REASONS FOR NOT SEEKING HCV TREATMENT AMONG A SAMPLE OF PEOPLE WHO INJECT DRUGS

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Introduction:

Treatment uptake for hepatitis C viral infection (HCV) in Australia has increased substantially since direct acting antiviral (DAA) therapy became widely available. However, a large proportion of HCV-infected people who inject drugs (PWID) have not taken up treatment. We examine reasons for not taking up HCV treatment among a sample of PWID.

Methods:

PWID were recruited through five Needle and Syringe Programs (NSPs) in South East Queensland. Interviews included an instrument assessing reasons for not taking up treatment, with items based on evidence from the interferon treatment era and recent anecdotal reports. Participants rated how much each reason applied to them ("does not apply" "applies a little" "applies" and "applies a lot"). Participants were also asked about HCV testing, status and treatment, and recent injecting drug use.

Results:

A sample of 404 PWID was recruited (mean age = 40.7 years (SD=9.3), 74% male, 14% Indigenous, 85% unemployed). Of those tested for HCV (94%), about 55% were HCV antibody positive or had an active infection and 7% did not know their status. Approximately 36% of eligible participants had begun or completed DAA treatment. Among untreated participants with an active infection, the most common reasons for not seeking treatment (nominated as 'applying a lot') included experiencing no HCV-related symptoms (25%), HCV treatment not being a priority (23%), fear of treatment side effects (18%), and no knowledge of DAA treatments (15%). Our analytic models indicate that not prioritising HCV treatment was only partly attributable to being asymptomatic.

Conclusion:

HCV education efforts for PWID should target misperceptions and lack of awareness of DAA therapy. This includes engaging those who are asymptomatic or otherwise not seeking treatment in conversations about the likely benefits of treatment. Occasions of HCV testing in harm reduction settings may provide an opportunity for engagement.

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