

Expanding Medication-Assisted Therapies as HIV Treatment and Prevention in Ukraine

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Implementation Science Conceptual Framework

PARIHS: Promoting Action on Research Implementation in Health Services

- **E**vidence: source of knowledge from multi-level stakeholders
- **C**ontext: factors associated with the setting where implementation occurs
- **F**acilitation: Coaching or support to help people change their attitudes, habits, skills, ways of thinking, and working

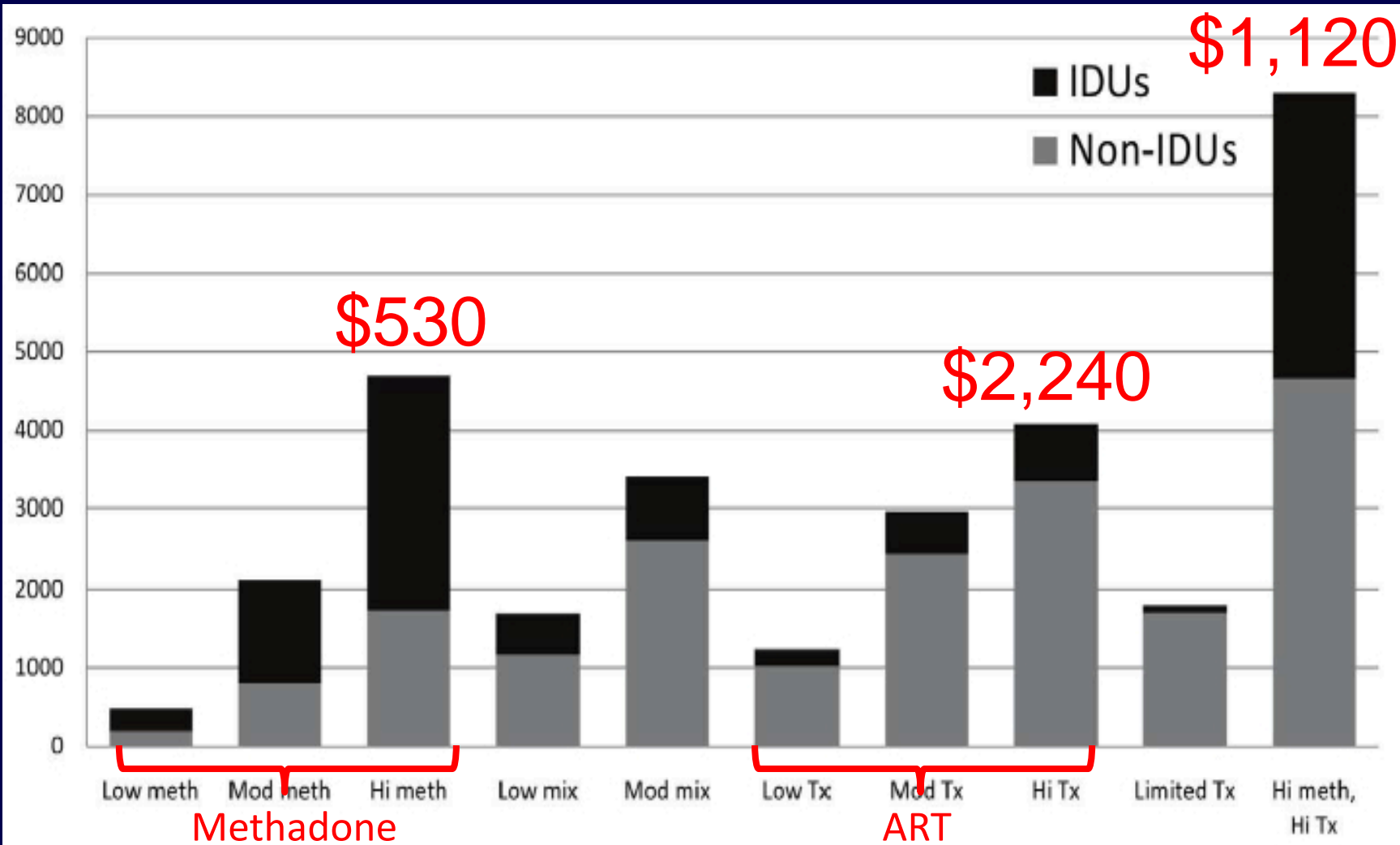
What EVIDENCE do we have?

Opioid Agonist Therapies (OAT)

- 22 RCTs and multiple systematic reviews
- Methadone and buprenorphine:
 - Reduces opioid use and retention (72% v 9%)
 - Reduces injection (90% v 11%) and **HIV transmission risk** (58%)
 - Reduces overdose, death and crime
 - Increases engagement in care (e.g., **HIV**)
 - Increases employment, HRQoL, and social functioning
 - Very cost-effective

