

# HIV and HCV screenings in harm reduction settings

## A pilot project based on a proximity strategy

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### The project

This project is an intervention directed at groups "hard to reach" of the community, particularly people who use drugs (PWUD), people who experience homelessness and ethnic minority groups, who are absent from the national health system and remained undiagnosed for infectious diseases, including HIV and HCV. To overcome this barrier, between October 2018 and March 2019 our outreach team did screening tests (HCV and HIV) in contexts where people were using drugs.

### Background

CRESCER has outreach harm reduction teams since 2002, operating daily in the main urban areas of consumption in Lisbon (Portugal), following approximately 1500 PWUD per year, 500 of which are people who inject drugs (PWID). This proximity approach is focused on contacting PWUD who are in a vulnerable situation. This group is considered to be at the highest risk of HIV and HCV infection.

**Keywords:** harm reduction; outreach team; HCV screening; HIV screening.

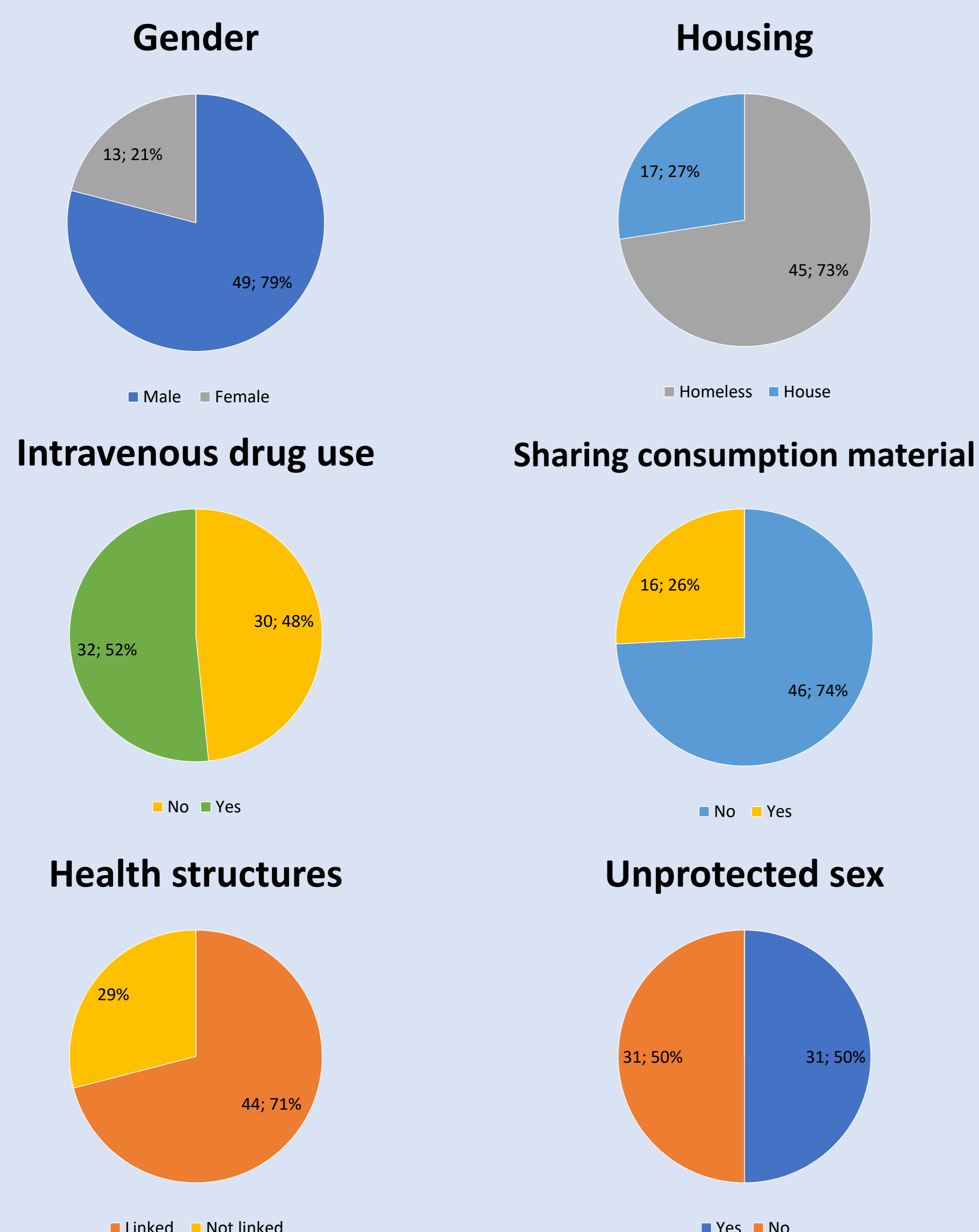


### 1. Aim

This project aimed to contribute to increase the number of PWUD screened for HCV and HIV. It was focused in PWUD who were in extreme vulnerable situations and aloof from health structures. The project also aimed to promote the linkage of people with reactive results to health structures and, in cases of need, treatment compliance and to increase the health literacy of the target population, particularly as regard to HCV and HIV infections.

