# Who and what is missing from the HCV cascade of care?

VH 2018

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## Harm Reduction Victoria

- Drug User Organisation – represent PWID in Victoria
- 30-year history – formerly VIVAIDS
- AIVL is our peak

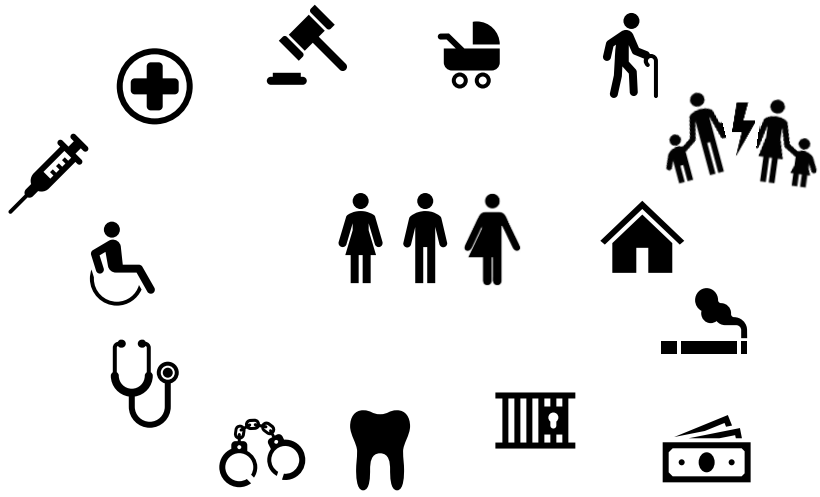
- HCV just one of a range of issues for PWID community- albeit a priority for us
- Also –
  - PAMS - Med Assisted Treatment of Opioid Dependence support
  - Peer based NSP distribution
  - Overdose Response
  - DanceWize
  - HIV and HBV

# People who inject drugs and HCV treatment – A difficult history

- **HCV treatment access *has* improved for PWID – but this is recent and it isn't case for everyone**
- It is still a medical intervention delivered by a **system many users feel has failed us over and over**
- **Primary care and PWID both locked out of treatment 20+ years**
- Many have awful experiences of primary care as well
- Poor treatment and discrimination still echoes through the community

DAAs ≠

# Competing priorities aka "life"



# Priorities? Or embedded inequities?

- Core activity is illegal – this informs society of what to stigmatise
- Criminalization drives cost higher …
  - revenue raising takes time &/or risky
- Housing; family issues; Newstart hoops; compounding social exclusion
- Avoiding sickness & juggling withdrawal symptoms; OST & life/work/family
- Injection equipment; Venous access; Wounds & Abscess care; Naloxone / OD reversal

# Cascade of care
# As clinicians see it

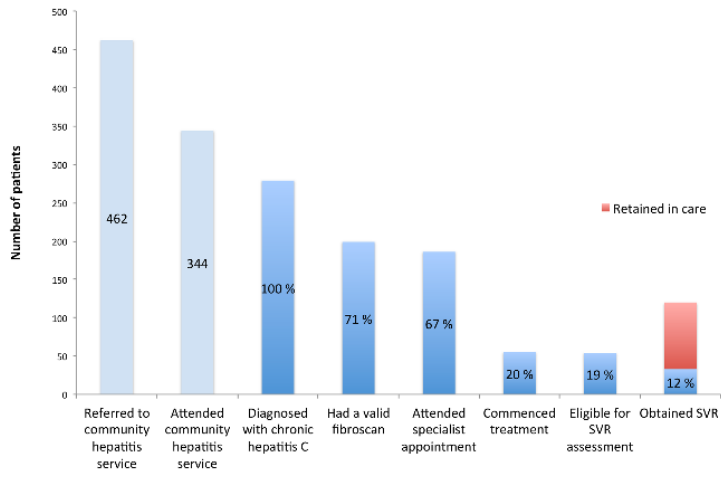
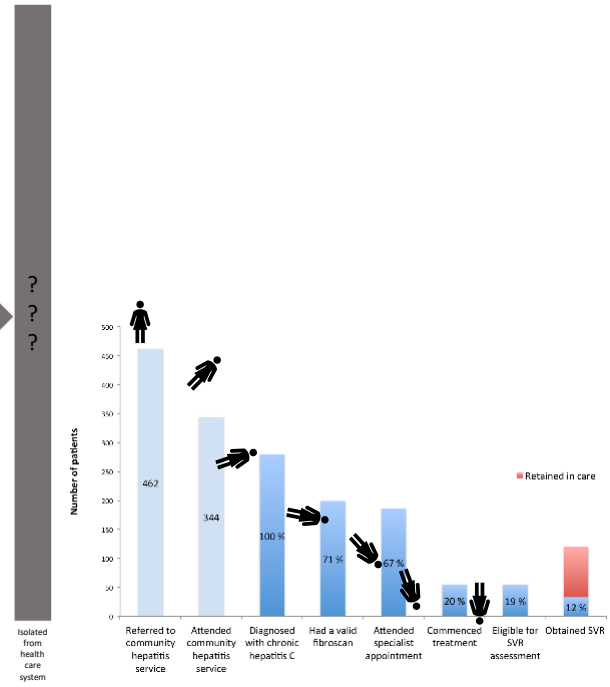