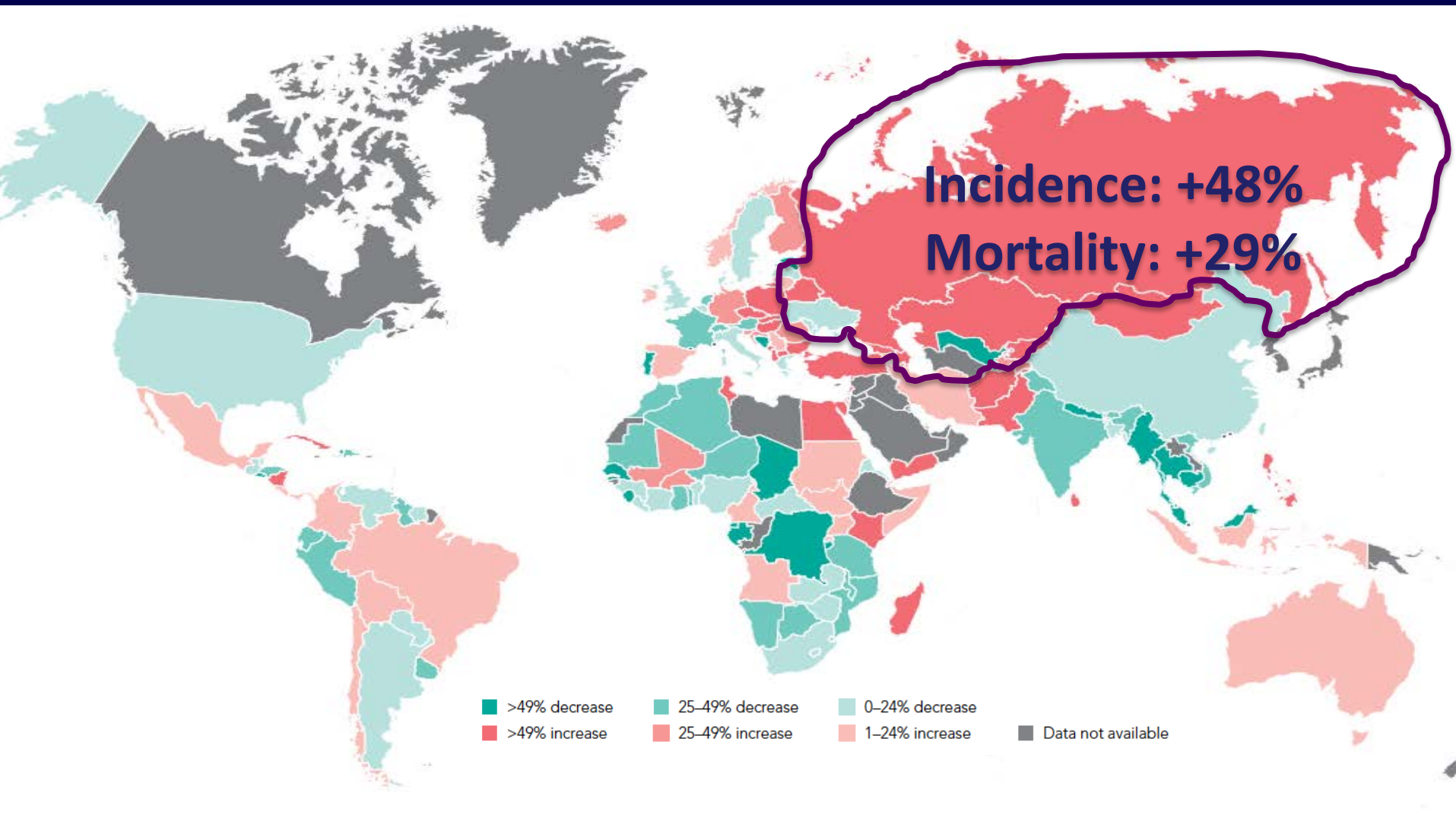
Preventing HIV in Ukraine: OAT and ART (TasP)

HIV Infections Averted



**The Ukrainian (and Eastern
European & Central Asian)
CONTEXT!**

Percent Change in New HIV infections: 2005 to 2015



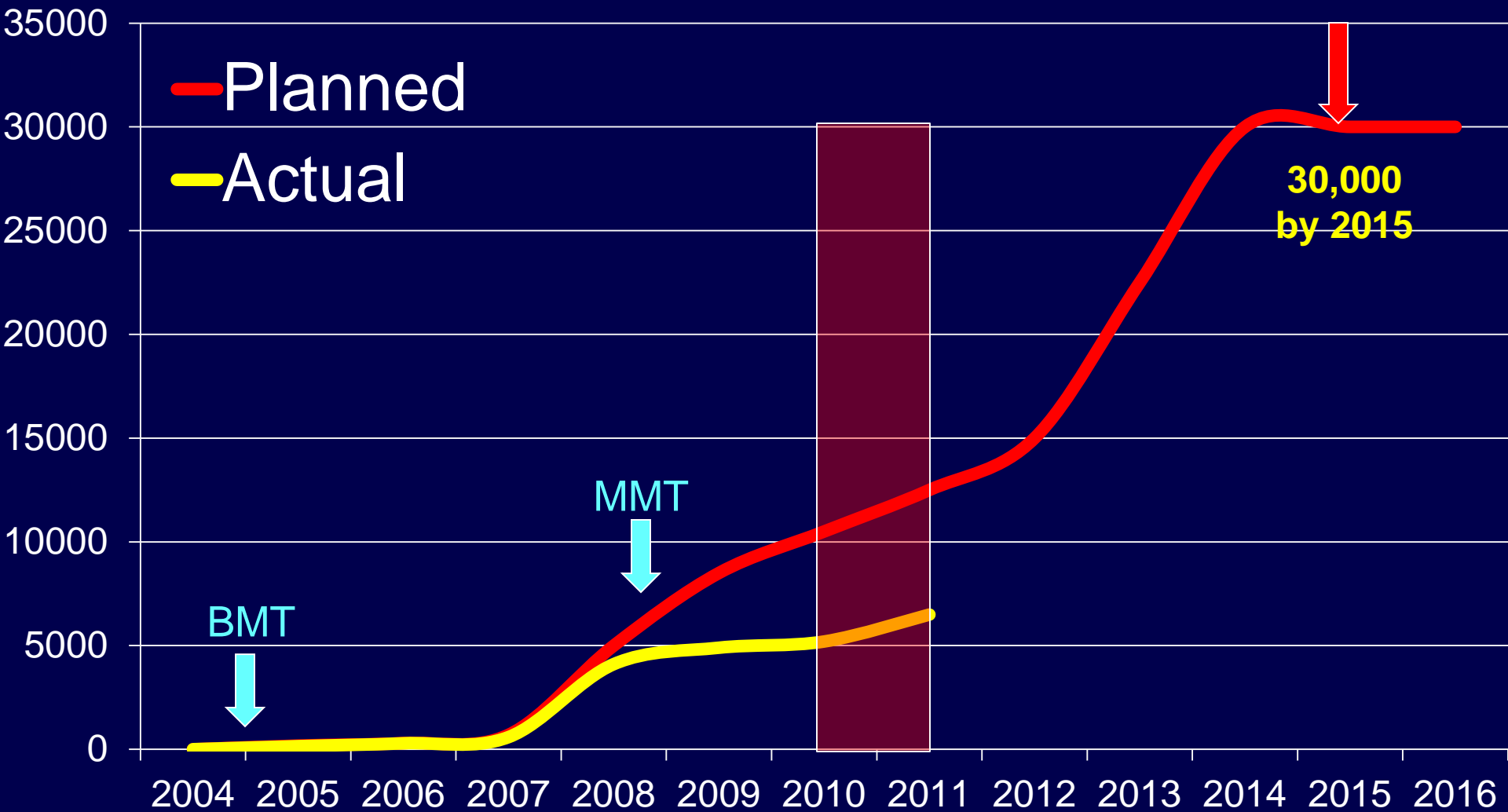
Ukrainian Context

- Volatile HIV epidemic (17K new infections/ year) – concentrated in PWIDs → transitioning epidemic
- Post-Soviet system of Narcology - Addiction Medicine (Psychiatry)
- OAT introduced in 2004 (BMT) and 2008 (MMT)
 - Introduced as harm reduction, NOT addiction treatment
- Siloed healthcare delivery systems (specialty care)
- Rigid orders that oversee healthcare delivery, especially for OAT
- Healthcare Reform (2016): strengthening of primary care and healthcare financing

