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Hepatitis C Virus Cascade of Care among people who inject drugs:

A cross-sectional study of characteristics associated with accessing testing, treatment, and completion in a universal healthcare system

D. Gibbs, S. Larney, J. Grebely, K. Butler, R. Sutherland, L. Degenhardt, R. Swanton, G. Kelly, A. Karlsson, J. Uporova, O. Price, R. Bruno, C. Salom, P. Dietze, S. Lenton, M. Farrell, & A. Peacock.

Funded by the Australian Government under the Drug and Alcohol Program

Burnet Institute Medical Research. Practical Action. | UTAS | Northern Territory Government | The University Of Queensland | NDRI national drug research institute | Curtin University | UNSW AUSTRALIA | NDARC National Drug & Alcohol Research Centre

Acknowledgements and CoI

The Illicit Drug Reporting System and the National Drug and Alcohol Research Centre are supported by funding by the Australian Government Department of Health under the Drug and Alcohol Program.

SL has received untied educational grants from Indivior.

AP has received untied educational grants from Seqirus and Mundipharma.

RB has received untied educational grants from Mundipharma and Indivior.

RS has received untied education grants from Seqirus.

No pharmaceutical grants were received for this study.

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PWID at high risk of HCV infection

- Direct acting antiviral treatment can reduce HCV infection and mortality
- Large scale uptake of treatment needed
- Access to HCV testing, treatment, and retention in treatment among PWID low
- Given high risk of infection, targeting PWID is crucial to achieve necessary reductions
- To achieve this we need to know who is and who isn't engaging with the cascade of care.

Cascade of care improves understanding of continuum of care

- Adapted from framework used to monitor HIV care
- Improved understanding of HCV care, from diagnosis, to linkage to care, and completion of treatment

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Aims

1. Establish the cascade of HCV care, from diagnosis to completion of treatment, among a sample of PWID in Australia

2. Identify the sociodemographic, drug use, and clinical profile of those engaged at each stage of the cascade of care

Design: cross-sectional study of people who inject drugs across Australia

- Recruited from NSPs in capital cities in each state
- Injected drugs at least monthly in the past 6 months
- Structured interview on drug use and related issues
- Multivariable regression was performed on four models:
  - Antibody testing
  - RNA testing
  - Treatment uptake
  - Testing for re-infection

