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## BACKGROUND

- According to 2021 Annual Report of the Spanish Observatory on Drugs and Drug Addictions (OEDA 2021), in 2019 there were 50,035 treatment admissions for illicit drug abuse or dependence in Spain.
- Injecting drug use is the leading risk factor for hepatitis C virus (HCV) transmission (Roncero 2017).
- In Spain, drug users are usually managed at Addiction Centers (AC) which are not usually integrated the National Health System and depend on local or Autonomous Communities administrations, except in some regions. ACs focus on the management of addictions, referring patients to Primary and hospital specialized Care when a specific healthcare is required. For example, hepatitis C management which is done at hospital level.
- In 2016, WHO proposed eliminating hepatitis C as a public health threat by 2030 targeting an 90% reduction in new chronic infections and a 65% reduction in mortality (OMS 2016). To achieve these objectives, the Spanish Screening Guidelines (2020) emphasize the importance of promoting testing and screening in the population with risk factors, including drug users.
- To approach HCV management in drug users, it is necessary to increase the knowledge about the current drug users profile, the addiction setting professionals and ACs infrastructures; as well as their barriers and opportunities. This greater knowledge about addiction settings could help us to understand their special requirements to adapt projects and interventions towards HCV elimination in this setting.

## RESULTS

- A total of 80 questionnaires from AC professional meeting the inclusion criteria were analyzed.
  - 47.5% of questionnaires were completed by Addiction and General Medicine Practitioner physicians working at ACs, with an average of 20 years of experience (Table 1)
  - According to healthcare professional, more than half (58%) of users with HCV were on opioid substitution treatment and 28% were PWID (people who injecting drugs). The mean age of the patients was 45 years (Standard deviation-SD-4.44); 85% were men. The main illegal substances consumed were cannabis 53%; and heroin 45%.
  - 51% presented psychiatric comorbidities (major depressive disorder in 36% of patients, anxiety in 35%, and personality disorders in 31%). The most frequent organic pathologies among users with HCV were pulmonary disease and HIV (both 23%) and heart disease (10%) (Table 2).
  - PolyPharmacy was common, with 67% of patients receiving 3 or more medications. Importantly, about half of patients (49%) take more medications and/or substances than the indicated at the first visit/interview.

**Table 1: Characteristics of healthcare centers and healthcare professionals**

Addiction Centers (n=80)		
Outpatient methadone dispensing center		57.5%
Other*		42.5%
Resource type (n=80)		
Addictive Behaviours Unit		76.3%
Other**		23.7%
Specialty area of professionals and average years (% with respect to total) of experience (SD)		
Addiction medicine physicians		30% / 20.7 (10.1)
Nurse		23.8% / 20.2 (10.1)
General Medicine Practitioner		17.5% / 20.3 (10.3)
Psychiatrist		15% / 20.1 (10.0)
Clinical Psychology		10% / 20.2 (10.0)
Social worker		2.5% / 18.1 (10.1)
Pharmacist		1.3% / 23.0 (10.1)

\*Other: Outpatient non-methadone dispensing center, harm reduction center, therapeutic center, penitentiary center, inpatient detoxification unit, mental health center  
\*\*Other: low-demand center, day care center, therapeutic community, penitentiary center, Outpatient clinic, center for HIV Consultation  
SD: standard deviation

**Table 2: Characteristics of drug users with HCV**

Característica	
Mean age (SD)	45.2 (4.4)
Gender	
Men	85%
Substances consumed (Average percentage of reported patients)	
Alcohol	62%
Tobacco	74%
Anxiolytics	52%
Cannabis	53%
Stimulants	39%
Prescription opioids	31%
Heroin	45%
Other*	1%
Users with HCV on opioid substitution treatment	58%
Users with HCV and injecting drug	28%
Users with HCV and organic pathologies	
Heart disease	10%
Pulmonary disease	23%
HBV	9%
HIV	23%
Psychiatric comorbidity	51%
Anxiety	35%
Major depressive disorder	36%
Psychosis / schizophrenia	17%
Personality disorder	31%
Bipolar disorder	19%
Polypharmacy (3 or more medications)	67.6%

\*Others: cathinone derivatives, slam chemsex, speed ball, ketamine, SD: standard deviation

## OBJECTIVES

Complexadic study aimed to describe the profile of user with HCV at Adicción Centers to understand their special needs and to guide interventions toward HCV elimination.

