

SHORT-TERM 'CHEQUE EFFECTS' ON DRUG CONSUMPTION BEHAVIOUR AND THEIR ASSOCIATION WITH DETERMINANTS OF HCV RISK AMONG PEOPLE WHO INJECT DRUGS

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Background: Income disbursement has been temporally associated with intensified drug use and related harms, but its implication in HCV risk is understudied. We examined short-term changes in drug injection frequency before/after receiving a significant cheque and associations with social determinants of HCV infection among people who inject drugs (PWID).

Methods: Data were drawn from the HEPCO cohort in Montreal, Canada (2011-2017; recruitment criteria: age ≥ 18 , past six-month drug injection; study eligibility: past-month illicit drug use, cheque receipt). Three-monthly questionnaires captured sociodemographics and drug use, including injection frequency in the two days before and after receiving a significant cheque in the past month. Individual-level change in the number of injections before/after cheque receipt was assessed using the paired-sample Sign test. A two-part hurdle model then assessed the relative odds (likelihood) and rate (magnitude) of any increase in the number of injections ('cheque effect') with respect to recent unstable housing, cocaine use, frequent injection (past-month), incarceration (past 3-months), and opioid agonist therapy (OAT; current). Analyses adjusted for sociodemographic covariates including income level and source. Cluster-robust standard errors were obtained via a sandwich estimator.

Results: Overall, 705 participants (at baseline: 82% male, 92% white, median age 40, 91% receive income assistance) contributed 4787 eligible observations. Injection frequency was typically greater after (vs. before) cheque receipt (median 3 vs. 0 injections; $p < 0.05$). 40% of participants reported more injections after cheque receipt, 3.2% reported fewer, and 57% no change. Past-month frequent injection, cocaine use, and unstable housing were associated with greater likelihood and magnitude of the cheque effect; OAT with a greater likelihood but lower magnitude; and recent incarceration with a lower likelihood of the cheque effect (all $p < 0.05$).

Conclusion: 'Cheque effects' are exacerbated among PWID with known HCV risk factors and may act as a transient temporal link in the causal pathway to infection.

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