

MULTIDISCIPLINARY CARE AND THE FOUR-LEGGED CHAIR: THE ADDICTION LEG

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Background: Since 2016, there have been over 8,000 overdose related deaths in Canada. The prevalence of HCV infection among people who use/inject drugs (PWID) in Canada exceeds 65%. It may be that as these individuals are engaged in HCV-related care, additional measures could be implemented to reduce high-risk behaviors linked to overdose deaths.

Methods: A retrospective cohort analysis was conducted among PWID who were engaged in HCV treatment at our centre. All were enrolled in multidisciplinary model of care addressing their medical, social, psychological and addiction-related needs.

Results: A total of 444 PWID engaged in HCV treatment were included in this analysis: mean age 54 (22-78) years, 78% male, 30%/25%/20% opiate/cocaine/amphetamine use, 42% on opiate substitution therapy (OST), 33% alcohol use, 47% psychiatric comorbidity, and 16% homelessness. Sustained virologic response (SVR₁₂) was achieved in 409/444 (92%). Seven individuals discontinued treatment due to side effects, 12 individuals were lost to follow-up (LTFU), 11 individuals engaged in treatment elsewhere, 2 individuals died before treatment completion, 3 individuals relapsed and 8 were later re-infected. Reinfection occurred at a rate of 0.82 per 100-person years. Of those engaged in HCV treatment, in median follow-up post-treatment of 2.3 years, 28 individuals experienced medically significant overdoses (2.9 per 100-person years) and there have been only 4 overdose related deaths (0.41 per 100-person years).

Conclusion: Providing HCV treatment to PWID in the context of multidisciplinary care serves to enhance overall addiction related care in vulnerable populations. Our low incidence of HCV re-infection, medically significant overdoses and overdose related deaths reflect the efficacy of engagement in our program among vulnerable inner-city populations and may constitute an important part of the concerted response to the opioid crisis.

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