

“I Wanna Live a Full Life”

**Perceptions of Hepatitis C Treatment Access among People Who Use
Drugs in Honolulu, Hawai‘i**

June 2023

Published by the Hawai‘i State Department of Health
in collaboration with Johns Hopkins University’s Bloomberg School of Public Health

Suggested citation: Pham T, German D. “I wanna live a full life”: Perceptions of Hepatitis C Treatment Access among People Who Use Drugs in Honolulu, Hawai‘i. Honolulu, HI: Hawai‘i State Department of Health; June 2023.

Report At A Glance



Hepatitis C Is a Public Health Burden for Hawai'i*

Hawai'i is the state with one of the highest rates of liver cancer cases and deaths, primarily due to viral hepatitis. Alarmingly, in Hawai'i, **deaths associated with hepatitis C virus (HCV) occur 20 years earlier** compared to the rest of the state. The HCV burden is especially high among people who use drugs (PWUD), with **more than half of syringe service program (SSP) clients exposed to HCV** in their lifetime. Although HCV is now curable with well tolerated, all-oral medication, many PWUD in Hawai'i report not seeking HCV treatment. This report seeks to understand why.



"Talk Story" Interviews Can Uplift Community Perspectives

Although some structural and clinical barriers to HCV treatment have been described in the past, a **study exploring opportunities and challenges from the perspectives of local PWUD** has never been done. To increase understanding and center lived experience in public health decision-making, research was conducted as a series of **paid, qualitative interviews among 15 unique SSP clients on O'ahu in March 2023**. The interviews generally focused on 5 broad topic areas: HCV disease understanding; HCV treatment awareness; HCV treatment challenges; HCV treatment opportunities; and other relevant insights.



Low-Threshold Education, Treatment, and Supportive Services Are Needed

Based on these in-depths conversations with SSP clients, several themes emerged. Although awareness and knowledge of HCV disease and curative treatment varied, there was an **overall concern with health and disease prevention**. To drive HCV action in their community, SSP clients recommended print materials (eg, posters, flyers) that deployed **visual, directive messaging**. According to participants, such campaigns should also address ongoing stigma. To increase HCV treatment uptake, they suggested **on-site medication and care** at the SSP mobile van in Chinatown. Provision of **basic needs supplies and services** (eg, housing assistance, transportation, nutrition) were also recommended as opportunities for additional engagement.



The Voices of Local People Who Use Drugs Are Essential

An unexpected and important finding from these interviews was the **appreciation for the conversations themselves**. Several interviewees suggested that one-on-one discussions were helpful in conceptualizing HCV as a health priority for their community. For one interviewee, these conversational moments were opportunities to "make the way we live better." Ultimately, this report demonstrates the importance of qualitative research as a means to ensure that **affected communities can participate** in their own public health programming.

*Note: See "Background: Hepatitis C Disparities in Hawai'i" for more discussion, including citations.

Background: Hepatitis C Disparities in Hawai‘i

- ❖ Compared to the rest of the state, Hawai‘i residents with hepatitis C virus (HCV) had a **lower life expectancy by 20 years**,¹ despite HCV being both preventable and curable. Timely screening and treatment for HCV are important to reduce the burden of this disease and its sequelae on vulnerable communities, especially among people who inject drugs.²
- ❖ Viral hepatitis accounts for more than 75% of all liver cancer cases in Hawai‘i, and hepatitis C virus (HCV) infection is a **leading risk factor for liver cancer in Hawai‘i**.³ According to the Hawai‘i Department of Health (HDOH), annual liver cancer death rates in Hawai‘i were higher than the national average from 2000 to 2020, with the statewide rate (9.41 per 100,000) at 1.3 times the U.S. rate (7.35 per 100,000) in 2020.⁴
- ❖ In its 2019 report, Hawai‘i Health & Harm Reduction Center (HHRC)—which operates the statewide syringe service program (SSP)—found that **more than half (56%) of SSP participants tested positive for past or current exposure to HCV**.⁵ Of these participants, 63% knew their HCV status but did not seek or complete curative treatment.⁵ Accordingly, the HHRC report recommended that low-threshold HCV treatment and supportive services be funded and prioritized for people who use drugs (PWUD) accessing SSPs statewide.⁵
- ❖ Recent qualitative health reports on COVID-19 experiences among Native Hawaiian and Pacific Islander residents in Hawai‘i⁶ and PWUD across the U.S.⁷ have demonstrated the **importance of community perspectives to guide public health** policy and programming. Although structural barriers to HCV treatment in Hawai‘i have been described in the past (e.g., restrictive requirements by state Medicaid insurance plans),⁸ an in-depth exploration of barriers among SSP participants has never been conducted in Hawai‘i.
- ❖ **By summarizing perceptions of HCV treatment access among PWUD, this report will inform timely, appropriate response by HDOH**, in collaboration with community partners such as HHRC and Hep Free Hawai‘i. Study findings will be shared with SSP participants to demonstrate how their insights can affect local policy change. Such data sharing will hopefully build trust and create opportunities for future qualitative research that can uplift and benefit PWUD communities in Hawai‘i.

