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## Methadone treatment in primary care

Successful control of the HIV epidemic in people who inject drugs (PWID) is important for the achievement of the ambitious UNAIDS target of ending the HIV/AIDS epidemic by 2030.<sup>1</sup> The epidemics of drug use and HIV infection in PWID are continuing to spread.<sup>2,3</sup> The number of people who have used opioids in the past year is estimated to be between 28.6 and 38 million people worldwide.<sup>2</sup> 1.7 million PWID (13.1%) are estimated to be living with HIV worldwide. The situation is particularly dire in southwest Asia and eastern and southeastern Europe, where the prevalence of HIV in PWID is 28.8% and 23.0%, respectively.<sup>2</sup>

Scaling up of treatment and harm reduction strategies, including methadone maintenance treatment, is the best way to reduce misuse of opioids and the associated HIV epidemic in PWID.<sup>4</sup> In *The Lancet HIV*, Keith Ahamad and colleagues report that low-threshold methadone treatment provided in primary care settings significantly reduces the risk of HIV infection.<sup>5</sup> Their study findings call for policy change to support methadone treatment given to PWID in primary health-care settings at the community level.

Sufficient scientific evidence supports such a policy change. During the past few decades, studies have proven that methadone treatment is safe and effective<sup>6</sup> and shown that methadone treatment can reduce HIV infection in PWID.<sup>4</sup> Randomised clinical control trials have shown that methadone treatment delivered in primary health-care settings can reduce drug misuse and transmission of blood-borne diseases, including HIV.<sup>7</sup> These findings provide solid scientific evidence for the need to deliver methadone treatment in communities where PWID live. With their broad experience in dealing with a range of health issues, primary health-care professionals can also provide comprehensive services to PWID.<sup>8</sup>

Methadone has been listed as an essential medicine by WHO since 2005.<sup>9</sup> As an essential medicine, it should be made widely available in community-based health facilities, particularly in primary health-care settings. One study<sup>10</sup> has shown that methadone treatment in primary care settings had promoted increased retention and reduced frequencies of illicit drug use. Both patients and physicians indicated high satisfaction. Unfortunately, in most countries with a high prevalence

of HIV infection in PWID, methadone is not available. Worldwide, one in six drug users have access to or received drug dependence treatment services, varying from one in 18 in Africa, one in five in western and central Europe, one in four in Oceania, to one in three in north America.<sup>2</sup> A third of PWID worldwide are women and girls; however, they are frequently under-represented in studies of drug use and HIV risk and prevalence.<sup>11</sup>

Promotion of methadone treatment in community primary health-care settings is important for improvement of access to effective harm reduction programmes. For example, China has established a methadone policy which recognises that, in Asian countries, many PWID live in rural areas, so methadone services have been set up in primary health-care clinics. Additionally, many of their methadone treatment clinics have extension sites in township hospitals and village clinics.

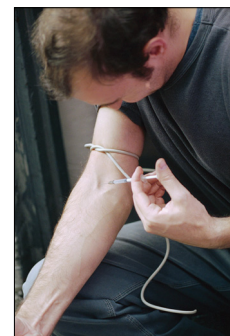
Countries where HIV is common in PWID but where methadone is prohibited need to review scientific evidence and learn from other countries in which methadone treatment has successfully controlled the HIV epidemic in PWID. Countries where methadone is available but limited to dedicated methadone programmes also need to change their policy to make methadone more widely available. Drug use is an illness for which methadone is an essential medicine and must be made available to all PWID. However, as the study by Ahamad and colleagues showed, those PWID at the highest risk are not enrolling in methadone maintenance therapy. Therefore, even more intensive and innovative efforts will be needed to reach these PWID if we are to achieve the UNAIDS goal of ending the HIV epidemic by 2030.

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The opinions expressed in this comment reflect the collective views of the co-authors and do not necessarily represent the official position of the National Center for AIDS/STD Control and Prevention, Chinese Center for Diseases Control and Prevention. We declare no competing interests.

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