

Eliminating hepatitis C among people who use drugs:

The latest research and its implications for the front lines

PRESENTED BY

Rivka Kushner, CATIE

Jason Grebely, INHSU

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Tamara Barnett, Cool Aid CHC

October 30, 2018





Webinar Agenda (1.5 hours)

Moderator: Christopher Hoy, Knowledge Specialist, Hepatitis C Community Health Programming, CATIE

- Overview of key themes and research presented at the 7th International Symposium on Hepatitis Care in Substance Users
Rivka Kushner, Knowledge Specialist, Hepatitis C, CATIE, Canada
- Reflections and future priorities
Jason Grebely, President, International Network on Hepatitis in Substance Users, Australia
- Reflections and implications for frontline practice
Keith Williams, Community Support Worker, South Riverdale CHC, Canada
Jennifer Broad, Community Support Worker, South Riverdale CHC, Canada
Tamara Barnett, Registered Nurse & HCV Program Coordinator, Cool Aid CHC, Canada
- Q & A

7th International Symposium on Hepatitis Care in Substance Users



HEP-C

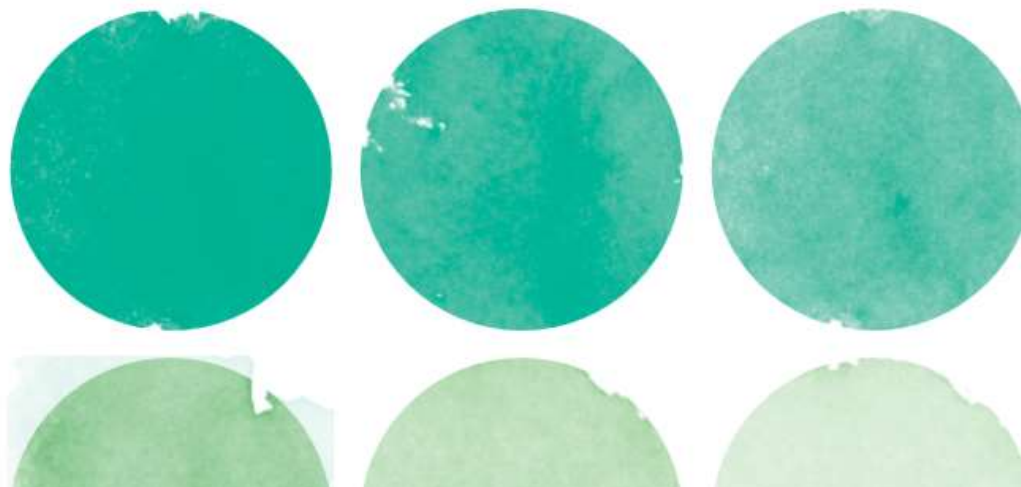
Community Summit
Lisbon 18 Sept 2018



BRIDGING THE GAP BETWEEN RESEARCH, HARM REDUCTION,
TREATMENT AND PEOPLE LIVING WITH HEPATITIS C

GLOBAL HEALTH SECTOR STRATEGY ON
VIRAL HEPATITIS
2016–2021

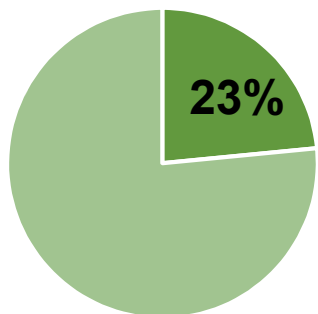
TOWARDS ENDING VIRAL HEPATITIS



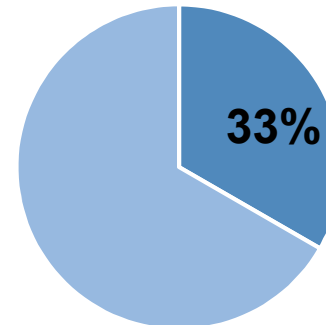
Eliminating Hepatitis C among people who use drugs

71 million people worldwide have a chronic hepatitis C infection (Annette Verster, WHO).

