

HCV Treatment for People with Substance Use Disorder

Brenda Bauch, Nurse Practitioner

Hennepin Healthcare, Addiction Medicine

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Disclosures

- I have no financial conflicts of interest.

Objectives

- Describe what treatment as prevention is for persons with HCV and a substance use disorder
- Discuss barriers to treatment of HCV and co-occurring substance use disorder
- Identify opportunity for harm reduction when working with people who use substances

Treatment as Prevention

- World Health Organization goal for HCV Elimination
- Fewer HCV infections = Fewer HCV transmissions
- Requirements:
 - Testing
 - Linkage to care
 - Treatment
 - Appropriate follow-up
- There is a need to identify and address barriers at each level of care

Equitable Access

Grebely, J., Hajarizadeh, B., Lazarus, J. V., Bruneau, J., Treloar, C., & International Network on Hepatitis in Substance Users (2019). Elimination of hepatitis C virus infection among people who use drugs: Ensuring equitable access to prevention, treatment, and care for all. *The International journal on drug policy*, 72, 1–10. <https://doi.org/10.1016/j.drugpo.2019.07.016>

HCV Treatment Success in People with Substance Use Disorders

- Meta analysis found positive responses to direct-acting antiviral therapy for people who use substances.
 - Inclusion of 38 studies with the following findings:
 - Treatment completion was 97.5% with SVR 87.7%
 - For people on opioid substitution therapy treatment completions was 97.4% and DVR was 90.7%
 - For people with recent IV drug use treatment completion was 96.9% and SVR was 87.4%
 - Trials found higher retention correlated with older age

Hajarizadeh, B., Cunningham, E. B., Reid, H., Law, M., Dore, G. J., & Grebely, J. (2018). Direct-acting antiviral treatment for hepatitis C among people who use or inject drugs: a systematic review and meta-analysis. *The lancet. Gastroenterology & hepatology*, 3(11), 754–767. [https://doi.org/10.1016/S2468-1253\(18\)30304-2](https://doi.org/10.1016/S2468-1253(18)30304-2)

What about Reinfection?

- Meta analysis of 36 studies
 - Overall HCV reinfection was 5.9/100 person years and 6.2/100 for those recently injection drugs and 3.8 for those on medications to treat opioid use disorder.
 - Reinfection is a reality however the overall rates are lower than rates of primary infections.
 - Treatment of opioid use disorder decreases rates of reinfection.
 - Longer follow-up was associated with lower reinfection rates

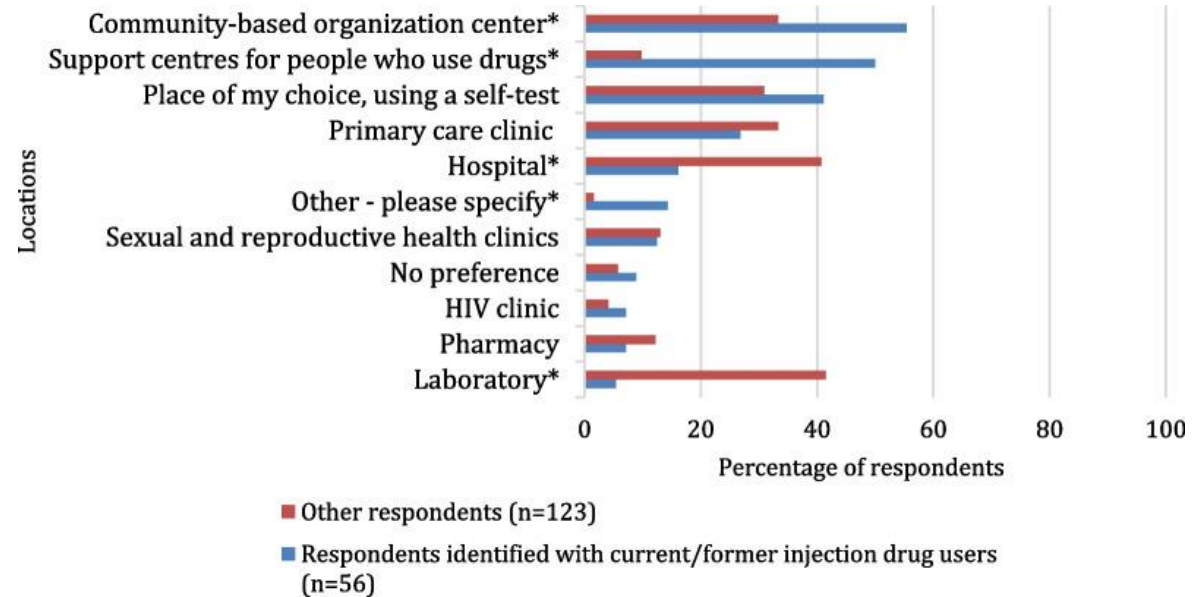
Hajarizadeh, B., Cunningham, E. B., Valerio, H., Martinello, M., Law, M., Janjua, N. Z., Midgard, H., Dalgard, O., Dillon, J., Hickman, M., Bruneau, J., Dore, G. J., & Grebely, J. (2020). Hepatitis C reinfection after successful antiviral treatment among people who inject drugs: A meta-analysis. *Journal of hepatology*, 72(4), 643–657.

