Substance Abuse Treatment as HIV Prevention

David Metzger, PhD

University of Pennsylvania
HIV Prevention Research Division
Department of Psychiatry

Overview

- Overview of injection drug use and the HIV epidemic
 Small segment of the community are IDU
 Non injection drug use facilitates HIV transmission
- Proof of Concept: Drug treatment is HIV prevention
- Minimal treatment "coverage"
- Expanding treatment options
- Targeting treatment to those most likely to become infected

Current AIDS epidemiology

- Approximately 33,000,000 living with HIV/AIDS
- Over 3,000,000 IDUs living with HIV/AIDS
- Outside of sub-Saharan Africa, over 33% of all new infections are estimated to be attributable to injection drug use
- No estimates of the major role of alcohol and non-injection drug use

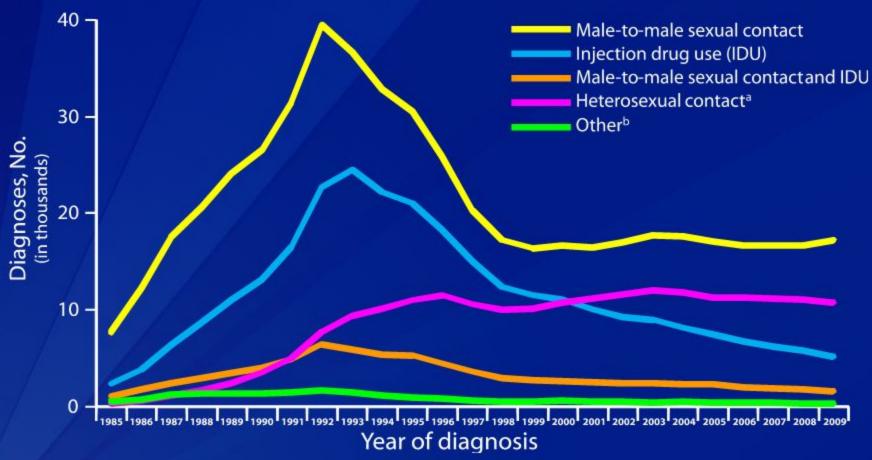
Predictors of seroconversion in Explore: drug and alcohol use

Drug	N at baseline	No. of infections	Hazard ratio*	95% CI
Heavy alcohol**	419	41	1.87	1.24, 2.81
Amphetamines	527	67	1.93	1.41, 2.64
Alcohol or drugs before sex	2952	205	1.57	1.08, 2.27

^{*} REF = no, light or moderate use of alcohol; no speed use; no use before sex

^{**} Heavy alcohol = 4+ drinks every day or 6+ drinks on a typical day

AIDS Diagnoses among Adults and Adolescents by Transmission Category, 1985–2009—United States and Dependent Areas



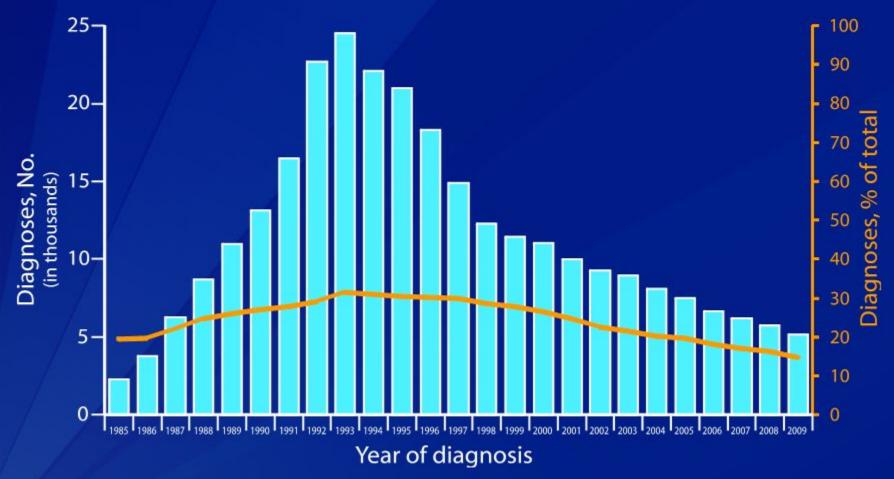
Note. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Includes hemophilia, blood transfusion, and risk factor not reported or not identified.



AIDS Diagnoses among Injection Drug Users, 1985–2009— United States and Dependent Areas



Note. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.



