

EFFECTIVENESS OF AN HIV CARE MODEL INTEGRATED INTO ADDICTION CARE BASED ON MEDICATION-ASSISTED TREATMENT FOR HIV-POSITIVE PEOPLE WHO USE DRUGS

Valencia J^{1,2*}, Troya J¹, Lazarus JV³, Cuevas G¹, Álvaro-Meca A⁴, Juan Torres¹, Ismael Escobar⁵, Irene Cañamares⁵, Pablo Ryan¹

(*) Corresponding author.

Current Affiliations:

¹ Internal Medicine Service, University Hospital Infanta Leonor, Madrid, Spain

² Harm reduction Unit "SMASD", Addictions and Mental Health Department, Madrid, Spain

³ Barcelona Institute for Global Health (ISGlobal), Hospital Clinic, University of Barcelona, Barcelona, Spain

⁴ Unit of Preventive Medicine and Public Health, Rey Juan Carlos University, Madrid, Spain

⁵ Pharmacy Department, University Hospital Infanta Leonor, Madrid, Spain

Background: Our objective was to evaluate the effectiveness of initiated or reinitiated antiretroviral therapy (ART) in HIV-positive, active drug users receiving integrated HIV and addiction care in a harm reduction setting.

Methods: We performed a retrospective study of HIV-positive persons who use drugs (PWUD) in a harm reduction unit in Madrid, Spain. Participants received HIV care integrated into addiction care and received at least one dose of observed ART based on medication-assisted treatment between January 2013 and December 2019. Outcome measures included viral suppression (VS) and ART adherence.

Results: 100 PWUD were included: 79% were men; the median age was 43 (SD 10.8); 91% were living in unstable housing; and 88 (88%) were receiving opioid substitution therapy (OST). Individuals newly diagnosed with HIV (n=13) had a greater median CD4 cell count at baseline, were less likely to be late presenters, had a greater CD4 cell count increase, and were less likely to have AIDS in comparison to those who were aware of their HIV status (n=87) at initiation or reinitiation of ART. However, there were no differences in the proportion of VS or ART adherence in both subgroups. The overall VS was 73% in the ITT analysis and 92.4% in the ITTm analysis. People who were engaged in OST, >90% adherence to antiretrovirals and older people were positively associated with VS in the multivariate analysis.

Conclusions: An HIV care model integrated into a harm reduction facility demonstrated a high uptake of HIV treatment, retention in care, improvement in adherence, and achievement of VS.

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