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Background & Aims

- People who inject drugs (PWID) are underrepresented among those receiving hepatitis C virus (HCV) treatment, compared to people without history of injection drug use (IDU); yet, most new HCV infections are among PWID. Previous cohort studies suggest that Opioid Agonist Therapy (OAT) facilitates the uptake of HCV treatment among PWID.
- This study sought to characterize HCV treatment uptake among PWID and those on OAT at a population level, using health system and administrative data.

Methods

- The British Columbia (BC) Hepatitis Testers Cohort (BC-HTC) was used. It includes all individuals tested for HCV in BC (1992-2015), linked to all prescription drugs (1985-2018), medical visits (1990-2015), hospitalizations (1985-2015), mortality data (1985-2018), and other surveillance, laboratory and administrative data sets.
- People diagnosed with chronic HCV identified as PWID (using previously validated algorithm- recent PWID; IDU \leq 3 years, past PWID; IDU >3 years ago), or ever received OAT but not identified as PWID, were selected.
- OAT history was classified as; never, recent (\leq 6 months before HCV treatment initiation, or December 31st 2018 if untreated), or past (>6 months before HCV treatment initiation, or December 31st 2018 if untreated) [Figures 1a, 2a, 3a].
- For OAT care cascade, those with a record of OAT dispensation covering Dec 31st 2018 were identified, and retention was defined as continuous OAT dispensation covering preceding time period (allowing gap of up to 7 days between records).
- Percentage of people in each OAT care cascade stage who had received HCV treatment as of Dec 31st 2018 was assessed, as well as proportion of people retained on OAT, as percentage of previous cascade stage [Figures 1b, 2b, 3b].

Key Findings

- The proportion of people who received HCV treatment increased as length of retention in OAT increased. This suggests that improved OAT retention, and integration of HCV treatment with OAT, may facilitate HCV treatment uptake.
- Among recent PWID, there was little difference in HCV treatment uptake between those never on OAT, and those recently on OAT, suggesting that HCV treatment may not currently be integrated with OAT as effectively as possible.
- People with ongoing drug use may experience more barriers to retention in OAT, as proportional retention in OAT along the care cascade (grey arrows in Figures 1b, 2b, 3b) was lower among recent PWID (Figure 1b), compared to past and never PWID (Figures 2b & 3b).
- As people with past OAT had the lowest proportion of HCV treatment uptake, characteristics of people with previous OAT and who have not received HCV treatment should be followed-up for opportunities for re-engagement in HCV care and treatment.
- Recent or past PWID never in OAT may include People Who Use Stimulant Drugs, and this group may not directly benefit from the integration of HCV treatment with OAT. However, medically assisted stimulant treatment could be explored, as it may facilitate HCV treatment uptake, preventing HCV reinfection, and improving the health of People Who Use Stimulant Drugs. Further characterization of stimulant use among PWID in the BC-HTC will be undertaken to better understand the needs of this group.

Next Steps

- These findings suggest that increasing integration of HCV treatment with OAT, lowering barriers to OAT access, and increasing coverage of OAT services, may improve HCV treatment uptake among People Who Use Opioid Drugs.
- PWID and people in OAT must be involved in designing public health strategies supporting engagement or re-engagement with harm reduction (including OAT) and HCV treatment.

Results

Recent PWID:

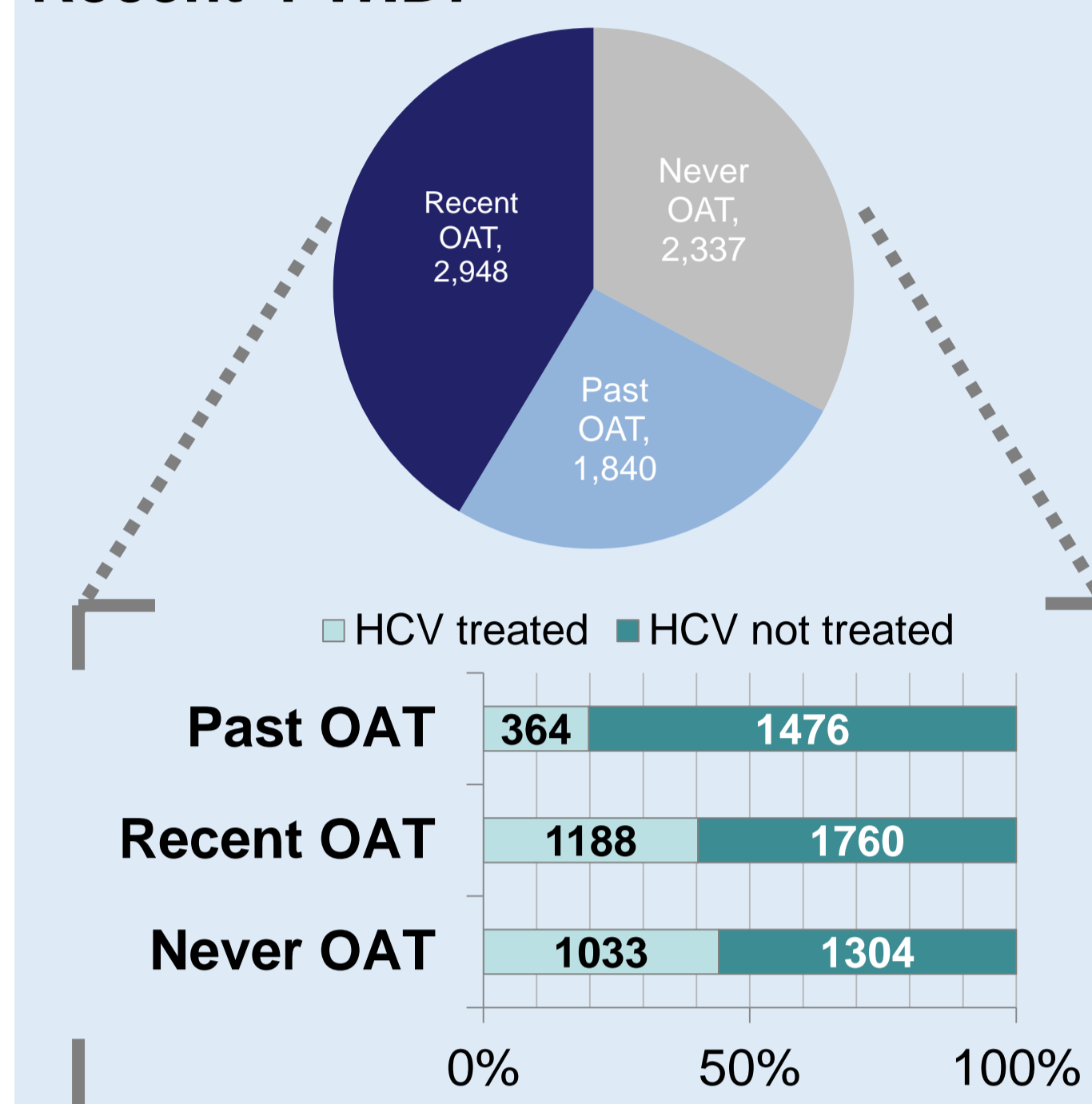


Figure 1a. OAT history & HCV treatment uptake among recent PWID with chronic HCV in BC.

