

HIV Risk Reduction

A quarterly newsletter of the Office of Addictive Diseases, for professionals in the fields of HIV & SA prevention
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They Heard the Call

Two leaders in the of fields substance abuse & HIV prevention share their stories



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On November 1, 2005, Onaje Salim assumed the role of Program Specialist for DHR's Division of Mental Health, Developmental Disabilities, and Addictive Diseases.

The focus of his duties include treatment practices, financing, policy, and staff development within Georgia's addictive diseases services system.

Salim, who works closely with the Di-

rector of the Office of Addictive Disease, Neil Kaltenecker, has a perspective on healthcare that is grounded in the civil rights movement and draws on more than 25 years of working in the field of substance abuse treatment.

"I had an early calling to the healing arts," says Salim with a smile. His parents were educators and civil rights activists, colleagues of Martin Luther King. His father was an original Board member of the King Center.

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When she interviewed for a job at Grady in 1985, Angelica Vuchetich knew two things about HIV/AIDS: it was happening to gay men and it was 100% terminal. At the time, few people knew much more, but Grady was bracing for a tidal wave. Angelica explains,

"Grady's administration looked at what was happening in Los Angeles and San Francisco and saw an epidemic that was overwhelming the public health systems. Grady recognized the need to prepare for a public health crisis that would soon hit cities like Atlanta."

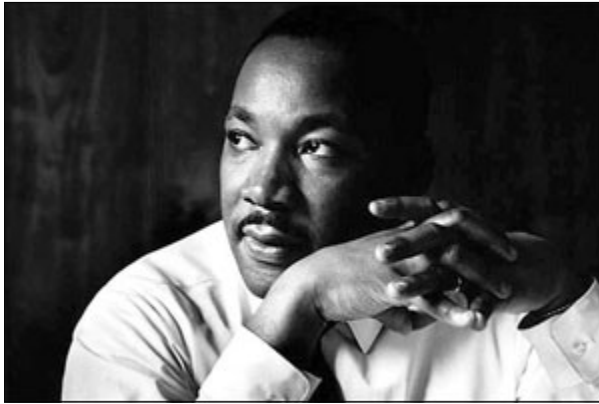
It was a turning point in her career and a pivotal moment in the course of HIV/AIDS care in Georgia. Ms. Vuchetich felt the call, "My coming to this epidemic was a part of my personal, spiritual, and professional path. I really felt compelled." And she was

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Angelica Vuchetich, RN, CANP
Founder & Clinical Director Grady
Infectious Disease Program

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The son of educators and civil rights activists who were colleagues of Martin Luther King, Jr., Salim, "I had an early calling to the healing arts."

During the 1960's living in Harlem and later in Teaneck, New Jersey, five miles from New York City, Onaje became aware of the toll of substance abuse on the family and the community. "At the funerals of relatives there was always the mandatory half-gallon bottle of Tanqueray Gin," says Salim. But it wasn't just alcohol. Even before the post-Viet Nam epidemic, heroin was widely available. As a basketball player in junior high, Onaje was stunned when several upper classmen – basketball stars – overdosed on heroin. These young men were local heroes says Salim, who had everything going for them. "They had great promise; they should have been the healthiest."

In the 60s, traveling the country with his parents from Harlem to Watts, Salim began to trace the connection between drug addiction, drug trafficking, prejudice and poverty. Driving through Watts after the riots he saw a community burned to the ground and crippled by poverty. He began to explore the meaning behind the devastation. "I saw that it had to do with drugs and racial conflict intertwined with stigma, poverty, and a lack of future possibilities."

As an undergraduate at Morehouse College, Salim was awarded an internship at "Reality House" Therapeutic Community. One of the early residential programs, the facility served clients ad-

dicted to IV drugs, stimulants, and opiates including heroin. The program was co-educational and highly confrontive. Then as now, says Salim, addiction was demonized in the public consciousness. Attending his first therapeutic group as a young intern, he quickly saw through the mythology of addiction "The thing that struck me was that these were every day human beings like me or anyone else – except that their brains had been "hijacked" by substances of abuse."

