

# HEPATITIS C AND YOUNG PEOPLE WHO INJECT DRUGS

## PEOPLE WHO USE DRUGS ARE AT INCREASED RISK FOR VIRAL HEPATITIS

People who inject drugs are at increased risk for HCV infection through the sharing of syringes and drug-preparation equipment. HCV prevalence among people who inject drugs is as high as 70%, and between 20-30% of uninfected people who inject drugs acquire HCV infection each year. Because there is no vaccine for HCV, the best way to prevent HCV is to avoid behaviors that can spread the virus, especially sharing syringes and other equipment used to inject drugs.

## HCV TRENDS AMONG YOUTH

In recent years, state health departments have reported an alarming increase in new HCV cases among people under the age of 30 in states like Alabama, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Montana, New Mexico, North Carolina, Oregon, Tennessee, Washington and West Virginia. These newly-infected young people who inject drugs are equally likely to be male or female. Unlike historical trends of HCV infections (i.e., concentration in larger, urban city centers), new HCV infections are increasingly found in suburban and rural settings, especially in Appalachia. However, new infections continue to occur in urban areas, as well.

This illustrates the need for increased comprehensive education and prevention services for young people who inject drugs, including access to sterile injection equipment, safer injection education, culturally competent and age appropriate drug treatment programs, as well as testing for HIV, HBV and HCV.

## HEPATITIS C OVERVIEW

Hepatitis is an inflammation of the liver and is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV).

HCV is transmitted by exposure to infected blood, often through injection drug use, specifically by sharing of injection equipment. Although much less frequent, occupational, perinatal and sexual exposures also can result in transmission of HCV.

## VIRAL HEPATITIS FACTS

- An estimated 2.7 to 3.9 million Americans are currently living with HCV infection
- A conservatively estimated 17,000 new HCV infections occur annually in the United States
- The majority of new HCV infections occur among people who inject drugs
- Increases in HCV infection among adolescents and young adults have been reported in several U.S. regions, within rural, suburban and urban settings
- In a recent study of young people who inject drugs, 72% of those living with HCV were unaware of their infection
- The majority of newly-infected young people who inject drugs are white while equally likely to be male or female
- Young people living with HCV and injecting drugs are at risk of transmitting HCV to others and can successfully be treated for HCV; they should not be denied treatment

Experts also note that young people who inject drugs may have participated in other high-risk behaviors prior to initiating injecting and might have multiple physical, mental and emotional health needs. These behaviors may include a past history of misuse of oral prescription opioids.

## THE TRANSITION FROM ORAL TO INJECTION OPIOID USE

Over the past two decades, prescription drug misuse – the intentional use of a medication with intoxicating properties outside a physician’s prescription – has increased among youth and young adults in the United States. Research suggests that prescription opioid misuse is a key factor in the transition to injection drug use for both urban and rural people who inject drugs. Yet adolescents and young adults with prescription opioid use disorders underutilize treatment services because of a fear of stigma associated with substance use treatment or a lack in the availability of adequate services, particularly in more rural areas.

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## SUBSTANCE USE TREATMENT AS HCV PREVENTION

There is a need to expand access to age-appropriate drug use prevention and treatment services for adolescents and young adults, including opiate agonist therapy and evidence-based models of care that meet the needs of this age group. Programs and interventions used for adults may not be as successful when applied to youth. Innovative strategies such as social media outreach to engage young people who inject drugs should be considered.

Young persons' use of drug treatment or syringe services programs is associated with increased awareness of HCV infection status, underscoring the importance of substance use treatment in reducing the impact of the HCV epidemic among youth. Early detection of HCV infection and treatment of acute infection can lead to better health outcomes, cure and prevention of new HCV infections among others in their networks. Moreover, the best strategies to prevent new HCV infections among young people who inject drugs

### Recommendations for Federal Partners:

- **Increase** funding and programming for primary prevention of viral hepatitis at the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis targeted toward young people who inject drugs
- **Support** and increase funding for state and local public health infrastructure to combat viral hepatitis infections through the Viral Hepatitis Prevention Coordinator (VHPC) program
- **Invest** in the creation of a national viral hepatitis surveillance system to monitor acute and chronic infections
- **Direct** resources and funding at the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify, link and treat persons who inject drugs living with or vulnerable to viral hepatitis infection
- **Allow** states and localities the discretion of using federal funds for syringe services programs
- **Prepare** public health programs for changing and improving treatments and cure of HCV
- **Integrate** infectious disease prevention into new and emerging overdose and opiate-reduction efforts across federal agencies and efforts

## Recommendations for Young Persons who Inject Drugs:

Any person under 30 years of age who has ever injected drugs should:

- Be tested for HBV
- Be tested for HCV
- Be tested for HIV
- Be vaccinated against HAV and HBV
- If sexually active with partner(s) of unknown status, be tested for:
  - Syphilis
  - Gonorrhea
  - Chlamydia
- Be vaccinated for HPV (if under 26 years of age)
- Consider substance use treatment

will require combination prevention, including scaling up syringe access, treatment that includes methadone and buprenorphine, HCV testing and linkage to care and treatment.

## UNMET VIRAL HEPATITIS NEEDS

### ***There is no categorical federal funding to provide core public health services for viral hepatitis.***

Federal funding is needed for HCV testing and medical referral. CDC funds 52 states, the District of Columbia and three U.S. cities for viral hepatitis prevention, through the Viral Hepatitis Prevention Coordinator program which receives \$5.3 million, leaving little to no funds for the provision of services.

### ***There is no federally-funded national chronic hepatitis C surveillance system.***

Although some jurisdictions have state or federal funding for surveillance, there is no national surveillance system for chronic HCV, limiting the access to information about HCV available to states, health departments, policy makers and service providers. An important step to controlling infectious diseases such as HCV is establishing a surveillance system to monitor disease incidence, prevalence and trends.

### ***There is no hepatitis C vaccine.***

The provision of basic prevention activities including syringe access services and drug treatment programs is the only way to prevent new HCV infections.

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