

Research Driving Clinical Innovation in Drug Abuse Treatment and Vice Versa

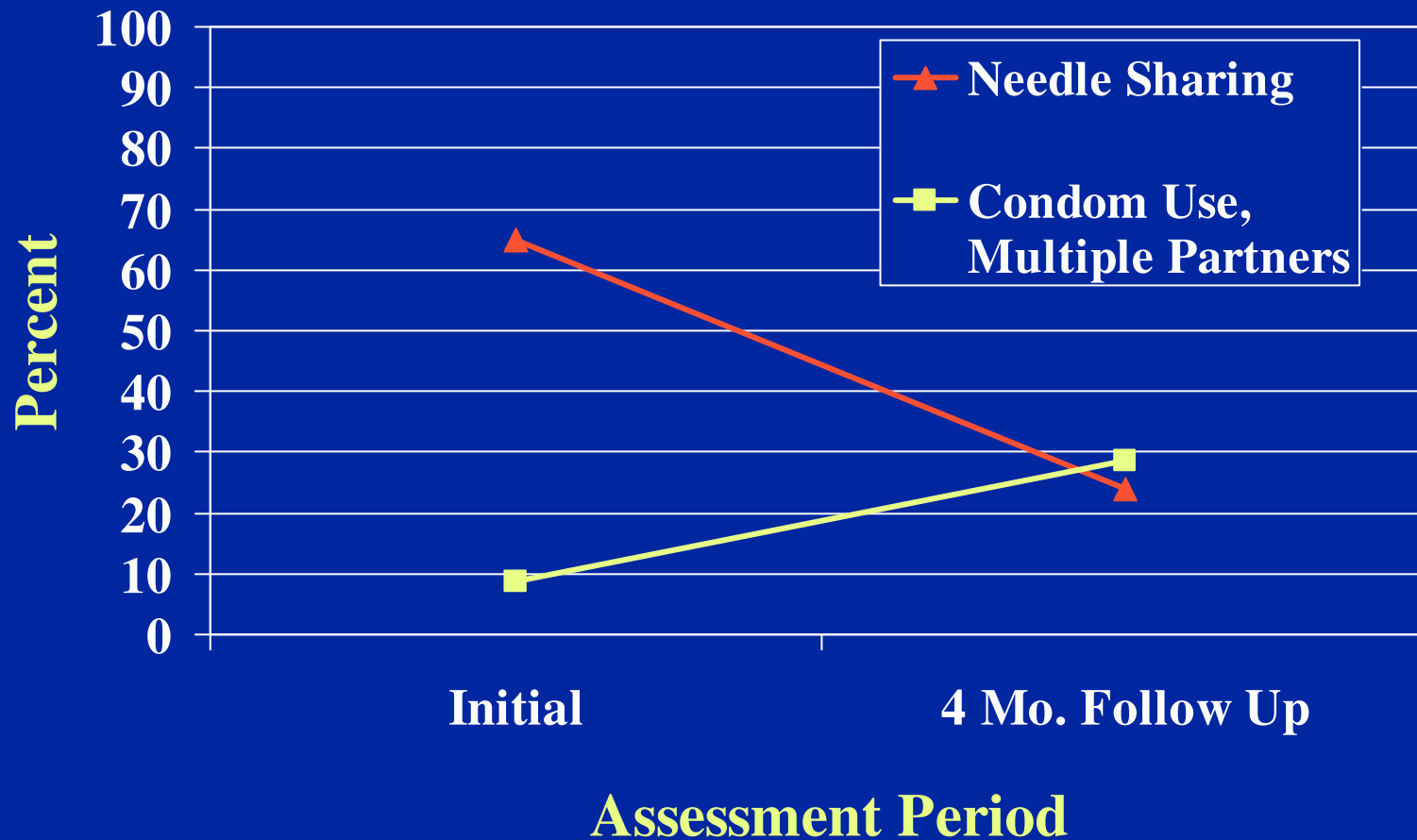
Donald A. Calsyn, Ph.D

Department of Veterans Affairs Puget Sound Health Care System, and
University of Washington School of Medicine, Seattle WA,
Washington Node, NIDA Clinical Trials Network
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Overview of Presentation