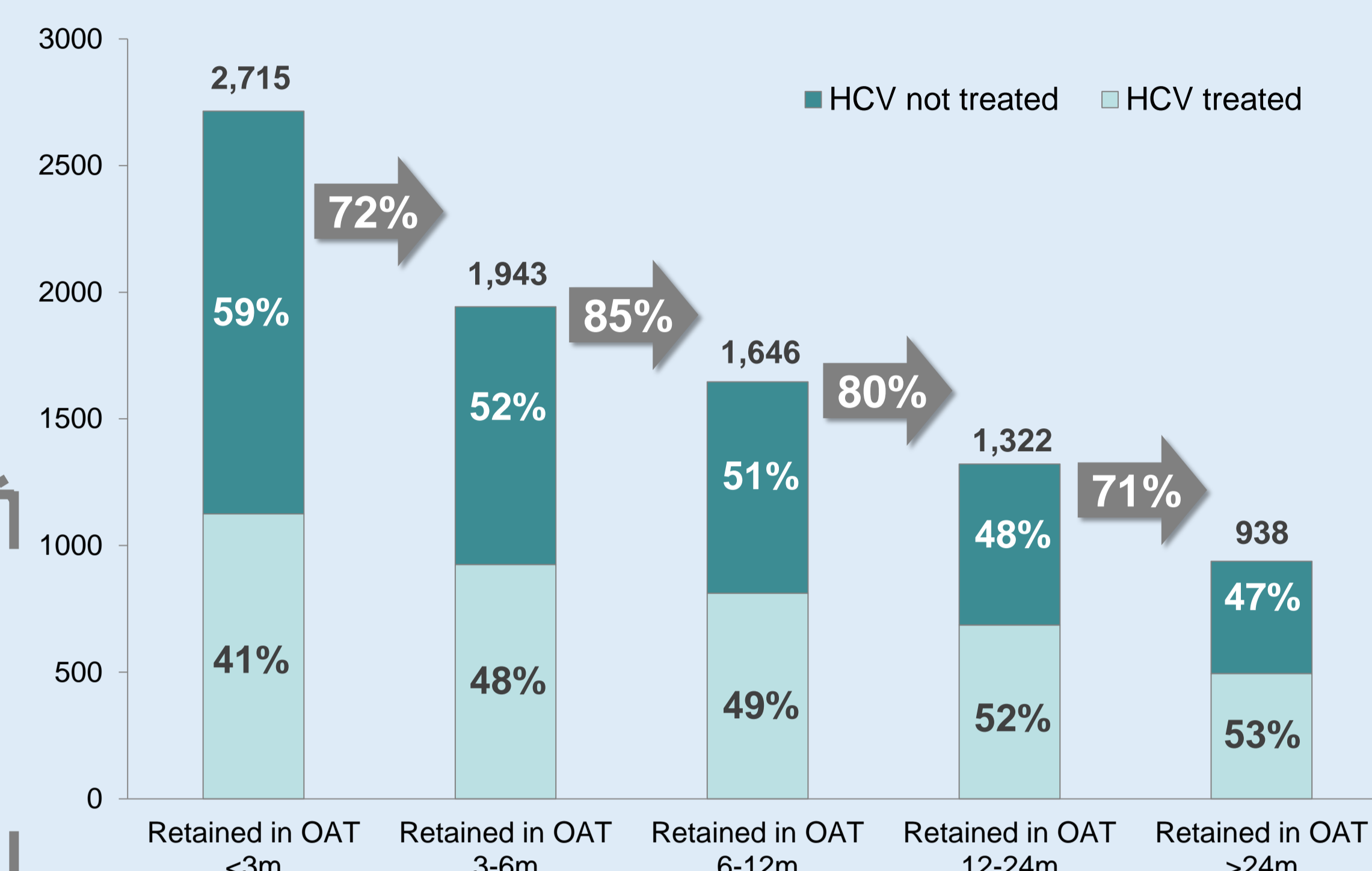


Figure 1b. OAT care cascade for recent PWID with chronic HCV in BC as of Dec 31st 2018 (grey arrows are proportion of previous bar who were retained in next cascade stage).

