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The impact of the 2014 military conflict in the east of Ukraine and the Autonomous Republic of the Crimea among patients receiving opioid agonist therapies*

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ABSTRACT

Background: Opioid agonist therapies (OAT) for people with opioid use disorders (OUD) have been available in Ukraine since 2004. This study assessed the effect of 2014 Russian invasion of Ukraine on OAT re-enrollment and retention in conflict areas

Methods: We analyzed the Ukraine national registry of OAT patients containing 1868 people with OUD receiving OAT as of January 2014 in conflict areas (Donetsk, Luhansk, and the Autonomous Republic [AR] of the Crimea). We developed logistic regression models to assess the correlates of re-enrollment of OAT patients in government-controlled areas (GCA) from conflict areas and retention on OAT at 12 months after re-enrollment.

Results: Overall, 377 (20.2 %) patients were re-enrolled at an OAT site in a GCA from confict areas, of whom 182 (48.3 %) were retained on OAT through 2021. Correlates of re-enrollment were residing in Donetsk (adjusted odds ratios (aOR) = 7.06; 95 % CI: 4.97−10.20) or Luhansk (aOR = 6.20; 95 % CI: 4.38−8.93) vs. AR Crimea; age 18−34 (aOR = 2.03; 95 % CI: 1.07−3.96) or 35−44 (aOR = 2.09; 95 % CI: 1.24−3.71) vs. ≥55 years, and being on optimal (aOR = 1.78; 95 % CI: 1.33−2.39) or high OAT dosing (aOR = 2.76; 95 % CI: 1.93−3.96) vs. low dosing. Correlates of retention were drug use experience 15−19 years (aOR = 3.69; 95 % CI: 1.47−9.49) vs. <14 years of drug use; take-home (aOR = 3.42; 95 % CI: 1.99−5.96) vs. daily on-site dosing, and optimal (aOR = 2.19; 95 % CI:1.05−4.72) vs. low OAT dosing.

Conclusion: Our study showed that one-fifth of patients were re-enrolled at sites in GCA areas, less than half of reenrolled patients were retained. Disruption of OAT has implications for drug-, HIV-, and HCV-related morbidity and mortality.

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1. Background

Opioid agonist therapies (OAT) are an effective means of HIV prevention among people who inject opioids (Bruce, 2010). OAT have been available in Ukraine beginning in 2004 with buprenorphine and evolved

into a large-scale national program in 2008 when methadone became available. Providing OAT has been a critical harm reduction strategy for people with opioid use disorder (OUD) in Ukraine, and is considered one of the most cost-effective approaches to reducing HIV infection in this population (Fairley et al., 2021). Retention in OAT has also been

^{*} Disclaimer: The findings and conclusions of this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention (CDC).

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