27 years later, the young man who heard the call has amassed an impressive list of credentials and successes in the field of substance abuse treatment. His current role is that of subject matter expert for the Division of MH/DD/AD on a range of issues:

- adult substance abuse treatment
- opioid dependency
- co-occurring disorders
- criminal justice interventions
- counseling and psychotherapy
- training and supervision
- HIV Early Intervention Services (EIS)

Asked about the plans of the Office of Addictive Disease, Salim says Director Neil Kaltenecker has set a goal of providing quality substance abuse treatment to Georgians on demand. But beyond providing *access* to treatment, the objective is to engage and *retain* people in treatment long enough for it to be effective. Additionally, says Onaje, "a holistic approach to substance abuse treatment – structured as integrated care – is key."

Salim recognized that the devastation of the Watts riot "had to do with drugs and racial conflict intertwined with stigma, poverty, and lack of future possibilities."

"We want to make it possible for consumers to achieve recovery from the variety of co-occurring disorders that they face while they're in treatment." Familiar with the issues of opioid dependence, co-occurring morbidities, the corrections system, and

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HIV EIS, Onaje is uniquely qualified to promote a holistic approach to substance abuse treatment.

From his days as program director of the Fulton County Alcohol and Drug Treatment Center, Onaje recognized the strong relationship between public health and substance abuse treatment. Before the advent of HIV EIS, substance abuse clients were typically screened for TB and STDs, particularly syphilis. Then, in the 1980s, Fulton County broke ground with a testing and counseling program, the forerunner of today's HIV EIS program. Funded by The Division of Public Health, the initiative sent epidemiologists to do HIV early intervention work in alcohol and drug treatment facilities.

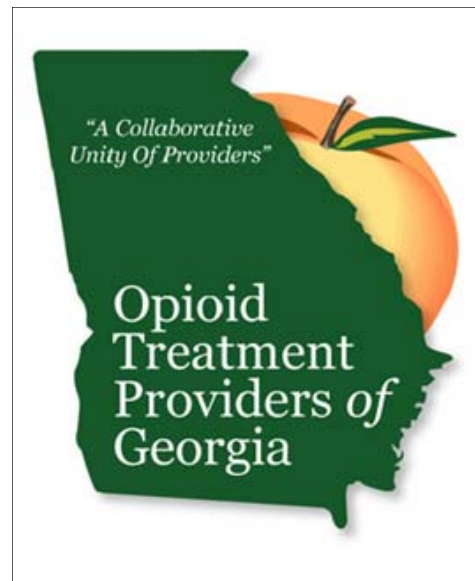
Onaje also sat on the original Board of Directors of Our Common Welfare, which began as a support group for substance abuse consumers with HIV. Employed in local drug treatment programs since the early days of the epidemic, the founders recognized that their HIV infected clients frequently did not address HIV related issues in traditional drug treatment settings for fear of discrimination.

As Project Director of the Morehouse School of Medicine, Southeast Addiction Technology Transfer Center (SATTC), it was Onaje's role to bring

Message to HIV EIS Counselors:

*"You're saving lives.
The work you do is a proven life-saver
in terms of preventing infection
and getting people into treatment services."*

- Onaje Salim



For most of the 1990s, Salim served as Director of a methadone clinic. During that time, he co-founded the Georgia Methadone Providers Coalition. While thousands addicted to opiates like heroin have benefited from methadone treatment, the word "methadone" has a connotation so stigmatized that the name of the coalition was ultimately changed to Opioid Treatment Providers of Georgia, consistent with a consensus in the field of addiction medicine.

addiction research to substance abuse treatment practitioners throughout Georgia, Alabama, South Carolina and Florida.

From 2001 – 2004, Salim co-chaired four summits on co-occurring mental health and addictive disease for Fulton County MHDDAD. Over 200 participants attended each of the four events.

