HIV Testing in SAMHSA: The Rapid HIV Testing Pilot

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The Magnitude of Risk

Past Month Alcohol Use - 2010

Any Use: 51.8% (131 million)

Binge Use: 23.1% (59 million)

Heavy Use: 6.7% (17 million)

(Current, Binge, and Heavy Use estimates are similar to those in 2009)

Source: NSDUH 2010
The Magnitude of Risk

Past Month Illicit Drug Use Among: Persons Ages 12 and Over, 2010

- Marijuana: 17.4 million
- Prescription Medications: 7.0 million
- Cocaine (Crack): 1.5 million
- Hallucinogens: 1.2 million
- Inhalants: .7 million
- Heroin: .2 million

Source: NSDUH 2010
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2010

20.5 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Source: NSDUH 2010
Reasons for **Not** Receiving Substance Use Treatment: Persons Aged 12+

Those who Needed & Made the Effort to Get Treatment But Did Not Receive Specialty Treatment

- Did Not Feel the Need for Treatment at the Time: 6.5%
- Might Cause Neighbors/Community to Have Negative Opinion: 7.1%
- Had Health Coverage but Did Not Cover treatment or Did Not Cover Cost: 7.4%
- Might Have Negative Effect on Job: 7.9%
- No Transportation/Inconvenient: 8.4%
- Able to Handle Problem without Treatment: 9.0%
- Not Ready to Stop Using: 30.3%
- No Health Coverage and Could Not Afford Cost: 38.1%

Source: NSDUH, 2006-2009 combined
The MAI-TCE-HIV Rapid HIV Testing Pilot
The Substance Abuse and Mental Health Services Administration (SAMHSA) launched a pilot rapid HIV testing project in October 2009 with 47 Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) grantees. In 2010, 16 additional grantees were added to bring the number to 63.

SAMHSA’s TCE-HIV Program was designed to improve access to substance abuse treatment and HIV/AIDS services by increasing program capacity and outreach to racial and ethnic minority populations.
The purpose of the SAMHSA TCE-HIV RHT Component Pilot is to:

- Expand rapid HIV testing among racial and ethnic minority populations entering outreach and substance abuse treatment programs;
- Provide substance abuse treatment to address drug use disorders;
- Case manage those testing positive to primary HIV medical care; and
- Provide primary treatment for drug use disorders and enhance HIV preventive services for those who tested negative.

All MAI-TCE-HIV grantees were required to offer clients entering outreach or treatment offer a Rapid HIV Test and complete the RHT form.
Methods

• A SAMHSA/CSAT MAI Rapid HIV Testing Clinical Information Form (RHT form) was developed for this pilot
• During the first year (2009) of the pilot, grantees used a paper/pencil method of administration
• An online data collection system was later developed (2011) and launched for a web based method of administration
• Quality control methods include random selection of RHT forms which are checked regularly for completeness and accuracy
Methods

- Emails generated by the online data collection system are sent weekly to grantees that provide any errors for their respective forms.
- Emails generated by the online data collection system are routinely sent to Government Project Officers to monitor performance.
- Ongoing technical assistance is provided to grantees on the administration of the RHT form and/or on the online system.

Figure 1. RHT form used by the 63 grantees
**SAMHSA/CSAT MAI Rapid HIV Testing Clinical Information Form**

### SECTION A: SITE CHARACTERISTICS
1. Date of visit: ____________________________

<table>
<thead>
<tr>
<th>2. Grantee #</th>
<th>2a. Grantee Staff Initials: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Partner ID (if applicable):</td>
<td>3a. Partner Staff Initials (if applicable): ____________________________</td>
</tr>
<tr>
<td>4. SAMHSA CLIENT ID:</td>
<td>5. Site type code if (see site code on back page)</td>
</tr>
</tbody>
</table>

### SECTION B: DEMOGRAPHICS

#### 1. Gender
- Male
- Female
- Transgender

#### 3. Race (check all that apply)
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- Alaska Native
- White
- American Indian
- Non-Hispanic

<table>
<thead>
<tr>
<th>4. Age</th>
<th>5. Previous HIV Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18 yrs</td>
<td>No</td>
</tr>
<tr>
<td>18-24 yrs</td>
<td>Yes</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>Result was negative</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>Result was positive</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>Result was inconclusive</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>Result was unknown</td>
</tr>
</tbody>
</table>

### SECTION C: REASON FOR TEST OR REASON FOR REFUSAL TO TAKE TEST
- Client refused test. Reason for client refusal: ____________________________

### SECTION D: RISK BEHAVIORS

#### 1. During the past 30 days have you - from the date of this form (check all that apply)
- had unprotected sex with a male
- had unprotected sex with a female
- had unprotected sex with a transgender individual
- had unprotected sex with significant other in a monogamous relationship
- had unprotected sex with multiple partners
- had unprotected sex with an HIV positive person
- had unprotected sex while high on drugs/alcohol

#### 2. During the past 30 days have you used: (check all that apply)
- cigarette smoke
- alcohol
- illicit drugs
- prescription drugs
- non-medical use of prescription drugs
- 5 or more alcoholic drinks in 1 sitting (for men)
- 4 or more alcoholic drinks in 1 sitting (for women)
- shared injection equipment (i.e. needle and drug paraphernalia)
- refusal
- the client reports no known sexual risk factors

