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

Marshall AD1,2, Conway A1,2, Cunningham EB1, Valerio H1, Silk D1, Alavi M1, Wade A1, Lam T1, Zohrab K1, Dunlop A5, Connelly C7, Christmass M8,9, Cock V10, Burns C11, Dore, GJ1

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 clinic 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.

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