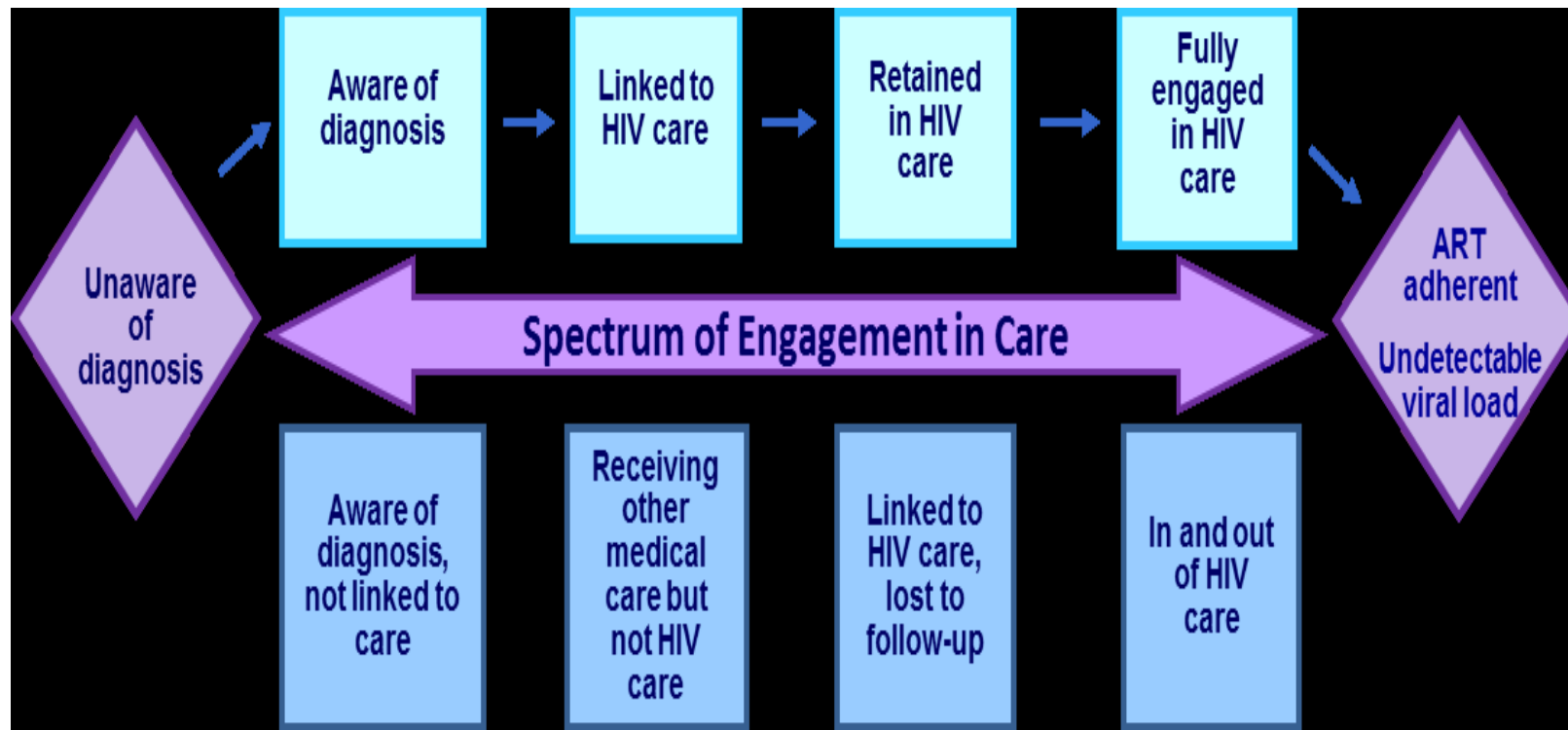
What does the data tell us?

HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.



Ideal vs. Poor Engagement in HIV Care: Where **MI** works?



Keene CM, Euvrard J, Amico KR, Ragunathan A, English M, McKnight J, Orrell C; InCARE Stakeholder Group. Conceptualising engagement with HIV care for people on treatment: the Indicators of HIV Care and AntiRetroviral Engagement (InCARE) Framework. BMC Health Serv Res. 2023 May 4;23(1):435.

