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Background

- About 170,000 drug users in Vietnam (PEPFAR 2012)
80% heroin injectors
- HIV prevalence is high among drug users
About 22% in 2013 – about 35% in HCMC (Vietnam AIDS Response Progress Report 2014)
- 2008-2009: start of Methadone Treatment in Vietnam
Hai Phong and HCMC
- There is a lack of access to comprehensive treatment for both opiate use disorder and HIV in Vietnam
Less than 10% of opiate users are currently in treatment
Among HIV-positive patients, less than 70% received ARV
- Since November 2013: Implementation of an integrated drug treatment program within an HIV treatment setting at Go Vap clinic, Ho Chi Minh City, Vietnam.
- Integrated Treatment provided
 - A pharmacological treatment with methadone or buprenorphine/naloxone
 - Introduction of buprenorphine/naloxone (Suboxone®) in January 2015
 - First time in Vietnam
 - Counseling: 12 weekly sessions and 10 monthly sessions thereafter
 - HIV screening and HIV treatment if needed
 - HCV screening

Objective

- To describe treatment adherence and retention at 6-month follow-up
- To identify factors associated with the retention and treatment adherence

Methods

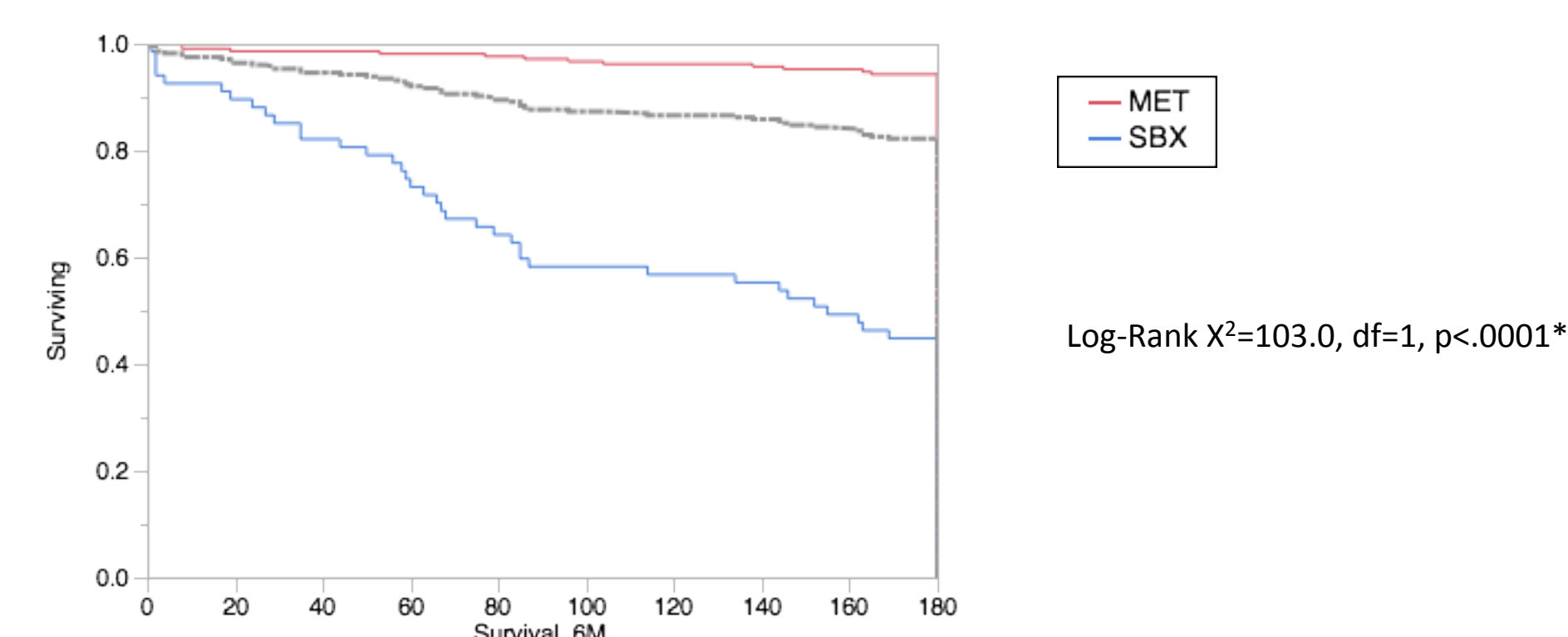
- Assessment tools
 - Study specific questionnaire: baseline and 6-month follow-up
 - Risk Assessment Battery (RAB) (Metzger 1990): baseline and 6-month follow-up
 - HIV-testing
 - HCV-testing
 - Treatment adherence
- Evaluation of the retention at 6-month follow-up
 - Survival model (Cox)
 - Model to identify the factors associated with the retention
- Evaluation of the treatment adherence over 6 months
 - Model to identify the factors associated with the treatment adherence