New infections attributed to current injection drug use



Deaths related to hepatitis C among people who use injection drugs

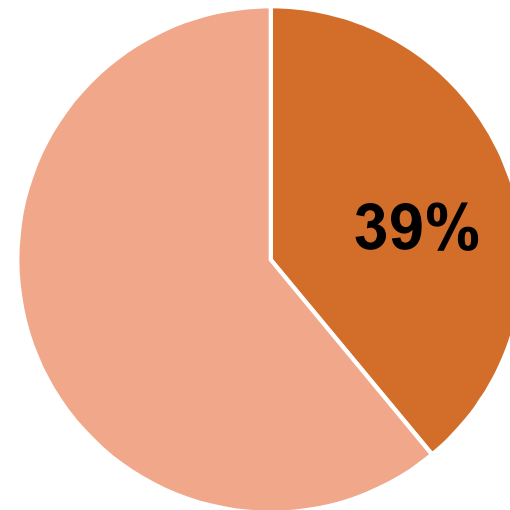


- People with recent injection drug use make up 8.5% of hepatitis C infections.¹

1. Grebely, et al. Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs. *Addiction*. 2018.

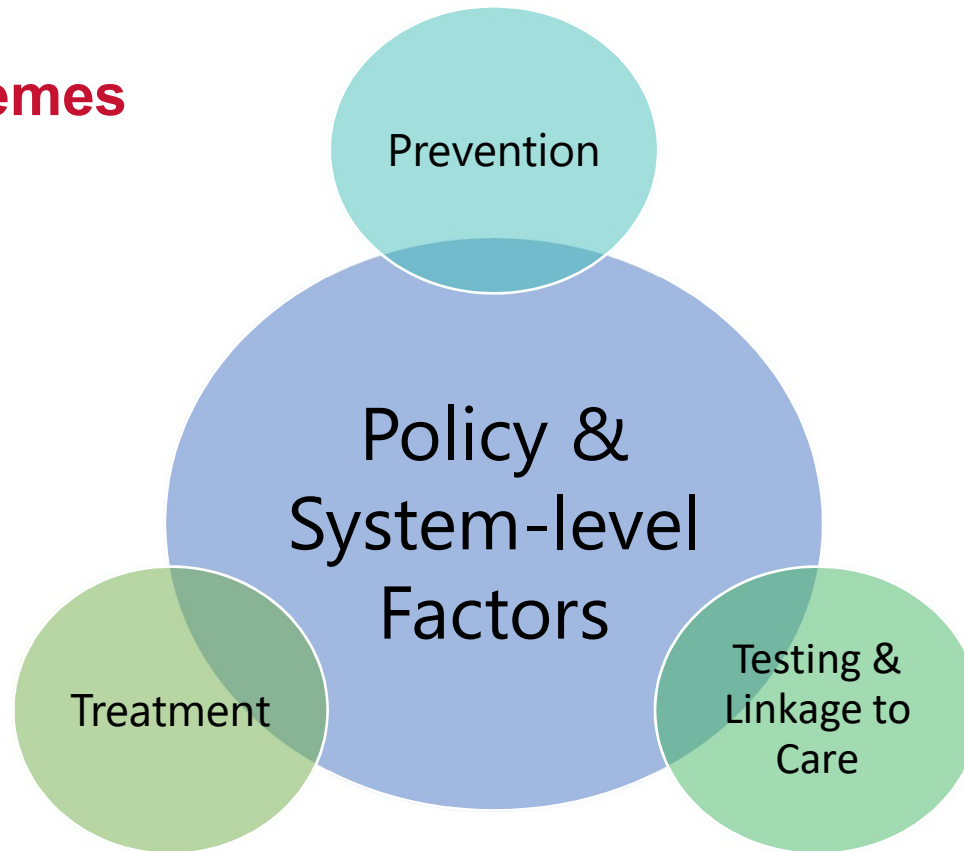
Drug User Health

6.1 million people with recent injection drug use are living with hepatitis C (39%).¹



1. Grebely, et al. Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs. *Addiction*. 2018.

Key Themes





Key Themes



Policy & System-level Factors

1. Criminalization of drug use
2. Stigma & discrimination
3. Hepatitis C in prisons
4. Access to harm reduction & hepatitis C services
5. Structural inequities

1. Criminalization of Drug Use

- Why are we treating a health issue as a criminal issue?
- Criminalizing people who use drugs results in **structural violence** against people who use drugs.



Jude Byrne, Australia: “We are not hidden, we are hiding.”



2. Stigma & Discrimination

Australian stigma indicator (Carla Trelaor, Australia):

- % of people who have experienced **stigma or discrimination** in the last 12 months related to:
 - ▶ Hepatitis C: 56%
 - ▶ Injection drug use: 58%
- % of **general public** who reported they would **behave negatively** towards a person because of their:
 - ▶ Hepatitis C: 50%
 - ▶ Injection drug use: 86%

1 & 2: Criminalization; Stigma & Discrimination

✓ Opportunity: Decriminalization of Personal Drug Use

- World Health Organization calls for the decriminalization of drug use.
- 2001: Portugal decriminalized personal drug use.
- Refocused drug use as a health and social issue, not a criminal issue; frames drug use as a disease.



Image by Sharon Hahn Darlin from flickr

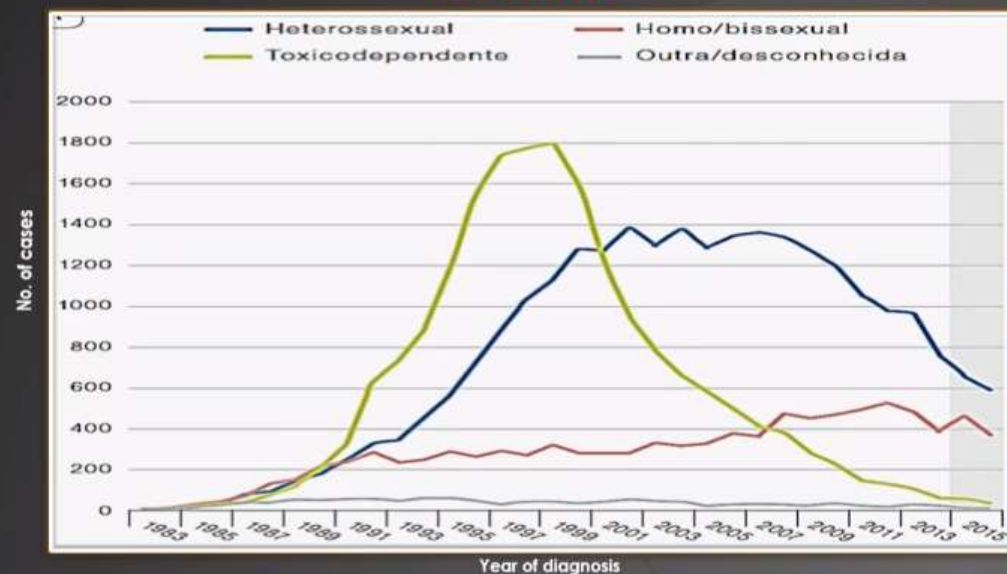
Session A continued: How do we Work Together to Achieve HCV Elimination Among People who Inject Drugs?

