Lower Hep C Risk for Young IDUs on Opioid Maintenance Therapy

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Taking opioid maintenance therapy with methadone or buprenorphine is linked to a 61 percent reduced risk of hepatitis C virus (HCV) among young injection drug users (IDUs) when compared with no substance abuse treatment, HIVandHepatitis.com reports.

Researchers in the UFO Study conducted a prospective, observational cohort study of the relationship between hep C incidence and various drug treatment methods among 552 IDUs under age 30 in San Francisco. The participants all reported injecting drugs during the previous 30 days and tested negative for HCV at the study's outset. Results were presented at the Annual Meeting of the American Association for the Study of Liver Diseases in Boston.

The investigators enrolled participants in three phases—in January 2000, February 2003 and May 2010—and then followed them through August 2013. They tested them quarterly for hep C. The study examined the effects of three types of treatment—opioid agonist maintenance therapy; detoxification with an opioid agonist without ongoing maintenance therapy; and non-opioid agonist types of treatment, including 12-step programs or counseling—and compared them with the effects of no treatment.

During the study's observation period, which totaled 680 person-years, 171 participants contracted hep C. This translated to an incidence rate of 25.1 per 100 person-years. Those who were on opioid agonist maintenance therapy had an incidence rate of 8.6 per 100 person-years. Those using non-opioid agonist treatment methods, who did not undergo treatment, and who used opioid agonist detoxification had respective incidence rates of 17.9, 28.2 and 41.1 per 100 person years.

Participants who used opioid maintenance therapy had a 69 percent reduced risk of contracting hep C when compared with those who did not receive substance abuse treatment, a difference that was statistically significant, meaning that is unlikely to have been the result of chance. After conducting an analysis that took into account various potentially confounding factors, the researchers found that the risk reduction was still significant at 61 percent.

Neither non-opioid methods nor opioid agonist detox program use was associated with a statistically significant reduction in hep C risk.

To read the HIVandHepatitis story, click here.

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