A 6-month follow-up of the Integrated Treatment for Opiate Addiction and HIV in Vietnam

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Abstract

Background: 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 and among HIV-positive patients, less than 70% received antiretroviral therapy (ARV). Since November 2013, we have implemented an integrated drug treatment program within an HIV treatment setting in Ho Chi Minh City, Vietnam.
Methods: All the patients received opiate maintenance treatment (methadone or buprenorphine/naloxone), HIV and HCV testing and counseling sessions focused on substance use and HIV/ HCV risk-taking behaviors. Here we assess the impact of this program on treatment initiation, treatment adherence, and change in substance use at 6-month follow-up.
Results: Since December-01-2013, 161 heroin injectors who met DSM-5 opiate use disorder diagnosis were enrolled. None of the patients who sought treatment at Go Vap clinic refused to participate. They were mainly males (95.0%), 32.6 y.o. (SD= 5.4), living with family (78.9%), reporting employment (51.3%). They reported using heroin for an average of 7.8 years (SD= 3.6, min-max= 1-20). The retention rate at 6-month was 97.5%, significantly higher than before the initiation of the integrated treatment program (86.3%). Treatment adherence was very high. The methadone maintenance dose ranged from 30 mg to 220 mg per day. The counseling session attendance ranged from 92.5% to 97.5%. There was a significant decrease in number of participants who reported using heroin over 6-month (chi²= 300.9, p< .0001) and a significant decrease of the days of heroin use among users (F(5,79)= 121.6, p<.0001). Sixty-one (38.6%) were HIV-positive, with five not previously known to be positive. All HIV-positive participants received HIV treatment. One hundred-three (64.8%) were HCV-positive, 49 (47.6%) were newly diagnosed. Only 2 participants (2.4%) had received HCV treatment.
Conclusion: At 6-month, the findings showed the added value of an integrated treatment program on drug use, HIV detection, and access to HIV care. Long-term follow-up is needed to confirm the impact of this program.

Background

- About 170,000 drug users in Vietnam (PEPFAR 2012)
  80% heroin injectors
- HIV prevalence is high among drug users
  About 52% (HCMC PAC 2012)
- 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, we have studied the implementation of an integrated drug treatment program within an HIV treatment setting in Ho Chi Minh City, Vietnam

Integrated Treatment Model

- Enroll and follow patients for 12 months
  - All participants seeking treatment for Opioid Use Disorder (DSM-5 criteria) at Go Vap Clinic (HCMC, Vietnam) and currently opiates users were eligible
- 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

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Objective

- To evaluate the impact of this program on
  - Treatment initiation
  - Treatment adherence
  - Change in substance use at 6-month follow-up
  - Change in risk-taking behavior at 6-month follow-up
  - Change in quality of life at 6-month follow-up

Methods

- Selection of participants who have entered treatment for at least 6-month
- Assessment tools
  - Study specific questionnaire: baseline and 6-month follow-up
  - DSM-5 Substance Use Disorder criteria
  - Risk Assessment Battery (RAB) (Metzger 1990): baseline and 6-month follow-up
  - WHO-QoL HIV- Bref (WHO 2002, Tran 2012): : baseline and 6-month follow-up
  - Weekly Urine Drug Screen
  - HIV-testing
  - HCV-testing
  - Treatment adherence
  - Treatment dose
  - Counseling session monitoring form