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Diagnose of HIV infection by characteristics of sampled population, Portugal

1983-2015



Source: INSA, IP (2016). Infecção VIH/SIDA: in Portugal a 31 de dezembro de 2014. Lisboa: Instituto Nacional de Saúde Doutor Ricardo Jorge, IP

João Goulão, General-Directorate for
Intervention on Addictive Behaviours
and Dependencies (SICAD), Portugal

Successes and Challenges of Drug Policy
in Portugal: Decriminalization is not
Enough



SICAD . JOÃO GOULÃO . PORTUGAL



Session A continued: How do we Work Together to Achieve HCV Elimination Among People who Inject Drugs?

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Trends since 2001



SICAD . JOÃO GOULÃO . PORTUGAL

João Goulão, General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), Portugal

Successes and Challenges of Drug Policy in Portugal: Decriminalization is not Enough



1 & 2: Criminalization; Stigma & Discrimination

✓ **Opportunity: Legalization**

- Treating drugs the same way alcohol, tobacco, and now cannabis in Canada.
- Frames drug use as a normal human behavior.
- Reduces stigma and discrimination further.
- Creates space for a safe drug supply.



3. Hepatitis C in Prisons

- Harm reduction and treatment in prisons is a key issue.
- When people who use drugs are criminalized, they will be in prison in high numbers.
 - 70% of people who use injection drugs have ever been in prison (Joan Colom I Farran, Spain).

3. Hepatitis C in Prisons

✓ **Opportunity: Prison Needle and Syringe Programs**

Scientific evaluations from 11 prisons with syringe distribution programs (Rick Lines, UK):

- No increase in drug consumption or injecting.
- Syringes were not used as weapons; safe disposal of syringes was not an issue.
- Syringe sharing disappeared almost completely.
- Where screening was preformed, there were no new cases of HIV or hepatitis C during the evaluation period.

3. Hepatitis C in Prisons

✓ Opportunity: Prison Needle and Syringe Programs

Session Y: Enhancing HCV prevention and treatment in prisons

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Models of Distribution: Machines

Anonymous Syringe Dispensing Machines

Lichtenberg Prison Berlin



Saxerriet Prison Switzerland

Rick Lines, Associate Professor of Criminology and Human Rights, Swansea University

Needle and Syringe Programmes for HCV Prevention in Prisons: Where do we Stand Globally?

Swansea University Prifysgol Abertawe
Hilary Rodham Clinton School of Law | Ysgol y Gyfraith

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3. Hepatitis C in Prisons

✓ **Opportunity: Unrestricted Access to Hepatitis C Treatment in Prisons**

Alexander Maconochie Centre, Canberra Australia (Michael Levy):

- Nurse-led model of care.
- Streamlined testing.
- Reduced HCV rate from >30% to <1%.
- 1-2 reinfections within prison.

4. Access to harm reduction & hepatitis C services

- We can't eliminate hepatitis C without scaling up harm reduction.
- WHO calls for comprehensive harm reduction approach (Annette Verster, WHO).

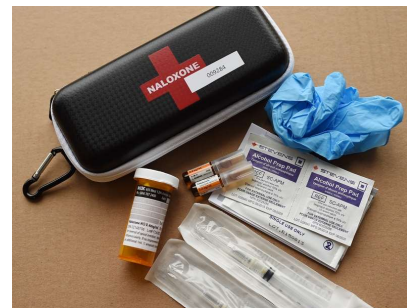
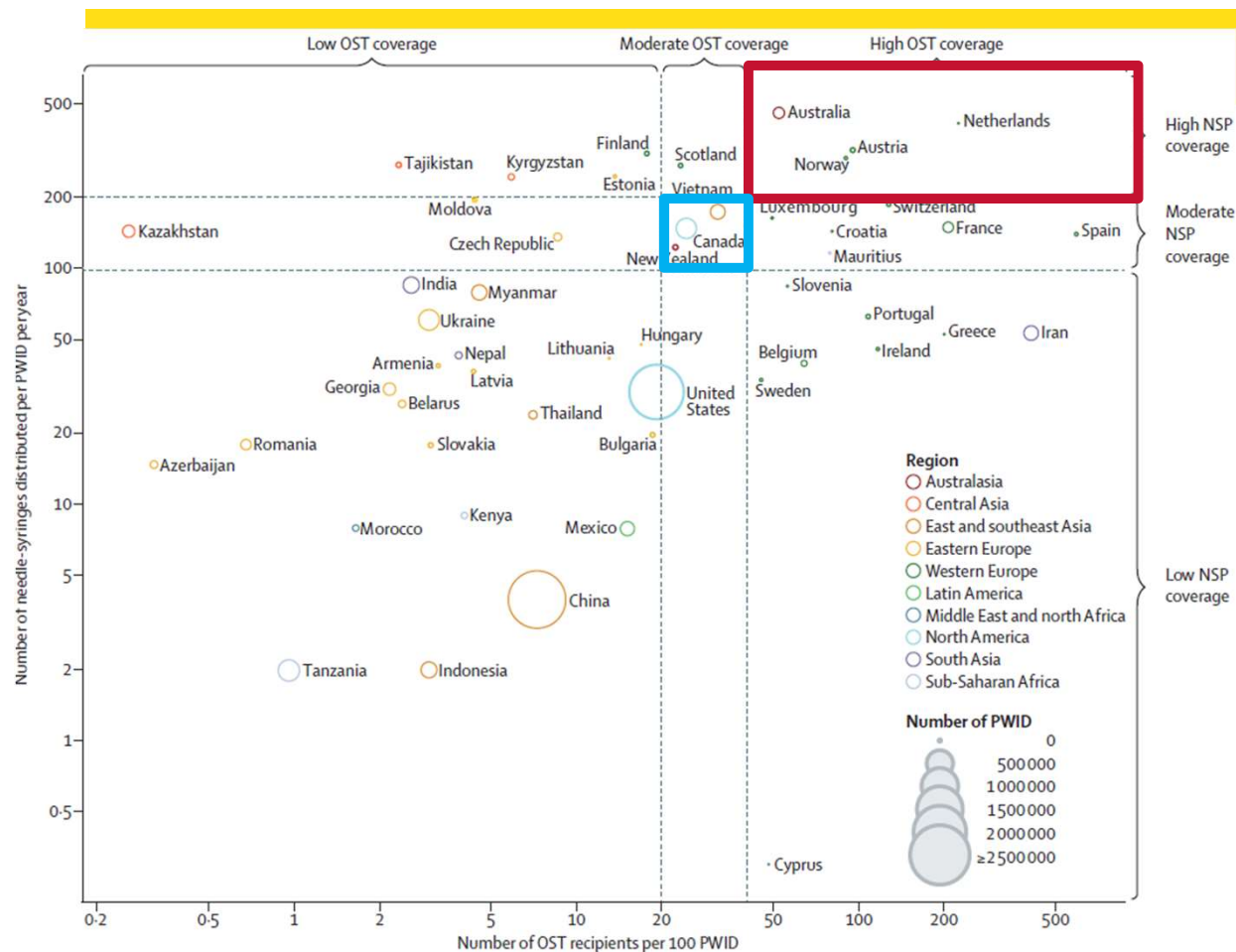


