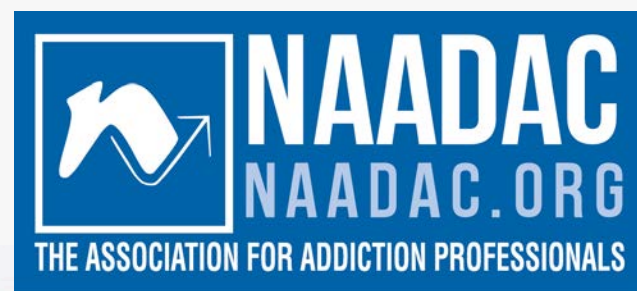


Addiction, HIV and Other Blood-Borne Pathogens 2016 Update

Dr. Mita M Johnson, Ed.D, LPC, LMFT, LAC, MAC, SAP



August 24, 2016



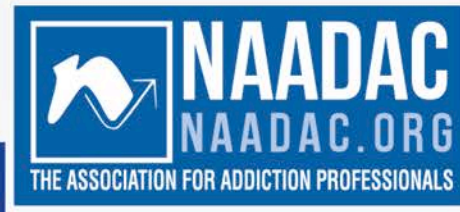
Thomas Durham, PhD

Director of Training

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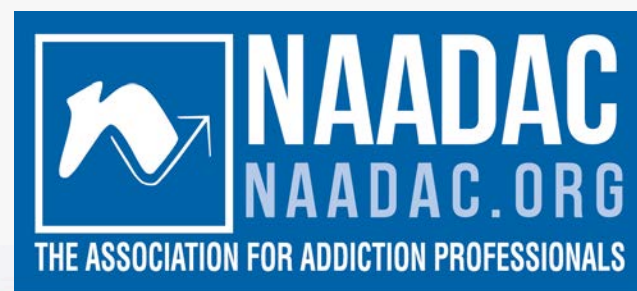
tdurham@naadac.org



Produced By

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www.naadac.org/webinars



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The screenshot shows a web browser window displaying the NAADAC website. The address bar shows 'www.naadac.org/webinars'. The browser's tab bar includes 'Webinars' and various other tabs like 'Apps', 'NAADAC', 'Bills', 'Cabinet', 'social media', 'news', 'SBIRT', 'videos', 'travel', 'Mistl Stone Counseling', 'Gmail', 'Maps', 'Pandora', 'Wells Fargo', and 'Zifty'. The website header features the NAADAC logo and the text 'THE ASSOCIATION FOR ADDICTION PROFESSIONALS' on the left, and a 'Member Sign-In' button on the right. A dark blue sidebar on the left contains a vertical menu with icons and text for: ABOUT NAADAC, MEMBERSHIP, EDUCATION, RESOURCES, ADVOCACY, AFFILIATES, CONFERENCES, CERTIFICATION, PROVIDERS, and WORKFORCE DEVELOPMENT. The main content area has a large 'WEBINARS' heading and a laptop image. Below this, it features the 'NAADAC INSTITUTE WEBINAR SERIES' section, which includes 'Recent/Upcoming Free Webinars On Demand Webinars' and a 'RECENT/UPCOMING FREE WEBINARS' section. A circular logo for 'NAADAC Webinars' is positioned to the right of the text. The 'RECENT/UPCOMING FREE WEBINARS' section lists two webinars: 'Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10' and 'Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery'. To the right of the main content, there is a 'Webinars' section with a bulleted list of topics including 'Webinar Series Frequently Asked Questions', 'Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10', 'Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery', 'Connecting the Continuum: How Prevention Fits with Treatment', 'Cutting Edge: Understanding Clients Who Engage in Self-Injurious Behaviors', 'Schizophrenia vs PTSD? Why It Matters in Trauma-Informed Systems of Care', 'Mindfulness and Addiction Treatment', and 'Clinical Skills for Group Evidence-'. The browser's taskbar at the bottom shows various application icons.

Member Sign-In

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WEBINARS

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RECENT/UPCOMING FREE WEBINARS

Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10

- Thursday, January 8, 2015 @ 3-4:30pm ET (2 CT/1 MT/12 PT)
- Earn 1.5 CEs - [click here](#) for more information
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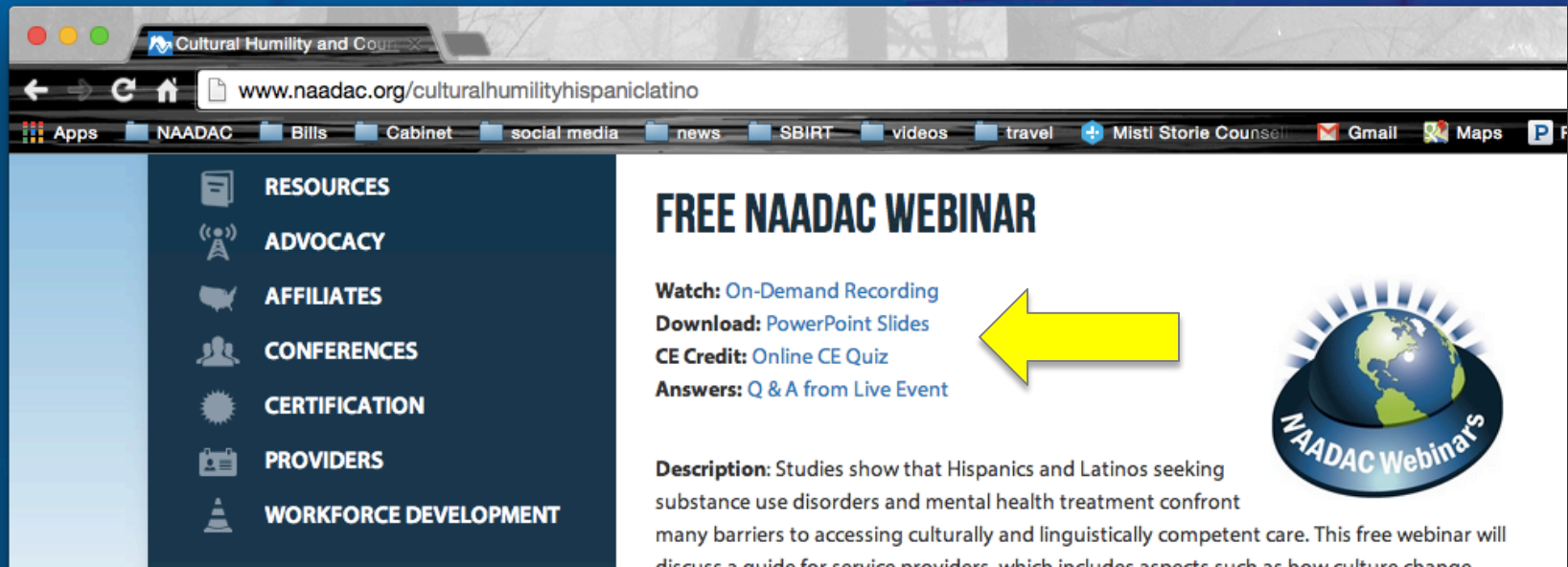
Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery

- Thursday, January 29, 2015 @ 3-4pm ET (2 CT/1 MT/12 PT)
- Earn 1 CE - [click here](#) for more information
- [Register Now](#)

Webinars

- Webinar Series Frequently Asked Questions
- Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10
- Managing the Medusa: The Neurobiology of Addiction, Intervention, and Recovery
- Connecting the Continuum: How Prevention Fits with Treatment
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www.naadac.org/blood-borne-pathogens




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FREE NAADAC WEBINAR

Watch: [On-Demand Recording](#)
Download: [PowerPoint Slides](#)
CE Credit: [Online CE Quiz](#)
Answers: [Q & A from Live Event](#)

Description: Studies show that Hispanics and Latinos seeking substance use disorders and mental health treatment confront many barriers to accessing culturally and linguistically competent care. This free webinar will discuss a guide for service providers, which includes aspects such as how culture change



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CE Hours

Available:

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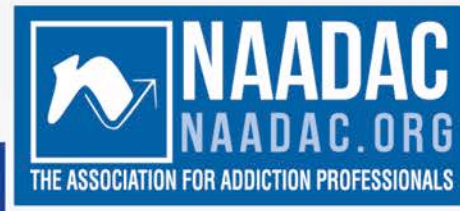
CE Certificate for

