Feasibility, efficacy and cost of a long-term community-based psychiatric follow-up for People Who Inject Drugs (PWID): the DRIVE-Mind project in Vietnam

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• Background

- Adding a mental health problem to drug use increases stigma, severity of both disorders and barriers to accessing care, particularly in places where psychiatric resources are scarce.
- Innovative and alternative interventions are necessary.

➔ ***The objective of this study was to show that a sustained community-based psychiatric intervention is feasible, efficient in terms of mental health, reduction of drug use, risk behaviors and quality of life, and assess its cost.***

• Methods

A total of 233 PWID suffering from mental health problems were proposed a community-based psychiatric follow-up in the city of Haiphong, Vietnam, **over 4 years:**

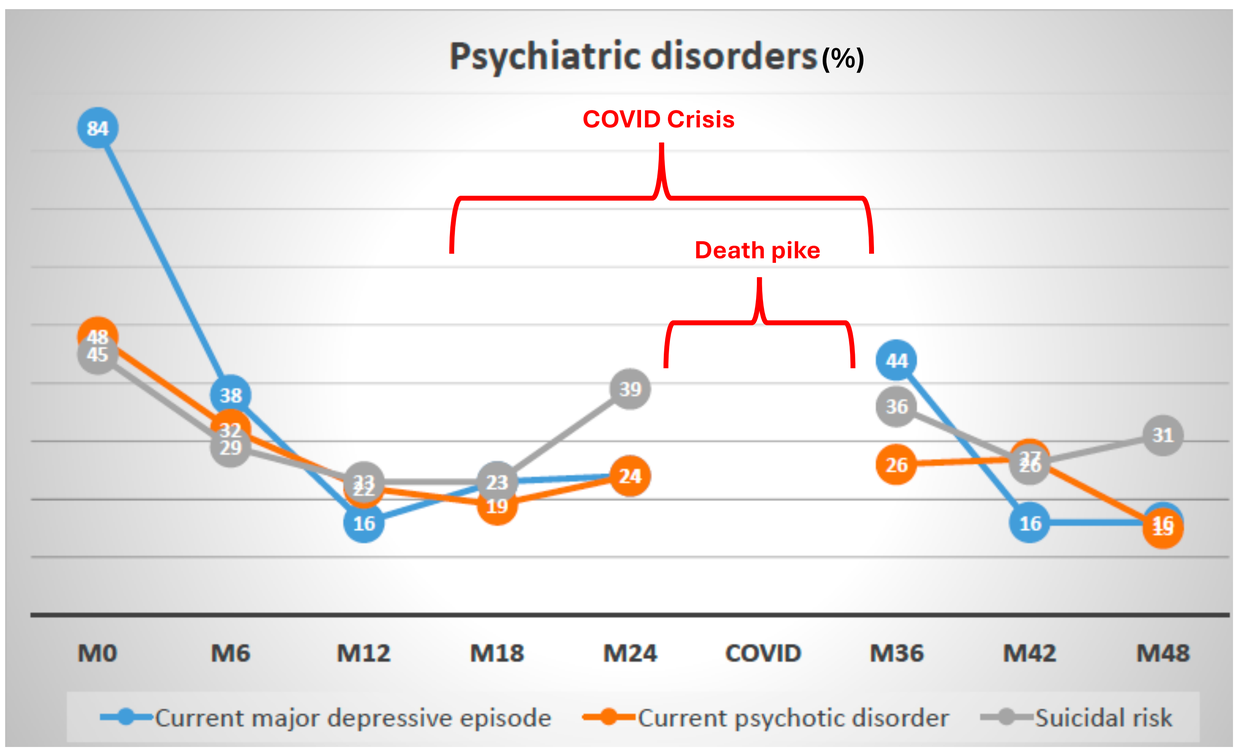
- The intervention took place in community-based organization offices with full support of trained peers
- Peers were involved in **research conception, psychiatric screening, questionnaire submission, linkage to care, follow-up and tracing, harm reduction intervention, information & counseling**
- Psychiatric consultations and the treatments, given on sites, were free
- Data were collected every 6 months except during the pike of the COVID epidemic (May 2021 to Mars 2022).
- A control group of 378 PWID free of psychiatric disorders was included in the study during the last year of follow-up to compare severity of drug use and risk behaviors

