

KNOWLEDGE AROUND DIRECT ACTING ANTIVIRAL THERAPIES AND WILLINGNESS TO UNDERGO HCV TREATMENT AMONG RURAL APPALACHIAN OPIOID USERS

Authors:

Havens JR¹, Rosenau J², Young AM^{1,3}, Lofwall MR¹, and Walsh SL¹

¹ Center on Drug and Alcohol Research, Department of Behavioral Science, University of Kentucky College of Medicine, ² Division of Gastroenterology, University of Kentucky College of Medicine, ³ Department of Epidemiology, University of Kentucky College of Public Health

Background:

The opioid epidemic in Appalachia has also fueled the spread of the hepatitis C virus (HCV). Direct acting antivirals (DAAs) offer a revolution in the treatment of HCV; however, access is lacking in rural areas. The purpose of this study is to examine knowledge about DAAs and willingness to initiate DAA treatment among HCV-positive people who use drugs (PWUD) in Appalachian Kentucky.

Methods:

This ongoing substudy of HCV antibody-positive individuals is nested within a cohort of 503 rural PWUD followed since 2008. To date, 56 participants have completed the interview, with 200 completed by August.

Results:

The majority of participants (83.9%) were aware of DAAs, but were unsure about how these medications work. Less than a quarter (23.2%) understood that the duration of treatment was 12 weeks or less, and 33.9% of participants believed that cure rates were lower than 90%. Two-thirds of those surveyed incorrectly stated that DAAs provided immunity against re-infection. Overwhelmingly, participants indicated that they would be willing to initiate treatment with DAAs, especially if the treatment was offered at low or no cost (94.6%). More than half said that one pill per day for 12 weeks was preferable to three pills per day for 8 weeks. Local access to treatment was also important; 94.6% of participants indicated they would be willing to take the medication if it were offered locally.

Conclusion:

This cohort of PWUD had knowledge about the existence of DAAs, but specific knowledge about the drug regimen, efficacy, and risks of re-infection after treatment was lacking. It is encouraging that most participants were willing to take DAAs, although the price of the drug and insurance restrictions would likely discourage access in this high risk population. Research aimed at reducing the barriers to treatment are clearly needed in rural areas facing the opioid/HCV syndemic.

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