Fig 2: Wade AJ, Macdonald DM, Doyle JS, Gordon A, Roberts SK, Thompson AJ, et al. (2015) The Cascade of Care for an Australian Community-Based Hepatitis C Treatment Service

Those who do not access services at all

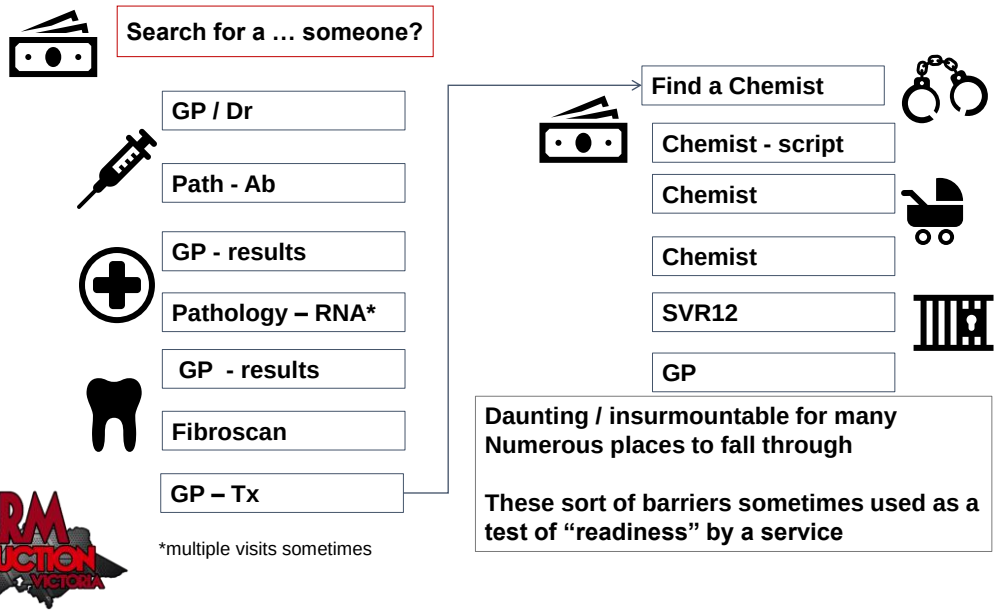


# Cascade of cracks as many experience it

PWID often alienated from healthcare systems

Cascade of Care for HCV Treatment is a Cascade of Cracks to fall through for many people

The treatment journey is often fraught:

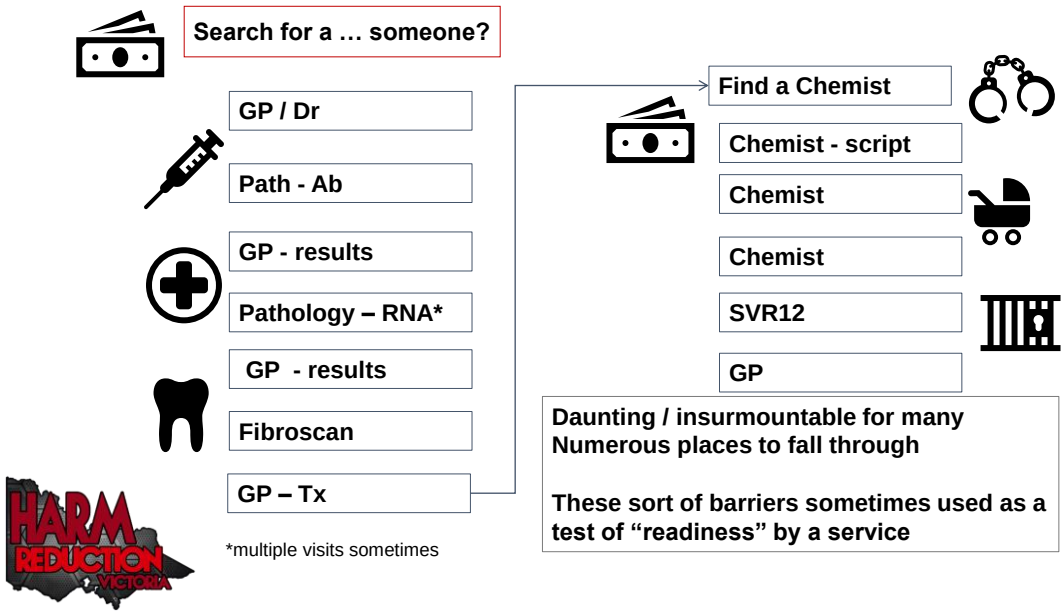



# What does falling through look like?

- M is in his early 30s. Australian Vietnamese
- Currently homeless; estranged from family; injecting opioids daily; not on MATOD; had an HCV RNA test 3 weeks previous
- Both he and partner have DVT. In his case this was his 3rd DVT and he had cellulitus also and a serious leg infection
- Attended hospital but had negative experience and left.
- NSP workers spent 3 days trying to get him back to hospital
- Agreed to alternative hospital – on other side of city
- Workers went with to Emergency and waited to support thru intake – hours of waiting
- Methadone and pain relief was arranged with hospital

# Cont…

- Surgery required followed by 6 weeks of IV antibiotics and hospital care
- 2 days after surgery M left – had received no methadone or pain relief. He left without antibiotics
- The NSP workers had been providing blood thinners to his partner and are now giving antibiotics to him daily as well.
- Unfortunately a lesion has opened up on his leg.
- He's still homeless but is able to access pain relief and opioids – just not from a doctor
- Meanwhile he still hasn't received his RNA result. But I don't think that's top of his mind




# What to do?

- Firstly – is it even ethical to focus on treatment when people have other serious social issues that impact today?
- As kylie valentine said yesterday – use data but not to the exclusion of other types of knowing
- Remember the cascade is just one way of looking at things
- We are not "missing" from our own lives and are not hard to reach for someone.
- As Jude Byrne mentioned yesterday let us get what we want and need from services and we will come running!

**Peer / Nurse / Dr - active outreach & incentivize with things the local PWID need (Food? Naloxone? Needles? Substitution treatment? $$$?)**
**- PCR bloodspot**
- **Prescribe and provide meds on the spot**
- **Enrol in RDS and offer incentive for bringing in a friend and returning for a test in 12- 24 weeks**
- **Assign one of dozens of peer workers ☺ to provide support and a linkage to further care if needed**

**Path - A**

**GP - results** **mist**

**Pathology – RNA*** **SVR12**

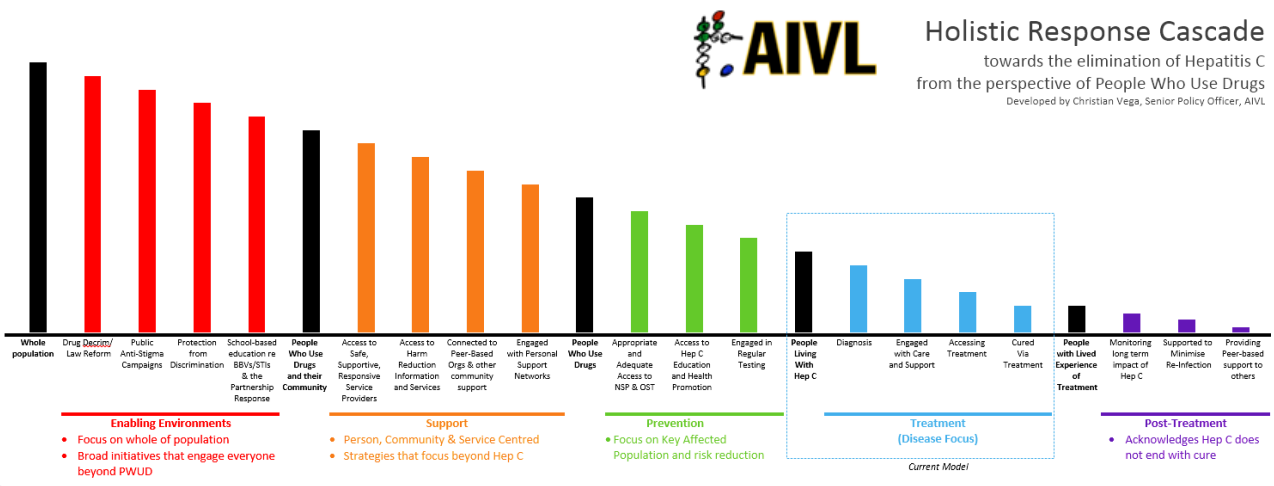
**GP - results**

**Fibroscan** **table for many through**

**GP – T** **These** **metimes used as a test of "** **service**

*multiple visits som

# Enhancing the Treatment Cascade




This cascade was envisioned by a person who uses drugs- because these are all the aspects we experience as part of our Hep C journey.

Let's not forget that PWID are despised & it will take bravery to overcome that …



AIVL

# THANKS!

- Jenny Kelsall
- Christian Vega of AIVL
- Peer Insights – Susan Chong, Graham Brown,
- HRVic's peer networkers

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