

Confirmation that French Harm Reduction Policy is still efficient against HIV and HCV: Biological and Behavioral data

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Disclosures

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Background

- Harm reduction policy since about 20 years
 - Europe, North America, Australia
- Among drug users
 - Reduction of HIV
 - Controversy on impact on HCV (Jauffrey-Roustide 2006, Page-Shafer 2007, Fatseas 2012)
- However,
 - Data from 2006 → what the most recent data said?
 - New campaign on HCV prevention

Objective

- To assess the change in
 - Sero-status for HIV and HCV
 - Risk-taking behaviors
- Among opiate-use disorder treatment seekers in outpatient addiction clinics in Aquitaine, France
- Between 1994 and 2012
 - Changes in French Public Health Policy occurred during this period

Methods

■ Sample

- Ongoing follow-up study
- Patients seeking Tx for opiate use disorder btw 1994 – 2012
- Assessment at treatment entry

ASI: sociodemographic, history of substance use, route of use, severity of addiction CS (McLellan 1992, Auriacombe 2004)

Risk-taking behaviors past 6 months: RAB (Metzger 1990, Bertorelle 2000)

Biological testing for HIV and HVC

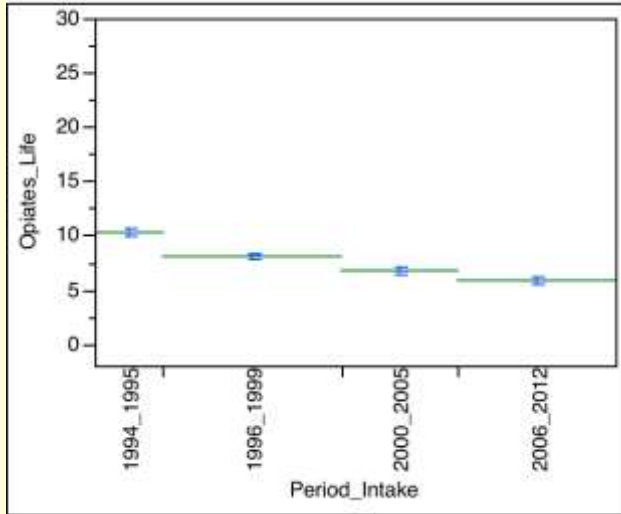
■ Analyses

- 4 periods corresponding to changes in French Public Health policy
 - 1994-1995: before introduction of harm reduction policy, access to syringes very restricted
 - 1996-1999: Steribox®, HAART, and OMT
 - 2000-2005: Steribox 2®
 - 2006-2012: 2006= new prevention campaign focused on HVC, kit sniff
- Assessment of the changes of HIV, HCV, and risk-taking behavior over these four periods (ANOVA, Cochran-Armitage)
- Multivariate analyses to assess the link between time period and change in these variables

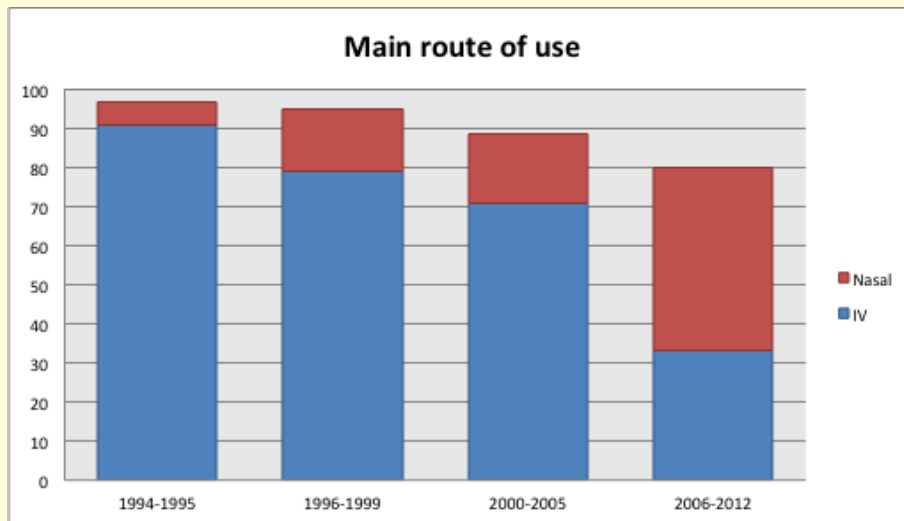
Results - Sample characteristics

- Patients seeking Tx: n= 1,213
- Study Sample n= 883 (73%)
 - 1994-1995: n= 118
 - 1996-1999: n= 299
 - 2000-2005: n= 200
 - 2006-2012: n= 266
- Demographic
 - Males (74%)
 - 32.4 y.o. (SD= 7.0)
 - Education 10.2 years (SD= 2.6)
 - Living with family ± children (66%)
- Study sample was more likely
 - HIV+, HCV+, longer use of opiate
- No difference btw the 4 periods