Treatment Coverage in Ukraine

- **Antiretroviral therapy (ART)**
 - 78,000 of 240,000 PLWH on treatment - **32%**
 - ART coverage in PWID – 11%
- **Opioid agonist therapies (OAT)**
 - ~9,500 of 340,000 PWID (opioids) – **2.7%**
 - For effective HIV prevention, coverage should exceed 20% (WHO)
- **OAT governance – Order 200**
 - Failed non-OAT x 2
 - Daily supervised treatment
 - Only in licensed facility – transportation/locks

Defining the Problem and Tracking the Response



Client-Level Assessments

- Qualitative FG Interviews with 199 PWID
 - On OAT
 - Previously on OAT
 - Never on OAT
- Qualitative interviews with OAT providers, administrators, NGOs (N=49)
- Structured surveys with PWIDs (N=1613)
 - On OAT
 - Previously on OAT
 - Never on OAT

Random
Sampling

“Bureaucracy & Beliefs”: Assessing the barriers to accessing opioid substitution therapy by people who inject drugs in Ukraine

Martha J. Bojko¹, Alyona Mazhnaya², Iuliia Makarenko³, Ruthanne Marcus¹, Sergii Dvoriak³, Zahedul Islam², and Frederick L. Altice^{1,4}

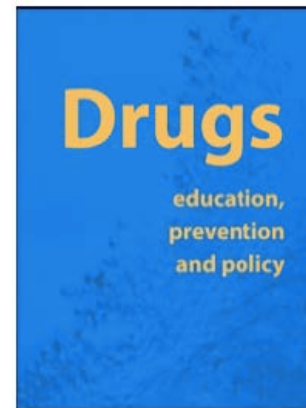
The Future of Opioid Agonist Therapies in Ukraine: A Qualitative Assessment of Multilevel Barriers and Ways Forward to Promote Retention in Treatment

Martha J. Bojko, Ph.D. ^{a,*}, Alyona Mazhnaya, M.S., M.P.H. ^b, Ruthanne Marcus, Ph.D., M.P.H. ^a, Iuliia Makarenko, M.S., M.P.H. ^b, Zahedul Islam, B.A. ^c, Sergey Filippovych, M.D. ^b, Sergii Dvoriak, M.D., Ph.D. ^d, Frederick L. Altice, M.D., M.A. ^{a,e,f}



In their own voices: Breaking the vicious cycle of addiction, treatment and criminal justice among people who inject drugs in Ukraine

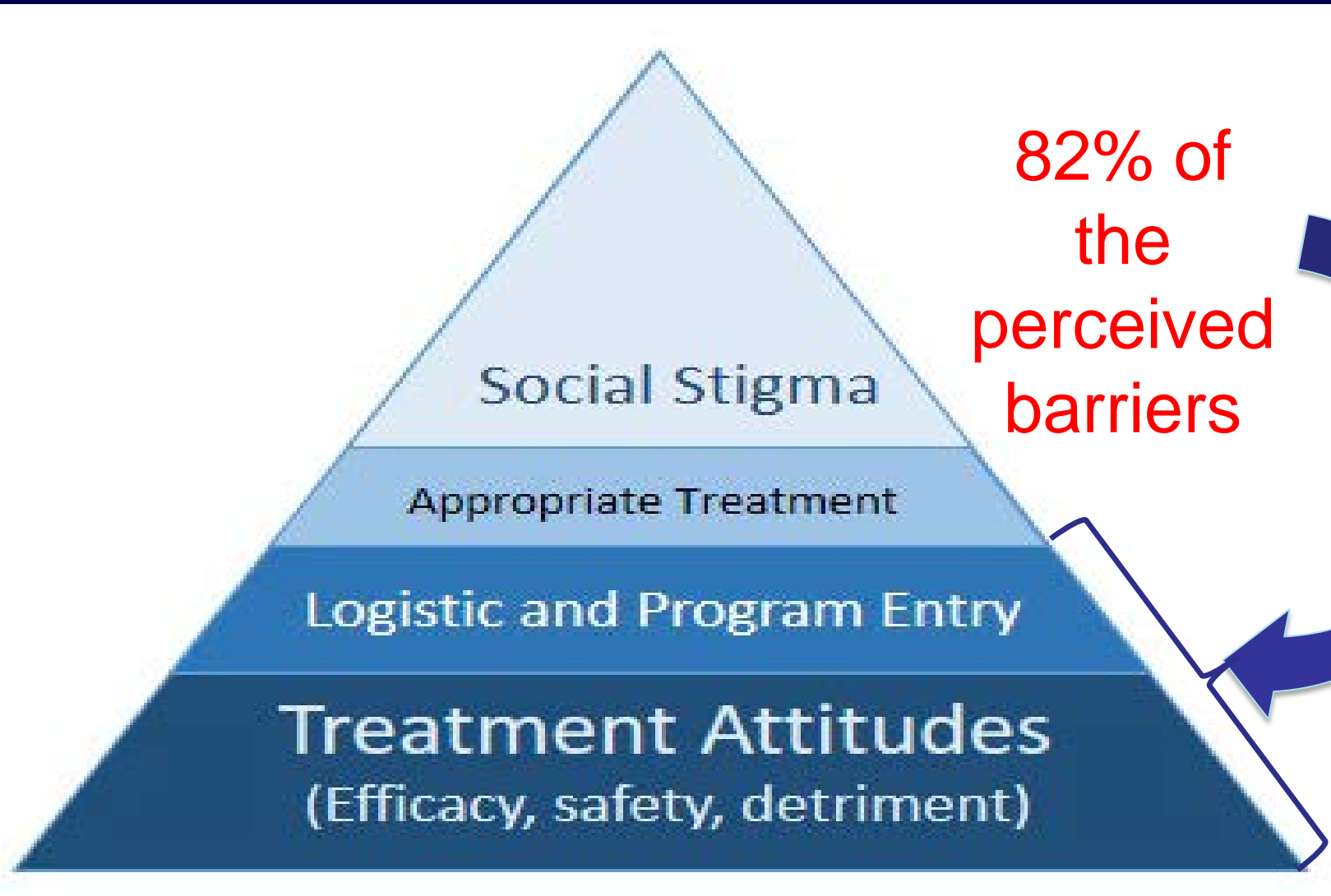
Alyona Mazhnaya, Martha J. Bojko, Ruthanne Marcus, Sergii Filippovych, Zahedul Islam, Sergey Dvoriak & Frederick L. Altice



