



Providing Access to Hepatitis C Treatment Improves Adherence to Addiction Treatment in an Outpatient Addiction Treatment Center

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Background

Persons who inject drugs (PWID) and their HCV infections, inextricably linked, are stigmatized and discriminated against, resulting in mistrust of medical providers and establishments. Initiatives aimed at overcoming these barriers in order to screen and treat PWID are vital. We conducted a pilot integrating HCV treatment in our office based addiction treatment centers.

Aim

Assess the impact of co-locating HCV treatment and outpatient Medication Treatment for patients with OUD.

Methods

Setting: CleanSlate (CS) is a national network of free standing outpatient addiction treatment centers. CS provides medication treatment (MT) for disorders of opiate and alcohol use. All patients initiating substance use treatment are screened for blood borne pathogens, Hepatitis B (HBV), Human immunodeficiency virus (HIV) and HCV testing with reflex; HCV RNA PCR for all HCV Ab+ specimens. All CS providers are trained in pre and post test counseling, including educating patients about HCV Direct acting antiviral (DAA) therapy and referral to community providers for evaluation/treatment.

Intervention: HCV treatment with DAA for addiction patients began at the CS New Bedford location on 9/1/2016. CS New Bedford provides MT to over 950 patients with substance use disorder. Patients with chronic HCV adherent to their addiction treatment for at least 4 weeks were eligible. Interested patients are evaluated, started on DAA treatment and monitored by addiction treatment providers. Provider training and support was delivered via weekly HCV ECHO sessions.

Data Analysis: Sixty nine patients treated in the New Bedford clinic from 9/1/2016 until 1/30/2018 were compared to patients with chronic HCV, eligible for treatment, in the same clinic who have not been treated. Groups were compared on retention, compliance and illicit drug use. Independent t-tests were used to evaluate continuous variables; and Fisher's Exact was used to evaluate dichotomous outcomes due to unequal cell sizes.

Results

Table 1
Characteristics by Intervention Group

	Intervention Group			
	Not treated (N=619)	Treated (N=69)	t/ χ^2	p
Age yrs. (mean, SD)	38.8 (10.3)	40.7 (10.4)	-1.5	0.141
MT Bup (%)	91.3%	93.4%	0.4	0.518
Race (% white)	94.6%	94.7%	0.0	0.973
Gender (% male)	63.7%	72.5%	2.1	0.147

