

LETTERS

MISSED OPPORTUNITIES FOR HEPATITIS C TESTING AND OTHER OPPORTUNISTIC HEALTH CARE

In her article, Frimpong¹ studied the availability of on-site HCV testing in a sample of opioid treatment programs (OTPs) and found that nearly 68% of these programs required staff for HCV testing, but only 34% offered on-site testing. Availability of on-site testing increased only slightly in OTPs with a greater number of injection drug users (IDUs) among the clients. The author noted that the limited HCV testing services in OTPs is a key challenge to reducing HCV in the United States where HCV has surpassed HIV as a cause of death and is particularly prevalent among IDUs.

The literature suggests that it is not only lack of availability of services but also factors such as stigma, low-perceived priority of health care, and convenience that determine IDUs' access to health care.^{2,3} Drug use, particularly injection drug use, is a highly stigmatized activity. Thus, it is desirable to offer essential care to this group from venues where social stigma is less of an issue. OTP clinic and syringe exchange program (SEP) are two such venues where drug use is acknowledged with no or little judgment.⁴ This atmosphere increases IDUs'

willingness to disclose risk behaviors.⁵ In addition, regular attendance at OTPs and SEPs offers valuable opportunity for offering essential care. Because IDUs often view health care as being low priority compared to other needs such as obtaining food, housing, and drugs. If health care cannot be obtained when finally sought, then it may become low priority by the scheduled appointment time. Health services subsequently miss a valuable opportunity to provide care to this group at an early stage of need, which can then result in potentially harmful consequences for the individual and the broader community.⁶

Moreover, offering on-site HCV testing and other essential services may foster a therapeutic environment, client engagement, and OTP retention.⁷ Together these observations highlight the importance of a strategic and consistent approach to successfully offering essential care to this group, preferably from venues of convenience and less stigma. In every setting, different groups will have different health care needs, mandating provision of services that are appropriately differentiated to meet a target group's priorities. OTPs and SEPs are well positioned to offer on-site testing for HCV, other blood-borne viruses, sexually transmitted infections, and for providing associated care. In fact, these venues increasingly represent targeted primary health care sites.^{5,8} ■

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