

“I’ll have hep C treatment eventually”: Shedding light on what it takes to increase hepatitis C treatment uptake when clients have other priorities

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BACKGROUND

Opioid agonist treatment (OAT) clinics are considered ideal locations for providing hepatitis C treatment for people who inject drugs (PWID), a priority group for achieving the goal of hepatitis C virus (HCV) elimination by 2030¹.

Despite the availability of highly effective direct-acting antiviral (DAA) treatments with less side effects, treatment uptake is yet to reach the level needed to achieve elimination². We explore competing priorities among clients, clinic staff and policy makers, and barriers to HCV treatment initiation in the OAT context.

AIMS

To explore factors influencing HCV treatment initiation in hospital-based OAT settings and identify strategies for increasing treatment uptake.

METHODS

In 2016-17, DAA were rolled out in two hospital-based OAT clinics in Sydney, Australia and 83 clients were treated. In 2018-19, thirty in-depth interviews were conducted with clinic staff (n=17) and with a sample of clients who were yet to be treated (n=13). Interview data were thematically analysed using constant comparative methods.



RESULTS

- For the majority of clients (77%) HCV treatment was not a priority and many preferred to postpone treatment.
- Work and family obligations, health problems, focusing on drug treatment issues, and perceptions that HCV was an additional commitment and responsibility, shaped clients’ decision-making.
- Clients also identified other concerns about:
 - the side-effects of treatment; and
 - the multiple steps involved in pre-treatment testing and getting scripts filled.
- Many clients (69%) reported that staff strongly encouraged them to commence treatment and perceived staff to have a clear agenda during their interactions.
- OAT clinics were required to harness considerable resources to make testing and treatment more accessible for clients, given existing staff capacity, institutional and prescribing-related barriers.
- Adequate staffing and digital systems for capturing and storing relevant tracking data are needed to facilitate client linkage to treatment, and for reporting progress.

DISCUSSION & CONCLUSION

There are disparities between the priorities of clients, OAT clinic staff and policy makers regarding the timing of HCV treatment initiation.

Eliminating HCV in resource-constrained hospital-based OAT settings requires a marked reorientation of available resources.

Challenges exist in maintaining client-centred service provision, in addition to promoting HCV treatment uptake, for clients with multiple health and social needs.



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REFERENCES

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2. Wiktor, *The Lancet*, 2019

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