CO-OCCURRING DISORDERS

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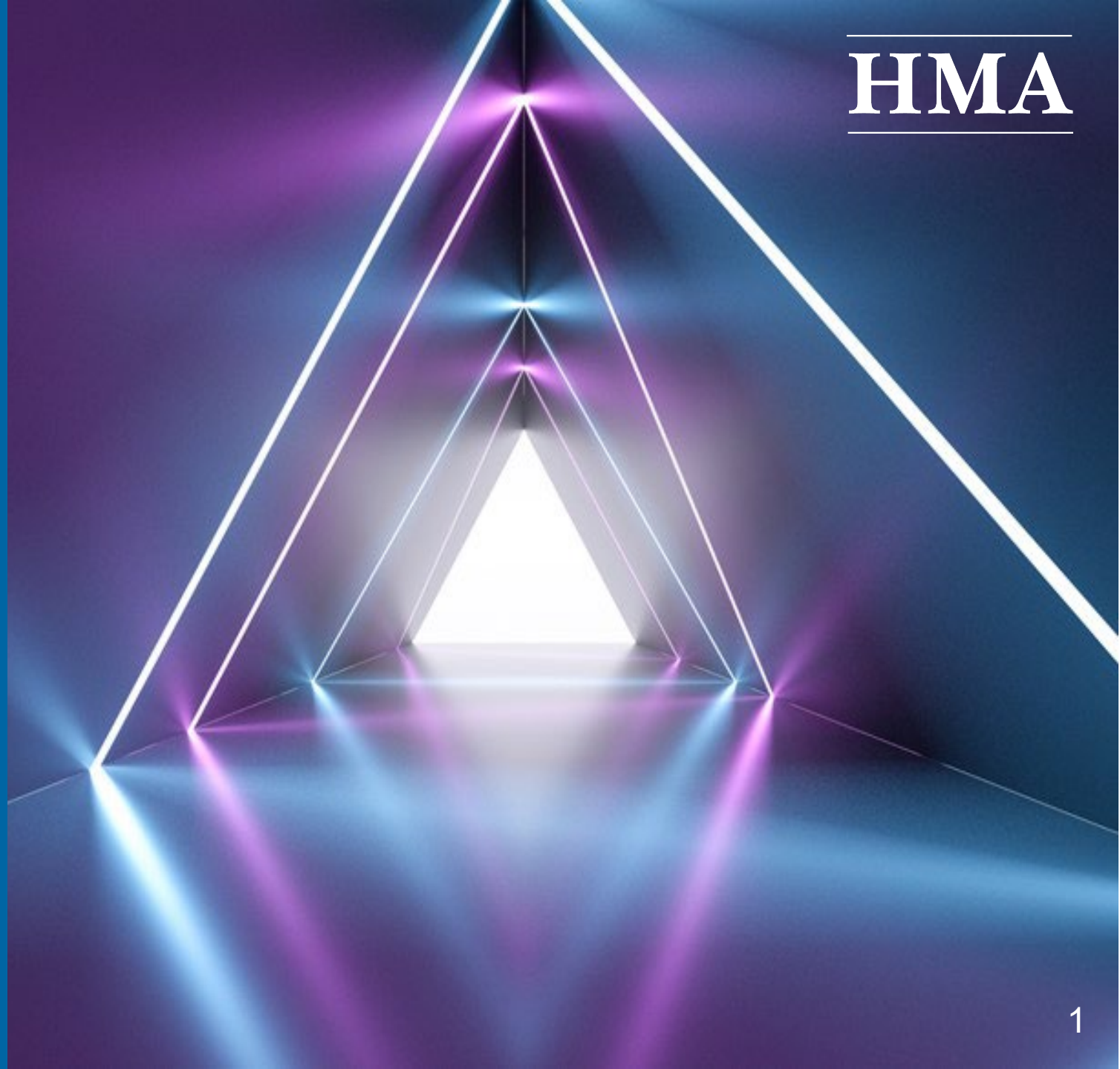


WHY DO CO-OCCURRING DISORDERS HAPPEN?

