

## LIVER DISEASE KNOWLEDGE AND ACCEPTABILITY OF NON-INVASIVE LIVER FIBROSIS ASSESSMENT AMONG PEOPLE WHO INJECT DRUGS IN THE DRUG AND ALCOHOL SETTING: THE LIVERLIFE STUDY

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**Background:** Liver disease burden among people who inject drugs (PWID) is high, yet few strategies to enhance liver disease screening have been evaluated. The aim of this study was to assess factors associated with baseline knowledge of HCV and liver disease, acceptability of transient elastography (TE) assessment (FibroScan<sup>®</sup>), and willingness to receive HCV treatment among PWID participating in a liver health promotion campaign.

**Methods:** The LiveRLife campaign involved: 1) educational resource development; 2) resource testing; and 3) implementation. Between May-October 2014, participants were enrolled in an observational cohort study with recruitment from four clinics in Australia [one targeted primary healthcare facility, two opioid substitution treatment clinics, and one medically supervised injecting centre]. Participants received educational material, clinical assessment, TE assessment, dried blood spot testing, and completed a knowledge survey.

**Results:** Of 253 participants (mean age 43 years), 68% were male, 71% had injected in the past month, and 75% self-reported as HCV positive. Median knowledge score was 16/23. In adjusted analysis, high knowledge ( $\geq 16$ ) was associated with <daily injection (AOR 5.01; 95% CI, 2.64-9.51) and no daily injection in the past month (AOR 3.54; 95% CI, 1.80-6.94). Of three screening options (TE, liver biopsy and blood sample), TE was the most preferred method pre- (66%) and post-TE (89%). Most participants (88%) were 'definitely' or 'somewhat willing' to receive HCV treatment and 56% intended to start treatment in the next year. Overall, 68% had no/mild fibrosis (F0/F1,  $\geq 2.5$  -  $\leq 7.4$  kPa), 13% moderate fibrosis (F2,  $\geq 7.5$  -  $\leq 9.4$  kPa), 10% severe fibrosis (F3,  $\geq 9.5$  -  $\leq 12.4$  kPa), and 9% had cirrhosis (F4,  $\geq 12.5$  kPa). Sixty percent (n=152) returned for a follow-up nurse/specialist assessment.

**Conclusion:** Acceptability of TE was high and the majority of people returned for a follow-up assessment by a nurse/specialist, supporting the inclusion of TE in HCV-related care.

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