



# Challenges and solutions in the drug and alcohol setting

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## Conflicts of interest

- Research grant support- Gilead Sciences
- Speaking honoraria- Abbvie, MSD, Gilead

Site PI for several studies supported by MSD, Gilead, Cepheid





## What are drug and alcohol settings?

The screenshot shows the adin.com.au website, titled 'Australia's leading alcohol and drug search directory'. The navigation menu includes 'Home', 'About us', 'Search directory', 'Add-ons', and 'Help & support services'. A search bar contains the text 'Search...' and a 'Go >' button. Below the search bar, the page title is 'Help & support services' and the text 'Total results: 102' is circled in red. The page also features a 'Suggested searches' section with links to 'App', 'Support services', 'Alcohol policy', 'Cannabis', 'Residential treatment', and 'Indigenous'. At the bottom, there are filters for 'Sort by' (A-Z), 'State/territory' (NSW), and 'Results per page' (10).



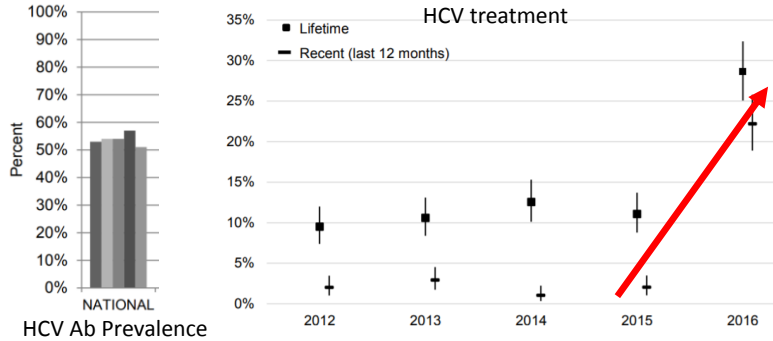
## Drug and alcohol models of care

- Many settings are non-medical
  - counselling, self-help, psychology
- Each district has government services
  - Lots of nurse led care outside of main cities
- NGO sector a massive provider of care- medical & nursing support varies
- Continuum from harm reduction to abstinence based
- Religious organisations very well represented



# What are the numbers?

- NDARC est. 93,000 (67-118,000) PWID annually<sup>1</sup>
- >50% of PWID in ANSP survey are HCV Ab positive<sup>2</sup>



- At least 25k current injectors with Hep C still to treat



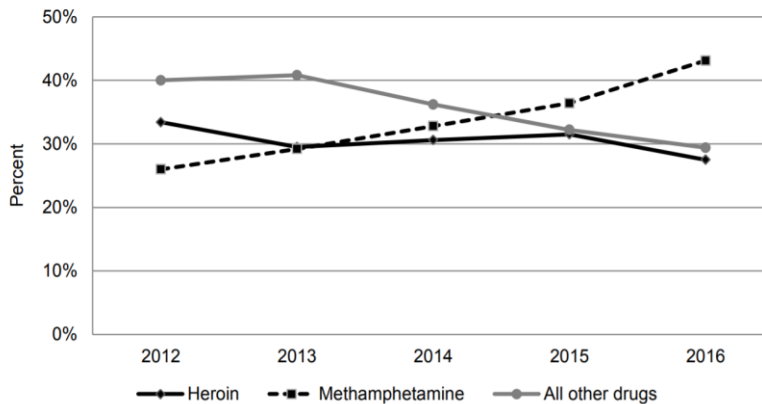
Health  
South Eastern Sydney  
Local Health District

1. NDARC [www.brise.com.au](http://www.brise.com.au), 2. ANSP report Kirby Institute 2017



# Drug trends and treatment data

Figure 1. Proportion of respondents (%) reporting last injecting heroin, methamphetamine and all other drugs, 2012–2016



Health  
South Eastern Sydney  
Local Health District

1. ANSP 2012-2016 report Kirby Institute 2017



## Engagement with AOD services

### NOPSAD- (National opioid pharmacotherapy data)

- 34,000 individuals received OST at some point in 2016
- Est. 40-50% of opioid dependant users engaged in care
- Opioids ≈50% of IV drug use
- 1472 prescribers- 70% private

