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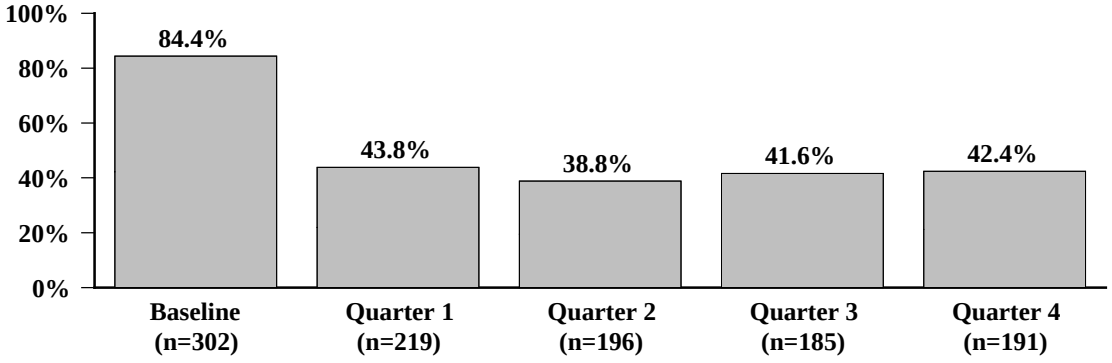
University of Maryland, College Park

Multisite Demonstration Project Finds Buprenorphine/Naloxone Effective in Treating Opioid Dependence in HIV-Infected Patients

Buprenorphine/naloxone treatment provided to persons with coexisting opioid dependence and HIV-infection—a population often difficult to treat—can reduce opioid use when provided in HIV treatment settings, according to data from the Buprenorphine and Integrated HIV Care Model Demonstration Project (BHIVES). This multisite study provided an 8-hour buprenorphine training for physicians and clinical staff at all nine HIV treatment sites as well as other forms of support, including monthly technical assistance conference calls and a listserv for discussion of clinical issues and dissemination of clinical support materials, annual meetings, and site visits. The study found that 48% of HIV-infected persons continued to receive buprenorphine/naloxone treatment one year after beginning treatment (data not shown) and that self-reported* illicit opioid use decreased from 84.4% at baseline (prior to treatment) to 42% one year later (see figure below). The authors conclude that while these results "demonstrate the feasibility of providing buprenorphine/naloxone treatment in a variety of HIV primary care settings," further research on strategies to improve retention and the impact of varying intensities of urine toxicology monitoring are warranted (p. S37).

Percentage of HIV-Infected Persons Receiving Buprenorphine/Naloxone Treatment for Opioid Dependence Self-Reporting Illicit Opioid Use in the Year Post-Treatment Initiation, Nine U.S. BHIVES HIV Clinic Sites, 2005-2007



*Urinalysis data were not included as a measure of illicit opioid use because sites were not consistent in their timing or use of objective urine toxicology analysis. Current guidelines on the use of buprenorphine/naloxone in the treatment of opioid dependence recommend monthly urine screening for those with demonstrated abstinence, and more frequent screening in patients with ongoing illicit drug use. Despite the fact that all sites included protocols that planned for urine screening on a monthly basis, urinalysis was conducted less frequently than once a month after the first quarter of the study. According to the authors, these findings "raise possibility that there are structural or attitudinal barriers to conducting urine toxicology screening as planned and as is recommended" (p. S37).

SOURCE: Adapted by CESAR from data from Fiellin, D.A., et al., "Drug Treatment Outcomes Among HIV-Infected Opioid-Dependent Patients Receiving Buprenorphine/Naloxone," *Journal of Acquired Immune Deficiency Syndromes* 56(S1):S33-S38, 2011. For more information, contact Dr. David A. Fiellin at david.fiellin@yale.edu.

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