**THE EFFECT OF SOCIAL FUNCTIONING AND LIVING ARRANGEMENT ON TREATMENT INTENT, SPECIALIST ASSESSMENT AND TREATMENT UPTAKE FOR HEPATITIS C VIRUS INFECTION AMONG PEOPLE WITH A HISTORY OF INJECTING DRUG USE: THE ETHOS STUDY**

Fortier E1,2,3, Alavi M3, Micallef M3, Dunlop AJ4,5, Balcomb AC6, Day CA7,8, Treloar C9, Bath N10, Haber PS7,11, Dore GJ3, Bruneau J1,2 and Grebely J3 on behalf of the ETHOS Study Group

1Département de médecine familiale et de médecine d'urgence, Université de Montréal, Montréal, QC, Canada; 2Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montréal, QC, Canada; 3The Kirby Institute, University of New South Wales, Sydney, NSW, Australia; 4University of Newcastle, Newcastle, NSW, Australia; 5Drug and Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, NSW, Australia; 6Clinic 96, Kite St Community Health Centre, Orange, NSW, Australia; 7Drug Health Service, Royal Prince Alfred Hospital, Sydney, NSW, Australia; 8Discipline of Addiction Medicine, Central Clinical School, Sydney Medical School, University of Sydney, Sydney, NSW, Australia; 9Centre for Social Research in Health, The University of New South Wales, Sydney, NSW, Australia; 10NSW Users & AIDS Association, Inc., Sydney, NSW, Australia; 11Sydney Medical School, University of Sydney, Sydney, NSW, Australia.

**Introduction:** The objective was to assess social functioning and its association with treatment intent, specialist assessment and treatment uptake for hepatitis C virus (HCV) infection among people with a history of injecting drug use.

**Methods:** ETHOS is a prospective observational cohort evaluating the provision of HCV assessment and treatment among people with chronic HCV and a history of injecting drug use, recruited from nine community health centres and opioid substitution treatment clinics (NSW, Australia). Social functioning was assessed using a short form of the *Opioid Treatment Index* social functioning scale. Those classified in the highest quartile (score >6) were considered having lower social functioning. Analyses were performed using logistic regression.

**Results:** Among 415 participants (mean age 41 years, 71% male), 24% were considered having lower social functioning, 70% had early HCV treatment intent (intention to be treated in the next 12 months), 53% were assessed by a specialist and 27% initiated treatment. Lower social functioning was independently associated with unemployment, unstable housing, recent injecting drug use and moderate to extremely severe symptoms of depression, anxiety and stress. Lower social functioning was independently associated with reduced early HCV treatment intent (aOR 0.51, 95% CI 0.30-0.84) and lower specialist assessment (aOR 0.48, 95% CI 0.29-0.79), but not HCV treatment uptake (aOR 0.76, 95% CI 0.40-1.43). Living with someone was independently associated with HCV treatment uptake (with someone and children: aOR 2.28, 95% CI 1.01-5.14; with someone and no children: aOR 2.36, 95% CI 1.30-4.31), but not early HCV treatment intent or specialist assessment.

**Conclusion:** This study highlights the need for the development and implementation of strategies targeting people who inject drugs with lower social functioning to enhance HCV treatment intent and specialist assessment. Further, strategies to enhance social support may play a role in increasing HCV treatment uptake.

**Disclosure of Interest Statement:** The Kirby Institute is funded by the Australian Government Department of Health and Ageing. The findings and views expressed in this publication are those of the authors and do not necessarily represent the position of the Australian Government. This work was supported by the National Health and Medical Research Council (NHMRC, 568985) and New South Wales Health. None of the authors has commercial relationships that might pose a conflict of interest in connection with this work. EF is supported through a Canadian Institutes of Health Research (CIHR) M.D./Ph.D. scholarship and a National CIHR Research Training Program in Hepatitis C (NCRTP-HepC) Ph.D. scholarship.