

# REACHING THE 90-90-90 UNAIDS TREATMENT TARGET FOR PEOPLE WHO INJECT DRUGS RECEIVING INTEGRATED CLINICAL CARE IN A DRUG USE OUTPATIENT TREATMENT FACILITY

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## INTRODUCTION

The HIV care continuum, also referred to as the HIV treatment cascade, is a model that outlines the sequential stages of medical care for people living with HIV. It extends from initial diagnosis to the goal of viral suppression, and indicates the proportion of individuals engaged at each stage (Kay 2016).

Traditionally, people who inject drugs (PWID) have faced substantial structural and interpersonal barriers when accessing HIV prevention and care services. These obstacles often stem from the negative influences of illicit drug policies, as well as issues within medical systems, including lack of education for physicians about drug abuse (DeBeck 2017). International organizations recommend the incorporation of HIV care and substance use disorder (SUD) treatment in order to improve the success of both conditions.

## AIMS

The study aimed to describe the effectiveness of an integrated care model in an outpatient drug use treatment facility to reach the UNAIDS 90-90-90 target among PWID.

## METHODS

This cross-sectional study included PWID who met the criteria for DSM-IV-TR substance use disorder and received a multidisciplinary comprehensive program, including medical HIV care, substance use treatment and psychosocial support, at a drug use treatment outpatient facility during January-June 2019. Percentage of patients who reach the 90-90-90 UNAIDS target was the main variable of the study.

## RESULTS

Two hundred twenty-one PWID were monitored at the facility. Current HIV status was known in all patients, of whom 84/221 (38.0%) tested HIV-positive. The clinical characteristics of PWID living with HIV are shown in Table 1.

Fifty-three (63.1%) of PWID living with HIV were men with a median age of 49 years. Median follow-up at the facility was 98 (IQR: 61-143) months. Opioid agonist therapy was administered to 78 (92.8%) patients and former injecting drug use was observed in 67 (79.8%).

All the 84 (100%) patients received antiretroviral therapy, had a median CD4 lymphocyte count of 555 (IQR: 406-762) cells/mm<sup>3</sup> and 76/84 (90.5%) had RNA HIV-1 <20 copies/mL during a median of 74 (IQR: 36-115) months.

In the multivariate analyses, age (O.R.: 0.84; I.C.95%: 0.71-0.98; p 0.03), women (O.R.: 10.7; I.C.95%: 1.13-102.1; p 0.04) and current drug use (O.R.: 57.5; I.C.95%: 3.51-939.6; p <0.01) were associated to non-suppression of RNA HIV-1.

The UNAIDS goals were: 84/84 (100%) for the HIV testing, 84/84 (100%) for patients on antiretroviral therapy and 76/84 (90.5%) for viral suppression.

**Table 1. Clinical and social characteristics of people who inject drugs living with HIV infection at an outpatient drug-use treatment facility**

Characteristics	Total N= 86 N (%)
age <sup>a</sup> (years)	49 (45-52)
Men	53 (63.1)
Spanish	72 (85.4)
homeless	16 (19.1)
unemployment	74 (88.1)
incarceration	50 (59.5)
psychiatric disorders	
depressive	29 (34.5)
psychotic	11 (13.1)
drug use disorder	
opioid	78 (92.8)
cocaine	55 (65.5)
alcohol	11 (13.1)
current drug use	67 (79.8)
opioid agonist therapy	78 (92.8)
AIDS	21 (25.)
hepatitis C infection	29 (34.5)
CD4 lymphocyte	555 (406-762)
RNA HIV-1 <20 copies/mL	76 (90.5)
time on RNA VIH <20 copies/mL (months)	74 (36-115)
NSI	
1	18 (21.4)
2	8 (9.5)
3	2 (2.4)

<sup>a</sup> Data presented as median and interquartile range (25-75).

Abbreviations: AIDS: acquired immunodeficiency syndrome; HIV: human immunodeficiency virus; NSI: non-structured Antiretroviral Therapy Interruptions.

## CONCLUSION

- There is a high uptake of regular testing for those included in an integrated program. Annual HIV testing was carried out for those who initially tested negative; thus, all new infections were diagnosed.
- The low prevalence of HIV infection reported in this study concurs with local data. It reflects the steady decrease, associated with the development of harm reduction programs in Spain, in the number of new HIV cases in SUD individuals.
- Integrated clinical care provided at a drug use treatment facility is a useful strategy to sustain long HIV continuum care among PWID. Additional strategies are necessary for women and people who continue to inject drugs to improve HIV successful care.

## REFERENCES

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