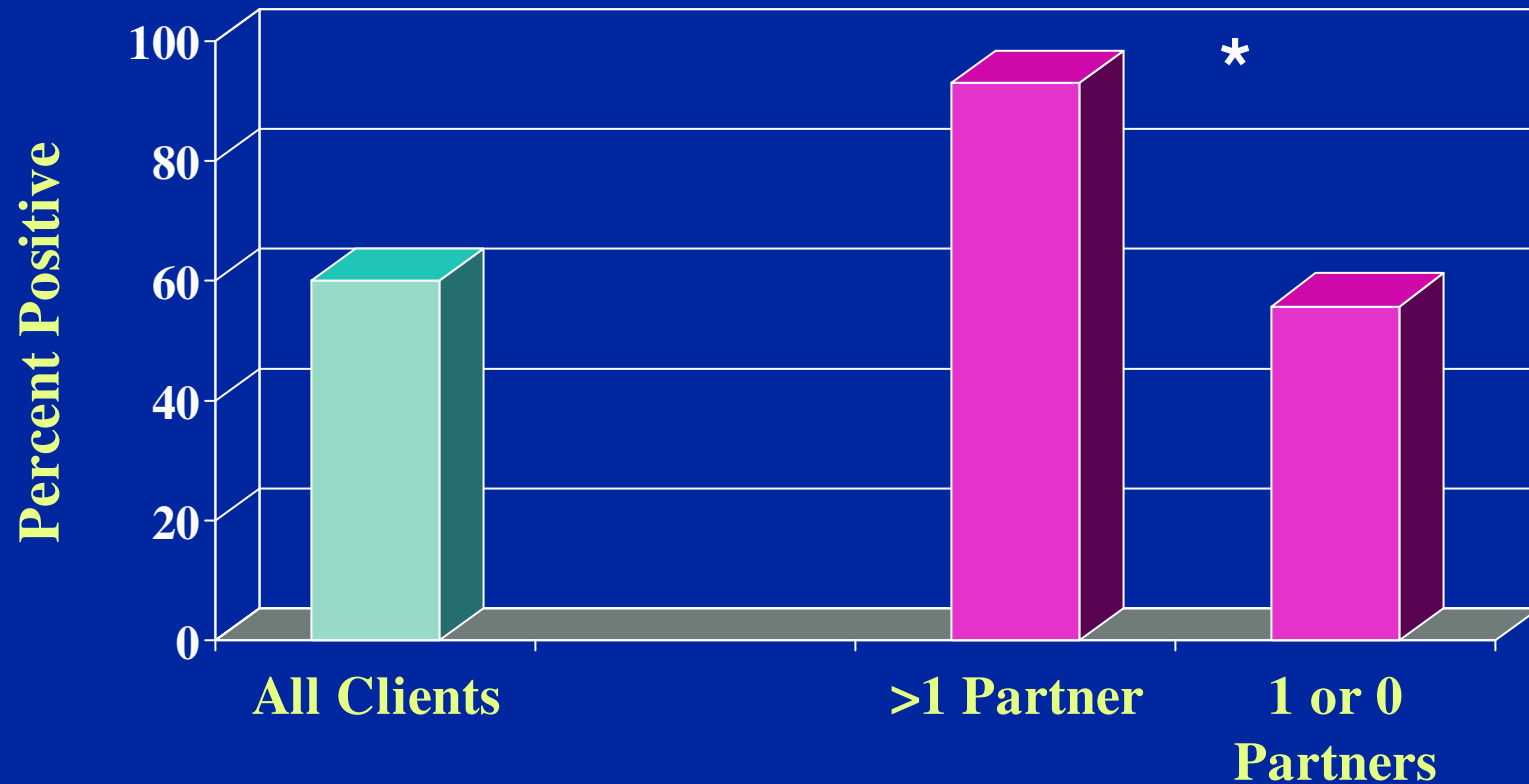
- ◆ **Demonstrate how research and clinical practice can go hand in hand**
- ◆ **Present data supporting two HIV prevention interventions which could be adopted in most drug treatment programs**
- ◆ **Demonstrate how prior research findings were informative in developing these interventions**
- ◆ **Describe how we conducted low cost evaluations of these interventions that were eventually published.**

