

## **REDUCED INJECTION DRUG RISK WITH CO-LOCATED HCV TREATMENT: INJECTION BEHAVIOR CHANGES ASSOCIATED WITH THE ACCESSIBLE CARE TREATMENT MODEL**

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**Background:** Direct acting antiviral therapy has proven safe and effective at curing HCV infection in people who are actively injecting drugs (PWID), with low rates of reinfection. We examine the injection drug behavior changes that took place in a cohort of PWID engaged in a HCV treatment study.

**Methods:** Data was analyzed from the Accessible Care (AC) Trial for curing HCV in active PWID, a randomized clinical trial comparing low-threshold, non-stigmatizing hepatitis C treatment co-located at a syringe service program (AC) versus facilitated referral to local clinicians through patient navigation (Usual Care/UC). Changes in engagement in medication for opioid use disorder (MOUD), injection frequency, and injection equipment sharing were compared in the two arms over 12-months.

**Results:** Injection drug risk behavior was assessed in 165 HCV infected PWID (82 in AC, 83 in UC). At baseline the mean age of participants was 42.0 years, 21.8% were women, 39.4% reported being daily injectors, and 70.3% were on MOUD. 74 of the 165 participants achieved SVR12 with a reinfection rate of 6.9 per 100 patient-years. Although there was no difference in the change of MOUD engagement between the AC and UC arms, there was a significantly larger decrease in the numbers of injection days ( $\beta = -1.47$ ,  $p < 0.05$ ) and injection events ( $\beta = -0.197$ ,  $p < 0.05$ ) in the AC arm compared to the UC arm. Syringe and cooker sharing was rare and both arms and no significant change was noted between the arms.

**Conclusion:** Treating people who inject drugs at a syringe service program, where injection behaviors can be discussed openly without fear of stigma, may have indirect pro-health benefits including reduction in injection frequency and high risk injection drug behaviors. The low rates of HCV reinfection seen in our study may be partially related to decreased injection risk seen.

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