

Magel T¹, Holeksa J¹, Thiam A¹, Chu L¹, Yung R¹, Truong D¹, Conway B¹

Vancouver Infectious Diseases Centre¹

Background

Since 2016, there have been over 8,000 overdose related deaths in Canada. The prevalence of HCV infection among people who use/inject drugs (PWID) in Canada exceeds 65%. It may be that as these individuals are engaged in HCV-related care, additional measures could be implemented to reduce high-risk behaviors linked to overdose deaths.

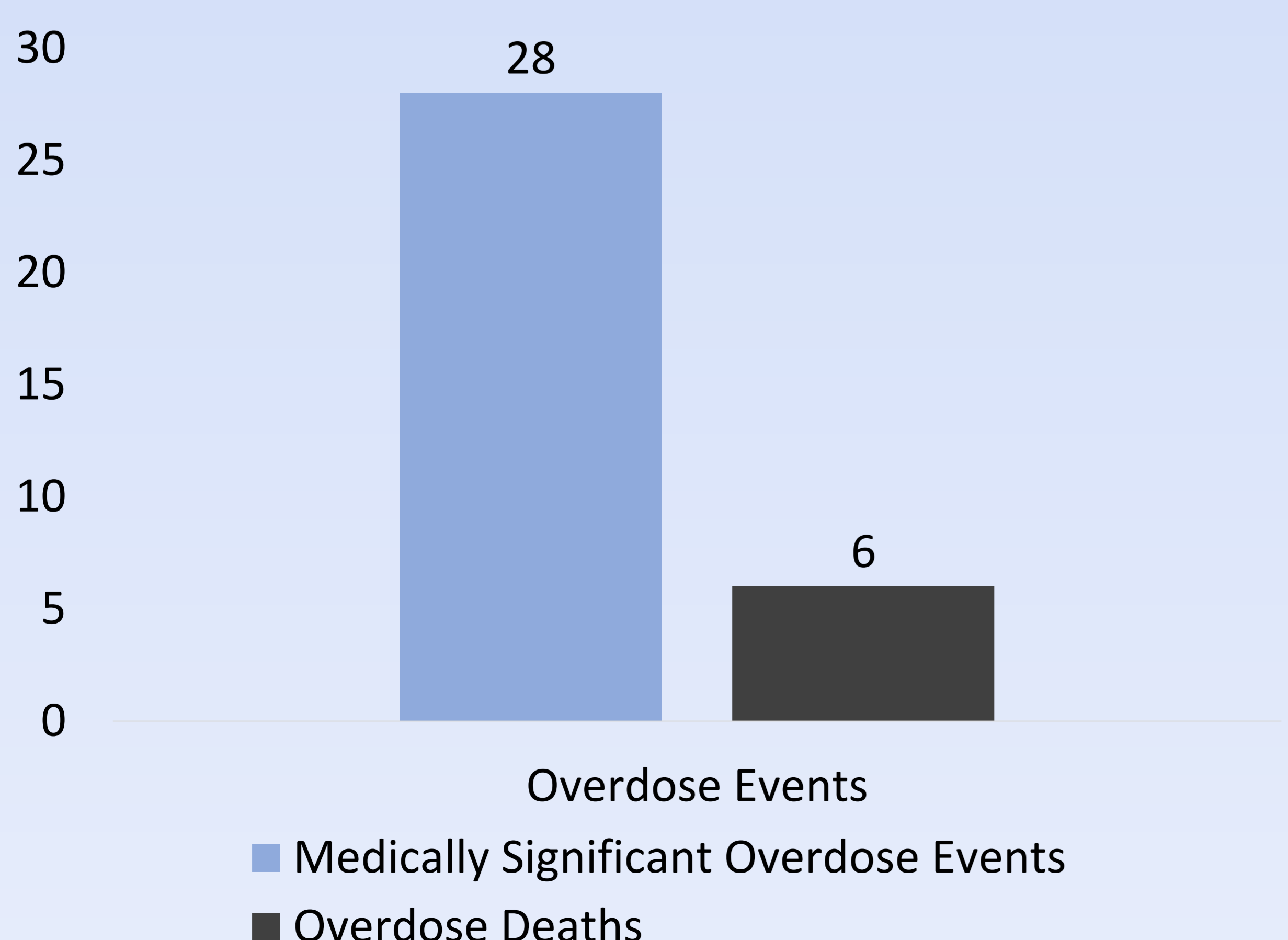
Methods

A retrospective cohort analysis was conducted among PWID who were engaged in HCV treatment at our centre. All were enrolled in multidisciplinary model of care addressing their medical, social, psychological and addiction-related needs.

