

treatment planning increases clients' involvement in such activities at 3-month follow-up.

Methods: One group of clients was recruited prior to counselor training, with a second group at post-training. Counselor training consisted of a day-long session on evidence-based practices for individualized treatment planning. A 1-hour module emphasized the importance of clients' involvement in positive activities.

Results: Treatment plan and 3-month follow-up data were available for 217 clients (Pre-training $N = 132$; Post-training $N = 85$). At follow-up, rates of at least one day in the past 30 days involvement in positive activities were high (>90%) in both groups. However, in multilevel analyses (nesting clients within sites) post training clients were significantly more likely ($OR = 5.8, p < 0.001$) to have involvement in positive activities noted on their treatment plan and to report being involved in positive activities for at least 30 of the past 90 days ($OR = 4.3, p < 0.001$).

Conclusions: Training counselors to encourage clients' involvement in positive activities as part of the treatment planning process may be an effective strategy to promote behaviors previously identified as predictors of sobriety and recovery outcomes. Future studies are needed to identify which positive activities are related to abstinence and how to best encourage the workforce to foster these activities in the recovery process.

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Availability of smoking cessation services in SUD treatment in the context of health reform



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Aims: Smoking is highly prevalent among persons with substance use disorders (SUDs). Many patients would benefit from greater integration of smoking cessation services in SUD treatment, yet little is known regarding the associations between treatment funding sources and the availability of such services. Given that health reform will likely increase Medicaid and private insurance coverage for persons with SUDs, this study examines the hypothesis that these funding sources are associated with the availability of smoking cessation services in a national sample of SUD treatment organizations.

Methods: Face-to-face interviews were conducted in 2009–2012 with directors of 308 treatment organizations. Key measures were: (1) an index of 6 brief interventions, (2) presence of a formal smoking cessation program; and (3) adoption of any FDA-approved medication (i.e., nicotine replacement, varenicline, bupropion). Funding measures were percentages of past-year revenues from Medicaid, private insurance, and other governmental sources. Organizational structure, size, and workforce professionalism were controlled.

Results: The average SUD program had adopted 3.7 ($SD = 1.9$) of the 6 brief interventions. About 22.6% offered a formal smoking cessation program, and 26.8% had adopted at least one smoking cessation medication. Controlling for organizational characteristics, Medicaid revenues were positively associated with the index of brief interventions ($\beta = .15, p = .01$), but not the other two

services. Greater reliance on private insurance was positively associated with the index of brief interventions ($\beta = .19, p = .005$) and medication availability (odds ratio = 1.02, $p = .04$).

Conclusions: Availability of smoking cessation services remains limited in SUD treatment. These study findings suggest that the expansion of private insurance and Medicaid under health reform may promote the adoption of smoking cessation services, particularly brief interventions and pharmacotherapy, in specialty SUD treatment programs.

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Cocaine-dependent adults are more likely than controls to choose immediate unsafe sex over delayed safe sex



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Aims: Cocaine abuse and dependence have been associated with an increased prevalence of risky sexual behaviors that confer a greater chance of contracting or spreading HIV. The decision to use a condom during sex may be affected by a number of factors including the availability of a condom, attractiveness of the partner, and perceived likelihood of the partner having a sexually transmitted infection (STI).

Methods: 34 cocaine-dependent and 30 control participants completed the Sexual Discounting Task, which measures how likely a person is to use a condom during sex as a function of the delay to condom availability. From a series of photos of unknown individuals that the participant endorsed as individuals he or she would be likely to have sex with, participants choose the individual he or she found most attractive, least attractive, most likely to have an STI, and least likely to have an STI. The task was completed four times, one in regard to the picture endorsed in each of these four categories. Each task run consisted of a series of choices between having sex immediately without a condom and waiting a period of time (1 h to 3 mo) to have sex with a condom. We hypothesized that cocaine-dependent individuals would be less likely to wait for a condom when one is not immediately available. Discount rates for safe sex were compared between groups with nonlinear regression.

Results: Despite reporting a similar likelihood of using a condom when it was immediately available, cocaine-dependent participants had a higher discount rate for safe sex in each of the four conditions, indicating a relative willingness to engage in unsafe sex if a condom is delayed in availability even a short period of time.

Conclusions: The immediacy of condom availability is important to the decision to engage in safe sex, with cocaine-dependent adults more willing to choose immediate, unsafe sex over delayed, safe sex.

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