Past PWID:

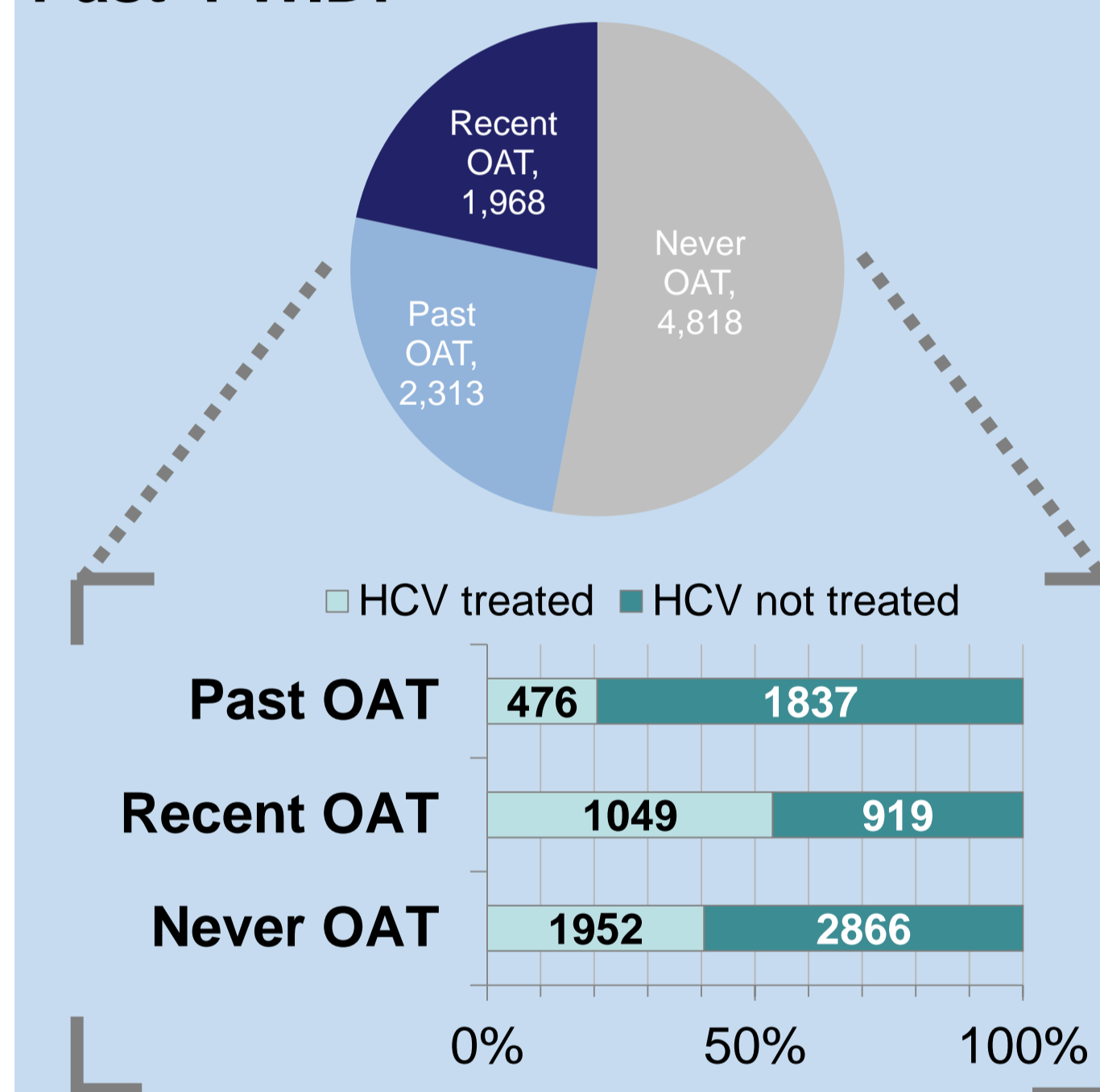


Figure 2a. OAT history & HCV treatment uptake among past PWID with chronic HCV in BC.

