Assessment of Hepatitis C treatment access barriers among PWID in the Catalan Substance Abuse Treatment Network

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Background

In 2017 the specialized care services for drug addictions in Catalonia reported a total of 13,716 admissions to Outpatient treatment for drug abuse or dependence, mainly alcohol (43%) cocaine (22%) cannabis and heroin (13%) [1] (Figure 1).

Among those people who started treatment and who have ever injected, 47% had HCV antibodies, out of these, 19% were also infected with HIV and 26% were unaware of their serological status [1] (Figure 2).

In Catalonia, there are 61 outpatient care services for drug addictions. Access is direct and free. Their main activities are: 1) treatment of addiction including OST, 2) Harm reduction (NSP, condoms, etc.) and social rehabilitation.

The current pathways to screening, treatment and follow-up of HCV infected people in this population have many shortcomings according the scientific literature. PWID have higher risk of HCV infection and poor access to the health system, most of these people remain undiagnosed. On the other hand, specialized care services for drug addiction and harm reduction centers have proved to be the ideal settings for HCV screening, treatment and follow-up[2,3]. However, in Catalonia the HCV treatment is provided in hospital-based specialized units.

Our aim was to identify the main barriers to access HCV treatment by patients attending the specialized care services for drug addictions in Catalonia.

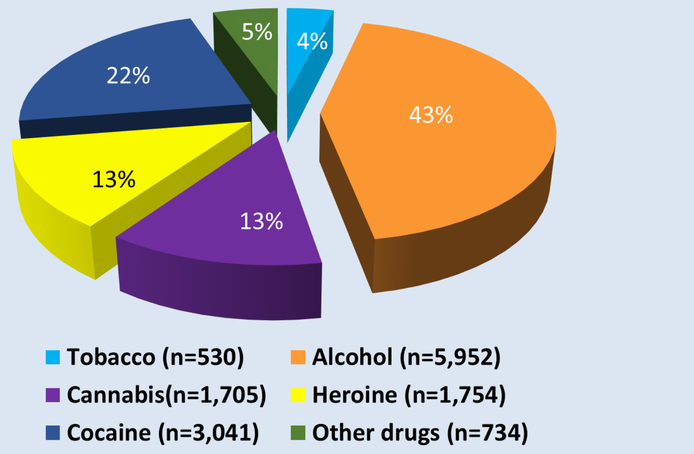

Figure 1. Admissions to Outpatient treatment by type of drug.

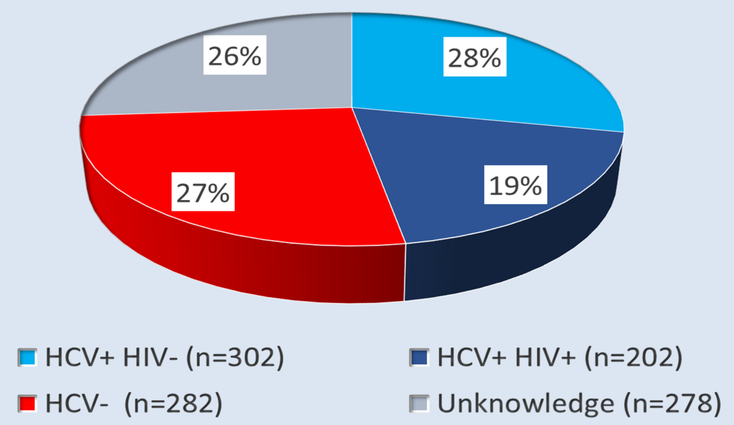

Figure 2. Antibodies for HIV and Hepatitis C, among people who start treatment and who have ever injected

Methods

In order to evaluate the current situation of HCV screening, assessment, treatment as well as the care pathways with the Liver Units in hospitals, an online survey was administered to the 61 specialized care services for drug addictions from February to June 2017. This online questionnaire had 24 questions grouped in three parts: sociodemographic data, access to health system electronic resources and questions about specific barriers and facilitators to refer patients to liver specialist.

Results

52 services (out of 61) completed the online questionnaire (85%). The online survey was answered by the centres' staff, 40% were psychiatrists, 21% were the centres' managers; 19% were nurses; 10% were psychologists, 6% were medical professionals (not psychiatrists), and 4% were unspecified professionals.

