A SYNDEMIC IN INDIAN COUNTRY- SUBSTANCE USE, HEPATITIS C AND HIV

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DISCLOSURES

- I have no disclosures

GOALS

- Discuss barriers to addressing Syndemic in the primary care setting
- Discuss how stigma around SUD/HCV/HIV/STI affects healthcare outcomes
- Review progress made at MCN to treat SUD, HCV and HIV/STI Syndemic

BARRIERS TO ADDRESSING SUBSTANCE USE DISORDERS IN PRIMARY CARE

- Stigma and Lack of Awareness:
  - Stigma surrounding substance use disorders can hinder open discussions.
  - Limited awareness among healthcare providers and patients about the nature of the problem in their community and available resources.
- Time Constraints:
  - Primary care physicians often have limited time with patients.
  - Addressing substance use requires additional time for comprehensive assessments.
- Inadequate Training:
  - Insufficient training in substance use screening and intervention for primary care providers.
  - Limited knowledge about evidence-based treatments for substance use disorders.
- Fragmented Healthcare System:
  - Lack of integration between primary care and specialty addiction services.
  - Fragmented care can result in gaps in treatment and follow-up.

STRATEGIES TO ADDRESS BARRIERS

- **Integrated Care Models:**
  - Implement integrated care models that combine primary care and substance use disorder treatment services.
  - Foster collaboration between primary care providers and addiction specialists.
- **Education and Training:**
  - Enhance education and training for primary care providers on substance use disorders.
    - ECHO programs
  - Include ongoing professional development to keep providers informed about the latest interventions.
- **Screening and Brief Interventions:**
  - Integrate routine screening for substance use into primary care visits.
    - EHR reminders
  - Implement brief interventions to address substance use issues during regular appointments.

TOBACCO, ALCOHOL, PRESCRIPTION MEDICATION, AND OTHER SUBSTANCE USE (TAPS) TOOL

- Combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive
- Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools
- May be either self-administered directly by the patient or as an interview by a health professional
- Uses an electronic format - https://nida.nih.gov/taps2
- Provides risk assessment staging and suggested interventions for provider

https://nida.nih.gov/taps2

Implications

Patients with this result are at high risk for adverse outcomes related to alcohol use and are highly likely to meet DSM-5 criteria for an Alcohol Use Disorder.

Suggested Action

The suggested intervention for this risk level is to confirm diagnosis through a clinical interview using the DSM-5 Alcohol Use Disorder criteria as a guide.

- Express concern and recommend cessation;
- Use the FRAMES components and motivational interviewing techniques (see references for specific resources) to encourage engagement in treatment.
- Consider prescribing medications to treat moderate to severe alcohol use disorder. The U.S. Food and Drug Administration (FDA) has approved three medications for treating alcohol dependence: Naltrexone, Acamprosate, and Disulfiram.
- Make a specific plan, including strategies for reducing the health consequences of alcohol use.
    - For patients who are ready to quit, assess risk for withdrawal, and link to detox as indicated.
- Provide on-site counseling or a referral for off-site counseling and/or support group to complement medication treatment.
- Assess and manage any co-occurring problems, such as pain and depression, that may be impacting alcohol use.
- Review any prescribed medications to identify those that when combined with alcohol may increase the risk of overdose (opioids, benzodiazepines).
    - Educate patient on risks associated with combining alcohol with other drugs.
- Advise not to use alcohol and drive.
- Arrange follow-up.

OVERCOMING BARRIERS: MOVING FORWARD

- **Policy Advocacy:**
  - Advocate for policies that support the integration of substance use disorder treatment into primary care.
  - Work towards reducing stigma and improving access to addiction services.
    - Be a champion at your site
    - Speak up
- **Continual Improvement:**
  - Emphasize the importance of continual improvement in the delivery of substance use disorder care in primary settings.
  - Regularly assess and adjust strategies based on emerging evidence and best practices.
- **Integration of PRSS**

STRATEGIES TO ADDRESS BARRIERS (CONTINUED)

- **Telehealth Services:**
  - Utilize telehealth services to overcome time constraints and improve accessibility.
  - Offer virtual counseling and follow-up appointments for patients with substance use disorders.
- **Patient-Centered Approaches:**
  - Adopt patient-centered approaches that consider individual needs and preferences.
  - Involve patients in shared decision-making regarding their substance use treatment plans.**
- **Community Partnerships:**
  - Establish partnerships with community organizations and support groups.
  - Leverage community resources to provide ongoing support for individuals with substance use disorders.