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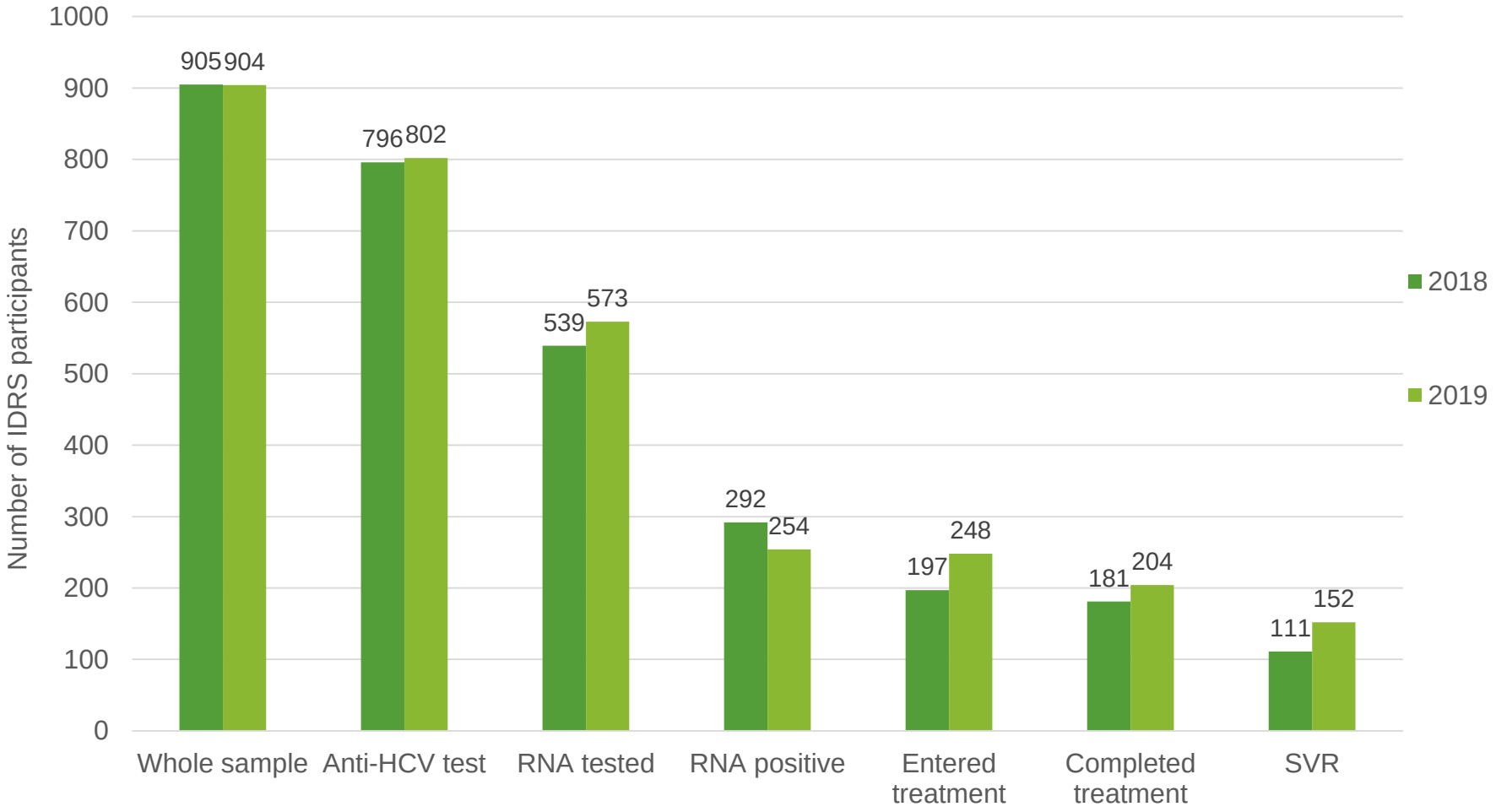
HCV Cascade of Care, 2018-2019



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2018: Not testing or treating clustered with other risk factors

- People who did not receive treatment were more likely to:
  - Inject daily or more often in the last month
  - Report receptive or distributive needle sharing

- Methamphetamine as drug of choice – half a likely to receive RNA testing

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2018: Service engagement associated with testing and treatment

- Seeing a drug and alcohol counsellor positively associated with RNA testing and receiving HCV treatment

- Receiving OST positively associated with antibody testing, RNA testing, and treatment uptake

- Attending a GP with regard to drug and alcohol problems was positively associated with antibody testing, RNA testing, and treatment uptake

