

## **PROVIDING ACCESS TO HEPATITIS C TREATMENT IMPROVES ADHERENCE TO ADDICTION TREATMENT IN AN OUTPATIENT ADDICTION TREATMENT CENTER**

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### **Background:**

Persons who inject drugs (PWID) and their HCV infections, inextricably linked, are stigmatized and discriminated against, resulting in mistrust of medical providers and establishments. Initiatives aimed at overcoming barriers to screening and treatment of PWID are vital. We conducted a pilot integrating HCV and outpatient opioid use disorder medication assisted treatment (MAT).

### **Methods:**

Retrospective evaluation of an MAT/HCV integrated pilot was performed at one of CleanSlate Centers (CSC) national network. To date, 75 patients have received integrated treatment. Preliminary data for the first 52 patients are presented here. Additional analyses will be performed once all patients have completed the pilot program. Analyses compared HCV treatment outcomes and adherence to addiction treatment between patients in the HCV/MAT pilot group (CSC, New Bedford, MA) to patients at a clinic of comparable size and patient demographics (CSC, West Springfield, MA) where integrated HCV/MAT treatment is not yet offered.

### **Results:**

In preliminary analyses, of the patients meeting criteria for HCV treatment (between 9/1/16 – 9/1/17) 32% more patients received treatment at the integrated treatment location (43% at CSC, New Bedford; 10% at CSC, West Springfield). Among the 52 patients who initiated HCV/MAT integrated treatment, 2 were LTFU during treatment. 97% (43/44) achieved sustained viral response; there was 1 documented treatment failure and 6 patients were LTFU after completing treatment. In addition to successful HCV treatment, patients in integrated treatment had better addiction outcomes. They had fewer opioid positive urine screens (mean % positive: 7% vs 15%,  $p < 0.001$ ) and were more likely to be retained in MAT care 6 months post treatment initiation (89% vs 47%,  $p < 0.001$ ).

### **Conclusions:**

Integrating HCV treatment in office-based addiction clinic eliminates many health system level barriers and social stigma, which prevent PWID from engaging in HCV care. Treatment of HCV may be an impetus to improve adherence to addiction treatment.