

HEPATITIS C TREATMENT UPTAKE AMONG PATIENTS RECEIVING OPIOID SUBSTITUTION TREATMENT: A POPULATION BASED STUDY

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Introduction: Access to hepatitis C (HCV) treatment remains limited among people who inject drugs. Opiate substitution treatment (OST) settings could potentially improve access to HCV care, but there is little data on HCV treatment uptake among OST patients. We aimed to assess HCV treatment uptake and associated factors among OST patients at the population level.

Methods: We linked data from the Norwegian Prescription Database (covering the entire population of 5.1 million inhabitants) with data from the Norwegian Surveillance System for Communicable Diseases. Dispensations of HCV therapy (pegylated interferon alpha and ribavirin) and other prescription drugs were evaluated among all patients who had received methadone- or buprenorphine based OST between 2004 and 2013.

Results: Overall 9.5% of the OST population (943 of 9919) had received HCV treatment, the majority (76%) during OST. HCV treatment uptake did not rise with increasing age. The incidence of HCV treatment uptake during OST was stable, ranging from 1.0% to 1.8% per year. An important proportion of HCV infections are not notified, however, among OST patients with notified HCV infection 14.4% (539 of 3755) had received HCV treatment. In this subgroup, HCV treatment uptake during OST was not associated with age or gender but with duration of active OST (aOR 1.20 per year; 95% CI 1.14-1.26). Frequent benzodiazepine use was associated with decreased odds of receiving HCV treatment (aOR 0.57; 95% CI 0.43-0.79).

Conclusion: Based on this large population based study, we have demonstrated that HCV treatment uptake among Norwegian OST patients may have been suboptimal over the last decade, particularly in older age groups and in benzodiazepine users. Although long-term stability in OST might facilitate HCV treatment, our findings underline the need for increased awareness for HCV among OST patients in the emerging interferon-free era.

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