STIGMA IN NATIVE AMERICAN COMMUNITIES

- **Historical Context:**
  - Historical trauma and systemic injustices contribute to stigma.
  - Stereotypes and misconceptions about substance use persist.
- **Cultural Barriers:**
  - Cultural differences in communication may hinder open discussions about substance use.
  - Fear of judgment may discourage individuals from seeking healthcare.

STIGMA IN NATIVE AMERICAN COMMUNITIES

Substance Use Disorders Stigma

- **Impact on Treatment Seeking:**
  - Stigma can create reluctance to seek help for substance use disorders.
  - Fear of discrimination may prevent individuals from accessing addiction treatment.
- **Health Disparities:**
  - Stigma contributes to disparities in the quality of care for Native Americans with substance use disorders.
  - Limited access to culturally competent and community-based treatment.

HCV/HIV/STI Stigma

- **Dual Stigma:**
  - Individuals with HCV/HIV and substance use disorders face compounded stigma.
  - This dual stigma can lead to isolation and discrimination
- **Testing and Disclosure Challenges:**
  - Stigma may deter individuals from getting tested for HCV/HIV/STI.
  - Fear of judgment may lead to delayed disclosure of HCV/HIV/STI status.

STIGMA-IMPACT ON HEALTHCARE OUTCOMES

- **Delayed Diagnosis and Treatment:**
  - Stigma can contribute to delayed diagnosis of both substance use disorders and HCV/HIV/STI.
  - Delayed treatment initiation negatively affects health outcomes including increased mortality
- **Continuity of Care:**
  - Stigma may disrupt the continuum of care, leading to gaps in treatment.
  - Lack of engagement in healthcare due to stigma can result in poor health outcomes.

ADDRESSING STIGMA FOR BETTER OUTCOMES

- **Cultural Competency Training:**
  - Provide and mandate cultural competency and stigma training for **all healthcare employees**
  - Promote understanding of historical context and cultural nuances specific to your service site
- **Community Engagement:**
  - Foster community-based initiatives to reduce stigma
  - Encourage open dialogues within community and affected communities about substance use and infectious diseases
- **Policy Changes:**
  - Advocate for policies that address stigma
  - Signage, Language, Social media
- **Community Empowerment:**
  - Empower Native American communities and those impacted to actively participate in decision-making processes.
  - Strengthen community-led initiatives for healthcare improvement.

MUSCOGEE NATION INTEGRATED CLINICS

Dr. Amanda Reed DO

THE SOLUTION
MUSCOGEE NATION
ADDICTION ,HCV AND HIV SERVICES

- 2018
  - 1st HCV clinic opens at Koweta Clinic
- 2019
  - 1st Addiction/MOUD treatment clinic opens in Okmulgee
  - Collaboration with SPTHB for technical assistance
  - HCV Koweta clinic expands services to include HIV prevention and Addiction treatment
  - Universal testing policy implemented HCV/HIV
- 2020
  - HCV Koweta clinic expands to include HIV treatment /LGBTQ2+ gender affirming care and MOUD services
- 2021
  - COCH HCV, HIV and MOUD/Addiction treatment clinic opens
  - Naloxone added to formulary

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- 2022
  - 2 additional providers complete training for MOUD
  - 2nd MAT clinic opens in Okmulgee
  - Clinical Director of Addiction Medicine position created –Dr. Amanda Reed- Board Certified in Addiction Medicine
- 2023
  - PrEP (Truvada) added to formulary with no restrictions
  - Naltrexone and Buprenorphine /naloxone added to formulary with no restrictions
  - 4 additional PCPs start offering SUD/PrEP services
- 2024
  - Large inpatient residential, detox, outpatient Recovery facility with HIV/HCV/STI services

