

# FACTORS INFLUENCING THE EQUITABLE SCALE-UP OF DIRECT-ACTING ANTIVIRAL HEPATITIS C VIRUS TREATMENT AMONG PEOPLE WHO INJECT DRUGS: A QUALITATIVE STUDY IN BRITISH COLUMBIA, CANADA

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## Background:

Recent advances in the safety, tolerability, and efficacy of hepatitis C virus (HCV) treatments have led to the introduction of policy changes that include, in some settings, universal coverage of direct-acting antiviral (DAA) treatments for people living with HCV. However, people who inject drugs (PWID), a population with disproportionately high rates of HCV, often experience significant social and structural barriers to diverse forms of healthcare, including treatment for blood-borne viruses. The objective of this study is to identify implementation challenges and opportunities for improving HCV-related care and scaling up DAA treatment for PWID in a setting with universal DAA coverage since 2018.

## Methods:

Informed by a critical interpretive framework, this grounded theory study draws on in-depth semi-structured interviews with a purposive sample of 15 expert stakeholders (e.g., clinicians, community-based organization representatives, policy makers) related to HCV care in British Columbia, Canada.

## Results:

Our analysis revealed two key themes: First, participants described existing challenges for scaling up DAA treatments, including how contextual factors (e.g., housing, stigma) restrict opportunities for PWID to engage in HCV care. Participants also described how strained and compartmentalized health services are onerous to navigate for patients. Some described that healthcare providers gatekeep access to DAAs in ways that may inadvertently exacerbate inequities, including due to stigmatized misconceptions about treatment readiness (e.g., viewing ongoing substance use as a contraindication to treatment initiation). Second, participants described opportunities for improving HCV-related care through various structural interventions (e.g., improved housing, drug decriminalization), enhanced models of care (e.g., decentralized, integrated, outreach-focused, and peer- and nurse-led services), and evidence-informed education and anti-stigma initiatives for HCV care providers.

## Conclusion:

These findings emphasize that several key service delivery and system-level adaptations may help facilitate the equitable scale up of DAAs among PWID, including policies and programs that are responsive to socio-structural determinants of health.

**Disclosure of Interest Statement:**

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