

BACKGROUND & AIMS

Background: Intravenous drug users of opioids are the most important risk group for being infected by HIV and for infecting others. Core behavioural factors in transmitting HIV are needle sharing and high-risk sexual behavior. Additionally craving and compulsion for the drug does impair the control of responsible sexual behavior.

Methadone and buprenorphine substitution treatments are expected to reduce this high risk constellation. However – to our knowledge there are no data available to what degree the goal of risk reduction is reached in routine care.

Aims: In the large COBRA sample of unselected substitution patients the presentation examines the frequency of HIV-relevant high-risk behaviors among opioid addicted patients, focusing on sexual behavior, needle sharing and concomitant drug use.

COBRA Core Methods publication

Buprenorphine and methadone in the treatment of opioid dependence: methods and design of the COBRA study

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METHODS

Sample: Baseline data from COBRA, a naturalistic study of original 2,694 substitution patients were used.

Main study instruments: Diagnostic variables, behavioral and other risk factors and predictors were assessed with a standardized

- *Patient's questionnaire* (type of substance disorder, severity, course, treatment history, past/current medical and psychosocial problems, treatment experience)
- *Doctors' questionnaire* (concomitant drug use, dosage, compliance, comorbid somatic disorders, treatment consideration, treatment effects and problems, urine screening)

Analysis: Patients were grouped into HIV-positive versus HIV-negative patients according to doctor's and patient's information. Detailed examination of baseline data and multiple logistic regressions with SPSS/STATA.

SUMMARY RESULTS

In this representative sample of opioid addicted patients in substitution treatment at least one out of 5 patient is affected by HIV.

The rate is most likely an underestimation of the true prevalence, due to underreporting on both sides, the doctor and the patient.

The extremely divergent numbers of patient's self report and doctor's diagnosis concerning their patients HIV-status are alarming!

HIV status does not affect significantly the patient's

- tendency to have concomitant drug use
- to engage in i.v. use of drugs outside the substitution regimen
- likelihood to be sexually active without using condoms
- needle or equipment sharing

But after all HIV+ patients show a tendency to higher risk behavior.

Although HIV-positive patients use more often „always“ condoms, the high rate of unprotected sexual contacts, along with the higher number of sexual partners is clearly striking and should raise public health concerns.

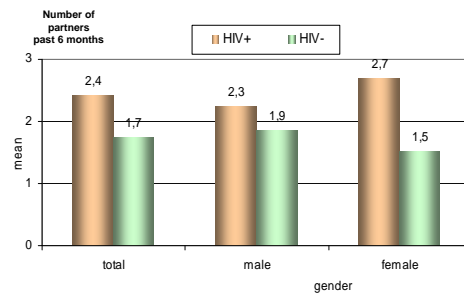
RESULTS

HIV Status and diagnoses in the COBRA sample:
Little concordance about HIV status between patient and doctor!

	total	patient's self report	
		HIV+	HIV-
total	2,694	332 (20.8%)	1,276 (79.4%)
male	1,842	210 (19.4%)	872 (80.6%)
female	852	122 (23.2%)	404 (76.8%)
among buprenorphine treated patients	662	62 (14.6%)	362 (85.4%)
among methadone patients	2,013	268 (22.8%)	907 (77.2%)

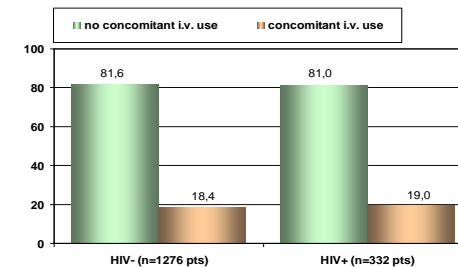
Doctor's diagnosis	patient's self report		
	HIV+ (N=332)	HIV- (N=1,276)	missings (N=1,086)
HIV+	115 (34.6%)	14 (1.1%)	12 (1.1%)
HIV-	180 (54.2%)	1,039 (81.4%)	829 (76.3%)
no test	13 (3.9%)	117 (9.2%)	79 (7.3%)
missing	24 (7.2%)	106 (8.3%)	166 (15.3%)

Sexual Contacts with different partners
HIV+ patients have more frequently different sexual partners

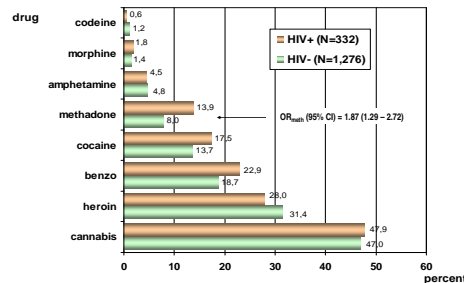


In both groups, HIV+ (19.9%) and HIV- (20.8%), patients reported having had no sexual contact at all in the past 6 months

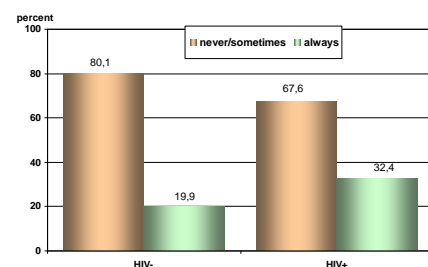
How frequently did HIV+ and HIV- patients report concomitant iv opiate use?
There are no differences in the rates!



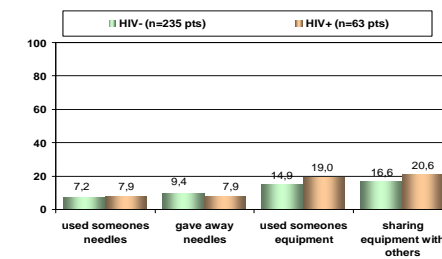
Concomitant drug use:
HIV+ patients reveal slightly higher rates of unprescribed methadone, benzodiazepine and cocaine use!



HIV+ patients use more frequently condoms?
Proportions of HIV+ and HIV- patients reporting having used „always“ a condom



How frequently did HIV+ and HIV- patients report concomitant i.v. opiate use involving needle or equipment sharing?



CONCLUSIONS

The study highlights, that HIV-positive substitution patients reveal an unexpectedly high degree of high-risk behavior coupled with a lack of awareness and motivation for change.

Especially the higher risk behavior of female HIV-positive substitution patients is an alarming signal and should be considered in substitution therapy particularly against the background of eventual prolonged sex-trade work.

These findings might signal that substitution doctors do need explicit risk reduction elements in their therapeutic programs resp. focus on modifying the high-risk behavior of their HIV-positive substitution patients.

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