Treating Substance Use Improves HIV Care

People who use drugs face barriers that can make it difficult to start and stay on antiretroviral treatment.

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People who use drugs face barriers that can make it difficult to start and stay on antiretroviral treatment, including unstable schedules, stigma, poverty and homelessness. But those who receive opioid substitution therapy to manage drug addiction are more likely to receive HIV treatment and achieve viral suppression, according to a recent study in Vancouver.

Opioid agonist therapy (OAT), which uses medications such as methadone or buprenorphine to prevent withdrawal symptoms and ease cravings for heroin and other opioids, can help people reduce or stop drug use.

Stephen Juwono and colleagues from the British Columbia Centre on Substance Use assessed the impact of OAT on progression through the HIV cascade of care, which involves linkage to care, initiation of antiretroviral therapy, retention in care, ongoing adherence to treatment and achieving and maintaining an undetectable viral load. British Columbia provides opioid agonist medications at community--based clinics; some HIV-positive people receive directly observed antiretrovirals along with OAT.

The study included 639 people with HIV who used opioids at least once daily. About a third were homeless, 16% had been incarcerated and 16% reported sex work. At the start of the study, about 70% were on OAT, mostly methadone.

People on OAT were more likely to be linked to HIV care, though the difference did not reach statistical significance. However, people on OAT were significantly more likely than those who were not to start antiretroviral therapy (91% versus 78%), adhere to treatment (77% versus 54%) and achieve an undetectable viral load (63% versus 42%). After adjusting for other factors, people on OAT were nearly four times more likely to start antiretrovirals, about three times more likely to take their meds consistently and more than twice as likely to achieve viral suppression.

“These findings are encouraging and support calls for greater integration of OAT and HIV services as well as for interventions to reach people with HIV not on OAT to maximize the clinical and community benefits of antiretroviral therapy,” the study authors wrote.

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