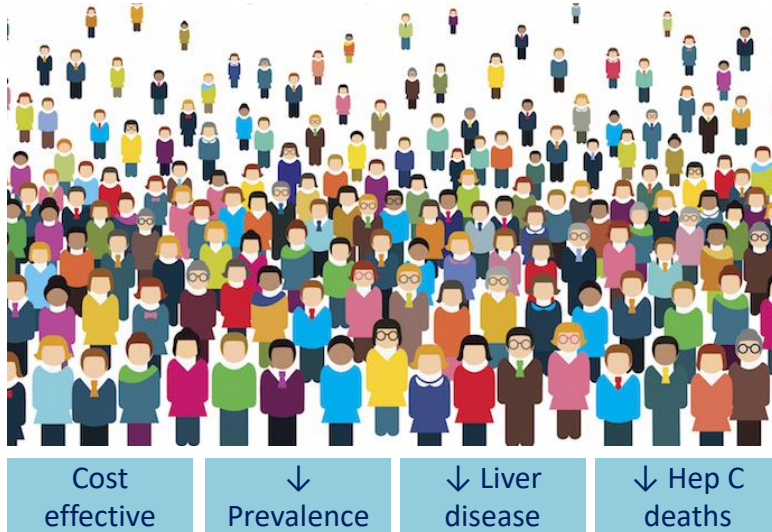




## Population-level impact of direct acting antivirals (DAA)



(Scott et al 2016; Sievert et al 2014; Martin et al 2013; Van Santen et al 2016)

## Personal impact of direct acting antivirals (DAA)?

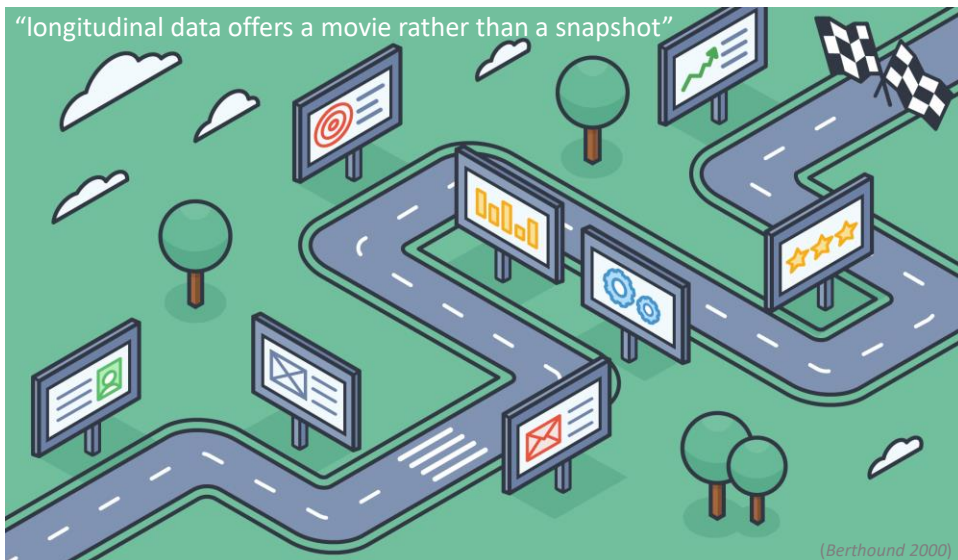
### AIMS:

- 1) Understand the DAA treatment experience among people who inject drugs
- 2) Understand and the meaning of treatment in people's lives and networks



## Study design- Why longitudinal qualitative

“longitudinal data offers a movie rather than a snapshot”



(Berthouand 2000)

## Methods- study design

### Recruitment

#### Treatment and Prevention Study

n~10  
12 weeks of treatment

#### Community health clinics

n~10  
8 or 12 weeks of treatment

### Data collection

#### Semi structured interviews

Treatment knowledge, perceptions, attitudes,  
experiences, overall wellbeing



### Field notes, reflexivity journal



## Methods- analysis

### Thematic analysis

#### Data familiarisation

Transcribe verbatim, read, re-read

#### Initial coding

Inductive coding, cross coding

#### Searching for themes

#### Reviewing themes

#### Defining and naming themes

Independent theme checking

#### Produce report

### Trajectory analysis

#### Time sequential matrices

Participant level then cohort level

#### 16 questions for analysis

“What remains constant or consistent through time?”

“Which changes interrelate through time?”

Theme	Pre treatment	On treatment	Post treatment
Side effects	Knows about low rates of side effects but worried about getting sick	Surprised and pleased by lack of side effects	Treatment perceived as “easy”, “simple” “amazing” because of lack of side effects

(Braun & Clarke, 2006)

(Grossoehme & Lipstein, 2016)



## Preliminary findings- Participant summary



54 interviews  
20 participants



7 field-sites



14 male



20 - 49 yrs old



18 unemployed



14 born in  
Australia



19 injected in  
past month



11 no-mild  
fibrosis



## Key theme: Peer distribution of knowledge

Pre treatment

Peers as a trusted  
source of information

**"Off the street**, from peers and other people who have gone through treatment. **That's all I've listened to**, I haven't listened to anyone else. **I don't believe the doctors**, the doctors; all they want is to give you another prescription so they can get money, pretty much."

During treatment

"Doing it together"

Just so you can feed off each other's information. Like if he's not going through the same side effects as you, you can find out if it's wrong, like if something is adverse, you know? Like you never know, you could have an adverse allergic reaction to anything. So **it's always good to have someone doing the exact same thing as you**, to mirror your own experience."

Post treatment

Becoming a "treatment  
advocate"

**I told him to go to his GP...** [He asked] what the side effects were like and **I just generally told him that as far as I know there haven't been any side effects.** Empowering, yeah **empowering to tell someone something positive** and if I see him go do it that will give me more boost, to see something positive come out of the drug industry.



## Conclusion and implications

- First qualitative study to follow participants through out DAA treatment
- Highlight importance of peers in shaping treatment perceptions and engagement
- Important for messaging and interventions to increase treatment uptake



Image: field site 5

## Acknowledgments

- Study participants for their time and contribution
- TAP study nurses; Kate, Sally and Kico
- Supervisors; Margaret Hellard, Joseph Doyle, Peter Higgs
- Burnet fieldworkers and colleagues



Image: field site 1

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