



# Raising the Bars: Accelerating HIV and Viral Hepatitis Prevention and Care in the U.S.: An Update from SAMHSA

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NASTAD Annual Meeting  
Washington DC  
May 20, 2014



# HIV Infection: Current Status

Epidemiology and risk factors understood

Effective prevention interventions

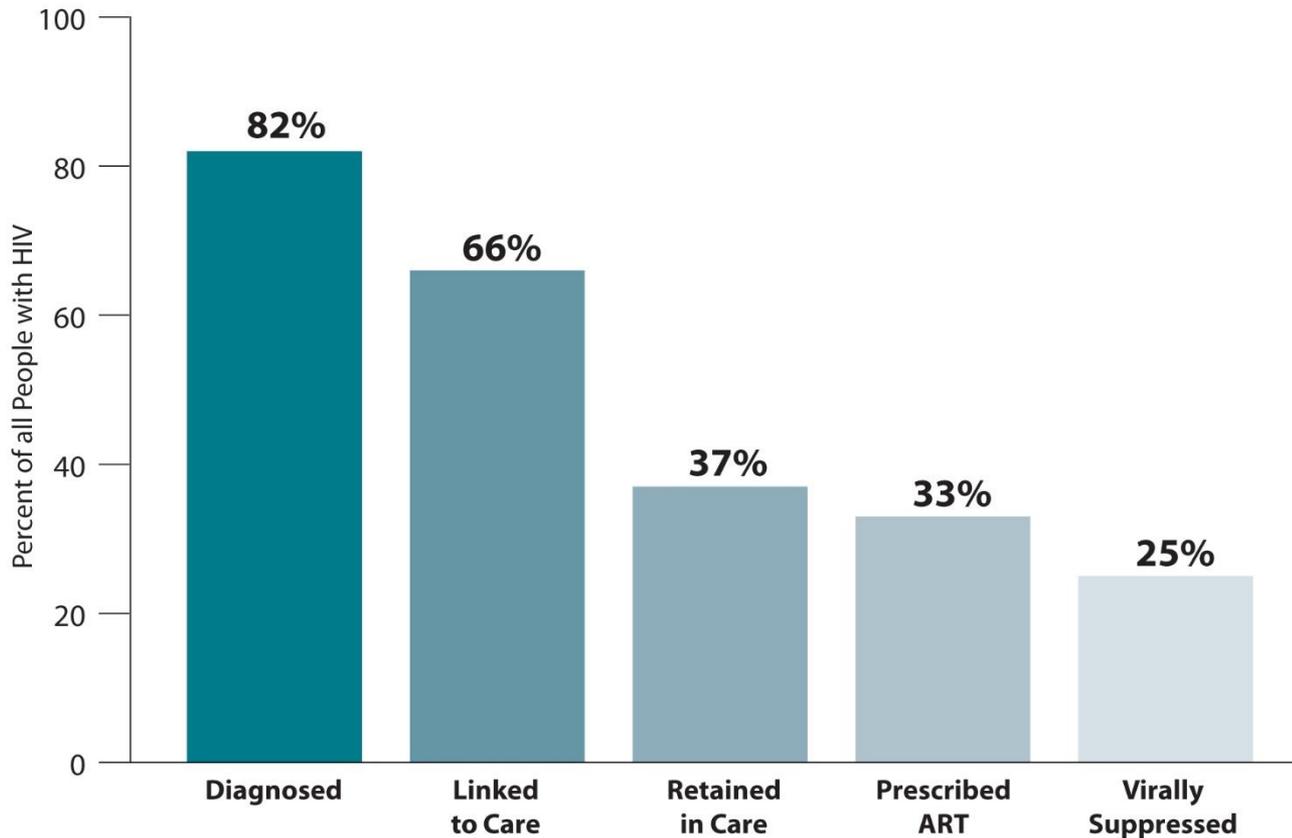
Sensitive/specific diagnostic testing

Potent medications with much simplified regimens make adherence easier

Viral suppression possible reducing risk of transmission

