

# Characterizing uptake of opioid agonist therapy among people living with HIV in British Columbia

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## Background & Objective

- Among people living with HIV (PLWH) with opioid disorder, there is an elevated risk of death and adverse outcomes.
- Among PLWH in British Columbia (BC), the recent overdose crisis has subsequently reduced the gains in life expectancy achieved by antiretroviral therapy.
- Opioid agonist therapy (OAT) can play a crucial role in reducing those health disparities and improving HIV cascade of care.
- We aim to characterize OAT uptake among PLWH in BC in a population-based cohort.



# Methods

## Data Source

- The Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) study

## Time Period

- April 1996 and March 2017

## Inclusion Criteria

- Known gender
- $\geq 12$  months of follow-up

## OAT Uptake

- Methadone, Buprenorphine and injectable OATs were identified through PharmaNet database, which includes all medications dispensed by BC pharmacies
- Using Drug/Product Identification Number (DINPIN)



# Results

- We identified 2,148 (15.9%) PLWH who were ever prescribed with OAT among a sample of 13,433 PLWH.
- About 67.6% (n=1,453) had their first prescription after their HIV diagnosis (i.e. after cohort entry).
- Characteristics of this population are presented in *table a & b*.

**Table a.**

<b>Gender (cis- and trans-gender)</b>	
Men	1,292 (60.1)
Women	856 (39.8)
<b>Age(years), at time of dispensation</b>	
19-34	849 (39.5)
35-44	841 (39.1)
45-54	375 (17.4)
55+	83 (3.8)
<b>OAT type</b>	
Methadone	2,058 (95.8)
Buprenorphine	73 (3.4)
Injectable OAT	17 (0.7)
<b>Prescriber type (first OAT Rx)</b>	
General Practitioner	2,006 (93.3)
Community Medicine	16 (0.7)
Psychiatrists	61 (2.8)
Infectious Disease Specialist	10 (0.4)
Internal Medicine	26 (1.21)
Others	29 (1.35)

**Table b.**

<b>Year of first OAT dispensation **</b>	
1996-2007	1,445 (67.2)
2008-2013	476 (22.1)
2014-2017	227 (10.5)
<b>Suppressed HIV viral load (&lt;200 ml/copies)</b>	333 (15.5)
<b>Injection drug use history</b>	1,642 (76.4)
<b>Comorbidities</b>	
Substance Use Disorder	1,488 (69.3)
Mood and Anxiety Disorder	1360 (63.3)
Depression	1,181 (55)
Chronic Pain	482 (22.4)
Psychosis	227 (10.6)
Hepatitis C Virus	853 (39.7)
<b>Opioid Prescriptions (excluding OATs)</b>	978 (45.5)

**Footnotes:** All variables are described at the time of **first OAT dispensation**, and are described in proportions, n(%).

\*\*The year categories reflect BC guidelines in availability of different OAT types in the province; Percent of PLWH who received any OAT prescriptions in each year category (not mutually exclusive): 1996-2007: 100% methadone; 2008-2013: 99.3% methadone, 4.5% buprenorphine; 2014-2017: 93.4% methadone, 23.8% buprenorphine, 3.6% injectable OAT.



# Conclusion & Acknowledgement

- In BC, from 1996-2017, nearly 1 in 6 PLWH is prescribed OAT at least once.
  - Methadone was the most common prescribed OAT, and over 90% of prescribers are general practitioners.
  - The syndemic of complex comorbidities among PLWH receiving OAT highlight the necessity of integrated care models that increase likelihood of long-term retention for PLWH in OAT treatment.
- We respectfully acknowledge that we work and live on the traditional unceded territories of the x<sup>w</sup>mə θ k<sup>w</sup>ək<sup>w</sup>əy̓ y̓əm (Musqueam Nation), Skwxwú 7 mesh Úxwumixw (Squamish Nation) and sesel̓ l̓ ííl̓ l̓ witulh (Tsleil Waututh Nation).
  - We acknowledge and honor the contributions of all study participants in the STOP HIV/AIDS cohort.