How to improve access to methadone treatment among people with co-occurring psychiatric disorder and opioid use? Answers from a cross sectional survey conducted in Haiphong, Vietnam.

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Backgroud. People with co-occurring psychiatric disorder and opioid use take particularly advantage from methadone treatment but seem to have less access to it than other populations. To improve this situation, we need to quantify the scale of the problem and identify the main obstacles to access to methadone. In this study, we aimed to explore the relationship between psychiatric disorders and access to methadone treatment in a cohort of people who inject drugs (PWID) in Haiphong, Vietnam.

Methods. A cross-sectional survey was conducted in 2020 among a cohort of PWID recruited in the city of Haiphong by respondent-driven sampling. Data on socio-demographic characteristics, drug use, quality of life, and access to treatment were collected using face-to-face questionnaires by trained interviewers. PWID were screened by trained psychiatrists for depression, psychotic disorder and suicidality, using the MINI questionnaire.

Results. Among the 492 PWID enrolled in this study, 18% were not taking methadone despite their intention to do so. Mean age was 45 years and 93% were male. People with psychiatric disorder were almost half as likely to be treated with methadone (Odds Ratio: 0.54, IC95% [0.34 – 0.88]). This relationship was mostly mediated by two factors in our multivariate analysis: reporting being a woman or a transgender person, or reporting poor mobility. On the other hand, income, age and heroin use did not statistically mediated this relationship.

Conclusions. New strategies to improve methadone coverage among PWID with dual disorders should include take home methadone (so far only daily delivery is available in Vietnam), peer support, and easier access by women and transgender people to the methadone clinics.

Key words: psychiatric disorder, methadone, access to care