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ENGAGING PWID IN COMMUNITY BASED TREATMENT AND CARE USING A NURSE-LED, SOCIAL AND NETWORK MODEL

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Equity Through Better Health
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Acknowledgements

- Participants



BACKGROUND

- More than 58,280 (26%) people in Australia with HCV treated since access to new DAA's through PBS (March 2016-2018)*
- 14,670 in Victoria (27% of Victorians already identified as chronic HCV)
- Overall 52% received their prescriptions from specialist services and 38% from GP's
- Marginalised PWID are hard to reach
- Stigma,poverty,homelessness,incarceration and mental health issues
- Novel, innovative approach to engage priority populations to **treat to cure** and stay on track to eliminate Hepatitis C
- Monitor transmission amongst injecting networks



TAP STUDY

Treatment and Prevention (TAP)

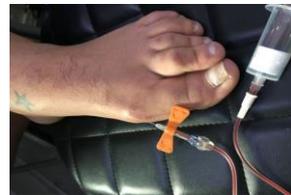
- community-based trial for currently injecting drug users that utilises an injecting network approach " bring your friends"
- Operates out of a van in Melbourne hotspots or community NSP
- Referral through -SuperMix cohort, self referral or word of mouth
- "One stop shop" Specialist Nurses perform pre-treatment assessments, including (Fibroscan) and offer treatment to eligible participants
- Participants may access their own veins for venepuncture (not groins or necks)
- 12 weeks treatment and 9 – 11 study visits , follow up for 18 months
- explores treatment impact on HCV prevalence within networks
- potential to substantially increase treatment uptake among people at high-risk of transmitting HCV
- Participants are reimbursed for all visits

CHALLENGES



- Number of visits/commitment
- Time requirement – length of visit
- Acquired Brain Injury or Cognitive disability
- Need monetary incentives to attend
- Contact details
- Homelessness
- Historical barriers (past treatment experience)
- Personal safety
- Mental health
- Priorities – drug use vs HCV treatment “everyone’s got it”
- Community, Municipal and Police support

OPPORTUNITIES



- Venous access
- Criminality and disclosure
- Consistent presence
- Access to treatment for difficult to reach group
- Informal approach “on own turf”
- Word of mouth referrals
- Time
 - to get to know the participants
 - appointments not rushed
- Referral to other services
- Harm minimisation messages and NSP

video



ENGAGEMENT

Meet high risk groups in neutral territory

- MIX participants
- Social and injecting networks
- Regular street presence
- Word of mouth
- Incentivised
- Hep C “one stop shop” – can all be done in the van
- Flexible visits
- Contact details
- Trust
- Stigma and discrimination
- Nurses commitment and time investment



RESULTS

- Screened 333 participants
- Randomised 264
- 174 started treatment to date
- 120 successfully completed beyond SVR12
- 70 to completion at week 84

Quality of life measures post treatment are yet to be assessed, however many of the treated PWID have reported an improved sense of wellbeing.

MEETING THE CHALLENGES OF THE FUTURE

- The number of people being treated each month has declined in 2018 to less than 1,500. Without urgent action, Australia is in danger of missing World Health Organisation targets of hepatitis C elimination by 2030*
- We need to adopt novel and innovative ways to engage PWID
- We need to address issues of equity and access to HCV treatments for all people living with HCV
- The TAP study provides a viable platform on which to base future models of care for hard to reach populations of PWID



Outcome

Success relies heavily on maintaining existing relationships and continued rapport building, but also on the support of local authorities, businesses and PWID themselves.

It's not just what you know that makes a difference, it's who you know. In business and life, relationships are everything.

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