

CHANGES IN HOUSING STABILITY AND TREATMENT FOR OPIOID USE DISORDER DURING HEPATITIS C TREATMENT AT A HARM REDUCTION PROGRAM

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Disclosure Statement:

The authors have no financial conflicts of interest to disclose.

Abstract

Background:

Prior studies have shown improvement in functional status and reduction in risk behavior among people who use drugs (PWUD) while undergoing treatment for infection with hepatitis C virus (HCV). Co-locating HCV treatment within with a harm reduction organization has shown promise as a model for delivering HCV treatment services to active PWUD and may also therefore enhance engagement of PWUD in other harm reduction services.

Methods:

The Comprehensive Hepatitis Care on the Corner (CHOC) program co-locates HCV screening, evaluation and treatment services within Washington Heights Corner Project (WHCP), a harm reduction organization based in northern Manhattan, New York. We performed a retrospective chart review of all CHOC patients undergoing HCV treatment to evaluate changes in housing status and treatment of opioid use disorder (OUD) during the course of therapy.

Results:

From December 2015 through December 2017, 37 patients completed HCV treatment in the CHOC program. Out of 13 patients who were street homeless at the time of intake, 5 (38.4%) transitioned to more stable housing by the end of treatment. An additional two patients enrolled in residential treatment programs. Out of 22 patients completing therapy who had active opioid use at the time of intake, 13 (59%) engaged in OUD treatment during therapy, 10 of whom remained in treatment upon completion of HCV therapy.

Conclusions:

In this preliminary retrospective analysis of patients undergoing HCV treatment at a harm reduction organization, a substantial portion of those completing therapy had improved housing stability and/or increased engagement in OUD treatment at the end of HCV therapy. Co-located HCV treatment may facilitate engagement of highly vulnerable PWUD in other harm reduction services.