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**Atención VIH (A!VIH):
HIV Testing, Treatment and Care for People Who Inject Drugs (PWID)**

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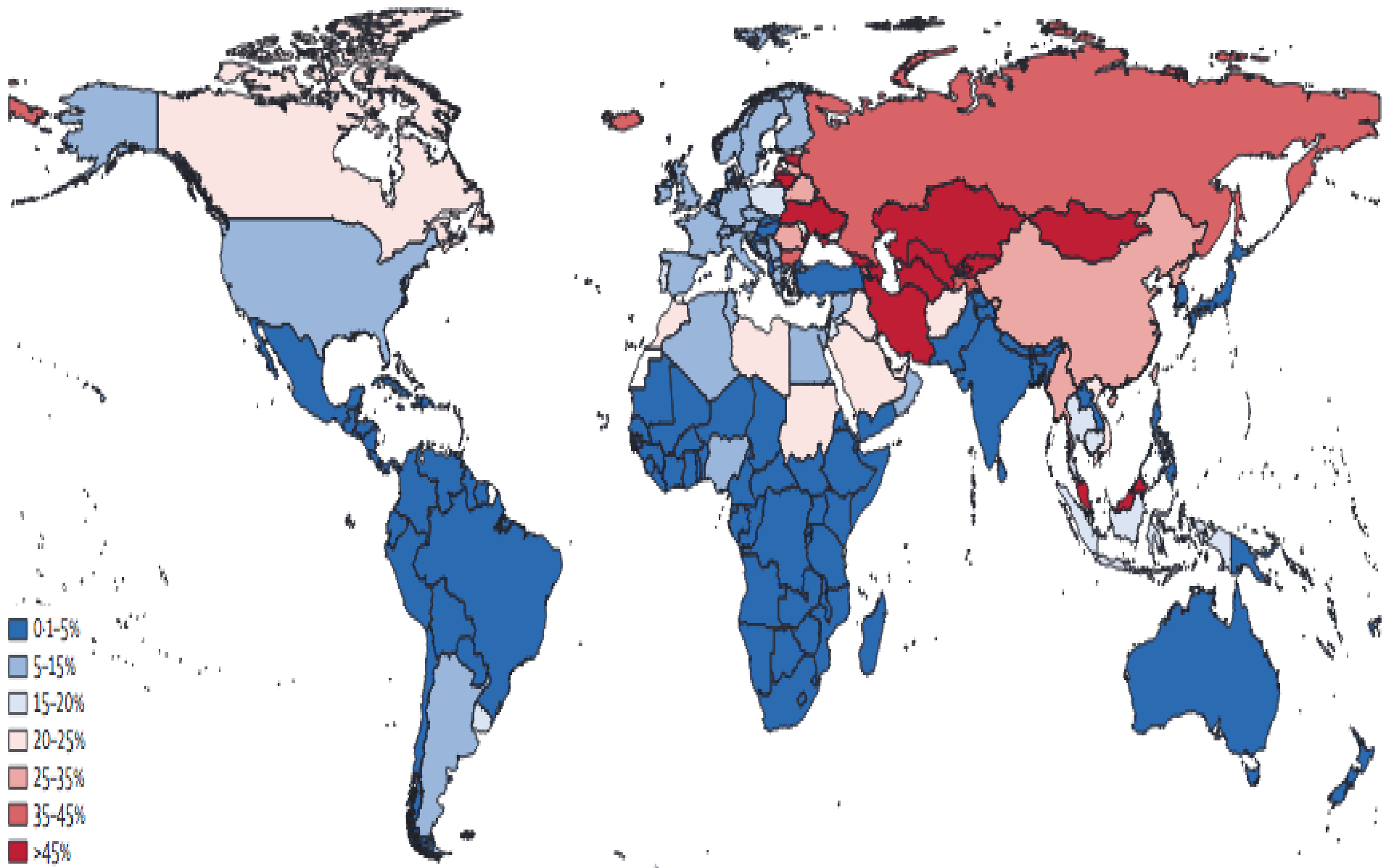
HIV Risk Among People Who Inject Drugs (PWID)

- Globally, around 13 million people inject drugs and 1.7 million of them are living with HIV.
- Injecting drug use accounts for 10% of HIV infections globally and 30% of those outside of Africa.
- In many regions (e.g. Europe, Asia, Latin America) sharing of injecting equipment is the primary mode of transmission, accounting for 30–90% of all infections.
- Harm reduction (including syringe programs and opioid substitution therapy) is an evidence-based approach to HIV prevention, treatment and care for PWID and is strongly supported by WHO.
- Criminalization of drug use, stigma and discrimination against PWID contribute to ongoing HIV epidemics.
- In many countries in the American continent, harm reduction programs are not available or are extremely limited in accessibility and availability.
- HIV infection rates continue to rise among people who inject drugs (PWID) in many lower- and middle-income countries (LMICs).