1

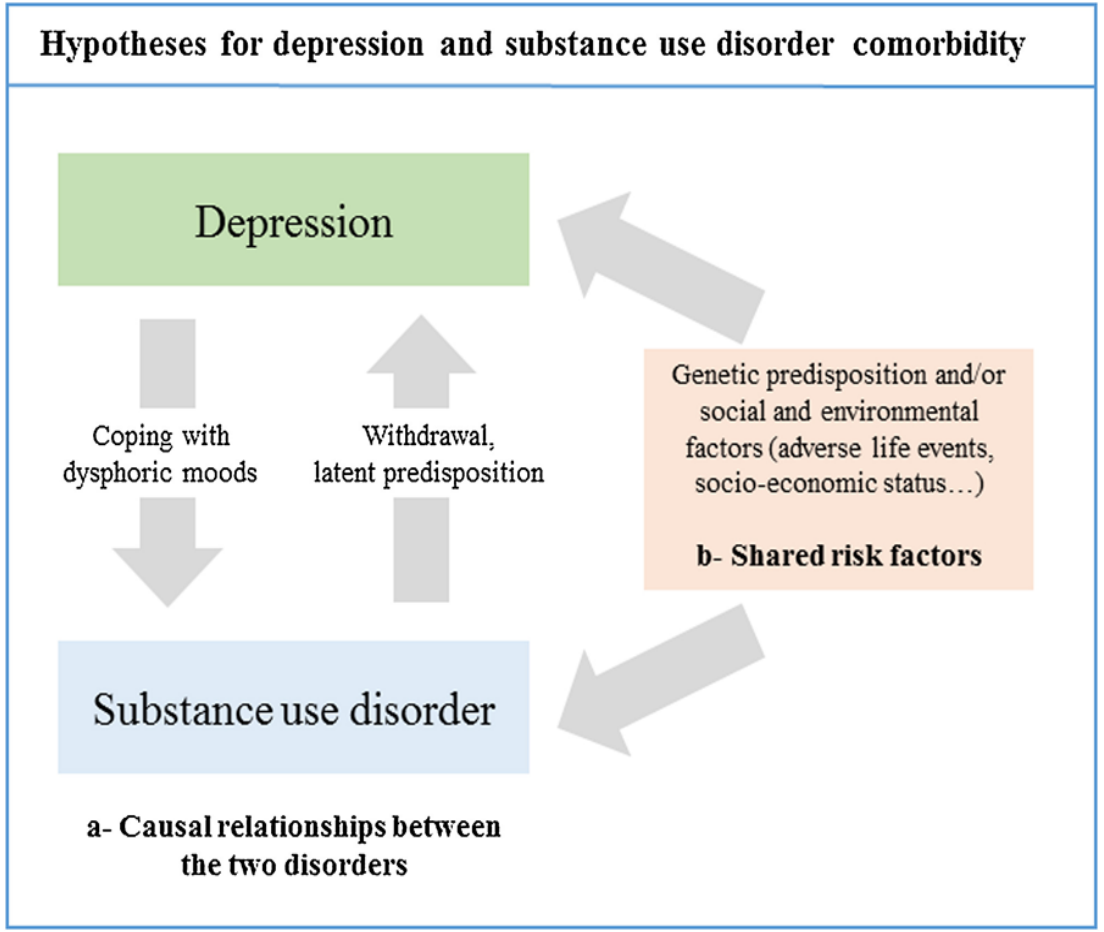
Common risk factors can contribute to both mental illness and SUD.

2

Mental illnesses can contribute to substance use and SUD.

3

Substance use and addiction can contribute to the development of mental illness.