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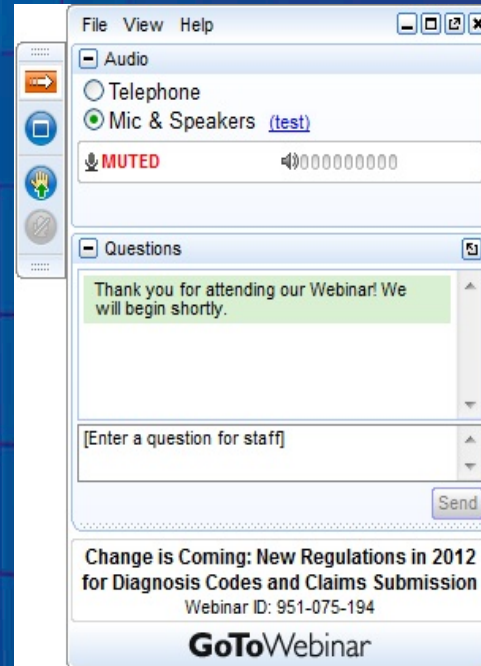
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www.naadac.org/blood-borne-pathogens
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4. A CE certificate will be emailed to you within 21 days of submitting the quiz.



Using GoToWebinar – *(Live Participants Only)*

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions



Webinar Presenter



Dr. Mita M Johnson, Ed.D, LPC, LMFT, LAC, MAC, SAP
mitamjohnson@gmail.com

Evergreen Consulting Group, LLC

303-808-8466

Your

“

There are inherent risks specific to illicit drug use.

Drug and alcohol abuse can increase an individual's susceptibility to contract an infectious disease, including STDs and blood borne illnesses.

Blood-borne infectious diseases of concern include HIV/AIDS and Hepatitis B and C, which can be particularly difficult to manage and contain.

With the rise in heroin use and the ongoing administration of drugs intravenously, it is important that clinicians and service providers understand the link between administration and use of drugs and the contraction and progression of infectious diseases.

This webinar will help addiction professionals to identify client risk for infection, educate clients about disease prevention and treatment options, and assist clients in obtaining appropriate medical and co-occurring substance abuse treatment.

”

Webinar Learning Objectives

1

Define terms specific to blood-borne pathogens that our clients are most susceptible to contracting

2

Explore HIV and AIDS: transmission, course, and treatment

3

Explore Hepatitis: transmission, course, and treatment

Host: Our Clients

Agent: Viral, Bacterial and Parasitic

Environment: Blood-to-Blood Contact

1

Viral Agent:

Human
Immunodeficiency
Virus: **HIV**

Hepatitis **B & C**

Human Papilloma
Virus: **HPV**

Herpes

2

Bacterial Agent:

Chlamydia

Gonorrhea

Syphilis

Chancroid

MRSA

3

Parasitic/Fungal Agent:

Crabs/Pubic Lice

Scabies

Trichomoniasis

Candidiasis

Thrush

YOU CAN GET HIV VIA...



Unprotected sex



Pregnancy,
childbirth &
breastfeeding



Injecting drugs

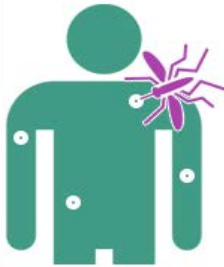


Working in
healthcare



Blood
transfusions &
organ/tissue
transplants

HIV IS **NOT** TRANSMITTED BY...



