

ONLINE CENSUS OF DRUG CONSUMPTION ROOMS AS A SETTING TO ADDRESS HCV: CURRENT PRACTICE AND FUTURE CAPACITY

Authors: Belackova V¹, Jauncey M¹, Salmon AM¹, Schatz E²,

1 Uniting Sydney Medically Supervised Injecting Centre (MSIC), PO Box 293, Kings Cross, Sydney, Australia

2 CORRELATION network, Foundation De REGENBOOG GROEP, Droogbak 1d, 1013 GE Amsterdam, The Netherlands

Background: Drug consumption rooms (DCRs) target the most vulnerable people who inject drugs (PWID). While decreases in risky injecting behaviours are an outcome of DCR use, specific HCV prevention & treatment in these settings haven't been described. There are no international DCR standards for HCV practice and research is yet to address sero-prevalence status of DCR clients and their access to HCV prevention, treatment or supportive services.

Methods: An online survey providing a 'snapshot' of DCR clients' HCV status, their access to HCV services and the needs in expanding these was conducted in 2016. 49 of the 91 DCRs from Australia, Canada, Denmark, France, Germany, Luxembourg, Netherlands, Norway, Spain and Switzerland participated in the survey (54%). Each country where a DCR operates was represented.

Results: An estimate of clients ration that were tested for HCV (mean=72%) and that were HCV positive (mean=60%) was provided by 39 DCRs. Most DCRs provided HCV testing onsite (n=30) via blood samples (n=19) or finger prick/saliva (n=10). Also, several DCRs referred clients offsite for testing (n=23).

Only three European DCRs provided HCV treatment onsite; one providing DAAs. Several offered disease self-management support (n=21) or monitoring of liver health (n=10). Overall, HCV support (n=41) as well as new treatment (n=42) or interferon (n=24) were available to DCR clients offsite, and the majority of DCRs referred their clients into that treatment (n=35).

To provide further HCV-related services, DCRs would need more staff time (n=23) and training (n=21), expanded staff qualifications (n=13) and funding for equipment and services (n=18). A change in national HCV treatment guidelines for active drug users was also identified as a need (n=11).

Conclusions: DCR involvement in HCV prevention and treatment is crucial. With access to most marginalised populations, DCRs staff need to be supported to provide an entry point to HCV treatment.

Disclosure of Interest Statement: Authors have no conflict of interest to declare.