America. Injecting drug users (IDU) prevalence & HIV prevalence among IDU

Countries and territories	Population age 15–64 years (1000s)	IDU population Estimates (1000s)			IDU Prevalence (%) Mid	HIV prevalence (%)		
		Low	High	Mid		National	Capital city	Other sites
(a) Latin America (number of countries and territories = 17)								
Argentina	23494	6	75	41	0.17	18.8–39.2	7.6–80.0	60.0–61.0
Bolivia	4600	0.1	0.3	0.2	0.00	nk	nk	nk
Brazil	115662	600	1000	800	0.69	28.0–42.0	15.0–34.0	18.0–48.5
Chile	9877	29	29	29	0.29	1.9	nk	nk
Colombia	25061	2	8	5	0.02	nk	16.1	nk
Costa Rica	2328	1	1	1	0.04	nk	nk	nk
Ecuador	7675	8	11	9	0.12	nk	nk	nk
El Salvador	3486	4	5	4	0.13	nk	nk	nk
Guatemala	6824	6	9	7	0.11	nk	nk	nk
Honduras	3342	4	5	4	0.13	nk	nk	nk
Mexico	62092	10	96	53	0.09	0.0–6.0	nk	6.0
Nicaragua	2765	3	4	3	0.12	nk	nk	nk
Panama	1771	2	2	2	0.12	nk	nk	nk
Paraguay	3139	3	4	4	0.12	nk	15.0	nk
Peru	16345	1	1	1	0.003	nk	nk	nk
Uruguay	2088	2	3	2	0.10	24.4	nk	nk
Venezuela	14762	1	2	2	0.01	nk	nk	nk

Proportion of total burden of HIV attributable to IDU by country, 2013



HIV prevention, treatment and care for PWID (WHO recommended)

- Needle/syringe programs
- Opioid substitution therapy
- HIV testing and counselling
- HIV treatment and care
- Condom programming
- Behavioral interventions
- Prevention and management of viral hepatitis, TB and mental health conditions
- Sexual and reproductive health interventions
- Provision of naloxone and training on overdose prevention for PWID community

Reducing HIV Incidence*

- Needle exchange programs (NEP), Opioid Substitution Therapy (OST), antiretroviral therapy (ART), and HIV counseling and testing (HCT) have evidence for effectiveness in reducing HIV incidence.
- Coverage of these interventions in Low and Middle Income Countries (LMICs) varies from low ($\leq 20\%$) to medium ($>20-60\%$).
- At least a 60% coverage required to reduce HIV incidence.
- Evidence from LMICs contexts suggests:
 - NEP and OST can reduce high-risk injecting behavior
 - HCT can reduce risky sexual behavior
 - ART can plausibly have preventive benefit to:
 - Preventing onward parenteral transmission
 - Preventing onward sexual transmission.
- Scale-up of these four interventions in combination would be a ***beneficial and cost-effective*** approach.

