

The Relevance of the San Patrignano Rehabilitation Community's OSS Health Care Training in Advancing the EASL-ILF Viral Hepatitis Elimination Programme in Marginalized Populations

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Q. Dr Boschini, can you briefly describe the mission of the San Patrignano Rehabilitation Community?

The San Patrignano recovery community is a unique model of recovery, rehabilitation and social reintegration of people with problems of drug use. The drug rehabilitation community aims at providing complete recovery from drug addiction. Recovery is a treatment alternative to harm reduction and means “a voluntarily maintained lifestyle characterized by abstinence, personal health, and citizenship” [Betty Ford Institute Consensus Panel, 2007].

Comunità San Patrignano was founded in 1978 and today it is the largest drug-free long-term residential rehabilitation community in Europe. Since its foundation it has provided more than 26,000 individuals with a home, medical and legal assistance, the possibility of continuing their studies abandoned because of addiction, attending job training and being offered a real option for social reintegration - completely free of charge.

Q. How many PWIDs are hosted at San Patrignano and how is the Community structured?

Currently, San Patrignano hosts 1,300 people. Each year about 350 people with addiction problems enter the community to start a drug rehabilitation programme. Due to the high prevalence of life-threatening diseases and infections caused by drug use, a medical center was created inside the community. The medical center at San Patrignano is specialized in the treatment of drug-related illnesses (HIV/HCV) and has considerable psychologic/psychiatric competences and experience to manage the difficult interplay between abstinent drug users' psychological and medical needs.

The medical center is on four floors and includes analysis labs, an outpatient clinic, diagnostic area (including elastography and hepatic ultrasound) and a 50-bed medical ward for patients affected by advanced stages of drug-related medical complications, such as AIDS, dementia, cirrhosis, liver decompensation, endocarditis, cancer and hepatocarcinoma. The medical centre was built in the mid- 90s in response to an AIDS epidemic, but at the moment almost all the residents come from other hospitals and they require long-term residential health care.

In addition to doctors and nurses, patients of the medical ward are helped and assisted every day by a large group of community residents who volunteer to do voluntary activities. The engagement of community residents in these

activities is not only useful for patients' care, but volunteering has a huge educative relevance for former drug users who learn how to experience reward through social activities, instead of taking chemical substances, and to value the benefits of safe lifestyles.

Q. How does the collaboration between the Community and EASL ILF come about?

Every year since 2007, a group of these volunteers (18-22 individuals), the most suitable and motivated in patients' care, has the opportunity to attend a professional course to become healthcare workers ("OSS"). This year the course has been implemented thanks to EASL-ILF's generous contribution. The training course, which covers several disciplines (anatomy, physiology, pathology, hygiene, patient care, team communication and relationships etc.), lasts one year and represents a real opportunity to support the residents in their social and job reintegration. The theoretical part of the course (550 hours) is complemented by 450 hours of practice. Indeed, the students are obliged to take part in two separate internships lasting 225 hours each, in social and health areas. The internships are held both at the San Patrignano medical center and in the nearest public hospitals. San Patrignano is registered and authorized by Emilia-Romagna Region (Italy) to manage and run training activities. This accreditation ensures high-quality courses and the recognition of qualifications at regional and national level. Actually, at the end of the course, once the final exam is passed, it confers a qualification with national validity. The healthcare worker qualification is an important tool for social reintegration, that allows people that have completed the drug rehabilitation programme to fully reintegrate in society as active and contributing members.

Q. To what extent are healthcare workers involved in HCV micro-elimination?

After a long fight against HIV/AIDS, Comunità San Patrignano is now facing the HCV epidemic, which counts for 30% of current residents (325/1,231), and 28% of those who entered the community last year. If we consider only drug injectors (PWID), which represent 50% of addicts seeking treatment in recent years, the HCV infection prevalence reaches 60%. Notably, HCV prevalence among PWID stating to have never shared syringes was about 40% - probably this figure is the result of other unsafe injecting behaviors.

The existence of a medical center allows to carry out all the steps of the test & treat strategy inside the community and to achieve HCV micro-elimination. The cascade of care includes: (a) HCV –Ab screening; (b) counselling pre- and post-test; (c) linkage to care and therapeutic proposal; (d) adherence to treatment; (e) cure; (f): follow up and reinfection assessment.

The healthcare workers trained on the OSS training course, being also former drug users, are the best suited for peer-to-peer education. They are involved in the post-test counselling phase of the HCV cascade of care. In case of HCV Ab negative results they explain in detail the injecting behaviors associated with HCV transmission, namely not only sharing of syringes, a risk well recognized by all PWID, but also sharing of other paraphernalia or unsafe drug preparation. This information could be useful for those individuals who drop out of the therapeutic programme (about 30%) and have a high risk of relapse into drug use and it is also important of course for those who have had a SVR to HCV treatment, in order to avoid reinfection in case of relapse. The other relevant step in which healthcare workers are involved is the pharmacological treatment, with strict monitoring of adherence of every single patient in the programme through health care tutoring.