

Removing Stigma Toward People Who Inject Drugs among Specialty Providers



People Who Inject Drugs (PWID) and Hepatitis C (HCV)

Injection drug use continues to drive the HCV epidemic. For each person who injects drugs who is living with HCV, it is estimated that at least 20 other individuals are at risk of acquiring HCV through needle sharing and other high-risk behaviors [1].

Stigma Associated with PWID and Treatment

There is a high level of stigma associated with drug use and HCV treatment among physicians and health care providers. In our interviews among providers, concerns about re-infection, lack of adherence to medication, not showing up to doctor's appointments, and transient lifestyles are among many reasons why physicians are hesitant in treating this vital population. Lack of education around harm reduction and the expense behind the cost of drugs are considered other reasons why this population is often turned away from physicians' doorsteps. At the patient level, lack of insurance, difficulty navigating through the system, lack of knowledge in regards to HCV and treatment, stigma associated with drugs that treat HCV, and lack of trust with healthcare providers are among the reasons why our patients who inject drugs stated hesitation to initiate HCV treatment.

Atlanta Harm Reduction Coalition (AHRC) and Training

In 2016, Atlanta Harm Reduction Coalition, Inc (AHRC) provided preliminary HCV testing to 346

high-risk individuals and identified over 50 HCV positive individuals, the majority of whom who were previously or currently injecting drugs. In order to help patients and providers face stigma associated with HCV treatment among PWID, AHRC developed a comprehensive program that included confirmatory testing and results, linkage to care which includes an initial interview which helps to identify barriers (e.g. transportation to medical facility) and patients' insurance information, hepatitis C education to PWIDs, and addiction counseling. Through this linkage to care model, patients are ready and knowledgeable about their disease and how to protect others from transmitting disease while protecting them from re-infection. Each active PWID is also linked to AHRC's in-house Syringe Exchange program. With patient consents, Linkage Specialists work in collaboration with specialty providers to create appointments for clients and provide transportation support to attend their appointments.

On the provider level, AHRC has reached out and continues to reach out to specialty providers who treat HCV in the area. In conversations with providers, AHRC provided harm reduction training which helps address providers' concerns about re-infection and lack of adherence to medication. AHRC's conversations with providers include extensive discussion of other topics including type of insurance patients carried, how to ensure that patients will show up to appointments, effectiveness of AHRC's syringe exchange program, and more. These conversations have resulted in providers agreeing to treat PWID referred by AHRC.

Although the pilot included a small set of providers, the study shows promise if used on a larger scale.

References:

1. Magiorkinis, G., et al., *Integrating phylodynamics and epidemiology to estimate transmission diversity in viral epidemics*. PLoS Comput Biol, 2013. 9(1): p. e1002876.