Image from Vancouver Courier



Image from The Canadians Free Press



4. Access to harm reduction & hepatitis C services

- Less than 1% of people who use injection drugs live in countries with sufficient harm reduction coverage.¹

Slide adapted with permission from J Grebely, INHSU Conference 2018, Lisbon, 2018.

1. Larney, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. *Lancet Global Health*, 2017;5:e1208-20.

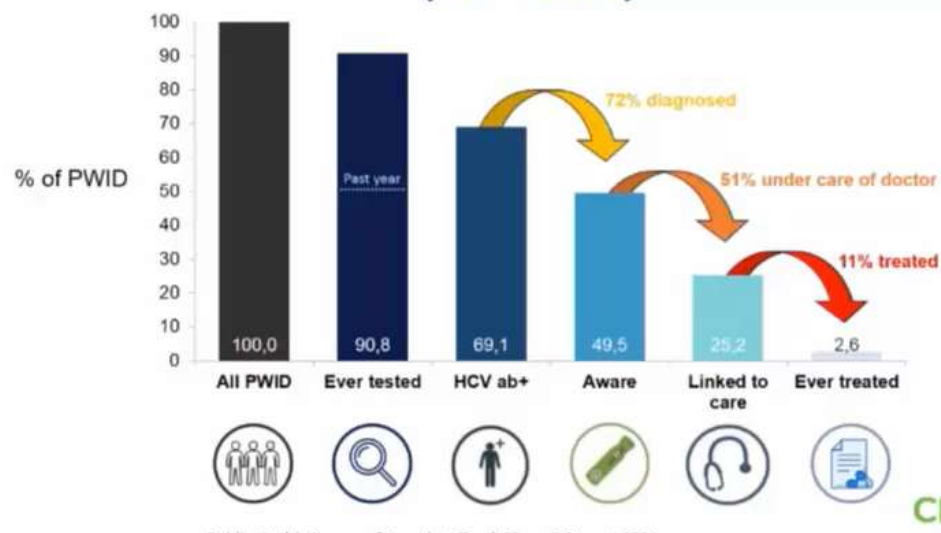
4. Access to harm reduction & hepatitis C services

Session L: Enhancing the HCV Care Cascade

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HCV cascade of care among PWID in Canada (2010-2012)



Stine Høj, Postdoctoral Fellow,
Centre de Recherche du CHUM,
Canada

Conceptualising Access In The
DAA Era: Applying The
Candidacy Framework To Inform
Research And Practice In HCV
Care For People Who Use Drugs



4. Access to harm reduction & hepatitis C services

✓ **Opportunity: Task-shifting**

4. Access to harm reduction & hepatitis C services

Session H: Enhancing the HCV Care Cascade

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Who to shift tasks to?
People who are in contact with people with HCV



Hospital Nurses, interferon support
Shifted to interferon management

Cessation of interferon and imminent unemployment
Shifted to community out reach

Community outreach
Diagnosis, treatment



Drugs workers



Pharmacists



Peers



GPs

John Dillon, University
of Dundee, United
Kingdom

Strategies to Foster
Task-shifting and
Broaden Models of HCV
Prevention and Care



4. Access to harm reduction & hepatitis C services

Session H: Enhancing the HCV Care Cascade

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Why shift tasks



Making HCV therapy and cure more widely available

Empowering the workers

Empowering the people and their peers

Making it more cost effective

MAKING IT EASIER

John Dillon, University
of Dundee, United
Kingdom

Strategies to Foster
Task-shifting and
Broaden Models of HCV
Prevention and Care



4. Access to harm reduction & hepatitis C services

✓ Task-shifting: Examples

Session M: Strategies to Improve HCV Treatment Outcomes

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Community Pharmacy Staff Perform Finger Prick Tests for BBV

Patient Engagement



At Risk Person Identified → Pre-Test Discussion → Dried Blood Spot Test

Andrew Radley, Public Health Pharmacy, NHS Tayside, UK

Preliminary Analysis of the Superdot-C Study






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4. Access to harm reduction & hepatitis C services

✓ Task-shifting: Examples

Session N: Models of Care for HCV Infection (Sponsored by IAS)

