INTEGRATED HIV AND OPIOID ADDICTION TREATMENT WITH BUPRENORPHINE

Center for Innovation and Engagement

Intervention Fact Sheet*

Priority Population:	Intervention Type:	Setting:	Results:	Priority Level:
PWUD	Service Delivery	Care Clinics	75% ↑ in Visits	High

The Integrated HIV and Opioid Addiction Treatment with Buprenorphine intervention is considered high priority because it addresses co-morbid conditions (e.g., opioid use) that impact morbidity and mortality while remaining interdisciplinary in its approach. The intervention integrates care in a single setting with a multidisciplinary team that facilitates practice convenient for patients and improves clinical capacity. This is also applicable to other HIV primary care clinics, in particularly those with on-site pharmacies, and can be reimbursable by third-party payers.

INTERVENTION DESCRIPTION

Manuscript Title: Strategies to Improve Access to and Utilization of Health Care Services and Adherence to Antiretroviral Therapy among [People with HIV who Use Drugs]

Focus: Retention

Category: Integrative services

Location(s): Bronx, New York City, NY

Population(s) Focus: People who inject drugs

Intervention Setting: Other HIV care clinic

Staff Delivering the Intervention: Medical service providers

Study Time Period: 2006–2008

Brief Description of Intervention: The Integrated HIV and Opioid Addiction Treatment with Buprenorphine program consists of on-site buprenorphine treatment guided by an experienced HIV physician who is trained to incorporate motivational interviewing techniques into routine medical visits to provide substance use behavior counseling. An HIV pharmacist facilitates buprenorphine induction, stabilization, and maintenance treatment with oversight by a physician.

*The manuscript for this intervention can be accessed at ncbi.nlm.nih.gov/pmc/articles/PMC3150583/.

EVALUATION STUDY AND RESULTS

Research Design: Non-randomized controlled trial

Eligibility Criteria: Inclusion criteria for study participation include: (1) opioid dependence, (2) living with HIV, and (3) interest in opioid addiction treatment.

Exclusion criteria include: (1) current buprenorphine treatment for more than 30 days, (2) pregnancy, (3) alcohol or benzodiazepine dependence, (4) abnormal liver function, (5) current suicidal ideation, and (6) > 30 mg/day of prescribed methadone. In November 2006, the last criterion was changed to > 60 mg/day of prescribed methadone.

Comparison: Twelve participants in the intervention group were compared to 17 participants in the control group that received off-site buprenorphine, methadone, or non-pharmacologic treatment.

Relevant Outcomes: Retention was defined as the number of health care visits in six months.

Significant Positive Findings on Relevant Outcomes: The median number of health care visits in six months was significantly higher for those receiving integrated versus non-integrated treatment (8 visits vs. 2; $p < .05$).

Findings of Relevant Outcomes Not Statistically Significant: None

Strengths and Other Significant Clinical Outcomes: N/A

Other Considerations/Limitations:

- The study was initially intended to be randomized but was subsequently discontinued due to cross-over to integrated treatment. This was likely because of broader insurance acceptance and ease of one-stop services. This could lead to bias in group comparisons.
- Recruitment strategy is not clear and was not successful at identifying people living with HIV.

REFERENCE

Cunningham CO, Sohler NL, Cooperman NA, Berg KM, Litwin AH, Arnsten JH. Strategies to Improve Access to and Utilization of Health Care Services and Adherence to Antiretroviral Therapy Among HIV-Infected Drug Users. *Substance Use & Misuse.* 2011;46(2-3):218–232. doi:10.3109/10826084.2011.522840.