Optimizing HIV prevention and treatment for people with substance use and mental health challenges
Overview

• Current context of HIV in Ontario
• Intersections of HIV, problematic substance use and mental health challenges
• New prevention science (PrEP, Undetectable = Untransmittable)
• Examples from clinical practice
• New Initiatives in Ontario
HIV in Ontario

- 15,917 diagnosed people living with HIV in Ontario (2015)
  - Estimated 14% of people living with HIV are not diagnosed
- 916 people diagnosed with HIV in Ontario (2017)
  - 797 if excluding out of province diagnoses (2017)
- Communities most affected by HIV?
  - Men who have sex with men; African, Caribbean and Black communities; People who inject drugs; Indigenous Communities
  - Injecting as a risk factor in new diagnosis (2017): 9.8% Male, 12.9% Female

Data from Ontario HIV Epidemiology and Surveillance Initiative’s *HIV testing and diagnosis in Ontario, 2017* & *The HIV care cascade in Ontario* fact sheets
Intersections of HIV, substance use and mental health

• Substance use as a route of transmission for HIV
• Problematic substance use and mental health challenges as:
  • Drivers of vulnerability to HIV (Syndemics)
  • Responses to HIV-stigma and discrimination experienced by affected populations
Syndemics and HIV

- **Syndemic**: overlapping issues within a population that interact to exacerbate negative health outcomes
  - Includes physiological and social issues
- Development focused on HIV vulnerability
- Across populations most affected by HIV
Addressing the Syndemics

• Assessing social determinants of health factors
• Programming that targets chronic/minority stress
• Relatable health promotion messages
• Accessibility of services (requires evaluation)
• Acknowledging multiple stigmas
• Authentic client-centered conversations
• Coordination (and integration) of service delivery
Emerging Prevention Science
HIV Treatment Today

- Highly effective
- Early treatment = better outcomes
- Less complicated (i.e. fewer pills)
  - Contraindications with other drugs still an important consideration
- Fewer side effects
- Many regimens covered through ODB, other public plans
Treatment as Prevention

- Effective treatment of HIV as a means of reducing possibility of transmission
- Growing body of research that viral suppression eliminates risk of sexual transmission
  - HPTN-052 (2011)
  - Partner (2016) & Partner 2 (2019)
When is treatment also prevention?

- Virally suppressed (<200 copies per ml blood)
- No risk of sexual transmission
- Positive signs but insufficient evidence of prevention for transmission through injection drug use
“It’s now very, very clear that the risk is zero. If you’re on suppressive antiretroviral treatment, you’re sexually non-infectious. Undetectable equals Untransmittable.”

Dr. Alison Rodger, lead author of PARTNER 2  International AIDS Conference, Amsterdam

July 25, 2018
Undetectable = Untransmittable

• Started in 2016 to promote this science
  • “Undetectable” = viral load below the threshold that tests can detect HIV (<40 copies per ml blood)
• Widely endorsed by community based HIV organizations, public health organizations
• Other iterations to simplify this message (“Can’t Pass it On”)
Impact of U=U

• Individual level:
  • Motivate testing, early initiation of treatment
  • Improve treatment adherence
  • Reduce burden of internalized HIV stigma

• Societal level:
  • Raise public awareness of HIV
  • Encourages policy shift to universal access to care, treatment
  • Reduce stigma and fear of HIV and of people living with HIV
Treatment engagement and adherence

- Mental health issues, substance use linked with lower care engagement
  - Barriers often structural rather than individual
- People who use drugs and/or who experience mental health challenges should be encouraged to access care
- Mental health and peer supports are effective at increasing engagement
U=U Discussion

• To what degree do you discuss your client’s HIV status and how it impacts their mental health? What’s your comfort level and what’s holding you back?
• Based on clients you’ve worked with, how does HIV affect their sense of self?
• In what ways does treatment impact a person’s understanding of themselves positively or negatively?
What is PrEP?

• **Pre-Exposure Prophylaxis**: Regular use of anti-HIV medication by people at high risk of exposure to HIV to prevent infection
• Only tenofovir disoproxil fumarate + emtricitabine (TDF/FTC) is Health Canada approved
  • You may hear people refer to the brand name (Truvada)
• One pill, once a day
• Includes ongoing sexual health care
PrEP Works

• Highly effective at:
  • preventing sexual transmission of HIV
  • preventing HIV through needle sharing
• Efficacy closely linked to adherence
• Time to efficacy varies (7 days vs 21 days)
• Does not prevent other sexually transmitted infections (STIs)
PrEP FAQs

• Who is PrEP for?
• Side effects?
• How long do I have to take it?
• What about...
  • Reproductive health?
  • Hormone therapy for trans and gender diverse people?
  • Interactions with street drugs?
PrEP and People who use Drugs

• Access issues:
  • Feasible?
  • Health care provider barriers

• Guidelines recommend PrEP for:
  • Anyone who shares needles
  • Gay and bi men who use crystal meth, poppers in addition to other factors

• A complement to, not a replacement of, harm reduction services
Considerations for Clients

