

PREVALENCE OF HEPATITIS C SCREENING, TESTING AND CARE EXPERIENCES AMONG YOUNG ADULTS WHO USE PRESCRIPTION OPIOID NON-MEDICALLY IN RHODE ISLAND.

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Background: Prescription opioid misuse, and more importantly opioid injection, have led to the re-emerging epidemic of incident hepatitis C virus (HCV) infection across the United States and other jurisdictions. We aim to examine the prevalence of HCV screening, confirmatory testing, and care experiences among young adult non-medical prescription opioid (NMPO) users in Rhode Island.

Methods: Two hundred young adults aged 18-29 years reporting past-month NMPO use were recruited into The Rhode Island Young Adult Prescription Drug Study (RAPiDS), conducted between January 2015 and February 2016. We used Pearson χ^2 test to examine bivariate associations of self-reported HCV screening history in this cohort, and used modified Poisson regression to identify associated sociodemographic and drug use patterns.

Results: Among 196 eligible participants, 154 (78.6%) reported prior screening for HCV, among whom 18 (11.7%) reported positive results. Of these 18 participants, 13 (72.2%) reported receiving a confirmatory HCV test; 12 (66.7%) were referred for specialty HCV care. HCV screening was associated with injection drug use (adjusted prevalence ratio (APR): 1.19; 95% confidence interval (CI): 1.05–1.33) and history of hospitalization for psychiatric illness (APR: 1.23; 95% CI: 1.09–1.39). Younger participants (18-23 years) were less likely to have received screening (APR: 0.69; 95% CI: 0.57–0.85).

Conclusion: Although 3 in 4 young adults who use prescription opioids non-medically had been screened for HCV, post-screening diagnostic testing, support, and referral to care were inadequate. Strategies may be needed to promote HCV screening,

confirmatory diagnostic testing, and care leading to cure, early in the course of illicit drug use among young persons.

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