# Why are only 25% of PLWHIV virally suppressed?

**OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.**



# BEHAVIORAL HEALTH MATTERS IN HIV: Mental Disorders

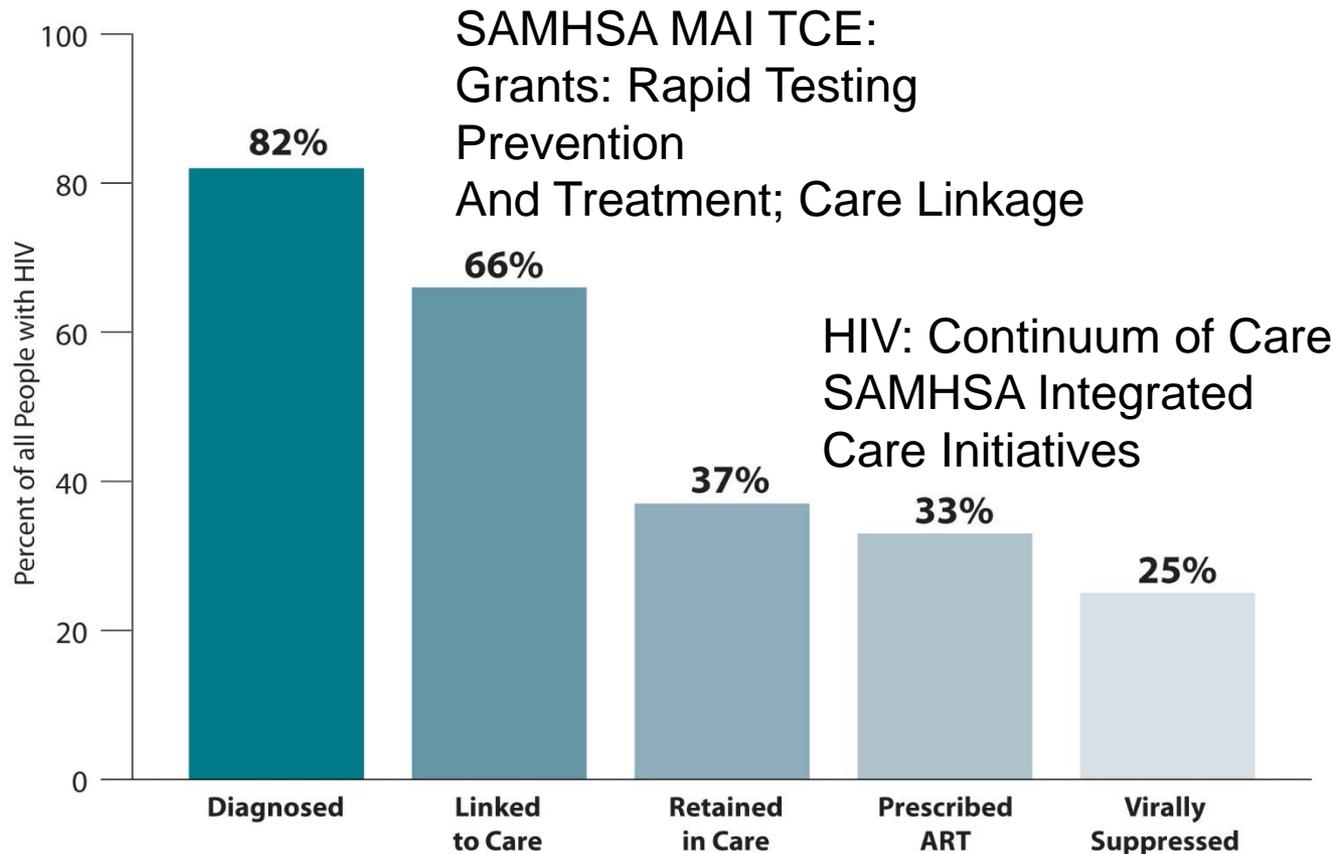
- Mental illness can arise independently of HIV infection; can predispose to HIV (through risk-related behaviors); can be a psychological consequence of HIV (e.g., depression)
- Depression is the most commonly observed mental disorder in HIV, affecting up to 22% of patients; prevalence even greater in substance users
- Depression among HIV-infected persons has been associated with increased high-risk behavior, nonadherence to ART, and progression of HIV disease

