Willingness among clients to participate in a randomised controlled trial involving financial incentives to initiate hepatitis C treatment – A pilot study

Marshall AD[1,2], Conway A[1,2], Cunningham EB[1], Valerio H[1], Silk D[1], Alavi M[1], Wade A[3], Lam T[4], Zohrab K[5], Dunlop A[6], Connelly C[7], Christmass M[8,9], Cock V[10], Burns C[11], Dore GJ[1], Grebely J[1]

[1]The Kirby Institute, UNSW Sydney, NSW, Australia; [2]Centre for Social Research in Health, UNSW Sydney, NSW, Australia; [3] Drug and Alcohol Clinical Services, Mid North Coast Local Health District, NSW, Australia; [4] Drug and Alcohol Clinical Services, Western Sydney Local Health District, NSW, Australia; [5] Drug and Alcohol Clinical Services, Northern New South Wales Local Health District, NSW, Australia; [6] Drug and Alcohol Clinical Services, Hunter New England Health Local Health District, NSW, Australia; [7]Next Step Community Alcohol and Drug Services, Joondalup, WA, Australia; [8]National Drug Research Institute, Curtin University, WA, Australia ;[9]Next Step Community Alcohol and Drug Services, East Perth, WA, Australia; [10]Drug and Alcohol Services South Australia (DASSA), SA, Australia; [11]Drug and Alcohol Clinical Services, South Western Sydney Local Health District, NSW, Australia

Disclosures

- ETHOS II is a National Health and Medical Research Council Partnership Project

Background & Aim

- Financial incentives (contingency management; CM) have been utilised in clinic settings among persons with substance use challenges to elicit positive behaviour[1,2]
- The ‘intervention’ can take several different formats (e.g., incremental value) and outcomes (e.g., clinic attendance)
- Some evidence has shown some positive outcomes to the use of financial incentives in hepatitis C care[3,4]
- Scarce evidence to indicate client acceptability of interventions involving financial incentives[5,6]

AIM: To investigate the willingness among people who inject drugs (PWID) to participate in a randomised controlled trial (RCT) involving financial incentives to initiate hepatitis C virus (HCV) treatment

1) Prendergast et al., 2006; 2) Bolivar et al., 2021; 3) Wohl et al. 2017; 4) Sulkwoski et al., 2017; 5) Getty et al., 2021; 6) Srebnik et al., 2013

