HCV Treatment for People with Substance Use Disorder

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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

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

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

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

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

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


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