¹ Ly KN, Miniño AM, Liu SJ, et al. Deaths Associated With Hepatitis C Virus Infection Among Residents in 50 States and the District of Columbia, 2016–2017. *Clinical Infectious Diseases*. 2020;71(5):1149-1160. <https://doi.org/10.1093/cid/ciz976>

² Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson AB. CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020. *MMWR Recomm Rep*. 2020;69(No. RR-2):1–17. DOI: <http://dx.doi.org/10.15585/mmwr.rr6902a1>

³ Wong L, Ogiwara M, Ji J, Tsai N. Changing characteristics of hepatocellular cancer in Hawaii over time. *American Journal of Surgery*. 2015;210(1):146-152.

⁴ Li F, Fukuda N, Goto R, Pham T. Hawai‘i Hepatitis B and Liver Cancer Incidence and Mortality Report. Honolulu, HI: Hawai‘i State Department of Health, Harm Reduction Services Branch and Office of Planning, Policy, and Program Development; 2023.

⁵ Stuppelbeen DA, Maxera L, Lusk HM, Pham T. 2019 Syringe Exchange Program Annual Report. Hawai‘i Health & Harm Reduction Center; 2020.

⁶ Worthington JK, Matagi CE, Antonio H, Antonio K, Chong-Hanssen K, Kamaka M, Maeda H, Marshall SM, Palakiko D, Vakalahi H, Walker IH, Quint J. COVID-19 Vaccination Experiences & Perceptions among Communities of Hawai‘i. *Health.hawaii.gov*. Published November 2022. Accessed March 5, 2023.

⁷ <https://health.hawaii.gov/coronavirusdisease2019/files/2022/11/Full-Report-COVID-19-Vaccination-Experiences-Perceptions-among-Communities-of-Hawaii%CA%BBi.pdf>

⁸ Harris SJ, Meyer A, Whaley S, Bhagwat A, Shah H, Sherman S, Allen ST, Saloner B. In Their Own Words: Experiences of People Who Use Drugs During the COVID-19 Pandemic. *JHU.edu*. Published March 17, 2022. Accessed March 5, 2023. https://americanhealth.jhu.edu/sites/default/files/2022-03/in%20their%20own%20words%20-%20experiences%20of%20people%20who%20use%20drugs%20during%20the%20COVID-19%20pandemic_2022.pdf

⁸ "Hepatitis C: State of Medicaid Access Report –Hawaii". *StateofHepC.org*. Updated February 2023. Accessed April 18, 2023. <https://stateofhepc.org/wp-content/uploads/2021/05/Hawaii-February-2023.pdf>

Purpose of Study: Summarize and Uplift Voices

The purpose of this study was to explore the perceived barriers to and opportunities for seeking and obtaining HCV treatment among participants of the state’s largest SSP. The findings will be used to enhance public health policy and programming at the HDOH in collaboration with Hep Free Hawai‘i, the statewide hepatitis elimination coalition.

Intended Outcomes of Research Study

1. To summarize self-described barriers and solutions for accessible HCV treatment among PWUD in Hawai‘i;
2. To uplift the voices, words, experiences, and expertise of PWUD to inform policy that affects their health;
3. To formalize qualitative research as a culturally congruent, essential approach for public health practice in Hawai‘i.

