CHAPTER 10:

Substance Abuse Treatment

There has been a long-standing relationship between HIV infection and substance use disorders. The correlation between injection drug use and HIV infection is well known and documented. There also exists a relationship between non-injection drug use and HIV infection. Individuals are at greater risk for HIV transmission while under the influence of alcohol or other drugs due to impaired decision-making processes. Continued alcohol or other drug use can further suppress the immune system. It also has potentially damaging psychological effects that may interfere with well being and functioning.

The experience of the 11 Demonstration projects confirms the high correlation of HIV infection and substance abuse. Demonstration data show that approximately 25 percent of clients served in the 11 sites had a diagnosis of alcohol dependence, while approximately 50 percent of clients met criteria for drug dependence.

A diagnosis of HIV can be overwhelming, and a common response of the newly diagnosed is to self-medicate with alcohol or other drugs. HIV-specific substance abuse treatment must incorporate treatment approaches that are sensitive and responsive to the presence of multiple diagnoses. In addition, service providers need to be better informed of the broad range of substance use disorders and better equipped to make accurate substance use diagnoses.

To make sound and clinically responsible choices about the proper approach to substance abuse treatment and the selection of the appropriate treatment modality, service providers can look to the assessment process as the best place to start the treatment regimen. This is especially true when a client meets criteria for substance abuse and/or dependence. (See Chapter 5 on Clinical Assessment.)

TREATMENT APPROACHES

Increasingly, persons infected with HIV are from indigent, marginalized populations. It is essential that they be linked with some type of substance abuse treatment programming if they are dependent on alcohol or other drugs.

Abstinence. The historical approach to substance abuse treatment has been to promote abstinence from non-prescribed substances. This approach has been, and continues to be, supported by involvement in 12-step programs (Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous). Abstinence-based programs are generally appropriate for individuals who are diagnosed as substance dependent, self-identified as addicted, or who want to abstain regardless of diagnosis. Some professionals working within the 12-step framework believe that the prescribed use of psychotropic and/or pain medications is not appropriate. However, adherence to this belief has declined significantly in recent years.

Harm reduction. The harm reduction model has become increasingly popular, partially in response to the HIV pandemic. It recognizes that some people will not or do not need to abstain from all substance use. In light of this recognition, the harm reduction model focuses on the need to decrease the potentially damaging effects of alcohol or substance use and on reducing the risk of HIV transmission. Persons with HIV who use alcohol and illicit drugs are vulnerable to engaging in high-risk behavior. Furthermore, these individuals may have failed abstinence-based substance abuse treatment programs in the past. They may, however, benefit from approaches that emphasize health and well being, rather than total abstinence from substances. Harm reduction is applicable to a range of self-destructive behaviors, including high-risk sexual activities. Types of harm reduction programming include methadone maintenance, needle exchange, and programs that teach persons to use alcohol and other drugs in ways that are less harmful. Frequently, individuals are referred to abstinence-based programs from harm reduction programs.

TREATMENT MODALITIES

A number of substance abuse treatment modalities were used by Demonstration projects in working with people with HIV who also had a substance use disorder. In sites where substance abuse treatment services were not provided, existing community resources were critical. These modalities are described below.

Medical detoxification may be required for the individual with a long history of substance use/dependence—particularly those using alcohol or heroin. Medical detoxification includes a brief period of hospitalization (approximately 3 to 7 days) and the administration of medication to alleviate withdrawal symptoms. Medical detoxification also may be considered when beginning substance abuse treatment for those with chronic medical diseases to control the impact of withdrawal on the client's medical condition. Mental health services offered in conjunction with detoxification services may be effective in encouraging participants to access more structured care following the detoxification experience.

Social detoxification occurs in either a hospital or non-hospital setting and usually does not include medication to treat withdrawal symptoms. The length of stay varies from 7 to 21 days, depending on the client and his/her available financial resources. Social detoxification provides the individual with an opportunity to quit using substances without medication while under constant supervision.