Previous Research Supporting Risk Reduction among Drug Users



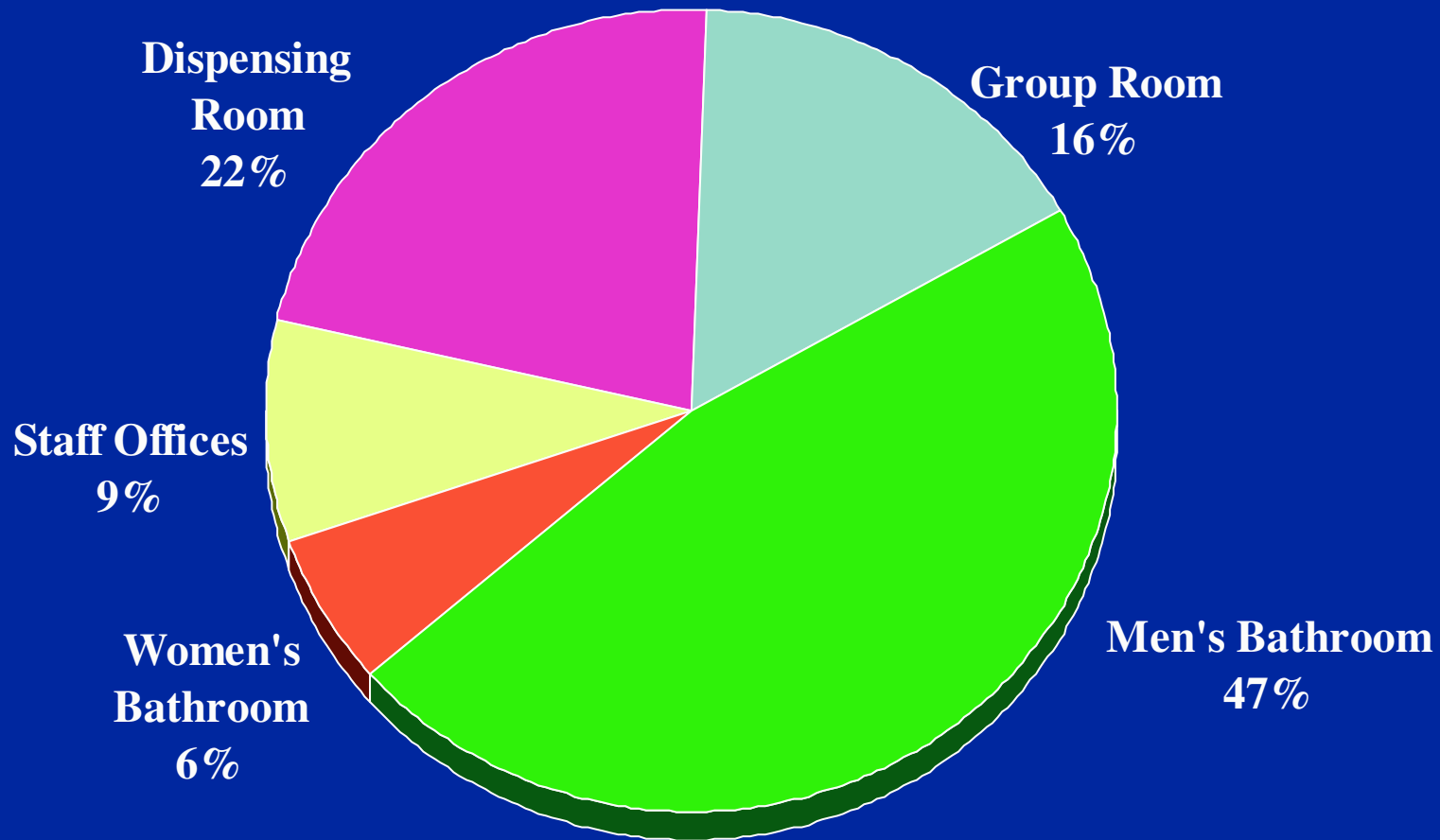


Results: Percent of Clients Taking Condoms During the Follow-up Period

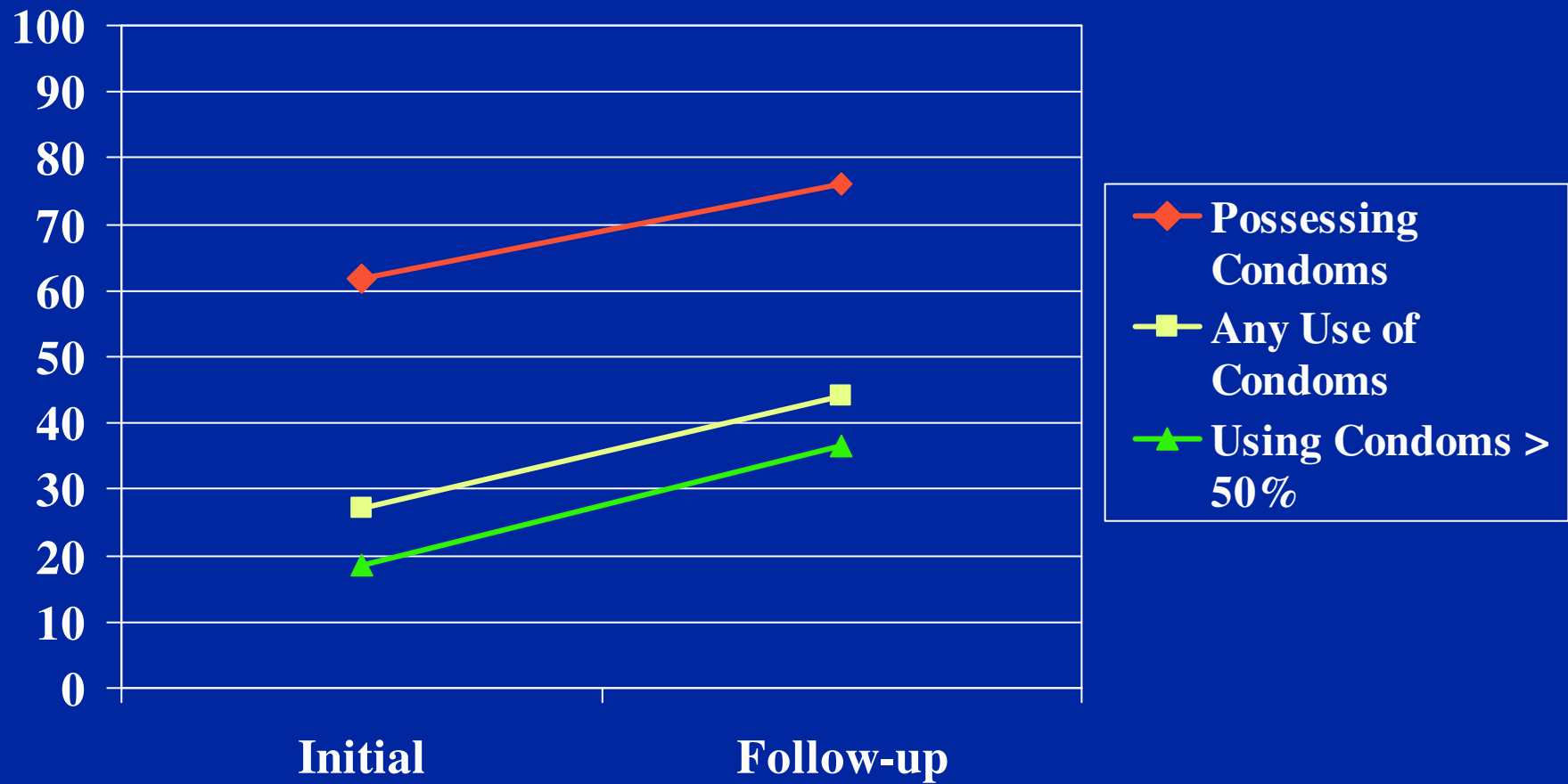


*p<.05

Results: Room Preference for Condom Taking



Results: Change in Condom Use and Possession

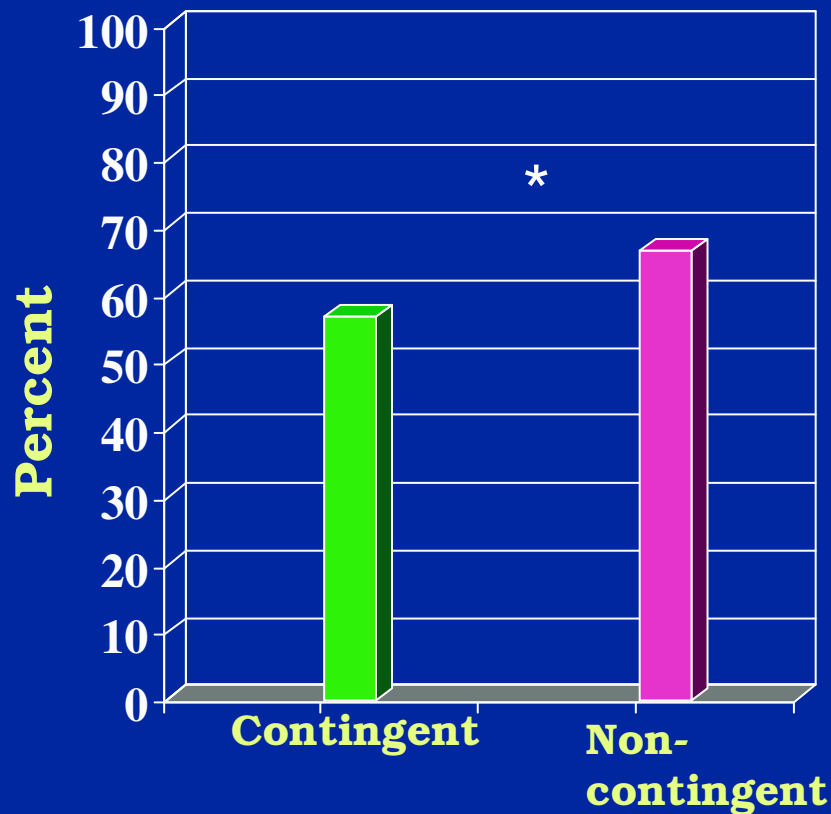


Conclusions

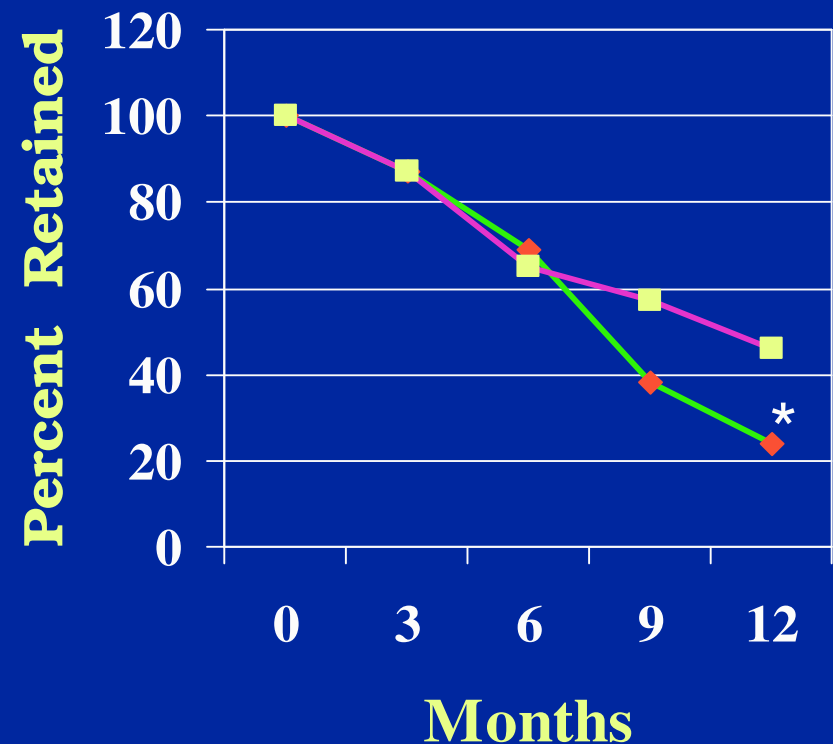
- ◆ We proposed a clinical intervention, placing condom jars throughout the clinic, in response to the research evidence which indicated IDUs were slow to adopt condom use.
- ◆ We were able to demonstrate our condom jar intervention contributed to sexual risk reduction. The VA continues to let us buy condoms and put them in jars in our clinic.
- ◆ Findings were presented at the International AIDS Conference in Florence in 1991 and published in the American Journal of Public Health.
- ◆ We received little funding to conduct this project, although we did have the assistance of a pre-doctoral psychology student who used the project to complete his dissertation.
- ◆ CQI requirements of accreditation bodies are met by such evaluations

Urinalysis Results and Retention when Discharge is a Consequence for Continuous Positive UAs (n=307)

Positive UAs in Year 1



One Year Retention Rate



Calsyn et. al., 1994

* p<.05

◆ Contingent ■ Non-contingent

* p<.05

Dilemmas of a “No Discharge” Policy & Harm Reduction

◆ Potential Pluses

- Opioid dependent individuals remain in Tx & avoid worse outcomes associated with D/C (micro harm reduction)

