

Hepatitis C Knowledge and Training Among People Working in the Alcohol and Other Drugs Sector

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Background

- The burden of hepatitis C virus (HCV) in Western countries falls disproportionately on people who have injected drugs (PWID)¹
- Direct-acting anti-viral treatments have improved HCV treatment, but chronic infection continues to rise globally²
- Alcohol and other drug (AOD) services are important tools for linking PWID to care³
- However, many AOD professionals report limited HCV training or experience⁴⁻⁷

HCV Illness & Care Journey



Objective

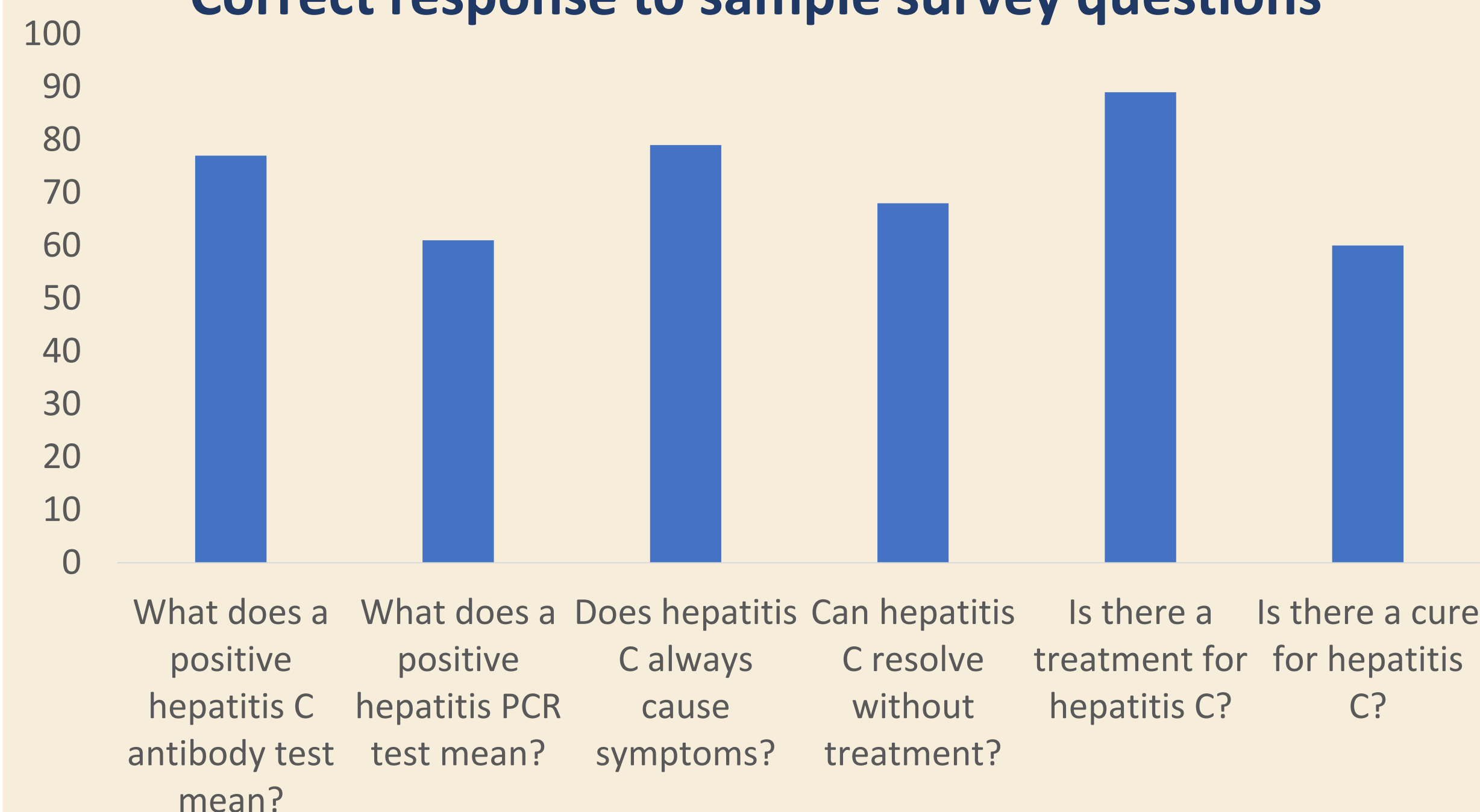
- Evaluate knowledge and experience with HCV training among staff working in organizations providing AOD treatment in Great Britain

