Addiction Specialists Identify Barriers to Treating Hepatitis C

By modifying these barriers, clinicians hope to treat more hep C among patients undergoing opioid addiction treatment.

October 31, 2017

According to clinicians who care for those taking opioid agonist therapy (OAT) for addiction to drugs such as heroin and prescription painkillers, there are numerous barriers to treating hepatitis C virus (HCV) among this population. The hope is that by identifying and ultimately modifying such barriers, clinicians will be able to help reduce the high burden of hep C among people who inject drugs (PWID).

Researchers from the C-SCOPE study conducted a cross-sectional survey of 203 health care providers practicing at clinics that provide OAT in the United States (82 clinicians), Canada (16), Europe (92) and Australia (13).

Results were presented at the Annual Meeting of the American Association for the Study of Liver Diseases in Washington, DC.

Eighty-five percent of the respondents said that HCV testing is important among PWID, while 82 percent said treatment for the virus in this population is important. A majority (52 percent) said that before receiving hep C treatment, PWID should be stable with regard to their OAT and their alcohol use (58 percent).

The respondents identified barriers to treating HCV among PWID according to a five-point rating scale in which 1 indicates no barrier, 2 indicates a minor barrier, 3 indicates a moderate barrier, 4 indicates a major barrier and 5 indicates an extreme barrier.

Looking at barriers related to the overall health system, the respondents gave an average score of 2.78 for lack of funding for noninvasive liver disease testing, meaning that clinicians generally perceived this factor to be a moderate barrier. Other identified barriers and their average score included long wait times for individuals to see a hep C specialist (2.71), lack of funding for direct-acting antiviral treatments (2.76) and reimbursement restrictions based on drug or alcohol use (2.74).

For barriers related to the functioning of their own clinic, the clinicians identified the need for an

off-site referral for a liver disease assessment and treatment (2.31), a lack of peer-support programs (2.27) and the lack of case managers or coordinators to link people to necessary health care options (2.35).

The patient-based barriers identified included patients' difficulties in navigating the health system (3.01), patients not making referral appointments (3.01), their fear of side effects (2.99) and lack of motivation to receive treatment (2.9).

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.hepmag.com/article/addiction-specialists-identify-barriers-treating-hepatitis-c