HEPATITIS C SCREENING AND TREATMENT WITHIN AN OPIOID TREATMENT PROGRAM: CURRENT CHALLENGES AND POTENTIAL SOLUTIONS

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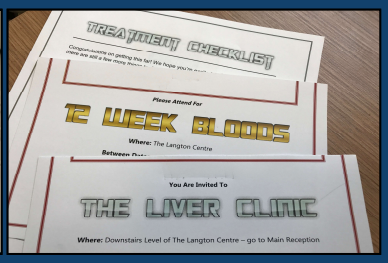
Introduction

The Langton Centre (TLC) is a large Drug and Alcohol (D&A) service in inner-city Sydney. Since implementing a successful hepatitis C (HCV) treatment program in 2016 within the TLC opioid treatment program (OTP), the treatment landscape has transformed dramatically, with a notable decline in clients screened and initiated onto treatment; this decline being mirrored across many similar services. If Australia is to reach it's target of HCV elimination by 2030, there is a clear need for services to increase treatment numbers, and perhaps develop novel models of care.

Questions

- What are the barriers to screening and successful treatment for TLC OTP clients?
- How can these barriers be successfully overcome?
- How can we continue to overcome these barriers, within TLC OTP specifically, into the future?

Harm minimisation, screening, treatment



Unique promotional resources

Results

- Many 'hard to reach' clients were one or more of the following: Aboriginal; cognitively impaired; had poor pharmacotherapy dosing history; highly recidivist; had poor venous access; had problematic mental illness; had financial issues/ were unemployed; experienced re-traumatisation around venepuncture; received pharmacotherapy via pharmacy; had poor harm minimisation practises; and/ or had difficulties prioritising personal health over substance dependence.
- Effective strategies included: advanced venepuncture and testing methods e.g. dried blood spot testing, Cepheid viral load machine; opportunistic multidisciplinary coordination by staff skilled in HCV treatment including nurses, doctors, social workers, and consumer workers; dedicated health promotion/ screening days with various incentives for client engagement; interagency collaboration; promotion/ education re. harm minimisation; facilitating medication collection and dispensing alongside opioid substitution; and client health information sharing with other health services including jails, General Practitioners, other D&A services, hospitals, homeless services, rehabs, and other relevant clinics.
- After implementation of the above strategies, there was a steady increase in screening and treatment e.g. after an intensive promotional day, 11 from 12 identified HCV positive clients subsequently started treatment.
- Some, though not all, of the 'hard to reach' patients were successfully tested and treated due to clinician persistence and flexibility, and by taking into account all the reasons mentioned above when implementing our model of care. Determining successful strategies was an organic process, and often involved individualised care, and review of client and staff feedback.

Discussion & Conclusions

- Multidisciplinary collaboration and flexible treatment tailoring assists in engaging and treating 'hard to reach' patients.
- Patients may remain resistant to intervention despite varying strategies.
- Novel strategies and health promotion are needed to engage and treat 'hard to reach' patients, including an upscale of 'point of care' testing.

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