Hepatitis C treatment in the NSP setting

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What is the Harm Minimisation Program?

- Offers:
  - Access to sterile injecting equipment through three primary outlets, five automatic dispensing machines, and five secondary outlets
  - A range of other value-added services such as:
    - Brief interventions
    - Health education
  - Clinical services (Currently at Redfern only)
    - CNC, RN offering nurse led Primary Health Care Clinic
    - MO three hours per week
    - Social worker

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HMP underpinned by harm reduction philosophy

- Harm reduction is a set of practical and pragmatic strategies
- focus on the prevention of harm, rather than on the prevention of drug use itself
- focus on people who continue to use drugs
- Also a movement for social justice – belief in, and respect for, the rights of people who use drugs

HMP underpinned by harm reduction philosophy

- HMP is committed to principles of:
  - health promotion (Ottawa Charter 1986)
  - Non-judgemental approach – respectful of people's life choices – emphasis on ensuring they are fully informed
  - Service user focused – promoting self-determination and empowerment

Who uses the HMP

- 72% male
- Median age 40
- 20% have experienced homelessness
- 17% Aboriginal, 29% at Redfern
- 50% inject daily

SLHD NSP Enhanced Data Collection 2016

- 54% of people accessing NSP HCV antibody positive

Barriers accessing quality health care for PWID

- PWID more likely than the broader population to be negatively affected by a broad range of social determinants of health
- PWID are highly vulnerable and marginalised with a high degree of mistrust in mainstream services
- PWID are criminalised

Barriers accessing quality health care for PWID

- Key barriers to access include:
  - Stigma and discrimination
  - Poverty
  - Lack of personal support
  - Poor knowledge, coordination and responsiveness of mainstream health services

Lang et al, 2013

HCV treatment in the NSP setting can help overcome these barriers

- NSP trusted and well position to overcome barriers and reach people who currently inject.
- Role of frontline staff central to engaging with PWID and linking into onsite clinical treatment.

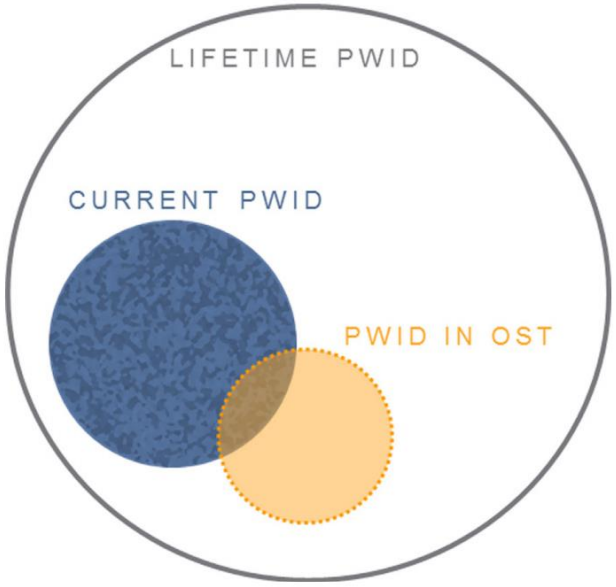

Fig. 2. Populations of people who inject drugs (PWID, people who inject drugs; OST, opioid substitution therapy).

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Crosscutting barriers to scaling up HCV treatment in PWID – can we turn this around?