(*) Dutta, et. al. 2012. Current Opinion in HIV and AIDS

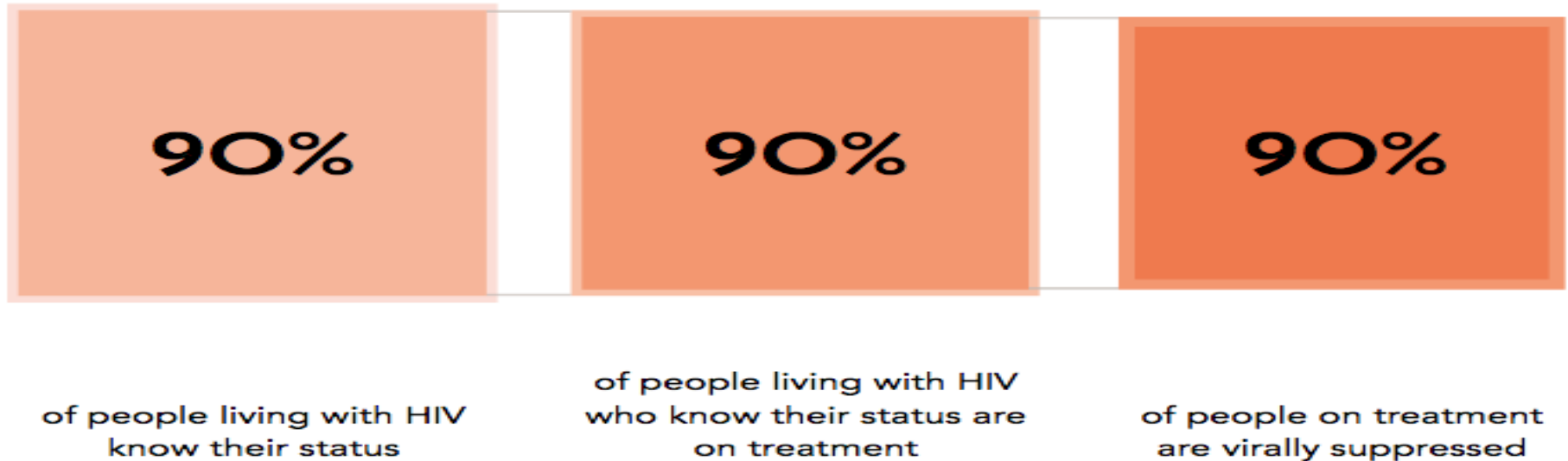
Availability of Needle exchange programs (NEP), & Opioid Substitution Therapy (OST)*