1) Common Comorbidities with Substance Use Disorders

CHICKEN OR THE EGG

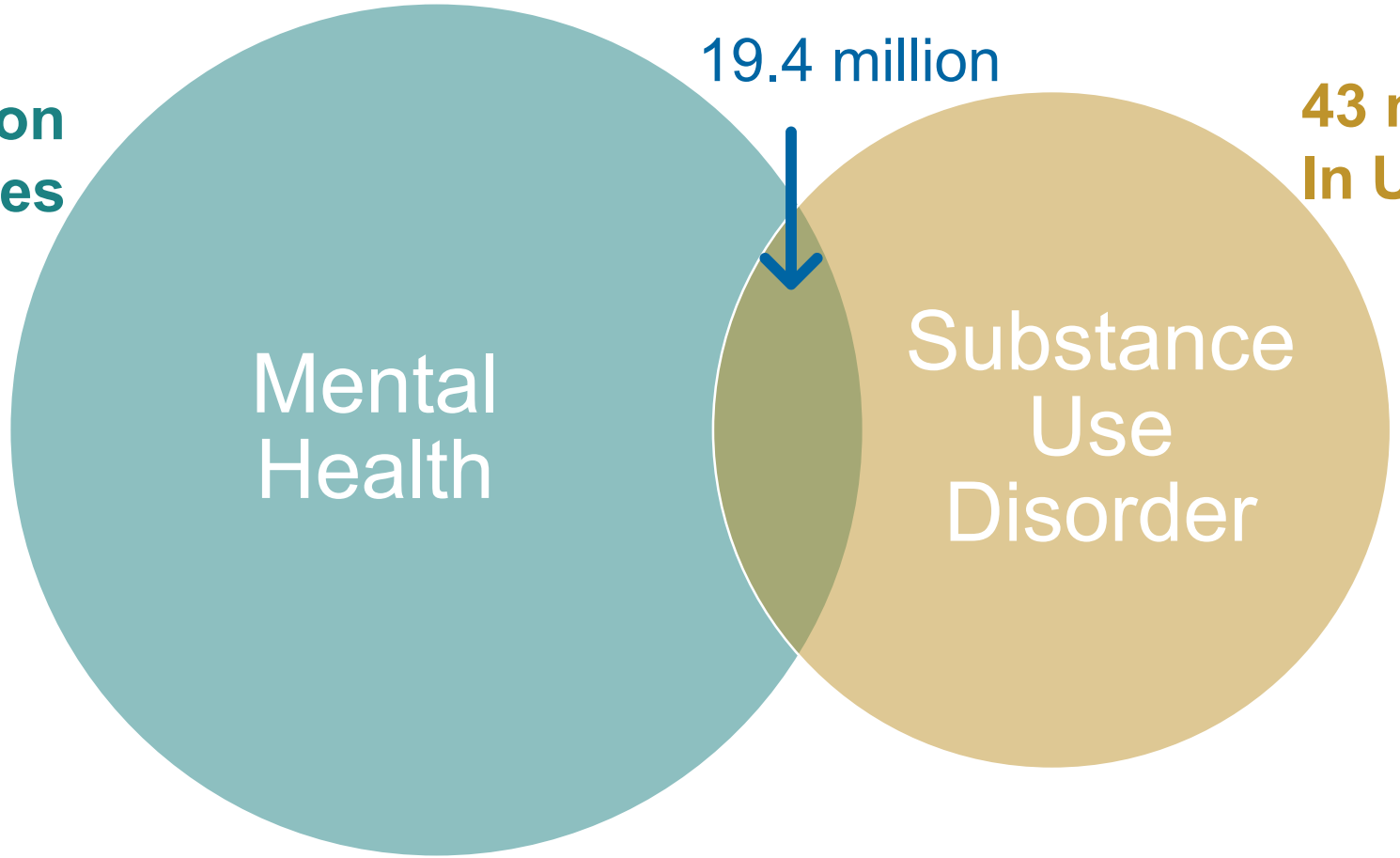
Substance Use ⟷ **Mental Illness**

Regardless of the temporal-causal relationship between a client's SUD and mental illness, the two are likely to affect, and possibly exacerbate, one another. This means that both need to be treated with equal seriousness.

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders

CO-OCCURRING DISORDERS

58 million in United States



43 million In United States

3) NHSDU

CO-OCCURRING MH AND SUD

Up to **56%** of people in outpatient settings with a SMI also have a SUD.

People with Serious Mental Illness (SMI) are

- 4x more likely to heavily use alcohol
- 3.5x more likely to regularly use cannabis
- 4.6x more likely to use other drugs

55% of people with schizophrenia have SUD

- 43% alcohol
- 35% cannabis
- 27% illicit substances

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders, 4) CBHSQ 2019, 5) Key Substance Use and Mental Health Indicators in the US, 6) Comorbidity of severe psychotic disorders with measures of substance use, 7) Comorbid substance use disorders in schizophrenia, 8) Results from the 2021 National Survey on Drug Use and Health