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 UNIVERSITY OF SASKATCHEWAN  BIG RIVER

An Indigenous Led Hepatitis C Treatment Model to Achieve Elimination in Big River First Nation, Canada

R McAdam¹, C Gardiner¹, M Pandey², S Skinner³, A St. Onge⁴, L Smith⁴, C Lewis¹, J Blocka⁴, D Klein¹


¹Big River First Nation, Canada; ²Saskatchewan Health Authority, Canada; ³University of Saskatchewan, Canada; ⁴First Nation and Inuit Health, Canada

 SHRF  Saskatchewan Health Authority

Charlene Gardiner, Big River First Nation and Stuart Skinner, University Of Saskatchewan

Indigenous Led Hepatitis C Treatment Model To Achieve Elimination In Big River First Nation

 INHSU 2018



4. Access to harm reduction & hepatitis C services

- ✓ **Opportunity: Co-location/Integration of Programs & Services**

Session H: Enhancing the HCV Care Cascade

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Interventions for PWID in LMICs



Co-location / leverage existing programs

- **Integrate** HCV testing and treatment with other services (OAT programs, SSP, HIV care programs, TB, prisons)
- Simplify **diagnostic testing** / monitoring



Task shifting

- **Telemedicine** to link specialists to primary / community health care settings
- **Community health worker** - led models



Increase Demand / Support

- **Education** / literacy
- **Peer/ community health worker** facilitated referral / navigation
- **Incentives**

Shruti Mehta, John Hopkins
Bloomberg School of Public
Health, United States

Strategies to Facilitate
Linkage to Care for People
Who Inject Drugs in Low
and Middle Income
Countries



4. Access to harm reduction & hepatitis C services

Session Q: Diagnostics

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Tanya Applegate, Senior Lecturer, The Kirby Institute, UNSW Sydney

Point-of-care finger-stick hepatitis C RNA testing: Broadening access to testing in the community



An “ecosystem” of diagnostic solutions



Where might point of care HCV RNA testing work?


4. Access to harm reduction & hepatitis C services

✓ Co-location/Integration of Programs & Services: Examples


Session D: Models of Care for HCV Infection


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HEPATITIS C SCREENING AND LINKAGE TO CARE
AT FOUR NEW YORK CITY
SYRINGE EXCHANGE PROGRAMS



Nirah Johnson, LCSW
Director of Capacity Building, Viral Hepatitis Program
NYC Department Of Health And Mental Hygiene
NYC, USA





4. Access to harm reduction & hepatitis C services

✓ Co-location/Integration of Programs & Services: Examples

Session D: Models of Care for HCV Infection

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Background – Community Pop Up Clinics (CPCs)

Vancouver's Downtown Eastside (DTES)

- Approx. 18,000 residents
- 50% on social assistance
- 10% homeless



Julie Holeksa, Clinical
Researcher, Vancouver
Infectious Diseases Centre

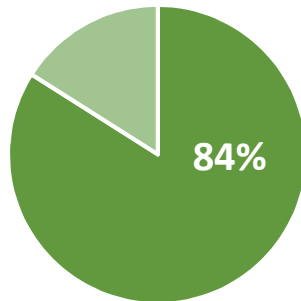
Community Outreach Events
– Engaging The Disengaged



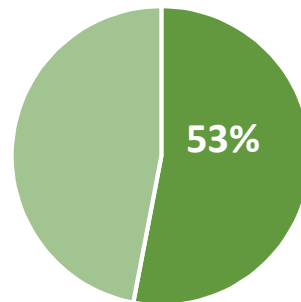
5. Structural Inequities

Care & Prevent Study (Magdalena Harris, UK):

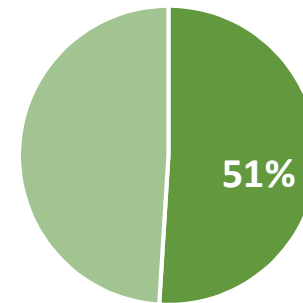
Ever been street
homeless



Diagnosed with
hepatitis C



Delayed seeking medical
advice for skin and soft
tissue infection



Why aren't people seeking care for injecting injuries that impact their day to day?

5. Structural Inequities

“This is about the **production** and **normalization of harm**. Harm has become normalized amongst this population and we can see [it in] the **street injecting risk environment** [...]

Harm is produced and normalized through experiences of **physical violence** and **structural violence** which then lead to desperation and a drive to self annihilation [...] this normalized harm precludes care.”