* Latin America - Harm Reduction International, 2012

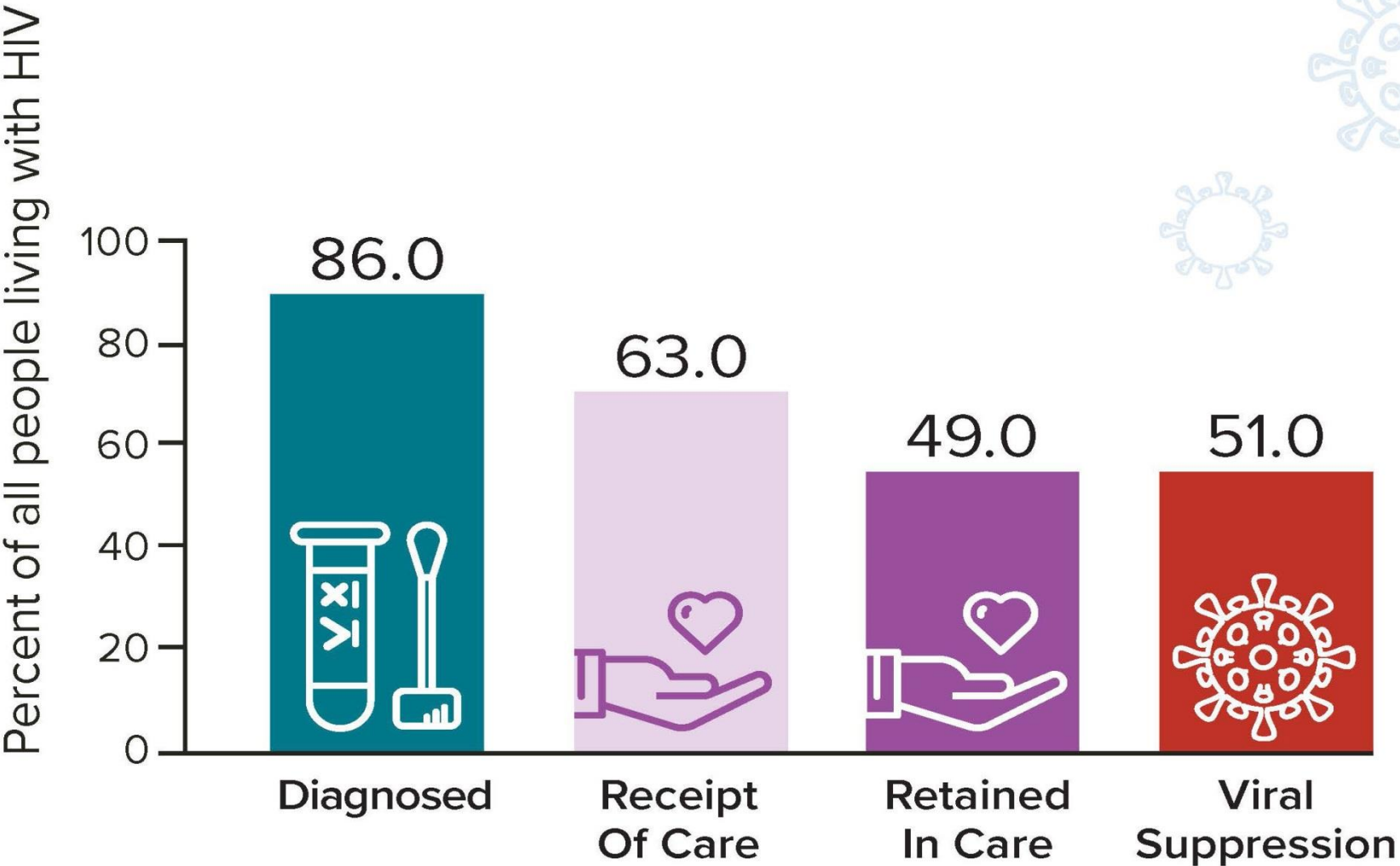
Ending HIV Epidemic: 90–90–90 targets

- Since 2014, the 90–90–90 targets have become a central pillar of the global quest to end the AIDS epidemic*.
