

Staying Honest About HCV Treatment Access

Barriers to treatment from a QulHN perspective.

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**I would like to acknowledge our QulHN clients
for their courage and in sharing there stories**

**QulHN's Treatment Management Program is
funded by the Queensland Department of Health
Communicable Diseases Branch**



Background/Approach

QuIHN's Treatment and Management Program (TMP) offers community treatment prescribing, prioritising people who inject drugs who have Hepatitis C. TMP offers a multi-disciplinary approach with Case managers, Nurse Practitioner, GP's, Clinical Nurse and Counsellors.



**TMP programs have completed 676 Initial screens
We have treated 399 clients across 6 sites in Queensland
(including NP outreach clinic).
We have worked up a further 300 who have not started treatment.**

71.6 % SVR

26% Missing SVR

2.2 % non responsive

2 reinfections who have both been retreated and are SVR

43% of clients were not vaccinated for HBV

60% of our cirrhotic patients had not been vaccinated for HBV



While case-working with many people onto and through HCV treatment, QuIHN's workers have listened to over 700 clients stories.

Common stories have emerged, which need to be brought forward for further discussion and action.

- Treatment isn't accessible to people who inject drugs (still told to stop using drugs/drinking, only one chance)
- The work-up can be difficult (confusion about anti-body test results, appointments before treatment, pathology, ultrasound or Fibroscan, sent to various treating services, discrimination and judgement, other competing health issues).
- Access to NSP equipment through secondary sites where promotion and referral knowledge is limited. The NSP may not promote, educate, or know where to refer for treatment



The majority of our clients have had contact with

Probation & parole	Doctors & Nurses
Mental Health services	AOD services
Needle and Syringe programs & Pharmacies	Opiate replacement programs,
Hospitals	Emergency departments
Detox & rehabilitation	Prison



Stigma and Misinformation

'I was infected with HCV virus via vertical transmission. I have never injected drugs. When my parents told their OST doctor, he told them that its more likely I did get it from injecting and that 'kids don't always tell their parents everything'

'I was told I was hep c positive many years ago. I would be very careful when I had my grandchildren over, I would ask their mother to bring over plates, cups and bed linen. I would be careful when I hugged them. I felt very alone and wouldn't leave the house much. When I was retested with the TMP program I was PCR negative. When I found out that I had been living like this when I didn't have the virus I was angry and confused'.

'How can a doctor tell you that you that you have a virus when you don't? I have very little faith in the health system now'.



"you have to stop using drugs before you can have treatment"

"Your Hep c isn't affecting you"

"We cant treat you until you stop drinking"

"You can get hep c from your own syringe"

"You only have one shot at treatment, so don't wreck your chance"

"There's no point in starting treatment because you're going to prison"

"Your hep c is dormant"

"Your only a carrier"

"Hepatitis C is transmitted through sexual contact, make sure you tell your partner to get tested"



Every piece of incorrect information adds a barrier to why people may not access treatment

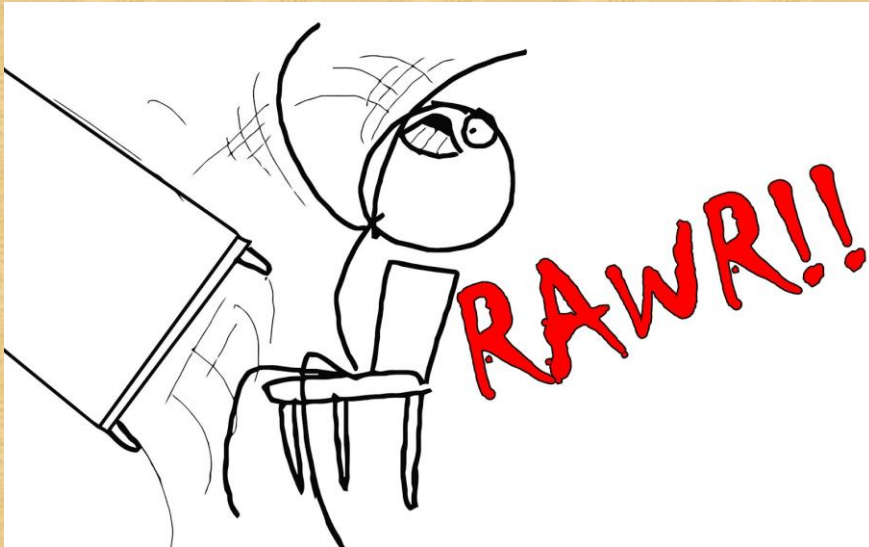


AGAIN.... Majority of our clients have had contact with

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and still these messages are being passed on..





We are educating our clients about hepatitis C and empowering people to educate health care workers with correct information.

We support clients in making complaints if they have experienced discrimination or have been given the incorrect information about HCV from a health care provider

Provide workshops and training for workers around BBVs, stigma and discrimination, working with people who inject drugs



- Our role is to 'do no harm' but are we potentially doing harm by providing incorrect information to clients?
- If workers in key services are not educated about HCV this opens up potential discrimination & fear-based responses
- When we talk about barriers to treatment we need to be delivering correct education and information across all levels so 'no one is left behind'