Insect bites



Toilet seats



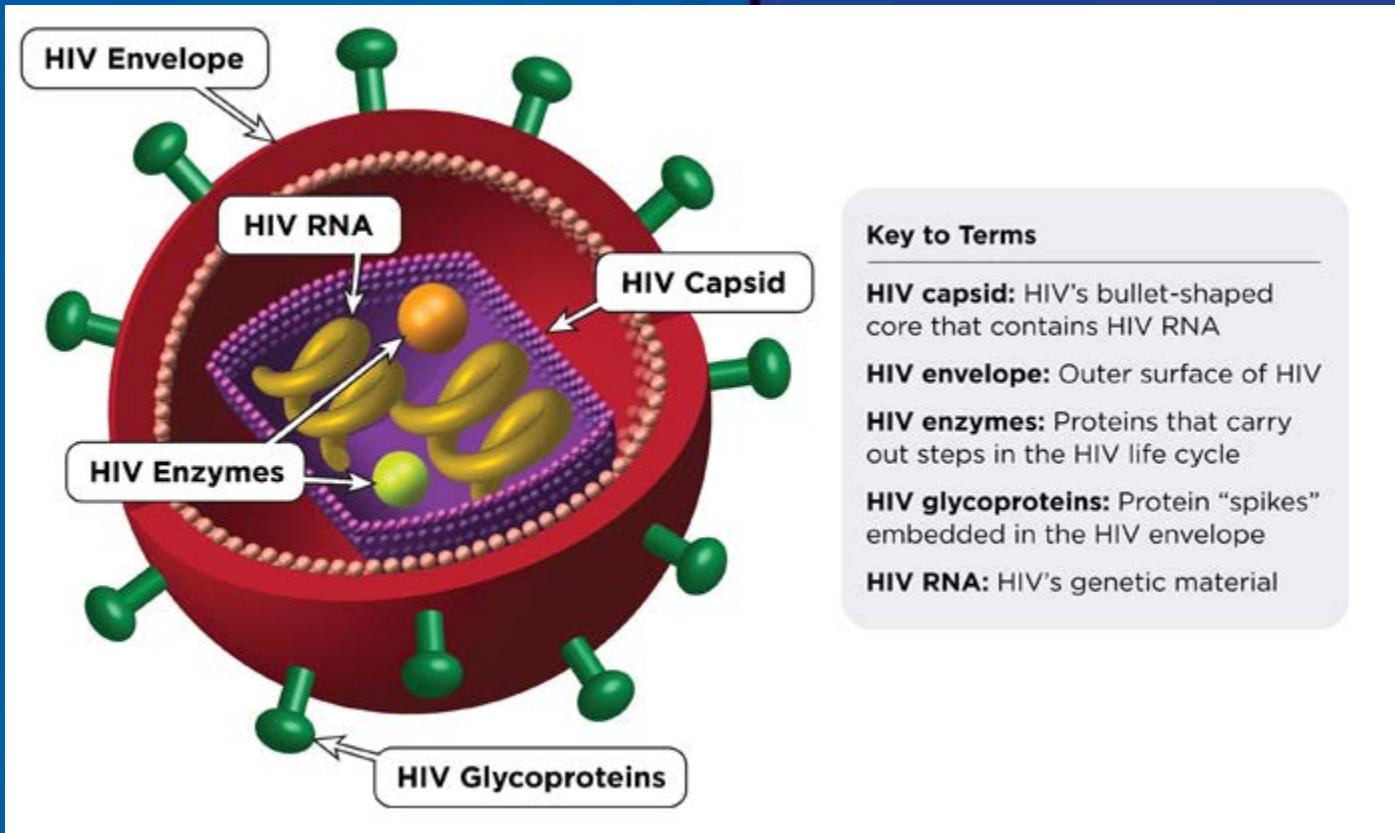
Kissing



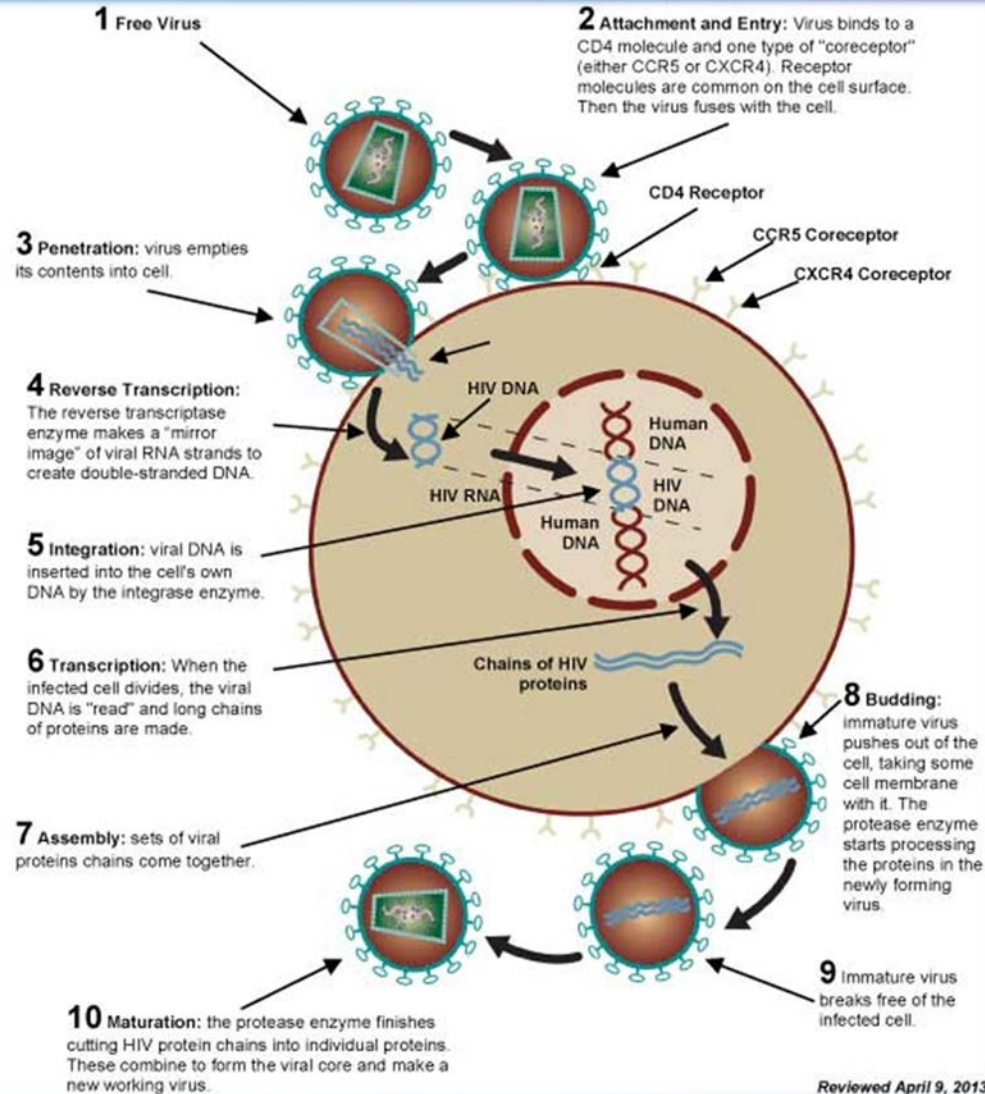
Sharing cutlery



Touching



HIV Life Cycle



Source: <http://www.aidsinfonet.org/img/uploaded/image/106-life-cycle2013.jpg>

1 ACUTE INFECTION:

During this time, large amounts of the virus are being produced in your body.

Many, but not all, people develop flu-like symptoms often described as the “worst flu ever.”

2 CLINICAL LATENCY:

During this stage of the disease, HIV reproduces at very low levels, although it is still active.

During this period, you may not have symptoms. With proper HIV treatment, people may live with clinical latency for several decades. Without treatment, this period lasts an average of 10 years, but some people may progress through this stage faster.

3 AIDS:

As your CD4 cells fall below 200 cells/mm³, you are considered to have progressed to AIDS.

Without treatment, people typically survive 3 years.

Spectrum of HIV Complications

Malignancy

Nervous System

- Cognitive function
- Neuropathy

GI

- Diarrhea

Endocrine

- Vitamin D deficiency
- Thyroid disease
- Diabetes

Reproductive

- Hypogonadism

Metabolic

- Hyperlipidemia
- Lactic acidosis

Pulmonary

- Pulmonary hypertension
- Pulmonary fibrosis

Cardiovascular

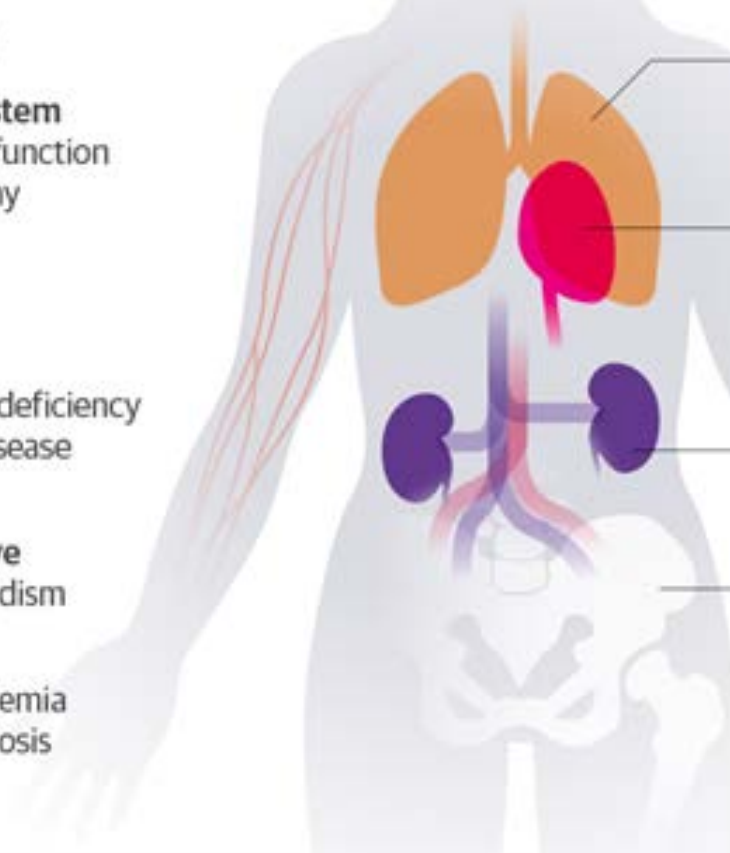
- Hypertension
- Atherosclerosis
- Vascular disease

Renal

- Renal insufficiency

Skeletal/Muscle

- Osteoporosis/penia
- Fractures
- Myopathy
- Sarcopenia



Polling Question #1

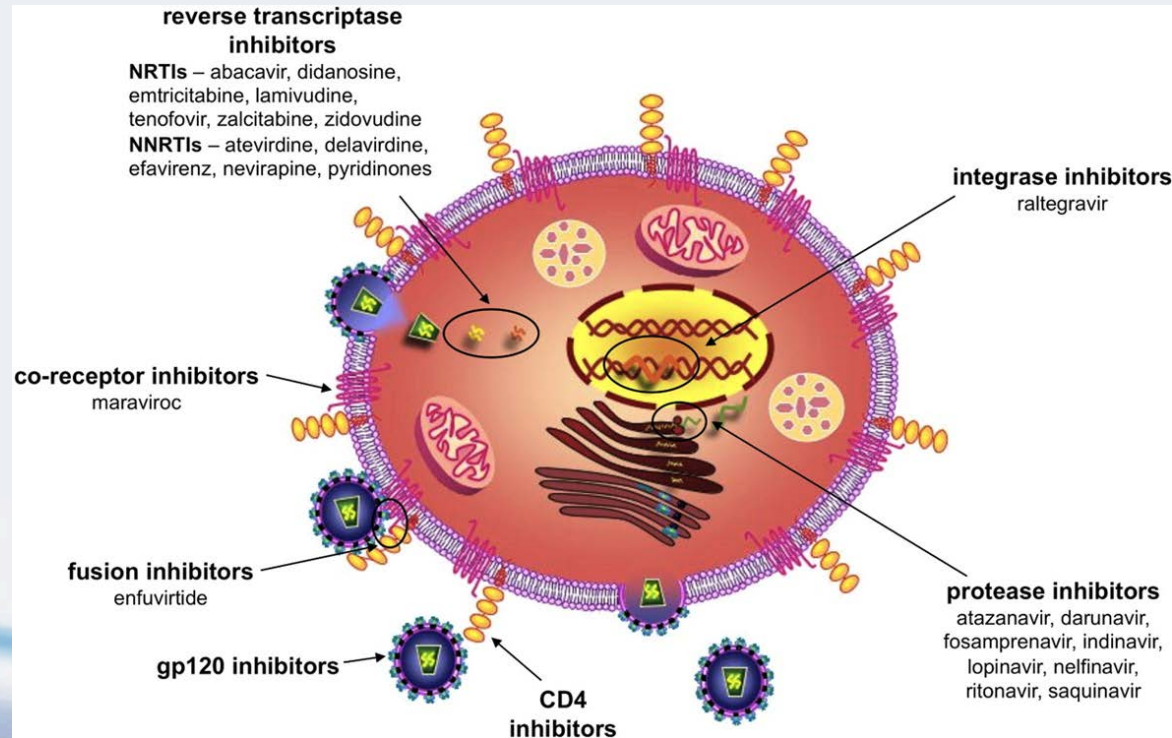
Which of the following blocks HIV's ability to enter a T cell?



