

# People who use drugs require prioritization, not exclusion, in HCV elimination

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An international conference bringing together hepatitis C experts from around the world is today calling for strategies to prioritise people who use drugs, saying hepatitis C elimination is impossible without them.

"The number of people around the world dying from hepatitis C is increasing. We have the tools to reverse this trend, to eliminate this [disease](#) and save millions of lives. But it will not happen until people who use drugs become a focus of our efforts," said Associate Professor Jason Grebely, President of the [International Network of Hepatitis C in Substance Users](#) (INHSU), the convenors of the conference.

Hepatitis C is a blood borne virus that if left untreated can result in cirrhosis, liver cancer, and liver failure. Globally, there is an estimated 71.1 million people with [chronic hepatitis C](#), resulting in over 700 000 deaths each year and the numbers are increasing. Eight per cent of those living with the disease and almost a quarter of new infections are in people who use drugs.

New, highly effective curative treatments have sparked hope of a world free of hepatitis C. Countries like Australia are currently on track to eliminate the disease as a [public health](#) concern by 2026 thanks to a public health strategy that offers treatment to all without restriction, and the prioritisation of people who use drugs. However in the US and many countries globally, hepatitis C testing, linkage to care, and treatment for people who use drugs remain low.

## Why treat?

- It is essential for elimination. Without treatment for people who use drugs, elimination of hepatitis C will be impossible as the disease prevalence in this group is simply too high.
- It can be cost effective compared with delaying until the development of cirrhosis, decompensated liver disease, and liver cancer.
- It will reduce onward transmission: Studies from Scotland, Australia and Canada indicate that a 3 to 5 fold increase in the number of people who inject drugs on treatment could reduce chronic hepatitis C prevalence by 15-50% within a decade.
- It works. Recent evidence shows that new hepatitis C cures are just as effective in people who use drugs as other populations and that reinfections levels are low.

Experts at the 6th International Symposium on Hepatitis Care in Substance Users say that to be successful, elimination of hepatitis C in people who use drugs requires careful integration with harm prevention programs and linkage to care, as well as a review of policies that drive disease spread.

Research being presented at the conference demonstrates that:

- Opioid Substitution Therapy (OST) and Needle and Syringe Programs (NSP) can reduce hepatitis C incidence by up to 80%.
- Response to new [hepatitis C](#) DAA treatment among people who use drugs is high and reinfection is low.
- Community involvement is key to successful program implementation.

"Access to good quality healthcare should be a basic human right for any person, irrespective of whether they use drugs, " said A/Prof. Grebely.

"But when providing this also means we are able to eliminate a disease currently affecting 71 million [people](#) around the world, then taking action becomes even more of a moral and public health imperative. We cannot afford to delay any longer."

Provided by International Network for Hepatitis C in Substance Users

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