Providing mental health care and wellbeing in HIV: Learnings from the field

Chair:
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Recent updates in the provision of addiction treatment

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Addictions: What is new and what can HIV clinics do?

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Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest.

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Content

• Drug Trends – International / National / Local
• Drug Related Deaths
• Alcohol
• Treatment Developments
• What can services do?
83 million (29%) of adults (15 – 64) ever used an illicit drug
Cannabis most common (22 million in last year)
Stimulants second (cocaine, then MDMA, then amphetamine)
Synthetic drug production growing (esp. metamphetamine)
Opiates – 1 million (but 75% of all fatal overdoses)
Polydrug use & increasing complexity: medicinal, NPS, ketamine, GHB/GBL
• Globalisation / International situation
• COVID-19 rebound
• Cannabis (price stable but THC content up) / synthetic cannabinoids
• Cannabis – implications of policy development
• Cocaine availability and use high (price stable)
• Increasing diversity e.g., synthetic cathinones
Intravenous Drug Use

- Injecting associated with more damaging drug use and increased risk of BBV infections

- Injection of synthetic cathinones linked to chemsex practices and marginalised groups who inject drugs linked to outbreaks of HCV and HIV

- Injecting drug use has declined (but COVID 19 disruption of distribution and testing)

- Long term trends in new HIV infection associated with injecting falling across Europe
Injecting and HIV

• Transmission persists where outbreaks linked to stimulant injecting has been notified in the past e.g., Athens (2011), Luxembourg (2014) and Glasgow (2015)

• Risk factors – cocaine injecting, homelessness and incarceration

• Also sexual transmission

• Late diagnosis
Prescription drug misuse

- Opiates (POM or OTC) e.g., tramadol, codeine
- Increasing use of more potent opiates e.g., oxycodone and fentanyl
- Gabapentinoids i.e., gabapentin and pregabalin
- Benzodiazepines use (not new) – alprazolam and etizolam concerning
- Stimulants e.g., methylphenidate, ephedrine
- Antipsychotics e.g., quetiapine, olanzapine
- Antidepressants e.g., bupropion, venlafaxine

Schifano et al., 2018; PHE - Sept 2019

• 2017 – US declared National Public Health Emergency

• Four fold increase in opiate prescriptions 1991 - 2013 - *Volkow–NIDA*

• Parallel increase in opiate related mortality rates, A/E visits - *Warner et al., 2014; SAMHSA 2011*

• Opiate abuse and overdose costing US $56 billion annually - *Birnbaum et al., 2011*
Prescription Opiates


- Doubling of patients prescribed opioids by GP in last 10 years (PHRC – 2017)

- Prescription rates for in NE and Cumbria are 4 x that in London
Chemsex (Strong et al., Lancet 2022)

- Studies show an association between drug use in sexual contexts (chemsex) and HIV among gay, bisexual, and MSM (but causal relationship contentious)
- Relationship between chemsex, HIV treatment and prevention, harm reduction, and the provision of health services is complex
- Potential harms exist beyond HIV (e.g., intoxication and overdose)
- Community responses to chemsex involve social and cultural strategies of harm reduction and sexual health promotion before, during, and after a chemsex session
Recreational drug use is associated with potentially high-risk sexual behaviours and so elevated risk of STIs and HIV

McCarty-Caplan, Jantz, & Swartz, 2014

International evidence suggests, among MSM and use drugs, a preference for ‘sex-drugs’ e.g., alkyl nitrites (‘poppers’), crystal methamphetamine (‘crystal meth’) and club drugs (e.g., ketamine, MDMA, GHB & GBL)

McCarty-Caplan et al., 2014

New psychoactive substances (NPS), also popular with MSM, with mephedrone the sixth most used substance in gay bars /nightclubs (UK)

Winstock et al., 2011
ONS Drug Misuse Deaths

- 63% drug poisoning deaths due to drug misuse

- Rate rose from 16 per million (1993) to 52 per million (2021)

- Rates for men 38% > than for women

- Government 10-year drugs plan for England – to prevent 1000 deaths by 2024 / 2025
Drug misuse deaths by region

Age standardised mortality rates for deaths related to drug misuse for England and Regions

- South West
- South East
- London
- East
- West Midlands
- East Midlands
- Y&H
- North West
- North East
- ENGLAND
Key Current Trends

- Generation X – highest rate of deaths
- Large regional differences
- NE highest for 9 consecutive years
- 50% > one drug
- 50% involve an opiate (rates involving methadone up)
- Cocaine deaths up sevenfold since 2011
- Increase in deaths involving NPS
Commissioned by the HO and DHSC

