**A QUALITATIVE STUDY OF THE PERCEPTIONS OF INTERFERON-FREE THERAPY FOR HEPATITIS C VIRUS INFECTION AMONG PEOPLE WHO INJECT DRUGS: THE LIVERLIFE STUDY**

Marshall AD1, Treloar C2, Dore GJ1 andGrebely J1

1The Kirby Institute, UNSW Australia, NSW Australia; 2Centre for Social Research in Health, UNSW Australia, NSW Australia

**Background:** Between May and October 2014, 253 people who inject drugs (PWID) participated in a liver health promotional campaign (LiveRLife) in New South Wales (NSW), Australia. Most participants (88%) were definitely or somewhat willing to receive HCV treatment with over half (56%) intending to start treatment in the next year. Recruiting from the LiveRLife cohort, the aim of this 18-month follow-up study was to explore perceptions of interferon-free therapy for hepatitis C virus (HCV) infection among PWID.

**Methods:** From November 2015 to February 2016, participants were recruited from two opioid substitution treatment clinics and one medically supervised injecting centre in NSW. Inclusion criteria were: participation in LiveRLife campaign, self-reported positive HCV status, and informed written consent. The interviewer (ADM) enquired about HCV treatment knowledge and barriers/facilitators to initiating interferon-free HCV therapy. Interviews were audio-taped and transcribed verbatim. Data was coded and analysed using thematic analysis.

**Results:** Of23 semi-structured interviews (22% female, median age 48 years), most participants had heard of interferon-free HCV regimens. Although some participants did not identify any perceived HCV-related physical symptoms and fewer still knew of persons who had completed interferon-free HCV therapy, most expressed enthusiasm and a sense of urgency to start treatment. Several participants stated frustrations with delayed access to interferon-free therapies in Australia. In contrast to interferon-based HCV therapy, few barriers to commencing HCV treatment were stated. Many identified drug and alcohol centres as ideal locations to receive treatment. Among persons who had completed HCV treatment during study follow-up (n=3), treatment was deemed a ‘life-changer’, including a catalyst for drug use cessation and improving other health behaviours.

**Conclusion:** There was high interest in commencing treatment among PWID, which could help facilitate improved health behaviours. Results suggest support for scale-up of HCV care at drug and alcohol clinics.

**Disclosure of Interest Statement:** The study was funded from MSD, Australia. The Kirby Institute is funded by the Australian Government Department of Health and Ageing. The Centre for Social Research in Health is supported by a grant from the Australian Government Department of Health. The views expressed in this abstract do not necessarily represent the position of the Australian Government. GJD is supported by a National Health and Medical Research Council Practitioner Research Fellowships. JG is supported by a National Health and Medical Research Council Career Development Fellowship. ADM holds a University International Postgraduate Award (UIPA), UNSW Australia, and is also supported by the CanHepC Trainee Program, Canada. The study authors have no conflict of interest.