

INCORPORATING OVERDOSE MANAGEMENT INTO ROUTINE CARE OF PEOPLE WHO INJECT DRUGS WHO ARE UNDERGOING HEPATITIS C TREATMENT WITH DIRECT ACTING ANTIVIRALS

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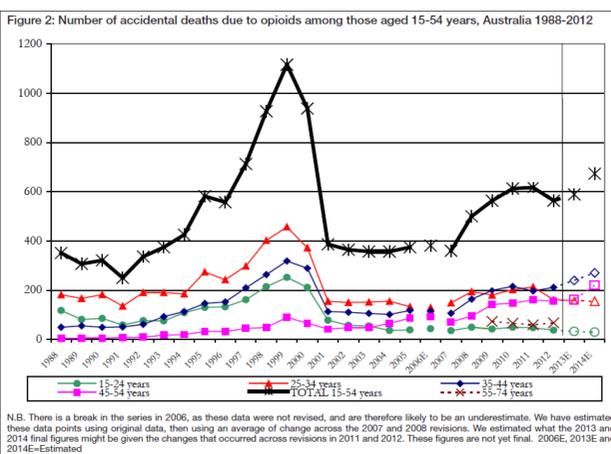
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Introduction

The Kirketon Road Centre (KRC) is a publicly funded primary health care facility involved in the prevention, treatment and care of HIV and viral hepatitis to people who inject drugs (PWID). Since September 2015 KRC has been treating hepatitis C (HCV) with direct acting antivirals (DAAs). However, PWID are also at significant risk of drug overdose with consequent morbidity and mortality that may exceed the short term risk of HCV progression.



In July 2012 KRC commenced prescribing take-home naloxone to people who inject opioids as part of an overdose prevention and management program.

Aim

To describe the acceptability of overdose management and naloxone provision into routine care of PWID who are undergoing HCV treatment with DAAs.

Method

All clients assessed for HCV treatment were offered training in opioid overdose management and provided with take-home naloxone as part of their routine care for hepatitis C. Clients' demographics, rate of uptake of training, clients who had experienced, witnessed, or managed an overdose in the past 12 months were analysed.

Table 1: Characteristics of clients assessed for HCV treatment, 2015 – 2016.

| | |
|-----------------------------------|-------------|
| Age in years – mean (std dev) | 43.8 (10.9) |
| Gender – n (%) | |
| Male | 101 (66.9) |
| Female | 45 (29.8) |
| Transgender | 5 (5.6) |
| Aboriginal – n (%) | 33 (21.9) |
| Born in Australia – n (%) | 121 (80.1) |
| Injecting drug use – n (%) | 145 (97.9) |
| Used opioids in last year – n (%) | 61 (40.7) |
| Ever experienced overdose – n (%) | 46 (30.7) |

Results

Between January 2015 and August 2016, 151 clients have been assessed for HCV treatment. Demographic details of these clients are shown in table 1. These clients include 61 who had used opioids in the preceding 12 months, 46 (75%) of whom had ever experienced an opioid overdose. Of these 151 clients assessed for treatment, 49 (32%) have now been provided with training in opioid overdose management and take-home naloxone. Of these, 10 clients have subsequently administered naloxone in 21 episodes of witnessed opioid overdose. All clients reported that the person who received the naloxone survived.

Factors significantly associated with receiving a brief intervention in naloxone and overdose management are shown in table 2.

Table 2: Comparison of clients by naloxone intervention

| | Naloxone Intervention (N = 49) | No Intervention (N = 102) |
|------------------------------|--------------------------------|---------------------------|
| Age in years – mean (sd) | 40.4 (11.5)* | 45.4 (10.4) |
| Gender – n (%) | | |
| Male | 31 (63.3) | 70 (68.6) |
| Female | 16 (32.7) | 30 (29.4) |
| Transgender | 3 (9.4) | 2 (3.5) |
| Aboriginal – n (%) | 12 (24.5) | 20 (19.6) |
| Born in Australia – n (%) | 38 (77.6) | 83 (81.4) |
| Injecting drug use – n (%) | 49 (100.0) | 96 (97.0) |
| Opioids in last year – n (%) | 29 (59.2)* | 32 (31.7) |
| Previous overdose – n (%) | 19 (38.8) | 27 (26.7) |

* Indicates statistically significant differences (p < 0.01)

Conclusion

There is a high lifetime prevalence of opioid overdose experienced by PWID undergoing HCV treatment. Delivery of take-home naloxone at KRC was an acceptable addition to our HCV treatment program. The subsequent successful management of 21 opioid overdoses by clients trained as part of their HCV care, demonstrates the high incidence of overdose in this population, and also reinforces the value of addressing all causes of mortality as part of a comprehensive package of care for PWID.

The advent of DAAs represents an important opportunity to impact on the health of PWID. Hepatitis treatment services should incorporate take home naloxone as part of routine HCV treatment and care for those likely to experience or witness opioid overdose.

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