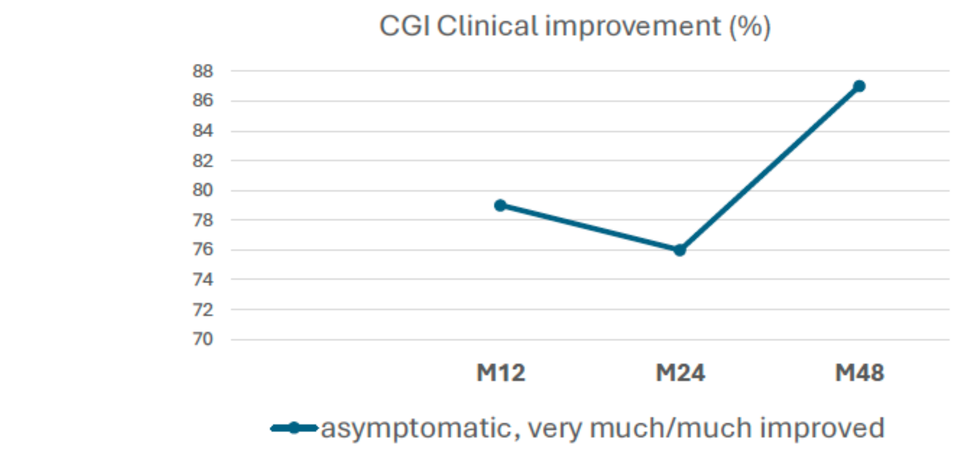
Main outcomes

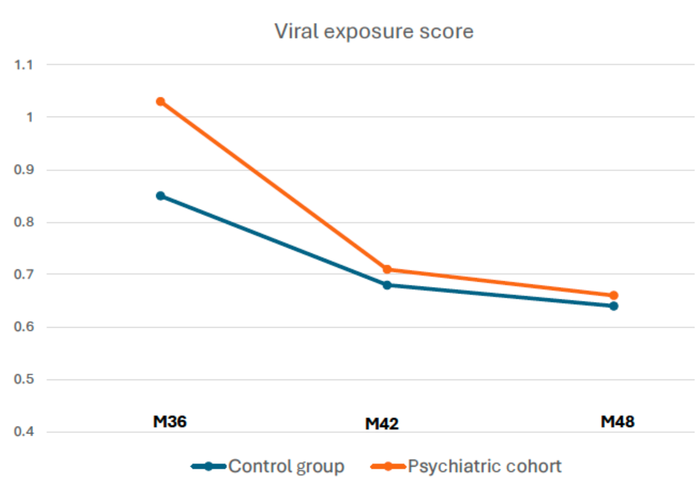
- Retention rate
- Psychiatric diagnosis (among **MINI** major depressive episode, psychotic disorder, suicidal risk)
- Psychiatric clinical improvement (**C**linical **G**lobal **I**mpression scale)
- Severity of substance use (heroin injection, regular methamphetamine use, hazardous alcohol use – **audit-C**) (**non-inferiority with control group at M48**)
- Composite risk behavior score *(methadone and injection, syringe/needle sharing, front/backloading, solution for injection sharing, use of equipment to stop bleeding, sharing pipe to smoke methamphetamines, inconsistent condom use with risky primary partner or casual partner)* : **non-inferiority analysis with control group at M48**
- Quality of life (**EQ5D5L**) **non-inferiority analysis with control group at M48**
- HIV/HCV seroconversion compared with control group
- Cost of the intervention

