

Enhancing treatment for people who inject drugs in the drug and alcohol and prison settings

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Enhancing Treatment of HCV in OST Settings (ETHOS)

ETHOS Partnership Project

Objective

- To evaluate the provision of HCV clinical assessment and treatment uptake among PWID (current and former) in OST and community-based clinic settings

Components

- Establishment of HCV treatment services in nine OST and community-based clinics (NSW Health)
- Qualitative research to evaluate barriers to HCV service delivery
- ETHOS Cohort Study to examine HCV treatment uptake and outcomes
- Health economic evaluation

ETHOS: Critical factors for success

- Challenges
 - Barriers to care at the patient-level
 - Poor education about HCV and its treatment (PWID and practitioners)
 - HCV care is not seen as part of the “core” business in drug and alcohol
 - Availability of on-site services (e.g. phlebotomy)
 - Enhancing linkages with external providers (e.g. pharmacists, psychiatrists, etc.)
- Factors critical for success
 - Strong early partnerships and support from policy makers
 - Peer-support assisted with engagement of clients and transformation of cultures within services
 - Support and buy-in from the top-down and bottom-up within services

HCV treatment as prevention in prisons

Surveillance and Treatment of Prisoners with Hepatitis C (SToP-C)

- Objective
 - To evaluate the feasibility and potential impact of a rapid scale-up of HCV treatment (with interferon-free DAAs) on the incidence of HCV infection over a two year period in the prison setting
- Surveillance of incidence/prevalence and treatment
- Two maximum security prisons (intervention and control)

Components

- Evaluate the effectiveness and cost-effectiveness of TasP in prisons
- Evaluate patient and provider attitudes and barriers towards IFN-free HCV therapy and HCV TasP in the prison setting
- Model the potential impact of HCV ‘TasP’ strategies in the prison setting on the community (including cost-effectiveness of this approach)

SToP-C: Critical factors for success

- Strong early partnerships and support from pharma, prisons/services, policy makers and community
 - Stakeholder workshop early on in the project
- Established, successful nurse-led model of HCV care and treatment (Andrew Lloyd/Jeff Post)
- Will require buy-in from prisoners and guards
- Will require substantial scale-up of assessment/treatment



Acknowledgements

University of New South Wales

Prof. Gregory Dore

Prof. Andrew Lloyd

Dr. Michelle Micallef

Ms. Maryam Alavi



International Collaborators

Dr. Natasha Martin (UK)

Dr. Peter Vickerman (UK)



Australian Government

National Health and Medical Research Council



National Institute
on Drug Abuse

The Science of Drug Abuse & Addiction

