Hepatitis C Treatment and Residential Program Participation are the Two Compatible? A Case Study of Hepatitis C treatment at WHOS (We Help Ourselves).

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WHOS TC Services

- Gunyah for men
- New Beginnings for women
- OSTAR (Opioid Substitution Treatment to Abstinence) mixed gender
- RTOD (Opioid Treatment Stabilisation) mixed gender
- WHOS Hunter Valley (mixed gender)
- WHOS Sunshine Coast (mixed gender)
- WHOS Newcastle Day Program - OST
Harm Minimisation

- Commitment to the HM framework since mid 80’s
- Ensuring health gains whilst in treatment
- Implementing Harm Reduction strategies
- Secondary NSP in all services – because of BBV
WHOS Harm Reduction Initiatives

- Harm Reduction Workers provide education on overdose prevention/CPR, HIV & HEP C, Safe Sex and infection control

- Harm Reduction Nurse at Rozelle coordinates;
  - Sexual health, BBV screening and referral to treatment; Onsite Women's Health Clinic

- Onsite Liver Clinic/ Hep C treatment/Hep B
WHOS Liver Clinic

- In partnership with the Royal Prince Alfred Hospital Liver Clinic

- Providing Fibroscan onsite at WHOS Rozelle since 2014

- Treatment prior to March 2016 – not whilst in program

- Referral to the RPAH Liver Clinic post rehab
New Treatments

- PBS approval March 2016
- Clients wanting treatment
- Public Health message – treat everyone
- Would it effect program participation?
- What part of the program?
Program participation

- TC Model – peer group dynamics
- Structured daily programs - Group based
- Progression to employability skills - Transition
- Outreach programs, working, training - Exit
Reservations

The Old Treatments
Program Participation
Consultation & Education

- WHOS Managers consulted
- Education session for Managers – RPAH Liver Clinic
- Education session for Harm Reduction Workers – Hep C NSW
- WHOS Nursing staff training – ASHM/RPAH Liver Clinic/Hep C NSW
- Clients consulted and Education provided from HEP C NSW
Outcomes of Consultation

- All managers in agreement
- Clients were keen to get treatment
- Decision to start with more senior clients post core program i.e. 90 days onwards
- Aim for approx 10 clients for induction per month
- Side effects to be monitored weekly
Treatment pathways

- Existing Liver Clinic onsite in partnership with RPAH – Fibroscan

- All screening and referral for treatment coordinated by Harm Reduction Nurse with WHOS visiting GP’s

- Liver Clinic Doctors attending onsite to prescribe

- Liaison with community pharmacy – would they supply the drugs – Cost+++
Characteristics of treatment

- One person requiring Ribavirin – Genotype 2b, all others Genotype 1 & 3 – new meds
- Fibroscan readings ranged from 3.5 – 20
- Most treatment duration 8-12 weeks; 1 @ 26 weeks
- Decision not to treat other genotypes 4 -6 with old medications – new treatments coming
- A mixture of abstinent and OST clients
Reported Side Effects

- Sample size – First 18 clients on treatment
- Weekly monitoring
- Side effect free – Not quite
- Manageable – Yes
- Most side effects reported as slight the less you ask the less the side effects
- Several reported no side effects
Side effects

- Feeling tired
- Trouble Sleeping
- Headache
- Muscle aches/Pains
- Back Pain
- Weakness
- Flu-Like Symptoms
- Chills
- Fever
- Diarrhea
- Decreased Appetite
- Nausea
- Vomiting
- Weight loss
- Heartburn
- Itching
- Rash
- Irritability
- Depression/anxiety
- Changes in mood
- Feeling forgetful
- blurred vision
- Shortness of Breath
- Cough
- Dizziness
- Dry Mouth

WHOS
Helping people help themselves
Managing side effects

- All but one client was managed with OTC symptomatic relief medication e.g. panadol
- Drink Water +++
- One client developed a fibromyalgia form of pain – older client with cirrhosis
- Drug interaction website Hep Drug Interactions
Progress

- Since March 2016 – 32 initiated on to treatment and 3 entering WHOS on treatment, Rozelle only
- Other WHOS TC’s work with local liver clinics and now have clients on treatment
- Retention excellent whilst on treatment
- Treatment can commence earlier in program
- All clients so far have cleared
Conclusion

- Hepatitis C Treatment and program participation compatible – YES

- Should clients be able to access Hep C treatment whilst in program – Absolutely

- Public Health is blanketeting treatment – reduction/eradication
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