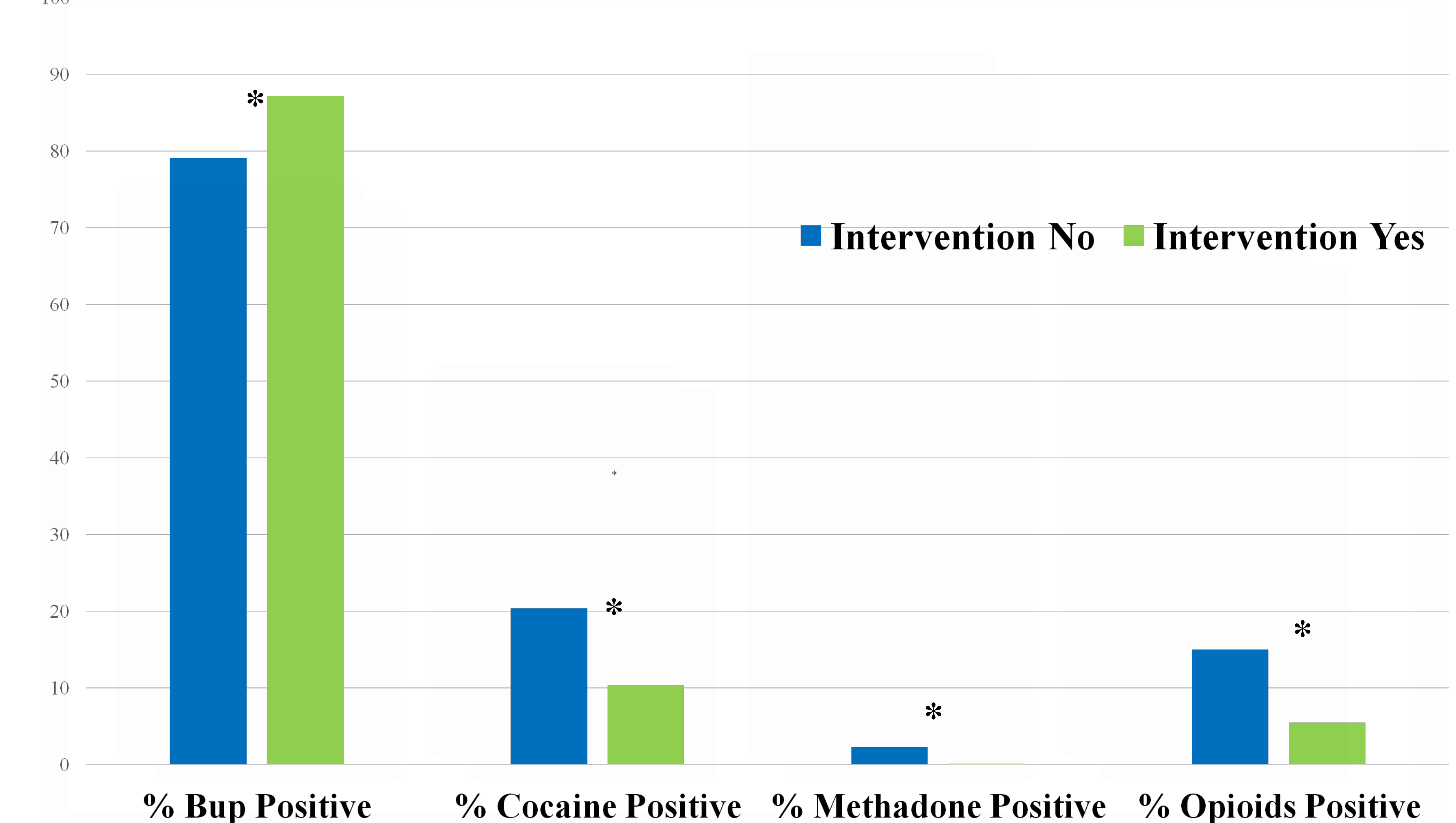
- There were no significant differences in demographic characteristics, by intervention group
- Men were more prevalent in both groups.
- The sample was predominantly white.

Table 2
Treatment Regimen and Outcomes by Genotype

Genotype	Regimen (N)	EVR ²	SVR ³
1	Sofosbuvir/Ledipasvir 8 wks (23) ⁴	21/21	17/17
	Sofosbuvir/Ledipasvir 12 wks (9)	9/9	6/7 ⁵
	Elbasvir/Greziprevir 12 wks (3)	3/3	3/3
	Sofosbuvir/Velpatasvir 12 wks (1)	1/1	---
2	Sofosbuvir/Velpatasvir 12 wks (3)	3/3	3/3
3 ¹	Sofosbuvir/Velpatasvir 12 wks (19) ⁶	19/19	16/16
	Sofosbuvir/Daclastivir 12 wks (5)	5/5	3/3
	Glecaprivir/Pibrentasvir 8 wks (1)	1/1	---
4	Sofosbuvir/Velpatasvir 12 wks (3)	3/3	2/2
	Sofosbuvir/Ledipasvir 12 wks (2)	2/2	2/2

¹One mixed genotype (1b/3a), ²early viral response, ³sustained viral response (12 weeks post completion of treatment). Only patients still in care 12 weeks after treatment are included. ⁴One patient stopped before week 4 due to an unrelated psychotic episode, ⁵ one patient LTFU before completing week 4 blood work, ⁶ one treatment failure successfully retreated with sofosbuvir/velpatasvir/voxilprevir, ⁷ one patient treated with combination (sof/vel + ribavirin),

Figure 1 Impact of HCV Treatment on Opioid Relapse and Adherence to Addiction Treatment

