

EXPOSURE TO OPIOID SUBSTITUTION THERAPY FOLLOWING HEPATITIS C NOTIFICATION: IMPLICATIONS FOR PROVISION OF ANTIVIRAL THERAPIES IN DRUG TREATMENT SETTINGS

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Background: Opioid substitution therapy (OST) clinics are being explored as settings for scaling up treatment for hepatitis C virus (HCV) infection among people who inject drugs. However, not all people who inject drugs use opioids, or if they do, they may not be interested in OST. Furthermore, a large proportion of people with HCV no longer injects drugs, nor needs OST. This study aimed to determine the proportion of anti-HCV+ people with an OST episode of sufficient duration to complete HCV treatment.

Methods: Retrospective data linkage study in New South Wales, Australia. Data for anti-HCV notifications (1993-2012) were linked to OST (1985-2014) and mortality (1993-2014) databases. We defined an OST episode of 16 weeks duration as the minimum suitable for completion of a 12-week HCV treatment course (4 weeks OST stabilisation + 12 weeks HCV treatment)

Results: Among 96,888 people with an HCV notification, 26% (n=25,592) sought OST at some point following their HCV notification. The median duration of completed OST episodes was 171 days (IQR: 28-640 days). Of this group, 90% (23,019/25,592) had an OST episode of at least 16 weeks duration. This was 24% of the total HCV cohort. In 2013 (the most recent year with complete data), 11,571 people with an HCV notification (12% of the HCV cohort; 45% of those with an OST history) had 16 or more consecutive weeks of OST.

Conclusion: Over a one year period, 12% of this population-based cohort of people with an anti-HCV notification had sufficient OST exposure to enable completion of 12 weeks of HCV treatment. Targeting HCV treatment to OST settings will make an important contribution to increasing HCV treatment coverage, particularly among people at risk of onward transmission.

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