

Dual Epidemics: Opioids and Hepatitis C

People who abuse opioids are at risk not only for overdose, but also for infection with hepatitis C (HCV).

- HCV is the deadliest infectious disease in America, killing nearly 20,000 people in 2014.¹ Injection drug use is the cause of most new HCV infections.² HCV transmits easily through contaminated syringes. From 2010 to 2015, the number of new infections jumped by 294 percent, with particularly sharp increases among states hardest hit by the opioid crisis.³
- HCV is curable in about 95 percent of patients. But people who inject drugs are often blocked from receiving treatment.
- In four states heavily impacted by opioid overuse (Kentucky, Tennessee, Virginia, and West Virginia), HCV infections increased by 364 percent from 2006 to 2012.⁴

Syringe service programs (SSPs) can save lives.

- Some states prohibit SSPs or withhold treatment from people who use alcohol or drugs. These policies can prevent people who inject drugs from accessing the HCV cure.
- SSPs are proven effective in preventing HCV infection. The nonpartisan National Academies for Sciences, Engineering, and Medicine recommends that states **act now** to expand access to SSPs, where clean needle exchange can prevent HCV's spread, and where people can be linked to care.⁵
- 18 states lack laws that authorize comprehensive access to syringe services. These laws are especially absent in rural areas suffering from the opioid crisis.⁶

When it comes to treating HCV patients, states cannot discriminate.

- State Medicaid programs often impede access to HCV treatment for people who inject drugs.
- 24 states require some period of sobriety for Medicaid patients to receive HCV therapy. West Virginia, Kentucky, and Ohio (all states ravaged by the opioid epidemic) maintain these medically unnecessary laws.⁷
- These restrictive Medicaid policies delay or prevent lifesaving HCV treatment for people who are increasingly becoming infected. Treatment without sobriety requirements will cure infections, prevent infections, and save lives.
- The nonpartisan National Academies for Sciences, Engineering, and Medicine recommends that states **act now** to remove restrictions to HCV treatment that are not medically indicated.⁸

Prevent and treat, don't punish.

States cannot punish their way out of the opioid crisis. Instead of incarcerating people who suffer from addiction, we must implement a comprehensive public health strategy that includes screening and treatment for HCV.

¹ Centers for Disease Control and Prevention, "Hepatitis C Kills More Americans than Any Other Infectious Disease" (May 2016), available at <https://www.cdc.gov/media/releases/2016/p0504-hepc-mortality.html>.

² Campbell, Canary, Smith, et al. State HCV Incidence and Policies Related to HCV Preventive and Treatment Services for Persons Who Inject Drugs — United States, 2015–2016. MMWR MORB MORTAL WKLY REP 2017;66:1-2.

³ *Id.*

⁴ U.S. Department of Health and Human Services, Viral Hepatitis in the United States: Data and Trends (June 2016), available at <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>.

⁵ The National Academies of Sciences, Engineering, and Medicine, Committee on a National Strategy for the Elimination of Hepatitis B and C, A National Strategy for the Elimination of Hepatitis B and C: Phase II Report (March 2017), <http://www.nationalacademies.org/hmd/Activities/PublicHealth/NationalStrategyfortheEliminationofHepatitisBandC.aspx>.

⁶ Campbell, *supra* note 1.

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⁸ The National Academies of Sciences, Engineering, and Medicine, *supra* note 3.

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