TRANSLATING SCIENCE TO END HIV IN EASTERN EUROPE AND CENTRAL ASIA

AIDS 2018 POST-CONFERENCE SYMPOSIUM

Georgia, 20 June 2019
Opioid substitution agonist therapy in Ukraine

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Tbilisi, Georgia
June 20, 2019
Factors of Public Health

**SIGNALS**

- Poverty
- Unemployment
- HIV, HCV, Mental Health problems
- Predisposition to DA
- Addiction + Risky Behv
- Incarceration

**CONTEXTS/BARRIERS**

- Unequal distribution of wealth and power;
- Classism
- Racism
- Sexism
- Homophobia
- Transphobia
- Narcophobia
OAT Outcome

Benefits of OAT

<table>
<thead>
<tr>
<th>Metric</th>
<th>Before</th>
<th>After</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily narcotic use</td>
<td>70</td>
<td>16</td>
<td>-54%</td>
</tr>
<tr>
<td>Time unemployed</td>
<td>62</td>
<td>43</td>
<td>-19%</td>
</tr>
<tr>
<td>Days involved in Crime</td>
<td>32</td>
<td>12</td>
<td>-20%</td>
</tr>
<tr>
<td>Time Incarcerated</td>
<td>32</td>
<td>7</td>
<td>-25%</td>
</tr>
</tbody>
</table>

Courtesy by Prof. F. Altice
OAT and Mortality: Systematic Review

- Over 138,000 patients from 21 cohorts
- Mortality decreased **3.2-fold** while on OAT and was highest before starting and within 2 weeks of discontinuation of OAT

### All Cause Mortality

<table>
<thead>
<tr>
<th></th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off OAT</td>
<td>36.1</td>
<td>11.3</td>
</tr>
<tr>
<td>On OAT</td>
<td>11.3</td>
<td>9.5</td>
</tr>
</tbody>
</table>

### Overdose Mortality

<table>
<thead>
<tr>
<th></th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off OAT</td>
<td>12.7</td>
<td>4.2</td>
</tr>
<tr>
<td>On OAT</td>
<td>4.2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Sordo L, BMJ 2017
Opioid Agonist Therapies and the HIV Treatment Cascade

- Decreases HIV transmission: 54%
- Increase ART prescription: 54%
- Increase ART adherence: 214%
- Increase viral suppression: 45%
- Decrease ART discontinuation: 33%


Courtesy by Prof. F.Altice
Preventing HIV: OAT and ART

HIV Treatment Cascade in PWID in Ukraine

Mazhnaya A, JAIDS, 2018
Early Experience in Ukraine

- 2004: Pilot BPN
- 2005: Training for BPN (N=96)
- 2005-2007
- 2008: GF-Grant, Expanded BPN-800
- 2008-2019: Introduced Integrated Care Models
- 2008-2019: Introduced Methadone
First Steps

Opioid Substitution Therapy in Ukraine, 2008-2013

- Buprenorphine
- Methadone
Current OAT expansion progress

Data of the Public Health Center
Scientific accompaniment

First Experience of Opioid Therapy with Buprenorphine in Ukraine

Sergiy Dvoryak M.D Ph.D. Irina Grishayeva Ph.D.

Key findings from the WHO collaborative study on substitution therapy for opioid dependence and HIV/AIDS

Peter Lawrinson, Robert Ali, Aumphornpun Buavirat, Sithisat Chimwongpaet, Sergey Dvoryak, Boguslaw Habrat, Shi Jie, Ratna Mardtial, Azaraksh Mokri, Jacek Moskalewicz, David Newcombe, Vladimir Poznyak, Emilis Subata, Ambrose Uchtenhagen, Diah S. Utami, Robyn Vial & Chengzheng Zhao

Abstract

HIV treatment access and scale-up for delivery of opiate substitution therapy with buprenorphine for IDUs in Ukraine—programme description and policy implications

R. Douglas Bruce, Sergey Dvoryak, Laurie Sylla, Frederick L. Altice

Research Report

Feasibility of Buprenorphine Maintenance Therapy Programs in the Ukraine: First Promising Treatment Outcomes

Schaub M.² - Subata E.² - Chtenguelev V.² - Weiler G.² - Uchtenhagen A.²

Keywords: Buprenorphine - Human immunodeficiency virus - Injection drug use - Opiate substitution therapy - Ukraine

https://doi.org/10.1159/000217586

Substitution Maintenance Therapy in Ukraine: Can the Community Respond Effectively to the Challenges of HIV/AIDS?

Introduction

The language of the facts. Ukraine’s HIV/AIDS epidemic is the fastest growing in Europe.

Why SMT?

In 2001 the World Health Organisation (WHO) identified five key principles of HIV prevention among IDUs, including availability of clean injecting equipment and access to SMT.

Over the last three years the number of officially
The OAT provision in our country started in 2004, and it is still controversial in terms of acceptance by the non-professional society. There is an obvious paradox: the evidence based, most efficient and cost-effective treatment faces the strongest resistance to its implementation.

Therefore, there is insufficient coverage of addicted patients by OAT.

