

# HIV/AIDS Services in Substance Use Disorder (SUD) Treatment Programs within the Clinical Trials Network



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## Introduction

Clinical practice guidelines recommend the adoption of HIV testing in all health care settings (CDC, 2006). Previous research has documented the adoption of HIV testing in substance use disorder (SUD) treatment settings, but less is known about the adoption of other HIV prevention and supportive services. Other relevant HIV-related services include the assessment of HIV risk behaviors, delivery of HIV education, support groups for individuals living with HIV/AIDS, and medical monitoring (e.g., HAART compliance) for HIV+ individuals. There is a dearth of information about the adoption of these HIV-related services in SUD treatment settings.

SUD treatment organizations affiliated with NIDA's Clinical Trials Network represent the range of treatment modalities available in the US (e.g., outpatient, opioid treatment, residential), making the CTN a useful platform for health services research. Prior studies have measured the adoption of on-site HIV testing in psycho-social treatment programs (formerly called "drug-free" programs) and compared CTN-affiliated programs to non-CTN organizations. In contrast, the current research compares psycho-social treatment programs to opioid treatment programs (OTPs; i.e., methadone programs) within the CTN on adoption of a range of HIV-related services.

**ABSTRACT:** Previous research on HIV/AIDS-related services in substance use disorder (SUD) treatment has generally focused on the availability of HIV testing with less consideration of other prevention and supportive services. This study examines the adoption of HIV/AIDS-related services in treatment programs affiliated with NIDA's Clinical Trials Network (CTN), with comparisons between opioid treatment programs (OTPs) and SUD treatment programs. **Methods:** Face-to-face interviews were conducted in 2011-2012 with administrators and clinical directors of 166 treatment programs that were members of NIDA's CTN (response rate = 79.9%). Dichotomous indicators measured whether programs: (1) conducted HIV risk assessments at treatment intake; (2) offered HIV education/prevention; (3) had adopted on-site HIV testing; (4) offered support groups for persons with HIV/AIDS; and (5) provided on-site medical monitoring (e.g., monitoring HAART compliance). **Results:** HIV risk assessment (86.2%) and HIV prevention/education (79.1%) were widely adopted by treatment programs in the CTN. About 54.7% of programs offered on-site HIV testing, consisting of 30.8% of programs using rapid HIV tests and another 23.9% using non-rapid tests. Fewer programs provided HIV support groups (22.9%) and medical monitoring for people with HIV/AIDS (24.8%). Opioid treatment programs were more likely than other SUD programs to offer on-site HIV testing (79.2% vs. 50.4%,  $p < .01$ ) and support groups for persons with HIV/AIDS (41.7% vs. 19.6%,  $p < .05$ ). **Conclusions:** Although most treatment programs assess risk behaviors and offer HIV prevention/education, only half of the treatment programs within the NIDA CTN provide on-site HIV testing, which is a critical strategy for ensuring that patients receive their test results. Testing services have become widespread, however, within opioid treatment programs, which may reflect heightened concerns regarding the transmission of HIV/AIDS through injection drug use for their patient population.

## Research Questions

- To what extent have SUD treatment programs in the NIDA Clinical Trials Network adopted on-site HIV testing and other HIV-related services?
- Do opioid treatment programs (OTPs) and psychosocial treatment programs differ in their adoption of these HIV-related services?

## Methods

### Sample and Data Collection

Community treatment programs (CTPs) affiliated with NIDA's Clinical Trials Network (CTN) in 2011-2012

- Face-to-face interviews with administrators and/or clinical directors
- $n = 166$
- Response rate = 79.1%

### Adoption of HIV-Related Services

Dichotomous measures of:

- HIV risk assessments are conducted at treatment intake and measurement of specific types of risky behaviors
- HIV education/prevention
- On-site HIV testing, and type of on-site testing (e.g., rapid)
- Support groups for persons with HIV/AIDS
- On-site medical monitoring (e.g., monitoring HAART compliance)

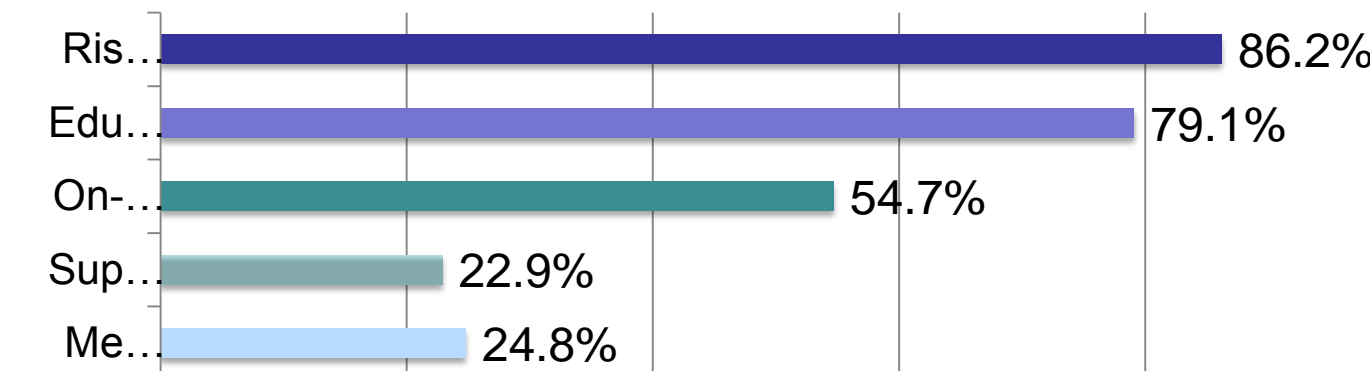
### Type of Treatment Program

Opioid treatment programs (OTPs) that dispense methadone vs. All others (e.g., outpatient, residential, inpatient, or multiple levels of care)