- In order to be successful, PWID should be included in those targets



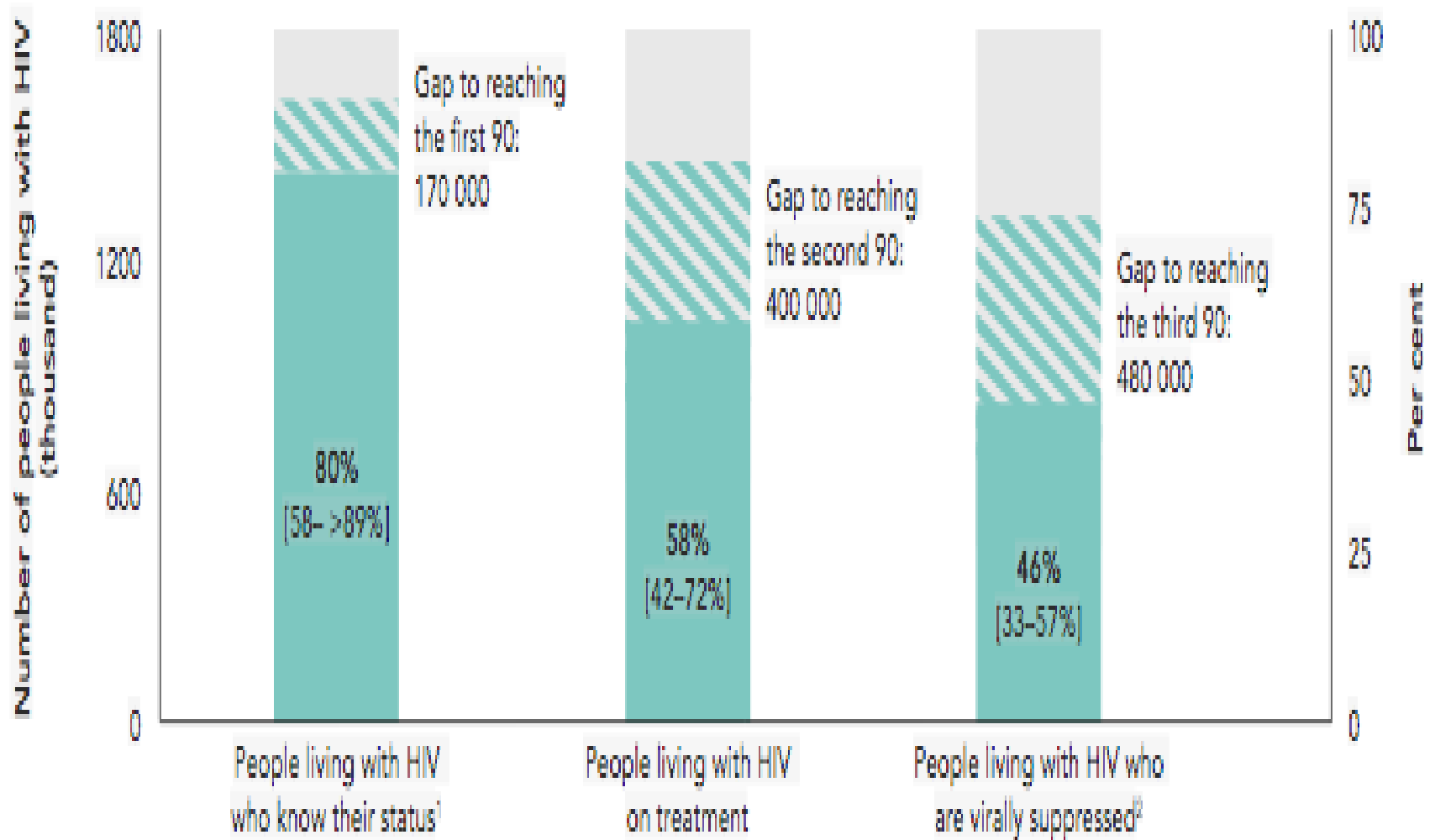
* Ending AIDS. Progress towards the 90–90–90 targets. UNAIDS, 2017

