RESOLVING BARRIERS TO TREATING HCV AMONG INJECTION DRUG USERS

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Presentation Overview

1. Identify and resolve barriers for providing access to HCV treatment to drug injectors
2. Strategies to integrate viral hepatitis prevention and treatment services in HIV prevention settings
3. Development of a collaborative continuum of care network among multiple service providers and/or within NGO
4. Alternative measures when funding and medical care is not available
Current Data

- Estimated 3 to 4 million people worldwide are infected with HCV every year
- 170 million people worldwide have chronic HCV
- Disparities in HIV and HCV infections among IDUs
- As HIV medications and prophylaxis of opportunistic infections increase the life span of persons living with HIV, HCV-related liver disease has become a major cause of hospital admissions and deaths among HIV positive individuals
It is recommended that treatment of active injection drug users be considered on a case-by-case basis, and that active injection drug use in and of itself not be used to exclude such patients from antiviral therapy.
Comprehensive Care

- According to the WHO, UNODC and UNAIDS technical guide on HIV prevention, treatment and for IDUs, a comprehensive package has been suggested\(^2\).
- There is a wealth of scientific evidence supporting the efficacy of these interventions in preventing the spread of HCV.
- The Comprehensive Package outlines nine interventions.
WHO Comprehensive Package

- Needle and syringe programmes (NSP)
- Opioid substitution therapy (OST) and other drug dependency treatment
- HIV testing and counselling (T&C)
- Antiretroviral therapy (ART)
- Sexually transmitted infections (STI) prevention and treatment
- Condom programming for IDUs and their sexual partners
- Targeted information, education and communication (IEC) for IDUs and their sexual partners
- Viral hepatitis diagnosis, treatment and vaccination
- Tuberculosis (TB) prevention, diagnosis and treatment
One-Stop-Shop Model

- Positive Health Project’s (PHP) staff members believe that the only way to provide care for IDUs is from a harm reduction approach without discrimination, judgment or demands for abstinence.

- Since 1993 PHP’s service continuum has been built on a ‘one-stop shop’ model from its central location in midtown Manhattan which includes: syringe exchange, outreach, case management, women’s services, transgender services, HIV/HCV preventive education, support groups, mental health services, acupuncture and access to on-site medical/dental care.
Milestones

- **1999:**
  - Designed HBV vaccination study for IDUs with Don Des Jarlais

- **2001:**
  - Designed safer injection equipment and injection techniques to prevent viral hepatitis
  - Conducted efficacy study with Yale School of Public Health

- **2002:**
  - Opened the first primary medical center for IDUs co-located within a needle exchange program
  - Integrated HCV counseling/testing with HIV counseling/testing

- **2003:**
  - Started providing free HAV/HBV vaccination program.
Barriers to Treatment

- False information regarding ‘clean time’ required to treat
- Gaining trust in a community that distrusts “the system”
- Fear of medications side effects
- Doctors poor management of side effects
- Lack of trained or interested medical staff
- Not enough GI specialists to meet the demand
- Finding “user” friendly health services/providers
Barriers to Treatment

- Clients referred to medical treatment wait too long
- Concerns about re-infection
- Mental health issues/support
- Limited access to medications
- Costs of medication, required tests, and follow up

- Funding to expand and/or support HCV prevention or treatment
- Staff has personal issues
- Breaking down inter-agency boundaries and regulations
Why Test for HCV?

- As with HIV testing many think that positive test results will foster behavior change
- HCV treatment is not available nor 100% effective
- Providing positive test results without offering treatment options only causes more trauma
- Offering secondary prevention planning can be a better option causing less stress and trauma
Stakeholders and Workgroups

- Our experience combating HIV has demonstrated the need for engaging members of impacted communities as well as public health professionals, care providers and consumers.

- Those with a strong interest in the development of viral hepatitis programs, "stakeholders" in the issue, should be involved from the ground-level up in the development of plans for integration.

- One effective approach for involving stakeholders is to include them on a work group.

- Consider what people are needed to ensure the success and credibility of the proposed activities, and invite them to be a part of planning.
Key Stakeholders

- **Consumers/Clients – IDUs**
  - In dire need of treatment and support

- **Community**
  - Infection rates within the community can be reduced

- **Pharmaceutical Companies**
  - Harm reduction programs have access to large numbers of a hard to reach growing market for their products
Appropriate Venues for Treatment

- Research studies show needle exchange programs (NEPs) reduce IDUs frequency of injections per day whereby stabilizing chaotic drug users providing a bridge to direly needed services.

- Needle exchange programs have consistent daily contact with target population in need of treatment offering opportunities for directly observed therapy.

