**A NATIONAL MULTIDISCIPLINARY HEALTHCARE NETWORK FOR TREATMENT OF HEPATITIS C IN PEOPLE WHO INJECT DRUGS IN SLOVENIA**

Matičič M1, Kastelic A2

1Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre, Ljubljana, Slovenia, 2Coordination of Centers for Prevention and Treatment of Illegal Drug Addiction, Slovenia

**Introduction:**

In a two million population of Slovenia, there are approximately 10,000 people injecting drugs (PWID) with the third-lowest anti-HCV rate in the European region (23%), and with extremely low prevalence of HIV co-infection. In 2006, HCV RNA prevalence among 1,450 PWID managed at 18 Centres for Prevention and Treatment of Drug Addiction (CPTDA) was 15.6% and only 3% of them received HCV treatment. To improve this very low treatment rate, a national multidisciplinary healthcare network for treatment of HCV infection in PWID was established, regionally integrating already existing settings of 18 CPTDA and five specialised clinics for treatment of viral hepatitis. Accordingly, national consensus guidelines were set up providing best practices for identifying HCV treatment-eligible PWID, highly qualified education, counselling, and motivation at CPTDA. Besides, best practices for HCV treatment at clinical settings for viral hepatitis were provided with at least monthly interventions performed individually throughout the treatment period in close cooperation between viral hepatitis specialist and addiction therapist.

Before introduction of multidisciplinary approach, of all patients treated for HCV in Slovenia, PWID represented the following proportions: 5% in 1997–1999, 16% in 1999–2001 and 36% in 2002–2004. In 2008–2010, this proportion increased to 78%. In a two-year period after introduction of multidisciplinary approach, the proportion of HCV-infected PWID at CPTDA that received HCV treatment had increased by 10%. In the last monitoring period the overall sustained virological response among PWID was 80% using peginterferon/ribavirin combination.

To conclude, in Slovenia, the multidisciplinary healthcare network enables individual evaluation and management of HCV-infected PWID by both drug addiction therapists and viral hepatitis specialists in a convenient, experienced and effective manner. Since healthcare systems and settings vary greatly across Europe, each European country should try to develop its own interdisciplinary model for approaching the treatment of HCV in PWID.

**Disclosure of Interest Statement:** M. Matičič and A. Kastelic have no conflict of interest. They are clinicians, M. Matičič at the University Medical Center Ljubljana and A. Kastelic at the Coordination of Centers for Prevention and Treatment of Illegal Drug Addiction,that are both public health institutions and received no grants regarding this presentation.