Inpatient treatment programs provide a 24-hour-a-day structure for clients in substance abuse treatment. These programs are located within hospitals, psychiatric institutions, or as separate, stand-alone facilities. The length of inpatient treatment varies, depending on program rules, ability to pay for services, and other concerns. Clients may receive more personal attention than in other substance abuse treatment settings, as well as a higher number of service contacts in a shorter period of time. This approach does not work for some clients—largely because they are placed in a setting that is dramatically different and more structured than their usual environment. In addition, they are not exposed to situations that may jeopardize their recovery. One cautionary note is that this may create a false sense of success. Also, inpatient treatment programs often are short-term interventions that may not provide ongoing support services. Fewer insurance companies reimburse for inpatient treatment than in the past, and many others have decreased the number of days that they will cover for such services.

Residential treatment can occur in a setting that provides constant structure and substantial client supervision. Residential treatment programs vary both in the length and the intensity level of treatment. Some programs are as short as 30 days, while others may provide residential treatment for more than a year. These programs may include treatment groups, individual sessions, vocational rehabilitation services, and other support to clients. While some residential treatment programs may provide housing and require the client to attend 12-step group meetings, other residential treatment programs provide little additional support, structure, or supervision.

Partial hospitalization programs (PHPs), also known as day treatment programs, often are affiliated with inpatient treatment and are part of the continuum of care offered by such entities. PHPs offer group and individual sessions during daytime hours to clients who require some supportive structure in their lives but do not require 24-hour monitoring. The comprehensiveness of such programs depends on the needs of the client and varies from one agency to another. Some clients participating in a PHP attend a few hours a day, while others attend one or two days a week, depending on whatever is deemed appropriate and necessary for the client. This option is particularly necessary for addicted single parents with children who are unable to move into a residential treatment program without losing their dependents.

Methadone maintenance is useful for some persons with a long history of heroin use. Methadone is used in place of heroin and is itself addictive. Methadone maintenance requires medical supervision. Clients usually are required to submit urinalysis or blood toxicology screens to determine if they have used other substances while on methadone. If these screens are positive, there may be appropriate repercussions related to their treatment eligibility. Some treatment difficulties may include individuals selling methadone on the street or exchanging it for heroin. Since methadone is addictive and is a replacement drug, some programs implement tapering procedures. Tapering is a process to lower the dose in small amounts over a period of time, leading to eventual abstinence from this substance. The use of methadone in combination with antiretroviral drugs, such as protease inhibitors, requires close monitoring of drug interactions.

...a continuum of care

Outpatient treatment allows clients to maintain their daily routine while receiving substance abuse treatment. These programs may provide services during evening hours, daytime hours, or on weekends so participants do not have to take time away from work to attend appointments. Clients receive services and support through group or individual sessions, or both if indicated. This approach allows the client to apply what he/she is learning in treatment to real life situations outside of the substance abuse treatment setting. A major downfall of this approach is that clients may have difficulty stabilizing since they remain in their daily routines and encounter their earlier temptations. A significant adjunct to traditional outpatient substance abuse treatment is participation in 12-step programs. There are HIV-specific 12-step programs in many cities across the U.S.

RELAPSE PREVENTION

Relapse prevention acknowledges that addiction is a chronically relapsing condition, but that relapse can be avoided. Relapse prevention is essential for HIV-infected populations, because relapse with alcohol and other drugs is frequently associated with other high-risk behaviors. Successful relapse prevention treatment often focuses on both behavior modification and restructuring internal processes. Relapse prevention planning services are provided at two levels:

- Relapse prevention counseling focuses on identifying high-risk situations and developing plans to decrease any potential for resuming alcohol and other drug use. This is achieved through either individual or group sessions for a specific period of time—usually eight to twelve sessions.