For a person to benefit from HIV treatment success is it necessary to:

- Diagnose their HIV infection-----MI
- Link them to care-----MI
- Start ART-----MI
- Help them adhere to therapy AND care-----MI
- Retain them in care-----MI
- Address medical/psychiatric comorbidities----- MI

MI in the Delivery of HIV-Positive Test

- Engagement on a discussion about reactions to the result: safe atmosphere using MI spirit, strategies and skills
- Embracing ambivalence regarding linkage to care
- Meet fear with compassion
- Correct misinformation using elicit-provide-elicit
- Ask permission before giving suggestions
- Affirmation and engagement in decision-making

Adapted from Flynn & Bolan (2020): An example of motivational interviewing-informed linkage to HIV care, the linkage to care demonstration study. In *Motivational Interviewing in HIV Care* (Editors: Douaihy & Amico)

Engagement in Care: Continuum of HIV Care is Not Static

- Improvements in initiation and adherence to ART
- Better immunologic and virologic outcomes
- Lower mortality
- Reduced HIV transmission and reducing risky behaviors—Role of **MI**

Vulnerable Groups-Experiencing Reduced Linkage to HIV Care MI with Outreach & Navigation

- Black/African Americans
- Hispanic Americans
- Women (especially with children at home)
- Uninsured
- Unhoused
- Immigrants
- Sex workers
- Less educated
- Persons who inject drugs

Bhatta, 2010; Anthony, 2007; Sohler, 2009

Engagement in Care- Vulnerable Populations with Low Engagement

- Men who have sex with men of Color
- African American and Latina women
- Youth (under age 24)
- People with inject drugs
- Post partum women with HIV

MI & Engagement in HIV Care

- Critical step in patient outcomes
- Linkage and retention are interrelated but distinct processes
- **MI** as the style and approach throughout the treatment from early on
- Example interventions using MI to enhance engagement in HIV care-iEngage screener and intervention modules
- **MI** for ART adherence **AND** treatment (“clinic”) adherence
- Role of technology to deliver **MI** and promote adherence to ART

Golin, Castonguay, Bradley-Bull, & Grodensky (2020): Incorporating motivational interviewing into interventions to address adherence to Antiretroviral therapy. In Motivational Interviewing in HIV care (Editors: Douaihy & Amico)

Smith, Modi, & Amico (2020): Example interventions using motivational interviewing to enhance engagement in HIV care. In: Motivational Interviewing in HIV Care (Editors: Douaihy & Amico)

Published in final edited form as:

JAMA. 2016 July 12; 316(2): 156–170. doi:10.1001/jama.2016.8914.

Effect of Patient Navigation With or Without Financial Incentives on Viral Suppression Among Hospitalized Patients With HIV Infection and Substance Use:

A Randomized Clinical Trial

Lisa R. Metsch, PhD, Daniel J. Feaster, PhD, Lauren Gooden, PhD, Tim Matheson, PhD, Maxine Stitzer, PhD, Moupali Das, MD, Mamta K. Jain, MD, Allan E. Rodriguez, MD, Wendy S. Armstrong, MD, Gregory M. Lucas, MD, PhD, Ank E. Nijhawan, MD, Mari-Lynn Drainoni, PhD, Patricia Herrera, MD, Pamela Vergara-Rodriguez, MD, Jeffrey M. Jacobson, MD, Michael J. Mugavero, MD, Meg Sullivan, MD, Eric S. Daar, MD, Deborah K. McMahon, MD, David C. Ferris, MD, Robert Lindblad, MD, Paul VanVeldhuisen, PhD, Neal Oden, PhD, Pedro C. Castellón, MPH, Susan Tross, PhD, Louise F. Haynes, MSW, Antoine Douaihy, MD, James L. Sorensen, PhD, David S. Metzger, PhD, Raul N. Mandler, MD, Grant N. Colfax, MD, and Carlos del Rio, MD

Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University

INTERVENTIONS—Patient navigation included up to 11 sessions of case coordination with case management and motivational interviewing techniques over 6 months. Financial incentives (up to \$1160) were provided for achieving targeted behaviors aimed at reducing substance use, increasing engagement in HIV care, and improving HIV outcomes. Treatment as usual was the standard practice at each hospital for linking hospitalized patients to outpatient HIV care and substance use disorders treatment.

