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Breaking Down the Barriers to Hepatitis C Virus Treatment among People Who Use Drugs (PWID)

A Review of the 1st Set of International Recommendations

Presented by: Lesley Gallagher, RN

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Breaking Down the Barriers to Hepatitis C Virus Treatment among People Who Use Drugs (PWID)



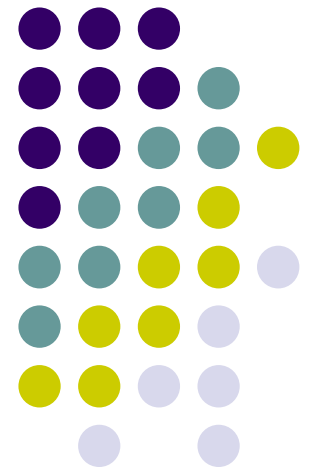
In 2005, **Lesley Gallagher** began her work as a Hepatitis C Clinical Research Nurse, at the Pender Community Health Centre in the Downtown Eastside of Vancouver, B.C. In 2013, Lesley moved to Saskatoon, Saskatchewan to assist in developing a Hepatitis C treatment program, for patients in the city and in northern regions of the province. Lesley continues to work as a Hepatitis C Nurse Clinician for Vancouver Coastal Health, at both Pender Clinic and Raven Song Clinic and in Saskatoon, for the Saskatchewan Infectious Disease Care Network (SIDCN). Lesley is the treasurer for the Canadian Association of Hepatology Nurses (CAHN) and sits on the CAHN Board of Directors. She represents CAHN, as a member of the Steering Committee for Action Hepatitis Canada. She has a special interest in engaging, educating and treating Hepatitis C in marginalized and vulnerable patients.



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Definitions

“PWID” will refer to people with current or “active” injection drug use (IDU), which is generally defined as use in the past 6 months, and to former injectors who are still active non-injection drug users and/or on opioid substitution therapy (OST).