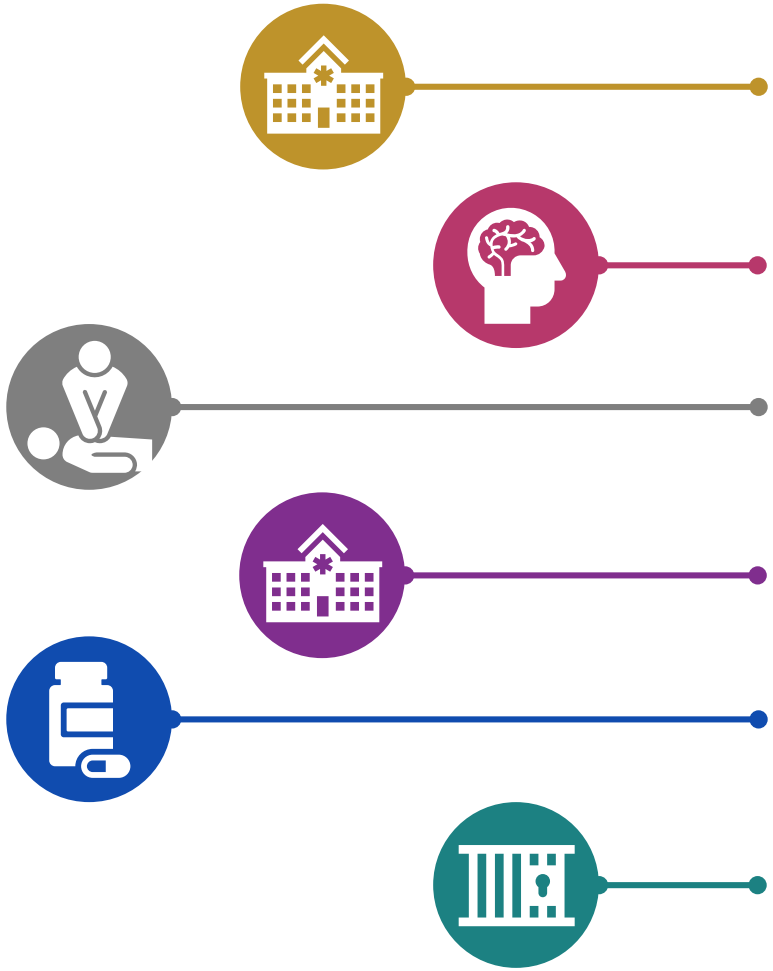
HIGH RATE OF CO-OCCURRING DISORDERS

Of 2 million US adults with OUD (2015-17)

- **77%** had another Substance Use Disorder (SUD) or nicotine dependence in past year
- **64%** had co-occurring MH disorder in past year
- **27%** had Serious Mental Illness (SMI) in past year

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders, 5) Key Substance Use and Mental Health Indicators in the US

CONSEQUENCES OF COD



Those with COD have increased rates of

- Medical illnesses
- Suicide
- Early mortality
- Hospitalization medical & mental health
- Noncompliance with treatment
- Incarceration

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders, 9) Promoting continuing care adherence among substance abusers with co-occurring psychiatric disorders following residential treatment, 10) Treatment Access Barriers and Disparities Among Individuals with Co-Occurring Mental Health and Substance Use Disorders

MEDICAL CONDITIONS CO-OCCURRING WITH BEHAVIORAL HEALTH CONDITIONS

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EPIDEMIOLOGY- HIV & MENTAL HEALTH

Up to **70%** of people living with HIV have a history of trauma

54% of people living with HIV have post-traumatic stress disorder (PTSD)

People living with HIV **are twice as likely** to develop depressive symptoms compared to those at risk but who are not living with HIV

People living with HIV experience higher rates of depression than the general population

11) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, 12) HIV and Clinical Depression, 13) Prevalence and comorbidity of psychiatric diagnoses based on reference standard in an HIV+ patient population, 14) Treatment considerations for HIV-infected individuals with severe mental illness

EPIDEMIOLOGY- HIV & MENTAL ILLNESS

22% of people with HIV have depression

- Of those 78% ALSO have an anxiety disorder
- Of those 61% ALSO have an SUD

6% of people with HIV have schizophrenia, as compared to 1% of the general population

Those with schizophrenia are **1.5x as likely** to contract HIV

Those with affective disorders were **3.8x as likely** to contract HIV

11) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, 12) HIV and Clinical Depression, 13) Prevalence and comorbidity of psychiatric diagnoses based on reference standard in an HIV+ patient population, 14) Treatment considerations for HIV-infected individuals with severe mental illness

SUD, HIV AND MENTAL ILLNESS

Only **35%** of people in 10 outpatient HIV clinics reported talking to primary care provider (PCP) about alcohol use

