

“Treated like a Human Being”: Perspectives of people who inject drugs attending low-threshold HCV treatment at a syringe service program in New York City.

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Background:

Low-threshold hepatitis C virus (HCV) treatment models can effectively provide access to people who inject drugs (PWID). Perspectives of PWID treated in low-threshold models can reveal program features that address barriers to treatment, and guide implementation of similar models.

Methods:

We conducted qualitative interviews with 29 participants enrolled in the intervention arm of a randomized trial. The trial enrolled HCV-infected PWID in New York City from 2017-2020 and tested the effectiveness of low-threshold HCV treatment at a syringe services program compared with referral to specialist providers. Participants were purposively sampled for interviews to achieve diversity in age, gender, and ethnicity. Interviews were conducted in English or Spanish. The interview guide focused on prior experiences with HCV testing and treatment, and experiences during the trial. Interviews were inductively coded using thematic analysis. Codes were used to generate themes via discussion and consensus.

Results:

Before enrollment, participants reported often being tested for HCV in transient settings, such as prison, inpatient drug treatment, and emergency rooms. Treatment was often not offered or delayed because it was considered non-urgent. Participants reported stigma by health care providers and other barriers, such as insurance, waiting lists, and incarceration. Treatment during the trial was facilitated through feeling respected by caring staff, which overcame prior stigma. The flexible care model (allowing for walk-ins and missed appointments) helped mitigate logistical barriers. Finally, participants valued the willingness of the care team to address social determinants of health, such as linking patients to housing services.

Conclusion:

Findings highlight the need for low-threshold programs to emphasize nonjudgmental, low-stigma behavior from program staff, and to maintain flexible care models to adapt to participants' needs and lifestyle. Social determinants of health such as loss of housing remain a significant barrier, but programs' efforts to address these factors can engender trust and facilitate treatment.

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