BETTER INTEGRATION OF HEPATITIS C AND DRUG USER HEALTH IN THE FUTURE: A COMMUNITY PERSPECTIVE

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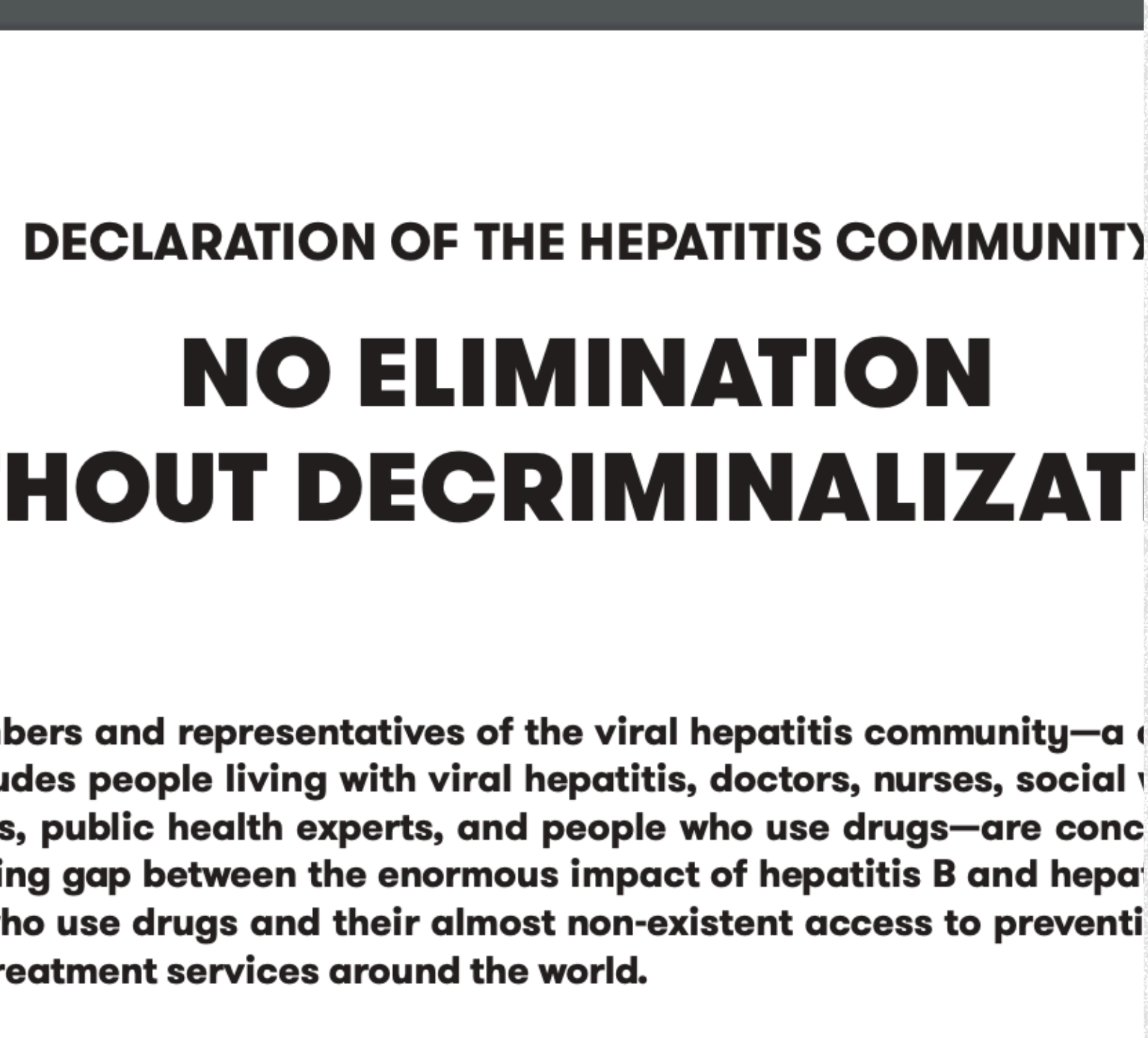
HEPATITIS C AND PEOPLE WHO INJECT DRUGS

