



Limited Hepatitis C Treatment And Barriers For Injection Drug users In Chinese Methadone Treatment Clinics: Comprehensive Hepatitis C Care Is Needed

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Aims

- To identify Hepatitis C virus (HCV) treatment status and barriers among persons who injected drugs (PWID)
- To explore willingness and barriers for HCV-infected PWID to accept directly observed treatment service (DOTs) and the oral direct antiviral agents (DAAs) among Chinese methadone maintenance treatment (MMT) clinics

Methods

This is a cross-sectional survey

- conducted in 17 MMT clinics in Guangdong Province, China, from July to October 2017.
- HCV-antibody positive PWID were included based on testing records in MMT clinics.
- Andersen's behavioural model for healthcare utilization was used to collect data about HCV treatment status, willingness for using DOTs and DAAs, and related barriers if patients acknowledged they were infected.

Predisposing factors

- Treatment knowledge**
 - Not knowing where to get treatment
- Treatment attitudes**
 - Fear of side effects
 - Not convinced that treatment works
- Demographic**
- Social structure**
- substance abuse**
- unsafe sexual behaviours**

Enabling factors

- Unaffordable medical costs
- Long course of treatment
- Far to treatment sites
- Fear of discrimination
- Lack of family support
- Having not enough time
- Cannot stop drinking alcohol
- Being arrested for abusing drugs
- Health insurance
- Housing

Need factors

- Unaware of being infected
- No need due to mild symptoms
- Health status was improved
- Alcohol drinking
- HIV/HBV co-infection

Results

- A total of **550** HCV-antibody positive PWID clients were included
- Of the HCV-antibody positive PWID clients:**
 - 22.0% (121/550) ever initiated HCV treatment
 - 55.8% (307/550) acknowledged HCV infection
- Of those acknowledging HCV infection :**
 - 39.4% ever initiated HCV treatment
 - 73.1% and 53.1% were willing to use DOTs and DAAs
- Unaffordable medical costs and seemingly quite mild symptoms** were the major barriers for initiating HCV treatment and using DOTs or DAAs

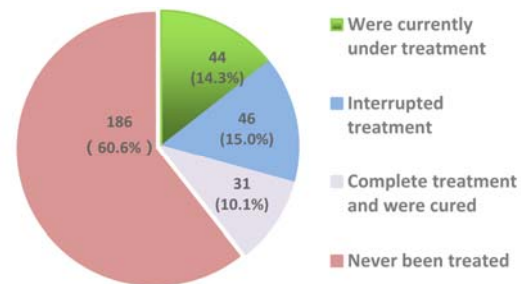


Figure 1. HCV treatment status among those acknowledging HCV infection

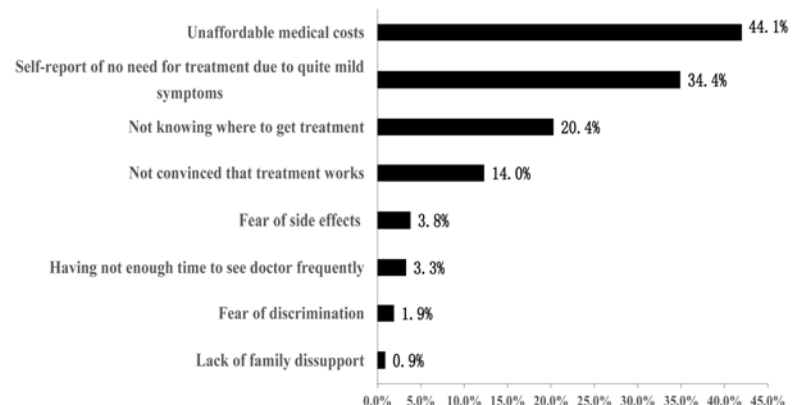


Figure 2. Barriers for initiating treatment among those acknowledging HCV infection

Conclusions

- Uptake of HCV treatment was limited for PWID in Chinese MMT clinics
- Patients had high rate of willingness to use DOTs and DAAs
- Comprehensive HCV care is needed in Chinese MMT clinics

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