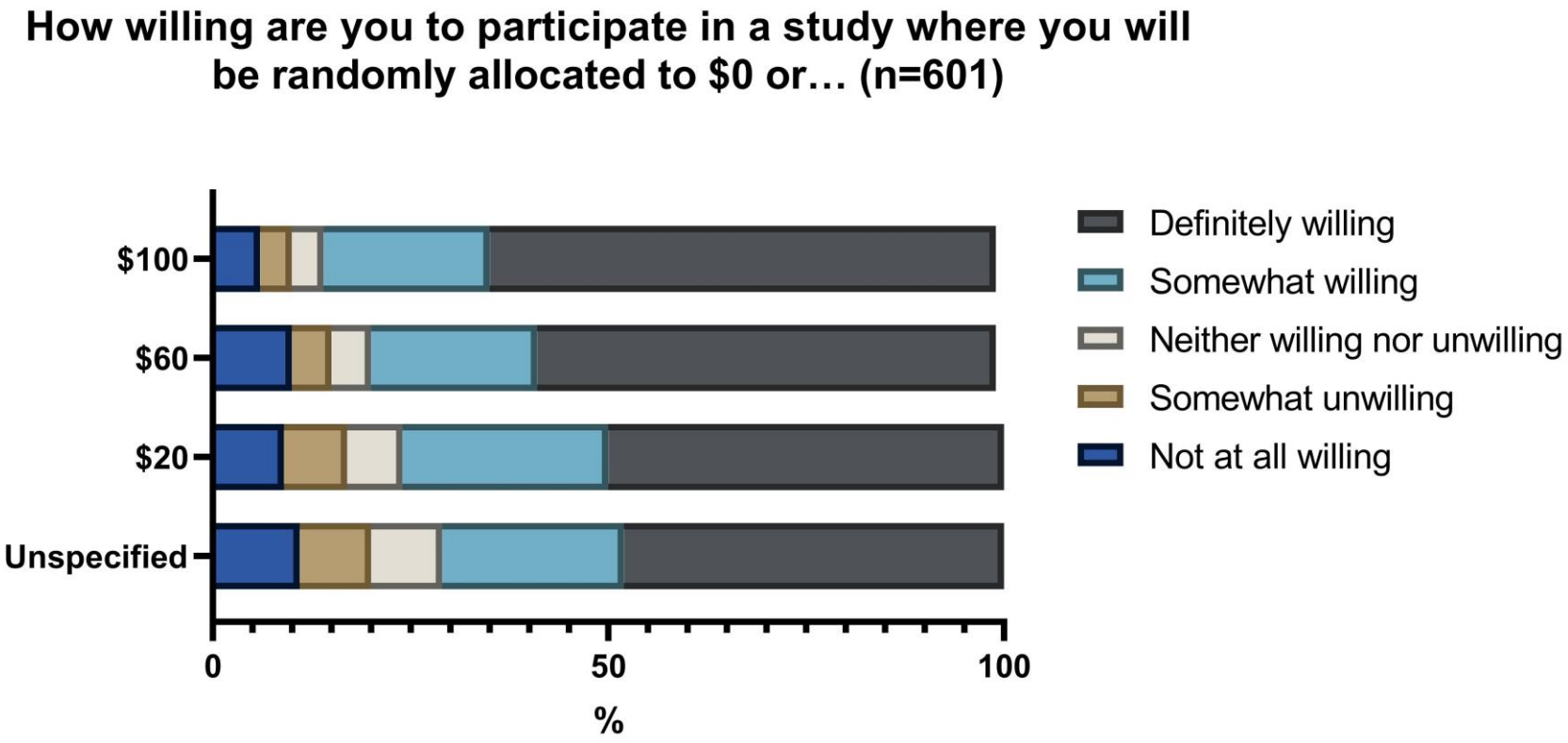
Methods

- ETHOS Engage: observational cohort study (May 2018 – June 2021)
- Inclusion criteria: ≥ 18 years, lifetime history of injecting drug use and persons who injected in prior 6 months or currently receiving OAT
- Exclusion criteria: currently receive HCV Tx
- Jan. – June 2021: CM Pilot Study implemented
    - 6 item CM questionnaire (e.g., 5 item Likert scale willingness)
    - Consent to take part in RCT study (results forthcoming)
    - 12 ETHOS Engage Study Clinics
        - 10 OAT clinics, 2 Drug and Alcohol Clinics
        - 8 NSW, 2 SA, 2 WA
- Data Analysis: Willingness to participate in a RCT with financial incentives; Factors associated with preference for entire incentive ($60) at first clinic visit versus delayed incentive (logistic regression)

Results

- 601/644 (93%) of eligible participants agreed to take part
- Persons who agreed to take part vs. those who declined or not eligible (n=43) more likely to be actively injecting drugs, less likely to ever report positive HCV RNA (self-report), and less likely to have ever received treatment
- Among 601 participants:
  - Mean age 44, 66% male, 24% Aboriginal
  - 59% had injected drugs in prior month (32% methamphetamines)
  - 84% completed at least year 10
  - 65% were receiving OAT
  - 7% employed, 8% homeless
  - 46% ever HCV RNA+ (self-report)
  - 37% ever received HCV Tx

Results


How willing are you to participate in a study where you will be randomly allocated to $0 or… (n=601)
$100
$60
$20
Unspecified
0
50
100
%
Definitely willing
Somewhat willing
Neither willing nor unwilling
Somewhat unwilling
Not at all willing

Results

- Preferred method of incentive distribution over three clinical visits was to receive the entire incentive ($60 AUD) at first clinical visit (32%), although 28% stated ‘no preference’
- Among participants with a preference for distribution method (n=373), factors associated with entire incentive at first clinic visit were being Aboriginal (aOR 1.74; 95% CI 1.04-2.91) and completion of year 10 (aOR 0.45; 95% CI 0.25-0.80)
- Main reasons reported for study participation were:
  - $60 incentive (33%)
  - Helping with research (28%)
  - Motivation to initiate HCV treatment (20%)

Discussion

- Acceptability of CM intervention among participants was high[1,2]
- Economic analysis needed on CM interventions that are cost-effective
- Participants varied in how they would like to receive their incentive:
  - Additional research needed on cultural understandings and acceptability of CM interventions to initiate HCV therapy prior to scale-up
  - 'Consumer choice' for distribution of incentive impact clinical outcomes?
- Prior evidence has shown positive outcomes for CM and persons who primarily use methamphetamines[3,4,5]
  - Additional research needed on how this might be best implemented and supported by clinic staff and policy officers
- 20% of participants took part because they thought it would help them take up HCV Tx
  - CM interventions may help bring people forward for testing and Tx

1) Getty et al., 2021; 2) Srebnik et al., 2013; 3) Shoptaw et al., 2005 4) Bolivar et al., 2021 5) Brown et al., 2020

Acknowledgements

Study Participants

CM Ethos Clinic Sites: Alex Wade, Thao Lam, Krista Zohrab, Adrian Dunlop, Craig Connelly, Michael Christmass, Vicky Cock, Carina Burns

Academic Co-authors: Anna Conway, Evan Cunningham, Heather Valerio, David Silk, Maryam Alavi Greg Dore, Jason Grebely

NUAA: Sara Adey, Rodd Hinton, Melanie Joyce

Youth Link NSP, Cairns: Astrid Carthew

Harm Reduction Western Australia: Lyn Murphy

Hepatitis South Australia: Lisa Carter, Carol Holly

Kirby Institute: Indika Jayasinghe, Hannah Reid, Valerie Gleeson, Shane Tillakerante, Pip Marks, Yasmin Mowat

PSC: Nicky Bath, Emma Day, Nikitah Habraken, Clarke Scott, Jo Holden

Site PIs: Nadine Ezard, David Reid, Carla Gorton, Michael Edwards, Jeremy Hayllar, Prasun Datta, Sally Spruce, Mark Cornell

Site Coordinators: Robert Cherry, Julie Dyer, Shikha Arawal, Nadine Horasak, Rhondda Lewis, Kathy Clark, Daniel Morris, Kathy Donohue, Kathy Griffiths, Jason Dalla Lana, Sue Shin, Connie Graf, Adele Hampson, Ravina Raidu, Kylie Stolzenhein, Wanda Brabender, Nargis Abram, Rick Turner, Stuart Larter, Fiona Goodberg, Jennifer Luksza, Michelle Hall, Susan Hazelwood, Belinda McClurg, Kate Salisbury, Julie Markham, Jacky Talmet, Sandy Dunn, Fionnuala Smyth, Lisa Snell, Elizabeth Laing, Martin Clark, Justin Dorigo, Brent Fergusson, Bonny Puszka, Gai Duncan, Fiona Baker, Jayde Walsh

Apte Scholarship

Kirby Institute Emerging Investigator Grant

Email: amarshall@kirby.unsw.edu.au