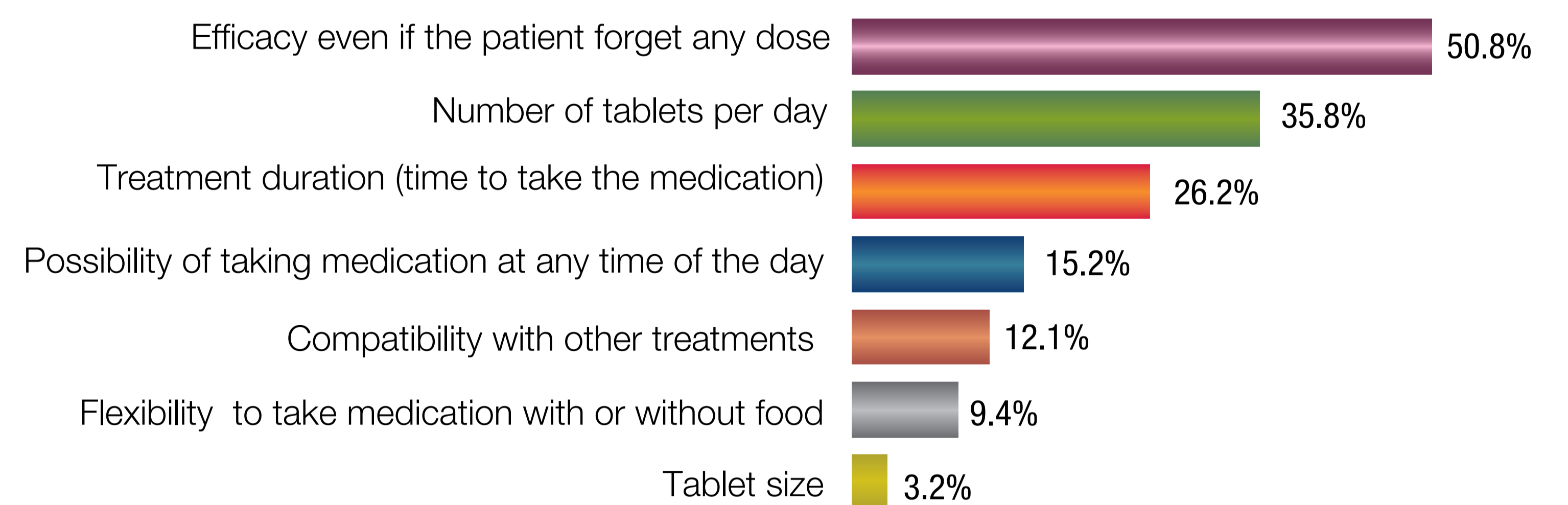
## METHODS

- Anonymous, online, cross-sectional survey aimed at healthcare professionals from AC with experience in addictive disorders patients in Spain.
- The survey collected characteristics of HCV patients attended at AC, as well as their patient's journey.
- The survey questions were answered by healthcare professional based on their last 3 years of experience without reviewing the patient's medical record.
- All addiction specialists belonging to AC met the selection criteria.

Inclusion criteria	Exclusion criteria
Healthcare professionals belonging to AC that attended at least 50 drug users per year	Healthcare professionals who do not attend for patients with addictive disorders
Healthcare professionals from AC with experience in addictive disorders patients	Healthcare professionals from non-assistance centers

