Hepatitis C testing and treatment among people who inject drugs in Toronto, Canada

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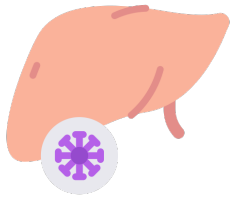
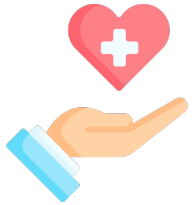
ON DEMAND 5 Minute Oral Presentation

Background

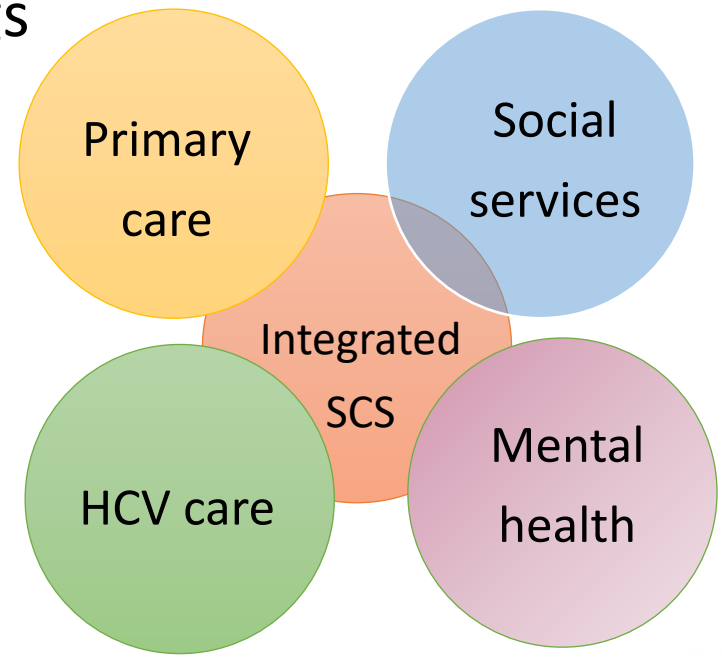


66% of people who inject drugs in Canada infected by hepatitis C (HCV)

HCV treatment gaps among people who inject drugs



Integrated supervised consumption sites (SCS)



– *but evidence on the effects of integrated SCS on HCV testing and treatment uptake remains scarce*

CENTRE ON DRUG POLICY EVALUATION

Trubnikov M, (2014). *CCDR*; 40(19):429-436; *Blueprint to inform hepatitis C elimination efforts in Canada*. (2019);
Mason K et al. (2017). *IJDP*, 47, 202-208; Broad J et al. (2020). *IJDP*, 80, 102755.
Scheim A & Werb D (2018) *CMAJ 190*(31), E921-E922

Objectives

Among people who inject drugs in Toronto, Canada

1) To measure HCV care cascade engagement
2) To examine correlates of HCV testing and treatment uptake
3) To estimate the effect of integrated SCS on HCV testing and treatment outcomes

CENTRE ON
DRUG POLICY
EVALUATION

Population: OiSIS-Toronto cohort

- Ontario integrated Supervised Injection Services (**OiSIS**) Toronto cohort
- **Inclusion:** 18+ years, recent injection drug use and live in Toronto
- **Survey:** self-reported data on
  - Drug use characteristics
  - Supervised Consumption Site use
  - HCV care cascade engagement (testing, diagnosis, and treatment)

