A Pilot Implementation Project of an Integrated Treatment for Opioid Addiction in Vietnam

D. Metzger¹, C. Denis¹, L. Huang², V. Trias², M. Auriacombe³, G. Raguin², S. Mai Thi Hoai⁴, G. Le Truong⁴, J-P. Daulouède²,³,⁵, 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
Disclosures

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Overview of Presentation

• Review the aims of the research: study implementation
• Concepts that informed the research
• Current status and results thus far
• Conclusions
Aims of the study

• To establish a new integrated MAT treatment program (MMT and Suboxone) within the Go Vap HIV Clinic, Ho Chi Minh City

• To evaluate barriers and facilitators of implementation

• To evaluate patient retention, medication adherence, drug use, and HIV treatment engagement

• To estimate the costs and benefits of MAT treatment strategies
Prevention of HIV-1 Infection with Early Antiretroviral Therapy


ABSTRACT

BACKGROUND
Antiretroviral therapy that reduces viral replication could limit the transmission of human immunodeficiency virus type 1 (HIV-1) in serodiscordant couples.

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Cohen at the University of North Carolina
MMT improves access, adherence, and viral suppression

Methadone maintenance therapy promotes initiation of antiretroviral therapy among injection drug users

Sasha Uhlmann1,2, M.-J. Milloy1, Thomas Kerr1,2, Ruth Zhang1, Silvia Guillemi1, David Marsh3, Robert S. Hogg1,4, Julio S. G. Montaner1,2 & Evan Wood1,2

British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, Vancouver, Canada.1 Department of Medicine, University of British Columbia, Vancouver, Canada.2 Vancouver Coastal Health, Vancouver, Canada.3 and Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada.4

Review
Adherence to HIV treatment among IDUs and the role of opioid substitution treatment (OST)

Bruno Spire1, Gregory M. Lucas3, M. Patrizia Carrier4,5
1 INSERM U379, INSERM-EPHE, Marseille, France
2 Johns Hopkins University, Baltimore, USA
Received 26 May 2006; received in revised form 19 October 2006; accepted 6 December 2006

Antiretroviral adherence and HIV treatment outcomes among HIV/HCV co-infected injection drug users: The role of methadone maintenance therapy

Anita Palepu6,7, Mark W. Tyndall8, Ruth Joy1, Thomas Kerr8,9, Evan Wood6,9, Natasha Press6,9, Robert S. Hogg6,9, Julio S.G. Montaner6,9
6 Centre for Health Evaluation and Outcome Sciences, St. Paul’s Hospital, University of British Columbia, BC, Canada
7 Department of Medicine, St. Paul’s Hospital, University of British Columbia, BC, Canada
8 Vancouver Coastal Health, Vancouver, BC, Canada
9 British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, University of British Columbia, BC, Canada
Received 11 November 2005; revised in revised form 3 February 2006; accepted 7 February 2006
Clear need for more treatment options
Reported number of people who receiving opioid substitution therapy, 2012-2013

Addiction is a chronic medical condition

Biological components

+ 

Behavioral components

Most effective addiction treatment requires attention to both: medication \textit{and counseling} (MAT)
Expanding Substance Use Treatment Options for HIV Prevention With Buprenorphine–Naloxone: HIV Prevention Trials Network 058

David S. Metzger, PhD,* Deborah Donnell, PhD,† David D. Celentano, ScD,‡ J. Brooks Jackson, MD, MBA,§ Yiming Shao, MD, PhD,|| Apinun Aramrattana, MD, PhD,‖ Liu Wei, MD,# Liping Fu, MD,** Jun Ma, MD,** Gregory M. Lucas, MD, PhD,†† Marek Chawarski, PhD,‡‡ Yuhua Ruan, PhD,|| Paul Richardson, MSc, §§ Katherine Shin, PharmD,||| Ray Y. Chen, MD, §§§ Jeremy Sugarman, MD, MPH,## Bonnie J. Dye, MPH,*** Scott M. Rose, BS,*** Geetha Beauchamp, MS,†††† and David N. Burns, MD, MPH,‡‡‡‡ for the HPTN 058 Protocol Team

Background: Injection opioid use plays a significant role in the transmission of HIV infection in many communities and several regions of the world. Access to evidence-based treatments for opioid use disorders is extremely limited.

followed by dose tapering. All participants were followed for 52 weeks after treatment completion to assess durability of impact.

