

## ACTIVELY INJECTING PWID WHO USE STIMULANTS CAN BE SUCCESSFULLY TREATED FOR HCV INFECTION

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**Background:** Injection drug use (IDU) is the driver of hepatitis C virus (HCV) transmission in many countries. Previous studies demonstrate high rates of treatment success among recently injecting PWID receiving direct acting antiviral agents (DAA). However, majority of patients included inject opioids and many are receiving opioid substitution therapy. Stimulant users often inject more frequently and it has been postulated that they may be more likely to discontinue, but less data exists on outcomes in these patients.

**Method:** In the Treatment as prevention for Hepatitis C (TraP HepC) program in Iceland all patients with HCV are offered DAA treatment since 01/2016. Here, we analysed sustained virologic response rates at 12 weeks or later post treatment (SVR12+) using an intention to treat (ITT) design for all patients started on their first course of DAA during the first 24 months.

**Results:** Treatment was initiated for 631 individuals, 80% of the estimated total HCV-infected population. Mean age 43 years (range 19-83), males 426 (67.5%). Recent (within 6 months) IDU was reported by 210, 33.3% of the entire treatment cohort; of those 116 (55.2%) reported injecting within 30 days; 60 (28.6%) within 7 days. Among those with history of recent IDU, stimulants were preferred by 86%, opiates by 14%. By ITT analysis, the overall cure rate (SVR12+) after the first treatment attempt was 89.2%, but 82.9% among patients reporting recent IDU compared to 92.4% among those who did not ( $p < 0.0001$ ). No significant difference was noted between treatment outcomes of opiate and stimulant users.

**Conclusion:** Although rates of cure are lower among patients with recent history of IDU the vast majority of these mainly stimulant using patients are nevertheless cured on first treatment attempt with DAAs. Stimulant use does not carry increased risk of treatment discontinuation or failure compared to opiates.

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