Barriers to Treatment of HCV

- Drug-use based restrictions on treatment eligibility
 - Abstinence requirements
- Competing priorities
 - Housing, access to food, withdrawal management, safety
 - Goal: Safe storage of 1 month of medication and method to pick up or be mailed second month of medication.
 - Goal: Medication taken daily around the same time x 8 weeks
- Mental health comorbidities
- Distrust of healthcare systems and fear of stigma

Overcoming Barriers to Treatment of HCV

- Integration of HCV services into community-based settings
 - Multi-country survey findings:
 - Majority of respondents with current/former injection drug use indicated preference of integrated HCV services in community-based setting



Di Ciccio, M., Villes, V., Perfect, C., El Kaim, J. L., Donatelli, M., James, C., Easterbrook, P., & Delabre, R. M. (2023). Need for integration of hepatitis C (HCV) services in community-based settings for people who inject drugs: results from a global values and preferences survey. *Harm reduction journal*, 20(1), 15. <https://doi.org/10.1186/s12954-023-00743-8>

Overcoming Barriers to Treatment of HCV

- Accessible Care model
 - Low Threshold, non-stigmatizing, co-located in syringe service program
 - Flexible appointment scheduling
 - Supportive harm reduction model
 - Friendly, informal, nonjudgmental atmosphere
 - Evaluations, follow-up, lab testing, and care coordination were all done at the SSP
 - Patients determined their own dispensing schedule (daily, weekly, monthly)
 - Rates of HCV cure were 67% in the accessible care model compared to 23% of those with usual care (Eckhardt et al, 2022)
- Other care models with successful integration of HCV treatment
 - Community primary care clinics
 - Mobile health units
 - Correctional setting
 - Opioid treatment programs

Eckhardt B, Mateu-Gelabert P, Aponte-Melendez Y, et al. Accessible Hepatitis C Care for People Who Inject Drugs: A Randomized Clinical Trial. *JAMA Intern Med.* 2022;182(5):494–502. doi:10.1001/jamainternmed.2022.0170

Harm Reduction

- Safe (-er) IV use
 - New needles > Cleaned needles with bleach
 - Aggressive site cleaning
- Fentanyl/xylazine test strips
- Narcan education and availability
- Frequent (every 3 months and as needed) screening for infectious diseases including HCV, HIV, Syphilis and other STI as indicated
- Medications for opioid use disorder at adequate doses
 - Higher doses lead to improved retention
 - In the setting of fentanyl higher doses of buprenorphine (suboxone) should be considered

Chambers LC, Hallowell BD, Zullo AR, et al. Buprenorphine Dose and Time to Discontinuation Among Patients With Opioid Use Disorder in the Era of Fentanyl. *JAMA Netw Open*. 2023;6(9):e2334540. doi:10.1001/jamanetworkopen.2023.34540

Biondi, B.E., Vander Wyk, B., Schlossberg, E.F. *et al*. Factors associated with retention on medications for opioid use disorder among a cohort of adults seeking treatment in the community. *Addict Sci Clin Pract* **17**, 15 (2022). <https://doi.org/10.1186/s13722-022-00299->

Hennepin Healthcare Addiction Medicine Approaches

- Offer HCV screening and treatment in community clinics, main campus office-based clinic and opioid treatment program
 - Dose HCV treatment meds with methadone or suboxone through OTP per patient requests
- Determine multiple ways to contact the patient
- Build trust with consistent care and consistent staff (as possible)
- Determine patient goals, beliefs, fears regarding HCV treatment medications
- Work with treatment centers to deliver medications to patients while in treatment and have plan for full 8 weeks.
- Connection to resources AND rolling with resistance

Questions