- a. Protease inhibitors
- b. Fusion inhibitors
- c. Integrase inhibitors
- d. NRTIs and NNRTIs

Nucleoside Reverse Transcriptase Inhibitors (NRTIs)

- These drugs block transcriptase, an enzyme HIV needs to reproduce.

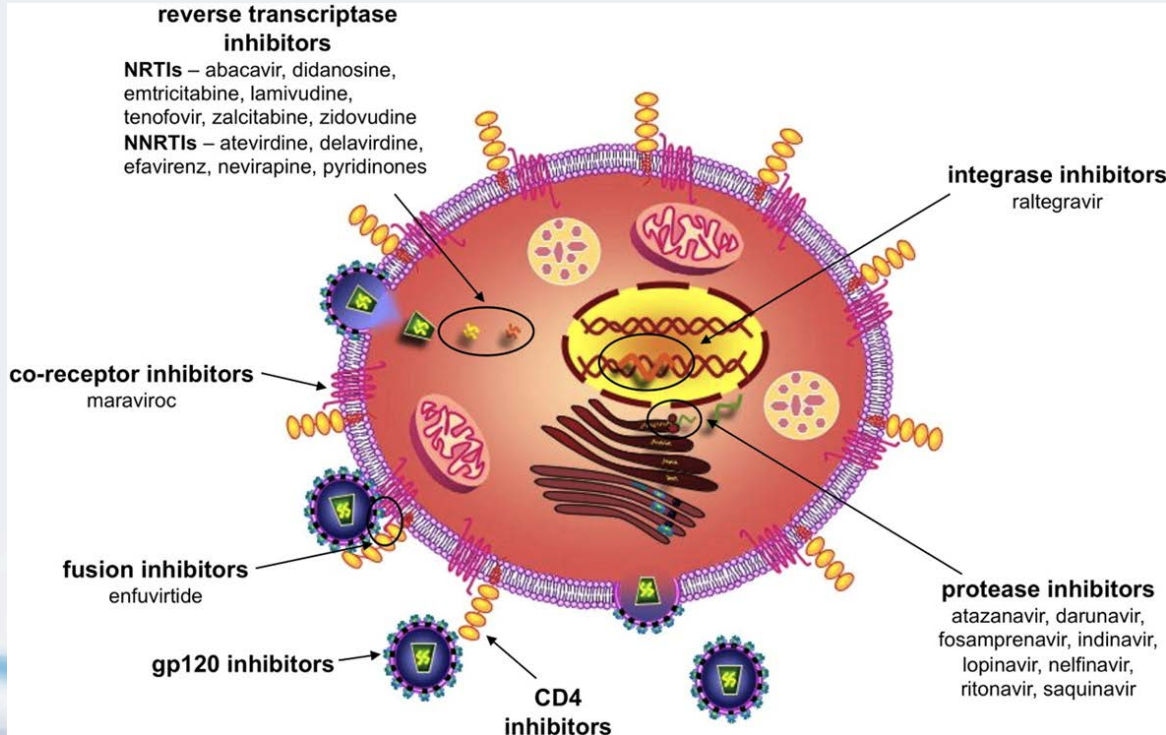


Medications include:

- Combivir
- Emtriva
- Eпивir
- Epzicom
- Retrovir
- Trizivir
- Truvada
- Videx EC
- Viread
- Zerit
- Ziagen

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)

- These drugs also attack transcriptase but in a different way than NRTIs.

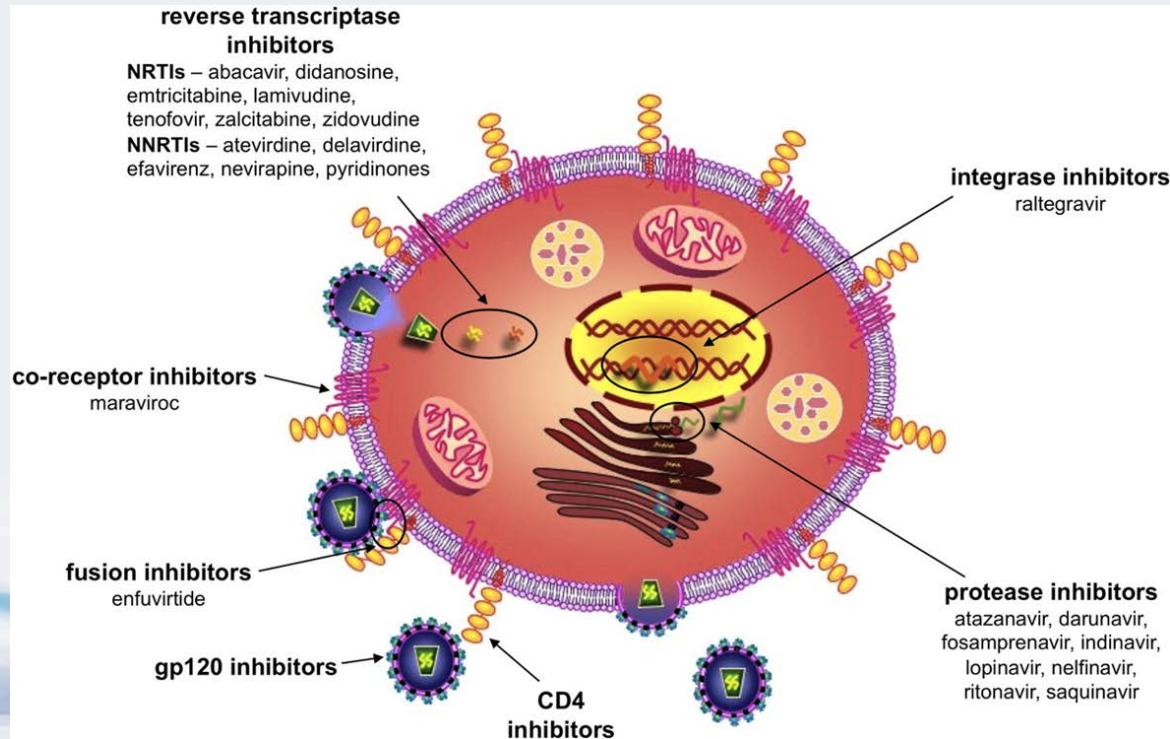


Medications include:

- Edurant
- Intelence
- Rescriptor
- Sustiva
- Viramune

Protease Inhibitors

- Helps prevent replication of HIV by blocking activation of protease – an enzyme HIV needs to reproduce.

