FROM SCREENING TO CURE :

A BROAD PARTNERSHIP WITHIN A TOUGH BACKGROUND

A French Story of fighting HCV by: Tournadre M[1], Lesboueyries D[1], Bellaïche G[2], Touitou H[3]

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About the BACKGROUND

• In the middle of Parisian underprivileged suburbs

• The largest drugs' trafficking in France

• Many passing through people come from all over the World (mostly Eastern Europe), but also from Russia & India. In addition to this non French speaking multicultural context, there is a tough sanitary (1 OD per month, sometimes more) and social (with a lot of substances' users living in the street) situation.

• Between 300 and 400 drugs' users around, 80% intravenous with very unsafe practices (sharing of materials to inject drugs, young women into prostitutional behaviors, injection right into carotid, for instance.) High risk for HCV's infection.

• Our work is now seriously slowed by a huge lack of financial and human ressources, and political pressure (current withdrawal of syringes' distributions by a court decision.) In consequences, many people have gone because of our difficulty for us to fulfill our tasks properly.

• In a CAARUD (meaning « Harm Reduction's Center for Drugs' Users ») are found social and sanitary workers.

It is defined by 7 missions :

1) Collective and individual reception
2) Help users to get access to care
3) Help users to get access to their rights, housing and social integration
4) Provide prevention materials against infections
5) Outreach
6) Social mediation outside the center, in the neighbourhood
7) Health monitoring about drugs and addictions

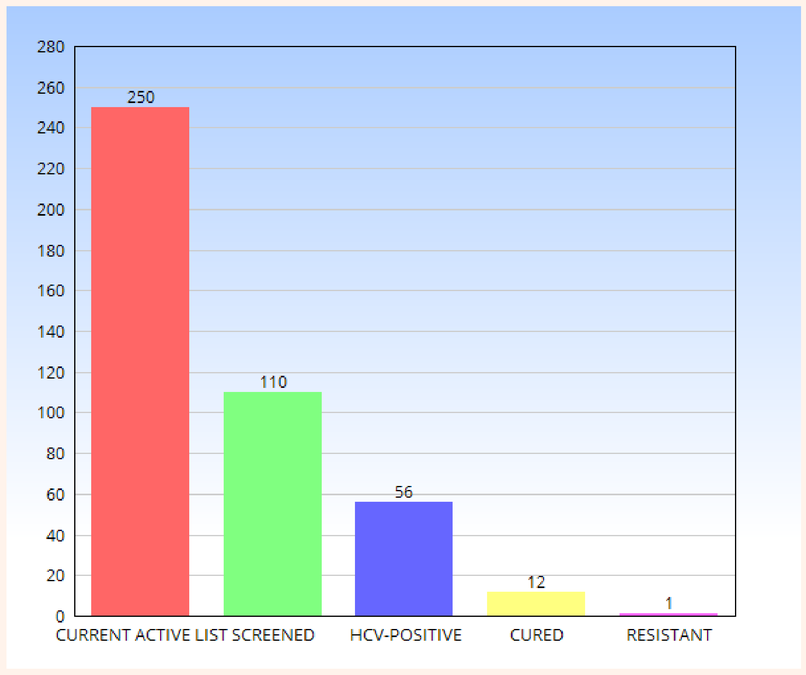
• Our center being very close to a major public hospital, we took advantage of this rare situation to create a starting point for a broad partnership, **in order to resolve problems accessing HCV's screening and treatment**.

MATERIALS

• As we meet a population running away from care, we first had to be able to use rapid tests (HCV and HIV+Syphilis), inside our premises, when users are around and ready for a potential orientation diagnostic — and this is why we work with partners who can finance training for every professional.

• Then, if a rapid test is positive, we can use blotters in order to screen the viral load — for which, we built a partnership with a medical division of infectology.

• We also built a partnership with a medical marauding, specialised in illegal drugs' addictions, which uses a FibroScan®. Measuring liver stiffness in situ may lead users to get into care, and professionals to detect an emergency (cirrhosis) for someone away from health services.



Our METHODS have to be seen as a PARTNERSHIP following every step to cure HCV

Financial Support	⇒ Rapid Tests ⇒ Communication outside (I am here with you, today)
Public Screening Center	⇒ Measuring Viral load ⇒ All infectious diseases ⇒ Orientation
Division of Hepatology	⇒ Measuring Viral load ⇒ Medical reference ⇒ Measuring Liver Stiffness ⇒ Access to Treatment
Medical Marauding	⇒ Measuring Liver Stiffness ⇒ Orientation towards partners in addiction services
Social Mediators	⇒ Creating a long-term bond ⇒ Administrative status often being a brake — Assisting them with complicated procedures to help access to treatment along
Peer-leds System	⇒ Translation (especially amongst East European population) ⇒ Mediation (talking about HCV and new treatments, fighting misconception about them) ⇒ Helping to create a bond between users and workers ⇒ Creating a demand provoking requests for care

• In 2016, there was no access to screening

• In 2017, 82 people were screened

• In 2018, 38 people were screened (please take note that our center was closed for 2 months, and still closed regularly)

A look at the POPULATION

• Around 40% from Eastern Europe (27% in 2014)

• 22% homeless — 13% precarious accomodation — 23% unknown

• 60% cocaine — 43% heroin — 18% crack — 33% cocain+heroin

• 88% men (more and more women) — 70% between 30 and 50 years old, more and more young people, especially from Romania

And now is the time to relax and CONCLUDE

* **Reality of HCV when it comes to drugs using connected to many issues from different fields**
* **That's the reason why a broad partnership is needed to keep the user in the circle of care**
* **Despite our situation, this partnership has made access to HCV treatment faster and more frequent**
* **It is absolutely necessary to consider the user as the most important partner**

THANKS TO

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