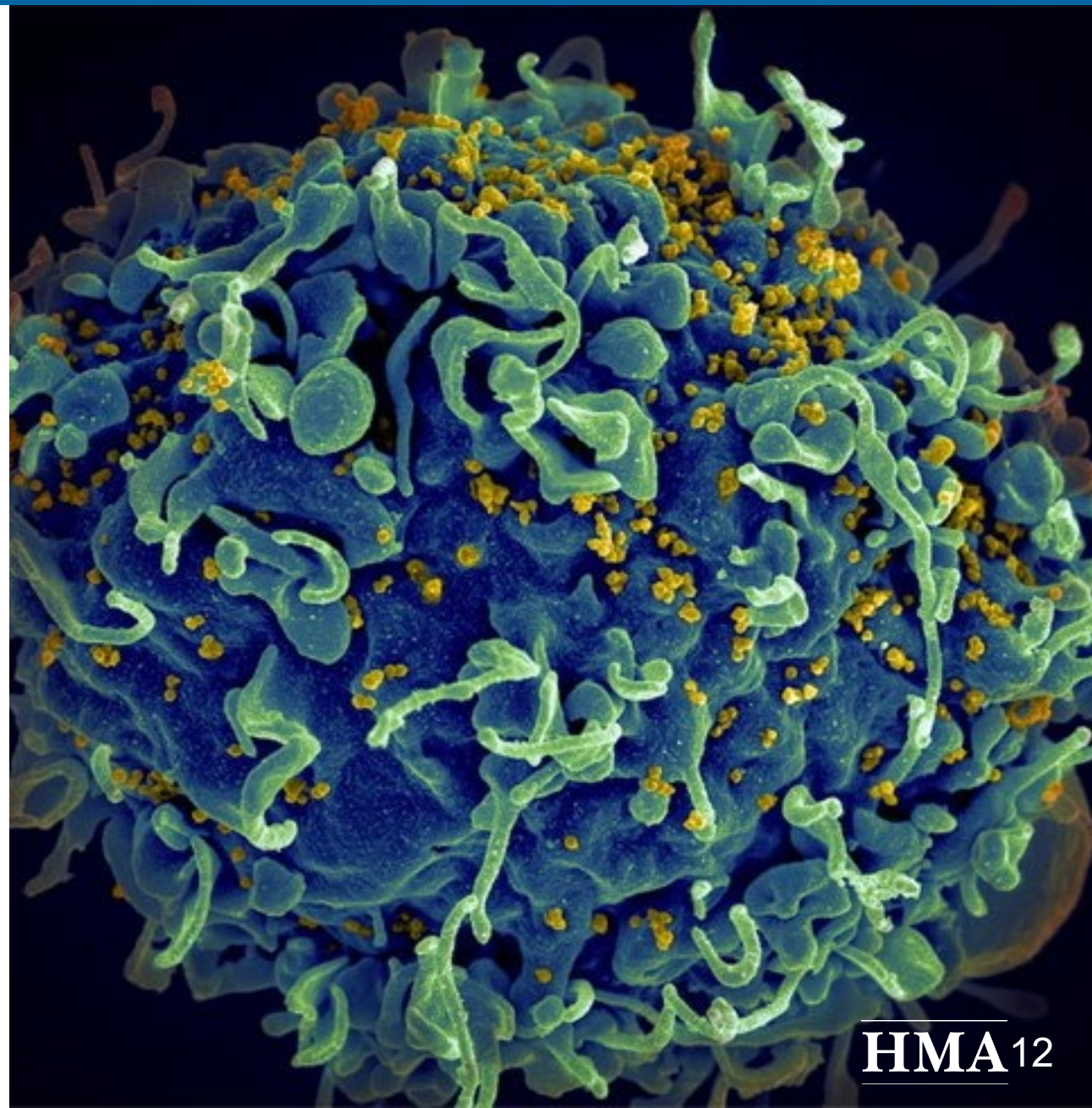
< 50% of providers in hospital-based HIV care programs conducted recommended screening and brief interventions for reducing alcohol

12) HIV and Clinical Depression, 15) Screening patients in busy hospital-based HIV care centers for hazardous and harmful drinking patterns, 16) Prevalence of Substance Use in an HIV Primary Care Safety Net Clinic

SUBSTANCE USE ACCELERATES THE PROGRESSION OF HIV

Substance use accelerates the progression of HIV

- Increases viral load
- Increases likelihood of AIDs related morbidity (even when adherent to antiretroviral medications)
- Decreases medication adherence
- Weakens the blood brain barrier



1) Common Comorbidities with Substance Use Disorders, 12) HIV and Clinical Depression, 17) Impact of cocaine abuse on HIV pathogenesis, 18) The opioid epidemic: a central role for the blood brain barrier in opioid analgesia and abuse, 19) Breaking Down the Barrier, 20) Interactive effects of cocaine on HIV infection

ADDICTIVE SUBSTANCES WEAKEN THE BLOOD BRAIN BARRIER

Addictive substances weaken the blood brain barrier

- Allowing HIV to more easily enter the brain
- Allows infection and damage to nerves and supporting cells (glia)
- Triggers release of neurotoxins
- Can lead to dementia
  - 50% of people with HIV have neurocognitive disorders

1) Common Comorbidities with Substance Use Disorders, 12) HIV and Clinical Depression, 17) Impact of cocaine abuse on HIV pathogenesis, 18) The opioid epidemic: a central role for the blood brain barrier in opioid analgesia and abuse, 19) Breaking Down the Barrier, 20) Interactive effects of cocaine on HIV infection

HIV TESTING

19% of 15-44yo in the United States were tested for HIV in the past year

Only **one-third** of SUD programs offer onsite HIV testing

1) Common Comorbidities with Substance Use Disorders, 21) Treating Substance Use Disorders Among People With HIV

WE ARE NOT TESTING

Chart review compared to blood samples from 2 inpatient psychiatric units:

21% of patients with HIV positive blood samples did not have documentation of infection in medical record

1) Common Comorbidities with Substance Use Disorders, 22) Cost-Effectiveness of Frequent HIV Testing of High-Risk Populations in the United States, 23) CDC recommendations for opt-out testing and reactions to unanticipated HIV diagnoses, 24) Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings, 25) Previously undetected metabolic syndromes and infectious diseases among psychiatric inpatients

HIV TESTING RECOMMENDATIONS

SAMHSA recommends universal HIV testing

- Persons 15-65yo (and all pregnant persons)
- Younger and older persons at increased risk, such as:
  - People who inject drugs
  - People who have condomless sex
  - People who participate in commercial sex work

Testing persons who inject drugs every 6 months is cost effective

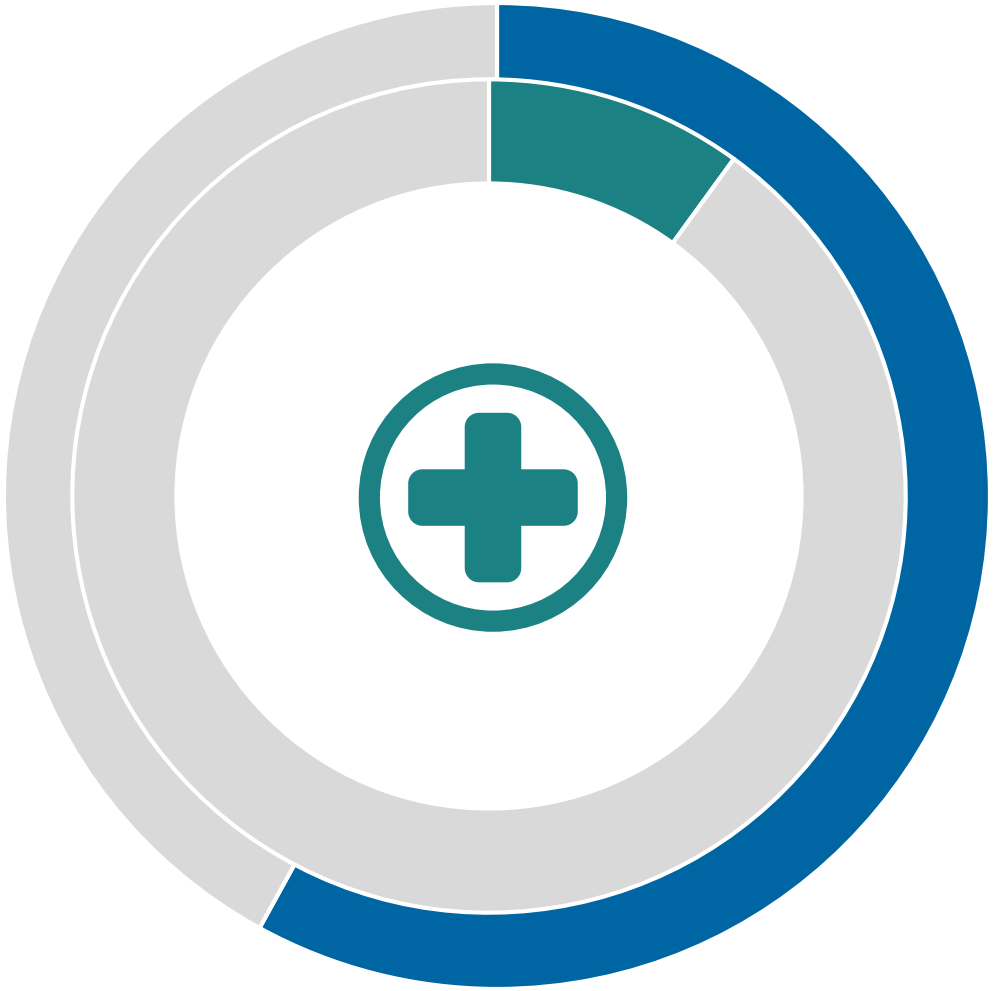
Recommendation

Inpatient and outpatient mental health settings should offer routine opt out testing to improve case finding

1) Common Comorbidities with Substance Use Disorders, 21) Treating Substance Use Disorders Among People With HIV

CO-OCCURRING DISORDERS

CO-OCCURRING MENTAL ILLNESS AND SUD TREATMENT



Only **10%** of people with co-occurring disorders receive treatment for both disorders