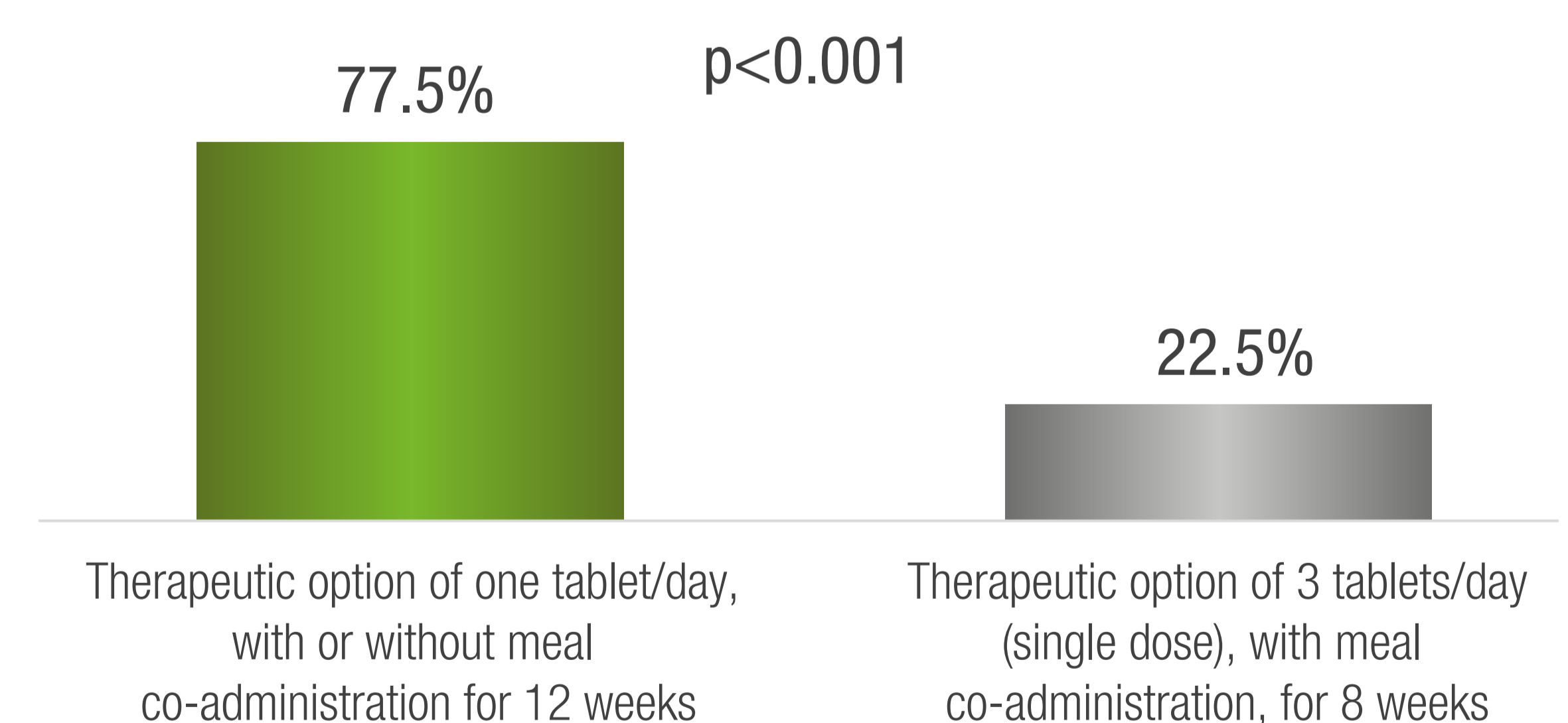
- For AC healthcare professionals the most important characteristics of HCV medication that could have an impact on adherence and persistence of addiction patients, are in order: (1) efficacy even if the patient forget any dose, (2) number of tablets per day, (3) treatment duration (50.8%, 35.8% and 26.2% of professionals rated each characteristic individually, respectively) (Figure 1).

**Figure 1: Most important characteristics of HCV medication with a possible impact on adherence and persistence of addiction patients, according health professionals**



- When addiction specialists were asked about the combined characteristics of HCV medication that best suited the addiction patient profile, 77.5% selected the therapeutic option of one tablet/day, with or without meal co-administration for 12 weeks, while the remaining 22.5% selected the option of 3 tablets/day (single dose), with meal co-administration, for 8 weeks ( $p < 0.001$ ) (Figure 2).

**Figure 2: Characteristics of HCV medication that best suited the addiction patient profile according to addiction specialists**



## CONCLUSIONS

- HCV drug users present a complex profile that require an interdisciplinary approach.
- In addition, HCV treatment simplifications would be key to favour treatment adherence and persistence. Finally, integrating AC into the health circuit is key to achieve the elimination of HCV in these patients.

### References

OEDA. Informe 2021. Alcohol, tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas; 2021. 243  
Roncero C, et al. Chronic Hepatitis C and people with a history of injecting drugs in Spain: population assessment, challenges for effective treatment. Adicciones. 2017;29(2):71-73.

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### Disclosures

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