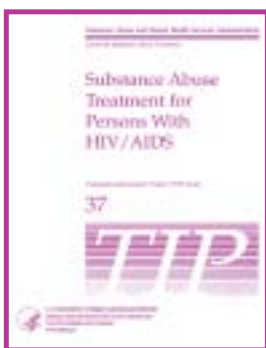


CSAT's
Knowledge Application Program

KAP Keys

For Clinicians

Based on TIP 37
Substance Abuse
Treatment for Persons
With HIV/AIDS



Introduction

These KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. These KAP Keys are based entirely on TIP 37 and are designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

For more information on the topics in these KAP Keys, readers are referred to TIP 37.

Other Treatment Improvement Protocols (TIPs) that are relevant to these KAP Keys:

- TIP 6**, *Screening Instruments for Infectious Diseases Among Substance Abusers (1993)* **BKD131**
- TIP 9**, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse (1994)* **BKD134**
- TIP 11**, *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases (1994)* **BKD143**
- TIP 27**, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**
- TIP 35**, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**



Interactions of HIV Medications with Street Drugs

1

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Substance Abuse Treatment for Persons With HIV/AIDS

Drug	Interaction and Effects
Ecstasy	3- to 10-fold buildup of 3,4-methylenedioxymethamphetamine (MDMA) in the blood, bruxism (teeth grinding), palpitations, joint stiffness, dehydration. Possibility of liver and kidney damage. May be deadly.
Speed/ Methamphetamine	2- to 3-fold buildup of methamphetamine in the blood, increased anxiety, manic behavior, shortness of breath, racing heart beat, and dehydration.
Heroin	Heroin is metabolized more quickly; less "hit," less "buzz," withdrawal symptoms.
Special K (ketamine hydrochloride)	Buildup of ketamine is likely; increased sedation, disorientation, and hallucinations. Effects last longer.
Cocaine	Little is known about cocaine's interaction with PIs as no studies have been conducted, but if an individual has HIV, smoking, shooting, or even snorting cocaine may compromise the immune system. In one test-tube study, cocaine made HIV reproduce 20 times faster than normal.
GHB (gamma hydroxybutyric acid)	Combining GHB with the antiprotease drugs is another unknown. Like many recreational drugs, GHB may suppress the immune system.

Source: Adapted with permission from Horn 1998.



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Methadone Interactions with HIV Medications

2

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Substance Abuse Treatment for Persons With HIV/AIDS

Significantly Reduces Methadone Levels

- Rifampin
- Dilantin
- Phenobarbital

Reduces Methadone Levels

- Carbamazepine
- Ritonavir
- Rifampin
- Neviripine
- Efavirenz

May Raise Methadone Levels

- Alcohol
- Delavirdine
- Fluconazole

May Affect Methadone Levels

- Nelfinavir

No Significant Effect on Methadone Levels

- Clarithromycin/Azithromycin
- Didanosine
- Lamivudine
- Saquinavir
- Stavudine
- Trimethoprim/Sulfamethoxazole
- Zalcitabine
- AZT

Source: *Gourevitch and Friedland 1999.*

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Transmission of HIV is highly unlikely within institutions such as health care facilities, residential facilities, correctional facilities, residences, and substance abuse treatment programs when universal precautions are observed.

Because medical history and examination cannot reliably identify all HIV-infected patients, universal precautions should be used consistently with all patients.

1. Barrier Precautions

In any setting in which workers may come into contact with a patient's blood or bodily fluids, the following precautions should always be observed:

- Gloves should be worn when touching blood or bodily fluids, mucous membranes, or nonintact skin; handling items or surfaces soiled with blood or bodily fluids; or performing vascular access procedures such as venipuncture (inserting a syringe into a vein to draw blood or administer fluids).
- Gloves should be changed after each patient contact.
- Masks and protective eyewear should be worn during any procedure likely to expose mucous membranes of the mouth, nose, and eyes to droplets of blood or other bodily fluids.
- Gowns or aprons should be worn during procedures likely to generate splashes of blood or other bodily fluids.
- Hands and other skin surfaces should be washed immediately and thoroughly when contaminated with blood or other bodily fluids and whenever gloves are removed.

2. Use of Sharp Instruments

The following precautions should be taken to prevent injuries when using, cleaning, disposing of, or otherwise handling syringes, scalpels, and other sharp instruments:

- Do not recap syringes, bend or break them by hand, remove needles from disposable syringes, or otherwise handle them.
- Place disposable "sharps" in puncture-resistant disposal containers immediately after use.
- Place large-bore reusable syringes in puncture-resistant containers for reprocessing.

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3. Other Precautions

- Ventilation devices such as mouthpieces and resuscitation bags should be available for use in areas where the need for resuscitation is predictable.
- Workers with exudative (oozing) lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until their condition resolves.
- Pregnant workers should be especially familiar with, and should strictly adhere to, all of the above precautions.

Source: CDC 1987.