Adults and children estimated to be living with HIV as of end 2004





Total: 39.4 (35.9 - 44.3) million



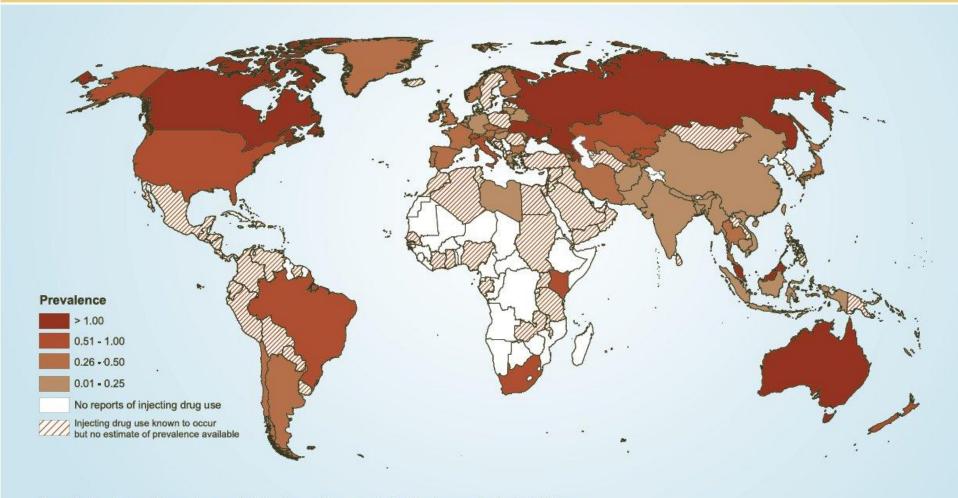
Adults and children estimated to be living with HIV, 2008



Total: 33.4 million (31.1 – 35.8 million)

Mode of use varies

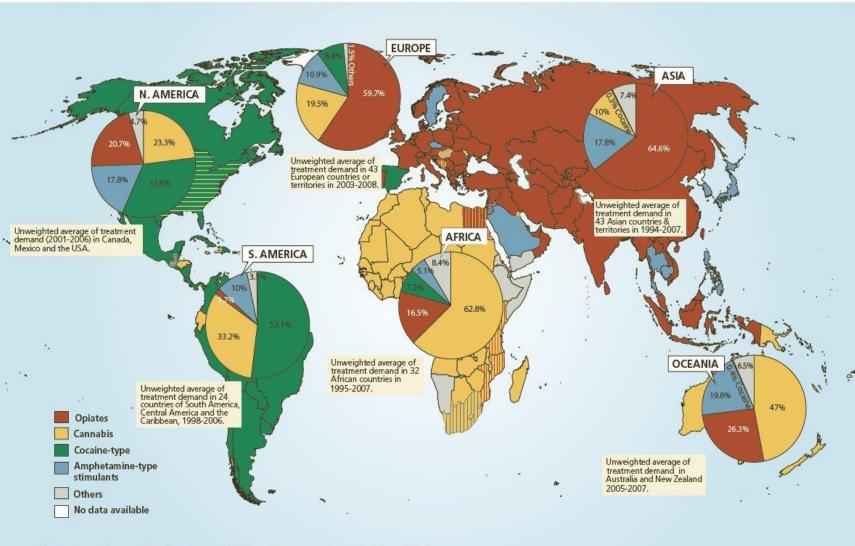
Prevalence (%) of injecting drug use among those aged 15-64 years



Note: The boundaries and names shown and designation used do not imply official endorsement by the United Nations.

Globalization of drug use

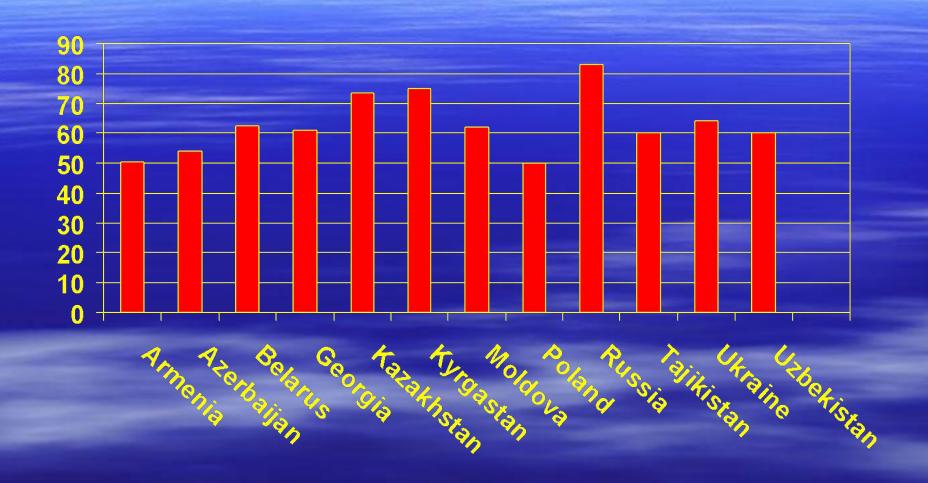
Main problem drugs (as reflected in treatment provided), 2007 (or latest year available)



Note: Data generally account for primary drug use; therefore polydrug use may increase totals beyond 100%.