Results – Opiate Use

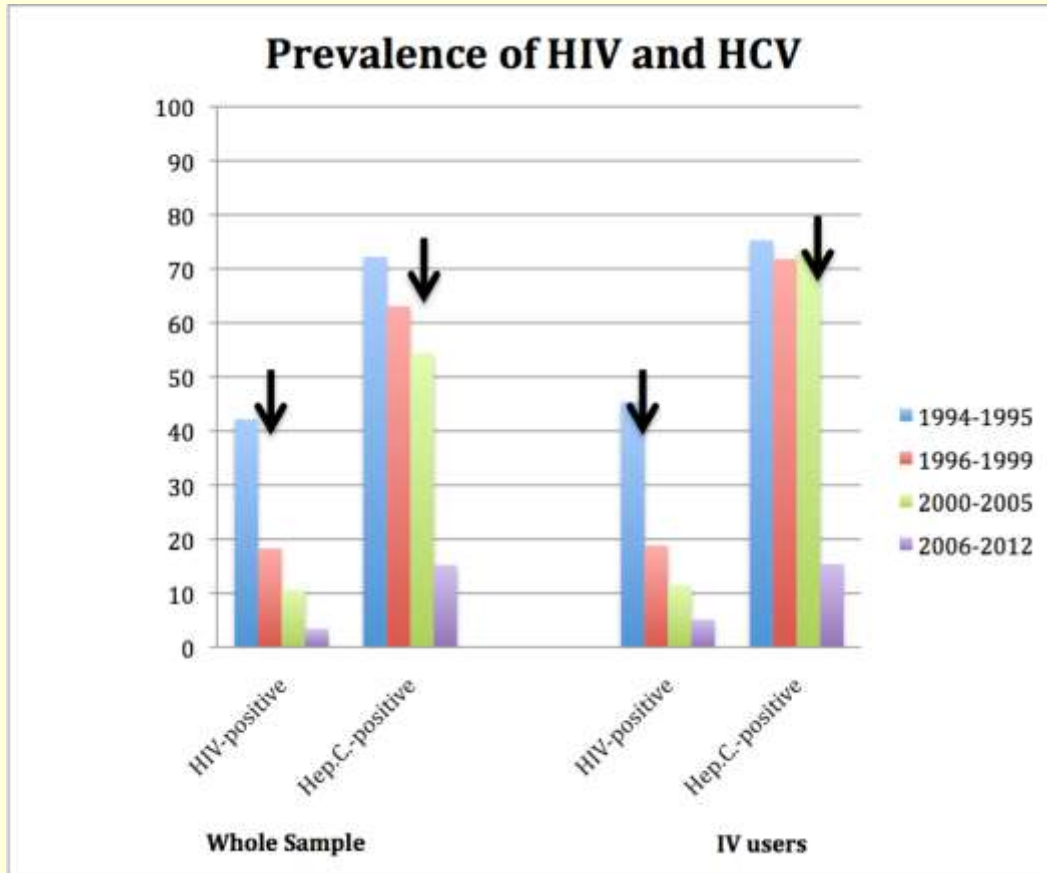


- Significant decrease of mean years of opiate use at Tx entry (10.3 years to 5.8)
($F(3,867) = 24.6, p < .0001$)



- IV route predominant from 1994 to 2005 but decreased
- Since 2006, nasal route = main route
- Other routes (smoking, oral) increased also parallel to IV decrease but reported by 10% or less