This study aligns with all five priorities of *Hep Free 2030*, the statewide hepatitis elimination strategy: Awareness & Education; Access to Clinical Services; Advocacy at All Levels; Equity in Everything; Data for Decision-Making.⁹

Study Participants: People Who Use Drugs

Eligible study participants were PWUD adults (18 years or older) who exchanged syringes or needles at a mobile SSP located in the Chinatown district of Honolulu. The site, which is run by Hawai‘i Health & Harm Reduction Center serves the largest number of SSP clients in the state. Participants were recruited using on-site purposive sampling, which selects people “on purpose” based on characteristics relevant to the phenomenon of study (eg, active substance use).¹⁰

If eligible, clients were offered voluntary, anonymous, paid participation in the study. Interested participants provided verbal informed consent. Qualitative interviews (n = 15) were conducted and recorded at (or nearby) the SSP site during normal hours of operation (9am-2pm) over five consecutive weekdays in March. Upon completion of the interview, each study participant was immediately offered an honorarium for their time (\$50 Visa gift card from Hep Free Hawai‘i).

⁹ Hep Free Hawai‘i. *Hep Free 2030: The Hawai‘i Hepatitis Elimination Strategy 2020-2030*. Hep Free Hawai‘i; 2020.

¹⁰ Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Adm Policy Ment Health*. 2015;42(5):533-544. doi:10.1007/s10488-013-0528-y

Study Researcher: Local Public Health

The study team consisted of the principal investigator, Danielle German, PhD, MPH, from Johns Hopkins Bloomberg School of Public Health (BSPH) and the primary research assistant (PRA), Thaddeus Pham, an MPH student at BSPH and also the Viral Hepatitis Prevention Coordinator for the Harm Reduction Services Branch of HDOH.

Thaddeus was an ideal PRA for this study due to his content expertise and community experience. Since 2011, he has worked as the state Viral Hepatitis Prevention Coordinator, which entails ongoing engagement with PWUD and other people affected by viral hepatitis. Since he provides monthly HCV testing and education at the SSP study site, he is already familiar to staff and clients, which is key for trust-building in this community. As a queer cisgender man, Thaddeus also has familiarity and personal connection with local sexual and gender minority communities, which include, but are not limited to, transgender, nonbinary, bisexual, lesbian, and gay people. This affinity has bearing when interviewing participants from those particular communities.

Regarding qualitative research, Thaddeus has completed course training for basic human subjects research from the Collaborative Institutional Training Initiative (CITI Program) via Johns Hopkins University. He has also been trained in study procedures, including obtaining consent, ensuring confidentiality, and maintaining HIPAA protections.

Study Method: Semi-Structured Interviews

❖ *Recruitment and Eligibility*

Prior to the interview period, the PRA met with SSP staff to address any concerns about the study and to glean insights for recruiting SSP clients. During this discussion, staff agreed to post a flyer about the study at the SSP site in the week before interviews were planned. Eligibility was based on two criteria: 1) participant was an adult (age 18 or older), and 2) participant exchanged syringes or needles at the SSP site in the past 30 days. During the five consecutive interview days, the PRA approached prospective participants after they accessed exchange services. When recruiting, the PRA minimized undue influence by assuring possible participants that SSP services would not be affected by non-participation in the study.

❖ *Verbal Informed Consent*

After eligibility criteria was determined, the PRA invited the recruit to immediately participate in a short, anonymous, and paid interview at a location on the street near the SSP site. If the person was interested and comfortable, the PRA proceeded with obtaining informed consent. To maintain anonymity, this study was approved to use an oral consent process instead of written informed consent. The PRA read an oral consent script verbatim to the participant. To

assist with understanding, a hard copy was provided to the participant to read along and keep afterwards. Once the PRA addressed any questions or concerns from the participant, he asked: “Do you agree to participate in this study?” If the participant consented, the PRA signed and dated the form to document that the consent process took place. As part of the oral consent process, participants were not asked to sign or initial the consent form.

❖ *Qualitative Interviews*

Once verbal consent was documented, the PRA explored the participants’ perceptions of and experiences with curative HCV treatment, using a semi-structured interview guide. Participants were asked to share insights and understanding under five primary topic areas (see below).

