

An Integrated HIV and Substance Use Clinic Increased Addiction Counseling Visits and Reduced Primary Substance Use

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INTRODUCTION

- Substance use disorders are more prevalent in people living with HIV (PLHIV) compared to the general population
- Concurrent substance use disorders are associated with worse HIV outcomes including lower rates of viral suppression and poor care engagement and retention
- Denver Health established the Public Health Use Disorder Clinic in 2018 for PLHIV to receive integrated treatment for substance use disorders

METHODS

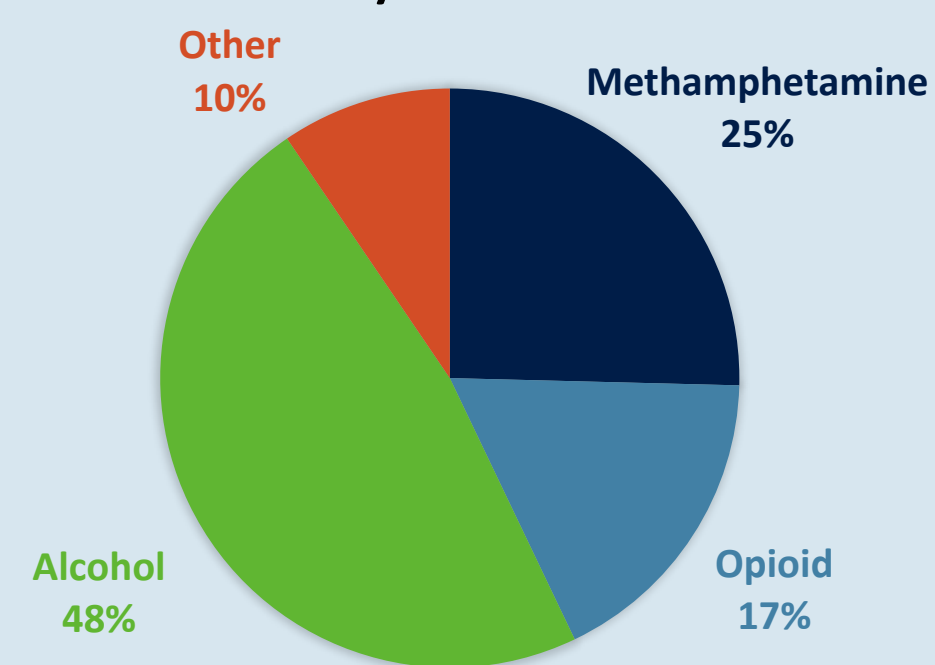
- We conducted a retrospective, descriptive cohort study at 30 months of clinic operation
- Primary outcomes: change in primary care appointment attendance at six and twelve months and CD4 count and RNA viral load at six months
- Secondary outcomes: change in self-reported use of primary substance at six months; attendance at social work, behavioral health, and addiction counseling appointment attendance at six and twelve months

DEMOGRAPHICS

- 63 patients had an average age of 47 (IQR 18.6)
- Patients were predominantly male (90.5%), white (66.7%), and non-Hispanic (71.4%)
- 47.6% of patients identified as lesbian or gay and 11.1% identified as bisexual
- 36.5% of patients met DSM-5 criteria for >1 substance use disorder, and 57.1% noted current tobacco use