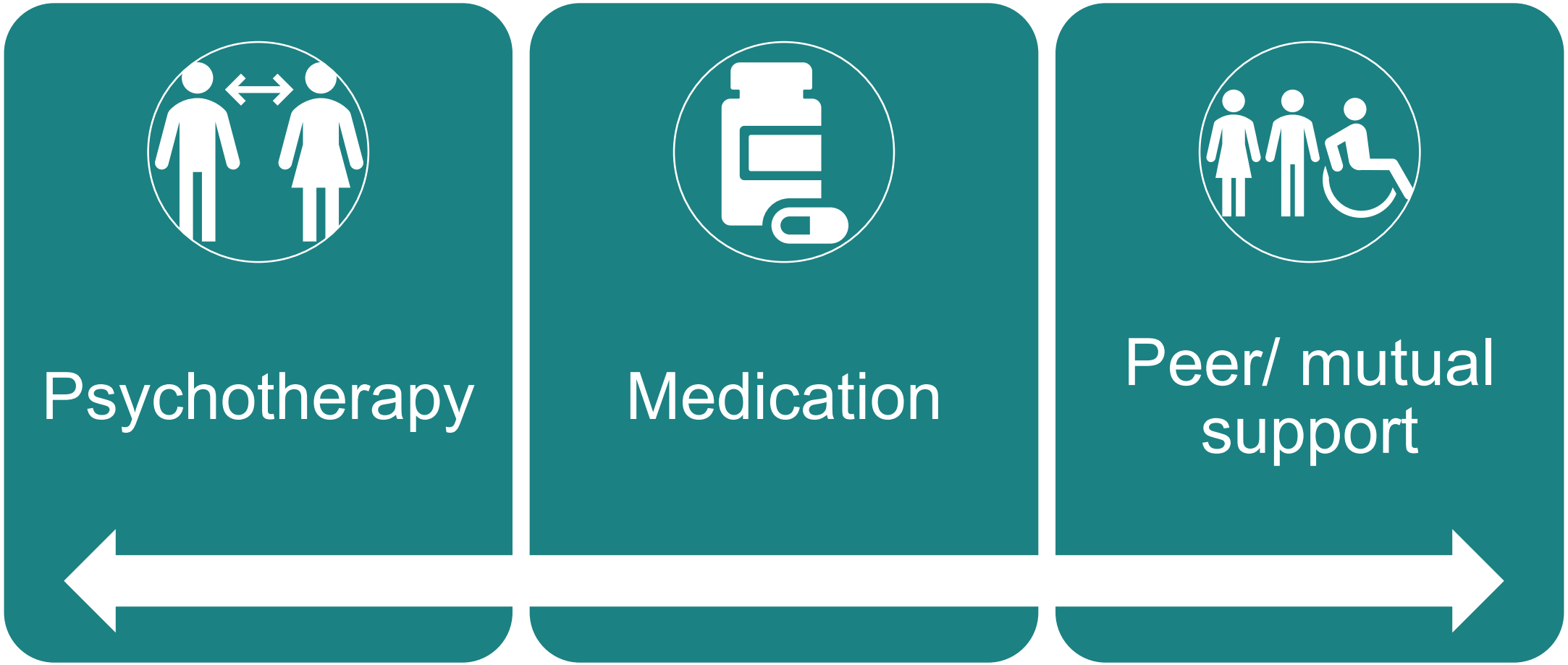
- White 11%
- Black 7%
- Hispanic 7%

58% receive treatment for either condition

- 64% White
- 47% Black
- 43% Hispanic

26) Pew Charitable Trusts (2023)

CO-OCCURRING DISORDER TREATMENT



27) ASAM NPG (2020)

CO-OCCURRING DISORDER TREATMENT

Some conditions require medication

- OUD
- Psychosis

Other conditions may not require medication

- Major Depressive Disorder
- Anxiety disorders
- PTSD

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders

CO-OCCURRING DISORDER TREATMENT

Motivational Interviewing (MI)

Psychoeducation

Cognitive Behavior Therapy (CBT)

- Distress tolerance skills
- Coping skills
- Behavioral activation
- Cognitive restructuring
- Relapse prevention

CO-OCCURRING DISORDER TREATMENT

Peer support

- 12 Step Meetings
  - Dual Recovery Anonymous
  - Medication Assisted Recovery Anonymous
  - Dual Diagnosis Anonymous
- Self Management and Recovery Training (SMART)
- Celebrate Recovery

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INTEGRATED TREATMENT WORKS BEST

Treating MH and SUD at the same time, with the same treatment team, has been shown to be helpful for depression, bipolar, schizophrenia, anxiety disorders and PTSD.

