BRITISH COLUMBIA CENTRE ON SUBSTANCE USE

Networking researchers, educators & care providers

Promoting access to hepatitis C care for youth who use drugs

Pacific AIDS Network

July 22nd, 2021

Jessica Jacob, BHSc, MD Candidate (UBC)

CRISM | BRITISH COLUMBIA

PROVIDENCE HEALTH CARE Research Institute

Providence HEALTH CARE How you want to be treated.

UBC

St Paul's FOUNDATION

I respectfully acknowledge that this presentation and the work of this study takes place on unceded ancestral, and occupied Coast Salish territories, including the traditional homelands of the Sḵwx̱wú7mesh (Squamish), səl̓ilwətaʔɬ (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) peoples.

Agenda

- ❑ Hepatitis C in BC
- ❑ Study Overview
- ❑ Barriers and facilitators for Hepatitis C treatment access
- ❑ Key messages

Reference article

Qualitative Research | Published: 11 June 2021

"I want to feel young again": experiences and perspectives of young people who inject drugs living with hepatitis C in Vancouver, Canada

Jessica Jacob, Trevor Goodyear, Pierre-julien Coulaud, Peter Hoong, Lianping Ti & Rod Knight

Canadian Journal of Public Health (2021) | Cite this article

70 Accesses | **11** Altmetric | Metrics

Abstract

Objectives

People who inject drugs (PWID) are disproportionately impacted by hepatitis C virus (HCV). Despite the availability and efficacy of direct-acting antiviral (DAA) HCV therapies, treatment rates remain low among PWID. Among PWID, those who are young (under age 30) experience high rates of HCV and also face distinct barriers to care. The objective of this study is to identify facilitators and barriers to navigating various facets of the HCV cascade of care, including DAA treatment access, among young PWID.

Young people who inject drugs (PWID)

- ❑ People under 30
- ❑ Diverse group of individuals
- ❑ Served by youth-specific community organizations in BC

Foundry – Ridge Meadows

Young PWID and Hepatitis C

- Young people (under 30) experience **high transmission** rates of the Hepatitis C Virus (HCV) and account for the majority of **new infections** [1,2]

- **Early treatment** of Hepatitis C reduces the risk of poor long-term health outcomes [3]

- Young people face distinct **contextual and structural barriers** to healthcare [4]

Hep C Cascade of Care in BC

Of the **53,441** individuals living with HCV in BC, in 2018 [5]:

- **18,609 (35%)** people reported current or past injection drug use
- This group had a higher rate of progression to testing, but the lowest treatment uptake

Slide courtesy of Trevor Goodyear

Hepatitis C treatments [6, 7]