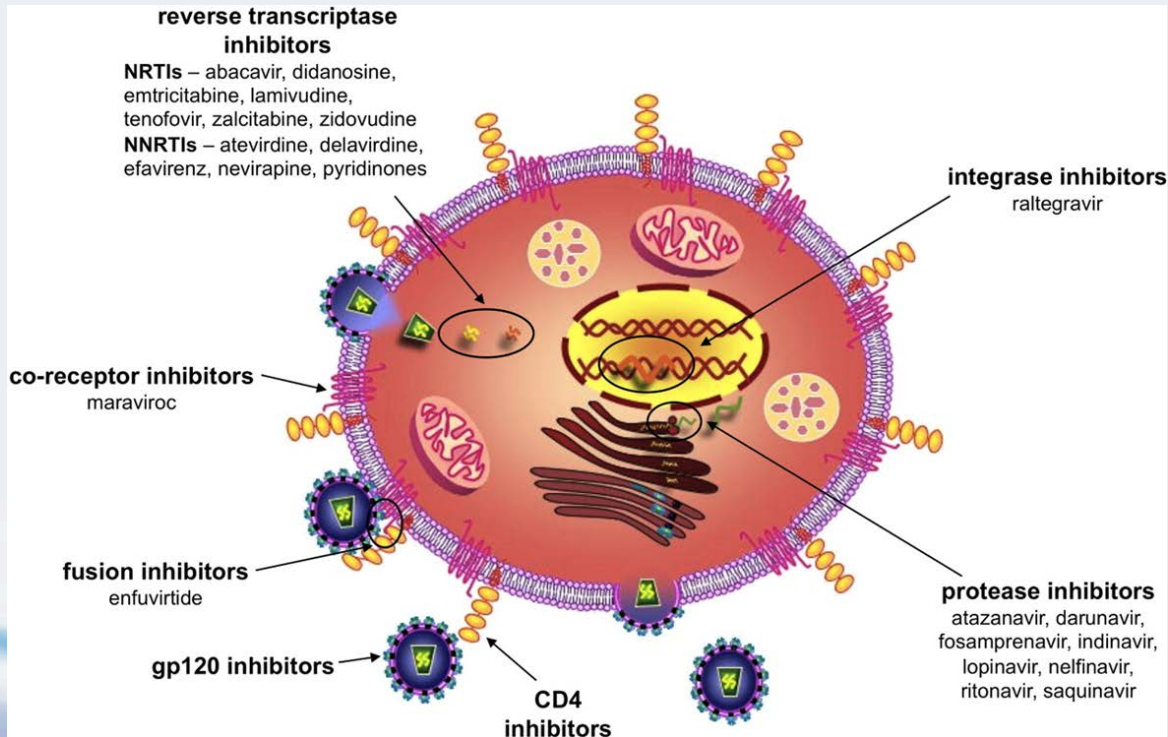


Medications include:

- Aptivus
- Crixivan
- Evotaz
- Invirase
- Kaletra
- Lexiva
- Norvir
- Prezcofix
- Prezista
- Reyataz
- Viracept

Integrase Inhibitors

- Helps prevent replication of HIV by blocking integrase, an enzyme HIV needs to reproduce.
- Some are always taken with other HIV medications and some do not need other HIV medications.

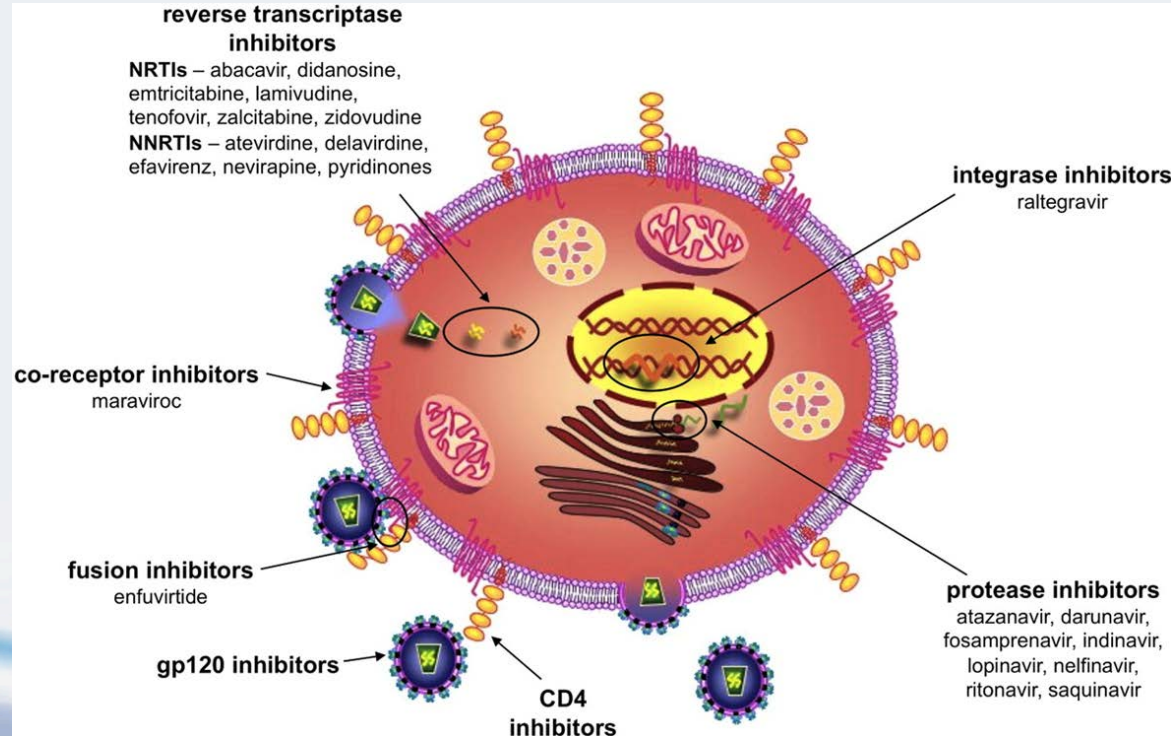


Medications include:

- Isentress
- Tivicay
- Vitekta

Entry and Fusion Inhibitors

- Helps prevent replication of HIV by blocking HIV from entering T cells.
- These medications are always taken with other HIV medications.

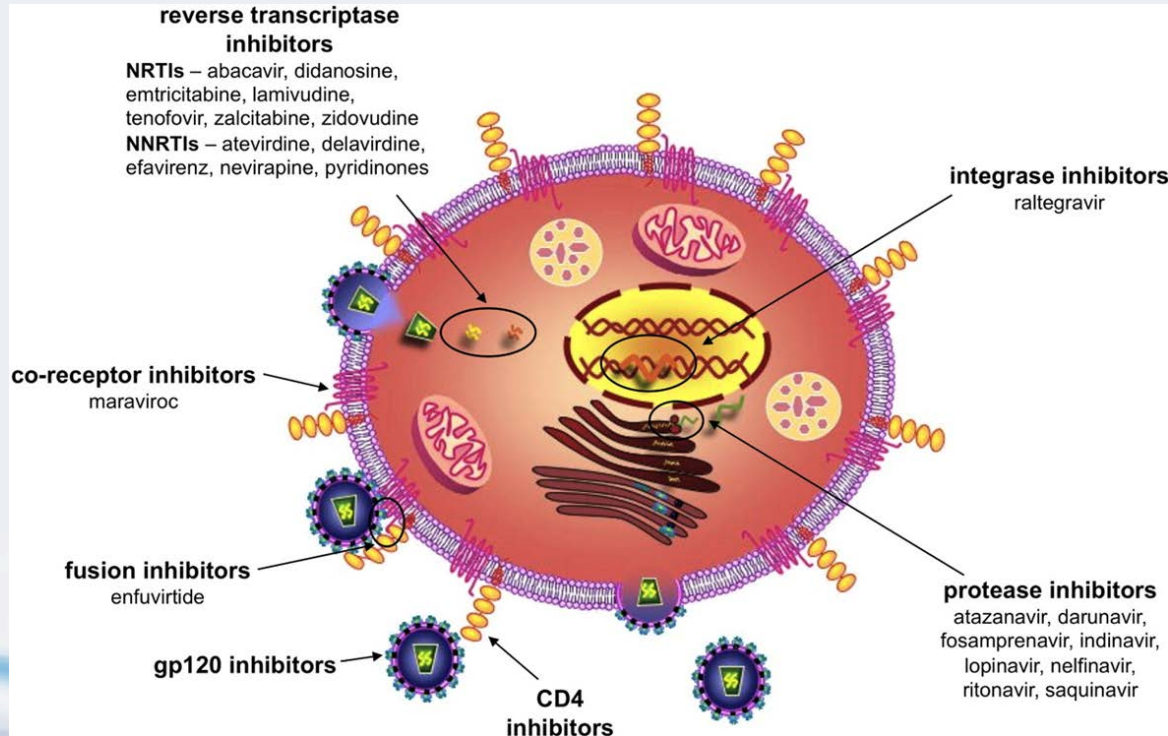


Medications include:

- Fuzeon
- Selzentry

Single Tablet Regiments

- These combinations/cocktails help prevent replication of HIV by combining two or more drugs that attack HIV in different ways.

