

WILLINGNESS AMONG CLIENTS TO PARTICIPATE IN A RANDOMISED CONTROLLED TRIAL INVOLVING FINANCIAL INCENTIVES TO INITIATE HEPATITIS C TREATMENT – A PILOT STUDY

Marshall AD^{1,2}, Conway A^{1,2}, Cunningham EB¹, Valerio H¹, Silk D¹, Alavi M¹, Wade A³, Lam T⁴, Zohrab K⁵, Dunlop A⁶, Connelly C⁷, Christmass M^{8,9}, Cock V¹⁰, Burns C¹¹, Dore, GJ¹, Grebely, J¹

¹The Kirby Institute, UNSW Sydney, NSW, Australia

²Centre for Social Research in Health, UNSW Sydney, NSW, Australia

³Drug and Alcohol Clinical Services, Mid North Coast Local Health District, NSW, Australia

⁴Drug and Alcohol Clinical Services, Western Sydney Local Health District, NSW, Australia

⁵Drug and Alcohol Clinical Services, Northern New South Wales Local Health District, NSW, Australia

⁶Drug and Alcohol Clinical Services, Hunter New England Health Local Health District, NSW, Australia

⁷Next Step Community Alcohol and Drug Services, Joondalup, WA, Australia

⁸National Drug Research Institute, Curtin University, WA, Australia

⁹Next Step Community Alcohol and Drug Services, East Perth, WA, Australia

¹⁰Drug and Alcohol Services South Australia (DASSA), SA, Australia

¹¹Drug and Alcohol Clinical Services, South Western Sydney Local Health District, NSW, Australia

Background:

Financial incentives have been utilised to increase HCV treatment uptake, yet there is limited evidence regarding their acceptability. The study aim was to investigate the willingness of people who inject drugs (PWID) to participate in a randomised controlled trial (RCT) involving financial incentives to initiate HCV treatment.

Methods:

ETHOS Engage is an observational cohort study in Australia. Inclusion criteria were age ≥ 18 years and lifetime history of injecting drugs, either in the last six months or current opioid agonist treatment (OAT), and exclusion criteria was currently receiving HCV treatment. Willingness to participate in a RCT with financial incentives was assessed and factors associated with preference for entire incentive (\$60) at first clinic visit versus delayed incentive were assessed with logistic regression.

Results:

Overall, 93% (601/644) were eligible and agreed to participate in an RCT with financial incentives. Among 601 participants (mean age 44, 66% male, 24% Aboriginal ethnicity), 84% completed at least year 10, 59% had injected drugs in the prior month, and 65% were receiving OAT. Willingness to participate in an RCT increased by amount offered: unspecified (72%), \$20 (76%), \$60 (80%), and \$100 (85%). The preferred method of incentive distribution over three clinical visits was entire incentive at first clinical visit (32%), although 28% stated 'no preference'. Among participants with a preference for distribution method (n=373), factors associated with entire incentive at first clinic visit were Aboriginal ethnicity (aOR 1.74; 95% CI 1.04-2.91) and completion of year 10 (aOR 0.45; 95% CI 0.25-0.80). Main reported reasons for study participation were the \$60 incentive (33%), helping with research (28%), and motivation to initiate HCV treatment (20%).

Conclusion:

Most participants were willing to participate in an RCT involving financial incentives to initiate treatment but differed regarding incentive distribution. Study findings inform implementation of incentives in clinical practice.

Disclosure of Interest Statement:

This study is partly funded by the UNSW Sydney Apte Scholarship and the Kirby Institute Emerging Leader Investigator Grant. AD Marshall has nothing to declare. GJD is a consultant/advisor and has received research grants from Merck, Gilead, and AbbVie outside the submitted work. JG is a consultant/advisor and has received research grants from AbbVie, Cepheid, Gilead, and Merck outside the submitted work. All other authors had nothing to declare.