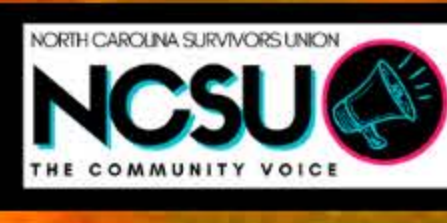




MORE THAN TESTED, CURED: CO-LOCATING HEPATITIS C TREATMENT AT SYRINGE SERVICES PROGRAMS



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Background:

To reduce the burden of hepatitis C (HCV) and reach elimination goals, we must increase treatment among people who inject drugs (PWID). Providing treatment at syringe services programs (SSPs) is a promising and underutilized approach. Our formative research and participant feedback have indicated that co-locating HCV treatment at SSPs with complementary services is key for improving PWID engagement in HCV care. Therefore, we have developed holistic HCV treatment programs co-located at SSPs.

Effectiveness:

Since we began co-locating HCV treatment services at our SSPs, we have treated 18 PWID for HCV. We have increased HCV care engagement among SSP participants who had previously refused treatment by offering them on-site care and complementary services. By using telemedicine, we have increased the proportion of rural PWID treated. In addition, by collaborating with HCV providers for on-site and telemedicine treatment, we have reduced SSP personnel efforts to provide case management and redirected it to engaging more PWID initiate care.



Description of model of care/intervention:

We provide HCV treatment at our three SSPs via various modalities, based on the needs of our participants, including on-site treatment, treatment via telemedicine, and medication lockers for PWID who do not have a way to secure their medications off-site. In addition to co-locating HCV treatment at our SSPs to reduce barriers to HCV care, we provide complementary services informed by participant input. Complementary services include HIV and sexually transmitted infection testing, primary care, suboxone, wound care, and COVID-19 testing and vaccinations.

Conclusion and next steps:

Identifying novel models of care to effectively engage PWID in HCV treatment is key to increase treatment among those most impacted by HCV. Moreover, effective programs must incorporate the input of PWID. We continue to refine and evaluate our HCV treatment programs that are co-located at SSPs and identify the optimal complementary services.

Disclosure of Interest Statement:

This project has received funding from Gilead Sciences.