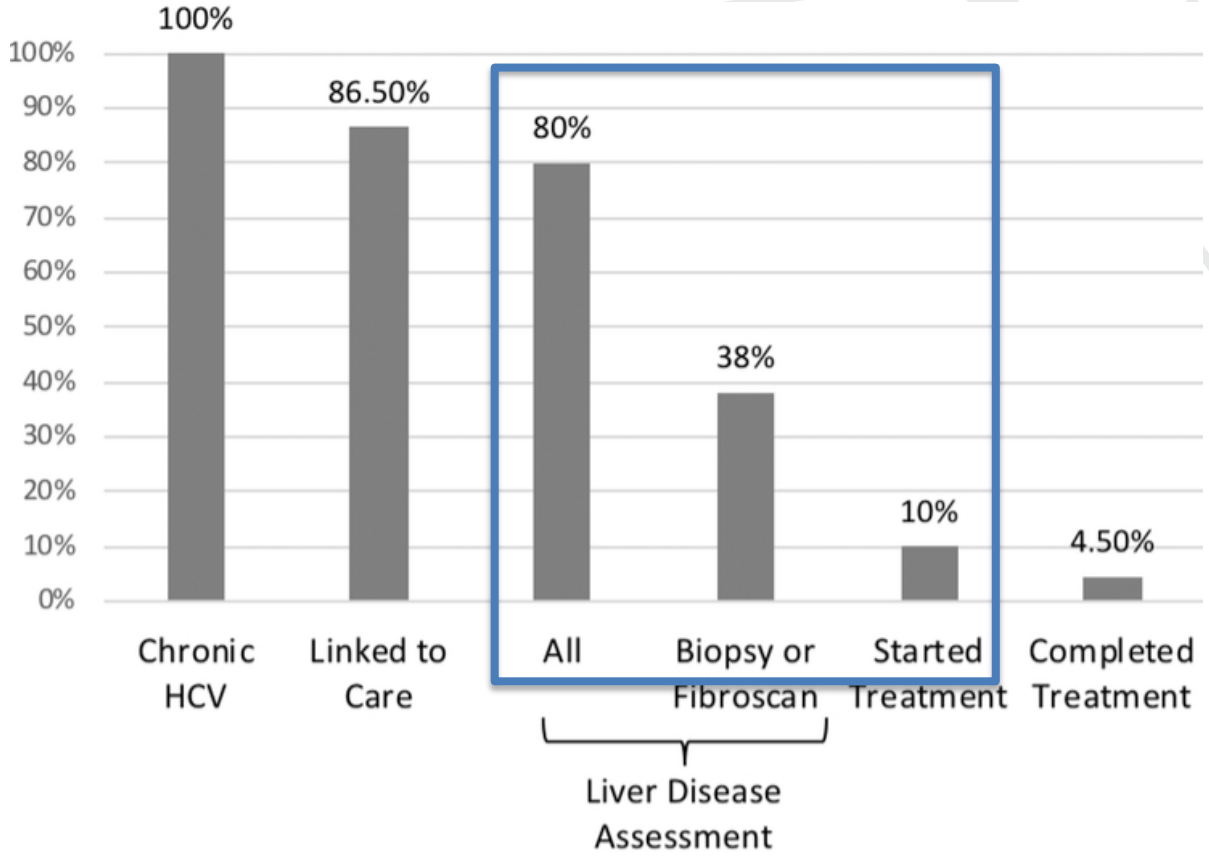
Old – Interferon-based therapies	New – Direct-acting antiviral treatments (DAAs)
Mixed injectable and oral medications	All-oral medications
Treatment = 48 weeks	Treatment = 8-16 weeks
40-50% effective	>90% effective
Many side effects (e.g., flu-like symptoms, insomnia, depression)	Far less side effects; much more tolerable

DAAs have become more accessible in BC, since ~ 2017-2018

- Removal of restrictions related to liver-disease stage
- Universal coverage ($)