### 2. Method

#### 2.1 Participants (N = 62 PWUD)



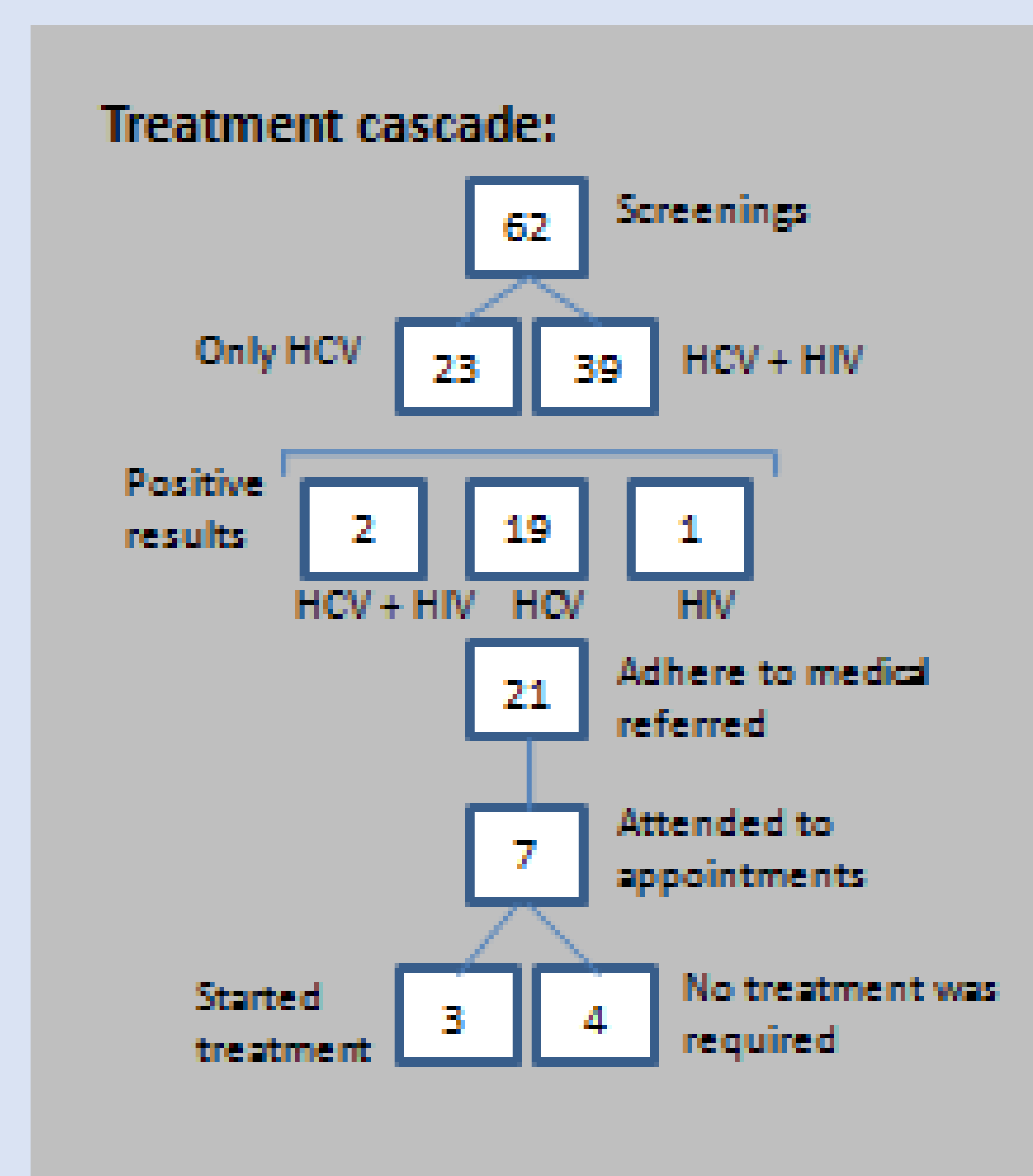
#### 2.2 Instruments

- Questionnaire about sociodemographic data, consumption behaviors, sexual practices and health history;
- Rapid test kits (HCV / HIV).

#### 2.3 Procedure

All participants were approached by our team in outreach contexts, where the procedure were properly explained. Subjects who wanted to participate signed an informed consent form. Those who had reactive results were referred to the health care structures. Strategies were used to enhance health care compliance: provide transportation, establish partnerships with hospitals and associations in order to faster specialized appointments and ensure medication intake, and provide psychological support. To develop this project, all team members were properly trained to apply rapid tests.

### 3. Results



### 4. Conclusion

This pilot project is a creative approach that overcomes barriers to HCV and HIV infection treatment. This methodology has proved effective for approach and screen PWUD hard to reach. Although, it continues to be a challenge to link these group of people, who are in extreme vulnerable conditions, to specialized care and to guarantee medication compliance. This explains the results obtained which fell far short of our expectations. We believe that the next step should be the integration of HCV and HIV infection treatment in harm reduction settings, in order to link all people to care.