

# Combining treatments for people who inject drugs is the first step towards eliminating hepatitis C

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The burden of liver disease could be dramatically reduced by scaling up the combination of interventions for hepatitis C infection among people who inject drugs according to University of Bristol researchers. The findings, published today [24 July], form part of new global recommendations on treating the virus.

Around 150 million people globally are chronically infected with the hepatitis C virus (HCV)<sup>1</sup> – a major cause of liver disease that can lead to serious complications such as [liver failure](#) or cancer, which are associated with considerable costs to the health care system. In developed countries the majority of transmissions and cases are among people who inject drugs<sup>2</sup> – in the UK, this equates to around 90 per cent of hepatitis C infections.<sup>3</sup>

The study, published today in the journal *Clinical Infectious Diseases* by Dr Natasha Martin and colleagues at University of Bristol, the London School of Hygiene and Tropical Medicine and Health Protection Scotland, suggests that combining HCV antiviral treatment with opiate substitution therapy (OST) such as methadone and [buprenorphine](#), and high-coverage needle and syringe programmes (HCNSP) is critical for achieving substantial reductions by up to 50 per cent over ten years.

Matthew Hickman, Professor in Public Health and Epidemiology at Bristol's School of Social and Community Medicine and co-author of the

research, said: "High-coverage needle and syringe programmes (NSP) and opiate substitution therapy (OST) are the key primary interventions to treat hepatitis C among people who inject drugs; but HCV treatment is required if we want to achieve greater than 45 per cent reduction in HCV prevalence over a ten year period.

"Our model projections show that scaling up OST and high coverage NSP can reduce the number of HCV treatments required to achieve reductions in HCV – and emphasises the importance of a combination of interventions. Further research is needed to examine the cost effectiveness and affordability of scaling up HCV treatment."

The research supports the first set of global recommendations, published by the International Network on Hepatitis Care in Substance Users (INHSU), ever released for treating hepatitis C in people who inject drugs which has shown that treatment can be very successful when barriers are addressed within a supportive environment.

Philip Bruggmann, President of the INHSU, who have published the recommendations on treating the disease in substance users, said: "Reducing the significant burden of liver disease related to hepatitis C internationally will require improved HCV care in the population most affected: those people who currently inject or formerly injected drugs. By providing appropriate care to this group, we can reduce the burden of hepatitis C-related liver disease in this vulnerable population and slow the spread of this global epidemic. These new recommendations serve as a first step in eliminating [hepatitis C](#)."

Provided by University of Bristol

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