- HR/NEPs are perfect sites for providing the support or tertiary services required to sustain treatment with access to medical case management and medical providers.
Where to Start

- Include questions about viral hepatitis screening, vaccination and history of disease on:
  - client intake form – health history
  - periodic reassessments – client visit/encounter forms
  - all relevant service delivery forms

- Agency standards, policies and procedures should outline specific tasks to be performed by staff

- Agency quality assurance activities should monitor progress toward meeting these standards
Integration and Collaboration

- There are many organizations in a community or region that have a stake in viral hepatitis
- Examples of effective integration usually involve some degree of partnering with other stakeholders
- Develop referral lists and linkage agreements for
  - Vaccination
  - Staff Training
  - Client education
  - Screening
  - Medical Care & Treatment
Integration and Collaboration

- There is no “one-size-fits-all” approach to integration
- Integration should be tailored to the unique strengths of your agency and needs of your clients
- Innovative programs periodically review their operations and identify new opportunities for integration
Integrating HCV Info/Care/Tx

- Staff Trainings
- Client Intake/Triage
- Outreach Services
- Needle Exchange
- HCV Counseling & Testing
- Case Management
- Secondary Prevention Planning
- Treatment Readiness Support
- Support Groups/DOT
- Mental Health Services
- Linkage with HAV/HBV Vaccination
- Medical Care
Holistic Team Approach

Case Manager ➔ Social Worker ➔ Doctor

Many times IDUs will share parts of their personal information with different staff. Because of this, it is a good idea to conduct case conferencing to gain full knowledge of clients' risk behaviors and drugs used. This will also help the doctor determine the best combination of HIV treatment compatible with illicit drugs used.
Client Intake/Triage

- Conduct risk behavior assessment
- Demonstration of preparing drugs for injection
- Based on medical/risk behavior history refer for medical screening and/or prevention support services
- Offer free Hepatitis A and B vaccine
- Offer free HCV/HIV/STD testing
- Refer individuals for STI/HIV/HCV treatment as needed
- If testing is declined or not available offer secondary prevention counseling - secondary prevention plan
Outreach Services

- Provide safe injection information and demonstration.
- Distribute injection equipment to ensure safe preparation of drugs for injection and sharing of drugs.
- Distribute HCV education material.
- Refer to agency for medical screening and sterile syringes.
- Based upon drug use history suggest/offer HAV/HBV vaccination, discuss HCV testing, offer HIV/STI tests.
Needle Exchange

- Inform all injectors that although they enrolled in program they are still at risk to viral hepatitis.
- Provide an adequate number of sterile syringes to accommodate the need for each injection.
- Educate injectors about risks of sharing all equipment.
- Distribute safe injection information and provide demonstration.
- Utilize exchange services for vaccination program and/or DOT services.
- Refer injectors with health concerns to medical staff.
Secondary Prevention Planning

- Based upon the likelihood many individuals have HCV options of care and lifestyle changes are provided.
- Individualized counseling focused on reducing further liver damage, as well as treatment options for those with chronic liver disease.
- Household risks and other exposure risks identified.
- Inform and educate about alternative drugs that are less harmful to liver including risk-reduction counseling.
- Provide and demonstrate safe drug preparation and injection techniques to avoid re-infection or transmitting.
Treatment Readiness Support

- Conduct risk behaviour change assessments determining stage of behaviour change spectrum
- Individuals identified ready to start treatment process can be referred to care
- Assist with substance use management
- Stability of housing
- Individualized counseling sessions supporting treatment goals, resolving barriers, managing side effects, etc.
Treatment Readiness Support

- As with HIV treatment readiness there is the same learning curve amongst clients
- Drug users take drugs to gain a pleasurable effect, HIV and HCV medication do not offer the same effect
- On-going medical follow up support including peer treatment advocacy
- Referral to, or provision of psychosocial support
- HIV treatment support if required.
Support Groups

- HCV support groups with guest speakers.
- Medical staff attend groups.
- Treatment education.
- Work with clients ambivalent to seek care.
- Utilize social networks to reinforce new safe behaviors.
- Utilize support group as weekly DOT
Mental Health Services

- Individual counseling sessions with substance users.
- Coordinate MH care with physicians and psychiatrists.
- Monitor psychiatric and antiretroviral medications.
Medical Care

- Providing onsite full-service medical and dental services assures that IDUs have immediate access to primary medical care.
- When not possible having a part-time physician come to the NGO is helpful as would having any medical provider including students.
Recommendations

- Active injection drug use in and of itself should not be used to exclude patients from antiviral therapy and HCV treatment
- Drug injectors with history of 6 months to 1 year should receive Hepatitis A and B vaccination
- Prior to initiating HCV testing access to appropriate medical care must be in place
Recommendations

- Funding is not always a barrier for providing HCV prevention education, care and treatment support.
- Many existing services in needle exchange programs can incorporate HCV related content.
- Although such revisions in program content may not require funding, the training of staff and eventually dedicated staff to absorb clients in need of care does. Therefore funds must be dedicated for such services.
Recommendations

- Pharmaceutical companies may offer free vaccines or educational grants to support a vaccination program.
- Local health departments could also donate vaccines and labs for screening.
- Medical students and universities can be useful.
- Rapid testing, otherwise known as point of care testing, can be used for STI, HCV, and HIV.
References


3. Integration of Viral Hepatitis into HIV/AIDS Programs, National Alliance of Territorial AIDS Directors, NASTAD 2003


5. Integrating Viral Hepatitis into Substance Use Programs, New York City Department of Health and Mental Health 2004
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