- OTPs = 15.1% of sample ( $n=25$ )
- All others = 84.9% of sample ( $n=141$ )

## Results

HIV risk assessment and HIV education were the most commonly adopted HIV-related services in these 166 treatment programs. Services for individuals living with HIV, such as support groups or medical monitoring, were less frequently available.

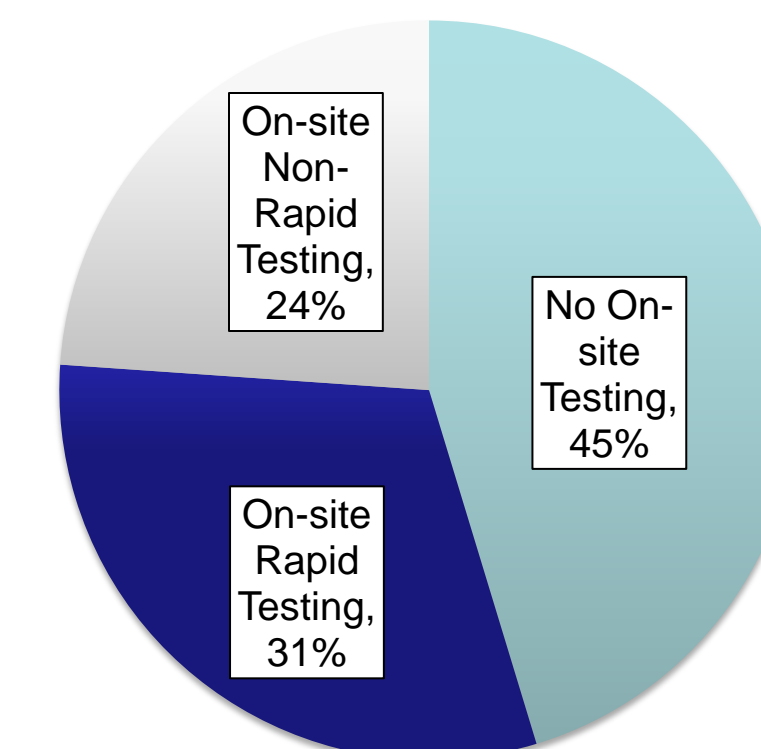


Seven additional items asked whether assessment included questions about specific risk behaviors. Strong majorities reported assessing each risk behavior, but only 60.8% of programs asked about all 7 risk behaviors during assessment.

Risk Behavior	%	Risk Behavior	%
Injection drug use (IDU)	92.7%	Unprotected anal sex	78.8%
Sharing syringes	84.7%	Number of sex partners	74.7%
Sex with IDUs	77.3%	Exchanging sex for drugs	72.9%
Unprotected vaginal sex	85.4%	<b>All 7 risk behaviors</b>	<b>60.8%</b>

About half (54.7%) of CTN-affiliated treatment programs offered on-site HIV testing. Among treatment programs that had adopted on-site HIV testing, rapid testing (e.g., Oraquick®), was slightly more common than non-rapid testing. Of programs with on-site testing, 75.9% engage in both pre-test and post-test counseling.

HIV Testing in CTN Programs



## Results (continued)

Comparing opioid treatment programs to other SUD treatment programs revealed three significant differences. OTPs were significantly more likely to offer on-site HIV testing, to have adopted rapid HIV testing, and to offer support groups for individuals living with HIV.

Adoption of HIV-Related Services	OTP %	Non-OTP %
Risk Assessment	95.8%	84.4%
Assessment Includes All 7 Risk Behaviors	70.8%	58.9%
Education	79.2%	79.1%
On-site Testing (rapid or non-rapid)**	79.2%	50.4%
Rapid Testing*	50.0%	27.4%
HIV+ Support Groups*	41.7%	19.6%
HIV+ Medical Monitoring	20.8%	25.6%

\* $p < .05$ , \*\* $p < .01$  (two-tailed test)

## Conclusions

Risk assessment and HIV education are highly prevalent services within treatment programs affiliated with the NIDA CTN. On-site testing is less common; about 54% of programs conduct on-site HIV testing, which is a critical strategy for ensuring that patients receive their test results. This rate of adoption of on-site testing represents a modest increase over the rate of adoption in CTN-affiliated programs three years earlier (48%; Abraham et al., 2013). Testing has become widespread within opioid treatment programs (OTPs), which may reflect heightened concerns regarding the transmission of HIV/AIDS through injection drug use for their patient population. Given the changing context with the implementation of the Affordable Care Act, additional research is needed to determine whether health reform leads to greater integration of HIV-related services in SUD treatment settings.