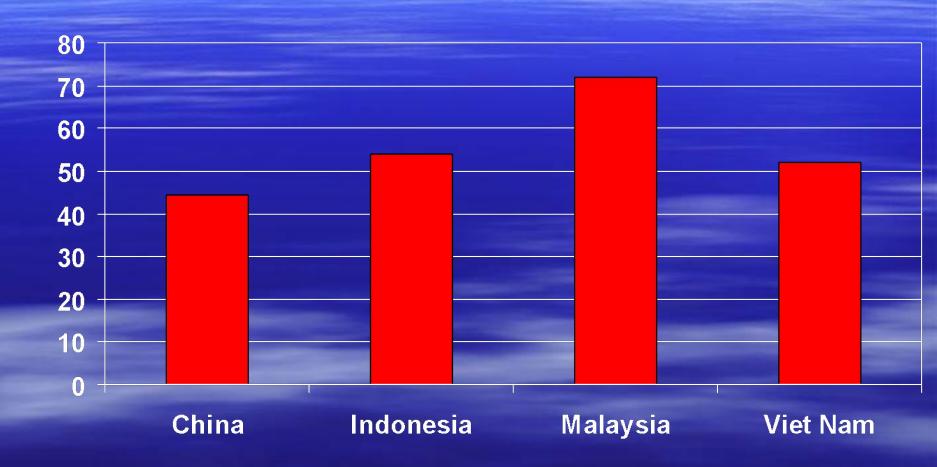
Sources: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports.

IDUs as Percent of Total Registered HIV Cases Eastern Europe and Central Asian Countries, 2007



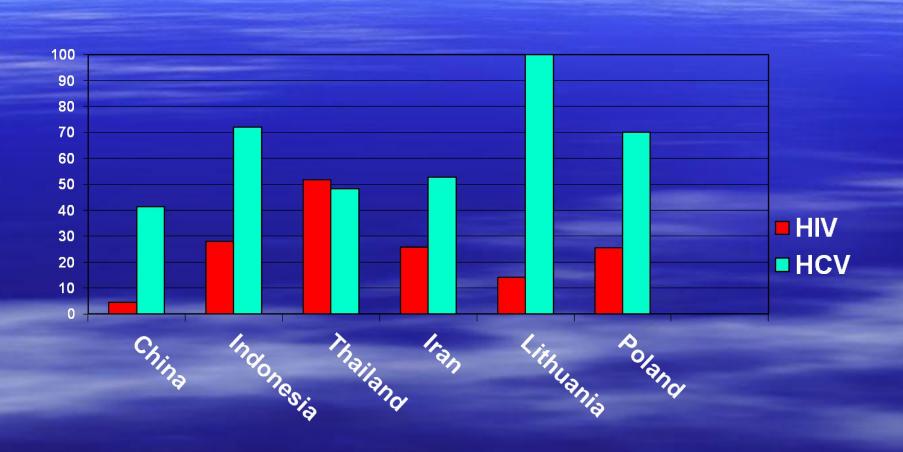
IDUs as Percent of Total Registered HIV Cases

East and South East Asian Countries, 2007



Source: UNAIDS 2008 Report on the Global AIDS Epidemic

Prevalence of HIV and HCV among WHO study participants by site



HIV prevention strategies for drug using populations

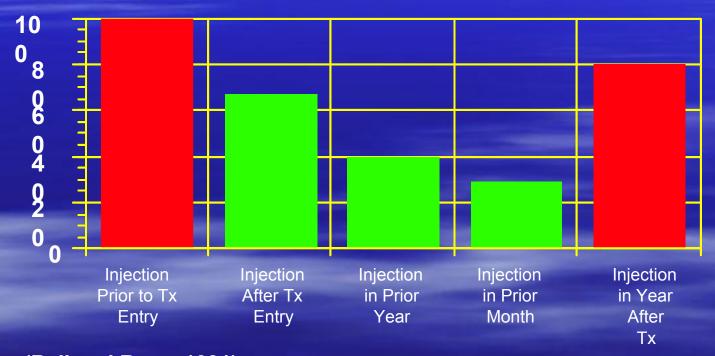
- Education about HIV transmission
- HIV counseling and testing
- Increased access to sterile injection resources and condoms
- Drug treatment
- HIV treatment

