

Hospitalization Among People Who Use Drugs and Hepatitis C Treatment Trajectory – An Exploratory Qualitative Analysis

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BACKGROUND

- People who use drugs (PWUD) have high rates of hepatitis C virus (HCV) infection and rates keep increasing mostly in younger adults amidst ongoing opioid overdose crisis.¹⁻³
- The World Health Organization has announced the goal of eliminating hepatitis as a public health threat by 2030.⁴
- Current HCV treatment consisting of direct acting antivirals (DAA) are highly effective and well-tolerated⁵
- However, significant gaps remain in the HCV care cascade especially for PWUD.⁶⁻⁷
- Rates of hospitalization in PWUD are increasing and in response some hospitals are implementing addiction consult services (ACS).⁸⁻⁹
- Hospitalization can serve as a touchpoint¹⁰ for PWUD to engage in addiction treatment, but little is known about how hospitalization may shape HCV treatment readiness

METHODS

OBJECTIVE: To explore how hospitalization and ACS involvement can affect PWUD with active HCV infection and their motivations, interest, ability, and readiness to engage in HCV curative treatment.

DESIGN: Exploratory qualitative study of admitted patients with history of substance use disorder (SUD) & active HCV. Interviews were semi-structured, 1-on-1 in-person, and audio-recorded

SETTING: Single, academic medical center located in Portland, OR. All participants had an inpatient ACS placed by primary medical team.

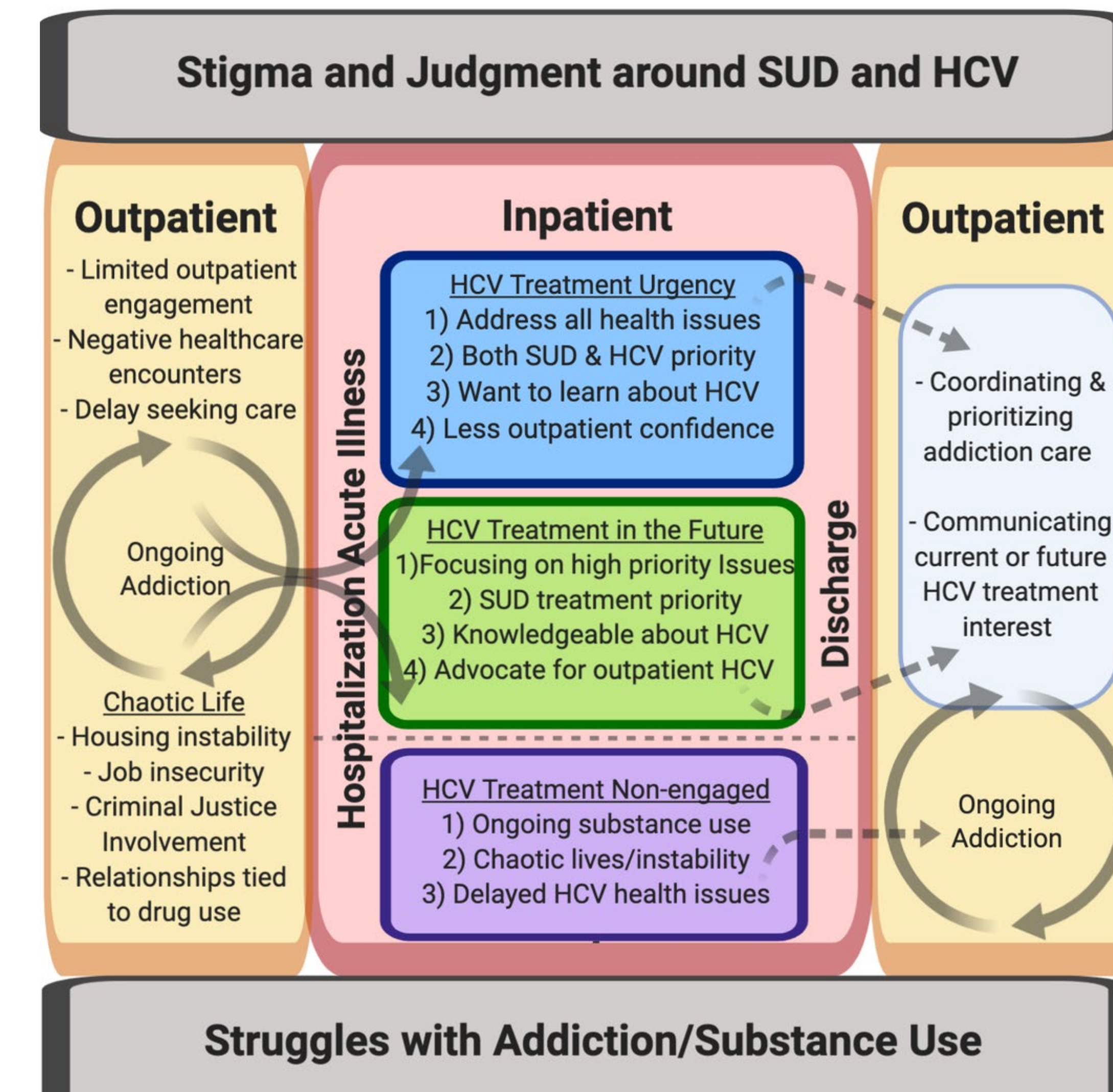
ANALYSIS: Thematic analysis conducted in iterative process using inductive and deductive approach at semantic level. Completed using ATLAS.ti version 8.4.

