

Residential Program Participation and Hepatitis C Treatment are the Two Compatible? A Case Study of Hepatitis C Treatment within a Therapeutic Community, WHOS (We Help Ourselves)

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Background

- **WHOS (We Help Ourselves) operating for 45 years (Established 1972) – First in Australia**
- **Started by ex – users who self-funded and ran the service**
- **Name of We Help Ourselves due to self-help nature, “Helping people to help themselves”**
- **Historically & currently, clients typically ‘Injecting Drug Users’ (IDUs) and increasingly more complex**



WHOS Residential TC Services

Sydney Services

- Gunyah for men
- New Beginnings for women
- OSTAR (Opioid Substitution Treatment reduction program) mixed gender
- RTOD (Opioid Stabilisation program) – mixed gender

Regional Services

- WHOS Hunter Valley - mixed gender
- WHOS Najarra Sunshine Coast – mixed gender







TC Program participation

- ▶ TC Model – Community is method
- ▶ Peer driven
- ▶ Structured daily programs - Core TC
- ▶ Progression to employability skills - Transition
- ▶ Outreach programs – Exit stage

WHOS Harm Reduction Initiatives

- ▶ Harm Reduction Nurse at Rozelle coordinates;
 - Sexual health, BBV screening and referral to treatment;
 - Onsite Women's Health Clinic including pap smears
 - Onsite Liver Clinic/ Hep C treatment/Hep B
- ▶ Opioid Treatment Programs – Rozelle & Newcastle
- ▶ Harm Reduction workers provide education on overdose prevention/CPR, HIV & HEP C, Safe Sex and infection control – All WHOS services
- ▶ Safe kits – secondary NSP



WHOS Liver Clinic – Sydney Services

- ▶ In partnership with the Royal Prince Alfred Hospital Liver Clinic
- ▶ Providing Fibroscan onsite at WHOS Rozelle since 2014
- ▶ Treatment prior to March 2016 – not whilst in program
- ▶ Referral to the RPAH Liver Clinic



Reservations

The Old Treatments



Program Participation



New Treatments

- ▶ **PBS approval March 2016**
- ▶ **Clients wanting treatment**
- ▶ **Public Health message – treat everyone**
- ▶ **Would it effect program participation?**
- ▶ **What part of the program?**

Consultation & Education

- ▶ **WHOS Service Managers consulted**
- ▶ **Education session for Managers – RPAH Liver Clinic**
- ▶ **Education session for Harm Reduction Workers – Hep NSW**
- ▶ **WHOS Nursing staff training – ASHM/RPAH Liver Clinic/Hep NSW**
- ▶ **Clients consulted and Education provided from HEP NSW**

Outcomes of Consultation

- ▶ All managers in agreement
- ▶ Clients were keen to get treatment
- ▶ Decision to start with more senior clients post core program i.e. 90 days onwards
- ▶ Side effects to be monitored weekly by nursing staff

