

Addressing substance use disorders to end the HIV epidemic: The power of community stakeholder perspectives

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THE NEED FOR STAKEHOLDER INPUT

Substance use disorders (SUDs) among people with HIV (PWH) are highly prevalent. It is imperative to integrate SUD services within HIV service organizations (HSOs) to help end the HIV epidemic. Given the stigma that remains around HIV and SUD and the complexity of addressing SUD among PWH, community-based participatory research strategies are a necessity. Further, the limited integration of SUD services into HSOs to date, despite a strong research base, suggests the need to thoughtfully engage stakeholders at all levels. The STS4HIV Project engaged PWH, HSOs, HIV planning councils/bodies, and AIDS Education and Training Centers (AETCs) to understand how best to address SUDs among PWH.

PROMISING SUD SERVICES AND STRATEGIES

202 HSO representatives were asked to rate whether different evidence-based SUD services are Fundable, Implementable, Retainable, Sustainable, Scalable, and Timely (FIRSST criteria). They identified 3 psychosocial interventions (motivational interviewing, cognitive behavioral therapy, contingency management) as having the best fit for integration into HSOs.

64 AETC representatives were asked to rate whether different exploration, preparation, and implementation strategies are Feasible and Important, whether AETCs are Ready to provide them and could do so at Scale, and whether AETCs encounter Tension to provide them (FIRST criteria). They rated the strategies as important for supporting integration of the psychosocial interventions into HSOs but with varying levels of feasibility. Overall, one strategy to support HSOs in exploration of SUD services (disseminating information about evidence-based services) and one to help them prepare to implement (provide access to asynchronous training) were the most promising.

STAKEHOLDER INPUT GUIDING RESEARCH & PRACTICE

The STS4HIV Project is using this stakeholder input to inform which SUD services and strategies are the focus of a pragmatic trial seeking to improve integration of SUD services into HSOs to better support PWH. The findings can also be used to inform HIV planning councils/bodies tasked with setting priorities, assessing capacity, and allocating resources to end the HIV epidemic.

AN INNOVATIVE APPROACH




We used an innovative real-time Delphi (RTD) method to engaged a variety of key stakeholders nationally. In a series of three RTDs, stakeholders identified (1) which SUDs have the greatest negative impact on PWH, (2) which SUD interventions are the best fit for integration into HSOs, and (3) which strategies AETCs can use to support integration of SUD interventions into HSOs. Each RTD engaged stakeholders over a two-week period, which involved learning about (1) substance use disorders, (2) SUD interventions, or (3) implementation strategies, rating them across various dimensions, explaining initial responses, reviewing others’ responses and comments, and changing responses if inclined. This interactive method facilitated consensus among participating stakeholders by enabling asynchronous perspective sharing.

PROBLEMATIC SUBSTANCES

Our national sample of 643 HSO leaders, staff, and clients estimated rates of SUD among PWH 3-4x higher than seen in the general public:

- 42% with alcohol use disorder
- 42% with cannabis use disorder
- 35% with opioid use disorder
- 32% with methamphetamine use disorder
- 28% with cocaine use disorder

Different types of SUD were perceived to have a greater negative impact on the HIV care continuum:

-  Methamphetamine use disorder was rated as having a moderate-to-major impact
-  Alcohol, cocaine, and opioid use disorders were rated as having a moderate impact
-  Cannabis use disorder was rated as having a minor impact

SUDs that were identified as having the greatest population-level negative impact:

-  Alcohol
-  Methamphetamine
-  Opioid

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