### AIHW- AOD dataset

- 134,000 individuals provided care in 2015-16
- 23% of episodes ATS, 6% heroin
- >1/3 consults are counselling, ¼ support and information



## Challenge- Methamphetamine

- Est. 160,000 dependant methamphetamine users<sup>1</sup>
- 10% of ice is injected <sup>2</sup>
- Est. only 10% of methamphetamine users in care<sup>3</sup>
- Few dedicated services
- No OST-like infrastructure- less medical contact

1. Degenhardt MJA 2016
2. National Drug Strategy Household survey 2013
3. NDARC technical report no 230 2005





## Possible solution: Use OST infrastructure

40 clients now dosed daily or weekly through OST service

Half not taking OST

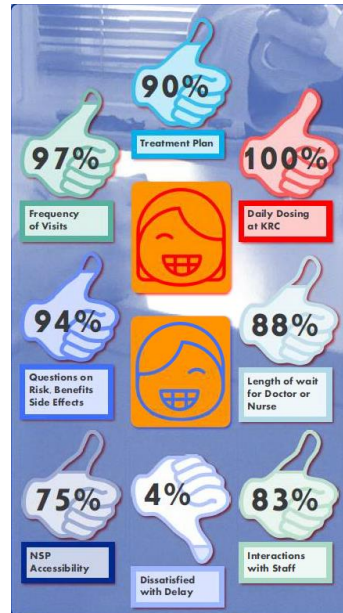
Evaluated impact on staff and other clients

No negative impact

Useful for homeless, less stable

Individualised treatment plan

Chronister et al  
AVHEC 2017



## Challenge: Testing

- First link in care cascade- 82% diagnosed (40K unaware)
- Challenges
  - poor venous access, no in-house capacity, no requesting capacity

### Dried Blood Spot

- Conceived for HIV
- Addition of HCV RNA
- Done by trained staff
- Or self collected at home
- Post sample
- Results in 1 week
- (could use for SVR12?)





# Prescriber skill base

- Average OST prescriber has 23 patients
- In NSW 13,000 treated with DAAs... <1% by Addiction specialists
- 1400 prescribers nationally

**Hepatitis C in Primary Care and Drug and Alcohol Settings**  
Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

Date: Saturday, 12 August 2017  
Venue: Dooleys Lidcombe Catholic Club, 24 John St, Lidcombe, NSW  
Time: 08:30am to 4:30pm

**Learning partners:**  
KIRBY Institute  
JNSW  
FHOS II

People who inject drugs represent approximately 90% of newly acquired hepatitis C infections. Clinicians in drug and alcohol settings play an important role in improving the health outcomes of people living with hepatitis C and can reduce a patient's risk of developing advanced liver disease through early diagnosis, appropriate management of co-morbidities and treatment with new, curative, Direct Acting Antiviral medication (DAAs). This course is designed to strengthen the capacity of clinical staff working in drug and alcohol settings, or working with people who inject drugs, to effectively test for, treat and manage hepatitis C. This highly interactive course is available for GPs and other clinicians able to prescribe. The online learning and face-face workshop will give you the skills to confidently prescribe the new DAAs.

This course is **FREE**. Lunch and refreshments will be provided.  
Travel scholarships are available for regional/rural health workers please contact ASHM for further information

is funded by:  
NSW Health South Eastern Sydney Local Health District

UNSW

**Real world efficacy of antiviral therapy in chronic hepatitis C in Australia**



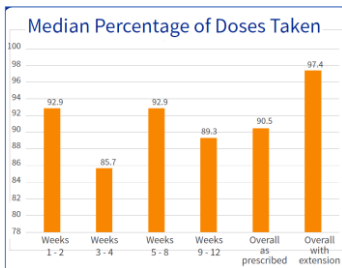
# Challenge: Mythbusting

Perceptions of poor outcomes<sup>1</sup>

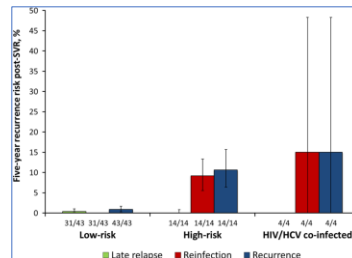
Contents lists available at ScienceDirect  
International Journal of Drug Policy  
journal homepage: www.elsevier.com/locate/drugpo

