GOOD PRACTICES IN HEALTH RESPONSE TO HCV IN A HARM REDUCTION PROGRAM

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Background: Our NGO is responsible for the Low Threshold Methadone Program (LTMP) of Lisbon, a harm reduction program based on mobile units for medical care and psychosocial support that reaches more than 1200 drug users/day. About 30% are injected drug users (PWID).

Description of model of care/intervention: All patients undergo blood testing for HCV when starting the program. Blood samples are collected in the mobile care units. In the last four years, we developed three different strategies to address the needs of the patients that were positive for AbHCV: 1) From June 2015-October 2017 we referred patients to hepatology appointment by their own; 2) From October 2017-March 2019 our team took the patients directly to the hospital by car to attend clinical appointments and exams; 3) From February onwards, the hepatologist goes to the mobile unit and the patient do not need to go to the hospital. In all these approaches, if in need of treatment, the medication is taken while doing methadone daily.

Effectiveness: In 2018, from 1274 screened patients, 799 were positive for AbHCV. The effectiveness was measured according to the number of patients in the clinical appointments. The strategies were planned to increase proximity between patients and health services. In strategy 1) 65 patients attended hepatology appointments. In strategy 2) the team took 104 patients to the hospital. 3) since February 2019 until now, 47 patients were observed by the hepatologist in the mobile units.

Conclusion and next steps: These data strongly suggest that a close approach to patients may increase the linkage and adherence to HCV treatment, highlighting the importance of harm reduction in HCV care. This approach is focused on taking the formal health care to the mobile units, enhancing the accessibility to this population, while minimising public health risks by improving compliance to treatment and awareness on safe consumption and sexual habits.

Disclosure of Interest Statement: Nothing to declare.