SHARED ADDICTION CARE
COPENHAGEN

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SOCIALFORVALTNINGEN

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BACKGROUND

Shared Addiction Care Copenhagen is a collaboration between

- 10 drug treatment centres in Copenhagen, Denmark (N≈2000)
- Department of Infectious Diseases at Rigshospitalet, Copenhagen
- Centre for Infectious Disease Research (CHIP)

A three-year project

- We are a little more than half way

Divided into two phases

- A pilot phase involving three drug treatment centres
- A validation phase including the eight other drug treatment centers
CURRENT MODEL FOR TESTING AND TREATMENT OF HEPATITIS C

Drug treatment center

- Counseling on HIV and hepatitis
- Referral to lab for HIV and hepatitis screening
- Referral to hospital for clinical evaluation and treatment

Lab

Blood tests

Hospital

Hepatitis C evaluation and treatment
CURRENT MODEL FOR TESTING AND TREATMENT OF HEPATITIS C

Drug treatment centre

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Lab

Blood tests

Hospital

- Hepatitis C evaluation and treatment
AIMS OF SACC

- To develop and validate a model for decentralized hepatitis C care and treatment to reduce the increased hepatitis C related morbidity and mortality among drug users in Denmark
NEW TREATMENT MODEL FOR HEPATITIS C

Drug treatment centre

- Counseling on HIV and hepatitis
- Screening for HIV and hepatitis
- Clinical evaluation and treatment

Hospital

- Prescription and monitoring of HCV treatment

Lab
INFORMATION AND TEACHING

Leaflets about hepatitis and HIV

Hepatitis and HIV teaching:
• Health care personnel
• Other staff
• Clients
THE SACC DATABASE

Lab results:
• Serology
• Biochemistry

Chart from drug treatment center

Pathology
Radiology
Fibroscan

Overview of the individual patient
Overview of the entire population
THE SACC DATABASE
THE PREVALENCE OF HEPATITIS C

- Number of enrolled: Total N=2000
- Testet for HCV:
  - Specialized institution
  - Treatment unit
  - Evaluation unit
- Anti-HCV +
  - Specialized institution
  - Treatment unit
  - Evaluation unit
- HCV-RNA +
  - Specialized institution
  - Treatment unit
  - Evaluation unit
THE PREVALENCE OF HEPATITIS C

Number of enrolled: N=2000

Tested for HCV: 58%

Anti-HCV +: Total, Specialized institution, Treatment unit, Evaluation unit

HCV-RNA +: Total, Specialized institution, Treatment unit, Evaluation unit
THE PREVALENCE OF HEPATITIS C

The prevalence of Hepatitis C is shown in the diagram. The number of enrolled individuals tested for HCV is indicated, with a total of 2000 individuals tested. The chart shows the percentage of individuals tested for HCV, Anti-HCV+, and HCV-RNA+. The diagram indicates that 19% of the individuals tested were positive for HCV-RNA.
HEPATITIS AND HIV SCREENING IN THE PILOT PHASE
RESULTS OF HEPATITIS AND HIV SCREENING

<table>
<thead>
<tr>
<th>Prøvedato</th>
<th>Analysetype</th>
<th>Mat.</th>
<th>Værdi Enhed</th>
<th>Resultat Lab.</th>
<th>NPU</th>
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<td>P-Human immundefektvirus 1+2(antistof+Ag)</td>
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<td>Neg</td>
<td>RHI</td>
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<td>RHI</td>
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<td>RHI</td>
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<td>Anti-HAV</td>
<td>P</td>
<td>1</td>
<td>Pos</td>
<td>RHI</td>
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</tbody>
</table>
ANNUAL HEPATITIS/HIV PLAN

- PDF with interpretation of hep/HIV results & plan for further follow up
- Send to drug treatment center via email programme in database
FIBROSCANNING IN THE PILOT PHASE

Target

Performed
# Assessment of Treatment Adherence

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<tr>
<th>Parametre</th>
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<tr>
<td>Fremmødestabilitet</td>
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<td>i forhold til</td>
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<tr>
<td>Andre aftaler</td>
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<tr>
<td>Variation over måneden</td>
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<tr>
<td>Misbrug</td>
<td>Alkohol</td>
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<tr>
<td>Andre rusmidler</td>
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<td>Vurdering af komplian</td>
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<td>Socialfagligt personale</td>
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<td>Sundhedsfagligt personale</td>
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<td>Konklusion:</td>
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<td></td>
<td>Ved 'nej' inkl. plan for revurdering</td>
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<tr>
<td></td>
<td>Ved 'ja' evt. inkl. plan for hvad der skal til for at komplians kan</td>
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<td>Begrundelse af konklusion:</td>
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CONCLUSIONS

• The current model of HCV assessment and treatment is inadequate to address the needs of injection drug users and other vulnerable groups.

• We are developing a new innovative model for decentralized HCV care, where all blood tests, evaluation of liver disease, and treatment will take place at the municipal drug treatment center.

• Data from the pilot phase have shown improvements in the uptake of HCV screening and high uptake of fibroscanning.

• The database that collects all relevant HCV-related data is providing a valuable overview of both the individual clients and of the entire population.
FUTURE DIRECTIONS

• A working group, including members from hospitals and drug treatment centers outside Copenhagen, has been formed, to explore the possibilities of continuing and expanding the SACC model beyond the three-year project period

• Experiences with breaking down barriers between separate parts of the health care system could possibly be expanded to other medical specialties