- Relapse prevention therapy helps the client identify core psychological and emotional issues that may lead the client to placing himself/herself in high-risk situations. Individuals work with professionals to identify those changes necessary to prevent them from putting themselves at risk. This often involves a thorough examination of the individual's system of core values and beliefs. This process occurs once a client has stabilized, has maintained abstinence for an appropriate period of time, and has demonstrated the necessary behavioral changes. The length of the process varies with the client's history and level of commitment to change.

The Realities of Relapse

Relapse is often a normal part of the recovery process and should not be considered a treatment failure. Substance abuse is an underlying behavioral symptom of dysfunctional coping skills. Relapse to substance abuse generally begins with internal dysfunction that is either psychological, emotional, or mental in nature. Resuming substance use often is the last in a series of steps that lead to alcohol and other drug use.

CLINICAL CONCERNS

Comorbidity. Individuals diagnosed with a substance use disorder, a mental disorder, and HIV infection are commonly referred to as triply-diagnosed. These clients require a broad range of comprehensive and individually tailored services. Such services may be offered within one agency or through the collaboration of several agencies. In the latter case, meeting the client's needs requires a great deal of coordination by a case manager or another service provider. Often, responsibility for helping the client to access available services falls on the service provider. Failure to assist clients in obtaining services for such needs can negatively affect treatment adherence and may lead to treatment failure.

Self-medication. Many individuals with pre-existing psychological problems begin alcohol or other drug use to medicate themselves in order to cope with such problems. To promote and support successful outcomes, clients need to be assessed for any mental disorder and provided services as needed. This may include the need for psychotropic medications to treat any identified mental disorder.

Prescription medications. Clients living with HIV infection eventually will be prescribed medications to help manage the progression of the illness. The client may be required to take multiple pills at numerous points during the day. Taking the many medications necessary to manage HIV infection can cause drug interactions, and any one of these medications may cause severe side effects. The service provider can be an important resource for the client by providing information and support that helps the client adhere to his/her medication regimen. If clients are reluctant to take certain prescribed medications, the service provider can discuss various treatment options with the client and help him/her make a clinically appropriate and informed decision. In particular, clients who have a history of drug use—especially those currently in recovery—may be reluctant to take certain psychotropic or pain medications. Conversely, clients accustomed to abusing alcohol and other drugs may manipulate service providers to secure more medication than is necessary.

Medicinal marijuana. Currently, the federal government does not deem the use of medicinal marijuana appropriate or legal. However, some jurisdictions have passed legislation legalizing the use of marijuana for medical purposes. People living with HIV may use marijuana to deal with the side effects of certain medications or to increase their appetite. For example, some clients with persistent nausea or a poor appetite may try tetrahydrocannabinol, an active metabolite of marijuana, in pill form (e.g., Marinol, by prescription). However, delineating use and abuse of marijuana in the setting of HIV infection is important. Program staff must be fully informed of state and local laws related to the medicinal use of marijuana.

Adherence. Successful substance abuse treatment can play a major role in helping clients adhere to recommended services and prescribed medications. Individuals can become more willing and able to take HIV-related and psychotropic medications as prescribed, thus impeding the progression of HIV infection and improving the client's mental and emotional well being. There is a strong correlation between HIV medication adherence and longevity, and it is common for many individuals actively using drugs and/or alcohol to not adhere to their HIV medications.

Risk reduction. Risk reduction refers to the impact substance abuse treatment may have on decreasing HIV-related risk behaviors. Due to decreased inhibitions while under the influence of drugs and/or alcohol, clients may participate in unsafe sexual activity or use injection drugs. Individuals participating in substance abuse treatment should be encouraged to reduce or eliminate behaviors that put them or others at risk for HIV transmission. Risk reduction efforts can be further strengthened by relapse prevention planning, mental health services, abstinence, or harm-reduction approaches. (See Chapter 11 on Risk Reduction.)

PROGRAMMATIC CHALLENGES

Outreach. Since a large number of clients may not access mental health and substance abuse treatment through traditional avenues, it is important for programs to include outreach as a key programmatic activity. Outreach helps agencies reach a greater number of potential clients and establish and maintain important relationships. It also can increase public awareness of the service program and its efforts.

