

HEPATITIS C VIRUS TREATMENT UPTAKE DIFFERS ACCORDING TO REGENCY OF OPIOID AGONIST THERAPY AMONG PEOPLE WHO INJECT DRUGS WITH CHRONIC HEPATITIS C INFECTION

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Background: People who inject drugs (PWID) are underrepresented among those receiving hepatitis C virus (HCV) treatment, compared to people without injection drug use (IDU); yet, most new HCV infections are among PWID. It is hypothesized that Opioid Agonist Therapy (OAT) may improve uptake of HCV treatment among PWID. Characterising HCV treatment uptake among PWID and those on OAT may inform public health policy/programming.

Methods: BC (British Columbia) Hepatitis Testers Cohort was used, which includes all individuals tested for or diagnosed with HCV in the province of BC, Canada between January 1st, 1996-June 30th, 2018, linked to all prescription drugs, medical visits, hospitalizations and mortality data. People diagnosed with chronic HCV identified as PWID (using previously validated algorithm), or ever received OAT, were selected. OAT was classified as; never, recent (≤ 6 months before HCV treatment initiation, or June 30th 2018 if untreated), or past (> 6 months before HCV treatment initiation, or June 30th 2018 if untreated). Differences in HCV treatment uptake according to OAT history were assessed using χ^2 test.

Results: Overall, 31% (2,928 /9,521) never on OAT, 29% (2,464 /8,636) with recent OAT, and 14% (986/7,261, $p < 0.0001$) with past OAT received HCV treatment. Proportions receiving HCV treatment, stratified by IDU and OAT history were: past OAT; 13% (308/2421) recent PWID, 14% (438/3113) past PWID, 14% (240/1727) never PWID, recent OAT; 24% (1002/4110) recent PWID, 34% (943/2744) past PWID, 35% (670/1933) never PWID, never OAT; 31% (960/3128) recent PWID, 29% (1817/6242) past PWID.

Conclusion: OAT coverage among many indicated to receive it remains sub-optimal. However, progression to HCV treatment was similar between those never on OAT, compared to those recently receiving OAT. Those with past OAT had lowest HCV treatment uptake. PWID and those on OAT must be involved in designing public health strategies supporting re-engagement/engagement with OAT and HCV treatment.

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