CONTINGENCY MANAGEMENT IMPROVES HCV LINKAGE AND TREATMENT OUTCOMES IN PERSONS WHO INJECT DRUGS: A PILOT STUDY

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Introduction: Though persons who inject drugs (PWIDs) are often screened for HCV, few are linked to care, and even fewer initiate treatment. We set out to evaluate the efficacy of contingency management (CM) for improving HCV linkage to care, treatment initiation, and cure for active PWID recruited from a syringe exchange program.

Methods: We sequentially enrolled 39 participants who tested HCV positive via rapid testing at needle exchange sites to receive either a CM intervention or enhanced standard of care (eSOC). We enrolled 19 participants into the intervention arm, which consisted of eSOC plus financial incentives: $25 for up to nine HCV clinical visits and $10 for each returned weekly medication blister pack. After a 3 month wash out-period, we enrolled 20 participants to receive eSOC, which consisted of an expedited appointment within one week of enrollment to a nearby community-based health center with onsite direct acting antivirals HCV treatment, as well as a round-trip metrocard for transportation. Adherence was measured via electronic blister packs.

Results: Patients were predominantly men (66.7%), with a median age of 45, of Latino ethnicity (69.2%), and all with positive urine toxicologies at baseline visit. Of the participants who received the CM intervention, 73.7% (14/19) were linked to care. Two participants were HCV viral load negative. Of the 12 participants with chronic HCV, 10 initiated treatment, eight were cured, and two remain on treatment. Of the first 10 controls with adequate follow-up (at least 3 months), four (40%) were linked to care. One participant was HCV viral load negative and one initiated HCV treatment.

Conclusions: Contingency management leads to high rates of HCV linkage to care, treatment initiation, and cure in a population of active PWID. Larger studies should investigate the role of contingency management to improve the HCV cascade of care for active PWID.