SUMMARY

DECEMBER 2018 –APRIL 2023

0 to 172 Patients Cured of Hepatitis C

0 to 53/55 HIV Patients in Care on reservation (10/23)

138 Patients Currently on HIV Prevention (10/23)

Accomplishments

1 of 2 Tribal Systems treating HIV in Oklahoma, Internal Surveillance System

Universal Testing Policy, Updated Hep A/B vaccine policies, Interdisciplinary Care Team

HEPATITIS C

ELIMINATION PLAN-2021

- **Estimated prevalence of Hep C in health system**
  - 771 persons are estimated to be living with Hepatitis C*
- **Current**
  - Of the **241** known positive patients, an estimated **530** Hep C patients are potentially not identified in the health system

*Geiger R, Steinert J, McElwee G, et al. A Regional Analysis of Hepatitis C Virus Collaborative Care With Pharmacists in Indian Health Service Facilities [published correction appears in J Prim Care Community Health. 2019 Jan-Dec;10:2150132718824513]. *J Prim Care Community Health*. 2018;9:2150132718807520. doi:10.1177/2150132718807520

DATA TRENDS

SINCE DECEMBER 2018

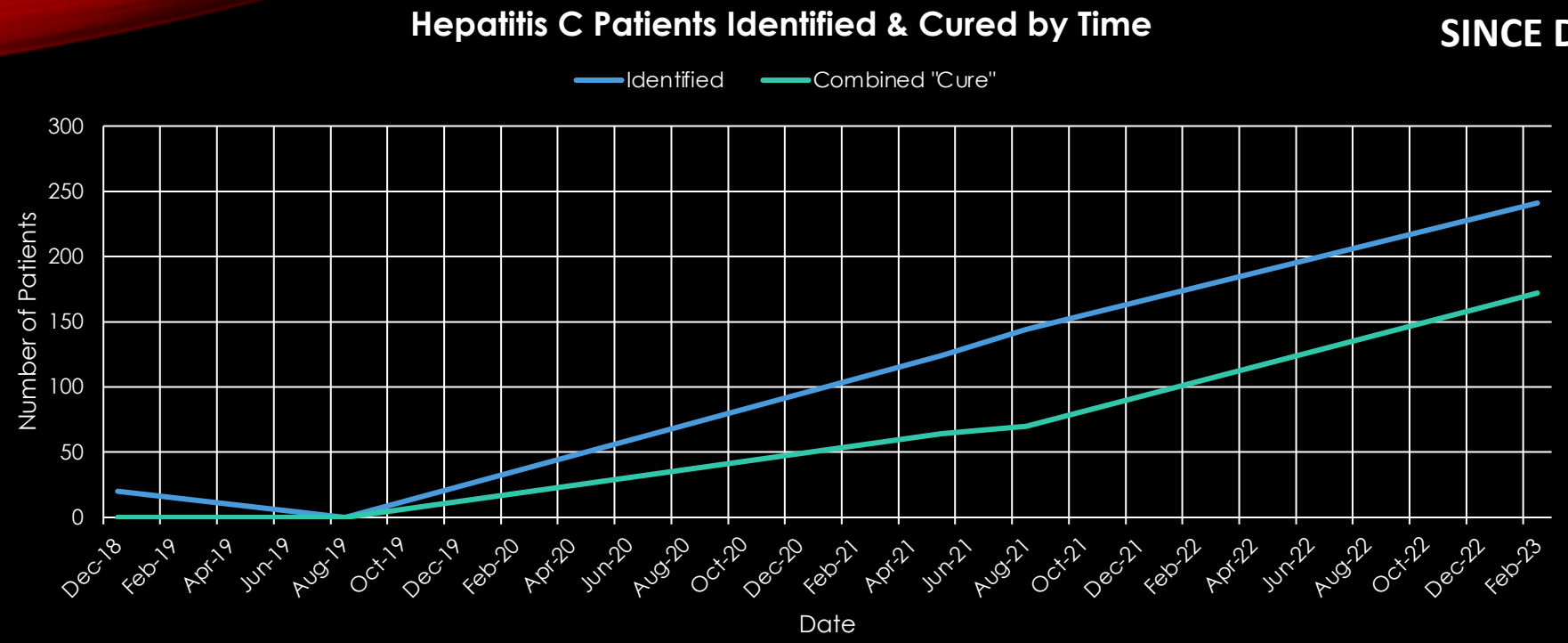


Chart Reviews Completed

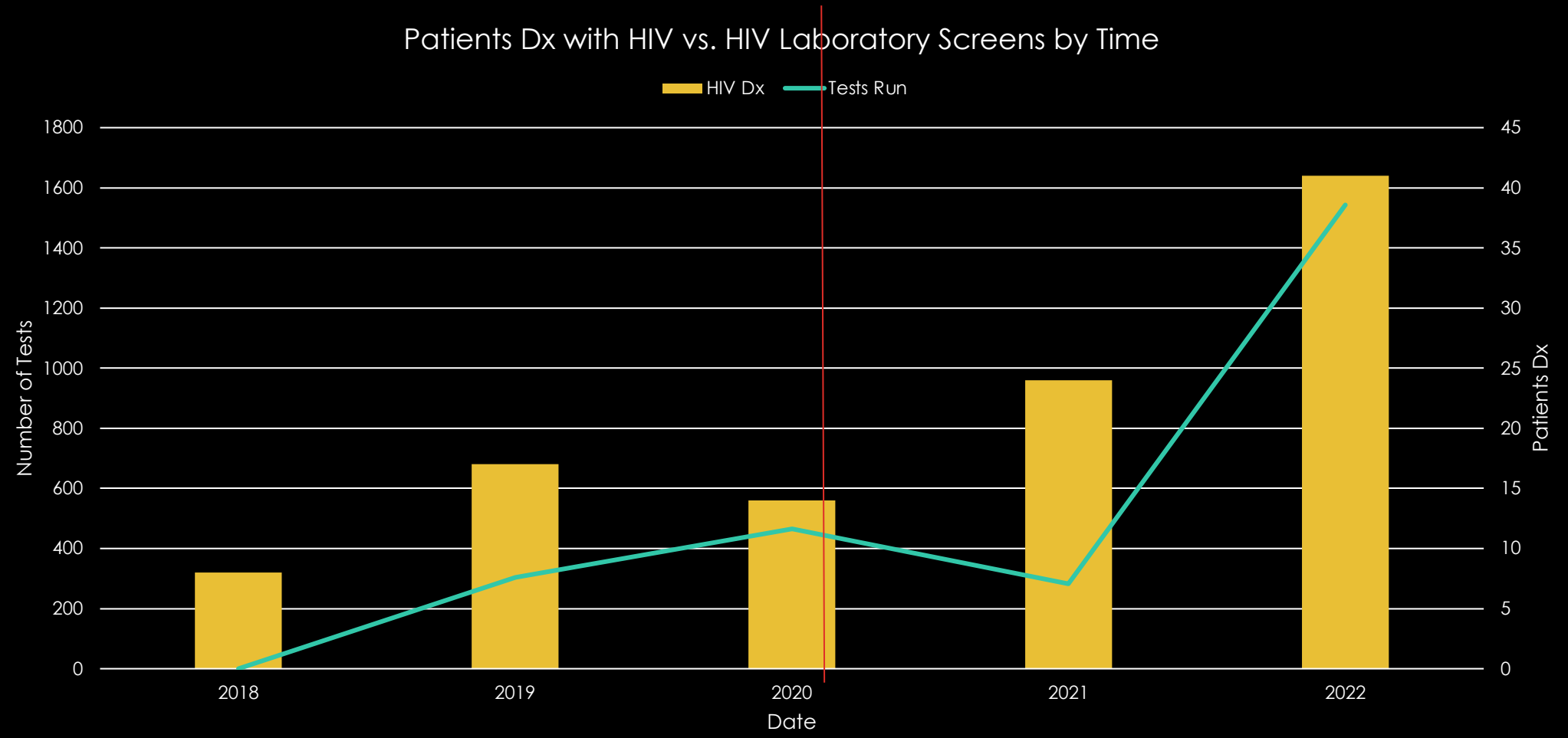
May 13th, 2021
- Identified: 124*
- Pending treatment: 20
- In treatment: 12
- Completed: 27
- Cured: 37
- Cannot Contact: 28