The most common circuit for PWID with HCV consisted on being directly referred to the hospital liver disease service (52%; n=27); secondly referred to GP's Primary Healthcare (31%; n=16), and thirdly being referred to Internal Medicine Unit (14%, n=7) Figure 3.

Most of the surveyed had some mechanisms established to follow up the referral procedure: 27% professionals of drug addictions centres coordinated by telephone or face-to-face meetings with specialists; 12% follow-up patient through shared online clinical history; 26% referrals others mechanism (clinical reports, self-report by patient). Among those who had an established referral circuit, only 44,23% considered that their circuit was either "good" or "very good" Figure 4.

Professionals referred that only about 35% HCV infected patients have ever been treated, in contrast to 71% HIV infected patients

The main **barriers to access** treatment mentioned by staff were:

- **21% Administrative barriers to access directly to HCV units. (referral has to be done through the GP)**
- **20% Lack of coordination between drug treatment centres and HCV specialized units.**
- **11% Lack of an established protocol or pathway to access treatment** HCV.
- **10% Difficulties to provide screening for HCV**

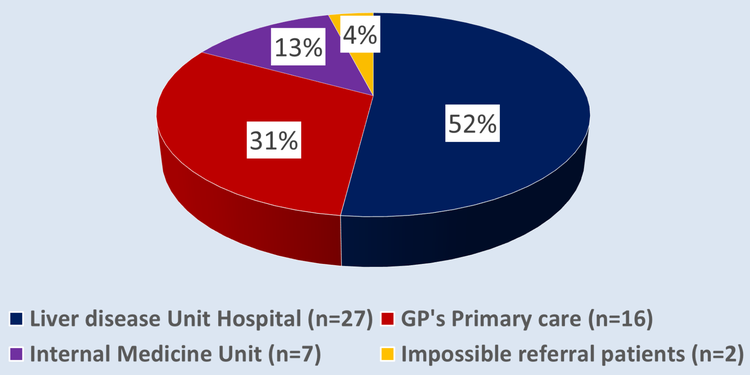

Figure 3. Referral HCV patients to specialist

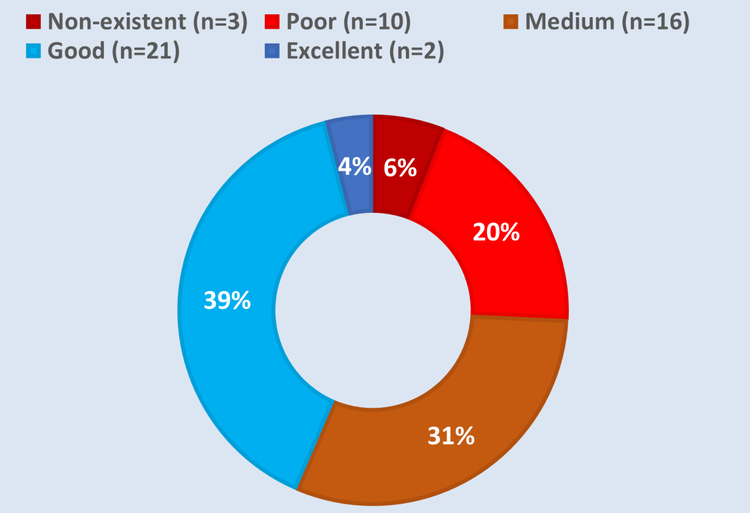

Figure 4. Satisfaction scale with the current circuit of patient referrals

Conclusions and next steps

The low treatment rate in patients with hepatitis indicates that the current pathways to treatment have to be improved.

- ✓ Firstly, it is necessary to provide **hepatitis C screening** in all drugs addictions centres including harm reduction centres, either by full blood collection of by Dried blood spot testing for antibodies with reflexive test.
- ✓ Secondly, all drug addictions centres should be able to **refer and make patients' appointment directly with HCV specialists** removing the administrative barriers
- ✓ Thirdly, having HCV specialist consultations in the drug treatment centres **where liver assessment , antiviral prescription and dispensation is done** (one stop shop)

References

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Acknowledgements

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