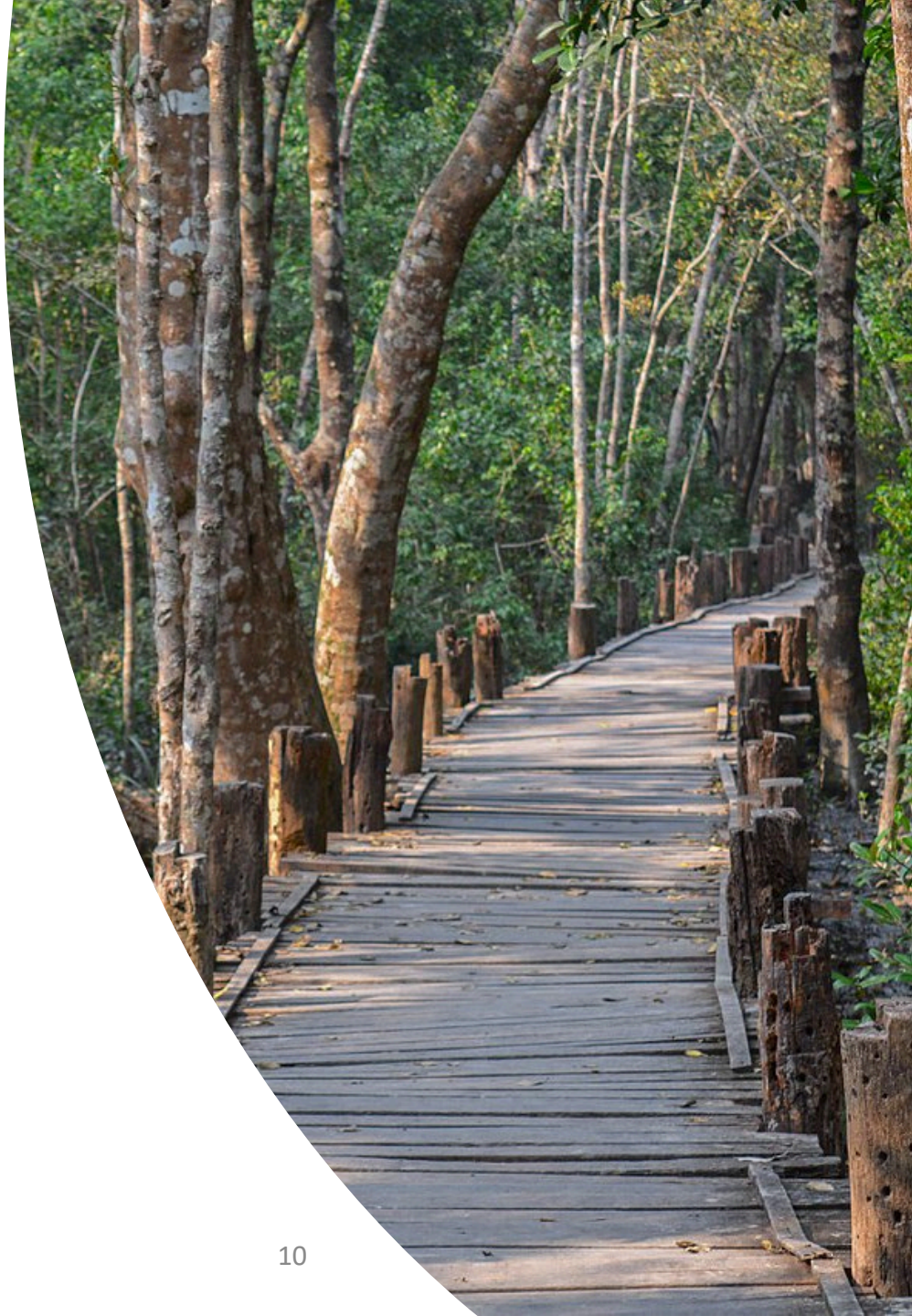
Slide courtesy of Trevor Goodyear

Hep C Cascade of Care in BC [8]



Study purpose

To identify facilitators and barriers to DAA treatment access among a sample of young PWID in Vancouver, BC.



Methods

At-Risk Youth Study (ARYS)

Purposive Sampling

Semi-structured interviews

- ❑ 20-60 minutes
- ❑ Interview guidebook
- ❑ Topics: substance use, HCV prevention, perspectives and experiences related to HCV care access

Methods

Qualitative data analysis

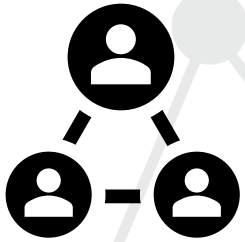
- ❑ NVivo software
- ❑ Thematic analysis

Social constructivist grounded theory

- ❑Used to understand social and health processes
- ❑Reveal various factors that intersect to influence health care access
- ❑Equity-oriented position as public health researchers

Study sample

- ❑ Total = 11 interviewees
- ❑ Average age: 27.7
- ❑ Predominantly Caucasian
- ❑ Mixed gender identity and sexual orientation
- ❑ Varied housing situations – shelters, SRO, unsheltered
- ❑ 73% currently using opioids



Study sample

Context of HCV diagnosis	
Hospital admission: liver-related illness	1 (9%)
Hospital admission: other health concern	4 (36.5%)
Routine bloodwork	2 (18%)
Youth community organization	4 (36.5%)
HCV status	
HCV seropositive; not currently being treated	8 (73%)
Spontaneous clearance of HCV	2 (18%)
DAA-induced clearance of HCV	1 (9%)
Additional health concerns[1]	
Mental illness	4 (36%)
Chronic pain	1 (9%)
None	6 (55%)

Results – Two Themes

- ❑ Facilitators to treatment access
- ❑ Barriers to treatment access

Facilitators

The pursuit of HCV cure and a healthy lifestyle

- Living symptom-free
- Interest and willingness
- Fight back against the stigma

"Since getting Hep C, I feel like I've aged at least 30 years. And my big hope was that is reversible. I would like to be treated, be cleared, take care of my health for a year, and then actually feel good again. I want to feel young again, you know?"

