
REASONS FOR NOT SEEKING HCV TREATMENT AMONG A SAMPLE OF PEOPLE WHO INJECT DRUGS

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BACKGROUND & AIMS

- DAAs widely available in Australia since March 2016
- PWID still face numerous barriers to treatment
- Little research since introduction of DAAs
- Aims of this research
 1. to estimate HCV treatment uptake and examine differences between participants who have and have not taken up DAA treatment
 2. to investigate reasons why HCV-infected participants have not taken up DAA treatment, and;
 3. examine patterns of responses among these reasons

METHODS

Participants & Procedures

- PWID recruited from 5 NSPs in South East Queensland 9-12 months post-DAA
- Face-to-face interviews, approx. 30mins

Measures

- Demographics
- Hepatitis C testing, status, and treatment
- Drug use and injecting behaviours
- Mental Health
- Reasons for not taking up HCV treatment

METHODS - 'REASONS FOR NOT TAKING UP HCV TREATMENT' ITEMS

- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Treating Hep C is not a priority ■ Concerned about treatment side effects ■ Concerned about being stigmatised or discriminated against by staff ■ Don't know about the new treatments ■ Not feeling any symptoms of Hepatitis C | <ul style="list-style-type: none"> ■ Don't want to see a doctor about my Hepatitis C ■ Doesn't seem like a problem I need to deal with right now ■ Not concerned about my Hepatitis C infection ■ No reason/just haven't ■ Are there any other reasons that were not included? Please specify... |
|---|---|

RESULTS - SAMPLE CHARACTERISTICS

- 404 PWID
- Mean age 40.7 years, 74% male, 14% Indigenous Australian background, 85% unemployed
- 94% tested for HCV in lifetime, 56% tested in past year
 - 38% HCV negative
 - 25% HCV antibody positive
 - 30% active HCV infection
 - 7% don't know status

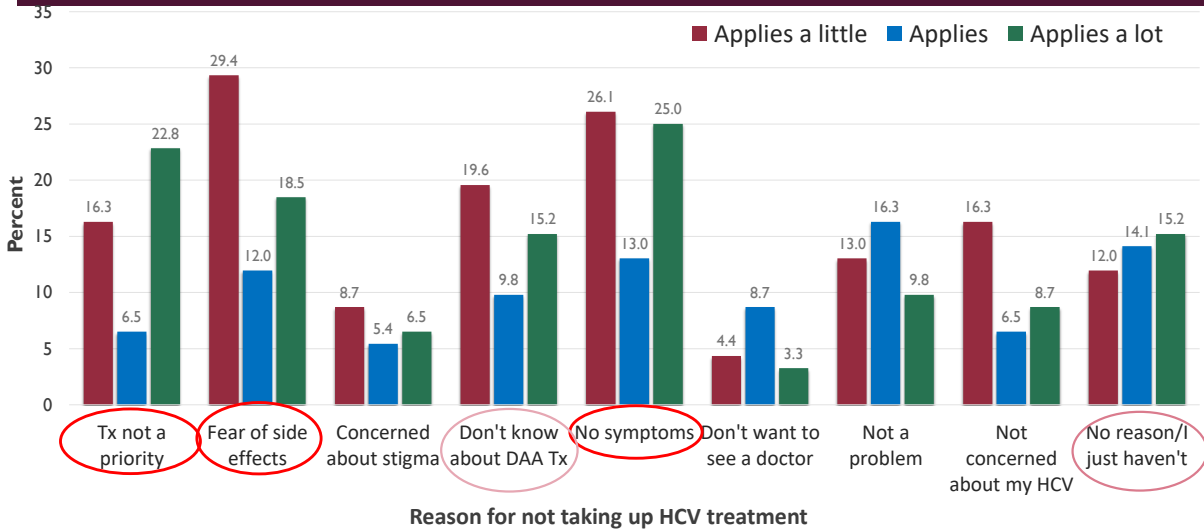
RESULTS - HCV TREATMENT UPTAKE AND GROUP DIFFERENCES (n=145)

- 36.5% of eligible participants taken up HCV treatment
- In unadjusted analyses, more likely to have taken up treatment if:
 - Older (50+ years, compared to 18-34 years)
 - Non-indigenous background
 - Not injected in past month
 - Injected single drug (compared to polydrug use) in past month;
 - Injected fewer than 3x/day in past month
 - Injected on fewer days in past month
 - Had not injected methamphetamine or subutex in past month

