

Community Led Hepatitis C Treatment Amongst People with Active Injection Drug Use in an Indigenous Community in Canada

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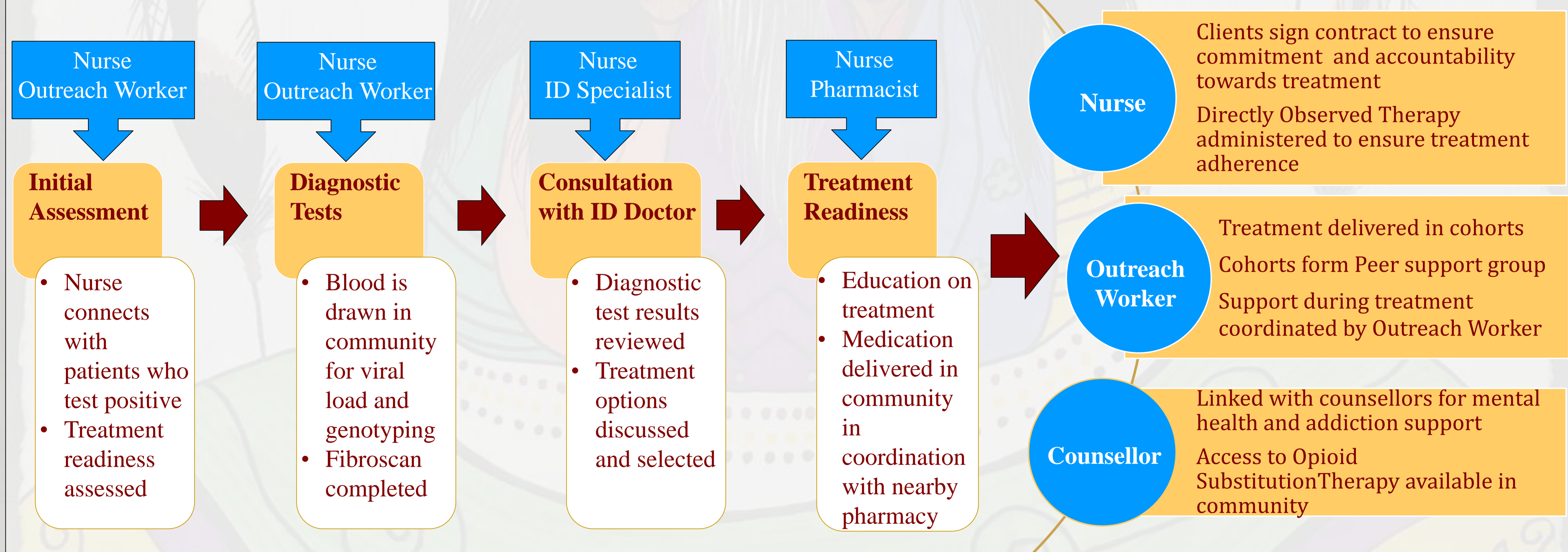
Background:

Hepatitis C (HCV) is a chronic disease that disproportionately affects Indigenous people¹. Geography, stigma, discrimination and previous negative experiences with mainstream healthcare services are major barriers leading to underutilization of healthcare services by Indigenous people². Despite a 12% prevalence of hepatitis C (HCV) antibody, all related to injection drug use (IDU), few individuals accessed treatment in Ahtahkakoop Cree Nation, an Indigenous community (Saskatchewan, Canada). Following consultation with community members and Ahtahkakoop community leadership, a HCV treatment model was developed to increase access to treatment even amongst those still actively injecting.