– *Magdalena Harris, UK*

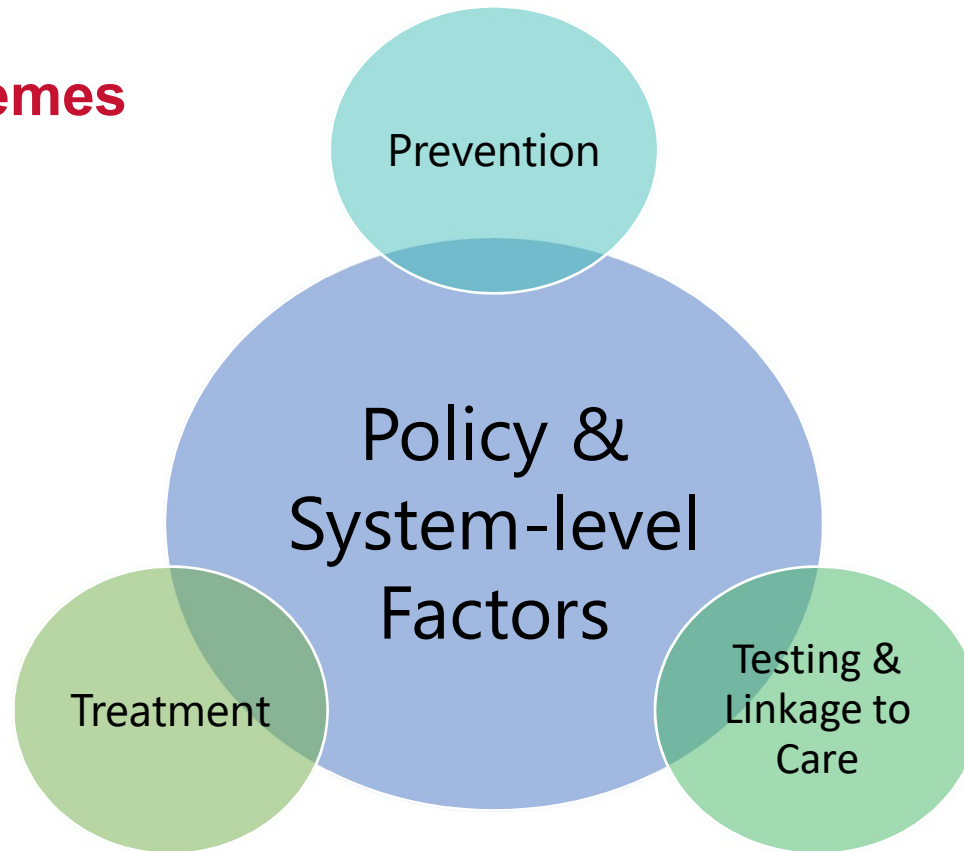
5. Structural Inequities

✓ **Opportunity: Address Structural Inequities**

Hepatitis C services as in-reach sites (Carla Treloar, Australia):

- An existing service that clients know.
- Client trust and connection.
- Provide additional services and support health protection motivations and actions of clients.
- Ask clients how they define quality of life.

Key Themes





Prevention/Harm Reduction: Key Themes

Opioid substitution therapy (OST):

- OST can reduce the likelihood of hepatitis C transmission by 50% (Matthew Hickman, UK).
- Hepatitis C risk reduction depends on dosage: a high dose that is considered adequate by a client is needed (Andreea Adeline Artenie, Montreal).
- Women taking OST are twice as likely to get hepatitis C compared to men (Kimberly Page, USA).

Prevention/Harm Reduction: Key Themes

Needle and syringe programs (NSPs):

- In Europe, NSPs have a 66% reduction in the likelihood of hepatitis C (Matthew Hickman, UK).
- High coverage NSP with OST result in a 70-80% reduction in the likelihood of hepatitis C (Matthew Hickman, UK).





Prevention/Harm Reduction: Key Themes

- Peer-led programming is essential.
- Novel programs from the community are being implemented all over the world (Patrizia Carrieri, France).
- Men who have sex with men need their own programming and services to prevent hepatitis C and reinfection.
 - Minimal overlap in transmission between people who inject drugs and gay and bisexual men living with HIV (Brendan Harney, Australia).

Prevention/Harm Reduction: Example

Drug consumption rooms in Germany
(Dirk Schäffer, Germany):

- 22 drug consumption rooms and two mobile units.
- One drug consumption room for women in Hamburg.
- Need more space for inhaling (Gabi Becker, Germany).

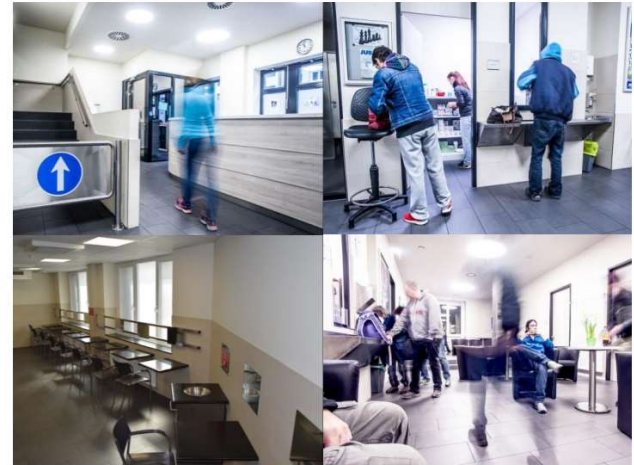


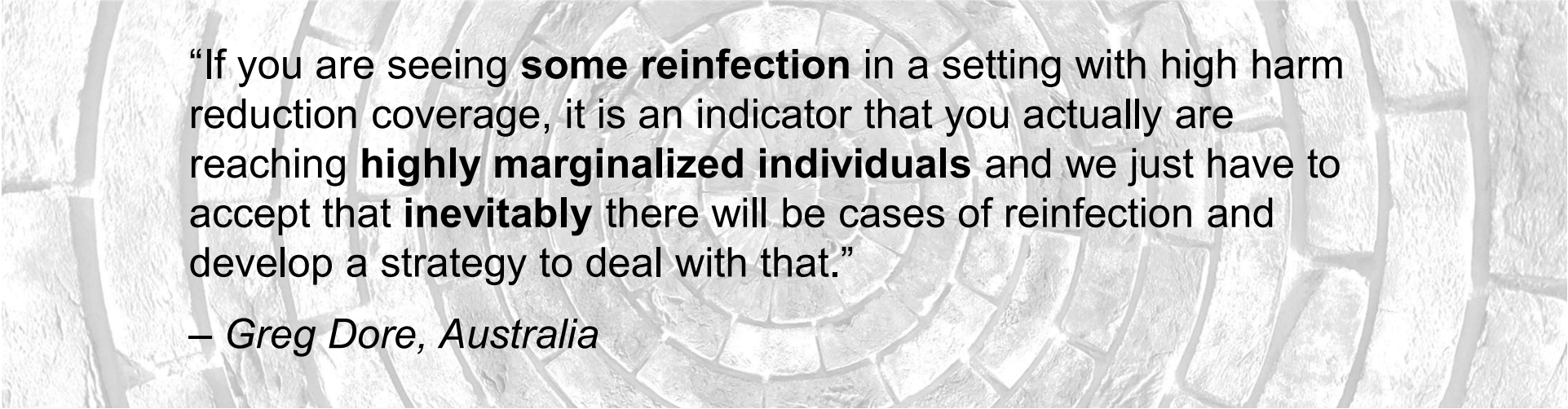
Image from Gabi Becker, INHSU 2018.



