

# Changes in housing stability and treatment for opioid use disorder during hepatitis C treatment at a harm reduction program



Daniel Winetsky,<sup>1,2</sup> Daniel Burack,<sup>1</sup> Pantelis Antoniou,<sup>1</sup> Bill Garcia,<sup>3</sup> Peter Gordon,<sup>1,2</sup> Matthew Scherer<sup>1,2</sup>  
<sup>1</sup> Comprehensive Health Program, New York Presbyterian Hospital, New York, NY <sup>2</sup> Department of Medicine, Columbia University Irving Medical Center, New York, NY <sup>3</sup> Washington Heights Corner Project, New York, NY

## BACKGROUND

- The International Network on Hepatitis in Substance Users has identified the integration of HCV treatment and preventive services into settings frequented by people who use drugs (PWUD) to be a key priority for overcoming barriers to care and improving HCV treatment access [1].
- Co-locating HCV treatment at a harm reduction organization is a promising service delivery model for PWUD and may also enhance engagement of PWID in other health services.
- Prior studies have shown improved social functioning and reduced risk behavior among PWUD while undergoing HCV treatment [2,3]. This study examined changes in functional status during co-located HCV treatment at a harm reduction program.

## METHODS

- The Comprehensive Hepatitis Care on the Corner (CHOC) program co-locates HCV screening, evaluation and treatment services within Washington Heights Corner Project (WHCP), a harm reduction organization based in northern Manhattan, New York.

- We performed a retrospective chart review of all CHOC patients undergoing HCV treatment to evaluate changes in housing status and treatment of opioid use disorder (OUD) during the course of therapy.
- For patients who used opioids, OUD treatment status was classified into four mutually exclusive categories: active use, methadone maintenance treatment, buprenorphine treatment or abstinence.
- Housing status was classified into five mutually exclusive categories: street homeless, shelter, single room occupancy hotel (SRO), staying with friends/family and stably housed
- Based on documentation from provider notes, these variables were assessed at three time points: at the time of intake, during the course of treatment and at the time of the last visit (either treatment completion or SVR confirmation). For those lost to follow up during treatment, end of treatment status was not assessed.

## DISCLOSURES

- Supported by funding from the New York State Department of Health AIDS Institute [30567GG]

## RESULTS

- From 2015 to 2018, 92 patients completed intake, and 51 patients started DAAT. At the time of intake, 35 (68.7%) of those initiating DAAT were actively using opioids and 17 (33.3%) were street homeless. Seven patients discontinued treatment or were lost to follow-up before completion.
- Out of 35 patients initiating therapy who had active opioid use at the time of intake, 13 (37.1%) engaged in some form of recovery during therapy, 10 of whom remained in treatment upon completion of HCV therapy (Table 1).
- Out of 17 patients who were street homeless at the time of intake, 4 (23.5%) transitioned to more stable housing by the end of treatment. An additional two patients enrolled in residential treatment programs. (Table 2).
- Achieving SVR did not appear to be associated with changes in functional status during therapy.

Table 1. Changes in OUD status during HCV therapy

	Active use at intake	Engaged in OUD recovery during HCV therapy				OUD treatment status at last HCV visit			
		Began MMT	Began buprenorphine	Began abstinence	Any recovery	On MMT	On Buprenorphine	Abstinent	Any recovery
Initiated treatment	35	10 (28.6%)	2 (5.7%)	1 (2.9%)	13 (37.1%)	6 (17.1%)	1 (2.9%)	1 (2.9%)	8 (22.9%)
Completed treatment	28	8 (28.6%)	2 (7.1%)	1 (3.6%)	11 (39.3%)	6 (21.4%)	1 (3.6%)	1 (3.6%)	8 (28.6%)
Achieved SVR	24	7 (29.2%)	1 (4.2%)	1 (4.2%)	9 (37.5%)	6 (25.0%)	0 (0%)	1 (4.2%)	7 (29.2%)

- Out of 17 patients who were street homeless at the time of intake, 4 (23.5%) transitioned to more stable housing by the end of treatment. An additional two patients enrolled in residential treatment programs. (Table 2).
- Achieving SVR did not appear to be associated with changes in functional status during therapy.

Table 2. Changes in housing status during HCV therapy

	Street homeless at intake	Housing status during HCV therapy					Housing treatment status at last HCV visit				
		Shelter	SRO	Staying with friends/family	Stably housed	Any change	Shelter	SRO	Staying with friends/family	Stably housed	Any change
Initiated treatment	17	2 (11.8%)	0 (0%)	2 (11.8%)	2 (11.8%)	6 (35.3%)	1 (5.9%)	0 (0%)	1 (5.9%)	2 (11.8%)	4 (23.5%)
Completed treatment	14	2 (14.3%)	0 (0%)	1 (7.1%)	2 (14.3%)	5 (42.9%)	1 (7.1%)	0 (0%)	1 (7.1%)	2 (14.3%)	4 (28.6%)
Achieved SVR	13	2 (15.4%)	0 (0%)	0 (0%)	2 (15.4%)	4 (30.8%)	1 (7.7%)	0 (0%)	1 (7.7%)	2 (15.4%)	4 (30.8%)

## DISCUSSION

- In this preliminary retrospective analysis of patients undergoing HCV treatment at a harm reduction organization, a substantial portion of those completing therapy had improved housing stability and/or increased engagement in OUD treatment at the end of HCV therapy.
- The scope of this study is limited due to its observational nature, reliance on provider documentation and high rates of loss to follow up. No conclusions can be drawn about causality.
- Co-located HCV treatment may facilitate engagement of highly vulnerable PWUD into other health services.

## REFERENCES

- Day E, Broder T, Bruneau J, et al. Priorities and recommended actions for how researchers, practitioners, policy makers, and the affected community can work together to improve access to hepatitis C care for people who use drugs. *Int J Drug Policy*. 2019;66:87-93. doi:10.1016/j.drugpo.2019.01.012
- Younossi ZM, Stepanova M, Nader F, Lam B, Hunt S. The patient's journey with chronic hepatitis C from interferon plus ribavirin to interferon- and ribavirin-free regimens: a study of health-related quality of life. *Alimentary Pharmacology & Therapeutics*. 2015;42(3):286-295. doi:10.1111/apt.13269
- Malaguti A, Sani F, Stephens BP, et al. Change in injecting behaviour among people treated for hepatitis C virus: The role of intimate partnerships. *J Viral Hepat*. September 2018. doi:10.1111/jvh.13009