Guidelines To Minimize Cultural Clashes

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Substance Abuse Treatment for Persons With HIV/AIDS

- Plan to spend more time with clients holding values different from yours. The relationship is more complex, and it may take longer to establish trust.
- Anticipate that past frustrations with insensitive or inappropriate providers may have made the client angry, suspicious, and resentful.
- Acknowledge past frustrations.
- Acknowledge the difference between your own experience and that of the client.
- Individualize (the clear message of all treatment planning): A client is more than an "addict," an Asian, or a person with HIV/AIDS. Get to know the whole person.
- Encourage disagreement and negotiation to ensure a workable plan.
- Anticipate multiple needs: medical, legal, social, and psychological.
- Be prepared to advocate for the client who may not have the resources, knowledge, or experience to negotiate the HIV/AIDS and substance abuse services systems.
- Assist the client in getting other resources.
- Involve friends and family. This can help ensure that the client receives other needed services.
- Pay attention to communication: nonverbal, expressive style, and word usage and meaning.
- Make use of providers from other cultures.
- Learn the strengths of a culture. In Hispanic culture, for example, the value of "respeto," demonstrating appropriate social respect, can be used to support an intervention plan.
- Expect differences in beliefs about help-seeking behaviors, caretaking/caregiving, cause of disease/illness, sexuality/homosexuality, death and dying, and making eye contact and touching.

Source: University of Hawaii AIDS Education Project.



KAP KEYS Based on TIP 37
Substance Abuse Treatment for Persons With HIV/AIDS



KAP KEYS Based on TIP 37 Substance Abuse Treatment for Persons With HIV/AIDS

Symptom

- Fever
- Loss of appetite
- Weight loss
- Night sweats
- Nausea
- Diarrhea
- Lymph node swelling

Question / Action

- HIV positive? Ask about the possibility of HIV. Get an HIV test.
 - Ask about change in diet.
 - Active drug use? Injection-related bacterial infections, cocaine use, and heroin withdrawal are possible causes.
 - Ask about tuberculosis (suggest the Mantoux Purified Protein Derivative [PPD] test).
 - Ask if the client is taking any new illicit drugs or medications; some symptoms may be side effects. See the medical professional before stopping medicines.
 - Is there another infection? See medical professional for diagnosis and treatment, especially if the CD4+ T cell count is low (< 200).
-

Symptom

- Cough
- Chest pain
- Shortness of breath

Question / Action

- HIV positive? Ask about the possibility of HIV. Get an HIV test.
- Smoking of tobacco or drugs?
- Exposure to TB? Cough lasting more than 3 weeks should be checked.
- Fever and night sweats? Pneumonia usually causes these symptoms along with a fever, with or without chills and night sweats.

KAP KEYS Based on TIP 37 Substance Abuse Treatment for Persons With HIV/AIDS

Symptom

- Forgetfulness
- Psychosis
- Seizures

Question/Action

- HIV positive? Ask about the possibility of HIV. Get an HIV test.
 - Intoxication with drugs or alcohol? Withdrawal?
 - Head injury? Immediate medical attention may be needed. HIV-related infection or cancer in the brain may occur, especially if the CD4+ T cell count is low (< 200).
 - Ask about a history of depressive or dissociative symptoms.
 - Ask about a history of psychotic symptoms.
-

Symptom

- Numbness or tingling in the limbs

Question/Action

- HIV positive? Ask about the possibility of HIV. Get an HIV test.
 - Is didanosine (Videx), zalcitabine (Hivid), or stavudine (D4T) being taken? Contact medical professional immediately.
 - Is there long-term alcohol use or diabetes? See a medical professional.
 - If HIV positive, are antiretroviral medicines working well, are they being taken correctly? Medication resistance or failure to take medicines can make HIV symptoms worse.
 - If there is any numbness or tingling in the limbs, the client should see a medical professional.
-

Symptom

- Rash
- Itching

Question/Action

- HIV positive? Ask about the possibility of HIV. Get an HIV test.
- Hepatitis from drug or alcohol use? See a medical professional.
- Injection site cellulitis? See a medical professional.
- Ask if the client is taking any new medications; some symptoms may be side effects. See the medical professional before stopping medicines.

Reproductive Decisionmaking Questions

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KAP KEYS Based on TIP 37

Substance Abuse Treatment for Persons With HIV/AIDS

- Statistics and information are constantly changing. The latest research from NIH still supports the Pediatric AIDS Clinical Trials Group Protocol 076 study, which indicated that about 8 percent of women treated with AZT during pregnancy and delivery transmitted HIV to their infants. It is unclear to date what the long-term health ramifications are for children who received AZT in utero and at birth.
- Are you willing to run the risk of having a child who is infected or has been affected by medications used to counter HIV infection?
- Are you able and willing to love and care for a baby, whether or not it is infected?
- How will pregnancy affect your health? In women with high T-cell counts, pregnancy has not been shown to make HIV/AIDS progress, but less is known about women who have AIDS or symptomatic HIV disease.
- Do you have the support of a partner, family members, or friends who can help care for a child?
- Who will care for your child if you become sick or die? Will there be people who will teach your child about his culture, help your child remember you, and raise your child according to your values?
- In what ways (good or bad) will having a baby change your life?
- What are the reasons that you want (or do not want) to have a child?
- Do you have children now? How are things with them?
- Do you feel pressured by others (partners, family, friends, your religion, cultural values) to have (or not have) a child?
- Do you have a family physician or obstetrician who knows about HIV/AIDS and who can give you the health care that you need?
- Do you have enough information to make an informed decision? If not, find someone who can give you information and who will not insist on telling you what to do.
- Are you willing and able to go without substances for at least 9 months? Do you know how their use will affect your unborn child?

Source: Dennison 1998, p. 7.



Ordering Information

TIP 37

Substance Abuse Treatment for Persons With HIV/AIDS

Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**.
2. Visit CSAT's Web site at **www.csat.samhsa.gov**

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