

EXPANDING TESTING AND TREATMENT PROGRAMS FOR HEPATITIS C INTO SECONDARY NEEDLE AND SYRINGE PROGRAMS

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Background: To reach hepatitis C (HCV) elimination targets there must be a focus on people who currently inject drugs (PWID). There are over 3500 needle and syringe program (NSP) sites across Australia that PWID frequently access. The majority of these sites are secondary NSPs offering a promising setting to deliver HCV testing and referral for treatment. This feasibility study explores expanding HCV linkage to care through secondary NSPs and is divided into three stages: 1. interviews with NSP clients and staff; 2. delivery of training to NSP staff; and 3. intervention in three sites. This presentation focuses on findings from the first arm.

Methods: Semi-structured interviews were conducted with 34 secondary NSP clients. Participants were recruited from seven secondary NSP sites in metropolitan Melbourne and regional Victoria. The study queried the decision-making process around HCV care and experiences in the NSP. Data was analyzed using a thematic approach, guided by the Health Equity Implementation Framework.

Results: Seventeen men and seventeen women were interviewed; age ranging from 33-58 years. All participants reported current HCV infection and twenty-two (65%) had never received treatment. Barriers and facilitators to HCV treatment were identified at the patient, provider, and system levels, including: limited knowledge of HCV and DAA treatment; inconveniences when accessing healthcare system; concern for side effects; and not being 'there' – readiness for treatment as a state/place. Facilitators included: participants expectation of a positive change after being cured; a desire to undertake treatment and positive peer testimonials as a motivator. Clients recognised secondary NSPs as a place to access information about HCV and most participants reported positive relationships with staff.

Conclusion: We identified several barriers and potential facilitators to HCV treatment uptake among secondary NSP clients. Our data indicates that secondary NSPs may be a suitable space to facilitate interventions to boost HCV testing, treatment, and information provision.

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