

# **BARRIERS AND FACILITATORS OF HEPATITIS C (HCV) TREATMENT INITIATION AMONG PEOPLE WHO INJECT DRUGS IN THE ERA OF NEW DIRECT ACTING ANTIVIRALS**

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## **Background:**

People who inject drugs (PWID) are the primary group at risk for HCV in Canada. Enhanced access to harm reduction and treatment is needed to reduce HCV burden in this population. Understanding factors impeding and facilitating access to treatment among PWID is crucial during transition to simpler treatment options, to reach WHO elimination targets by 2030.

## **Methods:**

A sample of 354 HCV RNA positive PWID that contributed to 1722 of total follow-up visits between 2011-2017 was drawn from the HEPCO, an ongoing prospective community-based cohort study conducted in Montreal, Canada. Time-updated Cox regression models were used to examine factors associated with HCV treatment initiation. Multivariable models were stratified by the period of new direct acting antivirals (DAAs) availability: 1)2011-2013 – DAA+interferon (IFN); 2)2014-2017 – DAA INF-free era.

## **Results:**

Out of 354 HCV-infected participants 80 (22.6%) PWID initiated HCV treatment over a 6-year follow-up period. The study sample was mostly males (82.5%) and mean age was 40 years. In multivariable analysis, seeing a family physician was consistently associated with treatment initiation over time (DAA+IFN era: aHR=3.37, 95%CI=1.23,9.19; DAA INF-free era: 2.30(1.26,4.19)), whereas frequent injection was negatively associated with the outcome (0.22(0.05,0.93) and 0.47(0.24,0.95)). Additionally, during the DAA+IFN era, cocaine use was negatively associated with treatment initiation. During the DAA INF-free era, participants at age >40 years (2.30(1.26,4.19)), those on opioid agonist treatment (OAT) (2.27(1.25,4.11) and with previous treatment experience (2.93(1.71,5.02) were more likely to initiate treatment.

## **Conclusion:**

Among PWID, HCV treatment initiation is still low. Seeing a family physician is key to facilitate treatment initiation. Our results also suggest that first to initiate treatment in the INF-free DAA era were those already engaged by being on OAT or previous treatment experience. These findings underscore that access to primary healthcare and OAT is essential but not enough to upscale treatment among PWID.

## **Disclosure of Interest:**

There is no conflict of interest to declare.