Background

- Enrolment in methadone maintenance therapy (MMT) is associated with improved HIV treatment outcomes among people who use drugs (PWUD).
- The extent to which these benefits are sustained in the context of ongoing cocaine use is unclear.
- We assessed differential impacts of MMT on HIV viral load (VL) suppression among HIV-positive opioid users in relation to discrete patterns of cocaine use.

Methods

- **Design and setting.** Data was drawn from the AIDS Care Cohort to Evaluate exposure to Survival Services (ACCESS) study, an ongoing prospective cohort of >800 HIV-positive PWUD in Vancouver, Canada, that started recruitment in 2005.
- **Study procedures.** Semi-annual interview, serological testing (e.g., HCV) and linkages with the provincial HIV Drug Treatment program (e.g., CD4, VL, ART dispensation).
- **Study population.** HIV-positive ART-exposed opioid users who completed ≥1 study interview between 2005 and 2014.
- **Measures and analyses.** Using a procedure recommended by Knod and VanderWeele,1 we used generalized linear mixed-effects (GLMM) to model the independent effect of MMT on VL suppression (< 50 copies/mL plasma) across strata of frequency (daily versus <daily) of cocaine injection (Model 1) and crack cocaine smoking (Model 2), after adjustment for potential confounders.

Results

- 397 HIV-positive opioid-users were included.
- 1679.1 person-years of follow up
- At baseline:
  - Age, median (IQR): 41 years (36-47)
  - Male: 234 (59%)
  - Enrolled in a MMT program in the last 6 months: 304 (77%)
  - Daily cocaine injection in the last 6 months: 37 (9%)
  - Daily crack-cocaine smoking in the last 6 months: 158 (40%)
  - Results of the adjusted GLMM analyses of the effect of MMT on VL suppression across strata of cocaine injection and crack-cocaine use are presented in Table 1 and 2, respectively.