—Participant 66

Facilitators

Universal, accessible, and structurally responsive HCV care

- Low side-effects (compared to Interferon)
- Universal coverage
- Structurally responsive
  - Unsheltered interviewee preferred once-daily dose at pharmacy

"I could ask my doctor even to do that for me to […] Go in once a day to go get the pill, even if I'm not on any opiate replacements [OAT]."—Participant 72

Facilitators

Inner-city youth programs/services

- Likelihood of being connected to the healthcare system
- Trusted information
- Place of diagnosis
- Feeling safe

"She [the nurse at the hospital] is, like, 'Oh, well, your bloodwork came back and we found out that you have Hep C. You know you have it, right?' And I was, like…in front of my dad and my boyfriend. And that's kind of confidential information, right? And she said it right there in front of them. And they were shocked. I started crying my eyes out!"
—Participant 65

Barriers

Ageing out of youth services

- "Rushed"
- Lower level of engagement with care after the transition process

"But since July I haven't had a doctor. I haven't been able to go there and no one is following my case. I am certainly not following my own case 'cause I'm too fucked up and so my health is really started to deteriorate."—Participant 66

Barriers

Asymptomatic HCV

- No sense of urgency
- Fatigue was the main symptom experienced
  - However, was attributed to other issues (i.e. substance use, poor nutrition)

"In my addiction, I wake up not feeling too well and so, uh, I wouldn't be able to measure it [level of fatigue] to having a sober, opiate-free, consciousness […] I pretty much always feel like shit, so."
—Participant 64, a 28-year-old man living with HCV

Barriers

Information gaps relating to HCV and DAAs

- Poor quality information provided at time of diagnosis
- Inaccurate peer-network knowledge sharing

"I heard this girl had four times she had treatment done. Some girl in the Downtown Eastside but I don't know how it works but I've never had treatment, I just got cleared, but I heard that you… the first time is free and then you have to pay after that or something?"—Participant 65, a 26-year-old woman, cleared HCV spontaneously

Barriers

Substance use as a complicating factor

- Prioritizing income-generating activities
- Time and energy focused on substance use or other day-to-day activities
- Some wanted OAT treatment prior to HCV treatment

"You know, I just never thought about it. You know, I wouldn't wake up every day and be, like, "Oh, what am I gonna do for my Hep C?" […] I just went on doing what it is that I do. You know, getting up every day and doing the grind, doing my dope."
—Participant 62, a 28-year-old woman living with HCV

Barriers

Specialist-led HCV care model

- Multiple appointments, lengthy delays
- Daunting process for those who just found out about treatment

"I'm only now, like, recently finding out about this treatment and been waiting three months [for treatment], so, you know, who knows, I could be gone any day and not receive treatment. […] I was a little upset with it because, like, if I was to be, like, dead tomorrow, you know, that's kind of ridiculous."—Participant 72

Barriers

Stigma

- Stigma attributed to aspects of groups to which they belong (i.e. PWID, gender or sexual minorities etc.)
- Expectation of poor adherence
- Expectation of poor follow-up

"I felt pretty small around him [my family physician] […] I think he treated me differently because I was gay, and having hepatitis C was just one more [thing] for him to, I don't know, to use against me. Not use against me, but to look down on me. Another reason for him to look down upon me."— Participant 61, a 30-year-old man, cleared HCV spontaneously