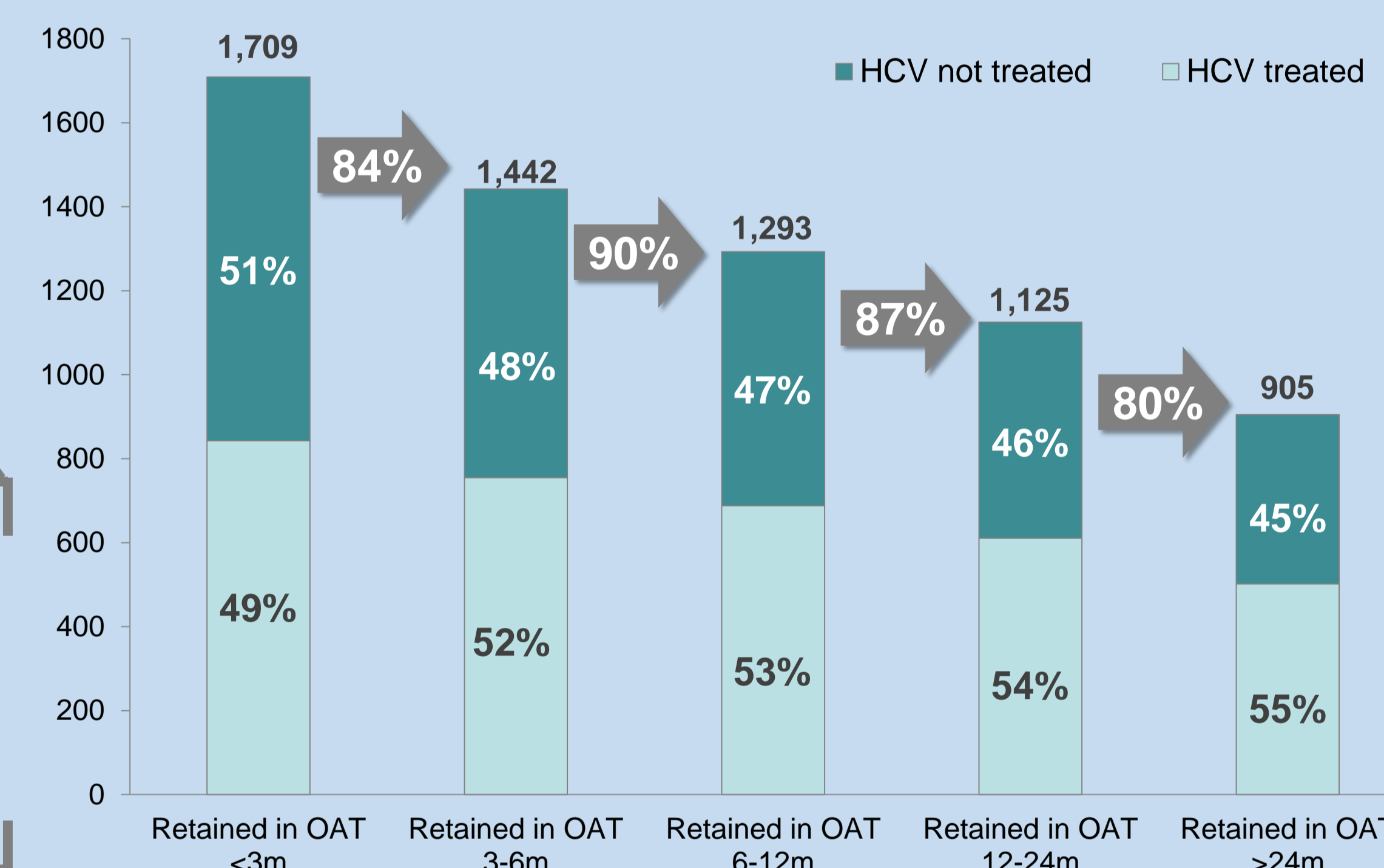


Figure 2b. OAT care cascade for past PWID with chronic HCV in BC as of Dec 31st 2018 (grey arrows are proportion of previous bar who were retained in next cascade stage).