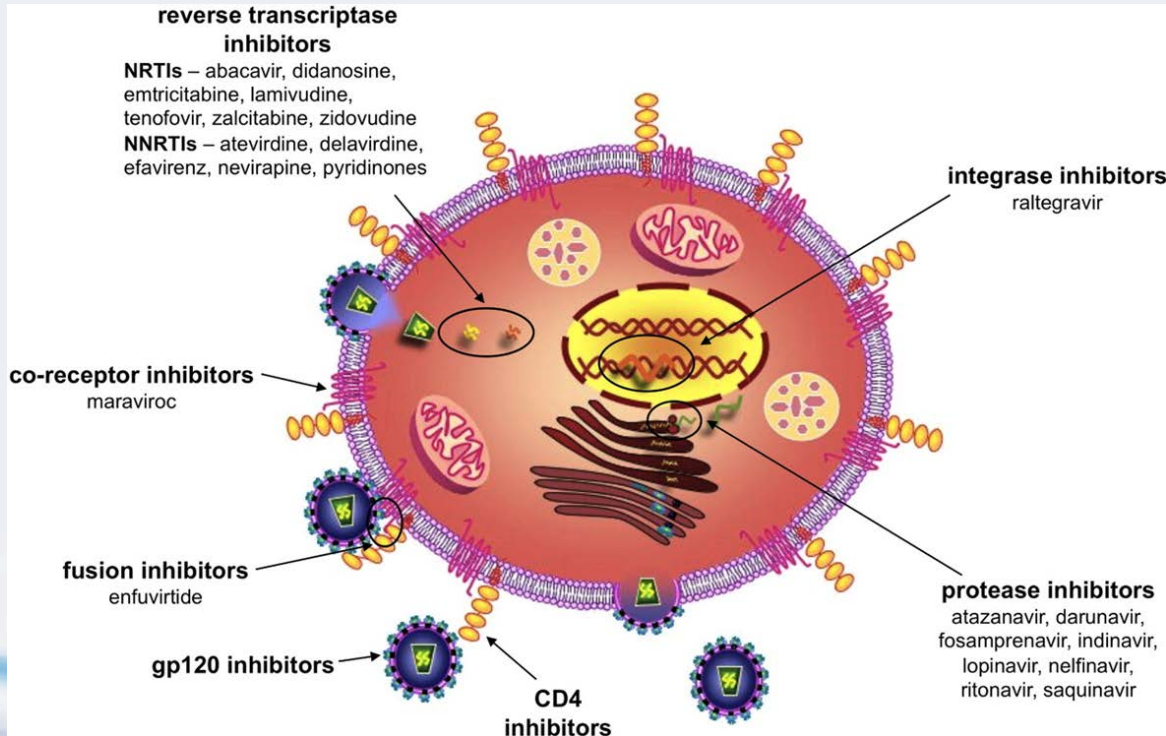


Medications include:

- Atripla
- Complera
- Genvoya
- Odefsey
- Stribild
- Triumeq
- DTG + RPV
- Doravirine + tenofovir disoproxil fumarate + lamivudine

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There are medications used to treat HIV-related conditions:

- fungal infections, including cryptococcal meningitis
- low testosterone
- pneumocystis pneumonia & other bacterial infections
- chronic hepatitis B infection
- bacterial infections, especially mycobacterium avium complex (MAC)
- in combination with Pegasys, to treat chronic hepatitis C
- rare fungal infections common with HIV: invasive aspergillosis & invasive mucormycosis
- eye infection cytomegalovirus retinitis and for weakened immune system
- advanced kaposi's sarcoma
- many types of fungal infections
- HIV-related excess belly fat
- anemia

Medications used to treat HIV-related conditions continued:

- esophageal candidiasis, candidemia, other candida infections
- cancers, including non-hodgkin's lymphoma and kaposi's sarcoma
- orolabial herpes (cold sores) or genital herpes
- CMV retinitis
- diarrhea that are side effect of antiretroviral medications
- bacterial infections in children with HIV
- chronic hepatitis C infection
- appetite loss, severe malnutrition, significant unexplained weight loss/wasting
- topical treatment for KS lesions
- facial fat loss – poor collagen production – facial wasting
- bacterium Tuberculosis
- oral fungal infections like Thrush



Polling Question #2

Which of the following is not a supplement considered safe for use by someone with HIV?

- a. Probiotics
- b. Multivitamin
- c. Vitamin D
- d. St. John's Wort

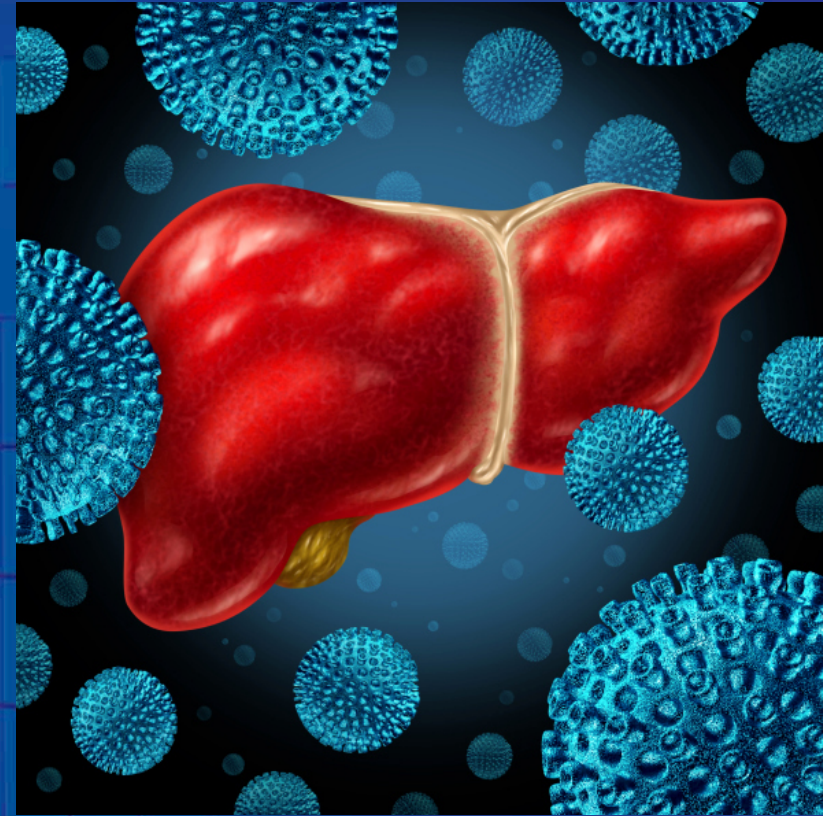
Use of complementary or alternative medicine used in conjunction with antiretrovirals has proved popular with those who have HIV, with studies showing 70 percent have tried it at some point. Here's a look at what works and what can cause more harm than good. *

Supplements that have shown benefit*	Things to avoid*	Complementary therapies that work*	Those that haven't been proven*
Probiotics	Selenium	Transcendental Meditation	Traditional Chinese medicine
Zinc	Colloidal Silver	Acupuncture	Ayurvedic Medicine
Algae	Manganese	Massage	Reiki
Multivitamins	Sutherlandia	Yoga	Homeopathy
Vitamin D	St. John's Wort	Tai Chi	Juicing

Transmission of Viral Hepatitis

Transmission Route	Hepatitis A	Hepatitis B	Hepatitis C	Hepatitis D	Hepatitis E
Food - Borne	●	■	■	■	●
Fecal - Oral	●	■	■	■	●
Water - Borne	●	■	■	■	●
Raw Shellfish	●	■	■	■	●
Intra-Institutional	●	●	●	●	●
I.V. Drug Use	▲	●	●	●	■
Transfusion	▲	●	●	●	▲
Hemodialysis	■	●	●	●	■
Sexual	▲	●	▲	●	▲
Anal - Oral Contact	●	■	■	■	▲
Oral - Oral Contact	●	▲	■	■	●
Household	●	▲	▲	▲	●
Mother to Newborn	▲	●	▲	●	▲