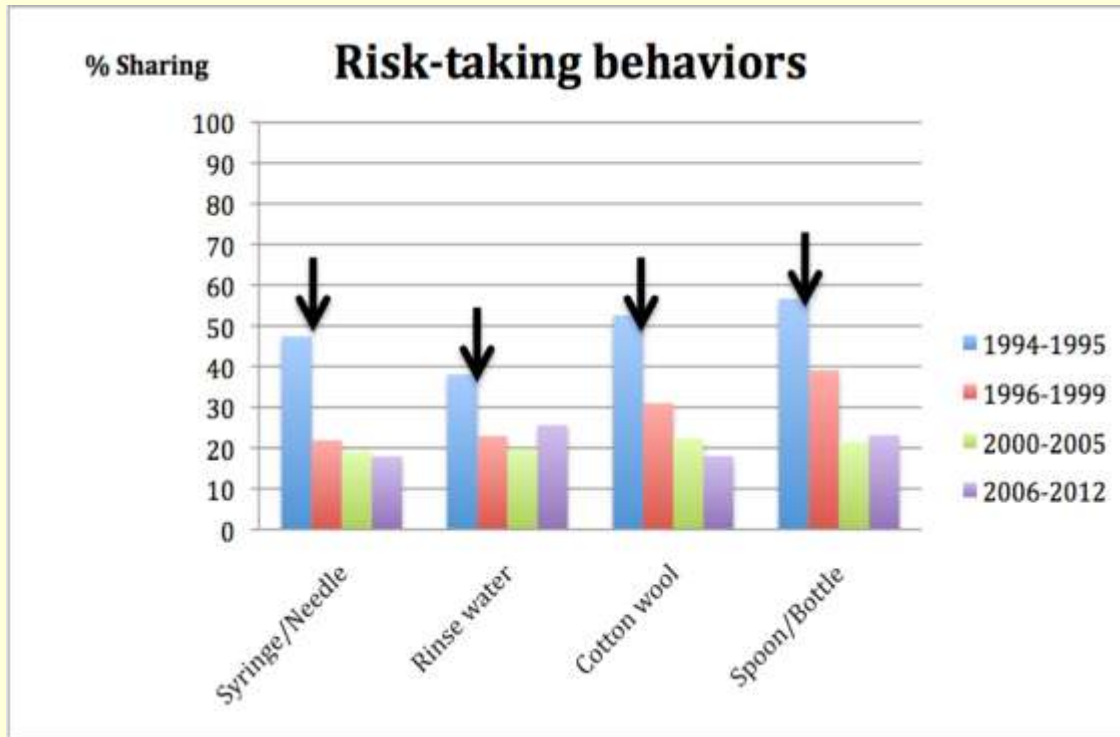
Results – Sero-status



- HIV-positive status decreased
 - Whole sample ($Z= 9.2, p< .0001$)
 - Among the IV users only ($Z= 6.2, p< .0001$)
- HCV- positive status decreased significantly
 - Whole sample ($Z= 11.7, p< .0001$)
 - Among the IV users only ($Z= 4.9, p< .0001$) = later decrease

Arrow = significant

Results – Risk Taking Behaviors



■ Drug-related

- Among IV users past 6 months (n= 467, 53%)
- After adjusting on confounding factors
- Enrolled after 1995 = were less likely to share injection material and paraphernalia

■ Sex-related

- Among patients reported sexual intercourse past 6 months (n= 608, 69%)
- After adjusting on confounding factors
- Enrolled in 2006 and thereafter = more likely to report systematic condom use

Results – Associated factors

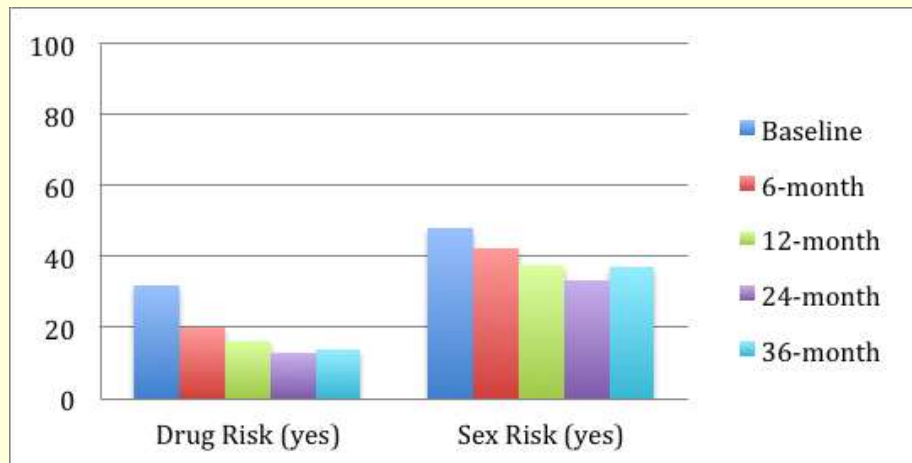
	OR	95% CI	p-value
Drug-related ^a			
Age < 32 y.o.	4.83	1.72 – 15.34	.002
Other Drug Addiction	2.92	1.09 – 9.27	.031
Hepatitis-C positive	3.47	1.18 – 10.49	.024
Current Mood Disorder	2.80	1.04 – 7.62	.041
No current Anxiety Disorder	3.69	1.28 – 12.23	.015
Sex-related ^b			
Age < 32 y.o.	1.39	1.02 – 1.89	.036
Gender - Women	1.79	1.29 – 2.49	.0005
HIV-negative	3.15	1.98 – 5.13	< .0001