# BEHAVIORAL HEALTH MATTERS IN HIV: Substance Abuse

- Effects of drugs/alcohol alter judgment; may result in high risk drug use and sexual behaviors contributing to spread of HIV; adherence to treatment difficult
- Alcohol and drug abuse linked to poor treatment response and more rapid progression of HIV
- Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (23.9%)
- Untreated MH/SUDs among top 5 predictors of poor adherence to ART

# SAMHSA: Programs to Address Behavioral Health and HIV Prevention/Treatment

**OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.**



SAMHSA: Education Programs

# HIV Continuum of Care: Integrated Care Initiatives

- Programs to co-locate and integrate HIV/primary care into substance abuse and mental health treatment programs
- Prevention: substance abuse and HIV for patients/family members; HIV testing
- 5% of grant funds must be dedicated to viral hepatitis: testing and vaccination

# SAMHSA: Training to Assist Providers in HIV/BH care



**PCSS-MAT:** [www.pcssmat.org](http://www.pcssmat.org)

Focus on Treatment of Opioid Use Disorders

Office-Based Treatment of Opioid Dependence: Buprenorphine Waiver Training, Methadone and Naltrexone, Toolkits to assist with implementation Into primary care.

Partners: **HRSA, CDC, IHS, ONDCP**

*The resources and information needed to successfully Integrate primary and behavioral health care*

Serves as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development

**SAMHSA/HRSA Center for Integrated Health Solutions**

# The Relationship Between Behavioral Health and Hepatitis

- Injection drug use is a primary risk factor for exposure to blood borne pathogens such as the Hepatitis B virus (HBV) and Hepatitis C virus (HCV) because of needle-sharing and other drug use-related behaviors.
- Injection drug users (IDUs) have high rates of viral hepatitis infection with an estimated 64% chronically infected with HCV and up to 11% chronically infected with HBV.

# The Relationship of Behavioral Health and Hepatitis

- Between 14% and 36% of alcohol abusers are infected with HCV.
- 19.6% of the population with a serious mental illness is infected with HCV.
- Approximately 20% of those with behavioral health disorders are infected with hepatitis.

# SAMHSA Participation in the National Viral Hepatitis Action Plan

- **Behavioral Health Providers:**
- Dear Colleague letter to be sent yearly to behavioral health providers encouraging HCV testing of the 1945-65 cohort
- Development of educational materials for behavioral health providers on epidemiology, prevention, hepatitis testing, assessment, treatment, special populations including HIV co-infected, side effects of treatment including mental disorders, and funding mechanisms for care of HCV infections; tentatively scheduled for July 10, 2014

# SAMHSA Participation in the National Viral Hepatitis Action Plan

- **Support for Communities:**
- Increase hepatitis screening, testing, vaccination, treatment, and clinical care in minority behavioral health populations
- Increase viral hepatitis screening, testing and care as well as Hepatitis A and B vaccination in OTPs
- Increase linkage to treatment for viral hepatitis in those who screen positive

# Behavioral Health is Integral to Effective HIV/Viral Hepatitis Treatment

## SAMHSA will continue its focus on:

- Prevention/screening/testing/vaccination in BH programs and in communities at risk
- Integrating and co-locating care: BH care + HIV care + viral hepatitis care
- Substance abuse MAT: Education and implementation efforts; collaborative care models based both in BH programs and primary care settings
  - *Opioid MAT: Buprenorphine/naloxone, naltrexone, methadone*
  - *Opioid overdose prevention: toolkit for understanding/recognizing risk; use of naloxone antidote*
  - *Alcohol MAT: naltrexone, acamprosate, disulfiram*
  - *--with appropriate psychosocial therapies*

# Conclusions

- Substance use and mental disorders are major risks in HIV and viral hepatitis
- Prevention and treatment efforts for HIV and viral hepatitis must include concurrent screening for and treatment of behavioral health issues
- Behavioral health and primary care settings must include screening of and integrated treatment for HIV and viral hepatitis and substance use/mental disorders



***Thank you!***

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# Citations

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