

BARRIERS AND FACILITATORS TO HEPATITIS C TREATMENT USING DIRECTOR ACTING ANTIVIRALS AMONG PEOPLE WHO INJECT DRUGS IN SAN FRANCISCO, CALIFORNIA

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Background: In San Francisco (SF), an estimated 67.9% of the approximately 12,000 people with viremic HCV are people who inject drugs (PWID); almost one of every two PWID in SF lives with HCV. Despite the advent of direct acting antivirals (DAAs), PWID have low treatment uptake. In 2018 only 1/3 of SF-based PWID with self-reported HCV reported accessing treatment. This qualitative study aims to identify barriers and facilitators of two HCV treatment models.

Methods: We qualitatively interviewed 30 participants enrolled in a randomized-controlled trial to test two medication delivery models (directly observed therapy (DOT) and unobserved dosing) in SF from 2015-2017. Interviews were audio-recorded and transcribed verbatim. Using thematic content analysis, two analysts developed a codebook and subsequently coded the interviews using *a priori* and inductively generated codes.

Results: Participants were largely male (81%), White (74%), with a mean age of 42. Nearly half the participants reported daily injection drug use in the past 30 days (45%) and had a mean of 6 (SD 15) injection partners. Nearly all study visits were attended (89.4% DOT and 96.4% unobserved) and HCV was undetectable for 96.8% at end of treatment and 89.7% 12 weeks after treatment, with no differences by arm. There were no differences in reported facilitators or barriers between to the treatment arms. Two thematic categories emerged related to treatment facilitators: logistical support (financial incentives, routines, and reminders) and emotional support (community support, staff engagement and personal empowerment). Identifying barriers to treatment engagement was challenging for participants; the primary two barriers were chaotic lifestyles and conflicting obligations.

Conclusions: There was a high rate of visit attendance in this study and participants identified a number of facilitators to support their treatment engagement. Providers should consider these logistical and emotional facilitators when integrating DAA HCV treatment into clinical practice.

Disclosure of Interest: none