

THE ROLE OF ACCESS TO PSYCHOSOCIAL SUPPORT SERVICES AT OPIOID AGONIST TREATMENT SITES IN REACHING THE 95-95-95 HIV CASCADE IN PEOPLE WHO INJECT DRUGS IN UKRAINE: COUNTRY-LEVEL DATA

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Background:

Opioid agonist therapies (OAT), an effective means to prevent HIV transmission among people who inject drugs (PWID), have been available in Ukraine since 2004. About half of OAT sites provide psychosocial support services (PSS) – case management, linkage to HIV care, targeted counseling, etc. This study assessed the role of access to PSS at OAT sites in reaching the 95-95-95 HIV cascade in PWID in Ukraine.

Methods:

Data from the national registry of OAT patients (N=20,063 as of February 2023) were analyzed. These data are collected from all 214 OAT sites countrywide. For the cascade, HIV-positive OAT patients (n=6,136) were stratified into two categories: those with PSS available at their OAT site (n=2,716) and those without access to PSS at their OAT site (n=3,420) for comparison.

Results:

Most HIV-positive OAT patients in Ukraine are male (85.6%), and the mean age is 40.3 years old. The mean length of injecting before OAT is 17.2 years and the mean length on OAT is 4.2 years. All HIV-positive OAT clients are aware of their HIV status. The proportion of HIV-positive clients receiving ART was slightly higher at OAT sites with access to PSS compared to those without (97.4 vs. 95.2%, $p=0.012$); however, the distribution of viral suppression among those receiving ART across the strata were 83.4 and 67.2% for 'with access to PSS' vs. 'no access to PSS' respectively ($p<0.001$).

Conclusions:

This analysis clearly demonstrates much better progress towards the 95-95-95 HIV cascade goals among those PWID who have access to PSS at their OAT sites compared to those without such access especially in terms of viral suppression. Thus, further efforts are needed to expand PWID's access to PSS services within the OAT program as well as deeper analysis to explore the role of PSS in reaching viral suppression among PWID in Ukraine.

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