MAIN OUTCOMES AND MEASURES—The primary outcome was HIV viral suppression (≤ 200 copies/mL) relative to viral nonsuppression or death at the 12-month follow-up.

RESULTS—Of 801 patients randomized, 261 (32.6%) were women (mean [SD] age, 44.6 years [10.0 years]). There were no differences in rates of HIV viral suppression versus nonsuppression or death among the 3 groups at 12 months. Eighty-five of 249 patients (34.1%) in the usual-treatment group experienced treatment success compared with 89 of 249 patients (35.7%) in the navigation-only group for a treatment difference of 1.6% (95% CI, -6.8% to 10.0%; $P = .80$) and compared with 98 of 254 patients (38.6%) in the navigation-plus-incentives group for a treatment difference of 4.5% (95% CI -4.0% to 12.8%; $P = .68$). The treatment difference between the navigation-only and the navigation-plus-incentives group was -2.8% (95% CI, -11.3% to 5.6%; $P = .68$).

CONCLUSIONS AND RELEVANCE—Among hospitalized patients with HIV infection and substance use, patient navigation with or without financial incentives did not have a beneficial effect on HIV viral suppression relative to nonsuppression or death at 12 months vs treatment as usual. These findings do not support these interventions in this setting.

HIV PrEP Initiation & Adherence- MI

- Low among vulnerable communities
- Huge challenge with our SAMHSA grant-Addressing HIV Testing Disparities in Addiction Medicine Units
- MI is effective in improving HIV prevention behaviors
- “MI-consistent” or “MI-based interventions (adaptations)” can be a part of biobehavioral HIV prevention strategies
- Addressing stigma and perceived HIV risk and improving initiation and adherence
- Combined MI-PrEP group (MI and PrEP psychoeducation and light case management) among Black women→ Increase in PrEP prescription, knowledge and motivation (Dale et al., 2024)
- More large-scale studies and research are needed

MI Cross Cultural

- Being taught and practiced in more than 50 languages
- Clinical trials published from North and South Africa, Europe, Oceania, as well as Asian, African, Arabic, and Native American nations
- Neto: Understanding Motivational Interviewing: an Evolutionary Perspective (2017)
- Bill Miller: Social dominance video (<https://vimeo.com/281421233>) (2017)

MI is Learnable

Insights from MI Training Research

MI is simple, but not easy to learn

Self-perceived practice doesn't correlate with actual practice

“One shot” workshops are a good start but do not promote even basic MI proficiency

Educational attainment, degree, or experience, does not correlate with competent MI practice

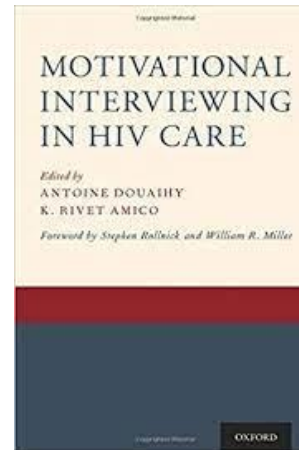
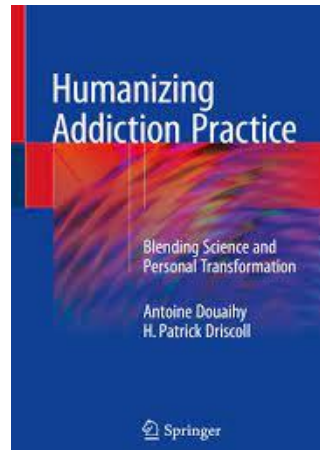
Feedback and in-vivo coaching based on observed practice significantly improves acquisition of and maintenance of MI skills

You don't have to be a specialist to effectively promote behavior change

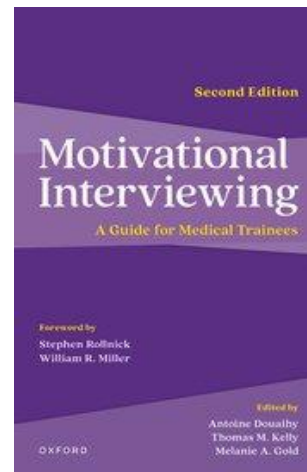
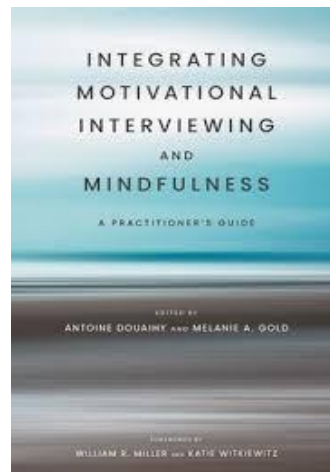
MI Network of Trainers:
> 5000 trainers in more than 50 languages