Sample characteristics -- Baseline

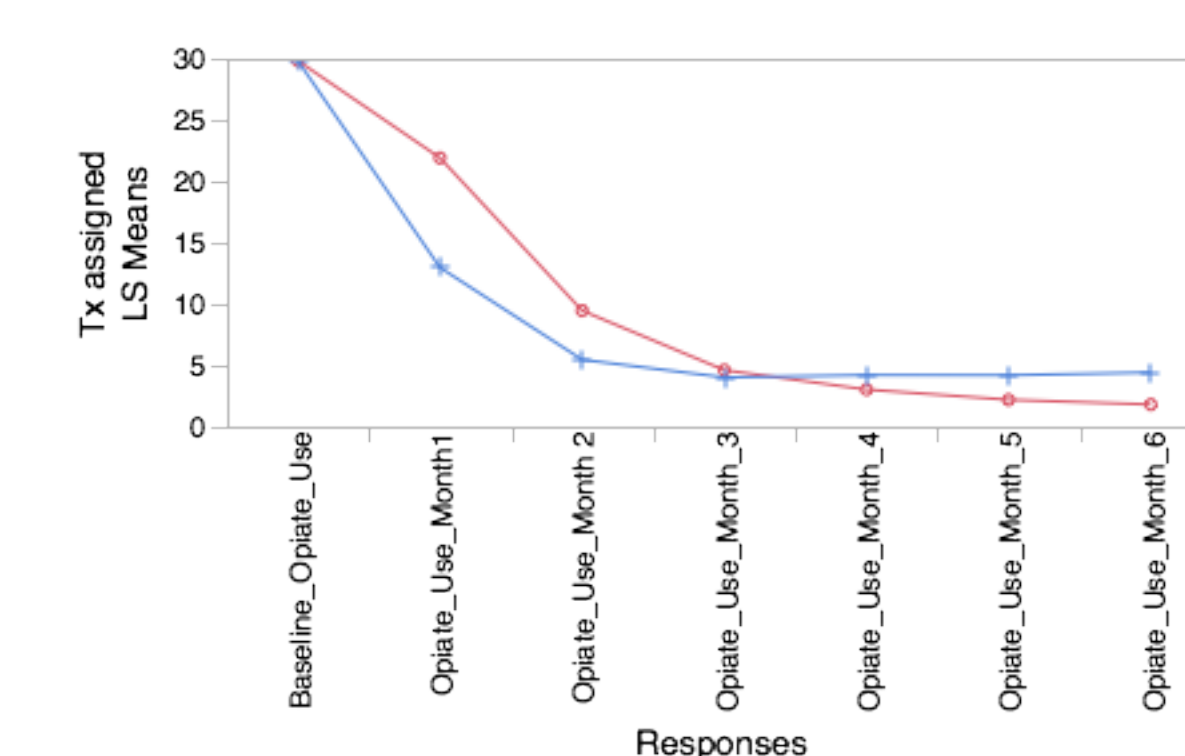
- December 2013 – May 2016: 423 participants enrolled
 - Males: 97%
 - Age (mean): 32.4 y.o. (SD= 6.3, range: 21-50)
 - Education: High school: 36%
 - Never married: 53%
 - Living with parents/family: 82%
 - Have a job: 53% (unskilled labor: 94%)
- Opiates use (Heroin use)
 - IV route: 100%
 - Lifetime (mean): 7.8 years (SD= 6.7, range:1-42 years)
 - No. of previous Tx: Mean= 5.6 (SD= 4.7, range: 0-24) -- 100% Rehab center (06 Center)
- Other current substance use (self-report)
 - Tobacco: 99%
 - Alcohol: 19%
 - Amphet/Methamphet.: 7%
 - Benzodiazepines: 5%
 - Cannabis: 2%
- HIV-status: 34% HIV-positive, 7% newly diagnosed
- Hepatitis C: 72% HCV-positive, 41% newly diagnosed