Prevention/Harm Reduction: Key Themes

To prevent **reinfection**, we need:

- Rapid scale up harm reduction services.
- Rapid scale up of treatment services.



“If you are seeing **some reinfection** in a setting with high harm reduction coverage, it is an indicator that you actually are reaching **highly marginalized individuals** and we just have to accept that **inevitably** there will be cases of reinfection and develop a strategy to deal with that.”

– *Greg Dore, Australia*



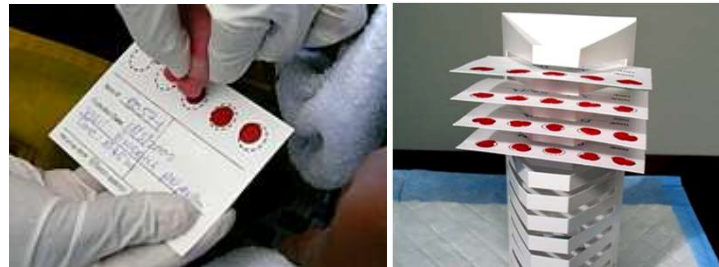
Testing & Linkage to Care: Key Themes

Advances in diagnostics and point-of-care testing

Rapid diagnostic tests



Dried blood spot testing



Point of care and random access HCV RNA testing



Slide used with permission from J Grebely, INHSU Conference 2018, Lisbon, 2018.

CE-IVD. In Vitro Medical Device. Not all products available in all countries. Not available in the United States

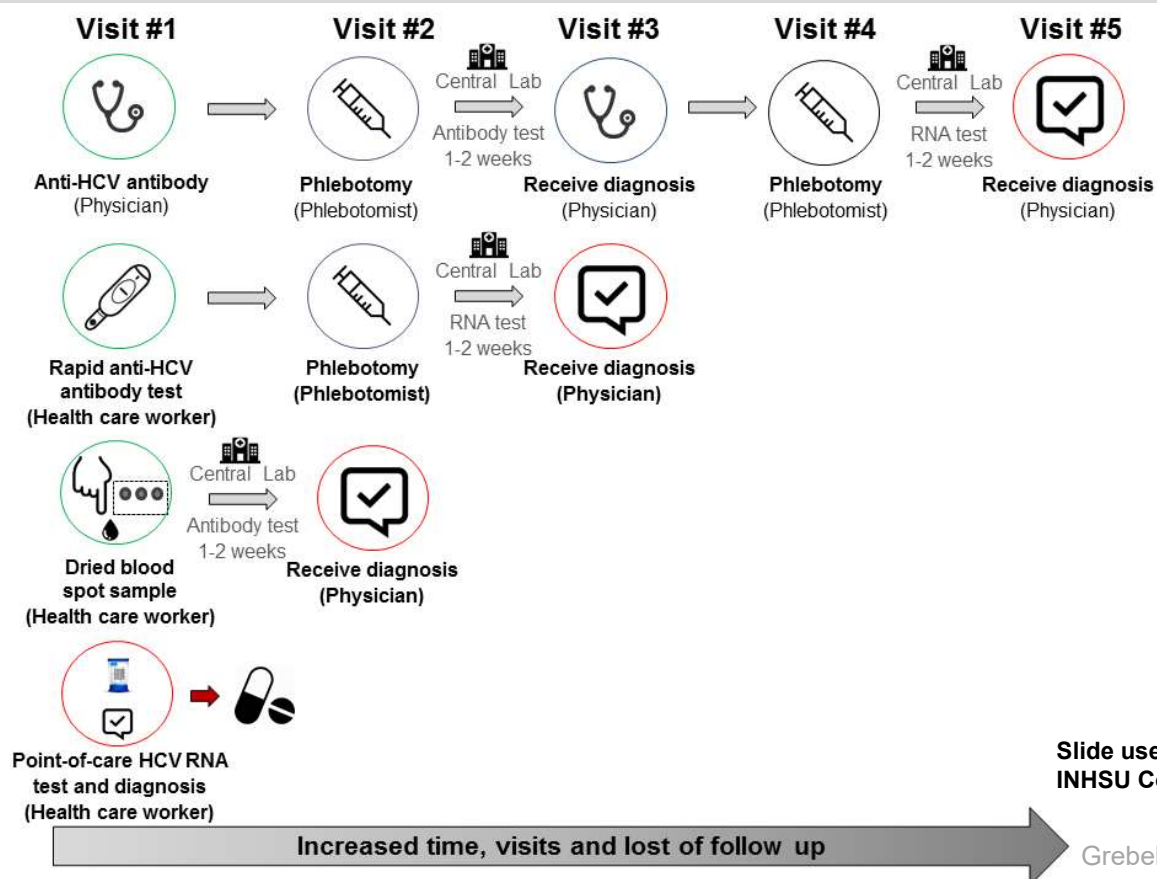
Fourati S, et al. INHSU 2017, New York, United States, September 6-8, 2017

Testing & Linkage to Care: Key Themes



- Clients waited 20 minutes for an antibody test but not two hours to receive their confirmatory test (Ned Latham, Australia).
- Providing dried blood spot testing increased chances hepatitis C diagnosis, in particular at drug services and prisons (John Dillon, UK).

