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COALITION

Closing the Circle: Hepatitis C Prevention for People Who Inject Drugs

National Viral Hepatitis TA Meeting
10.18.11

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Combination Prevention

Planning & Assessment
Collaboration
Peer Support
Community Mobilization
Service Integration



Rationale for Combo Strategy

75% reduction in new infections among injectors from combination prevention (e.g. syringe access + methadone/buprenorphine):

“Interventions using strategies that combined substance-use treatment and support for safe injection were most effective at reducing HCV seroconversion. Determining the effective dose and combination of interventions for specific subgroups of PWID is a research priority. However, our meta-analysis shows that ***HCV infection can be prevented in PWID.***”

Hagan et al., J Infect Dis., 2011 Jul 1;204(1):74-83.

Syringe Access & OST

*Establishment & scale up
of access to sterile
syringes and
methadone/buprenorphine
is the central challenge for
HCV prevention*

Making it Work

- ***Outreach & HCV Testing are critical opportunities for education and linkage***
- ***Behavioral interventions (individual/group) may have additive prevention benefits but are secondary in impact to access to syringes/OST***
- ***Surveillance & program monitoring provide critical data to target resources and improve quality of services***

Treatment as Prevention

Active injectors have the most to gain from improvements in HCV treatment (higher SVR rates, shorter duration, interferon-free regimens):

“Despite the possibility of re-infection, modest rates of hepatitis C treatment among active injecting drug users could effectively reduce transmission. Evaluating and extending strategies to treat hepatitis C among active injectors are warranted.”

Martin et al., J Hepatol. 2011 Jun;54(6):1137-44

All Doors Lead to HCV Prevention

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