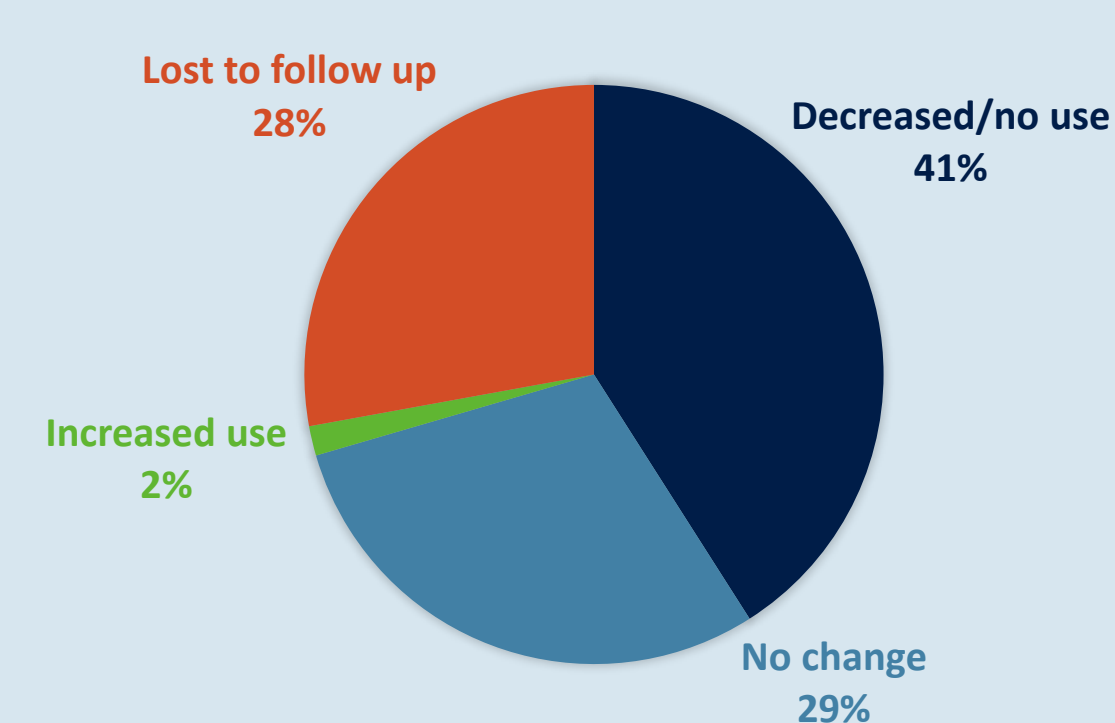
RESULTS

Primary substance



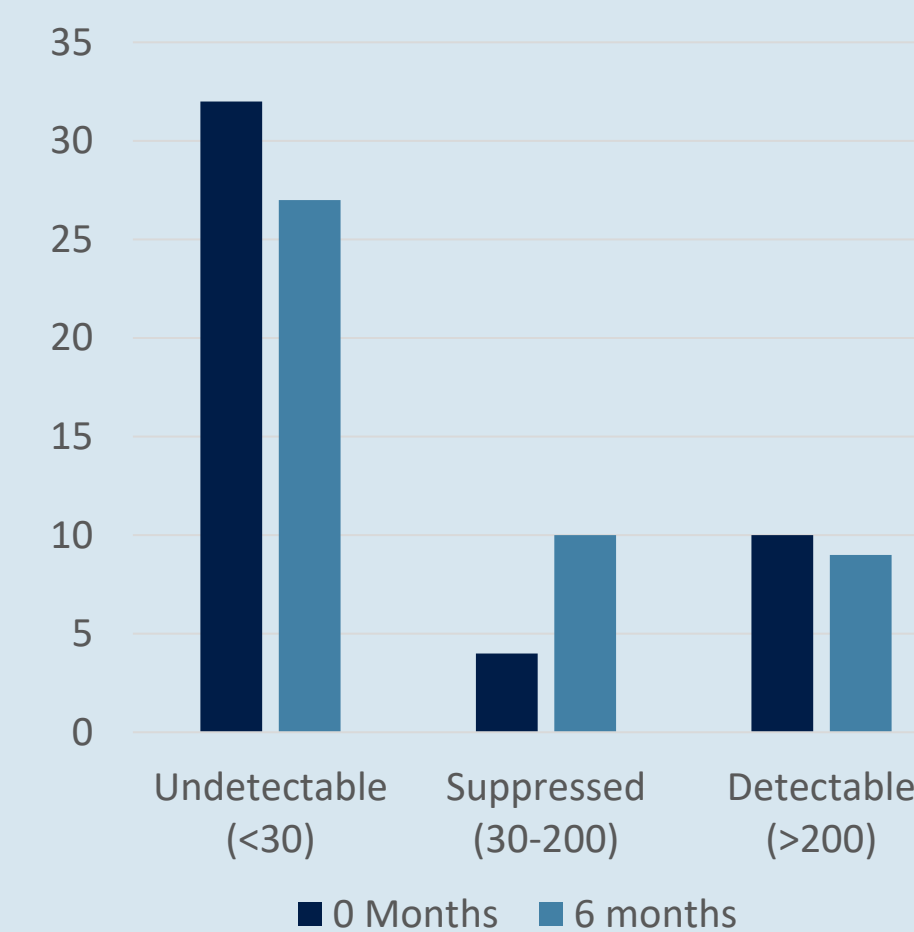
Alcohol and methamphetamine use disorders were most common.

Outcomes after 6 months



41% reported decreased or no use of primary substance.

There were no significant changes seen in HIV RNA viral load status, but most patients remained HIV undetectable.



An increase in certified addiction counseling appointments was seen at six months.

Appointment Attendance	0 months (SEM)	6 months (SEM)	p value
Primary Care Provider	1.67 (0.21)	1.33 (0.24)	0.070
Social Work	0.05 (0.03)	0.10 (0.05)	0.321
Behavioral Health	0.40 (0.12)	0.51 (0.17)	0.551
Certified Addiction Counselor	1.41 (0.24)	2.65 (0.44)	0.002**

CONCLUSIONS

- Patients who utilized integrated treatment attended more addiction counseling appointments and reported decreased primary substance use
- No significant changes were seen in HIV primary care attendance, CD4 count, or viral load
- Limitations include small sample size and short duration of follow up
- Substance use treatment can be achieved throughout the HIV care continuum as most patients were able to remain on HIV treatment and stay virally suppressed
- Improving individual outcomes contributes to community outcomes because HIV undetectable means HIV is untransmittable (U=U)

FUTURE DIRECTIONS

- Measure more sensitive HIV outcomes such as antiretroviral therapy medication refills
- Qualitative research to improve services for patients

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DISCLOSURES: N/A