Treatment pathways

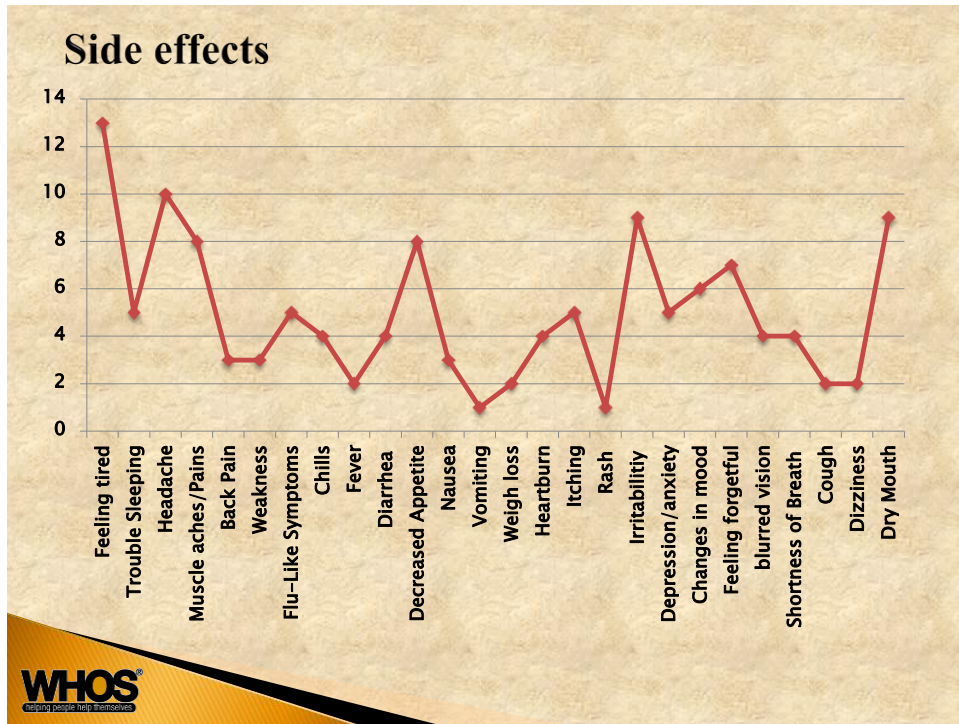
- ▶ Existing Liver Clinic onsite in partnership with RPAH – Fibroscan
- ▶ All screening and referral for treatment coordinated by Harm Reduction Nurse with WHOS visiting GP's
- ▶ Liaison with community pharmacy – would they supply the drugs – Cost+++
- ▶ Liver Clinic Doctors attended onsite to prescribe, model now changed to GP prescribers with Liver Clinic support

Characteristics of treatment

- ▶ Mostly Genotype 1 & 3 in beginning
- ▶ Fibroscan readings ranged from
- ▶ Most treatment duration 8-12 weeks; longest 26 weeks
- ▶ Decision not to treat other genotypes 4 -6 with old medications –new medications have changed this
- ▶ A mixture of abstinent and OST clients

Reported Side effects

- ▶ Sample size – First 18 clients on treatment
- ▶ No baseline data was collected in terms of any physical issues prior to commencing treatment
- ▶ Weekly monitoring using a checklist of symptoms
- ▶ Side effect free – Not quite



Managing side effects

- ▶ Manageable – Yes
- ▶ Most side effects reported as slight
- ▶ Several reported no side effects
- ▶ All but one client was managed with symptomatic medication e.g. Panadol; drinking more water
- ▶ One client developed a fibromyalgia form of pain – older client with cirrhosis previously treatment resistant
- ▶ Drug interaction website Hep Drug Interactions <http://www.hep-druginteractions.org/checker>

Outcomes

- ▶ Since 2016 – 52 clients initiated on to treatment, Rozelle only
- ▶ Other WHOS Services in Cessnock, Newcastle and Sunshine Coast work with local liver clinics and now have clients on treatment
- ▶ Treatment can commence earlier in program
- ▶ No reports of anyone not clearing HEP C



Ongoing

- ▶ In collaboration with RPAH Liver Clinic Nurse Practitioner, GP's are now taking over prescribing treatment for WHOS clients
- ▶ Easier prescribing with Eplclusa – all genotypes
- ▶ Fibroscan clinics to continue, run by Liver Clinic Nurse Practitioner
- ▶ More complex cases referred directly to RPAH
- ▶ New treatments now mean more can access whilst at WHOS
- ▶ Commencement of HEP B Clinic onsite at WHOS



WHY DO IT

- ▶ In Australia approximately 230,000 are HEP C + (150 million worldwide)
- ▶ 188,000 from IVDU, 124,590 no longer inject
- ▶ Baby boomers have a bit to answer for
- ▶ More than 32,000 have started treatment between March – Dec 2016
- ▶ 95% success rate – moving to eradication
- ▶ HEP B must be addressed – 232,000 in Australia living with chronic Hep B and many others undiagnosed