Improving Access to HCV Care for People who Use Drugs

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A Reflection on the Hepatitis C Satellite Symposium at the Harm Reduction International Conference.

I had the pleasure of attending the Hepatitis C (HCV) Satellite Symposium at the 25th Harm Reduction International Conference in Montreal on May 13, 2017 on behalf of the National Viral Hepatitis Roundtable (NVHR). The focus of the symposium was "Integrating care for drug use and HCV infection among people who inject drugs (PWID)." The symposium was led by the International Network on Hepatitis in Substance Users (INHSU) and NVHR was excited to co-sponsor along with Harm Reduction International, Médecins du Monde, the Canadian Network on Hepatitis C, Canadian Research Initiative in Substance Misuse, CATIE, and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

The Symposium took place in a time where there is an extremely effective cure for HCV and PWID account for the majority of new and existing cases of HCV in most countries. However, these drugs are out of reach for most of the people who need them, both in countries with limited resources and in the wealthy United States where many payers have instituted discriminatory restrictions that prevent PWID from accessing HCV treatment.

Dr. Julie Bruneau from the University of Montreal stated: "We know how to prevent HCV infection but need access to opiate substitution therapy, syringe services programs, and HCV screening and treatment for PWID." Excellent community-based programs from Canada to Kenya were showcased during the Symposium, demonstrating that comprehensive services including harm reduction, peer support, and patient navigation can successfully engage individuals in care and offer high cure rates. Dr. Jason Grebely from the Kirby Institute at the University of New South Wales called for the community to "acknowledge that there will be some HCV reinfection, rapidly scale up treatment, and provide re-treatment as needed without stigma and discrimination." NVHR's Medical Advisor, Dr. Stacey Trooskin from Philadelphia FIGHT, presented on linkage to care for PWID emphasizing the gaps in Philadelphia's HCV care cascade but also that successful programs "reach people based on their schedule, not ours."

The afternoon provided time for a roundtable discussion: "How can researchers, practitioners, policy makers, and the community work together to improve access to HCV care for people who inject drugs?" Several themes emerged including the need for greater knowledge exchange,

expansion of harm reduction, and patient-centered and peer-led models of care. NVHR will partner with our collaborators to produce a summary of key findings and action items from this discussion.

The Symposium's conversations were held in the larger context of the multidimensional oppression of people who use drugs. The structural barriers faced by people who use drugs create obstacles not only to eliminating HCV, but also sometimes tragically take the lives of drug users. The elimination of HCV will only be possible if more is done to address the stigma and oppression of people who use drugs. NVHR calls on our partners to work with us to improve access to HCV care for all people who use drugs.

To learn more about NVHR's work, view our project page about the More than Tested, Cured project: http://nvhr.org/programs/more_than_tested_cured

Tina Broder, MSW, MPH is the Program Director at the National Viral Hepatitis Roundtable (NVHR), a national coalition dedicated to ending the hepatitis B and C epidemics in the United States.

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