Non-PWID:

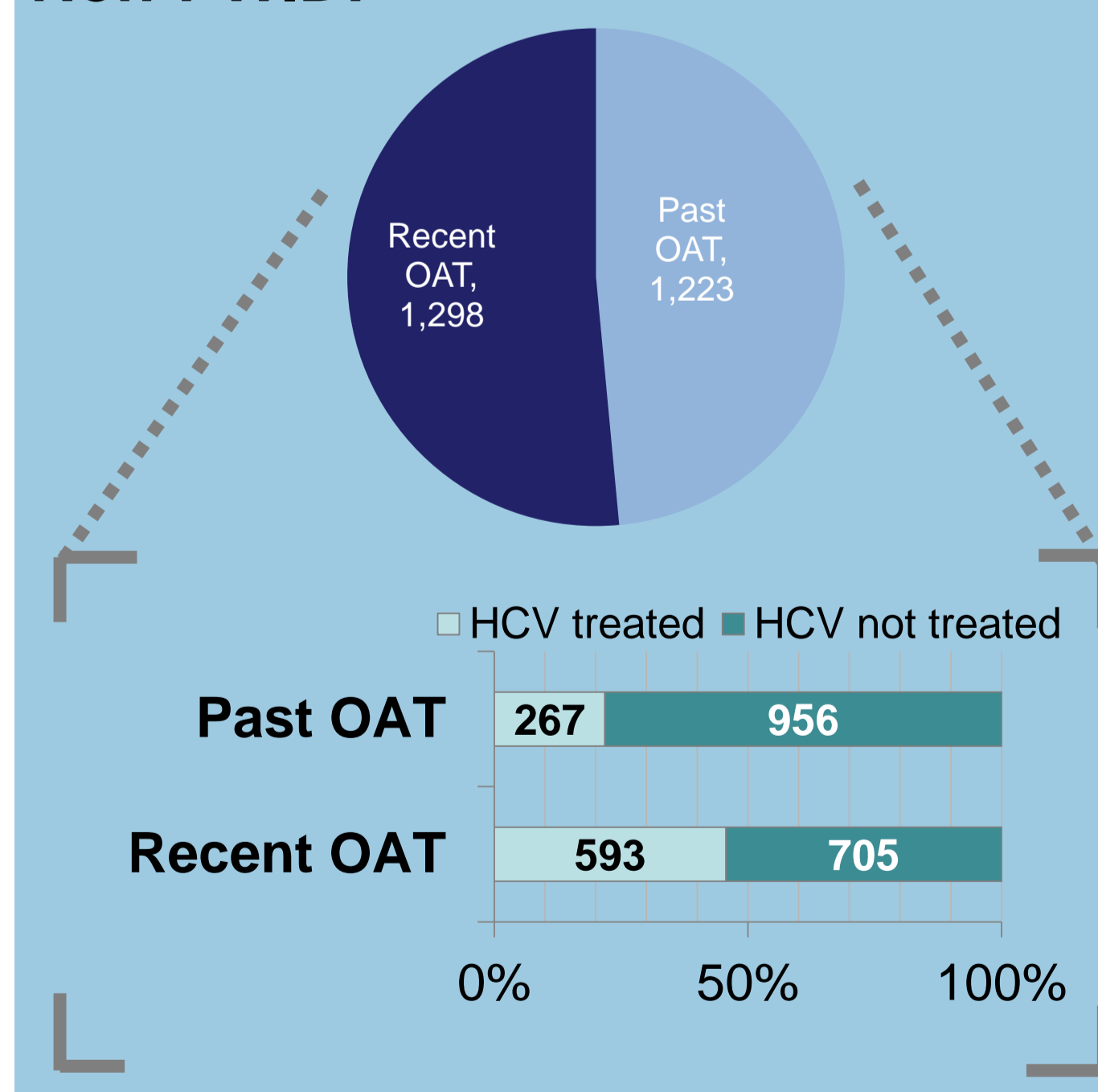


Figure 3a. OAT history & HCV treatment uptake among non-PWID with chronic HCV in BC.

