



**HARM REDUCTION
INTERNATIONAL**

Hepatitis C and people who use drugs

Global State of Harm Reduction 2018 briefing

Elimination of hepatitis C is now, for the first time, a possibility. With the introduction of new direct-acting antivirals capable of curing up to 95% of cases, the World Health Organization has set a target of 2030 for effective elimination of the virus.

To achieve elimination requires effective rollout of direct-acting antivirals to the populations that need them most, and a scale-up of prevention strategies where they are currently lacking. This is especially true as it relates to people who inject drugs, one of the most at-risk populations for the virus (prevalence of hepatitis C among this population is 50-times higher than among the general public).

An estimated 52.3% of the 15.6 million people who inject drugs globally live with hepatitis C.



THE STATE OF HEPATITIS C PREVENTION

Higher-risk drug use practices are associated with higher prevalence of hepatitis C among populations of people who inject or inhale drugs. Harm reduction interventions are evidenced to significantly reduce the risk in these practices and thus the transmission of blood-borne viruses, such as hepatitis C.

However, harm reduction services are absent in many countries, or are not available at the scale required for effective prevention of hepatitis C. A recent Lancet study estimated that just 1% of people who inject drugs live in countries with high coverage of harm reduction services.



Drug consumption rooms provide a safe and medically supervised environment for people to use drugs and access healthcare, but only **exist in 11 countries**.



Needle and syringe programmes ensure people have access to sterile injecting equipment, but **operate in only 86 countries of the 179 where injection drug use is documented**.



Opioid substitution therapy is associated with reduced high-risk injecting behaviour, but is **only available in 86 countries of the 179 where injection drug use is documented**.

RECOMMENDATION: Countries must implement a full range of harm reduction interventions to prevent hepatitis C transmission among people who use drugs.



**THE GLOBAL STATE
OF HARM REDUCTION 2018**

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THE INACCESSIBILITY OF HEPATITIS C TREATMENT

Despite the emergence of direct-acting antivirals that can cure 95% of hepatitis C cases, their high cost has limited their availability. Even in countries where direct-acting antivirals are available and publicly funded, the high cost has led to restrictions on who is eligible for treatment under national and private health insurance schemes. For example, people actively using drugs who live with hepatitis C are often excluded from treatment unless they stop using drugs.

Few countries outside Western Europe, North America and Oceania make state-funded direct-acting antiviral treatment freely available to people who inject drugs; in these cases, direct-acting antivirals are funded by the state and via agreements with pharma. Notable among these exceptions are the Czech Republic and Slovenia, where treatment is widely available and publicly funded, as well as Kenya, where treatment is available to people who inject drugs under targeted programmes financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID. In Indonesia, a community-led “buyers’ club” works with the country’s few doctors able to prescribe direct-acting antivirals to offer treatment at a lower cost than otherwise available.

Where hepatitis C treatment is available privately, for example in the Middle East and North Africa, the cost of accessing treatment in practice for people who use drugs remains prohibitively high.

In 2015, Australia became the first country in the world to provide free or heavily-subsidised direct-acting antivirals for hepatitis C to the whole population, including people who use drugs and prisoners, at any stage of the disease. This led to record numbers of Australians being treated for hepatitis C.

Chart 1: Number of Australians being treated with direct-acting antivirals annually



RECOMMENDATION: Hepatitis C treatment with direct-acting antivirals must be made available at low or no cost to people who use drugs living with hepatitis C, with no requirement for abstinence.

STIGMA AND DISCRIMINATION UNDERCUT PREVENTION AND TREATMENT INITIATIVES

Stigma and discrimination toward people who use drugs is a barrier to hepatitis C prevention, testing and treatment around the world. People currently using drugs consistently face exclusion from hepatitis C treatment by health professionals, even where this is explicitly against national guidelines (for example in Germany and Portugal). Marginalised groups, such as indigenous peoples, ethnic and sexual minorities and women, experience particularly elevated levels of stigma if they use drugs.

New models of peer-led and integrated services have been developed with the aim of increasing access to hepatitis C treatment for people who use drugs. Studies in Australia found that the use of peer workers in opioid substitution therapy services can contribute to the more effective treatment of marginalised populations, by preparing clients for hepatitis C treatment and testing and reducing the impact of both real and perceived stigma. Integrating hepatitis C services into others already familiar to people who use drugs, such as harm reduction facilities, may also help to alleviate the impact of stigma and discrimination.

RECOMMENDATION: Hepatitis C services for people who use drugs must be designed in a way that reduces the impact of real and perceived stigma, for example by employing peer workers.

RECOMMENDATION: Hepatitis C services should be integrated into harm reduction services, in order to provide an understanding and non-judgemental environment for people to access treatment.