HCV Remains a Considerable Burden Among PWID

60%

OF EXISTING INFECTIONS OCCUR
AMONG CURRENT & FORMER PWID

80%

OF NEW INFECTIONS OCCUR
AMONG CURRENT PWID



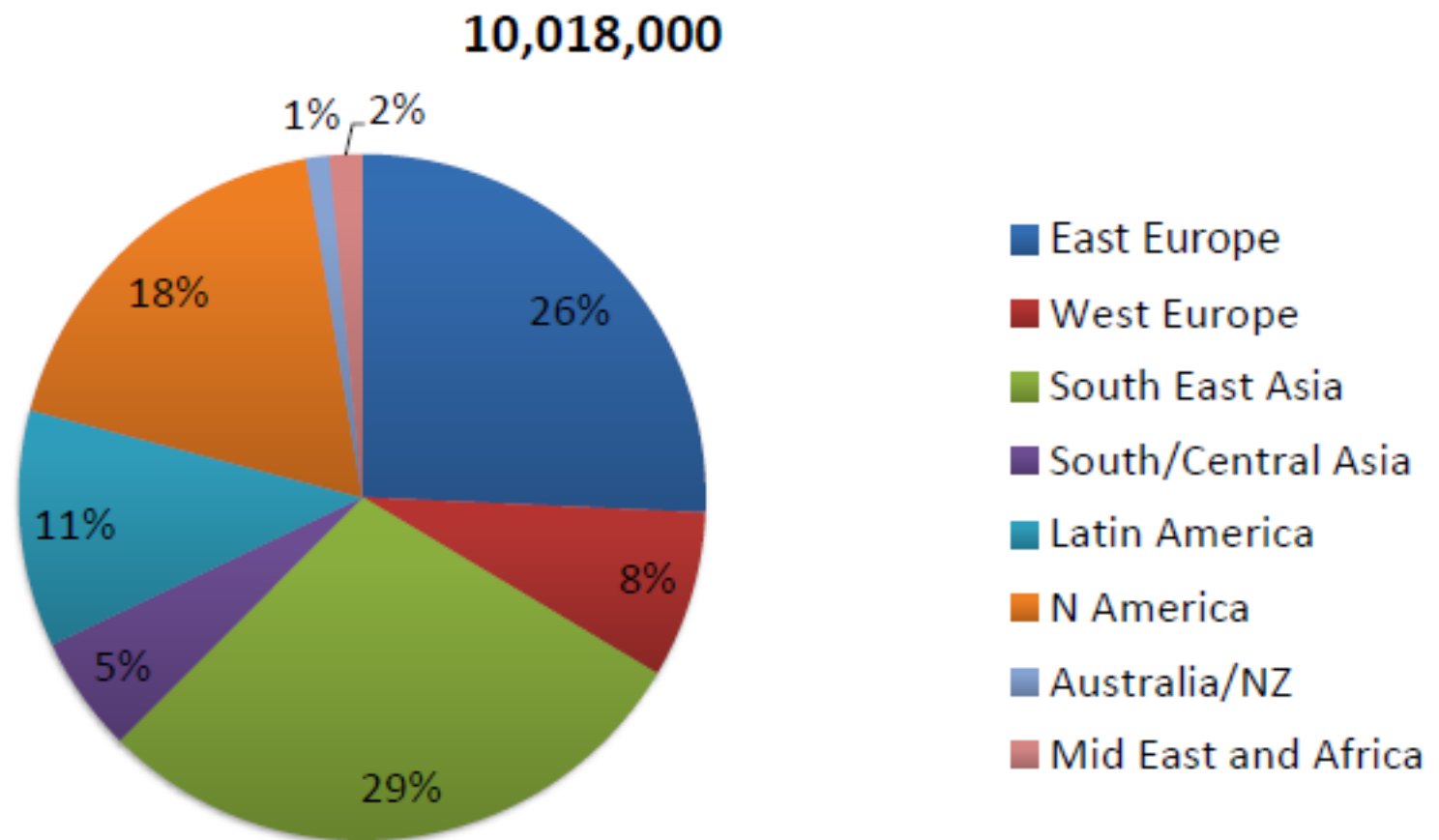
Background: Prevalence



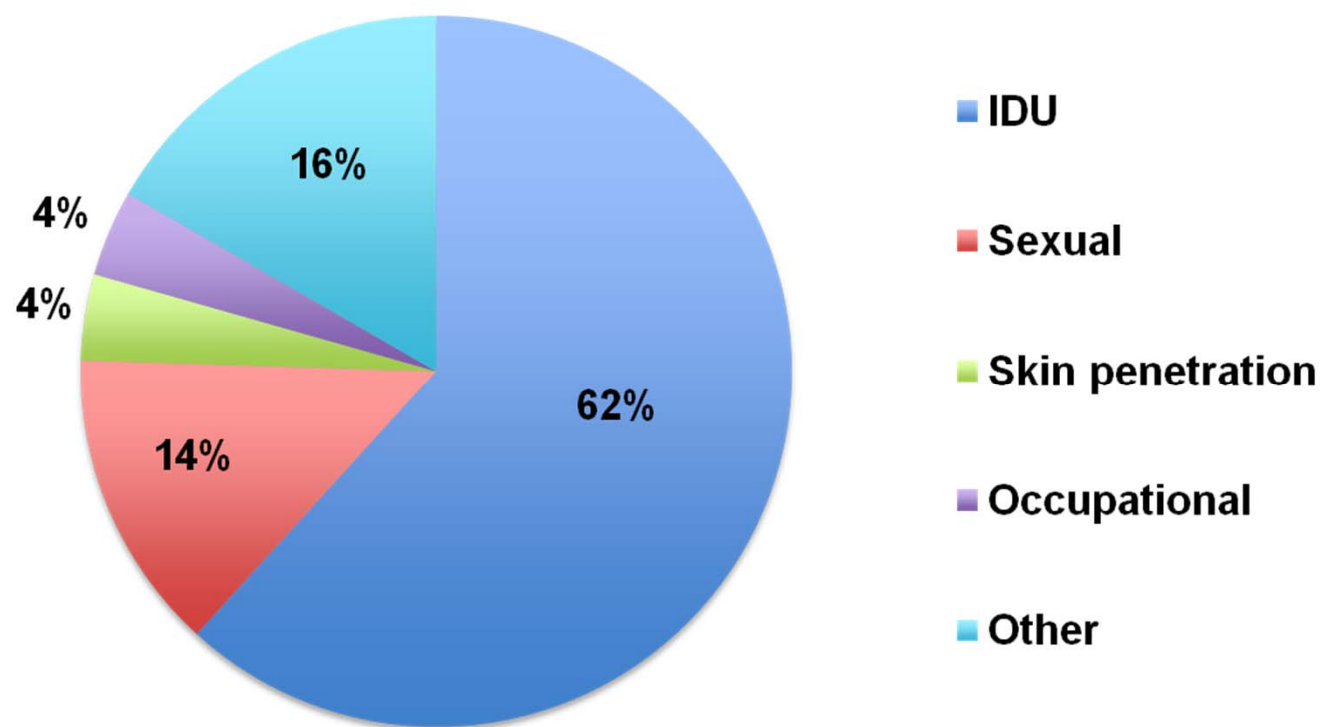
Hepatitis C: A Major Public Health Risk

- Leading cause for liver transplantation, and contributes to the rise in HCC
 - >60% of cases of hepatitis C are thought to be caused by injecting drug use
 - Current uptake of treatment for PWIDs is less than 2% per year
- Worldwide
 - Early termination rates for PWIDs - approximately 26%
 - Small scale studies report low reinfection rates