◆ Potential Negatives

- If Tx slots are limited, wait listed individuals who might benefit from Tx are kept out (increase in macro harm)
- Increase in illicit drug use by compliant clients if consequence of D/C is removed (increase in macro harm)
- Decreased staff morale working with unmotivated clients or staff feeling like they are “enabling” illicit drug use

Minimal Services Program: Entry & Components

- ◆ Clients on “concern status” who provide 9 positive UAs in 90 days are moved to Minimal Services (MS).
- ◆ Clients on methadone are switched to LAAM and provided a narrow dosing window when other clients are not present.
- ◆ MS clients no longer receive individual counseling or case management services . Previous case manager is assigned a new client.
- ◆ Routine clinical contact consists of 2x/month therapy group; client must attend 1x/mo. Group leader is the case manager for all MS clients.
- ◆ Loss of most standard privileges such as: special dosing times, case manager advocacy, medical care in clinic.
- ◆ Psychiatric care is maintained.

Minimal Services Program: Exit

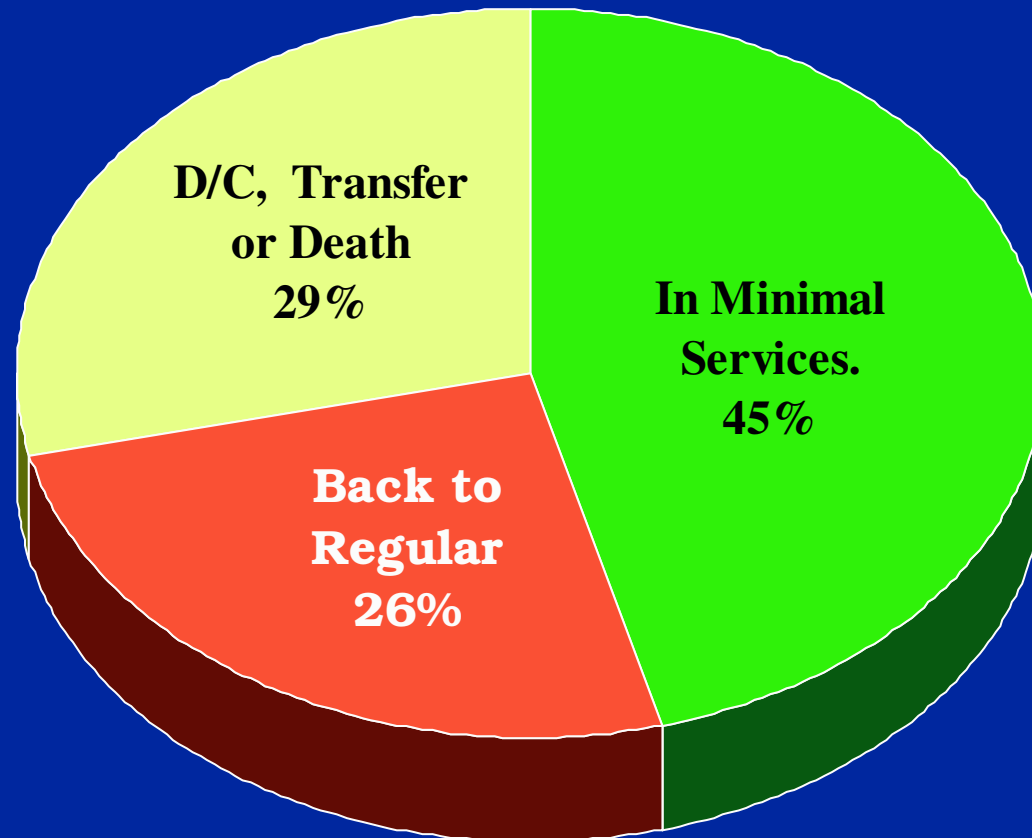
- ◆ **Frequency of random observed urine drug screens is reduced from weekly to monthly**
- ◆ **2 consecutive drug free monthly UAs → Resume weekly drug screening**
- ◆ **4 consecutive drug free weekly UAs → Return to full-service program and switch back to methadone (if desired)**

Methods

- ◆ Examined UA records of all clients in opioid agonist treatment at the VAPSHCS between April 1, 1997 and March 31, 1999 (N=189)
- ◆ “Year 0” = 4/1/97-3/31/98 (year prior to MS)
- ◆ “Year 1” = 4/1/98-3/31/99 (first year of MS)
- ◆ 35 clients placed on Minimal Services during Year 1