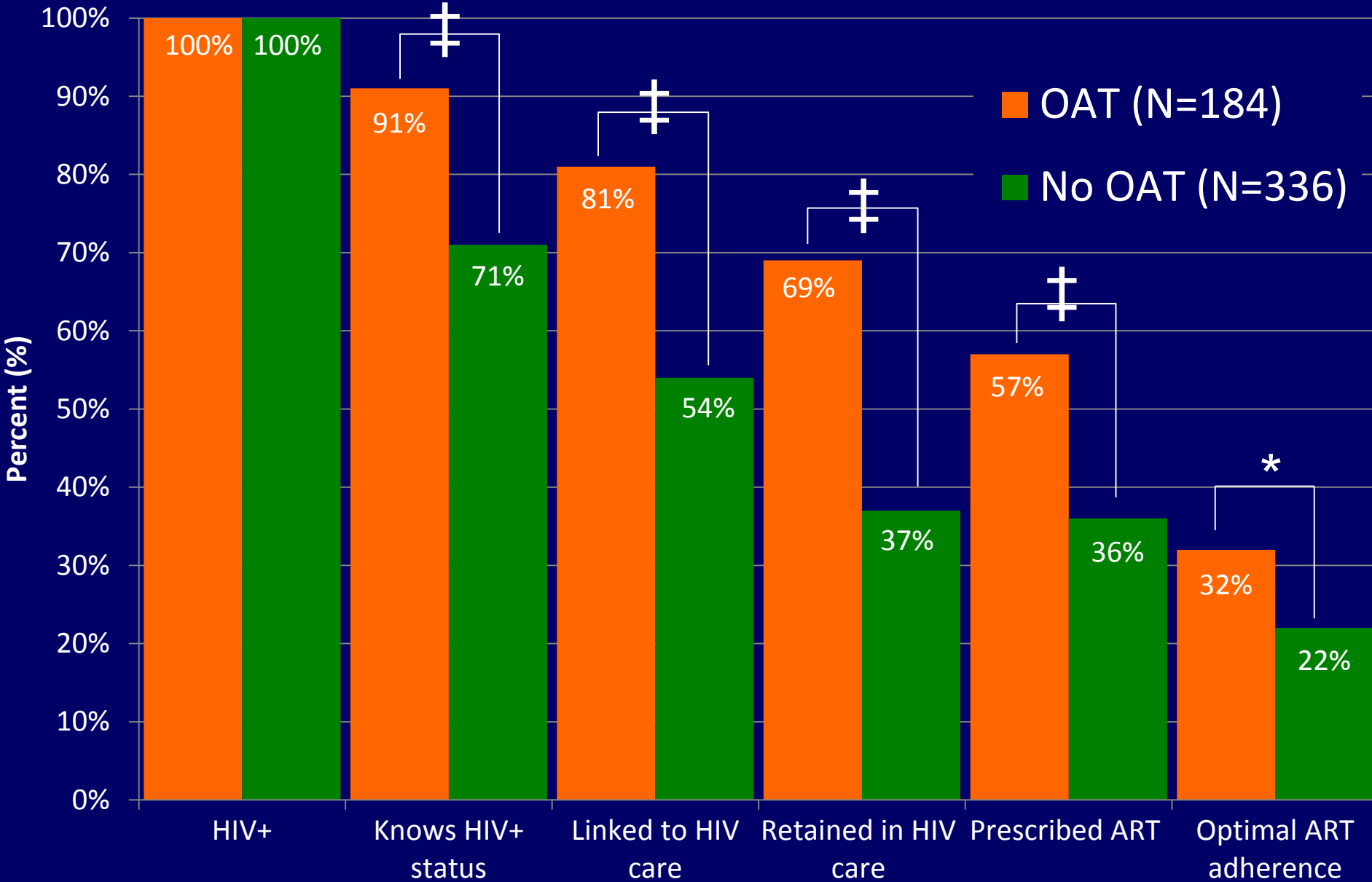
Intervention Targets

- Myths about methadone (patient/provider)
 - Ineffective, Death sentence, “Last resort”
 - Concerns about sustainability (funding)
- Names-based registries – “restrictions”
- Organizational inflexibility
- Mistreatment by OAT providers
- Waiting lists
- Bureaucratic impossibilities (Order 200)
- Police harassment and perceived targeting
- Suboptimal dosing