Estimated global distribution of HCV infection among PWID, 2010



Newly acquired HCV infection in Canada: 2004-2008





PWID are the core of the HCV epidemic and
“ageing cohorts” of PWID will lead to
considerable advanced liver disease burden

Need to increase uptake & adherence



Increasing proportion of cirrhosis over time

- Ageing population + longer duration = increased risk of cirrhosis and HCC
- Incidence of both anticipated to rise after 30 years of infection and >60 years of age

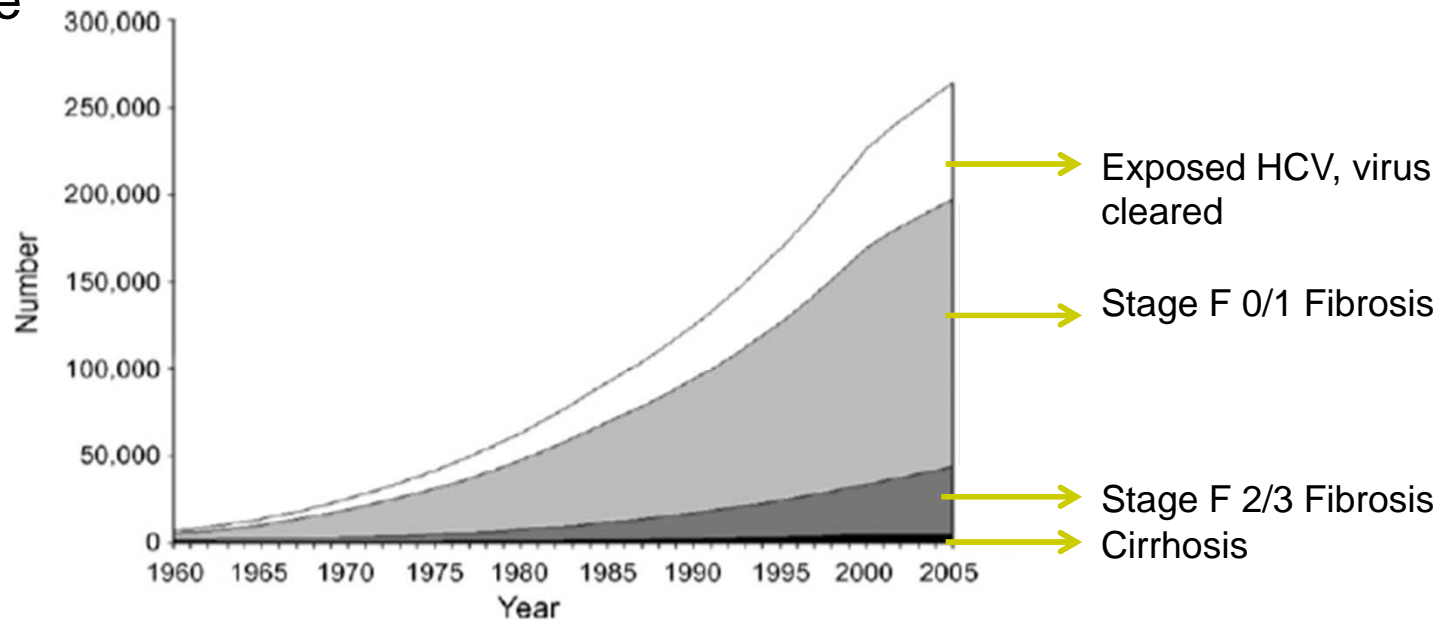
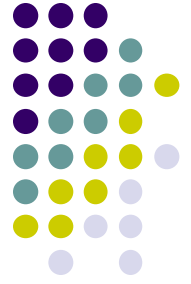


Fig. 5. Estimated number of people living with HCV antibodies, by stage of disease, 1960–2005.