● Common
 ▲ Infrequent
 ■ Never
 ● Suspected



Transmission of Hepatitis B

- **Vertical Transmission (From Mother to child)** this is very common in endemic areas, during child birth. Women are now being tested for hepatitis B when they are pregnant.
- **Horizontal Transmission (Person to Person)** via contact with blood and body fluids like semen, vaginal secretions and saliva) of an infected person. These are common means of transmission in the UK and US through:
 - **Having unprotected sex with an infected person** who is usually unaware that he is infected.(even **oral sex** can transmit hepatitis B)



Body Piercing



Tattooing

Causes of Hepatitis B



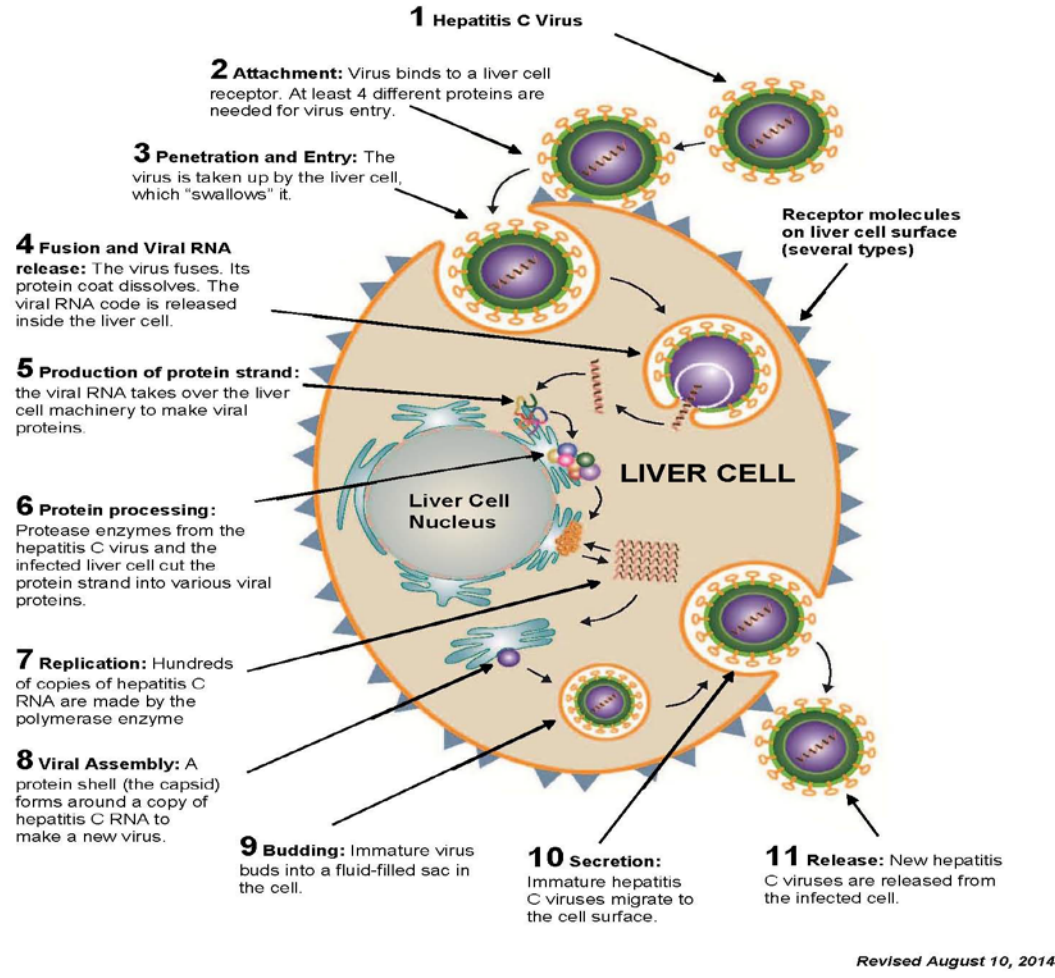
Vertical Transmission



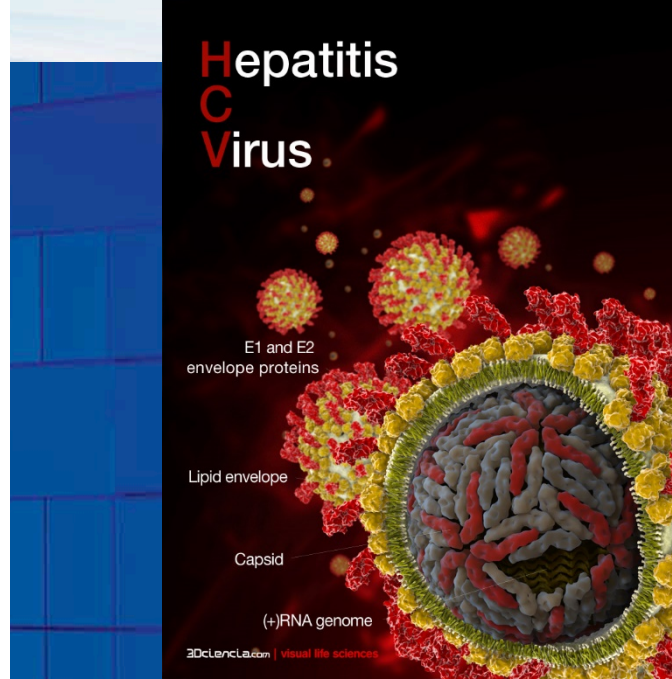
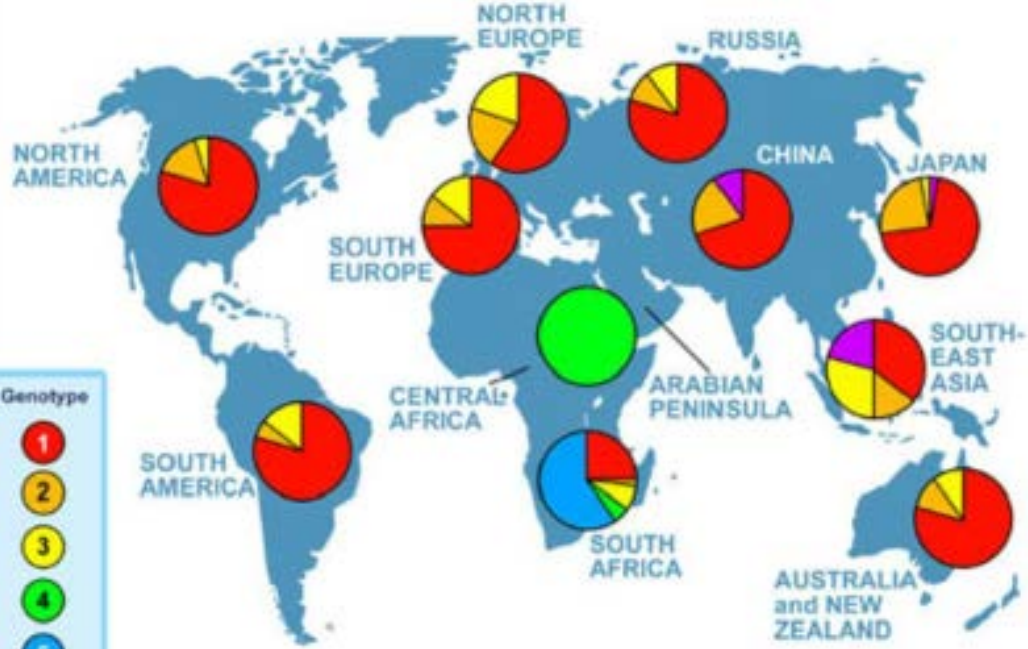
Blood Transfusion