Methods

- Data on HCV collected from five third sector treatment providers as part of a larger study on AOD workforce training needs
- Link to online survey distributed to staff
- Survey covered sociodemographic characteristics, HCV knowledge and training, employment descriptors

Results

Correct response to sample survey questions



- Although knowledge of treatment was high (89%), there was less certainty about whether treatment could cure HCV (60%)

Bivariate analyses of participant differences in HCV training

	Total sample (n=115)	Reported sufficient HCV training or N/A (n=44)	Reported insufficient or no HCV training (n=71)	P-value
Age (years) n (%)				
16-30	15 (13)	2 (5)	13 (18)	
31-40	32 (28)	11 (25)	21 (30)	
41-50	34 (30)	15 (34)	19 (27)	
51+	34 (30)	16 (36)	18 (25)	
Female n (%)	78 (68)	29 (66)	49 (69)	
Degree (or above) n (%)^a	68 (59)	21 (48)	47 (66)	0.05*
Addictions qualifications	93 (81)	37 (84)	56 (79)	
Time in field in years Mean (SD)	9.25 (6.60)	11.40 (6.43)	7.92 (6.39)	<0.01*
Recommissioned n (%)	67 (58)	33 (75)	34 (48)	0.01*
Caseload n (%)	70 (61)	23 (52)	47 (66)	

*= significant at p≤0.05

- Participants who reported no HCV training or wanted more training were more likely to have a degree, to have worked in the field for fewer years, and were less likely to have experienced recommissioning

Factors associated with HCV knowledge

	Low n (%)	Medium n (%)	High n (%)	P-value
Age				
16-30	7 (46.7)	4 (26.7)	4 (26.7)	0.04*
31-40	9 (28.1)	19 (59.4)	4 (12.5)	
41-50	8 (23.5)	14 (41.2)	12 (35.3)	
51+	5 (14.7)	14 (41.2)	15 (44.1)	
Gender				
Male	9 (24.3)	17 (45.9)	11 (29.7)	0.97
Female	20 (25.6)	34 (43.6)	24 (30.8)	
Education				
Degree	16 (23.5)	36 (52.9)	16 (23.5)	0.06
Other	13 (27.7)	15 (31.9)	19 (40.4)	
Addictions qualifications				
Yes	19 (20.4)	45 (48.4)	29 (31.2)	0.04*
No	10 (45.5)	6 (27.3)	6 (27.3)	
Time in field Mean (SD)	6.47 (4.3)	9.51 (7.0)	11.17 (7.0)	0.01*
Recommissioned				
Yes	14 (20.9)	29 (43.3)	24 (35.8)	0.11
No	11 (26.2)	21 (50.0)	10 (23.8)	
Caseload				
Yes	20 (28.6)	35 (50.0)	15 (21.4)	
No	9 (20.0)	16 (35.6)	20 (44.4)	0.03*
HCV Training				
Sufficient	4 (9.1)	21 (47.7)	19 (43.2)	
None/would like more	25 (35.2)	30 (42.3)	16 (22.5)	<0.01*

*= significant at p≤0.05 for bivariate analysis.

- Higher knowledge scores were observed among participants who were older, held additional addictions qualifications, spent more years in the field, did not hold a caseload, and had received sufficient training
- Significant factors were entered into a multinomial regression; participants with low knowledge were more likely to report having received no HCV training or wanting more training
- Knowledge of the HCV cure was associated with a longer time in the field and not carrying a caseload

Conclusions

- Workers holding caseloads are key to referrals for HCV treatment
- Additional training was an effective method of developing HCV knowledge
- Lack of knowledge on HCV cure indicates crucial gap
- Existing training may be missing an important group of professionals

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