Treatment as prevention for hepatitis C: Addressing the needs of people who inject drugs?

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Overview

- LSHTM HCV research
- What is Treatment as Prevention?
  - Benefits
  - Concerns
- HCV treatment barriers for PWID
- Needs of PWID in the future of HCV care
  - Enabling treatment environments
  - Enabling living environments
  - Enabling policy environments
- Conclusion

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LSHTM HCV qualitative research

Staying Safe: (2010 – 2012)

- Exploration of social practices of long-term HCV avoidance
- 2-3 life history interviews with 37 PWID (22 HCV -, 15 HCV +)

HCV Treatment for PWID: Barriers & Facilitators (2011)

- Assessment of HCV treatment provision in D&A settings
- Interviews: 34 HCV + PWID, 13 service providers
- Literature review (Harris & Rhodes, 2013)

HCV treatment journey (2012 – 2016)

- Patient, provider & system perspectives: HCV treatment journey & supports
- Longitudinal interviews: 27 HCV+ participants, 18 providers/stakeholders
- Ethnographic HCV clinic observations: 100+ hours

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Treatment as Prevention

- Common in HIV sector
  - ART viral suppression reduces HIV transmission
  - Implications for treatment prioritisation & decision making (ART earlier)
- New in relation to HCV
  - Prioritisation & scale up of HCV treatment for PWID

  → Reduce transmission → reduce popn prevalence → Viral elimination (?)
- Why has this arisen now?
  - Modelling work → impact of tx scale up on population prevalence
  - Second generation DAAs
- Implications for PWID
  - Impact on prioritising & targeting of treatment
  - Injecting network-based treatment approaches

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Benefits

- A cost effective population-based approach

→ Appeals to policy makers

- Current context: HCV treatment routinely denied to PWID

→ TasP a powerful advocacy tool

I think their exact words were 'it's an expensive drug, you're using on top and we're not treating people who are using, because you could get re-infected couldn't you?'. (Shane)

The words were 'we don't want you injecting drugs. It's as simple as that. It affects your treatment, you can re-infect yourself, what's the point'. (Jed)

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Concerns

- A population-based (rather than human rights) approach
  - Coercive treatment? (power imbalances / prison, drug services)
  - Alienating / stigmatising language

  "I am not a transmitter. That's electricity" (Jude Byrne, AIVL)

- Implications for prevention as prevention?
  - TasP for HIV has undermined emphasis on primary prevention
  - Global NSP & OST woefully inadequate

- Implications for social / structural interventions?
  - Not all treatment barriers will be removed by new DAAs

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HCV treatment barriers for PWID

- Individual

concerns about treatment side-effects, efficacy & duration; stigma/confidentiality; venous access; limited knowledge; mistrust

- Clinical

concerns about co-morbidities, adherence, substance use, re-infection & side effect management; perceptions about treatment 'worthiness'

- Social/structural:

homelessness, poverty, geographical isolation, stigma, criminalisation, marginalisation, OST access, limited social supports, caring demands, eligibility barriers, treatment funding policies, lack of insurance, alienating, confusing & stigmatising health care systems.

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Harris, M. & Rhodes, T. (2013). *Harm Reduction Journal* 10:7

Addressing the needs of PWID

- Enabling treatment environments
  - Community-based care
  - Peer involvement
  - Responsive service provision

- Enabling living environments
  - Accommodation
  - Social supports
  - Community empowerment & engagement

- Enabling policy environments
  - Scale up of prevention as prevention
  - Universal access

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Enabling treatment environments

- **Community-based care**
- **Peer involvement**
- **Responsive service provision**
- Holistic / multidisciplinary care
- Accessible information

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Community based care

- Multiple barriers to hospital-based care:

Complex referral & appointment systems, waiting times, rigid DNA & eligibility policies, distance/unfamiliarity, stigma & discrimination

I wouldn't have gone to hospital [for HCV treatment] ... I was really badly treated … really blatant discrimination. (Dillon)

- Movement of HCV treatment into community settings

One-stop shop: familiar, accessible, convenient

It's got everything in the one place ... you're in the building with like minded people and it's easier. (Dillon)

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Peer involvement

- Input into service delivery

When we started treatment, [consultant] went and saw 3 or 4 patients. He [asked] 'what do you think of the service, what could we do better' … it's valuing their opinion and their input because they're the ones who are using the service. (BBV Nurse)

