Hepatitis-C Information Cards Distributed through Community Pharmacies are Ineffective in Increasing HCV Testing Amongst PWID

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Background
Despite being a high risk group for hepatitis C virus (HCV) infection, People Who Inject Drugs (PWID) do not engage with health services. We present a low-cost intervention of issuing HCV information cards through community pharmacies without additional resource support to raise awareness of HCV testing, the new direct acting antivirals (DAA) and to increase self-referral of PWID to Substance Misuse Services (SMS).

Method
Brighton has a well developed and integrated community HCV clinic based at SMS.
1. Pharmacies in Brighton and Hove providing opioid substitution therapy (OST) and needle exchange were recruited
2. Cards explaining need for HCV testing, availability of DAA and contact information for community HCV nurse were provided during issue of all OST and needle exchange. A leaflet for pharmacy staff to support training needs was supplied to each pharmacy
3. Pharmacies were contacted via telephone after 1 month to obtain feedback
4. Record of self-referral was collected during 1 month

Results
1. 21 Pharmacies were recruited and participated in the project
2. 1415 cards were given to the pharmacies of which 950 were issued to clients
3. 17 pharmacies provided feedback
   • All pharmacists supported this initiative though due to lack of resources were unable to allocate additional time to reinforce the message to clients
   • A considerable number of longterm OST clients had already been tested as they were in contact with SMS. Some raised concerns about testing as they linked testing to monitoring of their OST
   • Transient and newly started OST clients were more difficult to engage as the relationship with the pharmacy had not sufficiently evolved
   • The needle exchange clients were difficult to engage and often refused the card
   • One pharmacy was able to provide the intervention as part of their counselling sessions to some of the clients and found increased engagement in this environment
4. No client contacted the community hepatitis nurse within the month monitored

Conclusion
Our low cost intervention in community pharmacies to increase HCV testing resulted in not a single PWID referring themselves. While in principle community pharmacies are willing to engage in strategies to increase HCV testing amongst PWID, this was hindered by lack of time and resources.
PWID, especially those who are actively injecting and those newly referred remain highly vulnerable and disenfranchised. This makes it unlikely that they will engage with healthcare professionals in an environment that they are not comfortable with. Our data suggests that opportunistic testing for PWID in pharmacies is likely to fail unless additional resources are allocated, specifically provision of education, testing, and treatment at one site and the need for dedicated individuals to deliver such a service.

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