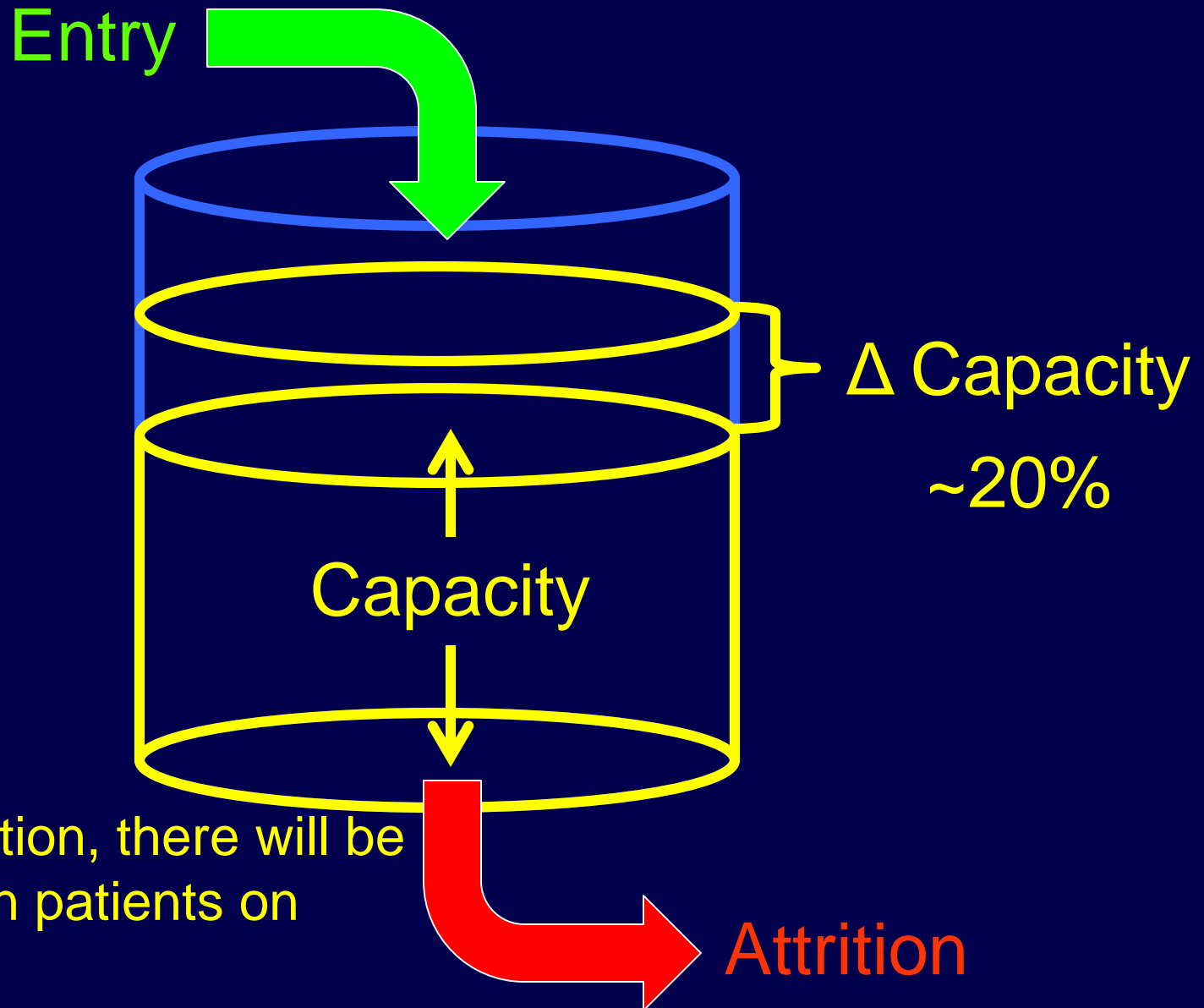
Hierarchy of Barriers



* p<0.05; ‡ p <.001



Conceptual Model



If entry > attrition, there will be an increase in patients on OAT

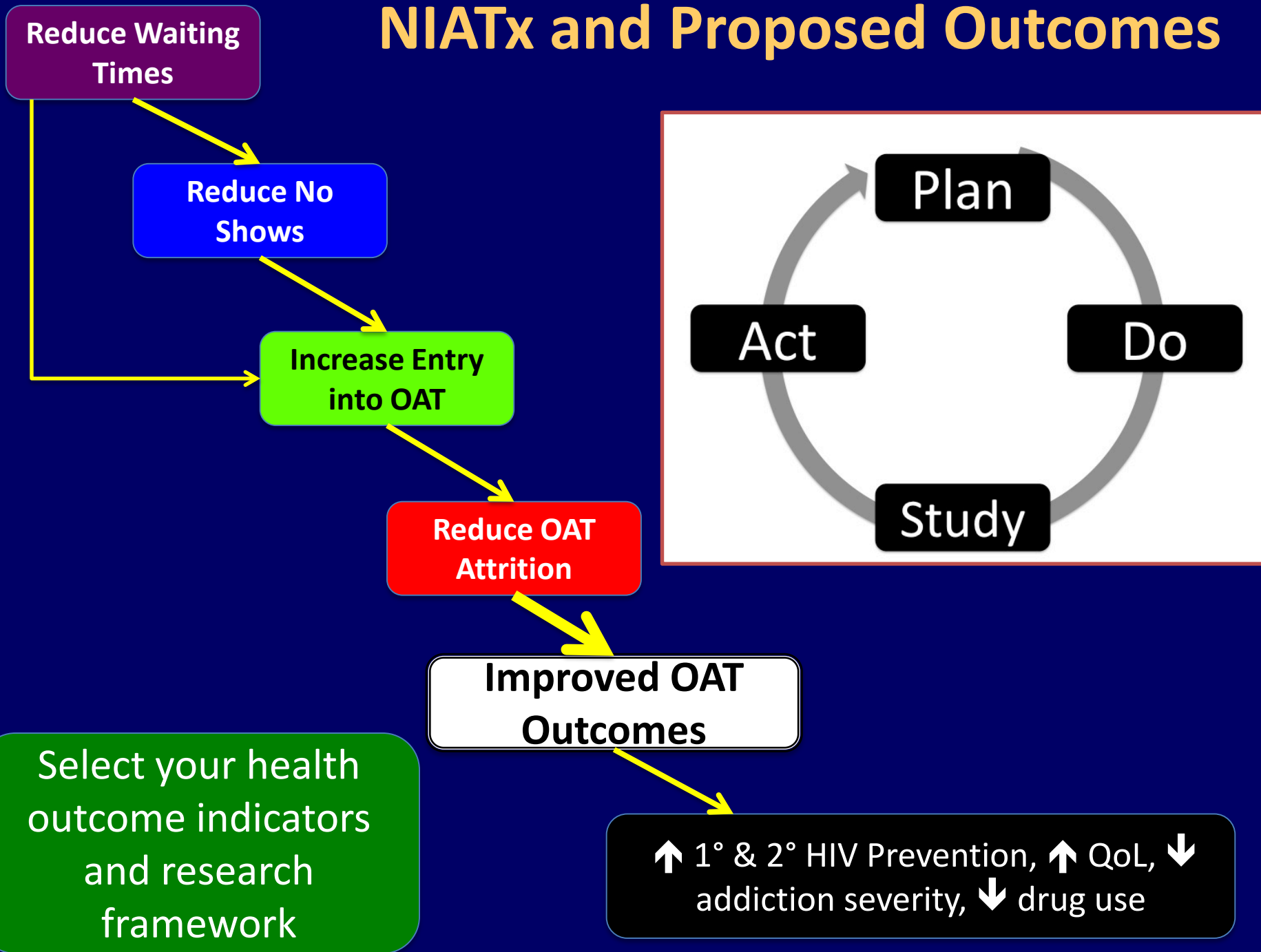
**Effective FACILITATION is the
single most important
element in making change!**