Primary Topic Areas for Interviews

1. HCV disease awareness
2. HCV treatment awareness
3. Challenges/barriers to HCV treatment
4. Opportunities for HCV treatment
5. Other insights or concerns

Each interview was short (thirty minutes at most) and conversational in nature. Since interviews were semi-structured, not all topics or questions in the interview guide were necessarily covered in each session. Given prior experience working with this community, the PRA included some time into each interview for conversational discursions. The interview guide also included suggested time parameters for each topic section to assist with completion within the half-hour time frame. The interviews were audio recorded, and the PRA took observational notes during and after each session. In some instances, when audio recording was not available, the PRA took detailed notes to summarize participant feedback.

❖ *Honorarium and Referral*

After completion of the interview, participants were offered a fifty-dollar gift card as an honorarium for their time and expertise. The dollar amount mirrors incentives provided by other local researchers and service providers working with similar communities in Hawai‘i. The PRA also offered referral materials for HCV services, including contact information for a hepatitis care coordinator. Once the interviewee verbally confirmed receipt of honorarium, their participation in the study formally concluded.

❖ *Documentation and Data Storage*

With participant consent, interviews were audio recorded and/or documented in detailed notes by the PRA. Audio files and interviewer notes were transcribed verbatim, with any personal

identifiers redacted. Each participant was assigned a study ID number so that no personal identifiers would be attached to any study documents. Transcribed study data and analyses were stored on a password-protected device accessible only by authorized study staff. Hard copies of the interview notes and forms were stored in a locked cabinet in a secure room only accessible by authorized study staff. After audio interviews were transcribed and data analysis was completed, the audio files were destroyed.

❖ *Thematic Analysis*

Qualitative analysis followed an iterative thematic approach, building on *a priori* themes using joint coding and analysis. (“*A priori*” means that these themes were determined based on current literature and previous knowledge.) For each interview, the PRA reviewed transcripts and identified themes related to the five interview topic areas. Each theme was supported by quotes or research notes. These themes were compiled for each interview in case summaries. The PRA then collated themes across all interviews to identify the most prominent and unique themes in each of the five interview topic areas.

❖ *Internal Review Board*

Internal Review Board (IRB) approval was obtained from the Johns Hopkins University Bloomberg School of Public Health on February 8, 2023. (IRB #: IRB00023105).



“To be heard and in the loop”

Summary of Participant Insights

The quotes and findings below reflect the voices, experiences, and insights of a representative sample of participants who are people actively using drugs in Honolulu. Major themes are organized by the interview topic areas, with the most prominent ones highlighted in bold. As one participant pointed out, this study was appreciated, not only for the public health impact, but also for ensuring that local PWUD get “to be heard and in the loop.”



“Pretty much everybody I know has it.”

Topic Area 1: Awareness of HCV Disease

When asked about awareness of HCV, most participants indicated that they **knew someone (sometimes including themselves) living with the disease**. For some participants, everyone in their circle had HCV.

"I know friends that have had it for years and years."

"The only one person that I was really close to had it."

"But everybody I know has it."

Despite the general awareness of HCV as a disease, the **level of accurate, up-to-date knowledge on transmission risks and health impact varied**. Education came from various sources including other PWUD, SSP staff, and trainings at substance treatment centers. Many participants **confused HCV with other diseases**, which was made clear when they described HCV with symptoms and transmission routes for viral hepatitis A and B, HIV, and tuberculosis. As such, some were concerned with contaminated fecal matter or airborne exposure.

"What kind disease is it?...Is hep C bad?"

"What is it, eating away your liver somehow?"

"It's...something like bronchitis or something."

Knowledge of accurate HCV transmission risk was not consistent across all participants. Although many participants were **aware of the risks of HCV transmission from sharing drug equipment**, some were also concerned about HCV risk from “dirty”, “not sanitary” areas, as well as from particular communities (eg, sex workers and immigrants). Many participants had **heard about the severe health consequences of HCV**, including pain, jaundice, liver failure, and death.

"It is very much contagious, and people are not aware that it's around us all the time."

"I don't want to share needles with anybody. Some people do. So they let them know before they might share something."

A minority of participants shared that HCV was not a major or urgent concern for them or others in the PWUD community. Participants suggested this could be due to lack of awareness

and education, including the negative impact of HCV on health. Some participants expressed interest in learning more about HCV during or after the interview.



“There's nothing really good about it, except it can be cured.”