Part 1 – February 2020
Analysis of the challenges posed by drug supply and demand

Part 2 – July 2021
Focus on drug treatment, recovery and prevention – 32 recommendations including:
• Increased investment
• Creation of a Government Drugs Unit
• Increase in the professionally qualified workforce
• Establishment of an innovation fund
• Local authorities to commission a full range of treatment services

• **58.6% increase** in increasing risk and higher-risk levels of drinking March 2020 – March 2021 increasing >14 units, higher risk > 50 units men, >35 units women per week. **PHE, 2021**

• In 2020, deaths from mental and behavioural disorders due to alcohol **increased by 10.8%** (1.1% increase between 2018 and 2019), and deaths from alcohol poisoning increased by 15.4% (4.5% between 2018 and 2019). **PHE 2021**

• ARLD deaths **increased by 21%** during the pandemic (highest levels recorded) alongside liver mortality rates in England increasing by 43% 2001 and 2019.
Alcohol and Liver Disease
Alcohol and HIV

• Those with AUD > than general population to contract HIV
• Those with HIV more likely to abuse alcohol
• Alcohol use associated with high risk sexual behaviours and injecting drug use
• Alcohol increases susceptibility to infection

Petry 1999
Cook et al., 2001
Lucas et al., 2002
Alcohol and HIV

- Increased medical and psychiatric complications
- Delays in seeking treatment
- Problems with concordance
- With HIV, blood alcohol levels are higher per unit consumed
- Alcohol does not stop anti-HIV drugs from working properly
North East and North Cumbria ICS:

- Alcohol causal factor in over 60 medical conditions
- Alcohol related harm estimated NHS cost = £3.5 billion / year
- Consumption and harm increased during the pandemic
- Estimated 79 - 91% dependent drinkers not in treatment (NENC)
- 16 500 unplanned admissions to hospital (NENC)
- 2020 / 21 – 1000 alcohol specific deaths (NENC)
20 Recommendations:

- Workforce (4) – training, support, directory and communication and engagement
- Data (6) – data quality, coding, datasets, health management, research
- Service Delivery (5) – access, lived experience, discharge documentation, regular audit
- Strategic Leadership (5) – awareness, young people, inequality, change culture
Treatment

Pharmacotherapy
- Optimisation of existing treatments (OST)
- Provision of existing treatments (heroin)
- New treatments (buprenorphine film / depot)
- Take home naloxone

Other Approaches
- Improving access to treatment and recovery services
- Drug Consumption Rooms
- Advancing better practices for pain management
Optimising treatment

• Reassessment
• ORT – choice, dose, supervision
• Increase intensity of keyworker /support
• Additional psychosocial interventions e.g. contingency management, relapse prevention
• Naloxone and harm reduction advice (include carers)
• Therapeutic relationships—continuity of care, non punitive and flexible approaches
Buprenorphine Depot

- Implemented initially in USA and now in UK
- Weekly / Monthly subcutaneous injection
- Range of products available
- On-going research
- Application
Heroin Assisted Treatment

• UK, Switzerland, Canada, Germany, Netherlands etc.
• Health outcomes improved
• Reduction in use of illicit heroin
• Reduction in criminal activity
• Increase uptake of other treatments e.g. methadone
• No diversion of heroin
• Substantial costs but offset by savings to society (EMCDDA)
Naloxone

2015 - Legislation allowing distribution without a prescription but challenges in:

• Reporting
• Replenishing
• Recording
• Locality variations
• Appropriate distribution / rate
• GOVERNANCE!
Nasal Naloxone
Managing Co-morbidity

- Physical Health e.g.
  - Infectious Diseases
  - Respiratory Diseases
  - Chronic Pain
  - DVT/PE

- Mental Health
Drug Consumption Rooms
Drug Consumption Rooms

- Supervised use of own drugs in safe setting
- Three models
- None in UK (at present)
- Europe (from 1986), Australia and Canada
- Evidence – positive impact on local area, on street based injecting, saving lives, reduction of BBV, engaging marginalised groups
- No evidence of increased drug use in area

Belackova & Salmon 2017, EMCDDA 2018
What can services do?

- Screen patients for alcohol and drugs – ask the question
- Consider routine use of screening tools
- Refer directly to Addictions Services (no signposting)
- Monitor use – encourage open discussion
- Regular liaison with Addiction Services (named links / joint clinics)
- Integration with primary care