RESULTS

Table 1: Study Participant Characteristics

Demographics	Number/Percentage n=27
Age (in years)	41 (range 23-64)
Gender	
Female	8 (30%)
Male	18 (67%)
Non-Binary/Gender Non-conforming/no answer	1 (3%)
Ethnicity/ Race	
Caucasian/White	23 (85%)
Hispanic or Latinx	1 (3.5%)
American Indian/Alaska Native	1 (3.5%)
More than once race	2 (7.5%)
Geographic Location	
Portland metro area	20 (74%)
Other urban areas	2 (7.5%)
Suburban area	2 (7.5%)
Rural community	3 (11%)
Primary Substance of Choice	
Heroin/opioids/fentanyl	21 (78%)
Alcohol	3 (11%)
Methamphetamine/stimulants	3 (11%)
Cocaine/crack	0 (0%)
Benzodiazepines/other sedatives	0 (0%)
Self-Reported Time Since HCV Diagnosis	
Current hospitalization	1 (3.5%)
Within the last year	4 (15%)
Over 1 year ago but <5 years ago	9 (33%)
More than 5 years ago	13 (48.5%)

Fig. 1: Hospitalization in People Who Use Drugs & HCV Treatment Trajectory



HCV Treatment Urgency

"It just popped in my head. 'I'm gonna be here like six weeks...Why am I not doing [HCV treatment]?' I am basically in a bubble. And I'm not going anywhere."
 - 41-year-old man with stimulant use

HCV Treatment in the Future

"I've been hospitalized several times before this. Why, [HCV] actually has to start affecting something before it gets brought up...I figured that there would have been more discussion about it. And the treatment options presented to me...They wanna put abstinence and drug-abuse treatment, and all that, in my face every time I'm here."
 - 36-year-old man with opioid use

HCV Treatment Non-Engaged

"...diabetes is killing me. I gotta get it under control. If I can get that under control, I can do a lot more with my life...then we can step into gettin' this hep C treatment."
 - 50-year-old man with opioid use

HCV Treatment Non-Engaged

"My primary health concern would be, like I said, having a place to live but trying to stay clean, trying to stay off heroin. I plan on goin' to some inpatient treatment when I'm finished with my hospital stay."
 - 48-year-old man with opioid use

HCV Treatment Non-Engaged

"[My life] was pretty chaotic. I wanted a more stable life before I started [HCV treatment]...it's hard for me, when I was on the pill for birth control, even just remembering to take that every day was hard for me...I just know myself and knew I would need to be in a very stable, punctual time of my life, and I wasn't."
 - 27-year-old woman with opioid use

HCV Treatment Non-Engaged

"I don't know about the treatment. I don't have any plans of doin' it right away...[HCV is] not something in my top priority list right now. It just hasn't caused me any negative health effects."
 - 35-year-old man with opioid use

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CONCLUSIONS

- Hospitalization could serve as an important HCV treatment touchpoint –ACS involvement and hospital admission could alter HCV prioritization and DAA treatment readiness for inpatient adult PWUD with ongoing HCV infection.
- PWUD wanting urgent HCV cure noted hospitalization as an “eye opener” to treat all medical issues – including HCV.
- PWUD wanting to address HCV in the future wanted to prioritize addiction and other acute needs.
- PWUD who were non-engaged with HCV treatment had ongoing substance use, chaotic lives, and did not notice immediate HCV health consequences.

CLINICAL RELEVANCE

- To improve gaps in HCV care cascade need to:
 - Engage patients where they are seeking care
 - Develop innovative treatment programs able to address PWUD in different HCV trajectories
- In helping patients treat their SUD, ACS could be important component in also addressing HCV

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