In addition to his extensive experience with traditional substance abuse treatment facilities, Salim served as Director of the DHR Atlanta West Intake & Treatment Center for nine years, from 1991 - 1999. During that time he founded and chaired the Georgia Methadone Providers Coalition, Inc., now known as the Opioid Treatment Providers of Georgia. During more than two decades in the field, Salim has worked with many substance abuse clients who were involved with the criminal justice system including

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uniquely suited for the job. She began her nursing career in 1971, working in intensive care units during the era of Viet Nam. After the war, she entered one of the first advance practice nursing programs at Emory and for nearly ten years worked with patients with terminal illnesses.

In January of 1986, the Grady Infectious Disease Clinic (IDC) was born. The IDC consisted of Ms. Vuchetich and two hospital beds. “It wasn’t a program then; it was *me*. My directive was to get these dying patients out of the hospital; it was too costly to keep them there. So I opened a clinic.” The clinic delivered terminal care services to a population that exploded in 1990 when the epidemic took a swift turn. “A little before the passing of the Ryan White Care Act, we suddenly started seeing IV drug users on the scene.” Up until then, the publicity about the disease focused largely on educated gay men with organized, responsible lives who went to doctors as soon as they got sick. But, explains Vuchetich, many substance abusers don’t have good social skills. “They *have* learned how to get to their substance; it’s one of their best skills. But the rest of their lives are largely undisciplined, including their medical care, not to mention housing and food. So these individuals didn’t drop in to the public health system until they were pre-morbid, literally. Overnight, we had this infusion of substance abusers.”

*“The Infectious Disease Clinic wasn’t a program then; it was me.
My directive was to get those dying patients out of the hospital;
it was too costly to keep them there.”*

This was not the first time Vuchetich had worked with substance users. She found herself serving a portion of society that she did not want to care for, “I always said I’d never work with substance abusers because I had such a bad experience with a lot



Ryan White

The Federal Ryan White CARE Act was originally signed on August 18, 1990.

Enacted to improve the quality and availability of care for low-income, uninsured and underinsured individuals and families affected by HIV, the program is named after Ryan White, pictured above with his mother, Jeanne.

White was an Indiana teen whose courageous struggle with HIV/AIDS and against AIDS-related discrimination helped educate the nation.

of the guys coming back from Nam. But,” says Angelica, “I went back to my first rule in life: you must stay open. I have engraved that rule on my soul and my mind and my heart.” From that moment, she took a new approach. And it began with stories. “I started asking, ‘What happened to you? Talk to me about when you were young. Tell me your story.’ And as I listened, I began to realize that events in the lives of young people can impact their souls in the most devastating ways. A child can’t articulate depression. All they know is an emptiness that makes them – no matter how bright or athletic or beautiful they may be – feel desperately and despairingly ashamed.”

With that realization, came another, “Shame and depression can kill a person’s soul before it kills their physical body.” Angelica offers an explanation of depression, “Everyone has suffered losses. A child dies. A loved one is the victim of a tragic

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crime like rape. Your house burns down. Your mother dies of cancer. Or you're taking care of a loved one with Alzheimer's. After you lose a loved one – even if it's a pet – depression sets in. You can get up in the morning and brush your teeth but you don't feel the sunshine on your face. That's situational depression.”

Vuchetich found that often the roots of clinical depression – and addiction – lie in childhood. “When a 10-year old is assaulted by life's circumstances and then they stumble into their brother's bedroom with his crack cocaine or come across their mother's Xanax or somebody gives them heroin and they shoot it up – they get hooked on the high – but more important, for a moment they don't feel the emptiness. Food tastes good. Music sounds great. They can experience *life* again.”

What was once a small two-bed clinic is now the Infectious Disease Program (IDP) serving 5,000 patients. Anyone accessing services at the IDP must have an T-cell count less than 200 or an AIDS diagnosis. Many are also substance abusers and have severe mental and emotional disorders.

