



Syringe Programs Boost Hepatitis C Treatment for People Who Inject Drugs

Integrating hepatitis C care into syringe service programs improves outcomes, but funding remains a challenge.

July 14, 2025 By [Sukanya Charuchandra](#)

Delivering [hepatitis C](#) treatment directly through syringe service programs significantly improves access and cure rates among people who inject drugs, outperforming traditional referral systems. In a report published in [Open Forum Infectious Diseases](#), researchers warn that a lack of sustainable funding and limited treatment access for uninsured people remain major barriers to scaling up this life-saving intervention.

Sharing equipment for injection drug use is a major risk factor for hepatitis C virus (HCV) transmission, and people who inject drugs need easy access to both screening and treatment. Over time, chronic hepatitis C can lead to serious liver complications, including [cirrhosis](#) and [liver cancer](#), but modern direct-acting antiviral therapy can cure more than 90% of treated patients.

While people who inject drugs are considered a high priority in national treatment guidelines, the uptake of hepatitis C treatment in this population remains low. Although hepatitis C care has been effectively implemented as part of syringe service programs in other countries, evidence in the United States has been more sparse. The current standard of care for people who inject drugs, which involves referring people for treatment and follow-up care outside syringe service programs, can have a high barrier to access, making it harder to achieve a cure.

Sarah Rowan, MD, of the Public Health Institute at Denver Health and the University of Colorado School of Medicine, and colleagues conducted a scoping review using three online databases (PubMed, Embase and Web of Science) to access all available reports on hepatitis care in syringe service programs. The literature survey yielded 13 U.S. studies that met the criteria. These included randomized controlled trials, observational studies and qualitative evaluations describing various approaches to HCV treatment integration. Eight of these involved brick-and-mortar programs, two looked at mobile programs and three programs were mixed, offering both types of service.

The programs offered flexibility at various steps in the hepatitis C care continuum. For instance, some programs included in-person appointments while others offered telehealth. After testing on site, people who were diagnosed with HCV had the option of picking up their antiviral drugs on site

or from a specified pharmacy or having them delivered to their home. Supportive care was available in many instances, with assistance from enrollment through treatment.

Data on cure rates varied widely across the various types of studies, but overall, sustained virological response rates (SVR) were higher with integrated treatment than those seen when standard care with outside referrals was offered.

“Treatment initiation, completion, and SVR12 rates of the syringe service program-based HCV treatment programs were variable but all demonstrated marked improvements in access to care compared with current baseline levels of HCV treatment among people who inject drugs,” wrote the researchers. “These results demonstrate how syringe service programs have trusted advocates that serve a highly marginalized community of people who inject drugs and are essential public health partners in achieving HCV elimination goals.”

While these syringe service programs differed considerably, they all relied on grant funding in one way or another. “Modest public health funding for these impactful programs coupled with treatment coverage through public insurance or cost assistance programs could enable substantial scale-up of these approaches, harnessing the benefits of syringe service programs not only for the goal of eliminating HCV, but also as an entry to a broader range of key health care services,” the researchers added.

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