



# HIV and/or hepatitis C treatment referrals

**RECOMMENDED BEST PRACTICE POLICIES** to increase access to medical treatment for human immunodeficiency virus (HIV) and/or hepatitis C (HCV):

- Educate clients about HIV and/or HCV treatment options and where to seek additional information about risks, benefits, and side effects
- Refer clients who test positive or are known to be HIV- and/or HCV-positive to HIV and/or HCV treatment providers in the community
- Establish and maintain relationships, and develop clear referral protocols with HIV and/or HCV treatment providers, in particular those with experience working with people who use drugs
- Encourage peer workers with lived experience of HIV and/or HCV to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients
- Evaluate and publish any HIV and/or HCV treatment referral initiatives undertaken

## Key messages

Needle and syringe programs (NSPs) can play an important role in supporting the prevention, treatment, and other healthcare needs of people who use drugs and are living with HIV and/or HCV. In particular, NSP staff can help to identify and refer clients to HIV and HCV treatment providers. While many NSPs provide HIV and/or HCV prevention, testing, and counselling services, there is a lack of evidence regarding NSP referrals to HIV and/or HCV treatment providers. Our focus is on literature that examines facilitators and barriers to uptake of HIV and HCV treatment.

Early linkage to HIV specialist care and initiation of anti-retroviral treatment (ART) among people living with HIV who inject drugs has been recommended by the World Health Organization (2013) to improve health outcomes. Enrollment in substance use treatment is not necessary to begin ART and continued drug use should not preclude ART initiation. Many barriers, however, prevent

people who inject drugs from accessing HIV specialist care and initiating HIV treatment, including but not limited to provider reluctance to prescribe ART or other restricted access. Studies about ART among people who inject drugs have suggested lower rates of adherence in this population than in other groups, and many discontinue HIV treatment soon after it has been initiated. There are some interventions designed to improve both ART initiation and adherence among people who use drugs.

If left untreated, chronic HCV can result in liver cirrhosis, liver failure, and cancer of the liver. Reasons why effective HCV treatment is difficult to access include the limited number of treating physicians and the cost of HCV treatments. Antiviral treatment is indicated for people diagnosed with HCV, yet uptake remains low among people who inject drugs. Some people are reluctant to start HCV treatment due to fear of side effects, invasive procedures, and lack of knowledge about the HCV treatment course. There are interventions to support HCV treatment initiation, including peer-based education and support. Service providers may also be reluctant to provide HCV treatment to people who use drugs. There are also interventions to help build trusting patient-provider relationships and remove institutional barriers to HCV treatment. NSP staff can advocate for clients and direct them toward HCV treatment providers who have existing relationships with the NSP or offer low-barrier services. Clients may already consider NSPs to be safe places where they can receive health and social services and resources, making NSPs ideal locations from which to provide referrals to HCV treatment providers. However, few studies have evaluated uptake of HCV treatment following referral from an NSP.

Reference: World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach; 2013. Available from: [www.who.int/hiv/pub/guidelines/arv2013/download/en/](http://www.who.int/hiv/pub/guidelines/arv2013/download/en/)

To see the full version of the Best Practice Recommendations, go to:  
<http://www.catie.ca/sites/default/files/bestpractice-harmreduction-part2.pdf>