Results

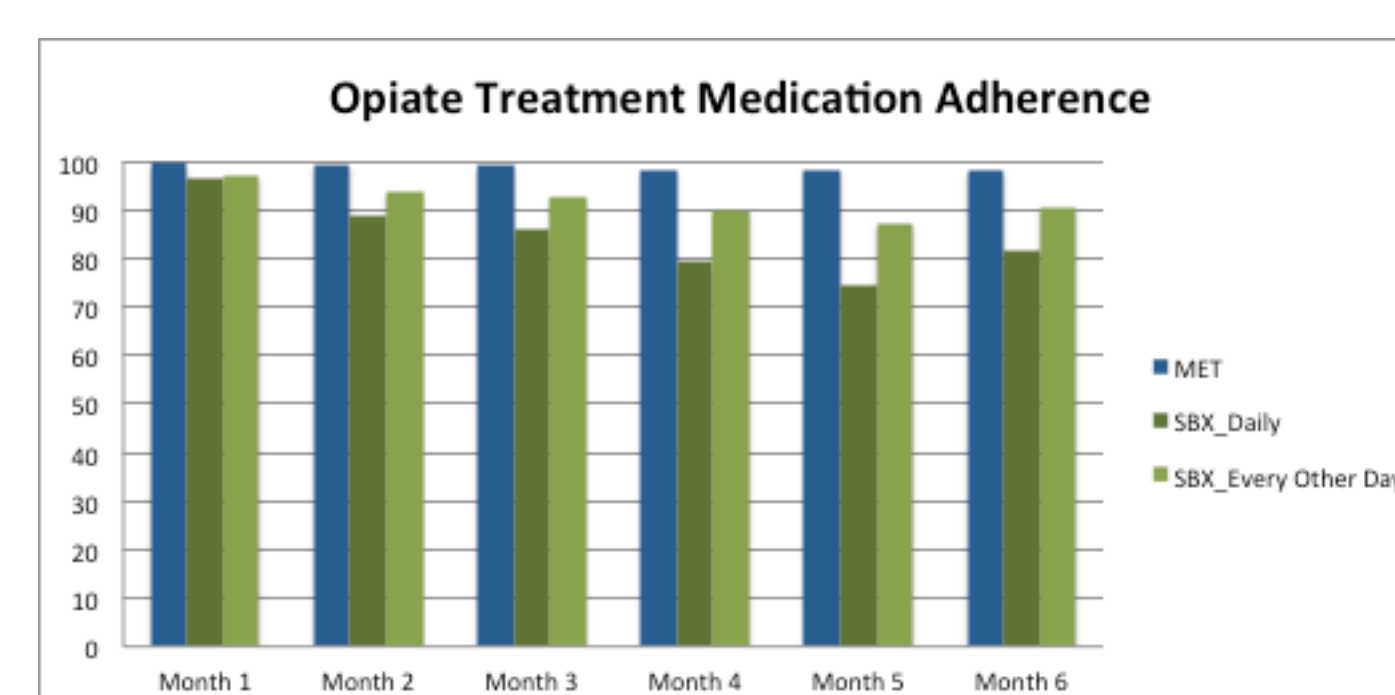
- Retention in treatment at 6-month follow-up: 88%
MET > SBX (94% vs. 66%)



- Treatment characteristics
 - Methadone
Average dose: 102.7mg/day (SD=49.3), range: 50-300
 - Buprenorphine/naloxone (Suboxone®)
Average dose: 17.1mg/day (SD= 5.6), range: 2-32
Every other day dosing: 56.4%
- Treatment outcomes at 6-month follow-up
 - Significant decrease of heroin use (F(2,292)= 17.4, p<0.0001)
 - Higher decrease from Month 1 to 3 for SBX ((F(2,292)= 0.3, p<0.0001)



- No significant change of other substance use
- Treatment adherence over 6 months
 - Methadone and buprenorphine/naloxone (Suboxone®) treatment
Adherence rate: 94.3% over the 6 months
Significantly better for MET than SBX ($\chi^2= 285.0$, p<0.0001)
No significant difference between MET and SBX when SBX is delivered on every-other day dosing schedule ($\chi^2= 0.39$, p= 0.53)



- Correlations between number of missing doses of treatment and opiate use while in treatment
Spearman ρ ranged from 0.26 to 0.62 (p< 0.0001)
- Adherence to antiretroviral treatment (ART)– HIV-positive (n=142)
96.5% received ART (n= 5 refused treatment)
ART adherence (self-reported): 98.4%
However, only 52% have a suppressed HIV viral load (≤ 20 copies/ml) following 6 months of ART

Results (cont')

- Factors associated with the retention in treatment at 6-month follow-up
 - There was no difference at baseline among participants who received methadone than among those who received SBX with the exception of: distance from the clinic. SBX participants lived further from the clinic than MET participants
 - Ran logistic model including the following variables: socio-demographics, substance use, methadone or SBX, psychiatric problems, family/relationship conflicts
 - Participants who dropped treatment at 6 months were more likely:
 - Still using heroin at 3-month follow-up (OR= 3.0, 95% CI= 1.3 – 7.9)
 - Had a job at baseline (OR= 3.5, 95% CI= 1.5 – 9.3)
 - Assigned to SBX as treatment (OR= 3.5, 95% CI= 1.6- 8.0)

Conclusion

- The findings showed the ability to deliver both methadone and buprenorphine/naloxone (Suboxone®) within the same clinic as part of an integrated treatment program
- The design is not a RCT so we could not conclude on difference between methadone and buprenorphine/naloxone (Suboxone®)
- However, retention at 6-month follow-up is higher for participants who received methadone as treatment rather than buprenorphine/naloxone (Suboxone®)
 - Consistent with RCTs literature (Hser, 2014)
- Adherence is lower for SBX than MET when SBX is delivered daily but not when SBX is delivered on an every other day dosing schedule
 - An every other day dosing for buprenorphine/naloxone (Suboxone®) might increase the retention rate, notably for participants living further away from the clinic
- Although, SBX participants exhibited lower retention and treatment adherence, SBX is associated with lower continued use of heroin
- Future directions:
To develop evidence based assignment algorithm for matching patients to medication for substance abuse treatment

To improve the low suppressed viral load rate after at least 6 months of antiretroviral treatment

- Identify the factors associated with this findings
- Problem of adherence or lack of ART efficiency?

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