- Engagement in service provision

It would be really good to have someone sit down with you and talk to you, you know, just in a peer mentoring way, that would be great for anyone … it could be someone like, whose been through the treatment themselves, who can connect on a different level. (Alec)

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Responsive service provision

- Attention to pressing concerns: health, NSP, benefits, housing

We do primary healthcare, that can range from leg ulcer dressings, sexual health testing ... any health problem that walks in the door. (BBV nurse)

- Flexible appointments / open slots / No DNA policy

[Flexibility is important] because sometimes you don't know how you are going to be feeling ... you get your ups and your downs, Its a tackle each day really. You've got bad drug habits, drink habits, depression. (James)

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Enabling living environments

- Financial & social supports
- Accommodation – facilitating life transformation
- Empowerment / engagement

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Financial & social supports

- Increased financial pressure due to clinic visits, benefit changes etc

It doesn't have to be cash; it could be tokens to pay the cab ... some sort of help with cabs or getting to hospital, food, things like that. (Nat)

- Desire for home visits, particularly for people with co-morbidities

Having a bit more support would be better. If someone came round every now and then to see how I was, that I didn't have to go into a service to be seen. There's no sort of home visits, everything is about either phoning or going into [the service]. (Tommy)

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‘A flat of my own’

- Accommodation → life transformation → treatment contemplation:

I’ve never had that feeling of security before … It changes everything absolutely, it gives you a base you can build on … it gives me the ability to think long term as well which is things like sorting out me methadone treatment and sorting out my hepatitis C treatment …. [having a flat] made me feel a lot better about everything (Rufus)

Then I got the flat … I’m settled now, we talked about it [HCV treatment] while I was on the streets but I didn’t want to do it then. (George)

I was made street homeless in July … I had to go to hospital. I had twenty admissions for being drunk and I got really ill… I had to drink just to cope with my situation, it was really bad. (Alec)

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Empowerment / engagement

From marginalisation / isolation ….

They [women] suffer in silence, they just buy it [methadone] on the street … do what they can to survive. And then there's the fear if they've got kids. That's one of the big issues, it's their kids. (Abby)

… to solidarity / empowerment

Grief and Loss Education and Action Project engages women who are past or current drug users and who have had children apprehended by [social services] in the sharing of lived experiences, coping strategies, artmaking, and action planning to work toward creating a transformed child welfare system … group members have participated in several public speaking engagements.

(http://www.srchc.ca/program/common-ground-program)

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Enabling policy environments

- Universal HCV treatment access & eligibility
- **OST access and flexibility**
- **Scaled up, peer-led harm reduction**
- Affordable, universal DAA access
- PWID involvement in clinical trials

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Scale up of accessible & flexible OST

- OST takeaway access aiding trust and engagement

I get it weekly, I've been trusted for a long time ... The hepatitis [treatment], the last thing you want is to run out to the chemist and get your medicine and come back ... it is a great help having it there. (Jeff)

I've been on the [methadone] script for about 8 months now and they still supervise ... I'm too angry with the system at the moment. I don't really engage ... what pisses me off is why don't they trust me? (Hakki)

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Scale up of accessible NSP

- PWID should be provided with clean drug injecting equipment and access to OST, as part of widespread comprehensive harm reduction programs, including in prisons. (EASL 2014 Clinical Practice Guidelines)

I'm telling [key worker] that I'm cutting down on the gear and I'm stopping taking the gear and she wants to know why I'm coming round every week and getting like fifty works' and stuff when I'm giving up the gear. (Colin)

Some pharmacies you have to sign a conduct contract … it says if you're intoxicated they won't give you your methadone which is common sense. Fine. But I don't like the idea of getting works from there because I want to minimise any chance at all of using that as an excuse not to dispense. (Jeff)

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Conclusion

- PWID require investment in enabling environment interventions
- Future treatment: alleviation of many individual/clinical level barriers
- Structural / policy barriers to engagement remain
- TasP requires scaled up prevention as prevention
- Meaningful community involvement is crucial
- Community empowerment ⟹ increased engagement & ownership

They [PWID] have such low self esteem, they won't make a fuss, and they really don't jump up and down. The idea that tranches of people with haemophilia could not be offered hepatitis C treatment because it was inconvenient or something, it's just an extraordinary concept and they would make a huge fuss, but the drug users just accept that they're not worth it and they won't go there. [Consultant]

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For additional information:

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