

HEPATITIS C SCREENING AND TREATMENT WITHIN AN OPIOID TREATMENT PROGRAM: CURRENT CHALLENGES AND POTENTIAL SOLUTIONS

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Background: The Hepatitis C (HCV) treatment landscape and client cohort has transformed dramatically in recent times, with a notable decline in total clients screened and initiated onto treatment. Australia aims to reach its target of HCV elimination by 2030 (WHO 2016).

Method: Determine barriers to screening and completion of treatment.

1. Develop/ implement strategies to successfully overcome those barriers.
2. Increase number of clients treated.
3. Review, implant and evolve successful practices.

Results: 1. The main characteristics of our 'hard to reach' clients were: Aboriginality; cognitive impairment; poor pharmacotherapy dosing history; recidivism; poor venous access; problematic mental illness; financial issues/ unemployment; anxiety around potential medication side effects; re-traumatisation concerning venepuncture; pharmacotherapy via pharmacy; and inability or unwilling to prioritise personal health over substance dependence.

2. Strategies to work with those characteristics: advanced venepuncture and testing methods and techniques; opportunistic coordination by HCV dedicated staff including nurses, doctors, social workers, and consumer workers; dedicated health promotion/ screening days with various incentives for clients; interagency collaboration; facilitating medication collection and dispensing; client health information sharing with other health services including jails, GPs, other D&A services, hospitals, homeless services, and other relevant clinics.

3. After the staged implementation of the strategies discussed above, there was a steady increase in screening and treatment.

4. Determining what worked and what didn't was an organic process, and often involved reflective practice, and enthusiastic review of client and staff feedback.

Conclusions: Multidisciplinary collaboration and broad treatment flexibility is needed in treating 'hard to reach' clients. Clients may remain resistant to interventions despite implemented strategies.

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