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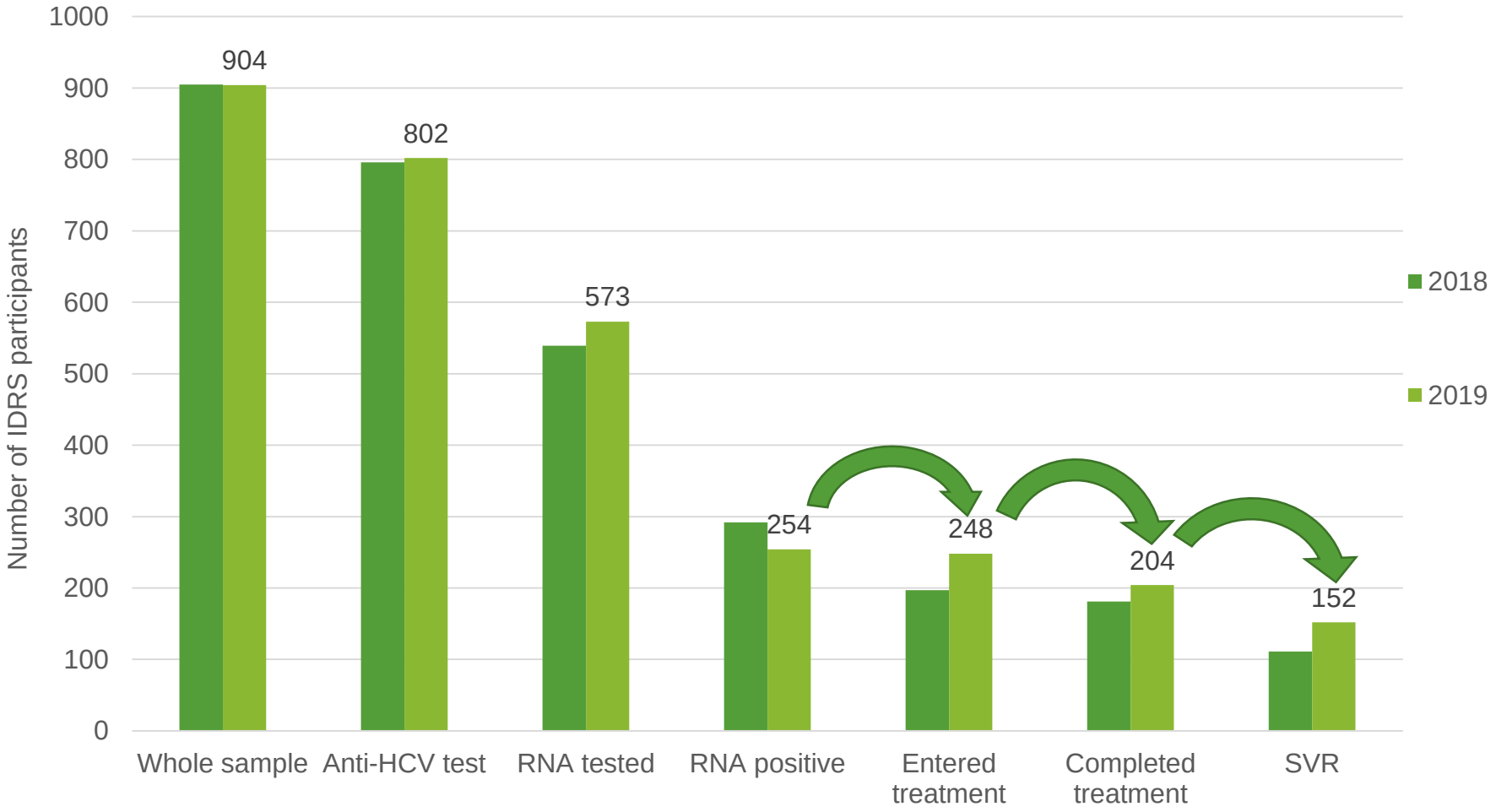
2019: Similar picture with initial stages

- A history of incarceration and current engagement with opioid substitution treatment significantly associated with receiving antibody and RNA testing;

- Attending GP and drug and alcohol counsellor significantly associated with antibody testing.

HCV Cascade of Care, 2018-2019



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Treatment is strong, testing could be stronger

- Anti-body testing and treatment common;
- RNA testing less so – missed opportunity;
- Improving RNA testing will result in flow through cascade.

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Increasing GP participation could grow HCV workforce

- Increasing GP access for PWID, and increasing GP participation in HCV care will substantially grow the HCV workforce;

- Improving ease of testing and prompt return of results could improve flow through cascade of care;

- Particularly targeting those not reached by other treatments or services, e.g. people who do not receive OST.

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Simplifying testing and access needed

- Dried blood spot testing and rapid point-of-care testing;
- Testing at services that are already being accessed.

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