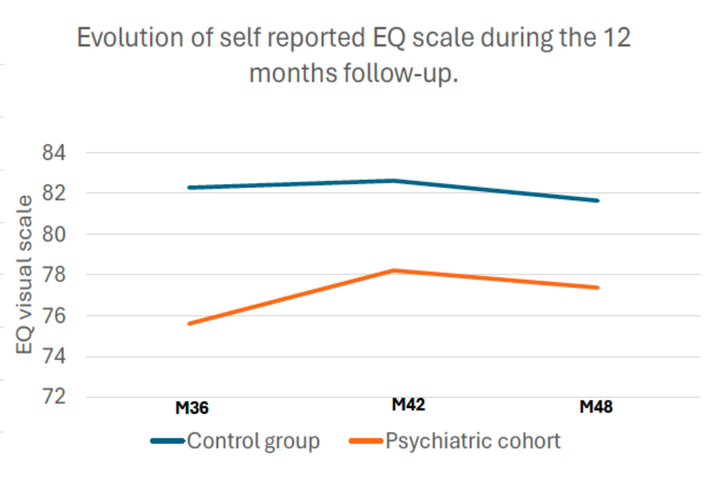
• Results

				COVID Crisis					
	March 2019		**March 2020**	**March 2021**			**March 2022**		**March 2023**
Months of Follow-up	M0	M6	M12	M18	M24	M30	M36	M42	M48
Sample size	233	197	170	165	141	//	129	116	111
Retention rate		85%	73%	71%	61%	//	55%	50%	48%
Control group (sample size)							378	→	



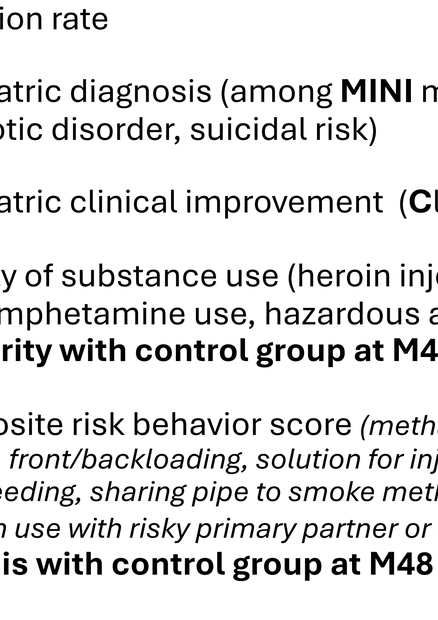
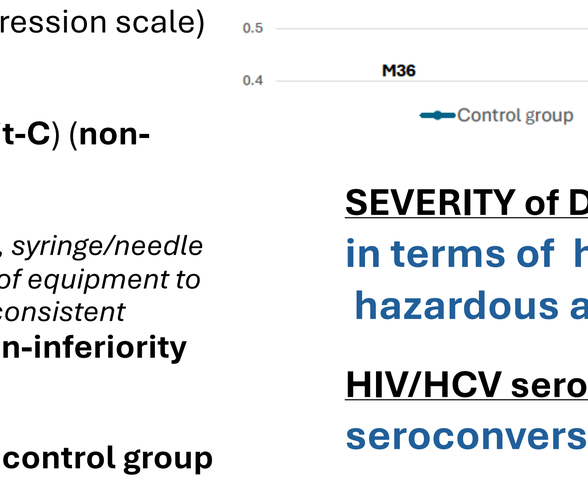






<u>SEVERITY of DRUG USE:</u> psychiatric cohort non-inferior to controls in terms of heroin injection, regular methamphetamine use and hazardous alcohol use at M48

<u>HIV/HCV seroconversion</u>: no HIV seroconversion, comparable rate of seroconversion for HCV with controls

<u>COST of the intervention</u>: 78 $/participant/year

• CONCLUSION : **Sustained community-based psychiatric intervention is extremely efficient, costless and should be widely scaled up, particularly for key populations more often affected by stigma and low income. <u>Nevertheless, access to methadone treatment remains constantly lower among PWID with psychiatric comorbidity compared to controls</u>**