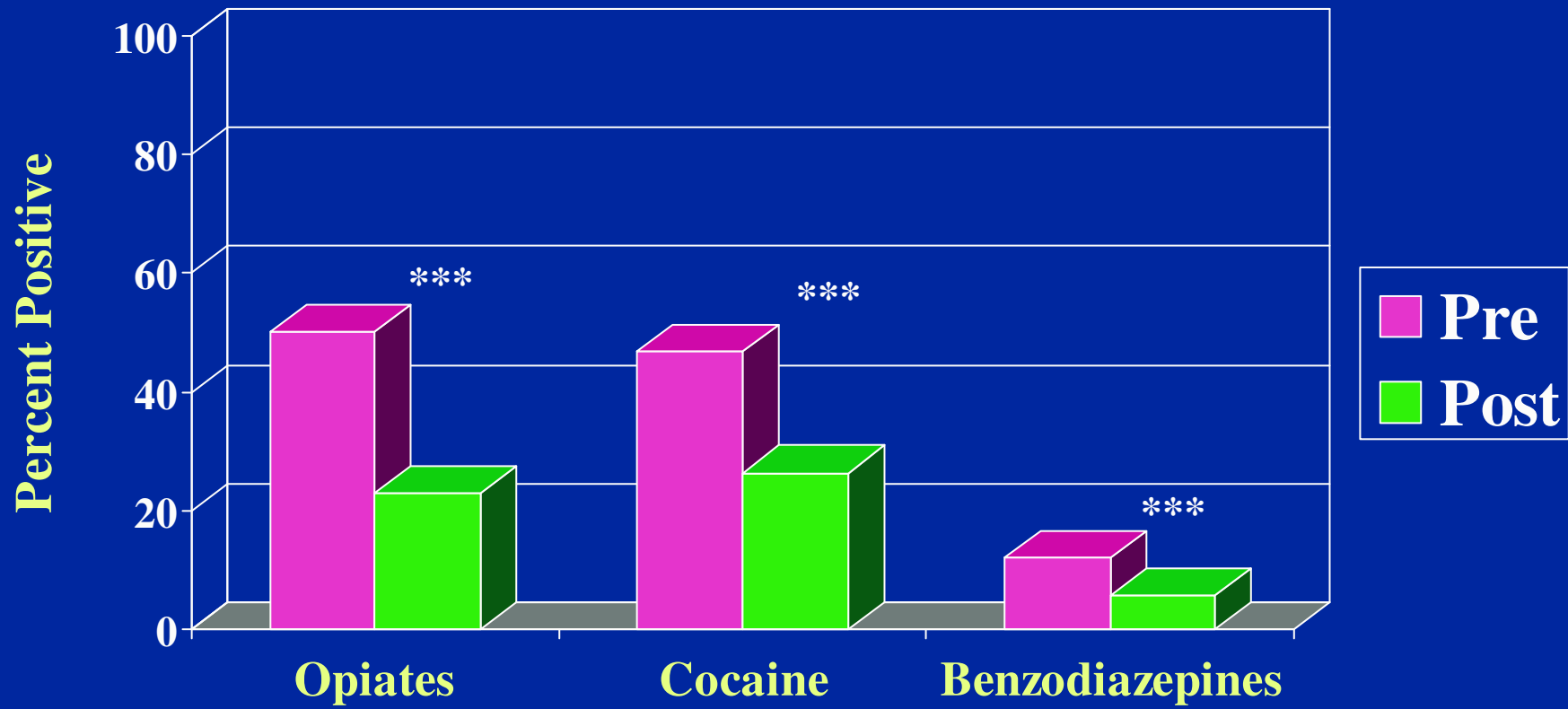
Results: Micro Harm I

Status of Minimal Services Clients at End of Year 1



Results: Micro Harm II

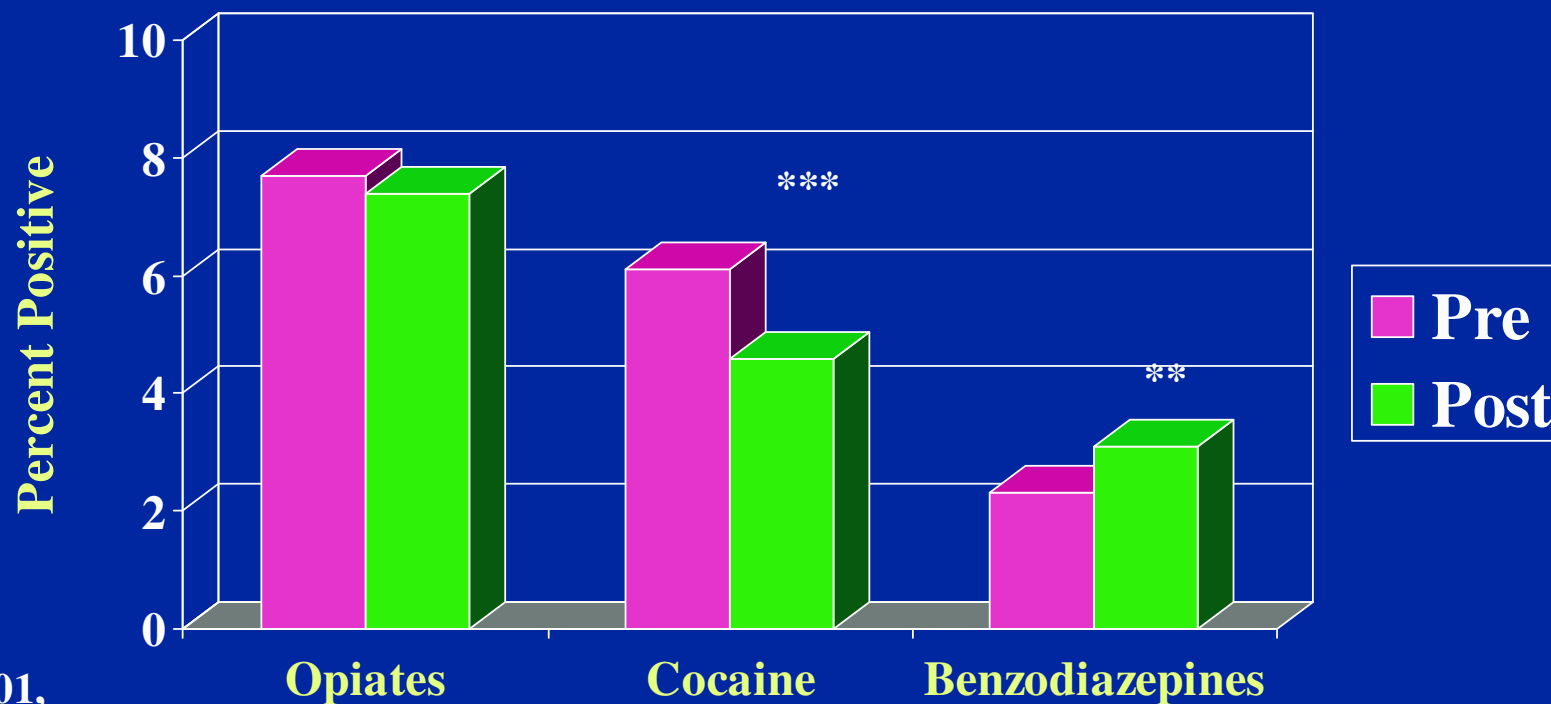
Percent of Urinalyses Positive for MS Clients for the 6 Months Pre-Post the Start of MS



***p<.001

Results: Macro Harm

Percent of Urinalyses Positive for Non-MS Clients for the Year Pre-Post the Start of MS



** p<.01,
***p<.001

Conclusions

- ◆ A “minimal services” track in an opioid substitution program was effective in reducing harm to non-compliant clients.
- ◆ For a subset of clients placed in the “minimal services” track there was significant improvement in terms of drug abuse
- ◆ There was no evidence of an increase in macro harm as a consequence of establishing a minimal services track.

Conclusions II

- ◆ We introduced a clinical innovation in response to research findings and our own clinical experience.
- ◆ We conducted an un-funded program evaluation of the innovation.
- ◆ The evaluation supported our hope for micro harm reduction, allayed our fears about macro harm increase, and surprised us with improvement in clients on whom in the past we had given up.
- ◆ Findings from the program evaluation were published in the American Journal of Public Health in the July 2003 .

Research and Clinical Collaborators

- Research Collaborators

- Andrew Saxon Carl Meinecke Frank DeMarco
- Kevin Sloan Viki Stanmour

- Clinical Collaborators

- Karen Gibbon Patrick Fisk Jan Newton
- Ricardo Swain William Garner Jerry Hagen
- Gordon Guthrie Karen Luna Paul Grecken
- Vicki Ruscigno Lorrie Wallace