

CLINIC-BASED BUPRENORPHINE TREATMENT

Evidence-Based for Retention in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve retention in HIV care and other HIV-related health outcomes
- Decrease substance use

Target Population

Opioid-dependent HIV clinic patients

Brief Description

Clinic-based Buprenorphine Treatment integrates buprenorphine-naloxone (BUP) treatment into HIV primary care. After a 2-day BUP induction, opioid-dependent HIV clinic patients receive BUP doses in the HIV clinic 3 times weekly for 2 to 4 weeks until they are stabilized. At each clinic visit, patients also receive unstructured individual counseling, provide urine samples for point-of-care urine drug tests, take BUP doses under observation, and receive take-home supplies of BUP to last until their next clinic visit. A treatment team of the interventionist and BUP-prescribing physicians meets weekly to discuss patients' progress in treatment.

Intervention Duration

- 2-day induction, followed by three 10-40 minute sessions per week for 2-4 weeks, then on-going weekly to monthly 10-40 minute sessions

Intervention Setting

- HIV clinic

Deliverer

- Nurse with training and experience as a substance abuse counselor, physician prescribing BUP

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact Gregory M. Lucas, Johns Hopkins University, 1830 East Monument Street, Room 435A, Baltimore, MD 21287.

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EVALUATION STUDY AND RESULTS

Site and Study Year Information

The original evaluation was conducted at the Johns Hopkins HIV clinic between November 2005 and April 2009.

Recruitment Settings

- HIV clinic

Eligibility Criteria

Men and women were eligible if they were HIV infected, received care in the HIV clinic, met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria for opioid dependence, and had a positive result for opioids on a urine drug test.

Study Sample

The baseline study sample (N = 96) is characterized by the following:

- 98% black or African American
- 78% Male, 22% Female
- 53% high-school graduates or equivalent
- 100% positive for opioids on a urine drug test
- 53% on antiretroviral therapy
- 41% participants with undetectable viral load (<400 copies/mL)

Assignment Method

Participants (N = 96) were randomly assigned to one of two groups: Clinic-based BUP (n = 48) or Referral to Care (n = 48).

Comparison

Comparison participants received the usual referred treatment and were enrolled in an intensive case-management program. Referred treatment included social workers or a registered nurse who met with participants to make treatment plans that primarily focused on linking participants to treatment programs, but also may have addressed food and housing needs.

Relevant Outcomes Measured

- Retention in HIV care was defined as the number of visits with a primary HIV care provider and was assessed through medical record abstraction at baseline and at 3, 6, 9 and 12 months.

Significant Findings on Relevant Outcomes

- Over the 12-month assessment period, intervention participants had significantly more visits with their primary HIV-care provider than comparison participants (median, 3.5 vs. 3 visits, $p = 0.047$).

Considerations

- Over the 12-month assessment period, intervention participants were significantly more likely to participate in drug treatment than comparison participants who were referred to treatment (74% vs. 41%, $p < 0.001$).
- Over the 12-month assessment period, the average estimates of opioid and cocaine use were significantly lower in intervention participants than comparison participants (for opioids 44% vs. 65%, $p = 0.015$; for cocaine, 51% vs. 66%, $p = 0.012$).
- Changes from baseline in HIV RNA levels and CD4 cell counts did not significantly differ between groups ($p = 0.31$ and $p = 0.161$, respectively).

REFERENCES AND CONTACT INFORMATION

Lucas, G. M., Chaudrhy, A., Hsu, J., Woodson, T., Lau, B., Yngvild, O., . . . Moore, R. D. (2010). [Clinic-based treatment of opioid-dependent HIV-infected patients versus referral to an opioid treatment program: A randomized trial](#). *Annals of Internal Medicine*, 152, 704-711.

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