### SECTION E: Rapid HIV TESTING RESULTS AND RETESTING RESULTS

#### 1. Rapid HIV test results
- Negative/Non-reactive
- Positive/Reactive
- Invalid (Repeat test using a new test kit)

#### 2. Did client receive results of rapid HIV test?
- Yes
- No reasons

#### 3. Retest Results
- Negative/Non-reactive
- Positive/Reactive
- Invalid/determinable

#### 4. Did client receive retest results of test?
- Yes
- No reasons

### SECTION F: TYPE OF SERVICES PROVIDED (Check all that apply)

1. HIV Pre-Test/Prevention Counseling
2. HIV Post-Test Counseling
3. Linked to care treatment after positive confirmation
4. Linked to prevention/ancillary services if negative test result

### SECTION G: CONFIRMATORY TESTING (if rapid HIV test result is positive/reactive)

#### 1. Confirmatory test conducted
- Yes: Client now wants a confirmatory test after initial refusal
- No, reason

#### 2. Type of confirmatory test
- Blood (plasma, serum, or blood spot)
- Oral
- Urine

#### 3. Confirmatory test results
- Negative
- Indeterminate
- Positive
- Results pending

#### 4. Did client receive results of confirmatory test?
- Yes
- No, reason

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*White: Complete with Rapid Test (Sections A thru G)*

Return To: SAMHSA Contractor
# Grantees by State

(N = 23)

- Alabama
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Massachusetts
- Michigan
- Missouri
- New Jersey
- New York
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- Tennessee
- Texas
Enhanced Comprehensive HIV Prevention Planning
(12 Cities Sites)

- New York, NY
- Philadelphia, PA
- Washington, D.C.
- Chicago, ILL
- Atlanta, GA
- Los Angeles, CA
- San Francisco, CA
As of June 30, 2011 a total of 11,614 individuals have been tested.

8.9% of the individuals tested (N=1043) were HIV+.

The majority of those testing HIV+ were previously diagnosed as HIV+.

Nearly 90% of these entered active substance abuse treatment and were subsequently case managed to primary HIV care.
Rapid HIV testing occurs at the following grantee settings.

**Types of RHT Testing Settings**

- **Inpatient Hospital**: 4.2%
- **Outpatient Community Health Clinic**: 4.8%
- **Outpatient Drug/Alcohol Treatment Clinic**: 19.6%
- **Shelter/Transitional Housing**: 22.1%
- **AIDS Service Organization**: 26.5%
Results - Demographics

Total RHT Population

Race/Ethnicity

Of the total population:
• Majority of males (32.4%) and females (17.2%) tested were Black/African American
• The second largest group to be tested were Hispanic females (9.5%)
Of the total population:

- The majority (66%) of persons diagnosed with HIV infection were in the age range of 35 – 54 years
- The majority who tested HIV-negative were in the age range of 25 – 34 years (24.0%)
Of the HIV-positive population:
• Black/African Americans constitute the majority of males (70.7%) and females (87.4%) of the HIV-positive population.
Of the HIV-negative population:

- Black/African Americans constitute the majority of males (44.5%) and females (52.3%) of the HIV-negative population.
Among HIV-positive clients:

- Males’ most frequently reported substance use risk behaviors were cocaine (22.6%), binge drinking (20.8%), and marijuana (18.3%)
- Females’ most frequently reported substance use risk behaviors was cocaine (26.4%)
- HIV-positive males and females were more likely to report cocaine use than HIV-negative persons
- HIV-positive males and females were more likely to report heroin use than HIV-negative persons
Among HIV-negative clients:

- Males’ and females’ most frequently reported substance use risk behaviors were binge drinking (33.8%, 24.1%, respectively) and marijuana (30.9%, 21.2%, respectively)
Among HIV-positive clients:

- Males most frequently reported having unprotected sex with males (16.2%)
- Females most frequently reported having unprotected sex with males (25.3%)
- Both males and females are more likely to have unprotected sex with HIV-positive persons than HIV-negative persons
Sexual Risk Behaviors
HIV-Negative Population

Among HIV-negative clients:

• Males (47.4%) and females (53.6%) most frequently reported unprotected sex with a person of the opposite gender.

• Both males and females report having unprotected sex while “high” on drugs and/or alcohol more often than HIV-positive clients.
General Findings:

- The majority tested were African American or Hispanic;
- The majority of HIV-positive persons self identified as Black/African American;
- HIV-positive persons were older than those who tested HIV-negative.
Discussion

Substance Use Risk Behaviors:
- HIV-positive testing individuals were more likely to report use of crack/cocaine, marijuana, and binge drinking

Sexual Risk Behaviors:
- Persons who have been diagnosed as HIV-positive were more likely to have unprotected sex with another person also diagnosed with HIV infection
- HIV-positive males were more likely than males who tested HIV-negative to have unprotected sex with MSMs
Sexual Risk Behaviors:

• Both HIV-positive and negative testing individuals self-reported use of drugs and/or alcohol while having sex, or having sex while high
With declining rates of new injection drug use and general aging among injecting populations, there is a need to better understand the role of alcohol and non-injecting illicit and prescription drugs in HIV transmission.

Behavioral interventions focused on reducing sexual risk behaviors must be re-examined in light of the “sexing while high” reported in these findings.
Discussion

Injection drug use is only one example of the connection between substance use, abuse and dependence, and the risk of HIV infection.

Any psychoactive substance (“Crack” cocaine, methamphetamines, alcohol & marijuana, etc.) can reduce inhibitions and impair judgment, increasing the risk of HIV infection through sexual contact or injecting drug use.

HIV testing or ART treatment without addressing underlying substance use, abuse or dependent disorders may increase high risk transmission and reduce ART compliance.
Final Thoughts

Test
Treat
Treat
Recover
Thank you.

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