

FACTORS ASSOCIATED WITH HEPATITIS C VIRUS TREATMENT UPTAKE AMONG FEMALES WITH DRUG DEPENDENCE IN THE DIRECT ACTING ANTIVIRAL ERA IN NEW SOUTH WALES, AUSTRALIA

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Background:

Females who inject drugs are less likely to receive treatment for hepatitis C virus (HCV) compared to males. To achieve gender-equitable elimination, the factors influencing HCV treatment among females who inject drugs need to be better understood. We aimed to evaluate factors associated with treatment uptake among females with recent drug dependence in a large, population-based data linkage study.

Methods:

HCV notifications in New South Wales, Australia (1995-2017) were linked to opioid agonist therapy (OAT), hospitalisations, incarcerations, HIV notifications, deaths, and prescription databases. Drug dependence was defined as hospitalisation due to injectable drugs or receipt of OAT, with these indicators occurring in the era of direct-acting antiviral (DAA) therapies (2016-2018) considered recent. Logistic regression was used to analyse factors associated with treatment uptake among females.

Results:

Among 57,467 people with evidence of chronic HCV in the DAA era (2016-2018), 20,161 (35%) were female. Treatment uptake was lower among females (7,135/20,161, 35%) compared to males (14,435/37,306, 39%) ($p < 0.001$). Among females with evidence of recent drug dependence (4,682/20,161, 23%), 42% (1,953/4,682) had received DAA treatment compared to 49% of males (4,996/10,255) ($p < 0.001$). Among females with evidence of recent drug dependence ($n = 4,628$), treatment was less likely among women who were Aboriginal or Torres Strait Islander (adjusted odds ratio [aOR]: 0.83; 95%CI: 0.73, 0.96), and who had a record of giving birth (1-2 birth records: aOR 0.84, 95%CI 0.72, 0.99; ≥ 3 birth records: 0.59; 95%CI: 0.40, 0.87) compared to those with no birth record. Treatment was more likely among those with a history of alcohol use disorder (aOR: 1.22; 95%CI: 1.07, 1.38).

Conclusion:

Among females with drug dependence, those who are Aboriginal or Torres Strait Islander, and those who have given birth may require enhanced and novel approaches to encourage engagement with HCV care. There is a clear need for sex-specific strategies to increase treatment uptake among females.

Disclosure of Interest Statement:

Nothing to disclose.