



HARM REDUCTION IN PEER-ASSISTED TELEMEDICINE FOR HEPATITIS C: SECONDARY OUTCOMES OF A RANDOMIZED CONTROLLED TRIAL

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Introduction

- OR-HOPE tested peer-facilitated telemedicine for hepatitis C treatment (TeleHepC) versus peer facilitated community referral (Enhanced Usual Care [EUC]) in rural people who use drugs¹
- HCV treatment decreases injection drug use and injection equipment sharing in observational² and controlled³ studies, but the effect in rural PWUD and effect of peers is unknown.
- Hypothesis:** TeleHepC decreases injection drug use and injection equipment sharing; peers facilitate this change.

Methods

- Secondary outcomes from RCT
- Mixed-effects logistic regression to describe associations between outcomes and randomized group, frequency of peer contact, HCV treatment initiation, HCV cure, and time.
- Type-III Likelihood ratio test compared exposure and main effects vs. exposure, main effects, and time to minimize inflation bias
- Follow up 12 (SVR12) and 36 (SVR36) weeks after treatment completion

Results

Baseline Characteristics

N=203



Demographics

Age	41 years (median)
Gender	62.1% Male
Race	88.2% White 6.9% American Indian 5% Mixed Race or Other
Ethnicity	5.4% Hispanic

Education



Less than high school	57%
High school	46%
≥ post-secondary	27.1%



Housing

Homeless in past 6 months	70%
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Substance use (past 30 days)

Amphetamine use	88%
Opioid use	62%*
*54% EUC vs 70% TeleHCV p=0.03	



Injection Behavior (past 30 days)

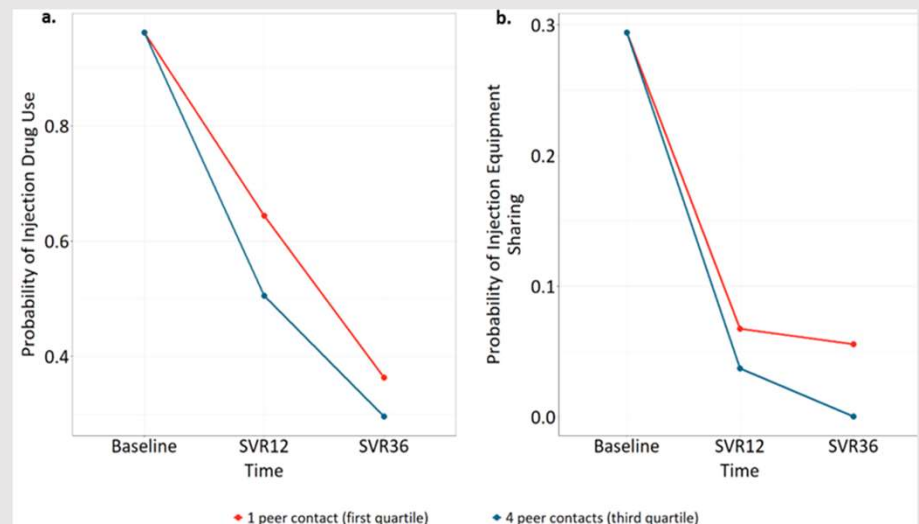
Injected Drugs	82.3%
Shared Injection Equipment	33.7%

Table: Effect of time by exposure interactions on injection drug use and injection equipment sharing.

	Injection Drug Use		Injection Equipment Sharing	
SVR12 Timepoint				
TeleHCV vs EUC	0.42 (0.20-0.87)	0.02	*	*
Peer contact ^a	0.75 (0.57-0.99)	0.04	0.73 (0.41-1.31)	0.29
SVR36 Timepoint				
TeleHCV vs EUC	0.48 (0.21-1.08)	0.08	*	*
Peer contact ^a	0.86 (0.62-1.19)	0.36	0.08 (0.01-0.97)	0.05

*Non-significant type-III test between time and exposure. ^aCompares 3rd vs 1st quartile

Figure: Model-predicted changes in (a) injection drug use by frequency of peer contact and (b) injection equipment sharing by frequency of peer contact.



Discussion and Conclusions

- Injection drug use and injection equipment sharing decreased more over time with the TeleHepC intervention
- Greater peer contact predicts greater improvements in harm reduction behaviors
- In a qualitative sub-study, participants described increased motivation for harm reduction due to HCV treatment
- HCV treatment is a high yield moment for PWUD to engage with harm reduction services.

References

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