Addiction is a chronic medical condition

- Biological components (dependence)
- Behavioral components (addiction)
- Effective management requires attention to both--medication assisted treatment

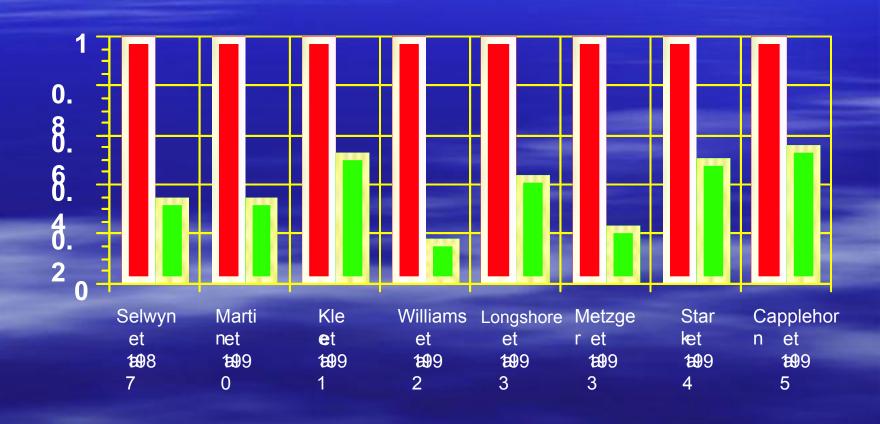
Percent of subjects rejections prior to, during, following methadone

treatment



(Ball and Ross, 1991)

Rate of needle sharing reported by In-Treatment IDUs compared to Out-of-Treatment IDUs

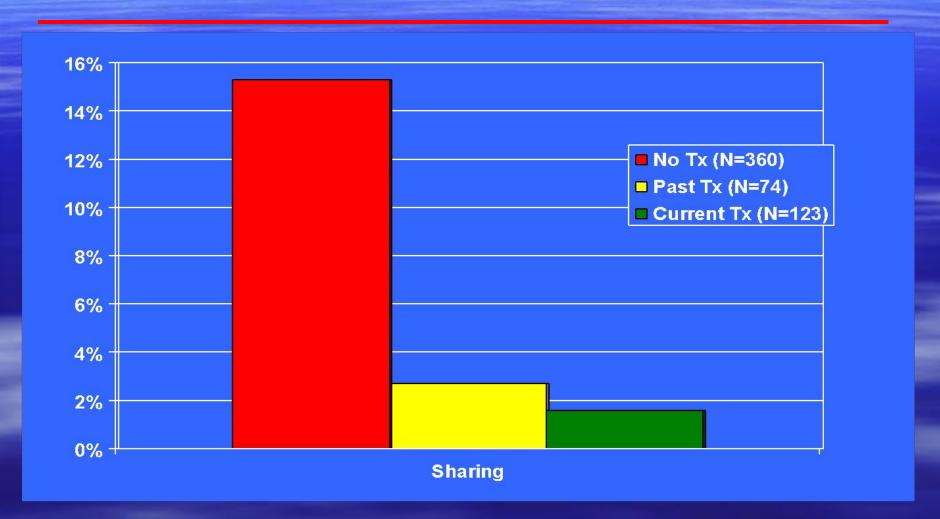


Drug use and injection among 557 heroin users by methadone treatment status, Sichuan Province, China



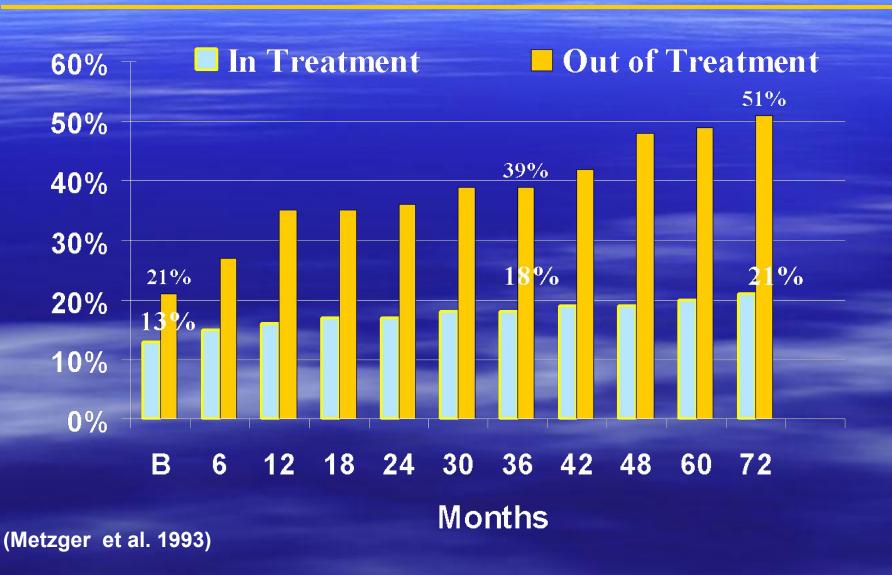
(Han-Zhu Qian et al, 2008)