Delivering direct acting antiviral therapy for hepatitis C to highly marginalised and current drug injecting populations in a targeted primary health care setting  
Phillip Read<sup>a,\*</sup>, Rebecca Luthmar<sup>a</sup>, Karen Chronister<sup>b</sup>, Rosie Gälliver<sup>a</sup>, John Kearley<sup>a</sup>, Gregory J. Dore<sup>a,c</sup>, Ingrid van Beek<sup>a</sup>

Perception of poor adherence<sup>2</sup>



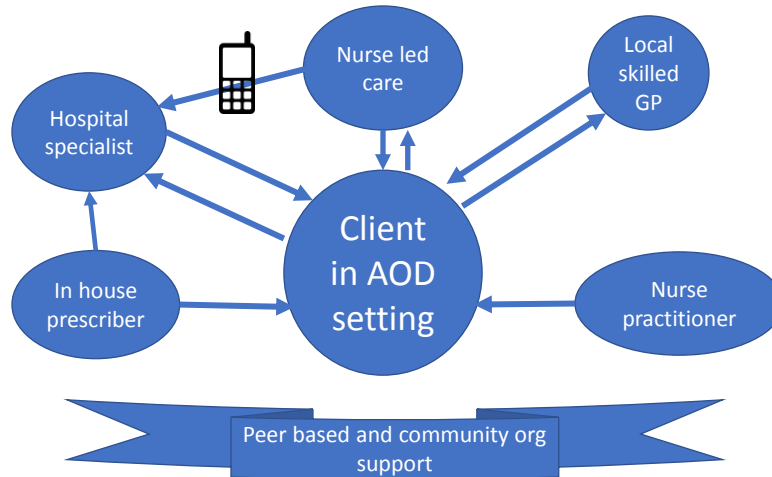
Perceptions of reinfection rates<sup>3</sup>



1. Read et al IJDP 2017
2. Chronister et al AVHEC 2017
3. Simmons et al Clin Infect Dis. 2016



## Models of care in AOD setting



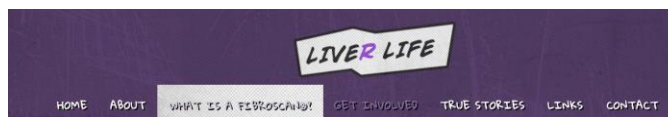
## Simplified treatment models

AIHW data shows average number of episodes = 1.5

- 80% of episodes last < 3/12

### Event based testing and treating

- Fibroscan (or APRI)
- Near patient rapid testing for RNA
- Pangenotypic regimens- nurse initiated
- Immediate dispensing of medications
- Fewer on treatment assessments
- Focus resources and clients into one event every 3 months
- Move around locations, include non clinical sites





## Challenge: Engagement in care and trust

- Relationship with AOD services not always harmonious
- Some are mandated to attend, reported as punitive
- Co-working with peers<sup>1</sup>
  - Improves communication and understanding
  - Helps identify and tackle real or perceived discrimination
  - Supports treatment uptake
  - Community controlled or service-generated
  - Unique access to networks
- Recognise peers need not be “reformed”, thus can present a challenge to some service models
- Good governance and communication key
- Ensure pragmatic approach to harm reduction/ NSP/ overdose management
- Discuss reinfection risk openly



1. Crawford & Bath, CID 2013



## Summary

- Great strides taken in drug and alcohol settings
- But still many untapped areas across the sector
- Huge diversity of care providers
- Training and care models exist
- Limited specific resources- reorientation and leverage existing capacity, service agreements
- Simplified testing, assessment and treatment algorithms
- Evolution of peer roles in AOD services may reap benefits for HCV







Thank you

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