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

C. Denis1, D. Metzger1, L. Huang2, V. Trias2, M. Auriacombe3, G. Raguin2, S. Mai Thi Hoai4, G. Le Truong4, J-P. Daulouède2,3,8, C. O’Brien1

1 Center for Studies of Addiction, University of Pennsylvania, Philadelphia, PA, USA; 2 Expertise France, Paris, France; 3 CNRS USR 3413 SANPsy, University of Bordeaux, Bordeaux, France; 4 HCMC AIDS Committee, Ho Chi Minh City, Vietnam; 5 Bizia Addiction Clinic, Bayonne, France

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 (ART). 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 six-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 (85.6%), 32.6 y.o. (SD=5.4), long with family (78.6%), reporting employment (57.3%). 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 (88.5%). Treatment adherence was very high. The methadone maintenance dose ranged from 30 mg to 200 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 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 220 mg per day) and a significant decrease of the days of heroin use among users (F(5,75)=121.6, p<0.001) and a significant decrease of the days of heroin use among users (F(5,75)=121.6, p<0.001).

Conclusions: 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 (PEPPAR 2012) 80% heroin injectors
• HIV prevalence is high among drug users
• About 52% 2009-2009: start of Methadone Treatment in Vietnam Hap Phong and HCMC
• There is a lack of access to comprehensive treatment for both opiate use disorder and HIV in Vietnam
• Since November 2013, we have implemented 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 opiate 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

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%

Baseline Opiate use (Heroin use) DSM-5 criteria
• More than 6 (Severe)
• IV route 100%
• Lifetime 7.8 years (SD=4.4)
• Number of previous Tx Mean: 6.1 (SD=4.6, range: 1-20) = 100% Rehab center (96 Center)
• Baseline - Other current substance use (self-report)
  - Tobacco 100%
  - Alcohol 20%
  - Amphet/Methamphet.
  - 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
• Hepatitis C-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

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 tool
  - Study specific questionnaire: baseline and 6-month follow-up
  - DSM-5 Substance Use Disorder criteria
  - Risk Assessment Battery (RAB) (McGeer 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 - con’t

Change in heroin use
• Significant decrease of participants who reported using heroin (χ²=300.9, p<0.001)
• Significant decrease of number of days using heroin among users (F(5,75)=121.6, p<0.001)

Change in quality of life
• Significant improvement in all domains of the WHO-QOL, (p<0.001)

Change in risk-taking behavior
• No change in drug-related risk taking behavior
• No change in sex-related risk taking behavior
• No change in sex-related risk taking behavior

Conclusion - Challenges

• High retention rate
• High acceptability of the program
• High treatment adherence
• 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.

References

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