Needle sharing among 557 heroin users by methadone treatment status, Sichuan Province, China

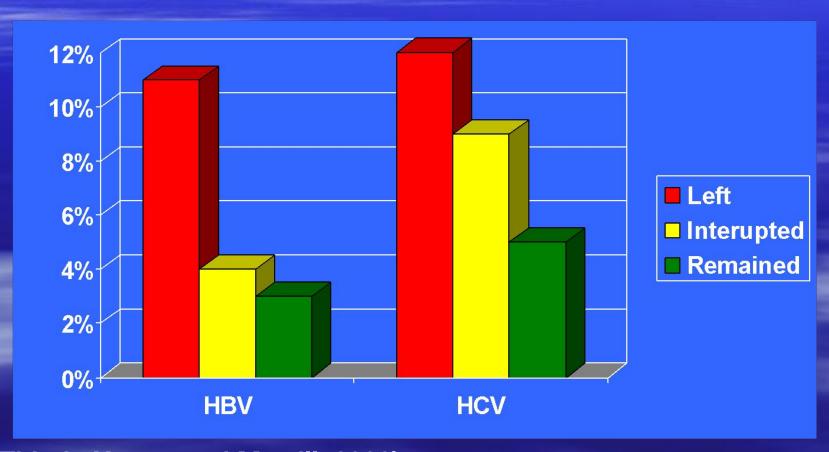


(Han-Zhu Qian et al, 2008)

Six year HIV infection rates by treatment status at time of enrollment



Incidence of HBV and HCV 12 Months Following Treatment Entry



(Thiede, Hagan, and Murrill, 2000)



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

Sasha Uhlmann^{1,2}, M.-J. Milloy¹, Thomas Kerr^{1,2}, Ruth Zhang¹, Silvia Guillemi¹, David Marsh³, Robert S. Hogg^{1,4}, Julio S. G. Montaner^{1,2} & Evan Wood^{1,2}

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

International Journal of Drug Policy 21 (2010) 4-9

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo





Available online at www.sciencedirect.com SCIENCE DIRECT

Drug and Alcohol Dependence 84 (2006) 188-194



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

Anita Palepu a,b,*, Mark W. Tyndall b,c, Ruth Joy c, Thomas Kerr b,c, Evan Wood b,c, Natasha Press b,c, Robert S. Hogg c,d, Julio S.G. Montaner b,c

2 Centre for Health Evaluation and Outcome Sciences, St. Paul's Hospital, University of British Columbia, BC, Canada b Department of Medicine, St. Paul's Hospital, University of British Columbia, BC, Canada 6 British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, University of British Columbia, BC, Canada d Department of Health Care and Epidemiology, University of British Columbia, BC, Canada Received 15 November 2005; received in revised form 5 February 2006; accepted 7 February 2006

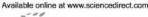


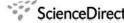
Social and structural determinants of HAART access and adherence among injection drug users

Andrea Krüsia, Evan Wooda,b, Julio Montanera,b, Thomas Kerra,b,*

- ² British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, Canada
- b Department of Medicine, Faculty of Medicine, University of British Columbia, Vancouver, Canada