Topic Area 2: Awareness of HCV Treatment

Participant **awareness of current oral HCV treatment options** was mixed. Although many participants were **aware of the “new”, “easy” HCV treatments**, many were also **unclear that it is curative**. From the interviews, there was no clear indication as to why some participants had more accurate knowledge than others. Sources of knowledge ranged from hearsay to trainings to provider education with varying levels of accuracy. For example, as described in the “Challenges” section below, provider misinformation on HCV treatment was a major issue for one participant.

"It's curable, and if you catch it early, you can get rid of it."

"I didn't know there was treatment for it. Can you get pill?"

"I know there's something out there that gets rid of it quickly."

Some participants still believed that **HCV treatment required interferon**, including one participant who was recently told by their medical provider that it was the only option. Up until 2011, interferon was the first line of HCV treatment, which had low efficacy and major physiological and psychological side effects. These participants had heard about **many challenges with interferon treatment**, including difficulty of achieving cure and physical side effects (eg, weight loss, sickness similar to chemotherapy).

"That [interferon] was actually the only treatment I heard about."

"I heard it [interferon] really made you sickly, like tired and stuff."

"Interferon is something good to get rid of it."

Some participants **knew someone who was cured** or previously treated for HCV, which was considered a positive outcome. One participant achieved sustained virologic response via the “easy” pill-based regimen with support from the SSP HCV Care Coordinator. Some participants expressed excitement when provided information about the current options. One person shared that knowledge of the cure provided “peace of mind”, and that they felt “a lot more positive about it already.” Still, one participant expressed hesitancy about getting treatment.

"He's better now, because he got treatment."

"A lot have gotten rid of it."

"She had to take those pills every day...and then it went away."

Some participants expressed **concern with insurance coverage for HCV treatment**. Others mentioned additional considerations for HCV treatment, such as ease of blood draws and risks for reinfection.

"I know actually it's, it's expensive. I know that, and I know it's kinda hard to get. Your insurance company [has] to approve you for treatment for it."



"Probably just be shame, yeah?"

Topic Area 3: Challenges to HCV Treatment

A major challenge to HCV treatment was **stigma around HCV infection, especially related to injection drug use**. One participant described in detail how perceived organizational stigma against substance use led to scheduling difficulties, eventually causing them to stop seeking care. For this participant, the treatment clinic was "wanting to make it difficult...on me, to see if I would really stick with it, you know?...They, like, make you jump through unnecessary hoops...because of how I look and they think that I'm a drug addict." In another instance, a participant perpetuated stigma by blaming other PWUD for their HCV infections.

"I feel like they think that like people that have it are like, dirty."

"Should not bow to stigma they have been brainwashed to believe!"

"They're still treating me like I'm an addict."

Many participants used syringe exchange services and recommended such services to others as a means of disease prevention. Still, many participants shared that **HCV treatment was not a priority** for people they know, despite the **ongoing risk of transmission from shared injection drug use equipment**. Their other priorities include competing health issues (e.g., heart disease, hip surgery) and "getting well" to avoid drug withdrawal. One participant suggested that medical mistrust was a reason for not seeking care, saying "they no like doctors I guess."

"Everything is difficult because of the the addiction itself."

"It's devastating some of the stuff, you know, what we do to ourselves?"

"They gonna use that same needle...when that's the only needles they have."

An additional theme focused on **logistical challenges of getting HCV treatment**, such as transportation, convenient locations, insurance, peer support, phone or internet access. For example, some participants spent a considerable amount of time detailing how the cost to purchase and then load a bus pass (the "Holo" card) can be too expensive. The timing of the bus schedule can also make it challenging to make it to clinic appointments in far parts of the island. For others, lack of a supportive peer group that prioritizes health can make a difference in how or when they seek medical care. Mental health challenges were also mentioned briefly. In this instance, a participant believed that some people are "not in the right state of mind sometimes, so they don't even know how to go about getting help." A "right state of mind" may also be affected by substance use, such as when someone is high on drugs.

"Painful to bus all the time. It gets to be expensive"

"Not everybody got a phone."; "Not everybody on...the internet."

"I didn't even know that there were clinics like that."

Although not a common theme, one participant shared a striking example of **misinformation from a medical provider** at a major hospital. When the participant was diagnosed with HCV (three months prior to their interview), they were explicitly told that the only option for treatment was interferon-based therapy. Even when the participant asked about the new curative regimen, the provider reiterated that interferon was the only treatment option available. This is especially concerning since this hospital sees many of the SSP clients in their emergency and urgent care clinics.