NIATx Model

- A facilitation model of process improvement specifically for behavioral health care settings to improve access and retention in treatment.
- Aims to reduce waiting time to enter treatment, decrease “no shows”, increase admissions, reduce attrition.
- Five principles include: 1) understand and involve the customer; 2) fix key problems; 3) pick a powerful change leader; 4) get ideas from outside the organization or field; & use rapid cycle testing to document changes.

See www.NIATX.net

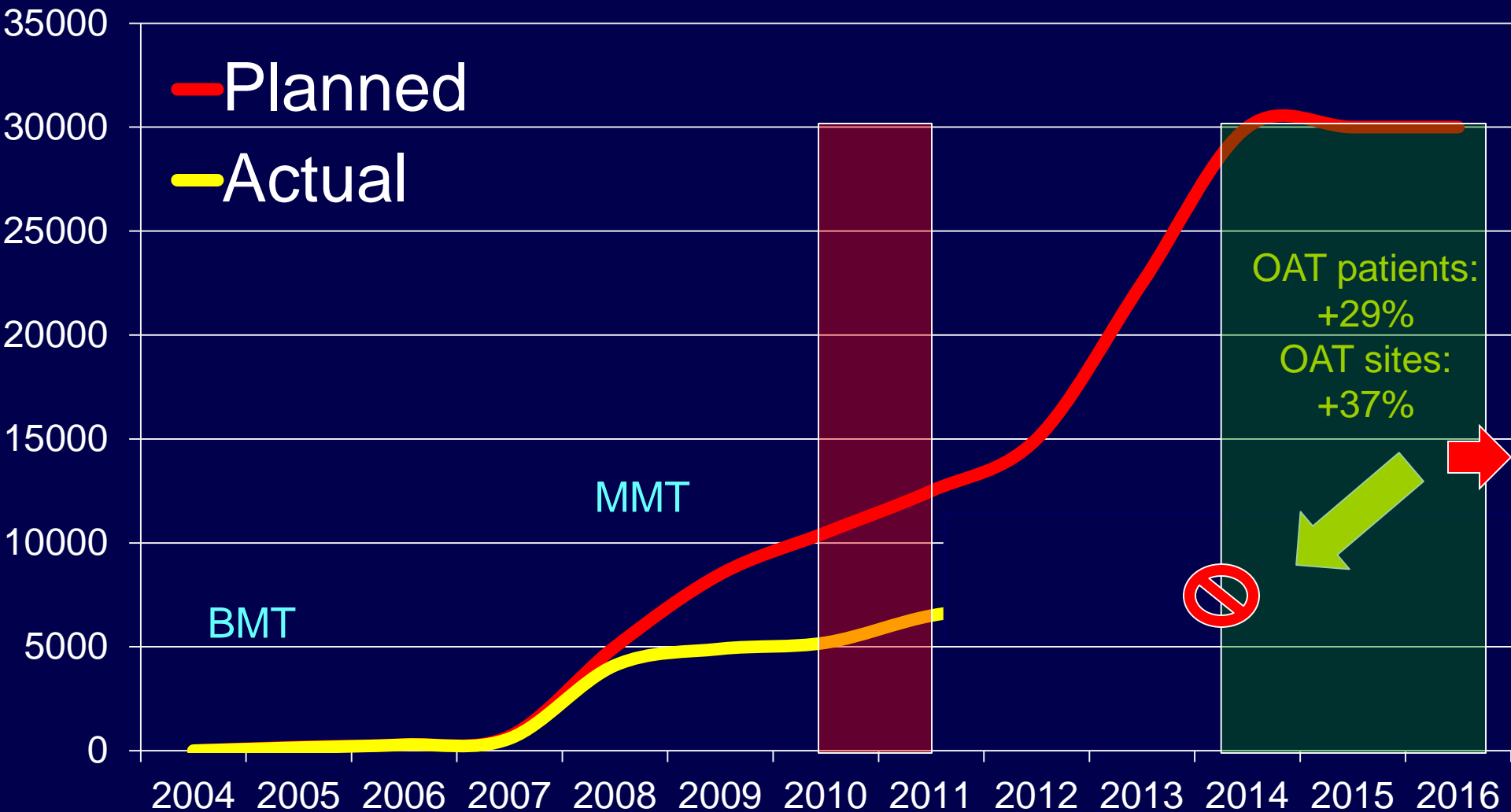
NIATx and Proposed Outcomes