International Journal of Drug Policy 18 (2007) 262-270



Review

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

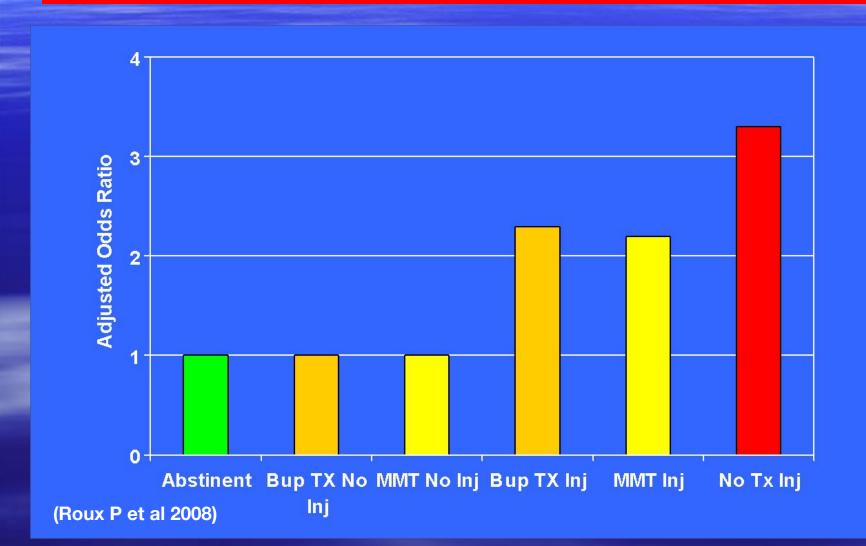
Bruno Spire a, Gregory M. Lucas b, M. Patrizia Carrieri a,*

3 INSERM-U379/ORSPACA, Marseilles, France b Johns Hopkins University, Baltimore, USA

Received 26 May 2006; received in revised form 19 October 2006; accepted 6 December 2006



MANIF 2000: Drug treatment and injection as predictors of poor adherence to HAART (N=276; 1558 patient visits)



Adherence by past and current drug and alcohol diagnoses

Alcohol Drug

Current diagnoses p<.01 p<.01

Lifetime diagnoses NS NS

How does drug treatment prevent HIV infection and transmission?

- Effective treatments reduce the frequency of drug use
- Fewer drug-related risk behaviors
- Fewer new infections
- Increased access to HIV treatment and primary care
- Increased adherence to HIV medications

Despite these findings

- Selected expansion of methadone treatment
- Need for treatment expansion
- Need for improvements in efficacy of existing treatments
- Need for new delivery strategies
- Need for new medications and formulations

Clear need for more treatment options

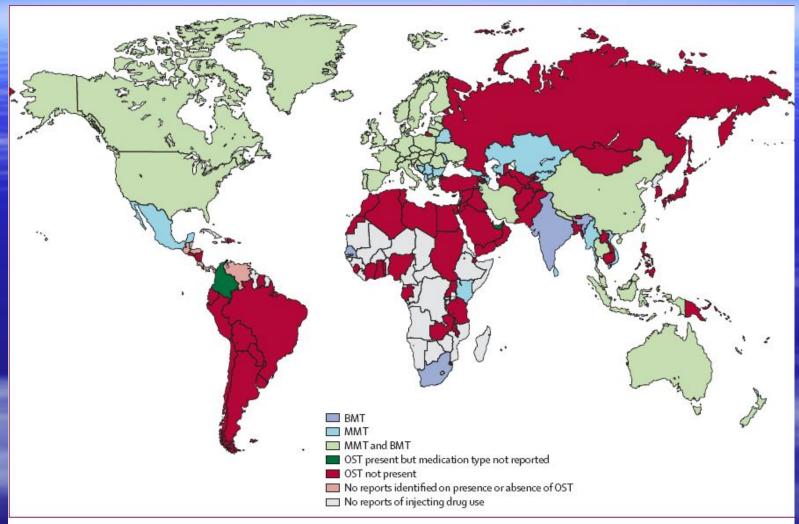


Figure 3: Availability of opioid substitution treatment
BMT=buprenorphine maintenance treatment. MMT=methadone maintenance treatment. OST=opioid substitution therapy.

Methadone Maintenance Program in

In Dec. 2003, 8 clinics in 5 provinces were approved to be China's 1st wave of community-based methadone maintenance program