Summary of Findings

Facilitators

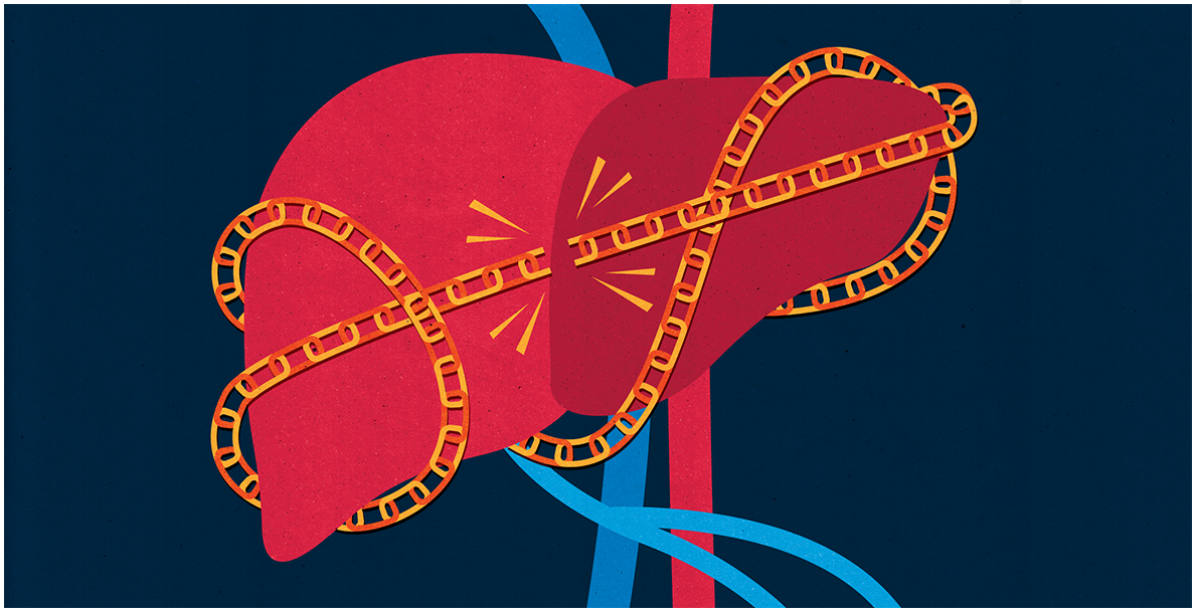
1. Pursuit of a healthy life
2. Universal, accessible, adaptable treatment
3. Youth-specific services

Barriers

1. Ageing out of youth services
2. Asymptomatic HCV
3. Information/Knowledge Gaps
4. Substance use as a complicating factor
5. Specialist-led model
6. Stigma

Key Findings & Implications

There is **interest, willingness, and a desire** to access treatment



Key Findings & Implications

Information gaps exist and need to be addressed

1) At the time of diagnosis
2) During follow-up
3) In peer-networks

Quality of patient-provider interactions (i.e., safe, reciprocal, non-judgmental)

Quality of information (i.e., relevant, youth-specific, emphasizing long-term outcomes)

Communication between health-services: tertiary and primary care providers (i.e., follow-up)

Key Findings & Implications

Information gaps exist and need to be addressed

1) At the time of diagnosis
2) During follow-up
3) In peer-networks

Within peer-networks:
"changing the narrative" to include up-to-date information, dispelling myths
e based in
althcare
ls PWID)

Can J Public Health. 2021 Jun;112(3):460-463. doi: 10.17269/s41997-020-00413-3. Epub 2020 Sep 16.

Will peer-based interventions improve hepatitis C virus treatment uptake among young people who inject drugs?