Source: Razali K, Thein HH, Bell J, et al. *Modelling the hepatitis C virus epidemic in Australia*. Drug & Alcohol Dependence. 2007; 91: (2-3) 228-235.



HCV treatment uptake among people who inject drugs is low, due to a number of barriers at the levels of the system, provider and patient



Systems-level barriers to HCV treatment

- Lack of consensus about screening/treatment guidelines
- Limited infrastructure for HCV assessment and treatment
- Limited knowledge of testing locations
- Limited accessibility of testing, results and treatment
- Long waiting lists for treatment
- In many countries, treatment is simply not available due high cost of PEG-IFN/RBV

Provider-level barriers to HCV treatment



- Concerns of:
 - adherence
 - ongoing drug use
 - relapse to drug use
 - risk of exacerbation of co-morbid psychiatric disease
 - risk of reinfection
- Many physicians are unwilling to treat people who use drugs
- Among some addiction physicians, HCV treatment is sometimes not seen as part of their “core” business
- Patient-provider relationships have an important influence on whether patients even discuss HCV and treatment with their doctor





Patient-level barriers to HCV treatment

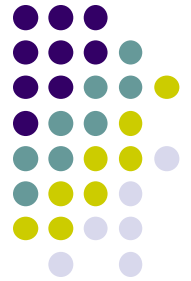
- Lack of knowledge of HCV and its treatment
- The absence of noticeable symptoms
- Perceptions around HCV being a benign disease
- Fears of liver biopsy and treatment side effects
- Other 'life' priorities such as:
 - ongoing drug and alcohol use
 - employment
 - unstable housing
 - parental responsibilities

Patient-level facilitators to HCV treatment



- Symptomatic infection or physical health problems
- A greater perception that HCV affects one's life
- The perception of a greater understanding of HCV
- Knowing someone who has died from HCV
- Encouragement to consider treatment (by a primary care physician and HCV specialist)
- HCV peer support group attendance
- Stable housing

Prevention and management of HCV among PWID



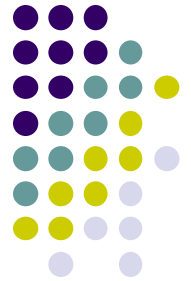
Clinical Infectious Diseases

Prevention and Management of Hepatitis C
Virus Infection Among People Who Inject
Drugs: Moving the Agenda Forward



A Supplement Guest Editors:

Jason Grebely, Philip Bruggmann,
Markus Backmund, and
Gregory J. Dore



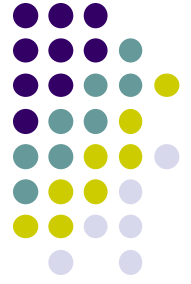
Prevention and management of HCV among PWID

SUPPLEMENT ARTICLE

Recommendations for the Management of Hepatitis C Virus Infection Among People Who Inject Drugs

Geert Robaeys,^{1,2,3,a} Jason Grebely,^{4,a} Stefan Mauss,⁵ Philip Bruggmann,⁶ Joseph Moussalli,^{7,8} Andrea De Gottardi,⁹ Tracy Swan,¹⁰ Amber Arain,^{1,3} Achim Kautz,¹¹ Heino Stöver,¹² Heiner Wedemeyer,¹³ Martin Schaefer,^{14,15} Lynn Taylor,¹⁶ Markus Backmund,^{17,18} Olav Dalgard,¹⁹ Maria Prins,^{20,21} and Gregory J. Dore,^{4,22} on behalf of the International Network on Hepatitis in Substance Users

