

Primary care-based addiction treatment lowers substance dependence in people with HIV

September 29 2015

A program developed at Boston Medical Center (BMC), which integrates addiction treatment into primary care for patients with or at risk for HIV, has been shown to lower patients' substance dependence and encourage their engagement in treatment. The findings are published online in the *Journal of Substance Abuse Treatment*.

Injection drug use is the third most frequently reported risk factor for HIV infection in the United States, according to the Centers for Disease Control and Prevention (CDC). Similarly, those who ingest or inhale drugs such as alcohol, cocaine and methamphetamine, are at an increased risk for contracting HIV because their inhibitions are reduced, making them more likely to engage in [risky sexual behavior](#).

"We know that this patient population often seeks care in emergency rooms where they see physicians who may not know their medical history," said Alexander Walley, MD, attending physician in general internal medicine at BMC and the study's lead author. "As a result, unhealthy drug and alcohol use often goes unaddressed. Our model aims to integrate evidence-based [addiction treatment](#) into primary care."

This study examined 265 participants enrolled in BMC's Facilitated Access to Substance Abuse Treatment with Prevention and Treatment for HIV (FAST PATH) program between Feb. 1, 2008, and March 31, 2012. FAST PATH was comprised of two specialized health care teams

at BMC that address addiction and substance use issues. All participants were dependent on drugs or alcohol for at least one year and were either infected with HIV or at high-risk for contracting HIV. Those at high-risk had either engaged in [injection drug](#) use within the previous 30 days or had displayed high-risk sexual activity, including sex with an HIV-infected partner.

Each FAST PATH participant began by having a multidisciplinary assessment by a primary care physician, nurse, and addiction counselor, which included assessments of depression, poly substance use, and homelessness. Throughout the program, participants had access to weekly addiction counseling sessions, HIV risk reduction and overdose prevention counseling. Additionally, patients appropriate for medication-assisted treatment could receive a prescription for buprenorphine, a medication used to combat opioid addiction. After six months of participation, patients were reassessed.

Overall, substance dependence dropped to 49 percent at six months among FAST PATH program participants, and 64 percent made two visits in the first 14 days and two additional visits in the next 30 days. Buprenorphine treatment was identified as the driving force behind patients who engaged in treatment, and serious depression was associated with persistent [substance dependence](#) at six months.

"Given depression's association with adverse health outcomes in this patient population, including [mental health treatment](#) in [primary care](#) holds potential to improve addiction treatment outcomes," Walley said.

"Understanding the behaviors of these patients and determining which group is more likely to engage in addiction [treatment](#) will help us target, tailor, and improve our efforts moving forward."

Provided by Boston University Medical Center

Citation: Primary care-based addiction treatment lowers substance dependence in people with HIV (2015, September 29) retrieved 6 May 2024 from <https://medicalxpress.com/news/2015-09-primary-care-based-addiction-treatment-lowers.html>

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