My Journey with MI

New Guide:
Integrating MI and Mindfulness,
 released in June 2025, published by OUP- A chapter on HIV

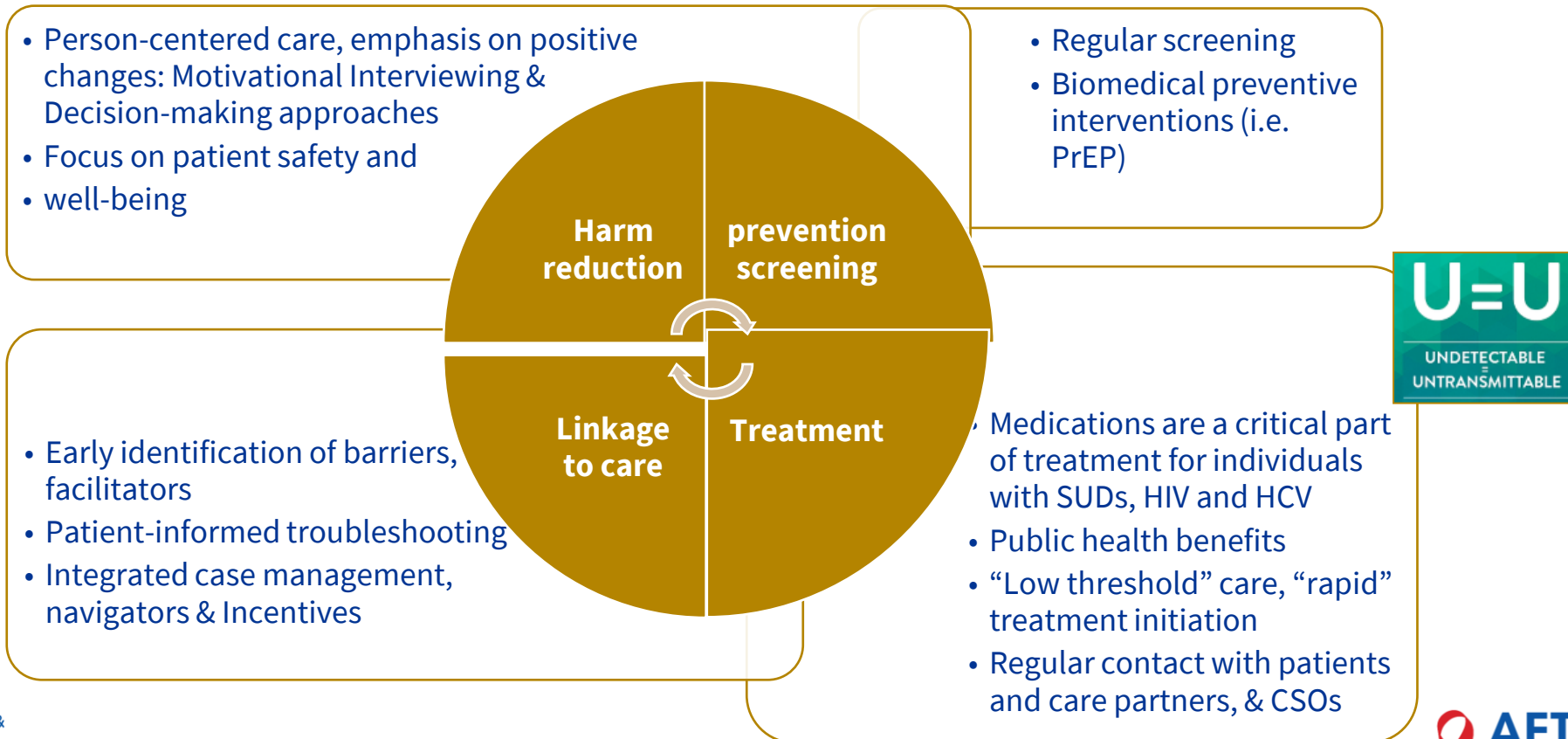


- My path towards clinical and personal transformation
- A compelling argument and framework for integrating humanism with empirically grounded practices