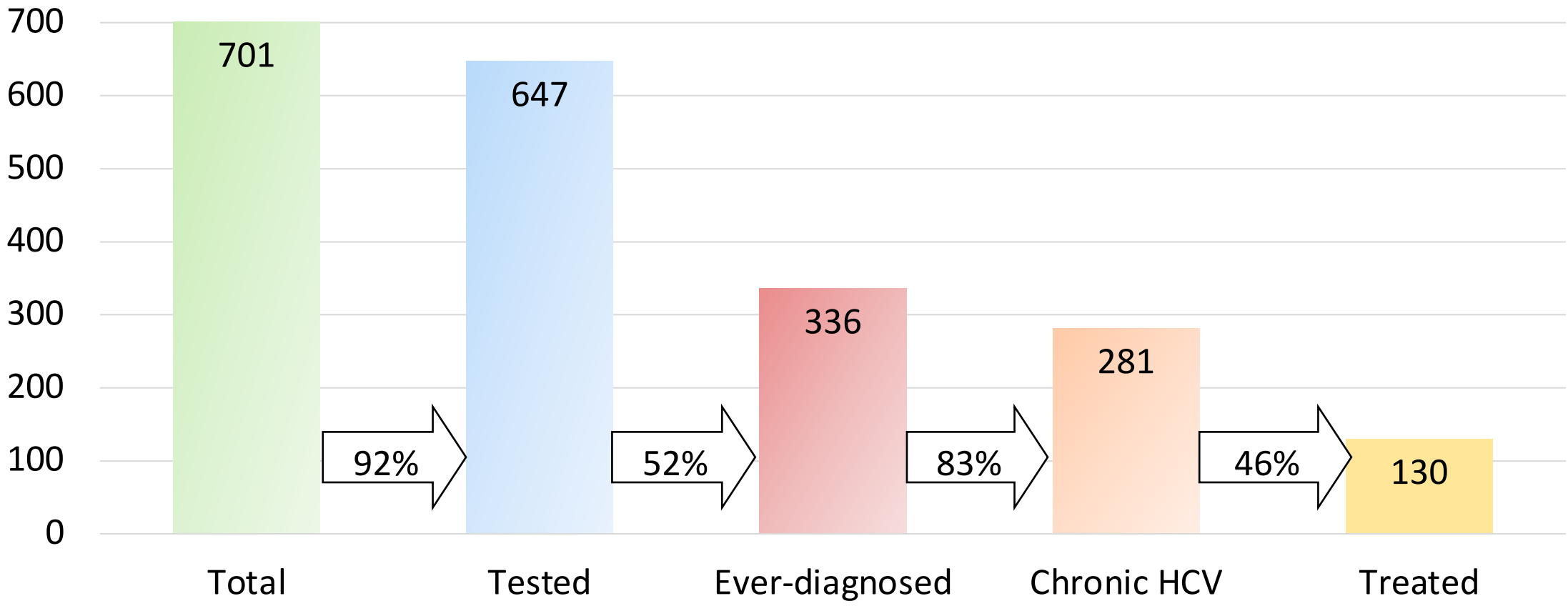
CENTRE ON DRUG POLICY EVALUATION

Scheim, A.I. et al (2021). *Journal of Urban Health*, 1-13

Methods

- Describe characteristics by HCV testing and treatment
- Identify correlates of HCV testing and treatment uptake
- Estimate the adjusted effect of integrated SCS

HCV Care Cascade among OiSIS participants



CENTRE ON DRUG POLICY EVALUATION

Self-reported measures; 54 individuals with presumed spontaneous clearance were excluded from the chronic HCV total

Correlates of **HCV testing** in the OiSIS-Toronto cohort

	Untested N (% row)	**Ever tested for HCV N (% row)**	**Overall**
Age, median (IQR)	35 (28-43)	40 (33-49)	40 (33-49)
Frequent injection drug use			
Frequent (Daily/near daily)	28 (9%)	275 (91%)	303
Less frequent (Weekly/monthly)	26 (7%)	372 (93%)	398
Sharing drug use equipment			
Any recent borrowing or loaning	13 (8%)	147 (92%)	160
None	41 (8%)	498 (92%)	539
SCS use			
Never attended an SCS	12 (14%)	74 (86%)	86
Ever attended an SCS	24 (7%)	323 (93%)	347
Ever attended an SCS with co-located HCV care	18 (7%)	250 (93%)	268
Total	**54 (8%)**	**647 (92%)**	**701**

IQR: interquartile range; SCS: supervised consumption site

Correlates of **HCV treatment uptake** in the OiSIS-Toronto cohort

	Untreated N (% row)	**Current/past HCV treatment** N (% row)	**Overall**
Age, median (IQR)	41 (34-51)	47 (39-54)	**45 (36-52)**
Frequent injection drug use			
Frequent (Daily/near daily)	132 (58%)	94 (42%)	**226**
Less frequent (Weekly/monthly)	19 (34%)	36 (66%)	**55**
Sharing drug use equipment			
Any recent borrowing or loaning	46 (71%)	19 (29%)	**65**
None	105 (49%)	111 (51%)	**216**
SCS use			
Never attended an SCS	14 (54%)	12 (46%)	**26**
Ever attended an SCS	83 (63%)	49 (37%)	**132**
Ever attended an SCS with co-located HCV care	54 (44%)	69 (56%)	**123**
Total	**151 (54%)**	**130 (46%)**	**281**

IQR: interquartile range; SCS: supervised consumption site

Effect of supervised consumption site use on the prevalence of HCV testing and treatment

	HCV testing aPR (95% CI)	**HCV treatment uptake** aPR (95% CI)
History of SCS use		
Never attended an SCS	Referent	Referent
Attended SCS without co-located HCV care	**1.11 (1.01 - 1.22)**	1.21 (0.74 - 1.99)
Attended SCS with co-located HCV care	**1.12 (1.02- 1.24)**	**1.67 (1.04 - 2.69)**

Models adjusted for age, gender, race, recent monthly income, recent unstable housing, recent incarceration, recent frequency of injection drug use, and HIV status.
aPR: adjusted prevalence ratio; CI: confidence interval; SCS: supervised consumption site

Conclusions & significance

- Over half of those with chronic HCV remain untreated
- HCV treatment gaps for younger individuals and those with frequent injection drug use and equipment sharing
- Success of integrated SCS with co-located HCV care

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