- Only about half of chronically infected people have been diagnosed
- Most new infection is associated with injecting drug use – the group most difficult to screen
- Poor, marginalised and “hard to reach” populations are difficult to enrol and retain in care
- HCV is not a public priority
- Stigma keeps highest risk people away from care

Cascade of care (CoC)

- Screening and treatment in NSP setting can play a large role in addressing low levels of treatment, particularly in PWID
- Huge opportunities in the roll-out of DAAs to expedite movement across the CoC for PWID

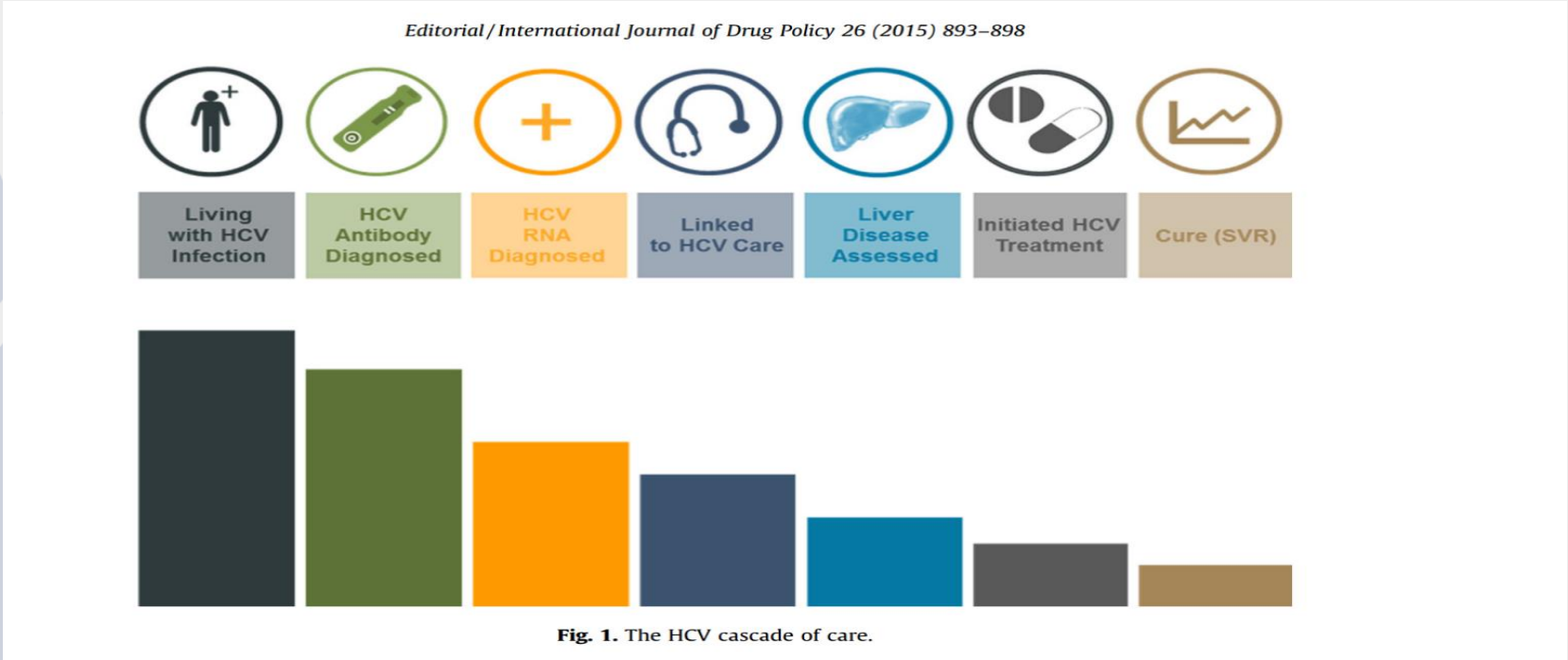
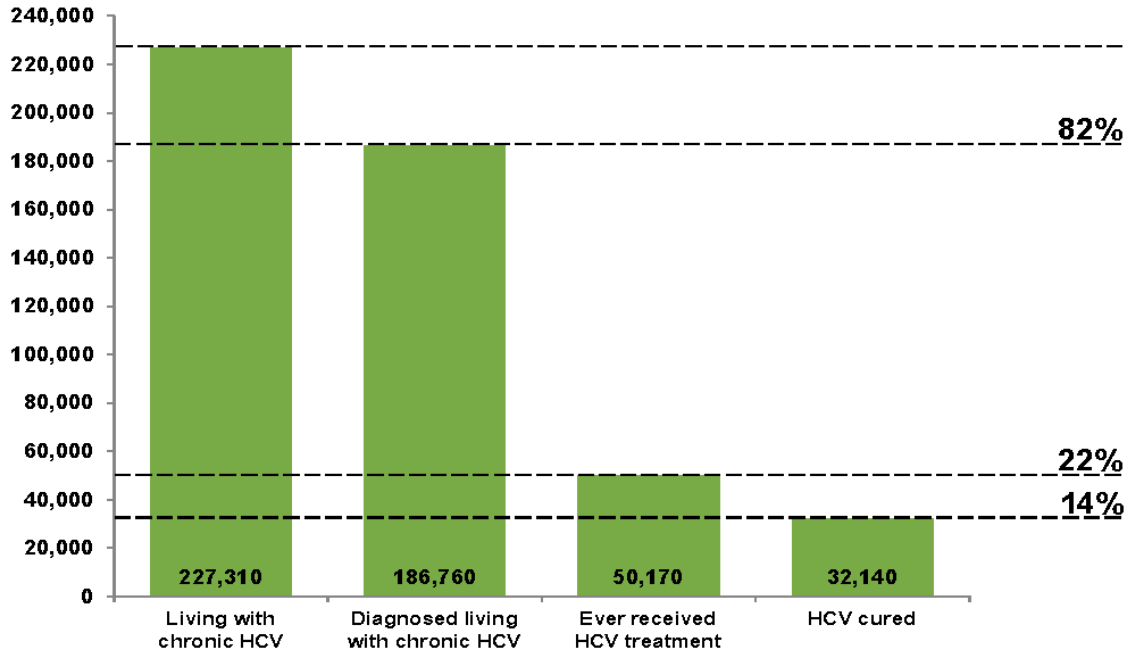


