

Hamilton Outreach HIV Treatment and Prevention Clinic

Intergrated Treatment and Prevention of HIV Infection in People Who Use
Drugs

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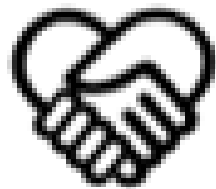
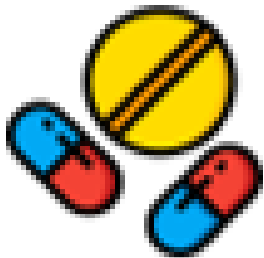
Background

- At the initiation of our project, Hamilton had seen an increase in the number of **new diagnoses of HIV infection** in individuals who identify **injection drug use** as a risk factor, rising to a historic high of **44%** of new diagnoses in **March 2020**
- In addition, **opioid-related deaths** and **Hepatitis C infections** among PWUD in Hamilton are higher than the provincial average. This group of patients have traditionally been **poorly served by the existing clinical infrastructure**, particularly when they are affected by poverty and mental health diagnoses



Objective

- We aim to **evaluate a service delivery method** which focuses on **lowering barriers** and providing a **patient centred approach to care** with the aim of increasing the number of individuals able to access the care they require.



Setting

- **WHERE:** the clinic is located in **The Aids Network in downtown Hamilton**, The AIDS Network is a community resource that has been serving people who use drugs for many years, providing harm reduction supplies (sterile drug use equipment, condoms, lube) and doing outreach to unhoused community members
- **WHO:** the clinic is run by **HAMSMaRT** – a group of health providers and community organizers working to integrate clinical care, critical analysis, and political action. During clinic hours, there is a **doctor, nurse, clinic admin, program manager, and peer worker** available to support patients



Setting

- **WHAT:** the clinic runs 4 half days per week and provides both drop-in care as well as appointments for regular patients of the **Support and Safer Supply** clinic. Drop-in can include wound care, blood work, checking vitals, and intake for addictions medicine.

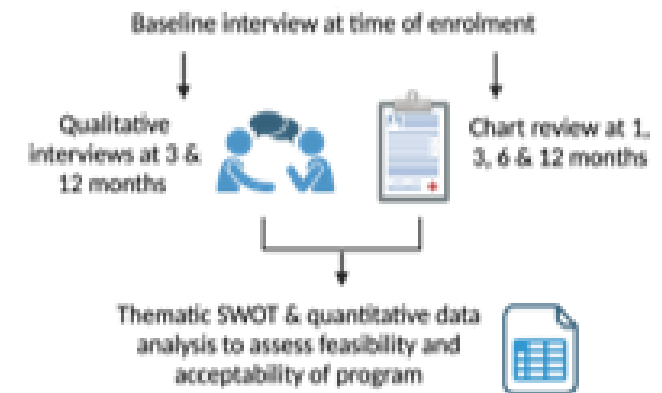
Methods

Study design: **mixed methods evaluation (quantitative + qualitative data)**

Study population: adult patients enrolled in our clinic who are identified as being **HIV positive, or at risk for HIV infection** based on epidemiologic risk factors.

Objectives / Questions:

1. Does a low barrier HIV treatment program **increase engagement in care** for patients who inject drugs?
2. Can an integrated HIV treatment and prevention clinic **increase uptake of pre-exposure prophylaxis (PrEP)** in a cohort of PWID? What are **facilitators** and **barriers** to uptake of PrEP in PWID?
3. Does an integrated HIV treatment framework improve
4. patients' access to services and retention in care?



Results

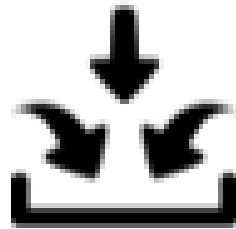
- *As the study is still underway, these are preliminary results and observations.*
- **Study sample: n = 13 participants**
- **Retention: 13/13 participants (100% retention** in care and data collection)
- **Medication adherence: 11/13 participants (84% undetectable and untransmissible HIV viral load)**
- **Opioid Use:** Participants also report **reduced cravings and reduced fentanyl use** when they reach an individualized dose of a safer opioid supply which **reduces their risk of overdose**. Patients also report **injecting less frequently**

Discussion

- The program's preliminary findings show promise that **integrating HIV care** in a community setting with **peer support**, **harm reduction supplies**, **multiple medical specialty services** and **drop-in services** for people who use drugs, will result in positive health outcomes.



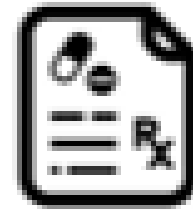
Low Barrier



Co-located



Peer led



Meets patients
primary needs

Acknowledgments



References

1. Safe supply concept document. Canadian Association of People Who Use Drugs, 2019. Available from: <https://vancouver.ca/files/cov/capud-safe-supply-concept-document.pdf>
2. <https://theconversation.com/combining-an-hiv-vaccine-with-immunotherapy-may-reduce-the-need-for-daily-medication-167747>
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