HIV Care Cascade (USA, 2015)*



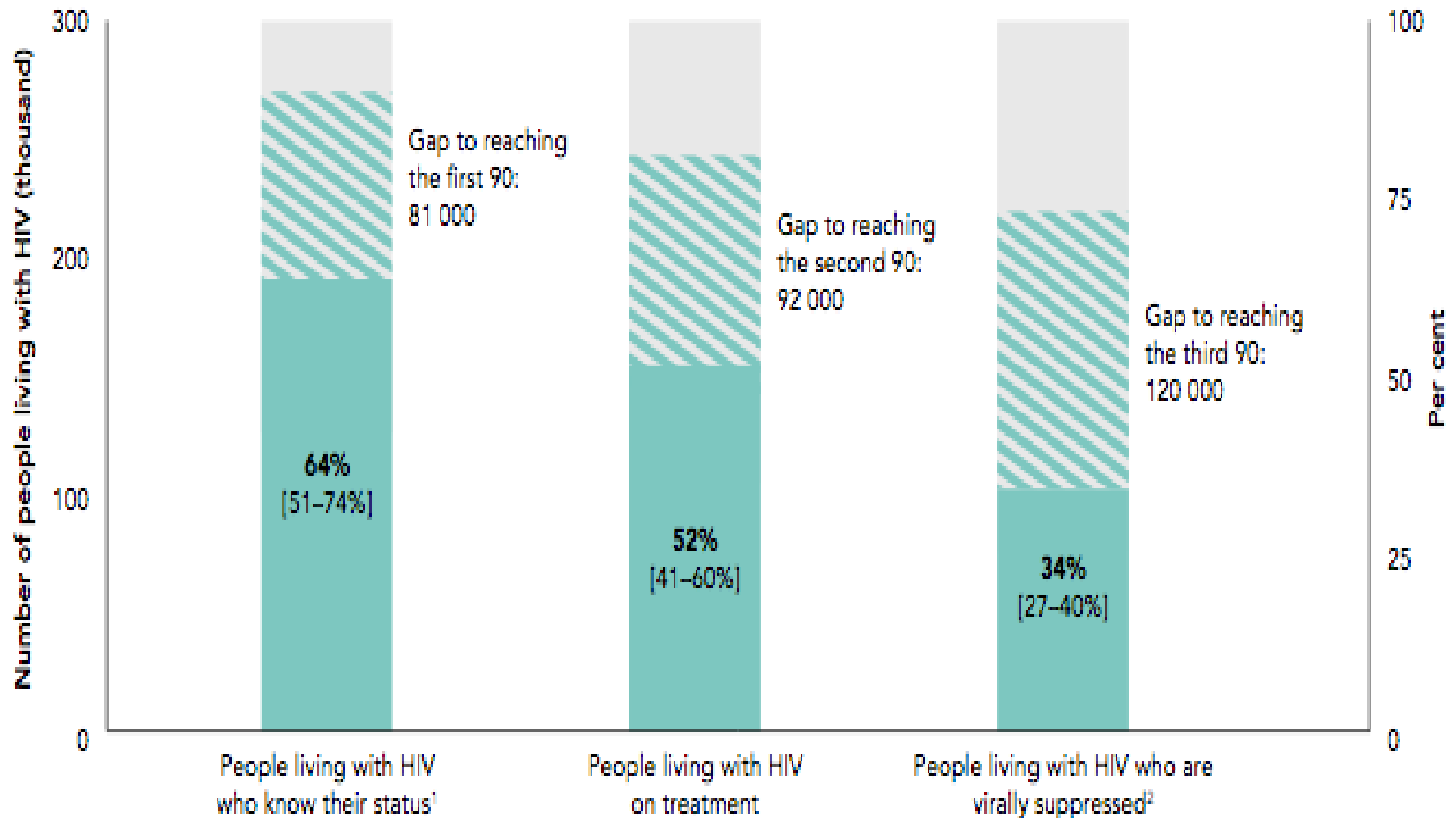
* Understanding the HIV Care Continuum, CDC (June 2018)