Jessica Jacob [1 2], Lianping Ti [1 2], Rod Knight [3 4]

Affiliations + expand

PMID: 32936434 PMCID: PMC8076369 (available on 2021-09-16)
DOI: 10.17269/s41997-020-00413-3

Key Findings & Implications

Marginalizing structural influences restrict equitable access to treatment

1) Stigma
2) Inadequate housing
3) Poverty
4) The need to prioritize income-generating activities

Gatekeeping is not in keeping with Guidelines!
Guidelines say *all* patients with chronic HCV should be eligible for early DAA treatment

Key Findings & Implications

Youth-specific services play an important role

1) Diagnosis
2) Follow-up & knowledge-building

Scale-up **low threshold** youth programs

Specific attention to the **ageing-out** period (around 25) to ensure adequate transition

Key Findings & Implications

We can further **streamline** the process from diagnosis to treatment

Addressing the delay between diagnosis and treatment

- Moving towards a **primary-care** model
- **Adaptable** service models

References

1. Jacka, B., Applegate, T., Poon, A. F., Raghwani, J., Harrigan, P. R., Debeck, K., Milloy, M. J., Krajden, M., Olmstead, A., Joy, J. B., Marshall, B. D. L., Hayashi, K., Pybus, O. G., Dias Lima, V., Magiorkinis, G., Montaner, J., Lamoury, F., Dore, G. J., Wood, E., & Grebely, J. (2016). Transmission of hepatitis C virus infection among younger and older people who inject drugs in Vancouver, Canada. Journal of Hepatology, 64(6), 1247–1255. https://doi.org/10.1016/j.jhep.2016.02.031.
2. The Canadian Network on Hepatitis C Blueprint Writing Committee and Working Groups. (2019). Blueprint to inform hepatitis C elimination efforts in Canada. https://www.canhepc.ca/en/blueprint/publication.
3. Hajarizadeh, B., Grebely, J., Martinello, M., Matthews, G. V., Lloyd, A. R., & Dore, G. J. (2016). Hepatitis C treatment as prevention: Evidence, feasibility, and challenges. The Lancet Gastroenterology & Hepatology, 1(4), 317–327. https://doi.org/10.1016/S2468- 1253(16)30075-9.
4. Phillips, M., DeBeck, K., Desjarlais, T., Morrison, T., Feng, C., Kerr, T., & Wood, E. (2014). Inability to access addiction treatment among street-involved youth in a Canadian setting. Substance Use & Misuse, 49(10), 1233–1240. https://doi.org/10.3109/10826084.2014.891618.
5. Grebely, J., Larney, S., Peacock, A., Colledge, S., Leung, J., Hickman, M., . . . Degenhardt, L. (2019). Global, regional, and country-level estimates of hepatitis C infection among people who have recently injected drugs. *Addiction, 114*(1), 150-166. doi:10.1111/add.14393
6. Yang Q, Ogunnaike-Cooke S, Halverson J, et al. (2015) Estimated national HIV incidence rates among key sub-populations in Canada, 2014. Presented at *25th Annual Canadian Conference on HIV/AIDS Research (CAHR), 12–15* May 2016, Winnipeg, Canada. Abstract EPH3.5.
7. Bartlett, S. R., Yu, A., Chapinal, N., Rossi, C., Butt, Z., Wong, S., & Janjua, N. Z (2019). The population level care cascade for hepatitis C in British Columbia, Canada as of 2018: Impact of direct acting antivirals. Liver International, 39(12), 2261–2272. https://doi.org/10.1111/liv.14227.
8. Young, S., Wood, E., Milloy, M. J., DeBeck, K., Dobrer, S., Nosova, E., Kerr, T., & Hayashi, K. (2018). Hepatitis C cascade of care among people who inject drugs in Vancouver, Canada. Substance Abuse, 39(4), 461–468. https://doi.org/10.1080/08897077.2018.1485128.

Photo credits

All images are accessed freely from Google and fall under Creative Commons

Acknowledgments

Acknowledging all those impacted by and lost to hepatitis C.

I would like to acknowledge all the participants who shared their time and stories, as well as the rest of the team: Dr. Rod Knight, Dr. Lianping Ti, Dr. Pierre-Julien Coulaud, Trevor Goodyear, and Peter Hoong.

Thank you!

Questions?

Contact: jessicajacob140@gmail.com

BRITISH COLUMBIA CENTRE ON
SUBSTANCE USE

400-1045 Howe St
Vancouver BC
V6Z 2A9
www.bccsu.ca