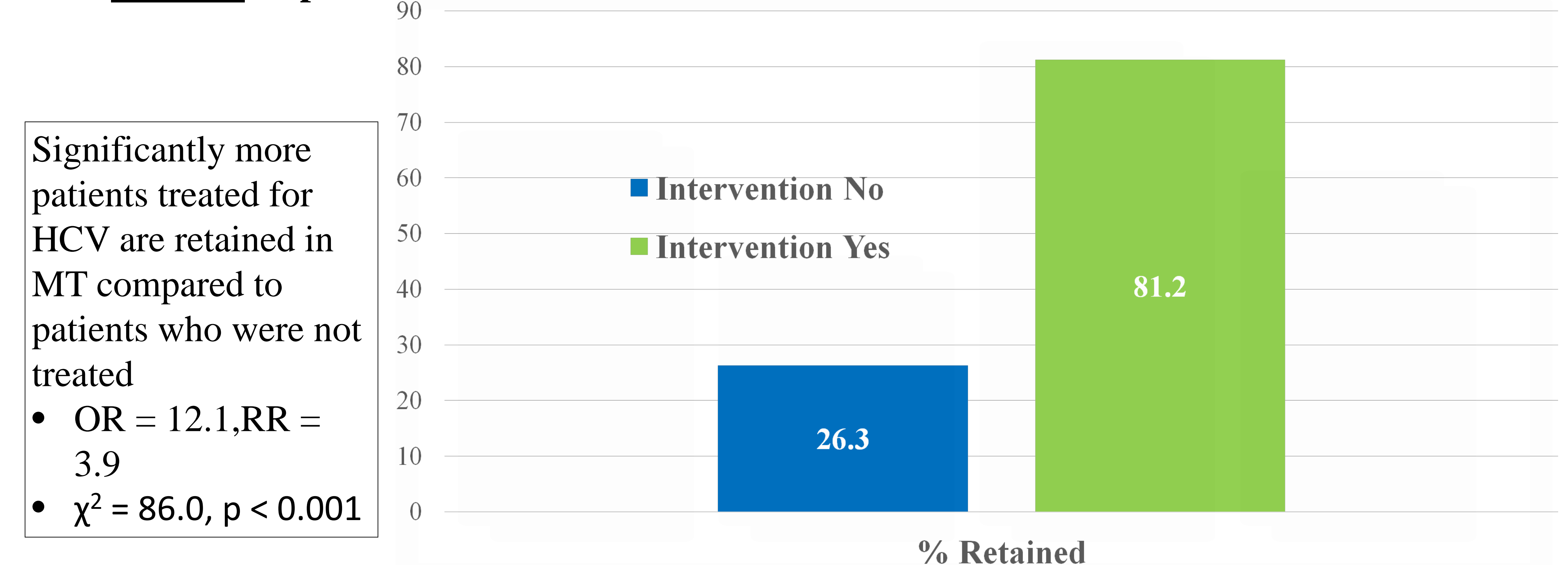


Patients in the HCV treatment group had significantly:

- Fewer positive opioid urine screens,
- Better adherence to buprenorphine,
- Less illicit methadone and cocaine

*All t-tests statistically significant p<0.05.

Figure 2 Impact of HCV Treatment on Retention in MT



Significantly more patients treated for HCV are retained in MT compared to patients who were not treated

- OR = 12.1, RR = 3.9
- $\chi^2 = 86.0, p < 0.001$

Conclusions: We developed a novel clinical program, integrating OUD treatment and HCV treatment. Patients treated for HCV in our OBOT center had excellent adherence and treatment response to DAA. In comparison to patients with chronic HCV in the same center, who were not treated for HCV, the patients who were treated for HCV had better adherence to MT, less opioid and less cocaine use. Interestingly they also had significantly better retention in care. There is a pressing need to improve access to HCV treatment for PWID. Integrating HCV treatment in outpatient addiction treatment clinics eliminates many health system level barriers and stigma, which prevent PWID from engaging in HCV care. Treatment of HCV may be an impetus for decreasing opioid use with a resultant substantive improvement in recovery from OUD.