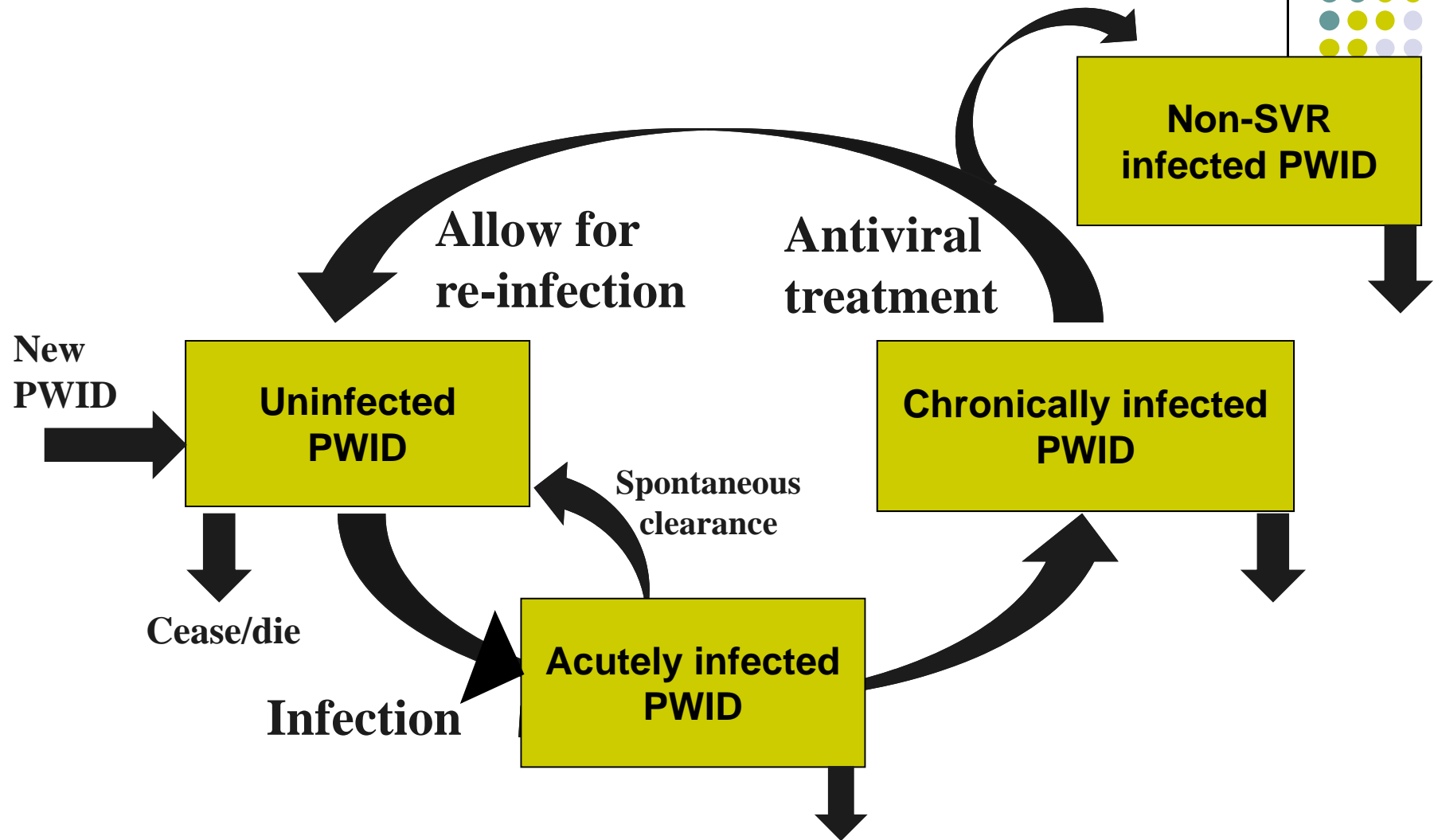
Evidence Supporting Recommendations: **Grade System**



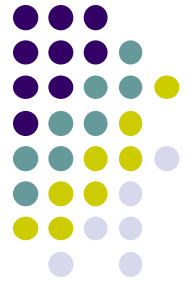
- Quality of the underlying evidence
 - A high
 - B moderate
 - C low
- Recommendations
 - 1 **STRONG**
 - 2 weak



DYNAMIC HCV TRANSMISSION MODEL



New Models of HCV Care Are Needed for PWID



- Novel models of care are required to enhance HCV management among PWID
- General Practitioner awareness
- Referral to specialists in hospital-based liver clinics
- Integrate HCV care within existing drug and alcohol and community-based health services^{1,2,3}
- Prisons
- There is a need for larger, multicentre studies, with prospective data collection to evaluate the effectiveness of HCV treatment models
- Common theme – systematically addressing barriers within a supportive, multidisciplinary environment



« Mainstreaming » services to PWIDs

- Attracting instead of deterring PWIDs into primary health care.
- Links with peer-driven interventions to increase access to primary care, including screening, general health care, fibrosis assessment on site, Hepatitis C treatment.
- « Mainstreaming » and adapting OST as a standard of care, **flexible** towards the needs of individuals.



“HCV is important in PWID because they are still acquiring new infections and can die from this disease.”

David Thomas