August 16th, 2021
- Identified: 144*
- Pending treatment: 19
- In treatment: 14
- Completed: 29
- Cured: 41
- Cannot Contact: 25

February 8th, 2023
- Identified: 241*
- Pending treatment: 23
- In treatment: 12
- Completed: 46
- Cured: 126
- Cannot Contact: 34

DATA TRENDS

SINCE DECEMBER 2018



APRIL 22, 2022- APRIL 21, 2023 CLINIC DATA- PRESCRIPTIONS

- 1,113 prescriptions for BUP containing product (IR and XR)
- 172 rx for Naloxone (with 11 refills)
- 169 prescriptions for PrEP
- 128 rx for Naltrexone (IR and XR)

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- Innovations to improve health and safety on the reservation
  - Increased utilization of telehealth to expand HIV/HCV/Addiction treatment
  - Mail delivery of medications
  - Coordination with PHN staff improving linkage to care and treatment
  - Peer Recovery Support Specialists hired to support patients in recovery
  - PrEP and MOUD training provided for all MCNDH providers
  - Integrated HCV Testing and treatment, HIV/STI testing and treatment into Addiction/MOUD clinic
  - White Bison Wellbriety training for staff

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ADDICTION ,HCV AND HIV SERVICES

- Innovations to improve health of AI and improve safety on the reservation
  - Drug take back events/disposal facilities
  - 200+ Narcan training events at area schools/Fire departments/First responders
  - Hygiene bags
  - Condoms, flavored oral barriers and lubrication
  - Lock boxes
  - Drug disposal pouches
  - Fentanyl /xylazine test strips
  - Collaboration with communities, local schools and Lighthorse
  - Decrease stigma towards people who use drugs
  - Assistance with housing, job training, transportation

WHAT CAN I DO?

- Meet your patients where they are at and just start somewhere
- Our people need healing and those ***affected*** by the Syndemic need the most healing
- Get permission first
- Start having sexual health , substance use conversations with **all** of your patients. You may be surprised
- Judgement free zone. Create a safe place for your patient to be completely honest with you, this is how you can effectively and maximally serve them and their health needs
- Details , details, details
- Remember all of those risk factors? You need to talk about them
- Advocate for your patients, it just may save their life

WHAT CAN I DO?

- Encourage patients to engage in tribal practices such as talking circles, ceremony, engaging with elders, use of traditional treatments, remedies and teas, sacred plants and ceremonial tobacco as this has been shown to increase resilience, connection with their heritage and feelings of acceptance
- For those patients that don’t participate in tribal practice encourage them in their positive endeavors whatever they are
- Be their cheerleader, you may be the only one they have

CONCLUSION
QUESTIONS?

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RESOURCES

- Bartholomew, T.S., Onugha, J., Bullock, C. *et al.* Baseline prevalence and correlates of HIV and HCV infection among people who inject drugs accessing a syringe services program; Miami, FL. *Harm Reduct J* **17**, 40 (2020). https://doi.org/10.1186/s12954-020-00385-0
- Liang, T. Jake, and John W. Ward. “Hepatitis C in Injection-Drug Users — a Hidden Danger of the Opioid Epidemic.” *New England Journal of Medicine*, vol. 378, no. 13, 2018, pp. 1169–1171., https://doi.org/10.1056/nejmp1716871.
- NIDA
- SAMHSA

WADO!

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