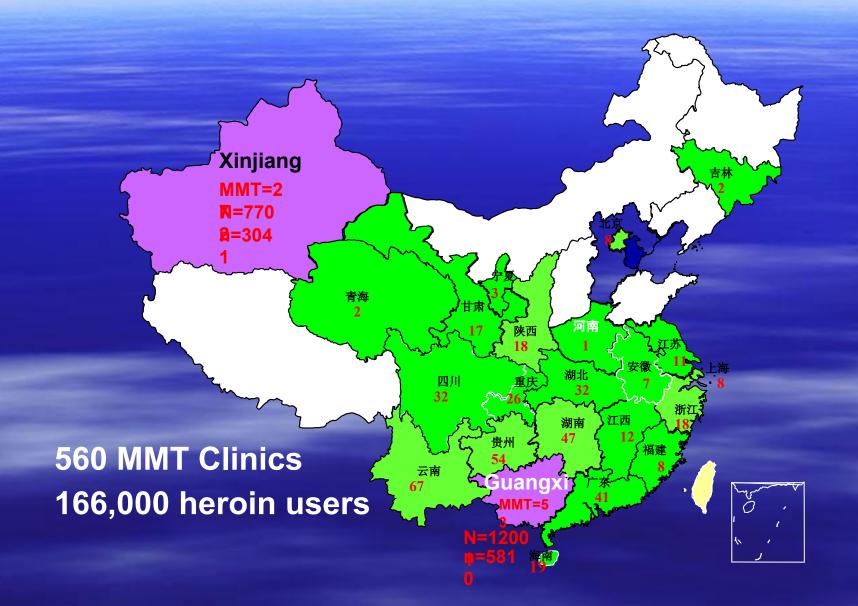


Milestones in China's National Response to HIV/AIDS & Drug

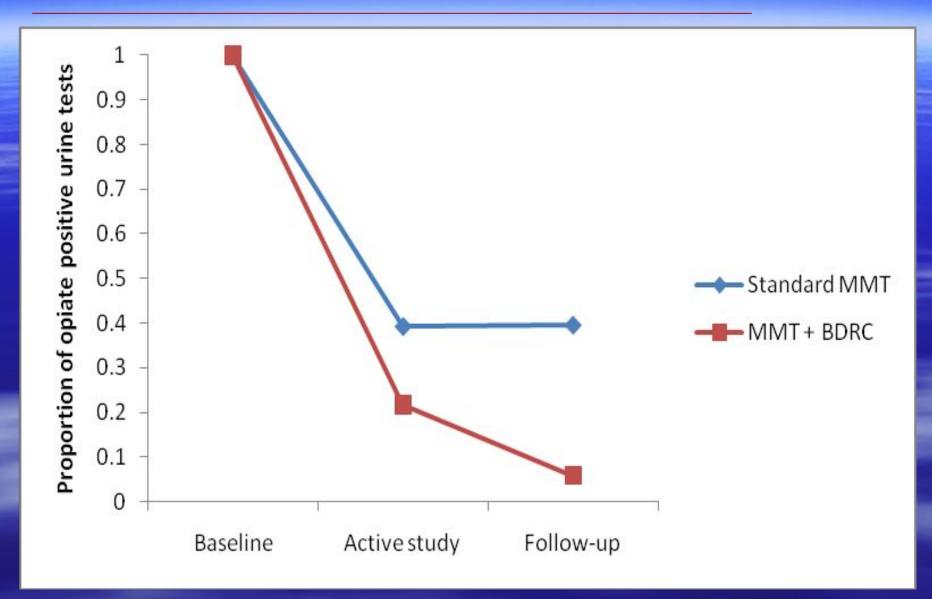


Premier Wen Jiabao, visited Wuhan Detox. Center in June 2004

Methadone treatment in 2009



Improving the efficacy of treatment: Counseling



Buprenorphine/Naloxone offers new opportunities for HIV prevention and care



- Partial agonist, longer half-life
- Reduced risk of overdose
- Less severe withdrawal
- Fewer interactions with anti-retrovirals

HPTN 058: comparing new delivery strategies

Opiate injectors recruited from community and screened

If not eligible, referred to local resources

Short-Term Medication Assisted Treatment

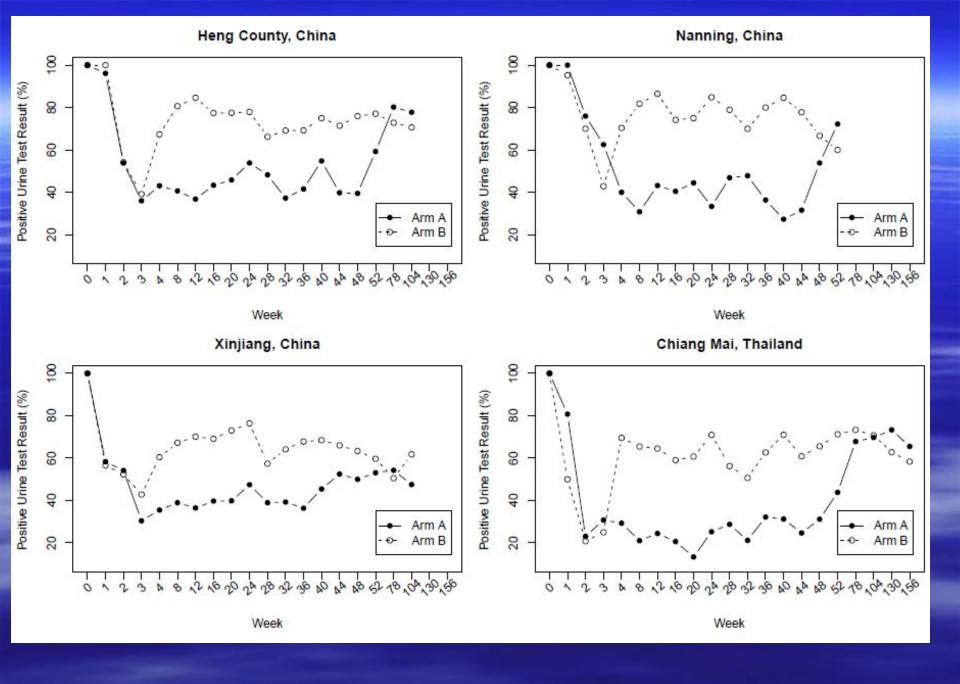
Suboxone detox
At Bx and 6 months
plus one year
counseling;
Referral to
local resources