HIV Testing & Care Cascade-Latin America



* Ending AIDS. Progress towards the 90-90-90 targets. UNAIDS, 2017

HIV Testing & Care Cascade-Caribbean*



* Ending AIDS. Progress towards the 90-90-90 targets. UNAIDS, 2017

Atención VIH (*A!VIH*):

An Integrated Seek, Test, Treat and Retain (STTR) - Medication-Assisted Treatment (MAT) Intervention for PWID

America: Challenges to HIV Care for PWID

- Few systematic efforts to locate and test PWID
- Although countries in America have policies in place for universal HIV care, very few PWID are engaged in each stage of the HIV care continuum.
- Availability of Medication-Assisted Treatment (MAT) is extremely limited, thus restricting access to combined MAT and HIV treatment, a proven method for engaging HIV+ PWID in care.
- Large proportions of PWID face a triple barrier to accessing HIV treatment: lack of awareness of their HIV status; stigma related to accessing HIV treatment as an active drug injector; and low levels of engagement in general health care

Atención VIH (A!VIH):

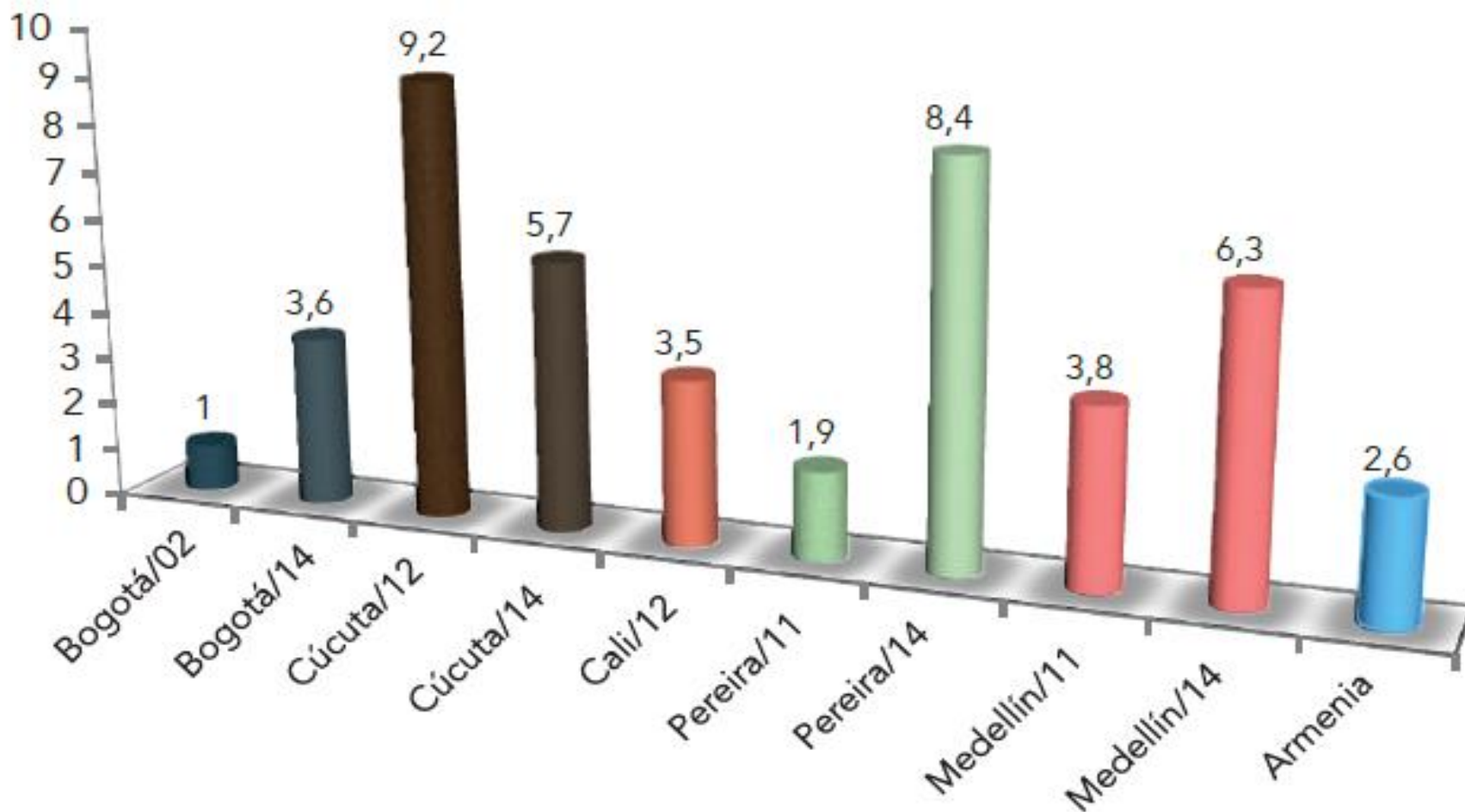
Integrated STTR-MMT for HIV+ PWID

- A!VIH aims at addressing these critical gaps in HIV testing and care among PWID with:
 - An active community seek-and-test strategy to reach HIV+ PWID.
 - Component to engage and retain HIV+ PWID in integrated HIV care and methadone maintenance treatment (MMT).
- Training medical professionals to provide MMT to study participants at the HIV primary care clinic
- Care Coordinators provide counseling, adherence support and healthcare navigation services in order to facilitate engagement and retention HIV care.

Implementing A!VIH in Colombia

- In Colombia, starting in the early 1990's, illicit drug production diversified to include heroin.
- Heroin production led to the development of a local market for heroin and the uptake of heroin injection.
- High rates of risky injection behaviors led to an increasing HIV prevalence among PWID (currently between 4%-9%).
- A!VIH could avoid (at relatively low cost) a larger HIV epidemic. The window of opportunity to act while HIV prevalence remains low is limited.

HIV Prevalence among PWID



Source: Ministerio de Justicia y del Derecho, Observatorio de Drogas de Colombia. La Heroína en Colombia, Producción, uso e impacto en la salud pública - Análisis de la evidencia y recomendaciones de política. 2015.

Atención VIH (A!VIH) Study Flow and Components

Community-based Seek-and-Test

(Medellin=1375;
Pereira n=1034)

Eligibility Criteria

- *18 years or older
- *Injected heroin (past 30 days)
- *Provide informed consent

Biological Testing

- *HIV Antibody
- *Elisa (Confirmatory)



Clinical Trial Component (Treat-and-Retain)

Eligibility Criteria

- *HIV+ (Antibody & confirmatory)
- *Meet DSM-5 criteria for OUD
- *Exclusion:
Engaged in MMT or HIV care



A!VIH (Medellin) n=75

- *HIV Care Coordination (system navigation and counseling)
- *Co-location of HIV Care & MMT

Usual Care (Pereira) n=75

- *Referral to HIV Clinic
- *Referral to Substance Use Tx

Summary

- A!VIH's integrated HIV treatment and MMT along with interventions to maximize retention and medication adherence, represents a *vanguard approach* to HIV treatment for PWID.
- A!VIH has a holistic approach to improving outcomes for HIV+ PWID throughout *all* phases of the HIV continuum of care.
- A!VIH presents a unique opportunity to halt – and potentially reverse – a growing HIV epidemic in a highly vulnerable population.
- Intervening with PWID *now* will maximize the public health benefits of treatment-as-prevention (TasP) and preventing a larger epidemic among PWID and minimizing outward transmission to others.
- A!VIH can be fully integrated within existing models of care in adopting countries facilitating the expansion to other countries in Latin America.
- A!VIH could be replicated as a treatment-as-prevention model to slow or halt the expansion of HIV among PWID in other LMICs with emerging epidemics and where harm reduction services are limited or not yet fully implemented.