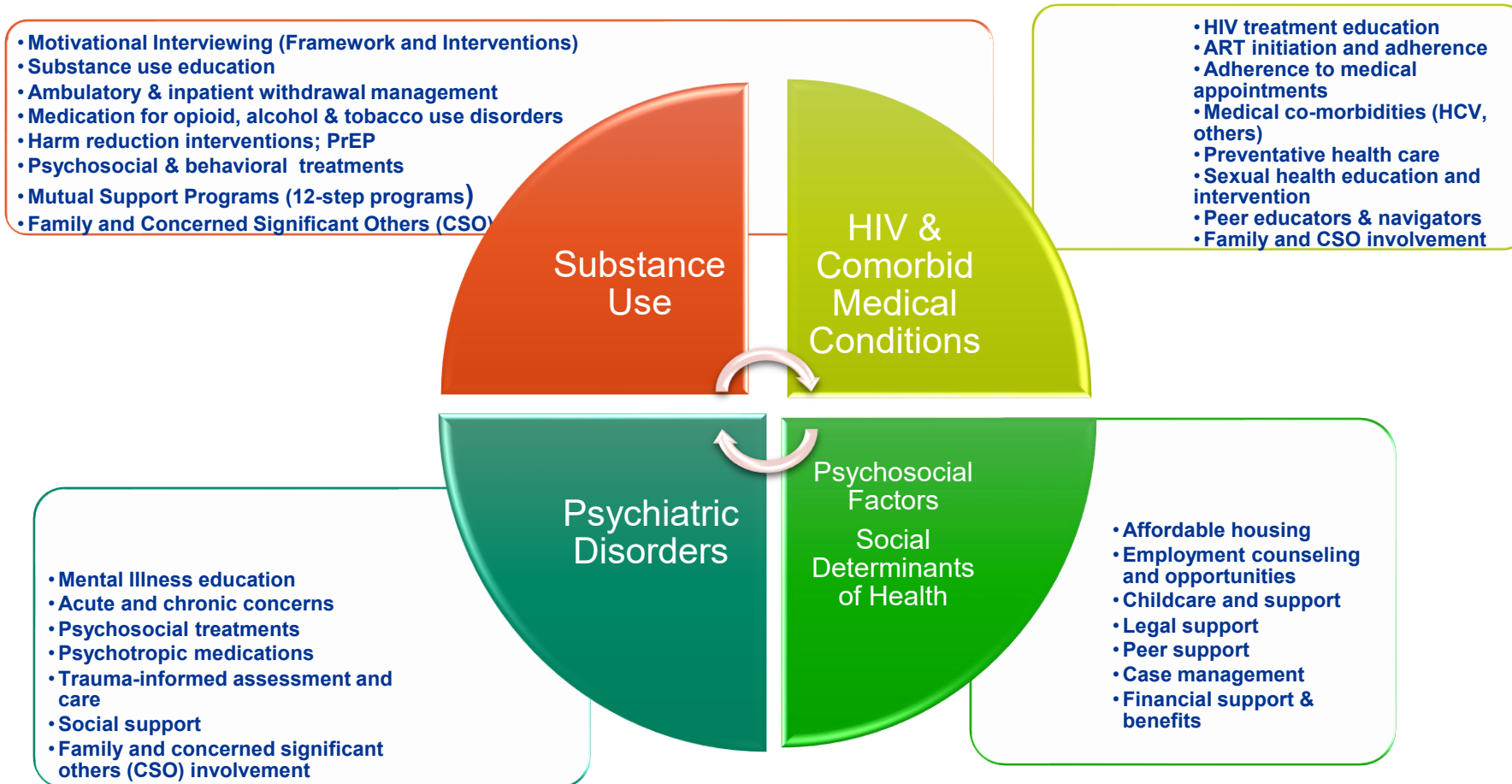


Substance Use Care is not so Different from HIV Care: Guiding Principles

Courtesy: Opioid Response Network (Adaptation)



Integrated Care Model: HIV & SUD/Psychiatric Dx



Additional References

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