Science Over Stigma

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In response to the introduction of effective, short-course, curative hepatitis C (HCV) treatments, shifting HCV trends nationwide, and calls for universal access to treatment, NASTAD has explored the impact of private and public insurance sobriety requirements that are barriers to HCV treatment.

Science over Stigma explores the discriminatory, biased, and unnecessary practice of requiring a period of sobriety prior to receiving HCV curative treatment. HCV kills more people than all other 60 infectious diseases tracked by the CDC combined. Among people who inject drugs (PWID), the prevalence of HCV is a staggering 70% and while clinical recommendations suggest that everyone diagnosed should receive curative treatment, only a fraction of these individuals are currently eligible due to onerous and discriminatory sobriety restrictions. To achieve our goal of ending the HCV epidemic, stop the spread of the disease, and improve community health outcomes, we must reverse these devastating policies.

Key findings of the report include:

1. People who use drugs can adhere to treatment – Eligibility protocols based on sobriety are based on outdated, biased assumptions about the ability of people who use to adhere to complex medical regimens. This assumption has been discredited by an Australian HCV study that indicated a similar adherence rate between drug users and non-drug users alike.
2. Risk of re-infection among PWID is minimal – Several studies have shown that the risk of reinfection is low, especially when coupling HCV treatment with other harm reduction interventions such as medication-assisted treatment and syringe services programs (SSPs).
3. Offering HCV curative treatment reduces the amount of transmissible disease within communities most affected – By increasing testing, treatment, and coordinated linkage to care, HCV prevalence will be reduced within communities at high-risk of exposure to the virus such as PWID. Offering this care in conjunction with SSPs reduces HCV, HBV and HIV risk.
4. Treatment of HCV among PWID is cost-effective and demonstrates the need for accessible, equitable insurance for all – The cumulative cost of treating HCV in America is estimated at $6.5 billion currently and projections will peak in 2024 at $9.1 billion. Prevention through SSPs and curative treatment is far less costly than the overall burden of untreated chronic care for people living with HCV.

NASTAD envisions a time when new HCV infections in the United States are rare, and when they do occur, every person, regardless of substance use status, age, gender, race/ethnicity, sexual orientation, gender identity, disability, socio-economic status, incarceration status or geographic location, will have access to quality, affordable health care including comprehensive screening,

care, and treatment leading to cure, without stigma and discrimination. We believe that eliminating HCV should be a top public health priority. Unless we act boldly and urgently, we will continue to lose ground against the hepatitis C epidemic.

For more information on NASTAD's document Science over Stigma, our hepatitis or drug user health programs and policy activities, please contact Chris Taylor, Senior Director, Hepatitis or Laura Pegram, Manager, Drug User Health.

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