- Drug-related risk taking behavior
 - Not related to
 - Years of opiate use
 - Year of starting Tx

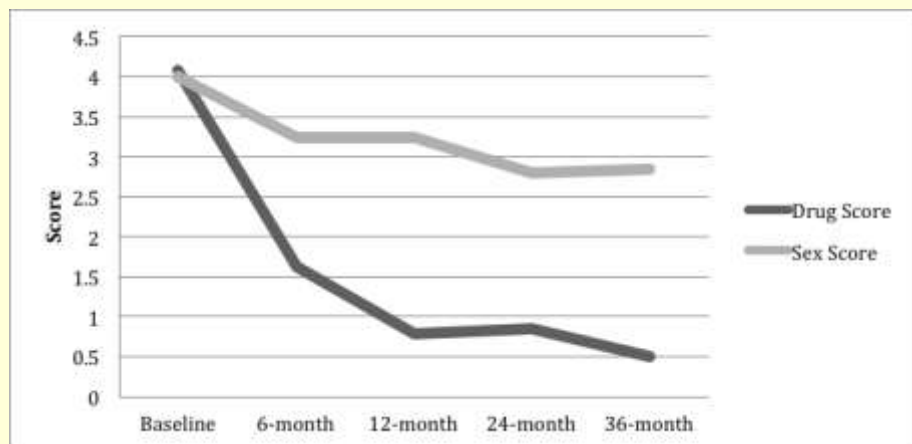
Methods – Follow-up

- To better characterize the participants who reported risk-taking behaviors and the change in risk-taking behavior along Tx
- Participants assessed every 6 months
 - ASI
 - RAB
- Sample size
 - Baseline: n=883
 - 6-month: n= 395
 - 12-month: n= 253
 - 24-month: n= 294
 - 36-month: n= 203

Results – Follow-up



- Drug-related risk-taking behavior
 - Significant decrease of the No. of participants who reported risk-taking
 - Decrease occurred within the first 6 months then stable ($\chi^2= 75.55, p< .0001$)
 - Still concern about 15% of participants in Tx
 - Significant decrease of the severity of risk-taking ($F(4,105)= 14.07, p< .0001$)



- Sex-related risk-taking behavior
 - Significant decrease of the No. of participants who reported risk-taking
 - Decrease occurred within the first 6 months then stable ($\chi^2= 27.52, p< .0001$)
 - Still concern about nearly 40% of participants in Tx
 - Significant decrease of the severity of risk-taking ($F(4,98)= 39.76, p< .0001$)

Results – Follow-up: Associated factors

- Participants who reported Drug-related risk-taking behavior
 - 1 Year: younger, HCV+, still opiate users, heavy alcohol users (more than 5 AU per day), current mood disorder
 - 2 Years: HCV+, current mood disorder
 - 3 Years: current psychiatric disorder
 - No association with previous treatment, year of opiate use, severity of addiction at baseline

- Participants who reported Sex-related risk-taking behavior
 - Regardless the length in treatment
 - More likely: female, HIV-neg, still opiate users, alcohol users, current mood disorder

Conclusion

- Relation btw changes in Harm reduction Public Health policy
 - Changes in risk-taking behavior
 - Significant decrease of needle and paraphernalia sharing since 1996
 - Decrease of the prevalence of HIV and HCV
 - Prevalence consistent with French studies (Coquelicot 2009)
- Confirm the decrease of HIV+ since 1995 (Jauffret-Roustide 2009, Fatseas 2012)
- Show a decrease of VHC+
 - More recent among IV users (2006)
 - Confirm Harm Reduction Policy need more times to show perceptible impact on HCV
 - Consistent with findings in countries where Harm Reduction Policy started earlier (Van Den Berg 2007, Berg 2007)
- Risk-taking behaviors
 - Decrease within Tx
 - Factors associated at baseline = factors associated in Tx
 - Additional strategies are needed
 - Young
 - Women
 - Psychiatric disorder
- Further studies are needed
 - To confirm the reduction of HCV+
 - In other settings (out-of-treatment users), other drug users (e.g. cocaine, crack)

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