Change over 12-months of an Integrated Treatment Program for Opiate Addiction and HIV in Ho Chi Minh City, Vietnam: highlighting the role of counseling


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Abstract

Background: As part of the integrated drug treatment program implemented in an HIV treatment setting at Go Vap clinic, Ho Chi Minh City, Vietnam, we have developed structured counseling sessions. Methods: Participants were assessed at baseline, weekly for 12 weeks and then monthly. Here we describe the retention, the treatment outcomes over the 12-month follow-up. Results: 448 heroin injectors (97.2% males, 32.3 ± s.y.) were enrolled (628 receiving methadone - MET, and 180 BUP/NX - Suboxone™). The retention in methadone treatment at 12-month was 89.9% for MET, 57.0% for BUP/NX. Treatment adherence was high. The three treatment approaches were equally effective with a significant decrease in indices of heroin use (F(11,277)= 21.8, p<0.001) along with a significant decrease of reported craving (F(12,232)=20.2, p<0.001), a significant improvement of mood (F(12,232)= 5.88, p<0.001), satisfaction with income/work (F(12,232)= 4.41, p<0.001) and satisfaction with recovery (F(11,249)= 3.78, p<0.001). Change in heroin use was found highly correlated with all these previously listed outcomes (correlation range: 0.20-0.72). The baseline characteristics of the participants who dropped out treatment did not differ significantly from those who completed the 12-month program. Lower self-rated mood was associated with dropping out of treatment (AR=1.3, 95% CI=1.1-1.5), highly correlated with family relationships (ρ=0.32, p<0.001) and satisfaction with income/work (ρ=0.48, p<0.001).

Conclusion: As part of an integrated treatment program, structured counseling sessions using both relapse prevention and cognitive-behavioral techniques that address treatment observance, substance outcomes, client’s psychosocial needs and their family relationships enhance the program retention and effectiveness.

Methods

- Efficacy of treatment at 12 months was assessed by:
  - Treatment retention
  - Heroin use
  - Self-reports of drug use: collected on a weekly basis for 12 weeks and monthly thereafter
  - Urine drug screens: randomly once a week for the first 12 weeks of treatment and twice a month thereafter
  - Agreement between self-report use and urine drug screen: high (KPP)•
  - Self-evaluation during counseling sessions
  - 12-weekly sessions then 10 monthly sessions thereafter
  - Craving
  - Mood
  - Family relationships
  - Satisfaction with income/work
  - Satisfaction with recovery

- Comparative assessments for each treatment strategies have been performed using Chi² tests, and analyses of variance. Multivariable models were performed to evaluate the factors associated with retention and treatment outcomes. Spearman’s correlation were used to evaluate the correlations between variables.

Results

- High retention in treatment at 12 months (78.0%)•
- MET > BUP/NX
  - MET: 57.0%
  - BUP/NX: 40.0%
  - Three-weekly BUP/NX: 69.8%

- Average daily dose (mg/day (SD))
  - MET: 118.5 (81.8)
  - BUP/NX: 18.5 (5.6)
  - BUP/NX three-weekly: 14.8 (1.8)

- Mood
  - MET: 5.04
  - BUP/NX: 2.7

- Satiety
  - MET: 0.30
  - BUP/NX: 0.52

- No change in other substance use
- No change in heroin use correlated with
  - MET
  - BUP/NX

Results (cont’)

- Change in craving, mood, family relationships, satisfaction with income/work, satisfaction with recovery
  - Significant decrease of craving regardless of the treatment (F(12,232)=30.2, p<0.001)
  - MET: First 3 months of treatment
  - BUP/NX: First 3 months of treatment
  - Significant improvement of mood regardless of the treatment (F(12,232)=5.88, p<0.001)
  - MET: First 3 months of treatment
  - BUP/NX: First 3 months of treatment
  - Factors associated with dropping out treatment program
  - Lower self-rated mood (AR=1.3, 95% CI=1.1-1.5) Highly correlated with Family relationships (ρ=0.32, p<0.001)
  - Satisfaction with income/work (ρ=0.48, p<0.001)

Conclusion

- The three approaches to treatment appear to be as efficient to treat opiate use disorder
  - As part of a comprehensive and integrated treatment program i.e. OMT and structured counseling sessions
  - BUP/NX quit heroin earlier (within the first 3 months of Tx)
  - In a context where no take-home dose is allowed, BUP/NX thrice weekly
    - Enhance retention and adherence in treatment
    - Reduce heroin use sooner
    - Less time spend travelling to and from the clinic (reduces the cost for the client)
    - Less disturbance that prevents from working (less missed time from work)
  - Importance of counseling sessions that address: substance use, craving, psychological functioning, family and social relationships
  - Enhance retention in treatment program
  - Not able to predict who will respond better on one medication versus another
  - More treatment options available, more likely one will find a more suitable treatment option
  - Long-acting medication within a comprehensive addiction treatment could be valuable to enhance treatment engagement, retention and adherence

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