

## **CEDAR PROJECT HCV BLANKET PROGRAM: HEPATITIS C-FREE NARRATIVES AMONG INDIGENOUS PEOPLE WHO USE(D) DRUGS IN BRITISH COLUMBIA, CANADA.**

Mazzuca A<sup>1</sup>, Pooyak S<sup>2</sup>, Pearce M<sup>1</sup>, Jongbloed K<sup>1</sup>, Thomas V<sup>1</sup>, Yoshida E<sup>1</sup>, Schechter M<sup>1</sup>, Spittal P<sup>1</sup>, For Cedar Project Partnership

<sup>1</sup> *University of British Columbia*, <sup>2</sup> *Canadian Aboriginal AIDS Network*

### **Background:**

Direct-acting antiviral (DAA) therapies work to improve the health and wellness of people living with hepatitis C (HCV). Yet, for Indigenous peoples living in Canada, systemic racism continually imposes barriers to HCV treatment. The Cedar HCV Blanket Program, a culturally safe case management approach, was created to buffer colonial barriers to DAA therapies for Indigenous people who use(d) drugs. Between 2017-2019, 60 participants enrolled in the program, with 96% completing treatment and 95% remaining HCV-free 9-month post treatment. In this qualitative study, we focus on participants' HCV-free narratives, to better understand their experiences and care recommendations.

### **Methods:**

The Blanket Program, designed by Cedar's Indigenous governance, is a two-city pilot study nested within the Cedar Project, a community driven cohort involving Indigenous people who use(d) drugs in Vancouver and Prince George, British Columbia. This study draws on 30 participant interviews post-HCV treatment and case documentation; interpretive description guided the analysis.

### **Results:**

Three themes were identified. First, participants' narratives centered on improved physical and mental health, and emotional connection. Second, participants recounted a desire to uphold health and wellness due to restored vitality and lifespan, such as reducing drug-related harms and seeking personal development opportunities. However, some participants experienced lesser impact of HCV cure, due to not having prior symptoms and continued stress surviving structural violence. Third, participants' accounts emphasized the importance of culturally safe care that extends beyond HCV cure. Continuity of care, including advocacy, is essential in the face of systemic racism, stigma, and critical health and wellness needs.

### **Conclusion:**

Although many participants experienced greater health and wellness after treatment, health gains may be constrained through continual exposure to systemic racism and stigma across colonial institutions. Thus, it is imperative that HCV care is culturally safe and continues to support Indigenous people living with HCV above and beyond treatment.

### **Disclosure of Interest Statement:**

Nothing to declare.