

## EXPLORING OPPORTUNITIES AND MISSED OPPORTUNITIES FOR HEPATITIS C TREATMENT UPTAKE AMONG PEOPLE WHO INJECT DRUGS IN AUSTRALIA: A QUALITATIVE STUDY

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### 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 the 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:

The study suggests that multiprong strategies that address specific needs of PWID are needed. The study identified that: 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 were key opportunities/misused opportunities for improving HCV care.

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