"I asked him..."Well, what's the treatment for that?", and they went, "Interferon". And I was like, "Wow, I thought that was like old stuff. I thought there was new stuff available now," but that's all they told me. I even asked them, "So is that the only cure you have?" And they said no, it's pretty much interferon."



"Just come to the same spot where the van is."

Topic Area 4: Opportunities for HCV Treatment

The primary theme for opportunities was establishment of **SSP-based HCV treatment**, either on site at the existing Chinatown van or at a new van parked next to it. In addition to treatment, many participants recommended that the **SSP expand other HCV services**, such as education, testing, and care coordination, especially because they “know a lot of people that come here.”

"They just come to the same spot where the van is. There could be a doctor here who could prescribe you your medication."

"If there was a place people could go like once a week to get their medication. Like if the van gave it out."

According to most participants, another major opportunity to increase HCV treatment access and uptake was a **traditional educational campaign, focused on print products, especially through the SSP van**. Participants generally favored handouts, pamphlets, flyers, and posters over other channels like television or social media.

"If you're on the streets,...you see a flyer here and there or something."

"People come here every day and repeat business is phenomenal."

"Every day, just have that one pamphlet...posted on the van."

Participants **recommended messaging from trusted sources** that focused on preventing transmission, reducing stigma reduction, emphasizing the cure. One participant provided messaging examples such as “Listen...Hep C is curable!”; “Things have changed. Read this.”; “Look. It's curable!” Notably, some participants suggested that the **interviews themselves were educational opportunities**. One participant suggested that education should be like the one-on-one interviews: “Like how you're doing: Talk about it. Spread the teaching.”

"If you...sharing needles, don't fool yourself. You are at risk."

"It has to be a...social reeducation, man."

"Make...people feel more comfortable and less ashamed."

Some participants recommended that HCV treatment and education should also be provided at other sites accessed by PWUD, including hospitals, primary care clinics, community health centers, and substance treatment centers. Outreach to PWUD communities via mobile medical units and transportation support to treatment sites were also mentioned. One participant suggested that increased funding was a necessary opportunity.



“I love these guys. They’re doing everything they can.”

Topic Area 5: Other Insights and Concerns

In addition to feedback on HCV treatment, participants shared other health-related issues and concerns. A prevailing theme was **effusive gratitude for the SSP**. Many participants appreciated the **SSP van as a trusted hub** for various services, including clean needles and syringes, safe smoking supplies, condoms, and HIV services.

"If it wasn't for you guys, there'd be a lot of hep C."

"I really like you guys...providing us with everything, and I appreciate that."

"This is the only state I've ever been in where they, like, care."

Some participants made **recommendations to improve the SSP by offering needs-based exchange and increasing the number of vans**. For example, one participant noted that the SSP's one-to-one exchange policy “makes it an issue whether they should use the same needle, or other people's needles when they don't have access to enough needles.” Other health concerns focused on **access to basic needs** such as safe housing, hygiene, and nutrition. Some shared their thoughts on improving general quality of life and mortality.

“Make the way we live better.”

"I want to go to sleep somewhere I don't have to worry."

"I don't have water. I don't have money to get, but I need, and I'm thirsty."

During the research period, the PRA observed that at least one out of five participants indicated they were **part of sexual and/or gender minority communities**. Interviews with these particular participants had a different tenor than other sessions, likely due to the PRA's own queer identity, understanding, and affinities. For example, the PRA was able to understand local queer slang, humor, and references, allowing for a richer discussion.

Finally, one participant **expressed gratitude for the interview process** itself. This person became emotional when the interview ended, sharing that they appreciated the opportunity for them and other PWUD “to be heard and in the loop.”



Limitations

There are several limitations to this study. First, the findings from a relatively small number of participants (n=15) cannot truly represent the diverse insights and experiences of an entire community of people. However, the purpose of qualitative research focuses on depth rather than breadth, so the richness of the data is not necessarily dependent on the number of interviews. Still, additional interviews may have yielded other important themes for consideration, especially for intersecting communities. For example, at least one-fifth of participants were part of sexual and gender minority networks of PWUD, and their experiences could be explored more. Similarly, the geographic convenience of sampling at one site in urban Honolulu means that rural (especially Neighbor Island) perspectives were not included in this study.

