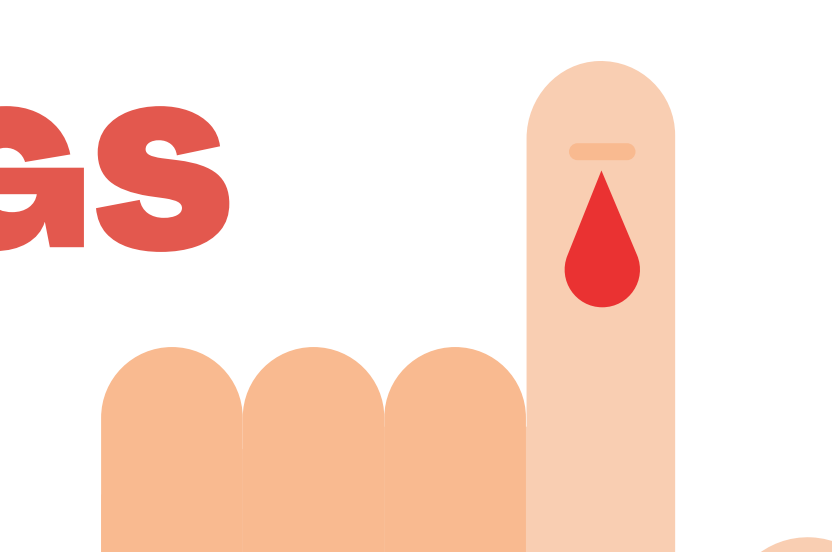


“I’D PREFER TO GO TO THE PHARMACY. THERE’S A COUPLE PROCEDURES ELIMINATED FROM THE GET GO” - CHARACTERISTICS OF PHARMACY-BASED HEPATITIS C TESTING OF IMPORTANCE TO PEOPLE WHO INJECT DRUGS

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BACKGROUND

There are barriers to the multi-step process of accessing standard Hepatitis C (HCV) testing for people who inject drugs (PWID)(1). A pharmacy-based testing model has been proposed to improve access to testing for sexually transmitted and blood-borne infections (STBBI). Pharmacies are ideally positioned to offer point-of-care testing for STBBI because of their accessibility and widespread availability in most communities (2). Pharmacists can increase awareness of HCV risk by providing education and advice to those who receive injection supplies and opioid agonist therapy. Pharmacist testing models include providing education about the infection and treatment options, in addition to offering testing, interpreting/explaining results and linking people with reactive screening test results to confirmatory testing, care and treatment. Since pharmacies provide care for a variety of reasons there may be a sense of discretion from getting tested in pharmacies that is different from accessing testing through a needle syringe program or addictions center (2). However, whether pharmacies are seen favorably and are an attractive venue for testing among PWID is uncertain.

Purpose: To explore the perceptions and experiences of PWID surrounding testing for Hepatitis C and what characteristics of the process of pharmacy testing would be important to them if they were interested.

METHOD

Between June and August 2022, eleven PWID were interviewed using semi-structured interviews and data were transcribed verbatim. Recruitment was facilitated by SWAP who attached pamphlets to injection supplies. Adopting a constructivist paradigm, data was analyzed using reflexive thematic analysis guided by Braun & Clarke (3). Under this paradigm, it is understood that realities are subjective, multiple, created, mind-dependent and change over time (4). My background as a community pharmacist who has participated in dispensing opioid agonist maintenance treatment to patients who have a history of injection drug use will influence my interpretation of the themes.



Figure 1: Recruitment Pamphlet

PARTICIPANTS

The age of participants ranged from 20 to 64 years (Table 1). There was a mix of Hepatitis C positive and negative participants and a mix of gender identities. All participants identified as active users of substances by injection, some were actively involved in OAT programs and some were not. Some participants noted previously having been tested for Hepatitis C and some had reported never being tested.

