

INJECTION DRUG USE PATTERNS AND CHANGES ASSOCIATED WITH HCV TREATMENT

Authors:

Eckhardt BJ¹, Aponte-Melendez Y², Fong C²; Kapadia SN³, Pai M³, Marks KM³, Mateu-Gelabert P²

¹ New York University School of Medicine

² CUNY Graduate School of Public Health and Health Policy

³ Weill Cornell Medicine

Background:

Direct acting antiviral (DAA) therapy has proven safe and effective at curing HCV infection in people who are actively injecting drugs, with low rates of reinfection. We examine the injection drug behavior changes that took place in a cohort of individuals treated for HCV while still reporting active injection drug use.

Methods:

Data was analyzed from the Accessible Care Trial for curing HCV in PWID, a randomized clinical trial compared on-site, low-threshold HCV treatment with care-coordination at a NYC syringe service program (Accessible Care) with facilitated referral to local providers through a patient navigation program. Changes in medication for opioid use disorder (MOUD) treatment, injection frequency, and injection equipment sharing were compared at baseline and 3-months between those who initiated DAA therapy in the Accessible Care treatment (ACTx) arm and those who did not initiate therapy (NoTx).

Results:

Forty-four participants in the ACTx were compared to 103 participants in the NoTx arm. The mean age of participants was 41.4 years, 22.4% were women, and 58.2% reported being homeless in the prior 3 months. Both the ACTx group and NoTx group had high rates of MOUD engagement at baseline and at 3 months. In the prior 30 days, all group saw a reduction between baseline and 3-month follow-up in injection frequency (48% in ACTx vs 20% in NoTx), use of syringe used by someone else (95% in ACTx vs 55% in NoTx), and number of times sharing a cooker (71% in ACTx vs 2% in NoTx).

Conclusion:

Treating people who inject drugs may also have indirect pro-health benefits including reduction in high risk injection drug behaviors. The low rates of HCV reinfection seen in many HCV treatment studies may be partially related to decreased injection risk behavior.

Disclosure of Interest Statement:

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