Moving to a single-visit hepatitis C diagnosis



Slide used with permission from J Grebely, INHSU Conference 2018, Lisbon, 2018.

Grebely J, et al Exp Rev Mol Diag 2017



Testing & Linkage to Care: Key Themes

Bring testing to people and to the community:

- Community testers: peer testers and peer navigators.
- Facilitated client collection.
- Integration of testing into other services and with testing other illnesses.

Routine hepatitis C testing is needed for people taking HIV PrEP (Peter Vickerman, UK).

Testing & Linkage to Care: Examples

Session S: We aren't Hard to Reach if You Know How

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Pictures of
the bus



Ole Jørgen Lygren, Prolarnett,
Norway

User Driven HCV Clinic on 4
Wheels



Testing & Linkage to Care: Examples

Harm reduction centre, Lisbon (Adriana Curado, Community Summit):

- Rapid testing for HIV, hepatitis C, hepatitis B and syphilis.
- Peer workers provide testing and navigation services.
- 63% referral rate for hepatitis C treatment.



Image: Google Maps

Treatment: Key Themes


- People with recent drug use and people receiving opioid substitution therapy have high cure rates (Behzad Hajarizadeh, Australia).
- We are close to 'perfectovir' treatment – very effective in clinical trials, in the real world (Brian Conway, Vancouver).



Treatment: Example

- Treatment adherence among people who use drugs (Evan Cunningham, Australia):
 - SIMPLIFY study: treating hepatitis C among people with recent injecting drug use.
 - Adherence: 94%
 - Missed 1-8 doses: 54%
 - Missed >8 doses: 34%
 - Did not impact cure rates.





“Who are we serving? Are we serving the **public health system** or are we serving the **people** who use the public health system?”

– *Alisa Pedrana, Australia*

“How do we ensure that **people who use drugs** attain the **highest standard of health**?”

– *James Dunne, Australia*

Dr. Jason Grebely

President, INHSU

Jason Grebely is an Associate Professor in the Viral Hepatitis Clinical Program at the Kirby Institute in the Faculty of Medicine at UNSW Sydney in Australia. Associate Professor Grebely's research focuses on the epidemiology, natural history and therapeutic strategies for acute and chronic HCV infection in people who inject drugs.

He is a Senior Editor for the International Journal of Drug Policy. He is also the President of the International Network for Hepatitis in Substance Users, an international body for improving knowledge translation, education and advocacy for HCV among people who inject drugs.



Dr. Jason Grebely

President, INHSU

1. Key reflections from the conference: What can Canada learn from other countries about hepatitis C for people who use drugs?
2. Future priority areas emerging on hepatitis C among people who use drugs



Keith Williams

Community Support Worker, South Riverdale Community Health Centre, Toronto

Keith Williams has been a long time member of the Toronto Community Hep C Program. Though he didn't respond to his first HCV treatment, he successfully cleared HCV when new medication became available. Keith joined the program's Patient Advisory Board and served two terms as a member. Keith attended and successfully graduated from the Toronto Community Hep C Program's annual Peer Training.

Keith started his role as a HCV Community Support Worker in 2016. Since then, he has been actively involved in program development, public speaking and teaching, as well as numerous other research and program projects.



Keith Williams

Community Support Worker, South Riverdale Community Health Centre, Toronto

1. Key reflections from the conference
2. What can frontline workers in Canada/your organization learn from the research presented at the conference and where can research catch up to frontline work and realities?



Jennifer Broad

Community Support Worker, South Riverdale Community Health Centre, Toronto

Jennifer Broad is a Community Support Worker with the Toronto Community Hep C Program. In her current role, she co-facilitates one of the treatment groups and is the co-coordinator of a research project to evaluate the impact of point-of-care antibody testing on Hepatitis C care engagement. She was the founding Co-Chair of the program's Patient Advisory Board when it began in 2010.

Jennifer has presented on the involvement of people with lived experience in Hep C treatment and support at numerous conferences and workshops in Toronto and internationally. She recently published an article on the transition from client to coworker in the Harm Reduction Journal.



Jennifer Broad

Community Support Worker, South Riverdale Community Health Centre, Toronto

1. Key reflections from the conference
2. What can frontline workers in Canada/your organization learn from the research presented at the conference and where can research catch up to frontline work and realities?



Tamara Barnett

Registered Nurse and HCV Program Coordinator, Cool Aid Community Health Centre, Victoria

Tamara Barnett is a certified registered nurse working in primary care at a multidisciplinary clinic in Victoria, BC, Canada. The focus of their practice is sexual health, harm reduction, mental health and substance use, and infectious diseases. Tamara is the lead in a nurse-led hepatitis C micro-elimination outreach project.



Tamara Barnett

Registered Nurse and HCV Program Coordinator, Cool Aid Community Health Centre, Victoria

1. Key reflections from the conference
2. What can frontline workers in Canada/your organization learn from the research presented at the conference and where can research catch up to frontline work and realities?





Questions?

Please type your question or comment into the chat box.

INHSU 2019 Conference in Montreal



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2019

**8th International
Conference on Hepatitis
Care in Substance Users**

Le Westin Montréal
Montréal, Canada

11 - 13 September 2019
www.inhsu2019.com

Thank You

PRESENTED BY

Rivka Kushner, CATIE

Jason Grebely, INHSU

**Jennifer Broad & Keith
Williams, South
Riverdale CHC**

**Tamara Barnett, Cool
Aid CHC**

October 30, 2018