*“Shame and depression
can kill a person's soul
before it kills their physical body.”*

“We took in the most severe substance abusers, schizophrenics, and borderline cases – patients that were costing the hospital millions of dollars a year with recidivism. We listened to their stories and we tried to help them understand that we can treat this thing that they have been medicating with street drugs. We found that our risk reduction model can not only reduce substance abuse but improve antiretroviral adherence. And it's the stories behind people's lives that give us the best portals – that let us know how to begin to address counseling issues.”



Another challenge for IDP patients is discrimination: against substance abusers, against the mentally ill, and against *anyone* with HIV. Vuchetich says that labeling AIDS a gay disease serves an agenda for those who want to bolster their position that same-sex sexual behavior is immoral. “In the early days of the epidemic, the discrimination started in religious circles and trickled down to schools, doctors' offices, and families. Today, the discrimination is just as sharp as ever.”

Though the AIDS epidemic has faded from the headlines, Vuchetich says “the level of infection is equal to that of the 1980s and it's on the rise. Here in the South, we're at the epicenter of the STD epidemic and a hotspot for new cases of HIV.”

There have been some disheartening changes: new street drugs and a resistant strain of gonorrhea. “Crack cocaine,” says Angelica, “was the big drug in the 80s and 90s. But using crack doesn't accelerate HIV progression. Now we've got a different problem – methamphetamine. The thing that's different with crystal meth is in that along with the sensory overload that heightens sexual experience and the extreme focus that fosters repetitive sexual acts with multiple partners, meth also interferes with the body's ability to feel pain. So it allows deeper anal penetration. We've had an increase in STDs in the South and it's predominantly in this population.” Along with fresh challenges, there has been tremendous progress. The advent of new “cocktail” therapies revolutionized the field. “My job from was to prepare patients to die. In 1995,” says Vuchetich,

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The Grady Infectious Disease Program at 341 Ponce de Leon Avenue in Atlanta was awarded the status of a nationally benchmarked Center of Excellence for outpatient AIDS care by the University HealthSystem Consortium (UHC).

“the year before the new therapies became available, we had 700 deaths. In 1996 we had 3 classes of antiretrovirals. By the fall of this year, we’ll have 6 classes of drugs available. And the new medications have fewer long term side effects. I don’t think there is another area of medical research where there has been more success. What we have achieved in the last 22 years is truly impressive. At the same time, however miraculous, these medications are harsh; they’re toxic; they’re

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there will be days when you won’t enjoy it,
but your passion will carry you through.”*

not one-a-day M&M’s.”

Vuchetich made a conscious choice to enter the field of HIV/AIDS. “I felt not just led, but called to the epidemic here in Atlanta. I felt like the Lord led me into a vocation for the rest of my career. That was 22 years and 6 months ago. If you can find work that you love, there will be days you won’t enjoy it, but your passion will carry you through. So I guess until the Almighty above decides to change the path of my vocation, this is my mission field and this is my church and it’s at 341 Ponce de Leon.”

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federal, state, county, and municipal courts and the juvenile justice system. Because 80% of all incarcerated people have a history of substance use disorders, he sees substance abuse treatment staff as natural partners with workers in the criminal justice system. “Substance abuse professionals are vital allies in relieving the burden on the criminal justice system,” says Salim.

Providing substance abuse treatment – including HIV prevention – is demanding work. Substance abuse consumers often struggle with numerous challenges – from poverty and illiteracy to childhood trauma and abuse. Overlaying and amplifying these is stigma. The stigma associated with poverty, with racism, with trauma and abuse, with same-sex sexual preferences, with substance abuse, and with HIV.

Asked for his thoughts on what inspires substance abuse and HIV professionals to *stay* on the front lines, Onaje said, “The thing that keeps me going is seeing the people who successfully engage in treatment and then involve themselves in the treatment community. I’ve seen some miracles: clients who in some cases became more effective at reaching some in the addicted community than myself. Our job is to help people take care of themselves; so our role is really to help them get started to become empowered and to begin to live healthier lives.”

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