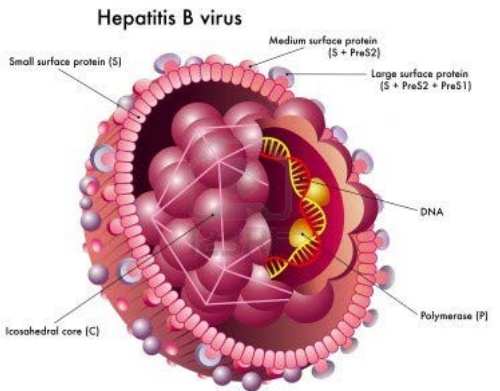
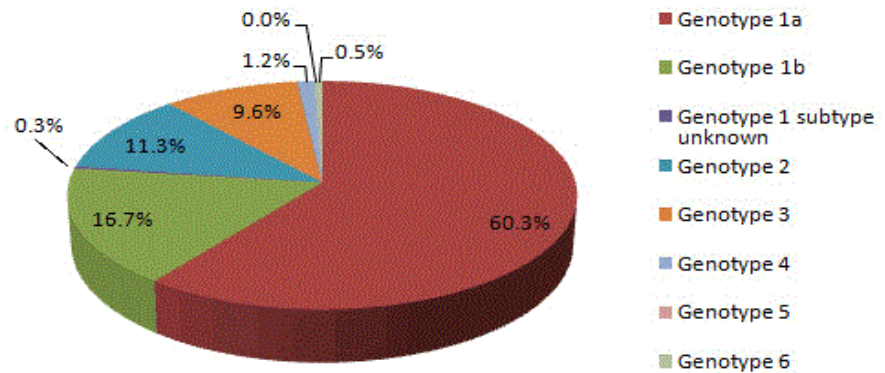
HEPATITIS C VIRUS LIFE CYCLE



Revised August 10, 2014



Hepatitis C Genotype Distribution



Hepatitis C Transmission

Hepatitis C virus (HCV, hep C) is shared when infected blood enters the bloodstream of another person

- Blood transfusion prior to 1992
- Injection drug use
- Re-use of needles
- Snorting drugs with others



- Tattoos: sharing ink or sharps
- Dialysis: contaminated medical equipment
- Mother-to-child at birth
- Higher risk sex

Hepatitis C: Medications Currently Used per Genotype

Genotype	Medication Options
All	Interferon; Pegylated Interferon with or without Ribavirin
1	Harvoni (ledipasvir: interferes with key enzymes needed by hepatitis C virus/sofosbuvir: is a polymerase inhibitor)
	Olysio (simprevir: is a protease inhibitor) + Sovaldi (sofosbuvir) – sometimes with ribavirin
	Viekira Pak (ombitasvir/paritaprevir/ritonavir tablets; dasabuvir tablets) – sometimes with ribavirin
2	Sovaldi (sofosbuvir) + ribavirin
3	Sovaldi (sofosbuvir) + ribarin
	Daklinza (daclatasvir) with Sovaldi (sofosbuvir)

Can Hepatitis C be “cured”?

The Hepatitis C virus is considered “cured” if the virus is not detected in your blood when measured with a blood test 3 months after treatment is completed. This is called a “sustained virologic response” (SVR) and data suggests that you will stay virus-free indefinitely.

Polling Question #3

Of 100 people who are exposed to hepatitis C, how many are able to get rid of the virus without any treatment?



- a. 5%
- b. 10%
- c. 15%
- d. 20%

Thank You!

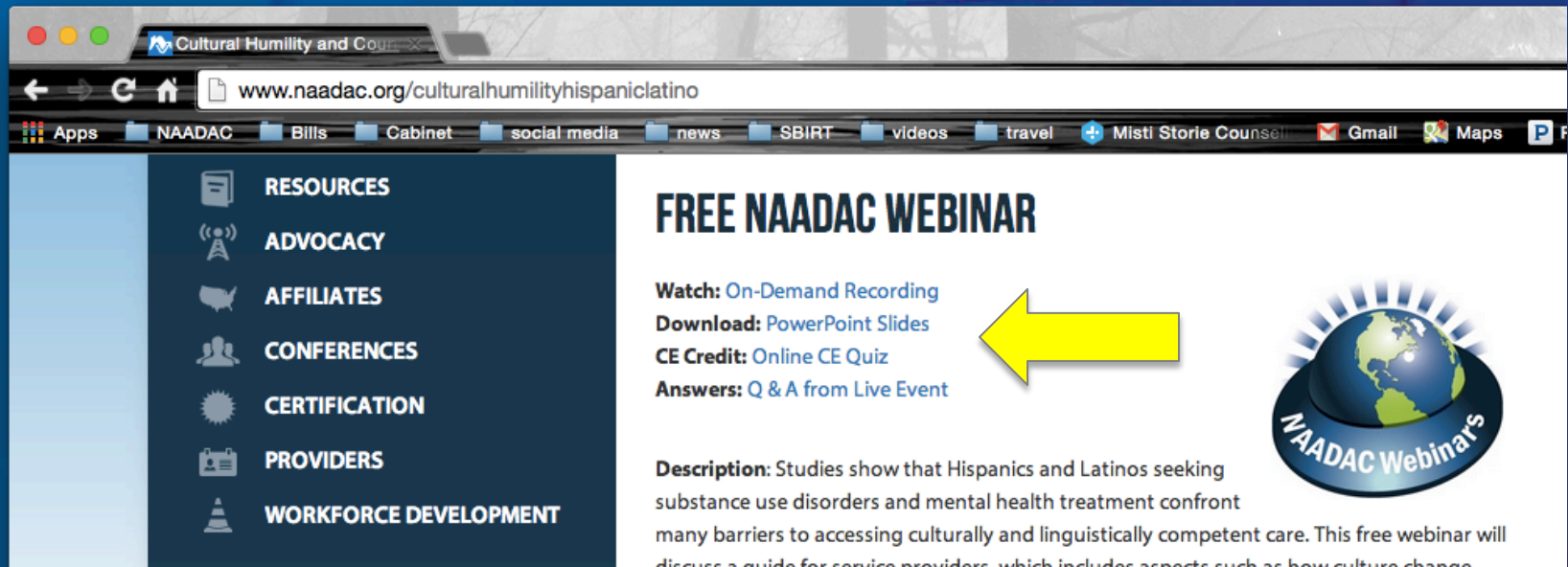
Dr. Mita M Johnson, Ed.D, LPC, LMFT, LAC, MAC, SAP
mitamjohnson@gmail.com

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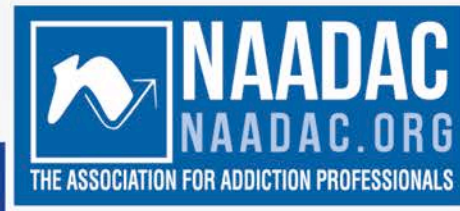
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Upcoming Webinars

September 7, 2016



Motivational Interviewing with Criminal
Justice Populations
By Thomas Durham

October 5, 2016



Heroin is My Mother and Booze is My Father
By Michael Bricker

September 21, 2016



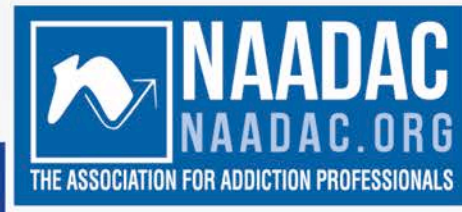
Wounded Healer to Worthy Helper
By Maeve O'Neill

October 19, 2016



Effective Treatment of Addiction and
Trauma for Older Men: A Clinical
and Spiritual Perspective
By Kenneth Chance

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Webinars

- Webinar Series Frequently Asked Questions
- Comparing Alcohol Use in the DSM-IV-TR, DSM-5, and ICD-10
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NAADAC offers face-to-face seminars of varying lengths in the U.S. and abroad.



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Earn CEs at home and at your own pace (includes study guide and online examination).

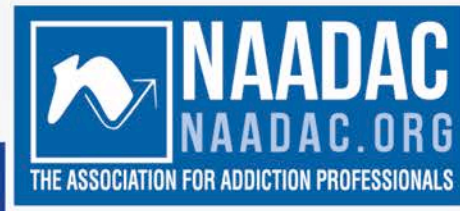
CONFERENCES

NAADAC and AAPA's 2016 Annual Training Institute, May 2-3, Anchorage, AK

2016 Annual Nebraska Behavioral Health Conference, May 31-June 2, Lincoln, NE

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