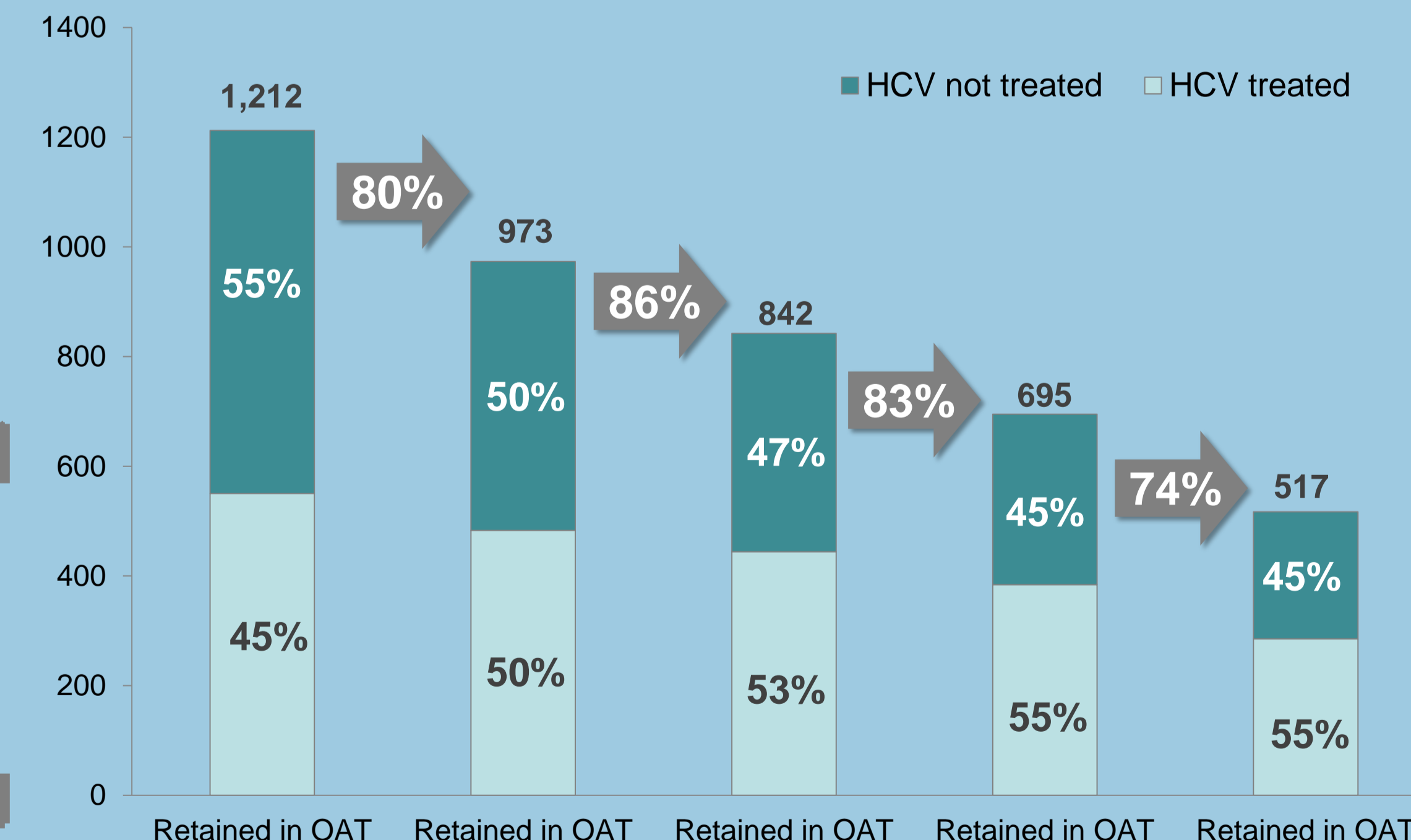


Figure 3b. OAT care cascade for non-PWID with chronic HCV in BC as of Dec 31st 2018 (grey arrows are proportion of previous bar who were retained in next cascade stage).



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