



# BARRIERS AND FACILITATORS TO TREATMENT USING DIRECT ACTING ANTIVIRALS AMONG PEOPLE WHO INJECT DRUGS IN SAN FRANCISCO



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## BACKGROUND

People who inject drugs (PWID) account for 68% of the estimated 12,000 people in San Francisco (SF) with viremic HCV, although they make up only 3% of the general population. 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.

## OBJECTIVE

Treating PWID to prevent forward transmission is a cornerstone of HCV elimination. This nested qualitative study seeks to identify barriers and facilitators of successful treatment for PWID in SF.

## STUDY DESIGN

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

## DEMOGRAPHICS & SUBSTANCE USE (N=31)

	N	%
Age, mean (SD)	42.4, (11.9)	
<b>Gender</b>		
Female	6	19.4
Male	25	80.7
<b>Race/Ethnicity</b>		
White	23	74.2
Non-white	8	25.8
<b>Annual Income</b>		
No income	14	45.2
\$1 - \$9,999	7	22.6
\$10,000 and above	9	29.0
<b>Housing Status (past 30 days)</b>		
Housed	16	51.6
Not Housed	15	48.4
<b>Has a Regular Health Care Provider, Yes</b>		
	24	77.4
<b>Daily injection drug use, past 30 days</b>		
	14	45.2
<b># of Injection Partners, Past 30 Days, mean (SD)</b>		
	6.2	14.6
<b>Substances Injected, Past 30 Days</b>		
Heroin	24	77.4
Prescription Opioids	9	29.0
Cocaine/Crack	7	22.6
Methamphetamine	21	67.7

## PRIMARY STUDY RESULTS

Among mDOT and unobserved participants, 89.4% of daily and 91.6% of weekly visits were completed. One participant was terminated early due to lack of attendance after enrollment. Among the 31 participants, 90.3% had sustained viral response at 12 weeks. 1 relapse and 1 reinfection occurred at week 12, and 2 reinfections occurred at week 36.

## RECOMMENDATIONS FROM PARTICIPANTS

### Educate Impacted Communities

- Provide education about HCV treatment options

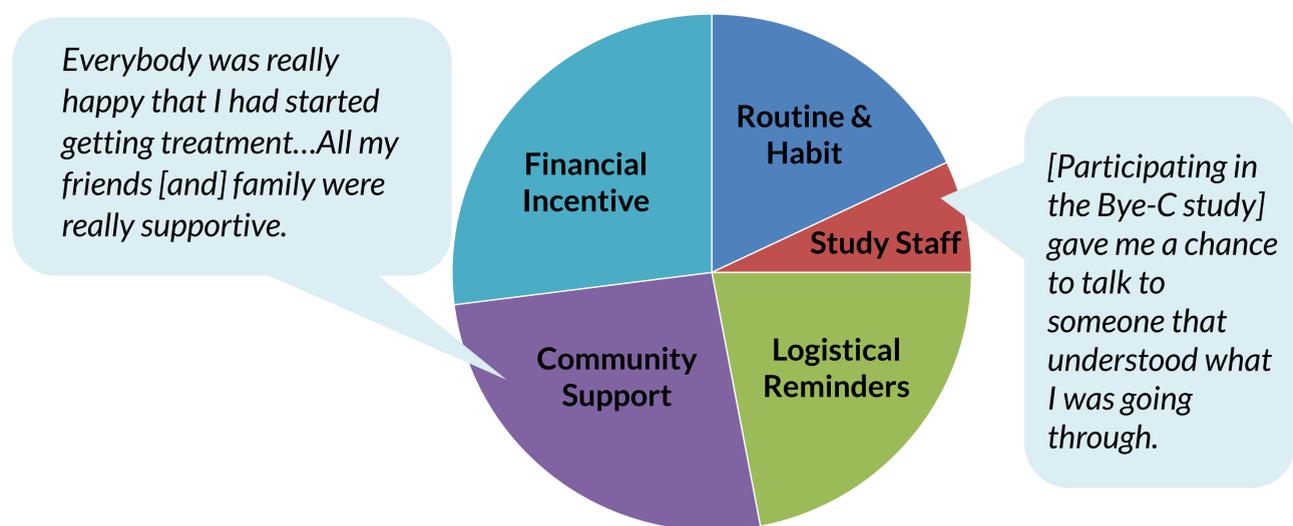
### Provide Logistical Support

- Access to phones
- Set reminders (e.g. phone alarm, notes)
- Adherence support from staff on daily basis
- Bus tokens for transportation

### Increase Availability/Accessibility of Treatment

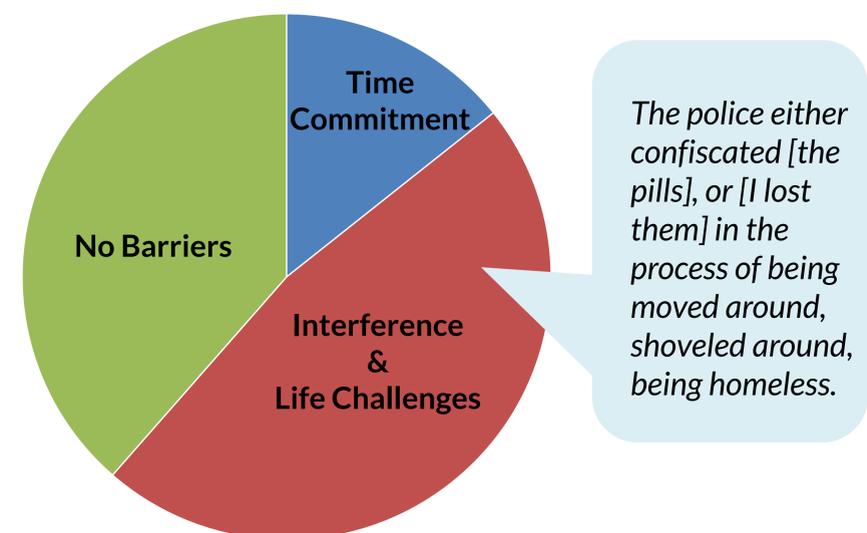
- Homeless shelters
- Jail/prison
- Street-based medicine
- Syringe service programs
- Methadone clinics
- Doctor's offices

## REPORTED FACILITATORS TO TREATMENT



*I thought that [[daily observed therapy of HCV meds] was gonna be just another chore, like going to dose in my methadone. Just another thing that I have to do to function throughout the day. But it wasn't. It was something that made the day more happy. It made you want to start the day.*

## REPORTED BARRIERS TO TREATMENT



## CONCLUSION

HCV treatment for PWID is feasible and efficacious. Participants identified a number of facilitators and barriers to support their treatment engagement. Providers should consider these logistical and emotional facilitators when integrating DAA HCV treatment into clinical practice and programming.