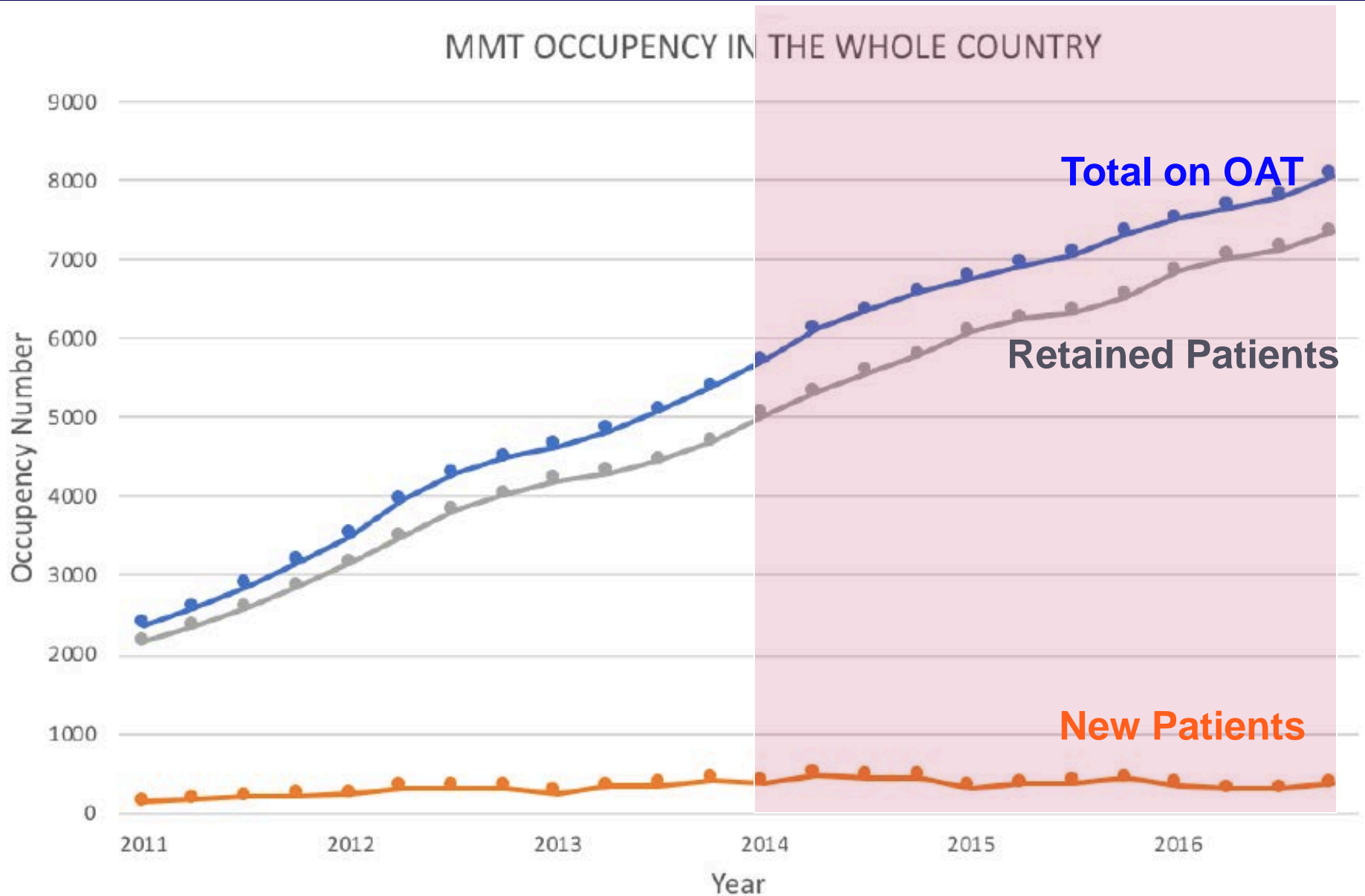
Fidelity Issues

- Selection of NIATx teams and team leaders
- Frequency of team meetings and coaching effectiveness
- If NIATx does not increase the number of patients on OAT, will it be the fault of the facilitation?
 - Funding levels can change. Less money to treat more.
 - OAT entry requirements could change (2016)
 - Procurement could become a problem (6 month advance for changes in capacity)
 - A local event could change attitudes toward OAT (e.g., arrest of key Narcologist)

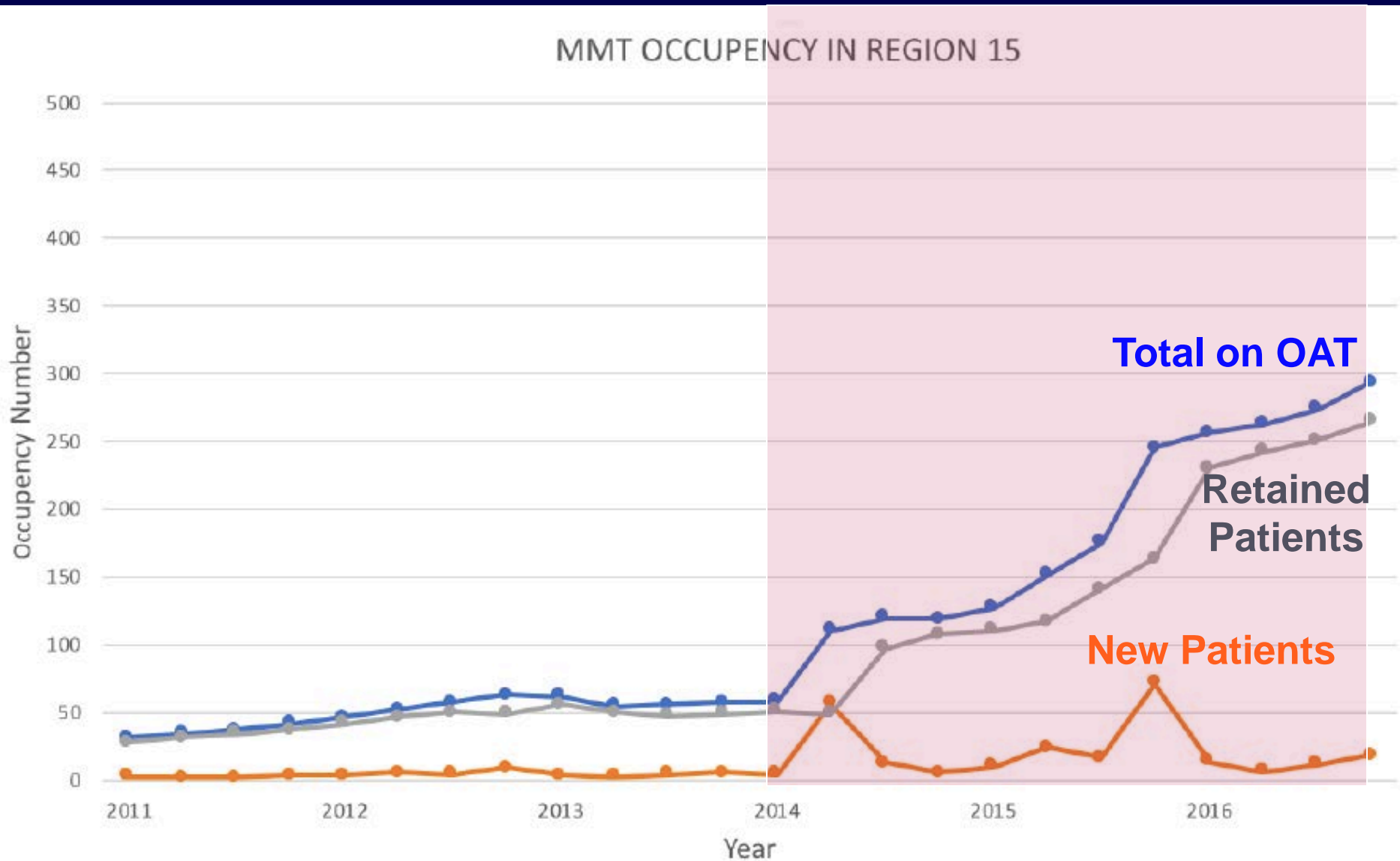
Defining the Problem and Tracking the Response