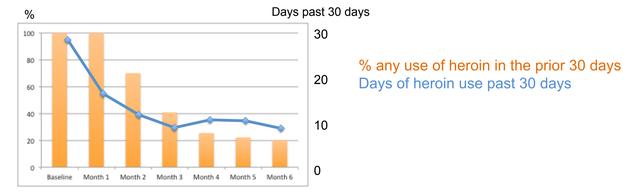
Results

- December 2013 – May 2015: 253 participants enrolled
  - Methadone: n= 213
  - Buprenorphine/naloxone (Suboxone®): n= 40
- Sample at least 6 months in Tx: n= 161 (only methadone)
  - Males 95%
  - Age (mean) 32.6 y.o. (SD= 5.4, range: 21-50)
  - Education High school: 36%
  - Never married 48%
  - Living with parents/family 79%
  - Have a job 51% (unskilled labor: 94%)
- Baseline Opiates use (Heroin use)
  - DSM-5 criteria More than 6 (Severe)
  - IV route 100%
  - Lifetime 7.8 years (SD= 4.4)
  - No. of previous Tx Mean= 6.1 (SD= 4.6, range: 1-20) -- 100% Rehab center (06 Center)
- Baseline - Other current substance use (self-report)
  - Tobacco 100%
  - Alcohol 20%
  - Amphet/Methamphet. 7%
  - Benzodiazepines 7%
  - Cannabis 4%
- HIV-status
  - HIV-positive n=61 (38.6%) --- 5 newly diagnosed (8.2%) --- Incidence = null
  - In treatment 100% ----- 84% receiving ARV
- Hepatitis C
  - HCV-positive n=103 (64.8%) --- 49 newly diagnosed (47.6%) --- Incidence = null
  - In treatment 1.9%
- Retention in study = 97.5%
  - 4 participants stopped treatment within the 6-month period
    - 2 within the first month: 1 arrested, 1 move to another district
    - 2 in the third month: 1 had an accident and relapse, 1 relapse
- Treatment adherence = Very high

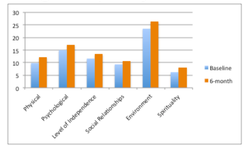
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Counseling session attendance (%)	93.3	95.5	95.7	97.5	95	92.5
OMT Tx attendance						
Nb. subjects missing 1+ dose	6	6	10	17	19	32
% missing dose	0.1	0.2	0.3	0.5	1.3	1.4
HIV attendance (%)	100	100	100	100	100	100

Results - con't

- Change in heroin use
  - Significant decrease of participants who reported using heroin (chi²= 300.9, p<.0001)
  - Significant decrease of number of days using heroin among users (F(5,79)= 121.6, p<.0001)

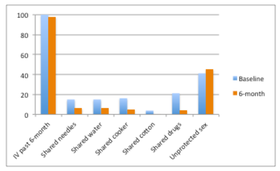


- Change in quality of life



- Significant improvement in all domains of the WHO-QoL (p<.0001)

- Change in risk-taking behavior



- Significant reduction in
  - Sharing needle (chi²= 6.5, p=0.01)
  - Sharing water (chi²= 6.5, p=0.01)
  - Sharing cooker (chi²= 10.8, p=0.001)
  - Sharing drugs (chi²= 20.6, p<0.0001)
  - Drug-related risk score (F(1,159)= 19.6, p<0.0001)
- No change in sex-related risk taking behavior
  - No change in unprotected sex prevalence (chi²= 0.6, p=0.46)
  - No change in sex-related risk score (F(1,159)= 2.1, p=0.15)
- No difference in change in risk by HIV and HCV sero-status
  - Drug risk score x Time x HIV F(1,155)= 2.76, p= 0.09
  - Drug risk score x Time x HCV F(1,156)= 0.03, p= 0.87
  - Sex risk score x Time x HIV F(1,155)= 0.01, p= 0.92
  - Sex risk score x Time x HCV F(1,156)= 0.38, p= 0.54

Conclusion - Challenges

- High retention rate
  - High acceptability of the program
- High treatment attendance
- Positive impact on
  - Reducing heroin use and no increase in use of other drugs
  - Improving quality of life
  - Decreasing drug-related risk taking behavior
- Similar results with buprenorphine/naloxone treatment?
  - To date: n=40, none with 6-month follow-up
  - So far, same acceptability as methadone at initiation
  - Alternate day dosing
- Access to both methadone and buprenorphine/naloxone treatment
  - Demonstration of feasibility and acceptability
  - Maximize the potential for sustainable scale-up of integrated medication assisted treatment in Vietnam
- High prevalence of Hepatitis C
  - Need to develop access to treatment for Hep C.

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