

SAVING LIVES AND FACILITATING ACCESS TO HEALTH CARE: 12 MONTHS OF TREATING HEPATITIS C IN A MEDICALLY SUPERVISED INJECTING ROOM IN MELBOURNE

Clark N1, Elmore K1, Hiley S1, Pemberton D1, Stothers L2, Cogger S1, Thomson A2

1. Medically Supervised Injecting Room, North Richmond Community Health, Melbourne
2. St Vincents Hospital Melbourne

Background: North Richmond has long been Melbourne the centre of injecting drug use in Melbourne. Melbourne's first Medically Supervised Injecting Room (MSIR) opened in North Richmond on June 30, 2018, and sees approximately 200 visitors on an average day, and manages 100 overdoses a month. The people who visit the room have multiple complex health and social needs which are not being met by existing health care services, despite a willingness for people to receive such treatment. In order to meet its 2030 targets for the elimination of hepatitis C, Australia needs to detect and treat hepatitis C in people who are injecting drugs. As the medically supervised injecting room is based in a community health centre, it provides a perfect opportunity for the testing and treatment of hepatitis C in its clients.

Methods: Initial efforts for testing and treatment of hepatitis was based on referral to the adjacent community health service. Subsequently a protocol was developed for the opportunistic testing and treatment within the injecting room itself, with a simplified pathway to maximise DAA uptake. At a later stage a dedicated nurse for testing and treating hepatitis was present 2 days a week to increase the uptake of testing and treatment.

Results: The initial protocol of referring to the health centre 20m away way only minimally successful, with only 10% of those referred attending for testing. Opportunistic testing and treatment in the room was more successful with 45 tested, 15 needing treatment and 15 treatment initiated in three months of that approach. The presence of a nurse dedicated for testing and treatment further increased uptake, and after a further 2 months of the streamlined, on-site model of care, 200 people had been tested for hepatitis C and 40 had initiated treatment. When a nurse is available to offer testing and counselling, an average of 2 new cases of hepatitis C are diagnosed every day. Focus is now on supporting clients to complete treatment. First 12 month data will be presented, including lessons learned for delivery of hepatitis testing and treatment within a drug consumption facility.

Conclusion: Low threshold services for people who inject drugs can provide a range of health care solutions for difficult-to-treat populations. Streamlining those treatment pathways increases treatment uptake. As well as treating overdose, they can be centres for distributing naloxone, testing and treatment for BBVs and assessing and treating oral health problems.

Disclosure of Interest: none