Participant	Gender	Age	OAT	Tested before	Sought/Offered test
1	Female	37	Yes	Yes	Offered
2	Male	44	Yes	Yes	Offered
3	Male	64	No	No	-
4	Male	52	Yes	Yes	Sought
5	Male	22	No	Yes	Offered
6	They	31	Prior	Yes	Both
7	Fluid	20	Unknown	Yes	Both
8	Male	58	Yes	Yes	Offered
9	Female	48	No	No	-
10	Male	46	Yes	Yes	Offered
11	Male	40	Yes	Yes	Sought

Table 1: Participant characteristics *OAT: actively on Opioid agonist therapy

DISCUSSION

- Most participants found the option of pharmacy-based testing to be appealing.
- Strong sentiment that an offer of testing would be accepted and that the pharmacy-based testing option would be easy and convenient
- Confidentiality was key here in St. John’s but wasn’t noted in previous literature, this may be due to the small, closely interrelated population.
- Going to their regular dispensing pharmacy for testing was sometimes perceived as having consequences which could potentially affect access to their prescribed opioids.

CONCLUSION

This study describes characteristics of importance for PWID and reasons why they may or may not be interested in receiving HCV testing at a community pharmacy. Consideration of these factors is important when developing HCV screening initiatives to engage this population to positively impact the successful roll-out of HCV screening programs that are attractive to this population and ultimately increase case-finding and access to treatment.

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RESULTS

Five themes were produced:

- 1 Ease of pharmacy testing
- 2 Confidentiality is important to attract people to testing
- 3 A fast result is often valuable
- 4 Less invasive testing is appealing to some
- 5 The relationship with the pharmacy and pharmacist affects testing

Yes, if it was as simple as, I mean I live in an area of close proximity to a lot of pharmacies and I work at a place with a pharmacy, so if it was literally that simple, if like anyone of the pharmacies near me in my travels would offer that service I would very much regularly go as long as I was using.

I’d prefer to go to the pharmacy. There’s a couple procedures there eliminated right from the get go. Going to the doctor to get the requisite done, that’s a pain in the hole in itself... cuts down on the driving time, the babysitter time, the waiting time, the gas bill, it’s just overall so much more beneficial.

I would rather go to the pharmacy to get tested over the hospital. I mean now it doesn’t matter to me but back then I would’ve rathered to go to a pharmacy because of the, ya know, the stigma of it, ya know? You might run into someone in the hospital, and they’re asking what are you doing there.

Getting it quickly would be the best, because maybe I’ve been using in dirty places and I’m nervous or something now, and I want to go in and I want a quick response. Like ‘so do I have to go set up an actual doctor’s appointment now or is it possible for me to find out, like if I’m not a positive positive.

For me it [the preferred option] would probably be the finger prick, I don’t usually mind getting my blood drawn at all, I mean obviously because I’m an injector {laughs}, um, but sometimes I do get frustrated when people are new at it and it’s like I could hit myself better than you can hit me right now and they’re picking and poking at me like sometimes it frustrates me and stuff.

If I didn’t know I had it and had a fear that I did I’d want to know right away, wouldn’t want that sitting in my head, I’d want to know right away.

Um, I would probably, as funny as this is, I’m afraid of needles, so I would probably get the finger prick. Yeah, when people find out that I’m an IV user and I’m also afraid of needles they get very confused. But I don’t like other people giving me them.

Oh the pharmacy route [would be preferred], that’s the nicer sounding option. Especially if that’s the reason that I’m going to get tested. If my goal is to get tested for HIV or Hepatitis C or something along that line, I would much prefer the discrete system like the pharmacy where it looks like you go in to talk about medication and then come out. Nobody knows why you’re in there, it’s behind closed doors.

The only thing about going to the pharmacy that wouldn’t be appealing is just that the occasional pharmacist is judgy, but that’s as far as it goes from my experiences. It’s a bit of a coin toss when you go into the pharmacy to buy a pack of needles and it’s either they glare at you or they say ‘here you go sweetie’, I don’t want the former doing the test.

There’s kinda a relationship built with your pharmacist. So over the years, a friendly face is kinda nice to see, someone that you’ve gone to before or just an area that you feel comfortable with is pretty cool too.

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