FACTORS THAT INFLUENCE PEOPLE WHO USE DRUGS' EXPERIENCES WITH DIRECT-ACTING ANTIVIRAL TREATMENT FOR HEPATITIS C: A QUALITATIVE STUDY IN VANCOUVER, CANADA

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Background: Access to Direct-Acting Antiviral (DAA) HCV treatment has the capacity to dramatically change the HCV epidemic among People Who Inject Drugs (PWID). The objective of this study is to examine the experiences and perspectives PWID with DAAs in Vancouver, Canada.

Methods: We draw on 56 in-depth semi-structured interviews with PWID who have either cleared HCV with DAAs (n=19), initiated DAAs (n=12), are eligible to begin treatment (n=21), discontinued or failed treatment (n=3), and have been re-infected (n=1) in Vancouver, Canada.

Results: Among participants who had previously initiated DAA treatment (n=35), many described that they had been offered treatment by physicians providing addictions-related services (e.g., from their methadone prescribing physicians). Participants also described perspectives about DAAs and HCV that suggested they were misinformed and, at times, these perspectives tended to shape the choices participants described making about DAA initiation. For example, a sub-set of participants chose not to initiate treatment because they feared DAAs would have serious side effects similar to previous interferon-based regimens. For those who had cleared HCV (n=19) with DAAs, many feared becoming re-infected; and, these fears were also frequently rooted in misunderstandings about HCV risk (e.g., beliefs that HCV was transmitted through saliva and alcohol use). Finally, for both those who cleared and who had not started treatment, most described how clearing HCV has implications for both internalized and externalized experiences of HCV-related stigma.

Conclusion: Our findings identify a set of individual (e.g., willingness to initiate), social (e.g., stigma regarding HCV), and structural factors (e.g., features of health care service delivery systems) that shape pre-, peri-, and post-treatment trajectories with DAA treatments for PWID. In light of these findings, we discuss the implications for policies and programming interventions that can optimize PWID's engagement with the HCV cascade of care.