

THE CEDAR HCV BLANKET PROGRAM: BARRIERS AND FACILITATORS OF HEPATITIS C TREATMENT UPTAKE AMONG INDIGENOUS PEOPLE WHO USE DRUGS IN BC, CANADA.

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Background:

Indigenous people who use drugs in Canada face extensive systemic and social barriers to health care, including access to new direct acting antiviral HCV therapies. The Cedar HCV Blanket Program addresses barriers to care by providing culturally-safe, strengths-based case management (SBCM) to Indigenous people who use drugs before, during, and after HCV treatment.

Methods:

The Cedar HCV Blanket Program, conceived by our Indigenous governance, is a pilot study nested within the Cedar Project, a community-governed prospective cohort examining HIV/HCV vulnerabilities among Indigenous people who use drugs in Vancouver and Prince George, BC. Using screening questionnaire data, we carried out multivariate logistic regression to identify factors associated with uptake into the Blanket Program among participants who were eligible to enroll (i.e. had chronic HCV infection).

Results:

Of 97 Indigenous people who were screened and eligible, 44 (45%) enrolled in the Blanket Program (enrollment ongoing). Recent (past six months) experiences associated with non-enrollment included: living on the streets (adjusted odds ratio (AOR): 0.15; 95% Confidence Interval (CI): 0.05-0.42), needle lending (AOR: 0.10; 95%CI: 0.01-0.97) and actively seeking drug treatment (AOR: 0.24; 95% CI: 0.08-0.75). Ever having suicidal thoughts (AOR: 0.38; 95%CI: 0.16-0.91) and using fentanyl in past 12 months (AOR: 0.18; 95%CI: 0.03- 1.00) were also associated with non-enrollment. Hearing that someone had died from an overdose (AOR: 0.30; 95%CI: 0.08-1.08), using a used needle (AOR: 0.34; 95%CI: 0.12-1.02), and past hospitalization for mental health (AOR: 0.25; 95%CI: 0.06-1.01) were marginally associated with non-enrollment. Having recently been in a substance use treatment program was associated with enrollment (AOR: 4.91; 95% CI: 1.76-13.76).

Conclusion:

Structural-social barriers to HCV treatment uptake remain for Indigenous people who use drugs. Integration of healing-centered approaches to address emotional distress and substance use harms are needed to decrease barriers to HCV treatment.

Disclosure of Interest Statement:

The authors declare that they have no competing interests.