Table 1. PWID Demographics

Demographics	n= 420
Mean age (years)	54 (22-79)
Male (n,%)	329 (78)
Drugs used:	
Opiate (n,%)	117 (28)
Cocaine (n,%)	101 (24)
Amphetamine (n,%)	86 (20)
OST (n,%)	172 (41)
Alcohol Use (n,%)	148 (35)
Psychiatric Comorbidity (n,%)	200 (48)
Homelessness (n,%)	65 (15)

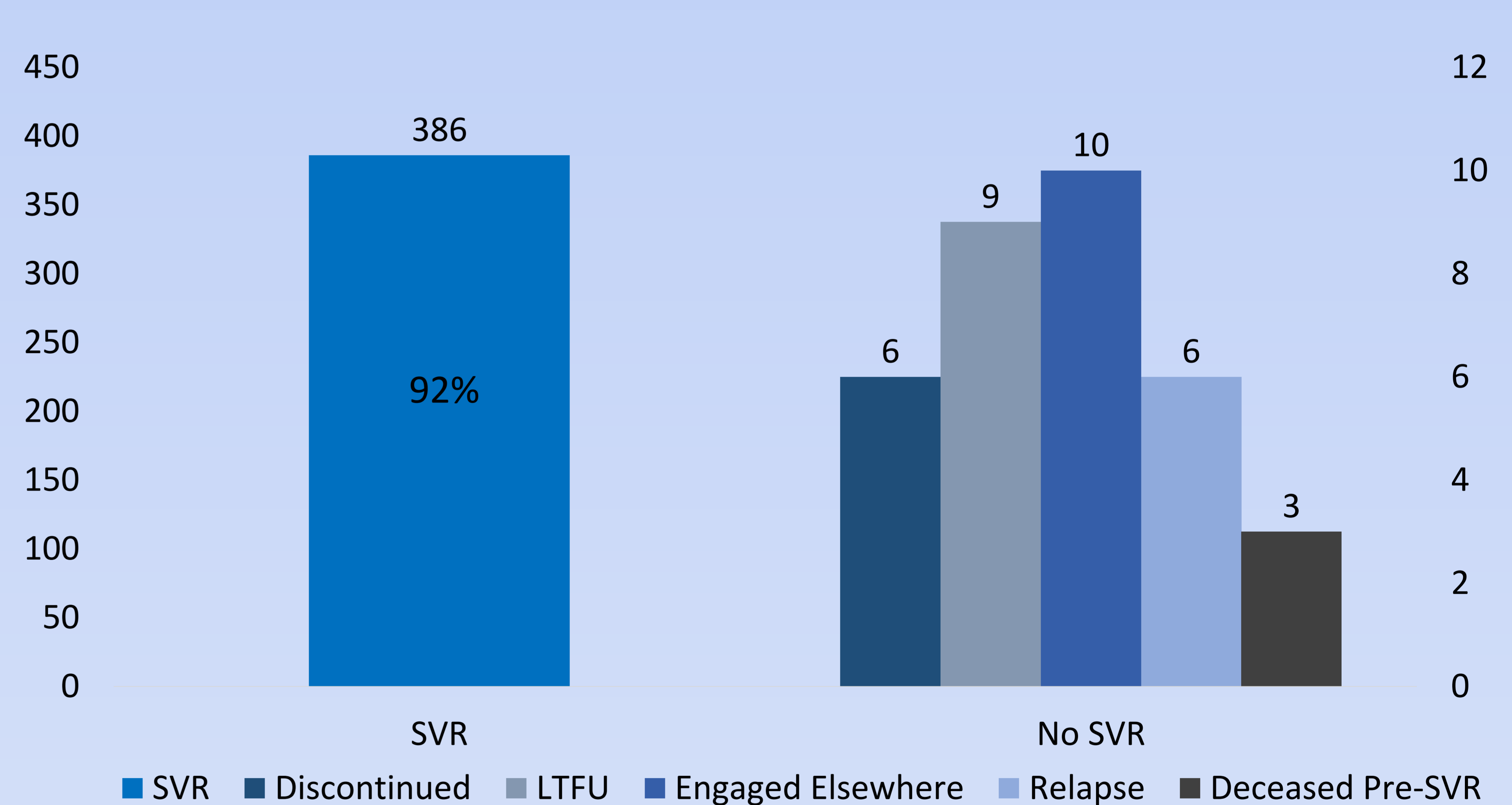
Figure 2. PWID Overdose Events



Results

A total of 420 PWID engaged in HCV treatment were included in this analysis: mean age 54 (22-79) years, 78% male, 28%/24%/20% opiate/cocaine/amphetamine use, 41% on opiate substitution therapy (OST), 35% alcohol use, 48% psychiatric comorbidity, and 15% homelessness. Sustained virologic response (SVR₁₂) was achieved in 386/420 (92%). Six individuals discontinued treatment due to side effects, 9 individuals were lost to follow-up (LTFU), 10 individuals engaged in treatment elsewhere, 3 individuals were deceased before treatment completion, 6 individuals relapsed and 7 were later re-infected. Reinfection occurred at a rate of 0.68 per 100-person years. Of those engaged in HCV treatment, in median follow-up post-treatment of 2.6 years, 28 individuals experienced medically significant overdose events (2.7 per 100-person years) and there have been only 6 overdose related deaths (0.58 per 100-person years).

Figure 1. PWID SVR12



Conclusion

Providing HCV treatment to PWID in the context of multidisciplinary care serves to enhance overall addiction related care in vulnerable populations. Our low incidence of HCV re-infection, medically significant overdoses and overdose related deaths reflect the benefits of engagement in programs such as ours for vulnerable inner-city population. This must be considered an important part of the comprehensive response to the opioid crisis.

Acknowledgments

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