- Globally, hepatitis C prevalence among people who inject drugs is estimated to be 52.3%
- Hepatitis C is no longer the problem it used to be, since it is usually cured by eight to 12 weeks of oral, direct-acting antivirals
- Despite the World Health Organization target of eliminating hepatitis C and hepatitis B by 2030, many countries continue to restrict access to direct-acting antivirals for people who inject drugs.
- High pricing of diagnostics and HCV treatment are still key prohibitive barrier and effective prevention measures still need to be scaled up

These issues are indivisible from our wider struggle for decriminalization, scale up of harm reduction and meaningful community involvement



Greater emphasis must be placed on **structural factors:** regulations, norms and laws and policies that criminalize and exclude people who inject drugs, either in or outside of state custody from HCV prevention, care and treatment

Some of the **impacts of punitive drug policies** on hepatitis C include interruption of treatment due to detention and incarceration; fear of arrest over possession of needles and syringes; lack of availability of harm reduction interventions; heightened scrutiny requiring reporting of drug use to authorities etc.

Policies criminalizing drug use fuel stereotypes and negative assumptions, which naturally lead to enforcing **stigma and discrimination**

BARRIERS FOR PEOPLE WHO USE DRUGS

- Poverty, marginalization, housing, ethnicity and language, stigma and discrimination
- Lack of accessibility, affordability, acceptability
- Lack of information on availability, affordability and experiences of new treatment options
- Unmotivated concerns around treatment adherence and reinfection by health sector and policy makers
- Lack of integrated services geared toward delivering people-centric care and relationship building with fewer appointments and less waiting time
- Prioritization of needs: criminalized environment, housing and employment insecurity and other unmet critical needs
- Uncomfortable alignment of HCV programs with alcohol and drug treatment sector

- Reduce pricing on treatment and diagnostics
- Link services to people, not people to services
- Engage a retain clients with peers
- Invest in community-led networks
- Expand access with nurse-led care
- Fund and scale up innovative models of care including rapid service delivery, same day services and incentives
- Bring service providers and people who use drugs together
- Go to where people are, offer them what they want and provide it in one place

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HARM REDUCTION IS STILL KEY

- Criminalization, stigma and discrimination remain the key barriers to realizing drug user health
- Modelling studies in UK suggest that without OST, new HCV infections would rise by 483% by 2030
- The 2030 eradication agenda need to include clear prevention targets and look at harm reduction not only from an HIV point of view, both financially and technically and politically.
- Harm reduction programs and services are the foundation for low threshold, decentralized HCV delivery for people who use drugs
- Harm reduction programs must speak to our needs; peer outreach workers, low-threshold, non-individualization of blame, non-abstinence-based
- Hepatitis C testing, care and treatment services must be integrated with harm reduction and community-led approaches

COMMUNITY-BASED APPROACHES

- Community-led research on barriers to engagement
- Task-shifting: including fast-track employment of peer workers and peer navigators
- Working with community-led networks to screen, test counsel and refer to treatment
- Linkages with harm reduction (OST and NSP) services
- Building awareness and running campaigns on hepatitis C
- Learning from HIV and other health movements

- **No Elimination without Decriminalisation.** True allies of people who use drugs must stand with us in advocating for decriminalization (at the very minimum)
- **Effective Hepatitis C and drug law reform go hand in hand.** In lieu of focusing only on elimination agendas, we need to push for shift towards social and structural determinants. Punitive drug laws are the primary structural barrier for people who use drugs
- **Removal of punitive and discriminatory barriers** to Hep C prevention, testing and treatment
- **Integrat**e Hepatitis C programmes with harm reduction
- **Invest** in Community-led Advocacy and Programming – that includes advocating for governments to invest in treatment for people living with hepatitis C
- **Meaningful Dialogue** between community, policy makers and practitioners sorely needs space, resourcing, focus and attention
- More **emphasis on community-based and community-led approaches** must go together with investments in cultivating and supporting peers and the programs in which they work

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THE INTERNATIONAL ACTIVISTS WHO USE DRUGS

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no group of oppressed people ever attained liberation without the involvement of those directly affected by this oppression. Through collective action, we will fight to change existing laws and for evidence-based drug policy that respects people's human rights and dignity