

# Hep C: Leave no Indigenous person behind

## CAAN: WP V

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The logo for Simon Fraser University (SFU) consists of the letters 'SFU' in white, set against a solid red rectangular background.



# Treatment priorities?

- Cohort approach
  - GenerationHep (1945-1965)
  - 75% of total cases
  - Many people with chronic hep C > 20, 30, even 40 years -> advanced disease
- Risk-based approach
  - PWID (active) are vast majority of new cases
  - Many people with early disease
  - High risk of re-infection

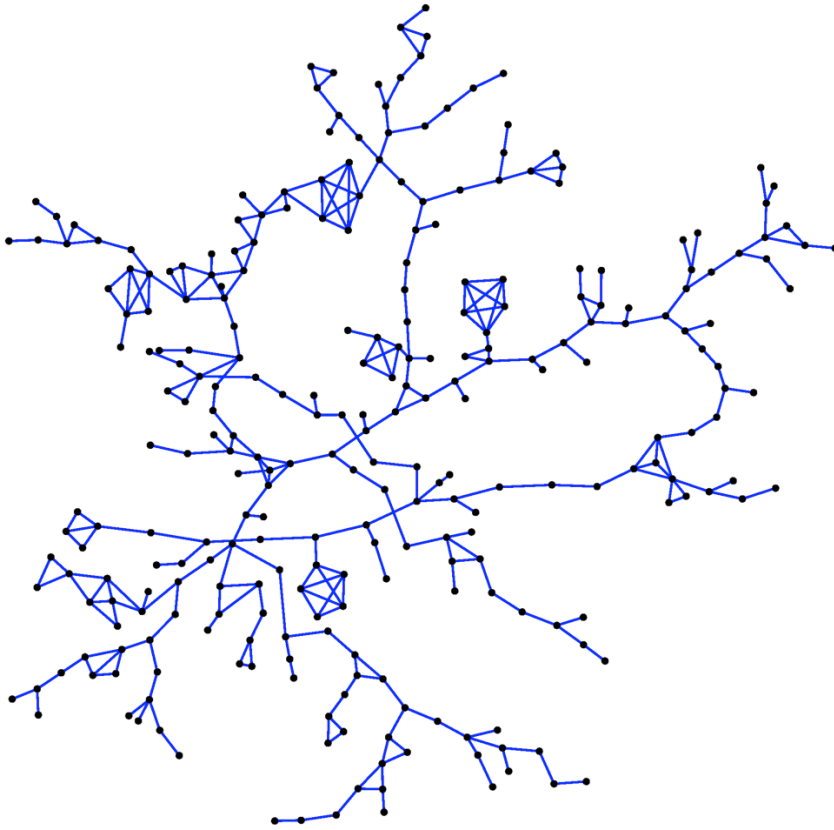
# GenerationHep

- In many urban settings, Indigenous people are scattered, often invisible:
  - No “little Turtle Island”
  - May or may not access Indigenous-specific health services
  - Recognized multi-point failure in healthcare provision
- In rural/remote, reserve/settlement:
  - Added complexities of geographic barriers and confidentiality issues

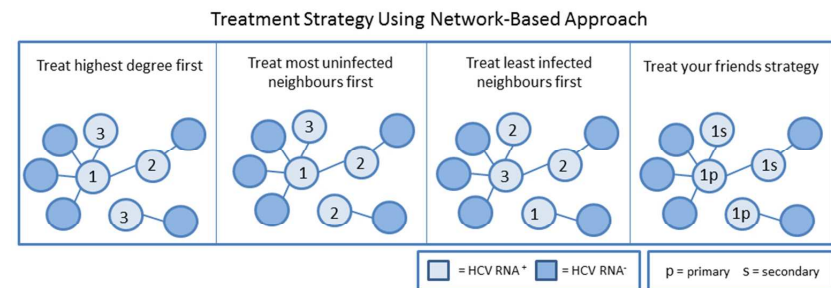
# PWID (active)

- Indigenous over-representation
- May or may not access Indigenous-specific health services
- Recognized multi-point failure in healthcare provision
- In rural/remote, reserve/settlement:
  - “Normalized” in some communities
  - Added complexities of geographic barriers and confidentiality issues

# Injecting drug networks



Rolls, D.A. et al. (2012). Hepatitis C Transmission and Treatment in Contact Networks of People Who Inject Drugs. PLOS ONE 8(11).



Hellard, M. et al. (2014). The impact of injecting networks on hepatitis C transmission and treatment in people who inject drugs. Hepatology, in press.

# Treatment considerations

- Criminalization:
  - Injection drugs, survival/transactional sex, other activities to support drug habits, ...
  - Criminal justice system involvement
- Pharmacovigilance:
  - Increased resistance ...?
  - Multiple DAA courses ...?
- Efficacy versus effectiveness:
  - Evidence from the ideal world of drug trials ... what about adherence in the real world ...?

# Treatment considerations

- Health systems issues:
  - Targeting, early testing but poor engagement / retention in care cascades
  - Scarcity:
    - DAAs
    - Fibroscans
    - MDs, RNs, ...
  - Addictions
  - Policies, innovation

Knight, R. et al. (2014). A scoping study to identify opportunities to advance the ethical implementation and scale-up of HIV treatment as prevention: priorities for empirical research. [BMC Med Ethics. 3;15:54.](#)



# Treatment considerations

- Cultural safety and :
  - Power relations (patient-to-MD, patient-to-health systems, services, policies)
- Short course of therapy in the face of lifetime effect of Indigenous determinants of health:
  - Addressing distal causes of hep C, especially given resource allocation to DAAs ...?
  - Non-clinical rationalization; treatment priorities
  - After-care ...?

Knight, R. et al. (2014). A scoping study to identify opportunities to advance the ethical implementation and scale-up of HIV treatment as prevention: priorities for empirical research. [BMC Med Ethics. 3;15:54.](#)

# Priority areas

- Broad-based prevention programs to reduce vulnerabilities, to stop new infections
- Harm reduction for people at risk
- Continuity and expansion of funding to place-based organizations to ensure adequate and sustained interventions throughout hep C continuum
- Hep C test and treat programs, with focus on those at risk or unaware of their HCV status
- Standardize drug plans and approval processes to eliminate inequities between provinces and territories across Canada

# Priority areas

- Need Indigenous-derived solutions:
  - Strengths-based, wholistic, innovative
  - Indigenous leadership and direction:
    - Our brothers and sisters with lived experience
    - Elders, Healers, Knowledge Keepers
    - Community
    - Health professionals
  - Allies
- Research, policy, wise practices, surveillance, targets