During these interviews, participants may have been unable to recall or express certain insights or experiences during the interview. They may also have responded in ways to increase social desirability with the PRA. Relatedly, the PRA's identities, experiences, and perspectives may have shaped the discussions and inadvertently provided verbal or nonverbal cues that steered the conversations in specific directions. Finally, the audio recordings were not always possible, and the quality of audio recordings varied, so some interviews provided more data than others.

Despite these limitations, this study presents important and useful findings to guide program and policy development for the improved health and well-being of people who use drugs in Hawai'i. Additionally, this report offers a culturally-congruent, community-oriented methodology for the Hawai'i Department of Health (and other state entities) to center people's lived experience in public health decision-making.

Recommendations: Data to Action

The intention of this report is to impel ongoing action that will benefit the health of local PWUD, especially in regard to HCV care and treatment. Based on the findings above, the authors make the following recommendations for program and policy decision-makers to improve HCV treatment for PWUD in Hawai'i. Such recommendations will require an intentional investment in time and resources, but will provide benefits for local public health, especially for some of the most vulnerable people in the state.

HOW TO IMPROVE HCV TREATMENT FOR PWUD IN HAWAII

1. **Establish on-site or co-located HCV treatment at SSPs**, at existing or new sites. Ensure that services include care coordination to address both medical and basic needs such as housing and nutrition.
2. **Co-create print materials with PWUD** to promote awareness and urgency for curative HCV treatment among their peers. Focus on clear, short, and visual messaging that highlights the ease and availability of “the cure”.
3. **Explore educational opportunities of one-on-one “talk story” sessions** that borrow the format of the research interviews. Incentivize participants for their time in engaging and talking with educators.
4. **Develop stigma reduction campaigns** that address discrimination due to HCV and/or substance use. Promote the campaigns via multiple channels in various settings to change cultural perceptions of PWUD and HCV.
5. **Provide HCV education trainings for healthcare providers in settings that serve PWUD**, such as hospitals, community health centers, and substance treatment centers. Develop curricula that include modules on stigma reduction and current HCV treatment.
6. **Increase funding to expand current SSP capacity** to additional sites and services. Consider expanding supportive services such as transportation and hygiene care.
7. **Change current policy on one-for-one exchange to needs-based distribution** in order to increase engagement at the SSP and prevent HCV infections. Continue current needs-based distribution of condoms, safe smoking equipment, and other harm reduction supplies.
8. **Conduct more qualitative studies that are responsive to the needs of PWUD** in Hawai'i. Expand research on intersecting PWUD communities—such as sexual and gender minority people, sex workers, and immigrants—to identify population-specific needs and recommendations.
9. **Expand the capacity of the Hawai'i Department of Health (HDOH) to utilize qualitative research** methodology, especially to enhance and contextualize existing data and research. Provide training and organizational support for HDOH programs to conduct, analyze, and disseminate qualitative reports regularly.
10. **Disseminate this report to constituents, policymakers, SSP staff, and PWUD** in various formats such as webinars, summary handouts, infographics, social media, peer-reviewed publications, and on-site conversations with SSP clients. Translate research data into understandable, accessible information that can drive programmatic and policy change.

Study Acknowledgements

As with any community-based effort, this study and report would not have been possible without the support of many individuals and organizations, especially Hep Free Hawai'i and Hawai'i Health & Harm Reduction Center. Specifically, the authors would like to thank LaVada, Mike, Jeff, and Kourtney at the Chinatown syringe exchange van for their warm welcome and dedication to their clients.

Mahalo to everyone who took time to review this report, including Melissa Bumgardner, LaVada Beard-Holdener, Diana Felton, Sarah Kemble, Heather Lusk, Timothy McCormick, Dan Saltman, and Naoky Tsai.

This study was a joint effort between the Hawai'i Department of Health and Johns Hopkins University's Bloomberg School of Public Health. Thanks to the Bloomberg American Health Initiative, which made it possible for Thaddeus Pham to conduct this research as a Masters in Public Health student and Bloomberg Fellow in Addiction and Overdose.

Most importantly, we extend a heartfelt thanks and aloha to the study participants and all people who use drugs. May you find health, connection, and whatever else you need to—as one participant aspired—“live a full life”.