Results: Although the study was stopped early due to lower than expected occurrence of the primary end points, sufficient data were available to evaluate the impact of the interventions and to preserve site and participant blinding.
Vietnam

Vietnam = about 170,000 drug users (WHO 2014)
  • 80% heroin injectors

Vietnam National MMT project initiated in 2008
  • Hai Phong and HCMC
  • Need to scale-up MAT program
    Currently 13,000 drug users treated

HIV prevalence is high among drug users
  • 46% (WHO 2014)
  • Not everyone has access to ARV
Go Vap Integrated Treatment Clinic
Procedure: Key Inclusion criteria

• 18 or more years of age

• Meets DSM-5 criteria for opioid use disorder

• Interested in methadone maintenance or Suboxone® treatment for opiate use disorder

• Injected heroin within past 30 days by self-report, documented by “tracks” or puncture marks
Procedure: Medication dosing strategy

**Methadone:**
daily dosing
no take-home

**Suboxone®:**
after at least 4 weeks of stable daily dosing, goal is 3x per week
no take home

(currently, 55.8% are receiving SBX 3x per week)
Counseling strategy: (BDRC)

- Rooted in cognitive behavioral therapy (CBT)
- Emphasis on current drug use and related problems
- Focus on short term behavioral goals
- Uses behavioral contracts
- Relapse is anticipated
- 12 weekly sessions followed by 9 monthly sessions

Supervision and support (Augustine Voisin)
Counseling toolkit
Implementation Milestones

- Project Yr. 01  Local, National, and institutional approvals
- Project Yr. 01  Training on addiction and MAT (ongoing supervision)
- Project Yr. 02  Training on BDRC counseling (ongoing supervision)
- Project Yr. 02  Introduction of Methadone treatment
- Project Yr. 01-03  Approvals for importation of Suboxone®
- Project Yr. 03  First Use of Suboxone® in Vietnam February, 2015
Enrollment as of September 2015

Total: 315
Methadone: 232
Suboxone®: 83
Rate of inclusion 89.6%
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>96.8%</td>
</tr>
<tr>
<td>Age</td>
<td>32.4 y (±5.9)</td>
</tr>
<tr>
<td>Living with family</td>
<td>81.0%</td>
</tr>
<tr>
<td>Any employment</td>
<td>50.4% (elementary occupation 94%)</td>
</tr>
</tbody>
</table>
## Drug use at baseline

### Opiate use
- **Heroin**: 100%
- **Duration (average)**: 7.8 y (+/-7.0; range 2-20 y)
- **Injection**: 100%
- **Mean days used in past 30**: 28 days

### Other substance use

<table>
<thead>
<tr>
<th>Substance</th>
<th>Prev. (%)</th>
<th>Lifetime (yrs)</th>
<th>Past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>100</td>
<td>15.5 (5.9)</td>
<td>30.0</td>
</tr>
<tr>
<td>Alcohol</td>
<td>17.9</td>
<td>3.8 (6.2)</td>
<td>6.7 (8.9)</td>
</tr>
<tr>
<td>Bzd</td>
<td>4.0</td>
<td>2.8 (1.8)</td>
<td>5.1 (2.9)</td>
</tr>
<tr>
<td>Amphet</td>
<td>3.0</td>
<td>1.0 (0.0)</td>
<td>1.8 (1.8)</td>
</tr>
<tr>
<td>THC</td>
<td>3.0</td>
<td>2.0 (1.2)</td>
<td>7.0 (2.3)</td>
</tr>
</tbody>
</table>
Baseline HIV and HCV

**HIV**
- Prevalence: 32.1%
- New diagnosed: 3.0%
- HIV clinic: 95%
- Viral load range: 0-400,000
- CD4 count: 432 (+/-232)

**Hepatitis C**
- Prevalence: 66.3%
- Newly diagnosed: 33.0%
- HCV treatment: 2%
Treatment Retention

Retention rate at 6 months
  • 92.7% (of those leaving, 78% left within 3 months)

Retention rate at 12 months (Methadone only)
  • 92.1% (117/127)

Reasons for leaving
  • Quit treatment n= 13
  • Arrested and sent to rehabilitation center n= 3
  • Moved in another city n= 2

Preliminary retention  methadone > suboxone
  • 92.7% versus 78.3%
Treatment Adherence

Medication adherence
  • 93.6% did not miss any dose of treatment
  • Missing dose per month range: 1-7

Counseling sessions attendance
  • Range from 92.5% to 97.5%

HIV treatment enrollment for those with HIV infection
  • 100%
Opiate Positive Tests

- Opiate use

- Significant decrease over time
  - No. of opiate positive tests
    - MET ($\chi^2 = 704.7, p<.0001$), SBX ($\chi^2 = 116.4, p<.0001$)
  - No. of days heroin use (among users) ($F(5,79) = 121.6, p<.0001$)
    - No difference btw MET and SBX ($\chi^2 = 9.6, p=0.57$)
Conclusions

Current data supports the acceptability and feasibility of integrating MAT with structured behavioral and drug risk counseling within an HIV clinic

- Rapid enrollment
- High retention rate

Introduction of Suboxone® = new medication treatment in Vietnam

- Acceptable to most patients
- New patients ask for Suboxone
- Few patient management concerns (dosing in response to missed visits)

Integrated treatment strategy showed significant positive impact on:

- Drug use
- HIV detection
- Access to HIV care

Research will confirm the long-term stability of these findings and identify facilitators and barriers to implementation.
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  - David Metzger, PhD, University of Pennsylvania, PA, USA
  - Gilles Raguin, MD, Expertise France
  - Lisa Huang, MD, Expertise France
  - Vincent Trias, Expertise France
- Expertise France Research staff in HCMC
- Expertise France Staff in Vietnam
- Expertise France Staff in Paris, France
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Leopold