Adoption of HIV Counseling and Testing Following Completion of Randomized Clinical Trial

Implementation Science Retreat
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Louise Haynes, MSW
Leslie Wilson, MA
“The Bridge”
NIDA Clinical Trials Network
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Substance Abuse and HIV Risk

- Substance abuse continues as a major factor in transmission of HIV/AIDS, via injection and sexual risk behavior
- One out of five people infected with HIV is unaware of the infection
- Encouraging people at risk to be tested is a main HIV prevention strategy in the USA
- Less than half of community substance abuse treatment programs offer HIV testing
- NIDA Clinical Trials Network completed a trial comparing strategies for providing testing in community substance abuse treatment programs
- LRADAC, one of 12 community research sites, adopted a program of rapid testing following the trial
The Setting

- Lexington Richland Alcohol and Drug Abuse Council in Columbia, South Carolina
- Large publicly-funded, not-for-profit agency
- Residential, outpatient, medical detox, DUI, prevention services
- Prior to clinical trial, not offering HIV testing
- Despite SAMHSA initiative SC struggled to bring HIV testing into substance abuse treatment programs
- Beginning in 2003, LRADAC successfully participated in multiple HIV risk reduction trials (gender specific groups for HIV risk reduction)
3 Phases of Implementation of HIV Testing at LRADAC

3. Full implementation (detox and outpatient): ongoing
Phase 1 Clinical Trial

- Enrolled 1281 participants from 12 outpatient sites across US
- LRADAC enrolled 115 participants
- Eligible sites not currently offering on-site testing
- 3 arms:
  1. Brief counseling plus rapid on-site testing
  2. Information (without counseling) plus rapid on-site testing
  3. Referral for off-site testing (TAU)
Phase 1 (Clinical Trial)
Lessons Learned

- Acceptability of testing
- Value of integrating research practices with established patient flow in agency: routine part of intake
- Value of specialty counselors to provide testing
Phase 2
Pilot in Detox Program

- 16 bed medical detox
- Agency decision to implement HIV testing, management support
- Transition from research to practice
  1. Adaptation of procedures: approach, finger stick
  2. Training of staff
- Support by research infrastructure
- Buy-in of front line staff
Pilot (detox)
September 2009 through April 2010

➢ 183 patients tested
➢ 62% acceptance rate
➢ Most common reason for refusal: recently tested
Phase 2 Pilot
Lessons Learned

- Acceptability of testing without compensation
- Acceptability of finger stick
- Research procedures could be adapted
Phase 3
Full Implementation
April 2010 to present

- Testing offered in detox and outpatient
- Need for new sources of funding
- Health Department grant received
- New SAMHSA grant
Update from LRADAC and DAODAS

- About half of the state-funded alcohol and drug treatment programs receive designated funds to provide HIV testing.

- FY11 – Total HIV Rapid Tests performed is 1253 with LRADAC reporting 487 of the total.

- FY12 – Total HIV Rapid Test performed is 2125 with LRADAC reporting 970 of the total.
Summary

CLINICAL Implementation of HIV Risk Reduction Intervention

- HIV testing was integrated into routine clinic practices
- Philosophical changes
- Acceptability to clients
- Leadership support
- Incentive to agency: peer recognition, financial support
- Champion
State Wide Implementation

- SC has a network of 33 substance abuse treatment providers, contract with single state authority for block grant funds
- Since 2006, Goal of state-wide implementation of HIV testing
- Funding available, but little implementation
- State Health Department (DHEC) had complex training requirements, not specific for substance abuse clinicians
- Following clinical trial, LRADAC recognized for having experience and knowledge to promote implementation
- Course developed for counselor certification in HIV testing and counseling, offered at SC School of Alcohol and Drug Studies at Furman University
Conclusion

- Participation in a clinical trial gave LRADAC valuable experience in conducting HIV rapid tests and using an HIV risk reduction intervention; addressing one of the challenges to implementation

- Opportunities for collaboration with LRADAC, DAODAS or other alcohol and drug treatment programs
For more information contact:

- Louise Haynes: hayneslf@musc.edu
- Leslie Wilson: lhipp@lradac.org