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders, 28), 29), 30), 31), 32), 33)

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INTEGRATED CBT RESULTS IN BEST OUTCOMES

Major Depressive Disorder
- Improves depression & functioning
- Decreases substance use

PTSD (Only staff with adequate training)
- Decreases PTSD & SUD symptoms

Anxiety Disorders
- Decreases anxiety & SUD symptoms
- Educate on dangers of self medicating

Bipolar
- Increases abstinence & medication adherence
- Decreases hospitalization & SUD symptoms

Schizophrenia
- Increases abstinence, quality of life & functioning
- Decreases substance use, violence, costs, symptom severity

Onsight prescribing works best to eliminate barriers to treatment

2) TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders, 28), 29), 30), 31), 32), 33)

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SUD TREATMENT FOR THOSE LIVING WITH HIV

Cognitive Behavioral Therapy (CBT) & Motivational Interviewing (MI)

- Reduce drug use
- Reduce high risk sexual behaviors
- Reduce viral load
- Improve adherence to antiretrovirals

Medication for opioid use disorder

- Methadone and buprenorphine are associated with a 54% reduction in risk of HIV infection in persons who inject drugs

SUD Treatment

is

HIV Prevention!

1) Common Comorbidities with Substance Use Disorders

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INTEGRATED PRIMARY HIV & BEHAVIORAL HEALTH CARE

Benefits of Integration

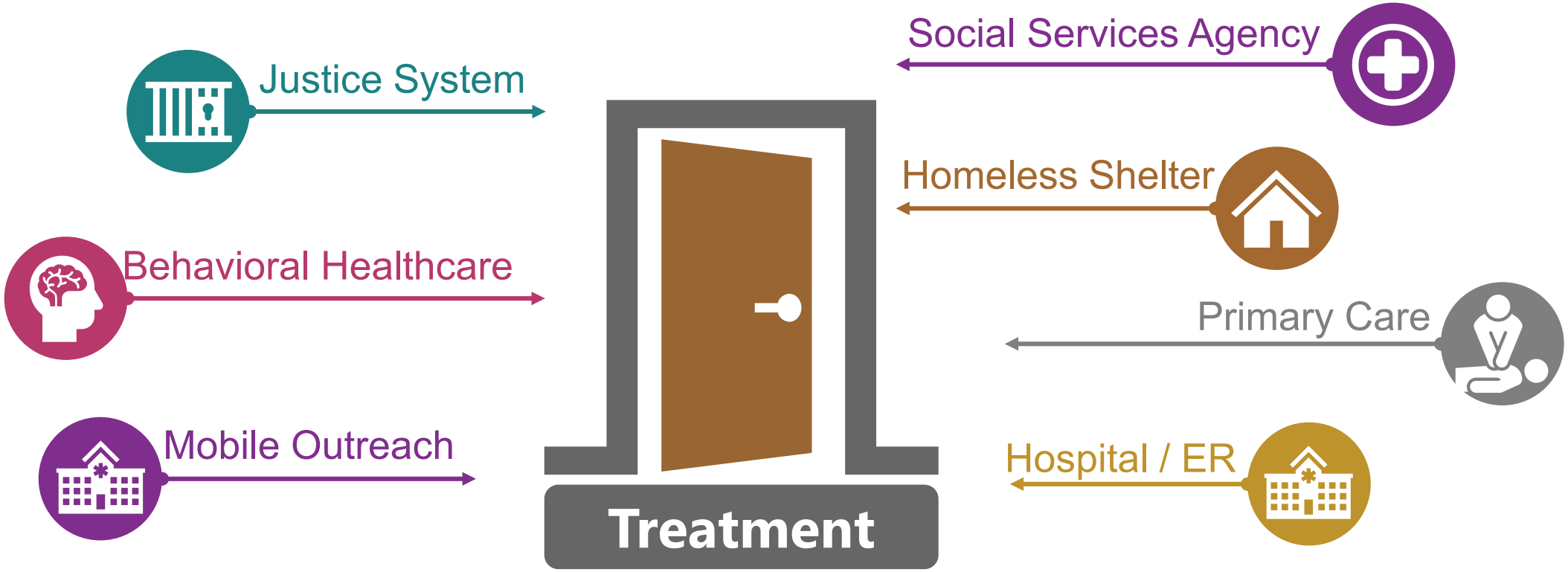
- Increases likelihood of follow through
- Improve physical health outcomes
- Increased savings in healthcare cost
- Reduce emergency room use

Ryan White HIV/ AIDS Treatment Extension Act 2009

- Aligns with HHS guidelines
- Mandates include:
  1. Universal depression and SUD screening
     - MH screening rates currently are between 80%-100%
     - SUD screening rates currently are much lower
  2. Establishment of follow up plan

SCREENING

Many opportunities to enter treatment exist, but we must screen and assess first



TIME FOR QUESTIONS & ANSWERS

For questions, please email
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