• Motivations for using PrEP?
• Is PrEP care manageable (i.e. drug adherence, regular follow up)?
  • If not, what other prevention options might be a better fit?
• Do you have a health care provider who is...
  • Knowledgeable?
  • Culturally competent?
  • Willing to prescribe?
• Drug coverage?
PrEP- Discussion

- What kinds of responses might your clients have if you brought up PrEP as an option for them? How might you help them work through internal conflict?
- If your client is expressing high anxiety about HIV but PrEP isn’t deemed necessary, how might you support them?
- What do you see your role being as a mental health provider in facilitating PrEP access?
- Are there particular resources you think you would need to be able to discuss PrEP with your service users?
Sherbourne Health

• Overview of structure and services
• Sexual health counselling versus longer term psychotherapy

• With queer guys, there’s an opportunity to process individual experiences of various psycho-social and political facets of HIV infection, identity, and access to resources
HIV & Mental Health - Our Clients

• First response after people come out as gay is often related to “concern” about HIV/AIDS
• Internalized narratives about being gay
• Process of coming out and community entry-points
• Norms in online hookup apps
• Shame about sexuality + experience at health clinics
• Vulnerabilities of newcomers (assumptions about Canada, isolation)
• Innovative relationship models
Tyler is a 38 year old Black gay man who was born in Austin, Texas and immigrated to Canada during his middle school years with one of his parents following their divorce. Tyler lives in Toronto and works in the hospitality industry. Tyler is single and is into PnP. He began therapy when his crystal meth use felt out-of-control and was affecting his ability to show up for work and impacted his friendships. He also felt ashamed of his sexual behaviour when he was crashing from his drug use. Tyler’s personal goal was to abstain from crystal meth and “focus on himself,” which meant getting into a good routine and going to the gym almost daily. While he has reduced his use significantly, he finds he still uses every 4-6 weeks. Tyler recognizes that connecting with people without drugs is difficult and distracting himself through daily routine is limited as a solution. While going to the gym is generally a healthy behaviour, he is beginning to recognize that being “slim and fit” is part of a difficult relationship he has with his body; it is connected to masking his effeminacy and part of what he believes is needed if he’s ever to find a long-term relationship.

What are all of the different issues that have come up here that affect MH or sense of self? If this were your client, how would you support them?
Anthony is a 52-year old bisexual man married to a woman with whom he has a consensual nonmonogamous relationship. They have healthy marriage and a child they adore. Anthony has been HIV-positive and undetectable for 10+ years. Even though his partner Meredith knows about his status and is supportive, Anthony carries some shame around his HIV status and taking daily medication is a reminder that his life is different than others. Approximately once a month, Anthony will have a casual hook-up with a guy (half as frequently as Meredith). He’s cautious about who he meets because he both doesn’t want to get rejected for his age or HIV-status and he subconsciously worries about passing on the virus to others. When his casual encounters with gay men feel like a “success”, he’s often left with a new experience of feeling like he doesn’t belong to gay or straight worlds.

What are all of the different issues that have come up here that affect MH or sense of self? If this were your client, how would you support them?
Mandeep is at a friend’s place for a “pre-drink” Friday night; the plan is to head out to a club on Church Street afterwards. He gets to talking to two people he considers to be closer friends of his. One of them just starting seeing someone he met online and the other is talking about all the amazing sex he’s having with people he meets at on all his travels. The one who seems to be starting a relationship mentions that this new guy has a big dick and amazing arms. Mandeep notices himself drinking in slightly bigger gulps as he hears these stories; uncertain if he’s turned on or envious. When Mandeep gets to the bar, he mostly dances with friends until he finds himself dancing with a cute guy at around 1:45am. The guys decide to leave the bar and go home together. Things get going and the next morning Mandeep realizes he didn’t use a condom or ask about PrEP or HIV status.

What are all of the different issues that have come up here that affect MH or sense of self? 
If this were your client, how would you support them?
Case Studies

**Gavin** is a 42 year old Asian-Canadian gay man who had a tough time growing up. He was relentlessly bullied for the lunches his family packed for him and for being feminine. His “deficits” were only further highlighted when he had to participate in physical education classes and when he didn’t get into his first university of choice. Gavin’s parents know he’s gay, have a positive relationship with his long term partner of 15 years but it’s not talked about much.

Gavin and his partner are in an “implied” open relationship, which they don’t talk about. Gavin asks guys their HIV status multiple times before meeting them and believes that he will have to end his life if he ever becomes HIV positive.

What are all of the different issues that have come up here that affect MH or sense of self?
If this were your client, how would you support them?
HIV Mental Health Network

- Network of local mental health service providers working with people living with or affected by HIV
- Opportunity to identify common issues, plan for joint initiatives
- Coming soon: easy to access provider directory, with details about referrals, waitlists
New Resources on PrEP
Toronto to Zero

• An ambitious city-wide drive to make new HIV transmission rare and help people with HIV lead long healthy lives, free from stigma and discrimination
• Opportunity for greater collaboration and coordination in our response to HIV
• Learn more and add your input at TorontoToZero.ca
Endgame Funding

• Funding call through OHTN
• Resources for innovative programs, leaders and community-based projects related to HIV
• Priorities include mental health and well-being of people living with and at risk of HIV
• Initial letter of intent by July 12
Thank you!

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