- First publication on OAT – 2007
- At 03/2018 – 43 in peer-review journals
- We divided the OAT history on 5 phases:
  “Non-implementation period”; 1995-2004yy; «Dating and hopes» 04-08yy; «Sturm und Drang» 08-10yy; “Stagnation” 11-14yy And “Awareness & Integrated Care” 2015-now

Looks as conclusions..?
MDs Opinions about Treatment

- Folk Medicine
- New environment
- Detox
- Substitution Therapy
- Employment
- Rehabilitation
- Family support
- Medication
- Religion
- Incarceration

Percent (%) Responding.

*F.Altice et al. 2013*
What was in the past

Study of Structural Barriers to HIV Prevention and Treatment Among Drug Injectors in Odessa, Ukraine (2010).

- Legal and economy collapse leaded to increasing risky behavior.
- The epidemic is largely sustained by the lack of government resources devoted to the problem, the continued risky drug using practices of injection and, perhaps most importantly by the risk environment surrounding drug users.
- Collaboration and especially financial support of government to NGOs is very poor.
NOW

SMT expansion targets – 2019-2023

- coverage of the estimated number
- expansion equal for buprenorphine and methadone
- targets for each region
- annual increase of 2600 patients

\[
\begin{align*}
\text{SB 2019} & \quad \approx \text{UAH 25 mln} \\
\text{SB 2020} & \quad \approx \text{UAH 34 mln} \\
\text{SB 2021} & \quad \approx \text{UAH 42 mln}
\end{align*}
\]

\[
\begin{align*}
\text{01.07.2018} & \quad 10635 \\
\text{2019 pikk} & \quad 13238 \\
\text{2020 pikk} & \quad 15842 \\
\text{2021 pikk} & \quad 18441 \\
\text{2022 pikk} & \quad 21045 \\
\text{2023 pikk} & \quad 23647
\end{align*}
\]

Data of the Center for Public Health of the MoH
Formative /Implementation Research

Research Goals

• Identify and assess multi-level barriers & facilitators surrounding access to and retention in Medication-Assisted Therapies (MAT) in Ukraine
  • Client-Level
  • Program-Level
  • Community-Level
  • Macro-structural level (economic, political, social context)

– Examine beliefs and cultural attitudes about MAT
– Inform the intervention phase of the project
METHODS

Mixed Methods Research Approach

- Qualitative Component
  - Participant observation at OAT sites
  - Key informant and In-depth interviews with clients, providers and stakeholders
  - Focus Group discussions with PWIDs
    - Clients CURRENTLY in OAT
    - Clients PREVIOUSLY in OAT but stopped
    - Clients NEVER in OAT
    - Women ONLY Group (PWIDs and OAT Clients)
    - MIXED Group of PWIDs and OAT Clients

- Quantitative Component
  - Structured survey instrument
FINDINGS
Personal Barriers

- Registration maze (Time / Money for lab tests, paperwork)
- Inconsistent wait times and complicated process to get on therapy
- Need to be registered “UCHET” (Not anonymous)
- Difficult to find employment that fits within clinic hours
- Dosing concerns (too high / too low)
- Side effects of medication
- Other drug use to supplement OAT / help deal with side effects
- Alcohol use
- Lack of clear treatment plan
- Stigma of being OST patient
Personal Barriers

◆ Fears & Beliefs

– Methadone is harmful
– Difficult to detox from methadone
– Need to have injected for long time
– Not for younger drug users
– Not for pregnant
– It can be finished in 3-6 months
– The dose is the less the better
– Methadone doesn’t allow to be a “normal person”
– … etc.
Programmatic Barriers

- Daily attendance at clinic (staff must be on-site)
- Staff fears: arrests; police abuse; harassment by clients
- Personal attitude of the medical staff: negative
- Inability to find qualified/motivated staff (especially for psychosocial support)
- Paperwork burden
- Patient access to medical personnel
- Establishing treatment plan (not consistent)
- Method of dispensing meds
- Lack of clarity of which drugs will be available and in what dose (system of procurement and distribution)
- Dosing: Inconsistent processes of raising and lowering dosages (patient-driven request; doctor’s advice/beliefs)
- Low motivation (financial, professional)
Structural Barriers

- Location: Often on outskirts of city; not easily accessible
- Time: Spend 1-1.5 hrs traveling to/from site, even in city
- Limited number of sites operating in smaller towns outside of regional cities
- Small space: unable to handle patient load; No confidentiality for consultation and premise for psychological work
- Drug control policies and law enforcement
- Governmental policies
- Mass media portrayal / misinformation about OST
CONCLUSIONS

• OAT was the most studied drug treatment program
• Despite its effectiveness, OAT is markedly inadequately scaled-to-need in Ukraine
• External as well as internal stigma of PWID remain among biggest barriers to scaling up of the OAT in the country
• It should be changed the attitude of society, especially service providers, to promoting the brain disease model of addiction
CONCLUSIONS (cont.)

• Many social/political/economic barriers in Ukraine continue to support the epidemics (DA and HIV & HCV)
• Joint efforts needed to change drug policy, drug treatment with HIV & HCV prevention; and eliminate stigma from PWID and OAT
• Drug policy and treatment/prevention approaches have to be based on scientific evidence
• Public health issues must be the priority
Thank you for the attention

Questions?

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• www.uiiphp.org.ua