IMPACTS OF HEPATITIS C VIRUS INFECTION TREATMENT FOR PATIENTS IN TREATMENT FOR OPIOID USE DISORDER

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Background:
Hepatitis C virus (HCV) infection is common among patients with opioid use disorder (OUD), a population who faces barriers to HCV treatment access. Co-located treatment for HCV within an opioid treatment program (OTP) addresses gaps in the HCV care continuum. Few reports have analyzed outcomes related to OUD, such as OUD treatment retention, associated with onsite HCV treatment.

Methods:
Patients (N=89) treated for chronic HCV infection in a Connecticut OTP from January 2014 through July 2017 were compared to control patients (N=199) with HCV-based ICD10 coding (B18.2) who were not treated during the same period. All patients received opioid agonist treatment (OAT) as part of an OTP. To assess the period following HCV treatment, a look-back period from September 2017 through September 2018 was included. Outcomes include (1) retention in OUD treatment from January 2014 through September 2018, analyzed first using logistic regression and subsequently using survival analysis based on OTP discharge dates; (2) urine analysis (UA) results screening for non-prescribed opioids during the look-back period, analyzed using ordered logistic regression; (3) changes in a behavior and symptom scale based on the BASIS-24 validated instrument, analyzed using linear regression.

Results:
After adjusting for all baseline covariates, patients who initiated and completed HCV treatment had 2.22 (95% CI: 1.11, 4.45) increased likelihood of remaining in the OTP compared to patients in the control group. There were no differences between the two groups in terms of UA results of non-prescribed opioids or changes in BASIS-24 scores.

Conclusion:
Results indicate that the co-located model of concurrent HCV and OUD treatment is associated with improved OTP treatment retention following HCV treatment. This naturalistic study confirms prior findings that co-located treatment models are feasible and effective, and suggests that this model has an important and needed impact on keeping patients engaged in OAT.

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