Fig. 1. The HCV cascade of care.

HCV Cascade of Care - Australia

HCV care cascade in Australia: end 2015



3 The Kirby Institute. Hepatitis B and C in Australia Annual Surveillance Report Supplement 2016

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Our PHCC

- Low threshold drop in service
- One stop shop model
- Provides a range of services such as:
  - BBV risk assessment

Case study 1

- Mr S
- 45yr old Aboriginal man
- HCV+, G3a/TN/NC
- Sof/Dac for 12 weeks
- Good Meds adherence
- Team approach

Case Study 2

- Mr D
- 63 yr old man
- HCV +, G2/TE/NC
- Sof/Riba for 12 weeks
- Chronic pain, contaminated hit
- ED, ICU, Balmain Rehab
- Attained SVR/ Team communication

Case study 3

- Ms F
- 52yr old woman
- HCV+ ,G 2/TN/NC
- Sof/Riba for 12 weeks
- MH case worker/GP
- Attained SVR/Multidisciplinary team

Case Study 4

- Ms J
- 34yr old woman
- HCV+ G1/TN/NC
- Sof/Led for 8 weeks
- Pap smear/CP/DV/MH
- AVO/minimal supports
- Due EOT bloods

Key messages

- Scaling up HCV treatment is an essential component to prevention of transmission among PWID
- NSP can play a key role in treating HCV in PWID

Next steps

- Enhancement and expansion of clinical services to Marrickville and Canterbury
- Increase efforts in recruitment into testing and treatment
- Increase MO hours in the clinic
- Get better at building partnerships
- Improve relationships with local GPs

Next steps

- Provide peer support – delivers benefits:
  - Effective intermediaries with other health professionals (Needle et al, 2004)
  - Positive health impacts for those engaging with peer education and support (Small et al, 2012)
  - Reduction in social isolation (Serovitch et al, 2000)
  - Improvements across a range of health outcomes
    - BBV transmission, mental health
    - Medication adherence

References

- See presenter for a list of references