HIGH RATES OF OPIOID OVERDOSE AND WITNESSED OVERDOSE IN PWID RECEIVING HCV TREATMENT: DATA FROM THE ANCHOR STUDY

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Background People who inject drugs (PWID) have significant morbidity and mortality associated with hepatitis C (HCV); however, harms associated with ongoing injecting drug use (IDU) -- such as opioid overdose -- may pose a more imminent risk, and often are not addressed as part of HCV treatment.

Methods ANCHOR was a single-center study embedded in an urban harm-reduction program evaluating treatment of HCV in PWID with chronic HCV, opioid use disorder (OUD), and IDU within 3 months. Participants received HCV treatment for 12 weeks and were offered optional uptake of buprenorphine and naloxone. At each study visit, patients self-reported experienced and witnessed overdose. Fisher's exact tests were used to determine associations between overdose and other epidemiological factors.

Results The 100 enrolled participants are predominantly male (75%), median 57 years, black (93%) and inject opioids at least daily (58%). At baseline, 65% had ever experienced overdose, 91% had ever witnessed an overdose, and 35% had ever administered naloxone.

Between day 0 and SVR, 13 patients (14%) experienced overdose (n = 91). Not being on opioid agonist therapy (OAT) at week 24 ($p = 0.006$) and being unstably housed at baseline ($p = 0.03$) were significantly associated with experiencing an overdose during HCV treatment. Overdose was not associated with baseline OAT status, benzodiazepine use, or hazardous alcohol use.

Fifty (56%) patients witnessed at least one overdose between day 0 and SVR (n = 90). Of those who witnessed an overdose by SVR, 38 (76%) administered naloxone, 19 (50%) of whom had never used naloxone before starting HCV treatment.

Conclusions PWID with HCV, OUD, and ongoing IDU have high rates of personal and witnessed overdose during HCV treatment. The serial nature of HCV treatment serves as a critical opportunity to repeatedly assess and reduce overdose and overdose related mortality by concurrent initiation of OAT and dispensation of naloxone.

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