Hepatitis C Treatment in Opiate Substitution Treatment: Perceptions of Clients and Clinicians

Carla Treloar, Jamee Newland, Jake Rance, Max Hopwood
Background

- High need, low uptake
- Lots of interest in expanding treatment access in OST

- Previous research on barriers
  - Clinical factors eg drug status, HIV coinfection
  - Client factors eg knowledge, perception of side effects
  - (some) interpersonal factors eg support, peer support
  - (new) importance of treatment site, structure of clinic

- But little qualitative examination
- Clients or clinicians perspective
Method

Qualitative, semi-structured interviews and focus groups

Barriers/ facilitators – uptake and delivery

Personal *
Interpersonal
Organisational *
Societal
Respondents to a quantitative survey
  - NSP, methadone, pharmacies – across NSW
  - Plus, targeted recruitment from NUAA clients

- 27 participants
- 26 methadone, 1 bupe
- 89% unaware of genotype, no previous HCV treatment
- 81% men, 70% single, 67% children, 85% unemployed
- On OST: 3 months – 24 years
Method - clinicians

- APSAD conference – focus groups, follow-up interviews
- ASPAD membership – interviews

- 22 participants
- 13 doctors, 5 nurses, 2 pharmacists, 2 clinical managers
- All jurisdictions, except NT
- Most in public clinics
Clients – organisational issues

- “one stop shop” -> more likely to take up treatment

That’d be a lot better. Then instead of going to two places to do two things you’re going to one place by the time rather than going to two different places (for OST and hepatitis C treatment), which takes a very long time and running around here, and there, so yeah. (Man, 40)

- Long standing relationships – facilitate uptake
- Good rapport, trust, HP understood them/circumstances
Clients – organisational issues

- Concerns: confidentiality, ie disclosure

Maybe some people might have a bit of a confidentiality issue. That is why I find some people go do their methadone treatment at one place, and their hep C treatment at another, because they don't want the people [who inject] knowing they have got hep C....Potentially you could have done something other people consider dirty. It could also mean you have lived in an environment which some people don't like. It's very judgmental. And you don't want to feel like you are being judged (Man 21).
Clients – personal issues

- Aware of treatment but limited understandings of details
- Not commenced treatment, because not raised by their doctor

I’m sure he would’ve said something to me a lot … if I need treatment or, my liver, or whatever, my hep C was not going too good. I’m sure he would’ve said something … but, no, he didn’t (Man, 38)
Clients – personal issues

Competing priorities eg parenting

The reason I wouldn’t go on the Interferon was because I’ve just had a baby. And there was no way I was gonna get depressed and look after a baby… I still wouldn’t because the kids, I wouldn’t like to get depressed with looking after children.. I’ve got a five-year-old, a 12-year-old and a 24-year-old.. the two little ones still need me. And they can’t have a depressed mother. (Woman, 42)

Comorbidities

- HIV, stroke, heart attack, diabetes, epilepsy, hepatitis B, serious physical injuries, depression and aggression towards others
Clients – personal issues

Questioned efficacy of treatment

- Difficulty tolerating treatment when considering high likelihood of non-success

… [I]f [hepatitis C treatment] didn’t work I’d be pretty upset. If I went through it, had done it all properly, and it didn’t work, I’d be oh, what a fucking waste doing that was, you know what I mean. Going through all that and I’ve still got hepatitis, like. (Man 27)
Clinicians – organisational issues

- “One stop shop” also strongly endorsed

I think it’s ideal to provide as many treatments … So I think that the model of marrying one or two different, you know therapies to the one, to the one-stop-shop scenario or setting is logistically very sensible and can work very practically, very well. (Doctor, Victoria)
Clinicians – organisational issues

- Also, build upon strong client-staff relationships - trust, rapport

I think it is an absolute essential for our clients, given their reluctance to go to other areas for treatment...
(Registered Nurse, NSW)

Yeah, it’s a really good initiative because it’s on-site … they’ve got like an allocation nurse so they’ve always got a contact person. It’s local. It’s friendly. It’s in a comfortable environment. So it’s enticing to want to come in and, you know … and it’s a lot more personable.
(Registered Nurse, Victoria)
Clinicians – organisational issues

- Disagreement – position of HCV treatment in OST
- Duty of care vs outside of core business

I think the biggest barrier for me would be possibly the organisation. I think a lot of the workers would say, “We’re too busy doing other things to do this. And that’s not our core business anyway. Can’t you send them to the hospital?” (Doctor, Tasmania)

I like the system we have. I think it’s working very well at the moment. I’m not sure that I want to change anything. (Pharmacist, NSW)
Clinicians – personal issues

- Disagreement – client interest and motivation

In theory it sounds great but in practice the client group that we work with aren’t necessarily that highly motivated or interested in the treatment. And I even find that when I’m talking to clients … So I really would need some help around how to try to change peoples’ level of motivation and interest in the program. (Clinical manager, Western Australia)

Well I think one is certainly struck by the way some patients respond to knowledge about their hep C status, and are very motivated to try [treatment] and get sustained viral responses, etc. (Doctor, Queensland)
Discussion

- Previous studies have focused on personal barriers eg housing
  - Complex and multi-faceted social, physical and psychological needs
  - Need addressing if HCV treatment to be effective

- Important, but this focus obscures other issues
Another personal issues:

- Important of physician recommendation
- Absence of recommendation, expectation that such discussion would occur

  -> strong signal to clients that HCV not a priority

- Such signals may feed clinicians’ perceptions of clients interest/motivation
Discussion

- Relating personal and organisational issues:
  - Clinicians not discussing HCV treatment, do not believe HCV treatment is legitimate activity for OST clinics
    - unlikely that clients will appreciate benefits of treatment
    - continue to be perceptions of low level of client interest
    - resultant low level of uptake
  - Confidentiality – stigma and privacy concerns
    - Structure and space of clinic
Conclusion

- Agreement, HCV treatment in OST
- Convenient, lead to increase in uptake/adherence in the right setting

- Potential to reach more people via OST - compelling

- Combining different models of care: challenging
- Capacity to do harm, provide further marginalising care

- Future research: include various voices, range of positions
  - reflect complexity of care for people in marginalised social circumstances
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- c.treloar@unsw.edu.au