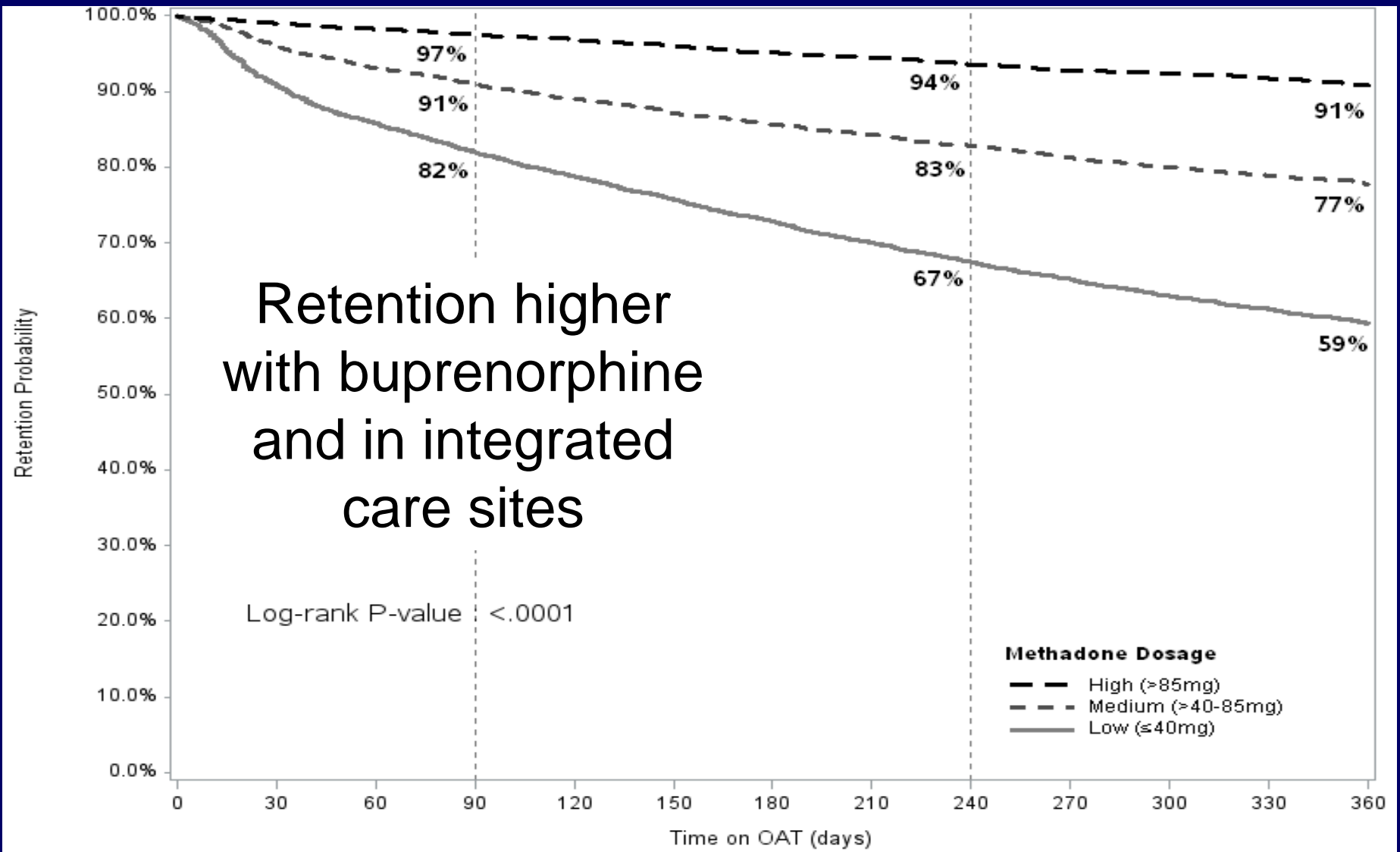
National Data: Ukraine



Individual Oblast Data



OAT Dosing Matters (N=14,176)



Willingness to Pay for OAT (N=1,613)

- Overall, only 44% were willing! About 50% of those currently or previously on OAT would pay. Correlates of the outcome differed by OAT group
- **Current OAT:** Geography (Dnipro, Lviv), higher income and attitudes toward OAT
- **Previous OAT:** attitudes toward OAT and family support of OAT
- **Never OAT:** younger age, male sex, higher income, previous unsuccessful attempt to start OAT

Other Major Successes

- Publications (N=24) →
- Change in Order 200
 - Removed two "detox" requirement
 - Allowed for prescription of MMT and BMT
 - Allowed for transfer to home dosing (6 months)
 - Allowed for treatment to be moved into primary care settings
- Resulted in a national coalition of Chief Narcologists to meet twice-annually
- Open challenge to increase OAT by 20%→50%
- Introduced XR-NTX (Vivitrol) to 146 PWID

New Directions Underway

- To develop and test a shared decision-making strategy to improve a patient's
 - Willingness to start OAT
 - Which type of OAT (methadone/buprenorphine) and in what setting (public/private)
- To build and sustain NIATx collaboratives
 - OAT dosing strategies and high volume treatment
 - Pharmacy prescription (transferring stable patients)
 - Strengthen integrated and primary care
- Cost-effectiveness analyses

Thank you!

Дякую!

Спасибо!