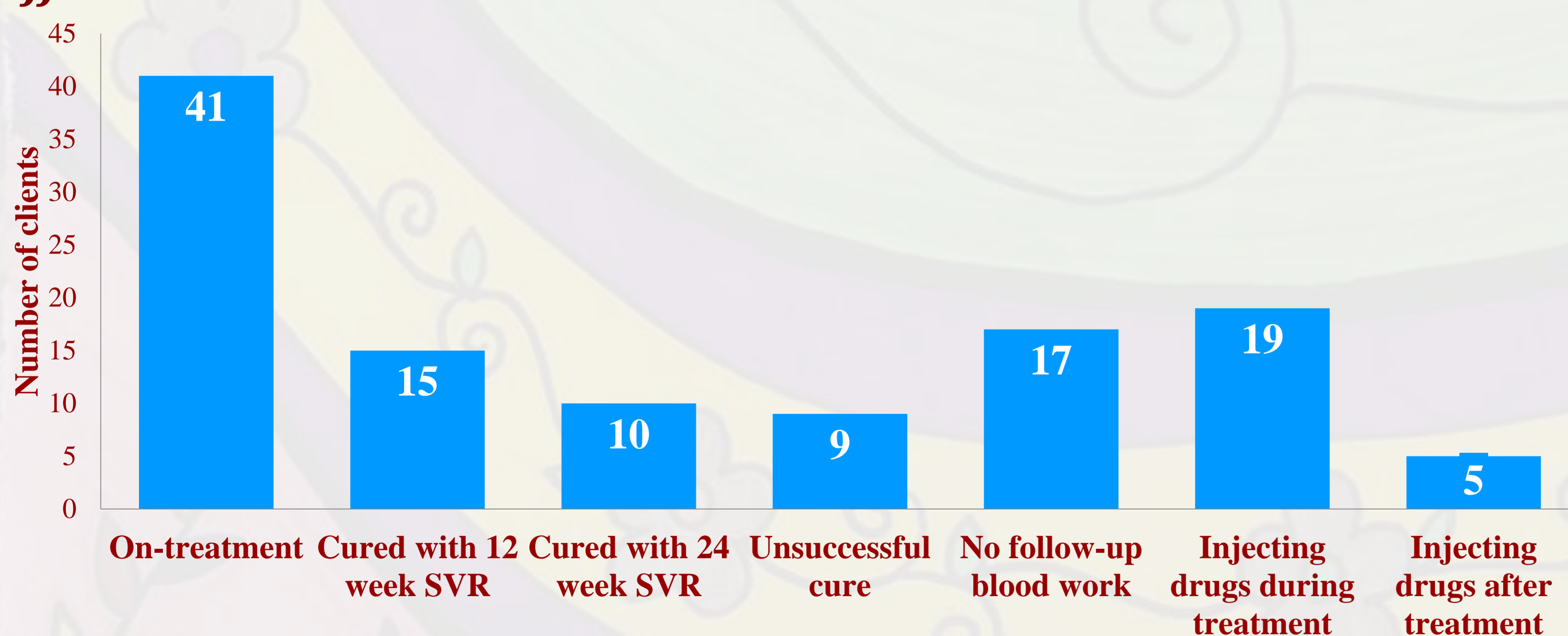
Salient aspects of the program

- Intensive case management is the basis of the program.
- Care delivered is holistic, supportive, client centered and culturally responsive.
- All aspects of screening, diagnosis and treatment are delivered in community.
- A multi-disciplinary team consisting of nurse, outreach worker, ID specialist, pharmacist, counsellor, community Elders delivers care.
- Education, client accountability, peer group support, mental health and cultural support are integral part of the treatment model.

Description of the Treatment Program



Effectiveness



Conclusion

- A community developed and led HCV treatment model, delivered in Indigenous community can improve access to HCV treatment, even amongst those individuals who are still injecting drugs.
- Client's treatment engagement is enhanced through education, support and peer groups.
- A dedicated nurse and outreach worker is crucial for orchestrating a multidisciplinary healthcare team ensuring seamless and timely care.

References:

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2. Grebely, J., Oser, M., Taylor, L. E., & Dore, G. J. (2013). Breaking down the barriers to hepatitis C virus (HCV) treatment among individuals with HCV/HIV co-infection: action required at the system, provider, and patient levels. *Journal of Infectious Diseases*, 207(suppl 1), S19-S25.

Acknowledgements: We acknowledge artist Caitlin Ahenakew, Tanys Isbister and other staff members in Ahtahkakoop for their contributions in supporting the HCV treatment program

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