Here are examples of activities that make for successful outreach:

- **Going to the places where clients use alcohol and other drugs**. This means traveling into the neighborhoods where drug use is prevalent and meeting clients in a diverse range of areas, such as where the sex trade is prevalent, shooting galleries, crack houses, neighborhood bars, street corners, and parks. Safety training is important for workers going into dangerous areas.

- **Providing tangible items to potential clients**. These may include "safer sex kits" that include condoms and lubricants or "safer drug use kits" that offer clean needles and/or bleach.

- **Using peers**. Outreach efforts can be enhanced and more effective when peers or clients are part of the outreach effort. These individuals may be able to relate to potential clients more effectively because they know the drug "lingo;" understand the subcultures of drug use, the sex trade, and formerly incarcerated individuals; and are better equipped (because of their personal experience with the program) to establish trust with potential clients. Such individuals may be able to educate clinical staff in such issues.

- **Persistence**. Outreach activities should go beyond an initial contact. Additional outreach efforts and multiple contacts with clients may be necessary to engage and retain them in the service delivery process.

Engagement. This concept involves being able to identify and encourage individuals to accept and receive treatment and support services. Genuine engagement is an ongoing process that only starts by getting a client involved in service delivery.

The following elements are key components of a sound approach to engagement:

- Ability to provide immediate services. Clients may request substance abuse treatment when in crisis. It is essential that services be available at that time.

- Provide clinically and socially appropriate services that are based on a thorough assessment. Assessing the client's substance use history—including past involvement in treatment, types of treatment attempted, previous periods of recovery, and relapse history—will generate a treatment plan that matches the client's current needs. Agencies frequently offer limited substance abuse treatment options, such as outpatient group therapy or short-term inpatient treatment. These limited approaches may not be sufficient for some clients.

- Cultural competence. This concept encompasses taking a multicultural approach to client engagement. As clients are engaged, service providers and other staff must be sensitive to the client's race/ethnicity, sexual orientation, personal and professional experience, and other factors. Although staffing patterns do not have to specifically match the client base, program managers should take whatever steps are necessary (e.g., sensitivity or cross-cultural training for staff) to ensure that staff are prepared to take a multicultural approach to client outreach and engagement.

The Demonstration projects tried a variety of creative approaches to engaging substance abusing clients:

- Holding raffles and offering prizes to people at sessions
- Offering gift certificates
- Holding holiday parties for clients and their families
- Giving away fast food coupons
- Providing child care, transportation, refreshments, and other benefits that make it easy and desirable to visit the program

it is essential that treatment remain accessible

BARRIERS

The Demonstration projects found that numerous barriers to substance abuse treatment can arise. For example:

- Potential clients may view substance abuse treatment programs as part of the legal system and therefore want to avoid it. This perception may be based on an individual's previous, court-ordered experience in treatment programs.

- There is high potential for relapse—especially among clients who have not stabilized or made a solid connection with the treatment program. Extra efforts may be needed to pursue these clients.

- Language itself can be a barrier to substance abuse treatment. Clients may use street or drug culture language, and this "lingo" may differ from one geographical location to another. Service providers must be able to work through this barrier by learning the language or at least asking clients to explain terms that are not immediately clear to the provider.

- Lack of support is another barrier that may prohibit individuals from accessing substance abuse treatment. Potential clients may not have the encouragement from family, friends, or service providers to enter or re-enter substance abuse treatment.

- Finally, substance abuse treatment should be offered to anyone requesting such services, including those individuals who remain under the influence of alcohol and/or drugs. It is essential that treatment remain accessible to HIV-infected populations even if they have not previously benefited from a treatment episode.

These are just a few of the barriers that may occur. Programs need to be aware of these and other barriers to ensure that services are available and accessible to the target population, and appropriate for their needs.