(MIS)INFORMATION AND COMPETING PRIORITIES: THE EXPERIENCES OF PEOPLE WHO INJECT DRUGS (PWID) AND IMMIGRANTS IN ACCESSING HEPATITIS C CARE IN MONTREAL, CANADA

Authors:
O'Grady JR[1], Robichaud I[1], Fortin E[1], Mersilian L[2], Pagé M[3], Klein MB[1]

[1]Research Institute of the McGill University Health Centre, [2] Centre Associatif Polyvalent d'Aide Hépatite C (CAPAHC), [3]Dopamine

Background: Métropoles sans Hépatite C (MSHC) is an interdisciplinary initiative leading micro-elimination efforts in Montreal, Canada. Montreal, a city of 2 million, is a microcosm of the global HCV epidemic as its diverse population reflects all communities considered at-risk. This MSHC pilot study aimed to better understand experiences of PWID and immigrants with accessing HCV care to inform the development of future tailored HCV micro-elimination efforts.

Methods: We followed a sequential-consensual qualitative design (SCQD) and generated data moving from first-person accounts to expert opinions and from individual to group methods. We present findings from 33 individual semi-structured interviews with people with current or past lived experience with HCV (n=27 PWID/n=6 immigrants). Interviews were conducted and transcribed by a peer research assistant and took place between November 2023 and August 2024. Interviews were coded thematically, and results were interpreted with community feedback.

Results The most significant barriers to HCV treatment are compounding priorities and-treatment misinformation. Many expressed sentiments of having to get their "life together" before thinking of accessing treatment. Housing, food insecurity, immigration status, and drug-use posed challenges to this sought after stability, reflecting the current social crises in Canada. An influential barrier was the lack of information about and misinformation existing HCV treatments while an influential facilitator was the knowledge of peers who completed treatment.

Conclusion: Effectively reaching people struggling to meet their basic needs goes beyond educational and awareness campaigns. Developing short-term transitional services specific to HCV (ie. housing and social supports) that involve peers, which are currently largely absent in Montreal, could serve a critical role in addressing the barriers faced by both PWID and immigrants in accessing care in the current sociopolitical context. Peer programs that can bridge informational gaps and guide individuals in their respective care trajectories could reduce the perceived barriers to initiating care.

Disclosure of Interest Statement: Funding for this work was provided through AbbVie. Dr. Marina B Klein reports grants for investigator-initiated studies from ViiV Healthcare, AbbVie, and Gilead; and consulting fees from ViiV Healthcare, Merck, AbbVie, and Gilead. Dr. Marina B Klein is supported by a Tier I Canada Research Chair in Clinical and Epidemiologic Studies of Chronic Viral Infections in Vulnerable Populations.