

WHOSE NEEDS ARE GETTING MET? THE EXPERIENCES OF PEOPLE IN THE UNITED KINGDOM WHO INJECT ILLICIT DRUGS WHO REMAIN HEPATITIS C POSITIVE AFTER A COURSE OF TREATMENT WHICH WAS NOT TAKEN AS PRESCRIBED.

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Background: People who inject drugs (PWID) requiring hepatitis C (HCV) treatment are frequently marginalised and experience multiple health inequalities. This peer group often have conflicting priorities and may not seek, or choose HCV testing and treatment for themselves.

In the UK, HCV elimination initiatives are tasked with engaging everyone who is RNA+ into treatment and there can be a lack of consideration to individuals' circumstances in this quest. Furthermore, whilst concerns around PWID adherence to medication was initially a barrier to accessing treatment, as the pool of RNA+ people is reduced, more people are encouraged to take treatment.

Whilst there is vast amounts of evidence identifying the minimum adherence to still achieve SVR, there is a lack of research about what happens to those people who remain RNA+ after treatment which was not taken as prescribed and their experiences.

Methods: The project sought to gain the experiences of this cohort so a qualitative methodology was used. Semi structured interviews were conducted with 7 participants. They were accessed through gatekeepers, via purposeful sampling, in order to minimize selection bias. Interviews were audio recorded, transcribed verbatim and data analysed using a thematic analysis approach.

Results: Three major themes were identified. 1. Choice, which encompassed motivation. 2. The actual treatment plan, feelings, emotions and life circumstances. 3. Ongoing relationships, encompassing professional's attitudes, care and lack of. All participants had been reengaged into treatment pathways but not all have been retreated.

Conclusion: The study identified how a one size fits all approach is not patient centered. Shortened pathways and treatment duration, leads to lack of time for meaningful professional relationships and trust to develop. Individuals can drop out of treatment and care pathways through non adherences to treatment and if they remain RNA+ this has implications for onward transmission of the virus and elimination.

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