HIV testing and counseling
Every 6 months
Year 02

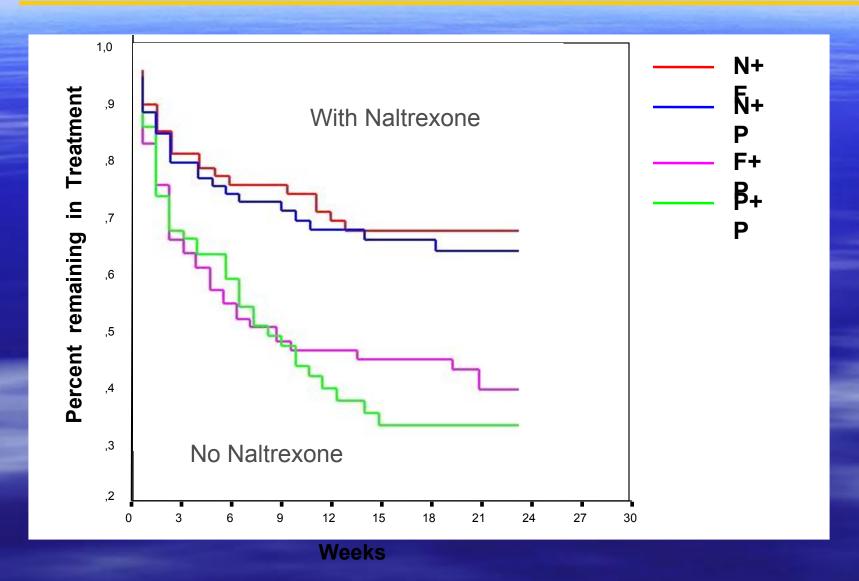
Long-Term Medication Assisted Treatment

12 months of Suboxone plus one year counseling;
Referral to local resources

HIV testing and counseling
Every 6 months
Year 02



New treatment approaches: Oral Naltrexone treatment in St. Petersburg (N=280)



New formulations: Implantable Naltrexone







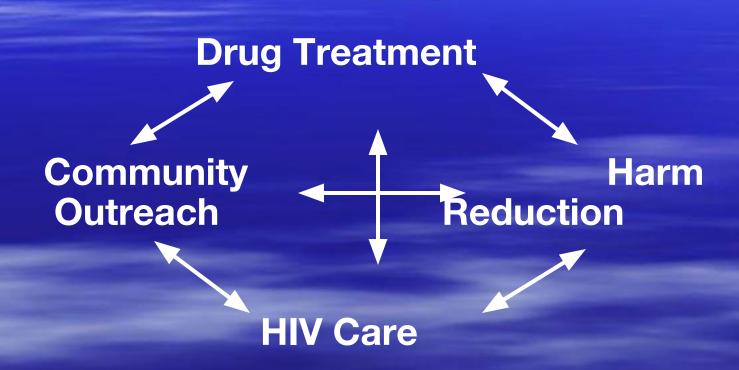


Effective drug treatments

- recognize addiction as a chronic disease
- use pharmacologic and counseling interventions
- are accessible, acceptable, and affordable
 to those users most likely to become infected



Drug treatment is necessary but not sufficient for HIV prevention in communities



Summary

- IDUs are small segment of the population but a major part of the HIV infected population
- Neglecting the health of even a small segment of the community jeopardizes the public health
- Alcohol and non-injection drug use is a major risk factor in all risk groups
- Research on opiate injectors in methadone treatment has provided "proof of concept" that drug treatment is HIV prevention
- Despite selected expansion of methadone treatment as harm reduction—coverage remains extremely limited

NI IC I IC C I CC

