

# Proportion of opioid treatment programs offering on-site testing for HIV and STIs declines

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A survey of opioid treatment programs finds that the proportion offering on-site testing for human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) declined substantially between 2000 and 2011, despite guidelines recommending routine opt-out HIV testing in all health care settings, according to a study appearing in the December 25 issue of *JAMA*.

"Opioid dependence is a risk factor for HIV, STIs, and hepatitis C virus (HCV) infection. Opioid treatment programs, which provide treatment to more than 300,000 opioid-dependent individuals in the United States, are well-positioned to offer testing for these infectious diseases to a high-risk population. They were among the first venues to offer HIV testing and are more likely to offer HIV, STI, and HCV testing than other drug treatment programs. Private for-profit opioid treatment programs are increasingly widespread and such programs offer on-site HIV testing less often than nonprofit and public programs. However, with the 2006 national recommendations for routine opt-out HIV testing, we hypothesized that the percentage of programs offering on-site testing for HIV, STIs, and HCV would increase," the authors write.

Marcus A. Bachhuber, M.D., and Chinazo O. Cunningham, M.D., M.S., of the Albert Einstein College of Medicine, New York, analyzed data from a survey sent to directors of drug treatment facilities and tabulated the percentage of opioid treatment programs offering on-site HIV, STI,

and HCV testing from 2000 to 2011.

The number of U.S. opioid treatment programs increased from 849 in 2000 to 1,175 in 2011. The percentage of programs operating as for-profit businesses increased from 43 percent to 54 percent, nonprofits decreased from 43 percent to 36 percent, and public programs decreased from 14 percent to 10 percent. From 2000 to 2011, the absolute number of programs offering testing for HIV, STIs, and HCV increased but the percentage offering on-site testing for HIV declined by 18 percent and for STIs by 13 percent. There was no change for HCV testing. More than 75 percent of public programs offered on-site testing for each infection, with no change over time.

"Declines were most pronounced in for-profit programs, suggesting that persons enrolled in these programs may be at increased risk for delayed diagnosis and continued transmission of HIV, STIs, and HCV," the authors write.

"Opioid treatment programs are important venues for offering testing to high-risk individuals. As the number of for-profit opioid [treatment programs](#) increases, and the opioid, HIV, and HCV epidemics continue to intersect, further work is needed to understand and reverse declines in offering on-site testing."

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