

Evaluation of a community based Hepatitis C virus service [Project ITTREAT (Integrated community based Test – stage – Treat) HCV service for People who Inject Drugs (PWID)]

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Background and Aims

- The majority (70%-90%) of hepatitis C virus (HCV) positive individuals in England are people who inject drugs (PWID), with poor engagement in health services
- The primary aim was to assess feasibility of Project ITTREAT: “one-stop” HCV service based at a substance misuse service (SMS) in SE England
- Secondary aim was to evaluate this service via qualitative interviews with SMS attendees and staff focus groups. Here we present the qualitative results.

Methods

Demographics

SMS attendees

- 15 interviewees: 12 male, 3 female participants.
- Age 32-54 years (mean 41.5 years), 47% (7/15) unemployed.
- Four successfully completed HCV treatment, five on treatment and six waiting to start.

Focus groups

- Two focus groups with 15 SMS staff members in total.

Data collection

- Interviewed over an 18-month period: Oct 2014 – Apr 2016
- In-depth semi-structured interviews, 30 mins-one hour
- Interview topics: barriers and motivators to HCV care, attitudes towards the “one-stop” service.
- Audio-taped and transcribed verbatim
- Thematic content analysis

Results

Key barriers to engagement in HCV care

1. Lack of stability both practically (homelessness, unemployment), and emotionally (mental health problems, lack of social network, substance misuse)
‘My life was just chaos at the time- I was homeless, I was trying to hold down a job and...yeah it was just sort of really impossible for me to kind of have enough consistency to start doing the treatment...’ (Participant 2, male, 45 years)
2. The *bureaucratic impersonal* nature of secondary care and perceived prejudice from healthcare professionals
‘And you do hear people talking about their bad experiences: feeling judged up at A&E. I think self-worth and self-esteem has got a lot to do with going up to the hospital’ (SMS staff member, Focus group 1)
3. The stigma attached to substance misuse acted as a barrier to engaging in the “one-stop” service at the SMS.
‘You know you’re almost advertising yourself as like an addict walking up the steps.’ (Participant 13, male, 38 years)
4. Word-of-mouth ‘horror’ stories of HCV testing and treatment, particularly severity of side effects, fear of relapse into substance abuse and liver biopsies.
‘Well yeah, getting tested like with the biopsy thing cos I was told some quite nasty things that it gets stuck right into you and it has to cut a bit of your liver out’ (Participant 10, male, 38 years)

Key facilitators to engagement in HCV care

1. Clients perceived Hepatitis C testing and treatment as the natural next step after addiction recovery
‘Well I’d...when I got myself clean and thought to myself; now or never. You never know what could happen, in the future. While I’m headstrong at the minute; I’ll just go for it.’ (Participant 4, male, 34 years)
2. A close, trusting client-provider relationship with the Hepatitis nurse at the “one-stop” service
‘I mean, I have to say I think [Community Hepatitis Nurse] is one of the main people behind and she’s, she’s so friendly and nice that she just puts you at ease anyway. There’s not like, you’re not dealing with fearful doctors with a sense of impending doom on all sides.’ (Participant 3, female, 39 years)
3. Positive narratives among the recovery community of non-invasive methods of detection (*Fibroscan*) and new direct acting antiviral agents (DAA):
‘[Hepatitis nurse] was just saying- she’s had an uptake in Scottish people- cos they know each other in the community and cos one of them has had the treatment with [Hepatitis nurse]: now she’s had one or two people from the same little social circle turning up. And yeah so, it is word of mouth.’ (Staff member, focus group 1)

Conclusions

- Preliminary findings from this qualitative study confirm multiple barriers to HCV treatment at both patient and healthcare level
- A community based HCV treatment service may be better suited to this vulnerable cohort than the current model of hospital-based care. Additionally, community *Fibroscan* appears to be a power facilitator of engagement
- Future research should explore the impact of DAA on existing barriers to treatment uptake

References

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