# Exploring opportunities and missed opportunities for hepatitis C treatment uptake among people who inject drugs in Australia: a qualitative study

**Authors:**
Aung PTZ [1,2], Goutzamanis S[1], Douglass C[1,2], Stoové M[1,2], Hellard M[1,2,3], Dietze P[1,2,4], Higgs P[1,2,5]

[1] Burnet Institute, [2] Department of Epidemiology and Preventive Medicine, Monash University, [3]Department of Infectious Diseases, Alfred Health & Monash University, [4]National Drug research Institute and Enable Institute, Curtin University, [5]La Trobe University

**Background**: Eliminating hepatitis C virus (HCV) infection in Australia requires a nuanced understanding of the barriers to HCV treatment experienced by people who inject drugs (PWID) and new strategies to improve treatment pathways. This study aims to understand the reasons people avoid or delay HCV treatment and identify potential opportunities or missed opportunities that can increase uptake of HCV treatment.

**Methods**: Semi-structured interviews with 15 participants who were HCV positive and had a history of active or recent injecting drug use were conducted. Thematic and framework analysis based on integrated framework by Høj and colleagues were used to identify barriers and potential opportunities to HCV treatment.

**Results**: Findings were categorised as individual-level, socio-structural-level and system-level barriers and potential enablers to HCV treatment. At an individual-level, other competing priorities such as mental health conditions, family circumstances and ongoing drug use impeded treatment opportunities. Being engaged in opioid agonist therapy (OAT) improved treatment readiness. At the socio-structural level, unstable housing and stigma deterred engagement in HCV care whilst family and peer support could improve care pathways. At the system-level, misinformation, limited availability of OAT prescribers and gaps in care coordination especially within the prison system were identified as missed opportunities for treatment. In contrast, organisational support and respectful relationships with service providers were key to engagement with health services.

**Conclusion**: Multiprong strategies that address specific needs of PWID are needed. The key opportunities and/or missed opportunities identified included: 1) improving linkage between prisons, primary care services, drug and alcohol services and housing services; 2) embedding HCV care within these primary care services; 3) expansion of OAT prescribing capacity; and 4) employing peer-based model of care.

**Disclosure of Interest Statement**: MH, MS and PH received research grants from Gilead and Abbvie unrelated to this work. PA is supported by Research Training Program (RTP) stipend from Monash University.