RESULTS – GROUP DIFFERENCES, ADJUSTED ANALYSES (n=145)

- In adjusted analyses, PWID were more likely to have taken up treatment if:
 - **Injected on fewer days in past month**
 - Older (50+ years, compared to 18-34 years)
 - Non-indigenous background
 - Lower anxiety scores

RESULTS – REASONS FOR NOT TAKING UP HCV TX – HCV ACTIVE INFECTION ONLY (n=92)

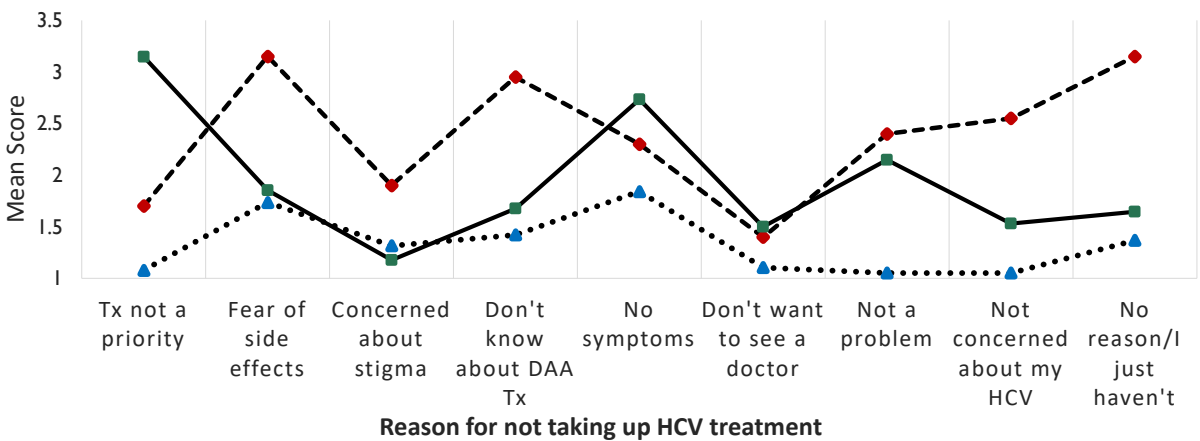


RESULTS – REASONS FOR NOT TAKING UP HCV TX - 'OTHER REASONS'

- Competing priorities
 - Health, broader issues
- Related to treatment itself or issues to do with doctors/treatment staff
- Still injecting drugs
- Difficulty getting bloods taken
- Been in jail – 2 comments
- Issues around readiness to begin treatment or social environment

RESULTS – REASONS FOR NOT TAKING UP HCV TX – CLUSTER ANALYSIS (n=92)

◆ C1 - Lack of knowledge (n=20)
 ■ C2 - Not a priority (n=34)
 ▲ C3 - No identified reason (n=38)



WHAT DOES THIS ALL MEAN?

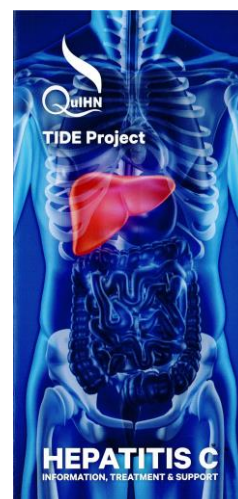
- Patterns of treatment uptake and reasons for not taking up treatment similar to during interferon
- While barriers/reasons overall may be similar, PWID don't endorse these reasons equally and may fall into different categories who would benefit from different interventions

WHAT CAN WE DO?

- 'Lack of knowledge'
 - Continued and expanded education efforts
 - Using peer workers in these roles
- 'Not a priority'
 - Education messages may emphasise potential damage despite no symptoms
 - Use messages from other PWID who have felt improvement post-treatment
- 'No reason'
 - Brief interventions in harm reduction and medical settings
 - Point of care testing

WHAT ARE WE DOING?

- We work closely with QuIHN and feedback our research results so they can incorporate into their planning for their HCV treatment program
 - Advisory panel meetings include members from QLD Health, Hepatitis QLD, and tertiary treatment
- Presented preliminary results at Unisharp launch which was attended by NSP and AOD workers throughout South East QLD



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 - Prof. Charles Gilks
 - Dr Owain Williams

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THANK YOU

QUESTIONS?