EASL
The Home of Hepatology

POLICY STATEMENT

Drug use and the global hepatitis C elimination goal

WHO has set a goal of eliminating the hepatitis C virus (HCV) by 2030 but the achievement of this goal is challenged by people who inject drugs (PWID), who account for most of the new cases of HCV infection in high income countries.

GLOBALLY

8.5% of all HCV infections occur amongst persons **aged 15-64**

WHO HAVE INJECTED DRUGS

within the last 12 months

IN EUROPE OF THE

of the 2 million PWID infected with HCV,

→ 1.5 million

LIVE IN EASTERN EUROPE

IT IS ESTIMATED THAT

16%

of all people living with **VIRAEMIC HCV INFECTION IN THE EU AND NORWAY**

were PWID

DEATH FROM LIVER DISEASE (INCLUDING HCV)

is as equally common

AS DEATH FROM OVERDOSE, IN THOSE AGED OVER 50

IN THE LAST DECADE,

MORTALITY DUE TO UNTREATED HCV INFECTION

has been increasing,

particularly due to late presentation by PWID

MANAGEMENT OF HEPATITIS C IN PEOPLE WHO INJECT DRUGS

In order to reach the WHO 2030 elimination goal, access to interventions such as low-threshold needle and syringe programmes, sterile injecting equipment and opioid substitution therapy (OST), in addition to treatment with direct acting antivirals, information and education on risk reduction, is essential. OST, for example, has been proven to be effective for the prevention of HCV infections, whilst a combination of OST and wide-spread needle and syringe programmes could reduce HCV incidence by more than 70%.

Globally, testing and treatment for hepatitis C among PWID remains suboptimal and comprehensive harm reduction services are not in place for most PWID. In 2017, among the 179 countries and territories where injecting drug use was reported, only 48% implemented OST and 52% had adopted needle and syringe programmes. Furthermore, regional and national hepatitis care varies substantially and is often below WHO targets, with less than 1% of PWID living in countries with high provision of HCV services. However, even where services do exist, PWID face many difficulties in accessing hepatitis care as they are either excluded from treatment by means of restrictive guidelines, have poor access to health services or suffer from universal stigmatisation when disclosing their status as a drug user. As a result, the hepatitis C epidemic continues to grow amongst PWID.

DRUG USE POLICIES ACROSS EUROPE

Increasing evidence shows that policies and laws prohibiting illegal drug use represent a central role in shaping health outcomes among PWID. In HCV-infected PWID, the lack of appropriate access to hepatitis C care is predominantly driven by political resistance to harm reduction services, as well as laws and policies which **criminalise drug use**, drug possession and PWID themselves.

Drug use policy is therefore a direct barrier to achieving the goal of HCV elimination because:

- prohibiting the possession of drug paraphernalia hinders harm reduction service delivery and uptake
- many national laws impose severe custodial sentences for minor, non-violent drug offenses, such as drug use and possession
- PWID are frequently imprisoned or detained, without access to prevention and other harm reduction services, and often forced to interrupt ongoing HCV treatment
- policies that criminalise drug use reinforce stigmatisation and discrimination of PWID.

Decriminalisation of personal drug consumption could therefore restore the right to health and social reintegration of a drug user but, to reach the desired goal, both decriminalisation and integrated interventions, that include HCV testing and treatment, should be implemented so that individual drug users can access specialist centres for assistance, regardless of their drug consumption. Combining decriminalisation of drug use and integrated interventions reflects a humanistic approach, which is pragmatic and focused on protecting public health, thus establishing a basis for a comprehensive system of quality management.

Growing recognition of the need for evidence-based drug policy change that the implementation of public health and human rights-oriented drug policies has led the WHO, the United Nations Agencies and other institutions to **recommend the decriminalisation** of minor, non-violent drug offenses, and a **strengthening of health-oriented alternatives** to criminal sanctions.

CASE STUDY

With a rising prevalence of drug overdose deaths, Portugal started an experiment in 2000 to decriminalise use and possession for personal use of all drugs and focus on a public health approach to illegal drug use and on treating addiction.

Contrary to predictions, the Portuguese decriminalisation did not lead to a major increase in drug use, moreover, evidence indicates reductions in problematic drug use, drug-related harms and criminal justice overcrowding. In 2000, the rate of PWID among the general population aged 15 to 64 was 2.3 - 6.4 per 1,000 population but by 2005, as a result of decriminalisation, this decreased to 1.5 - 3.0 per 1,000 population. A decrease was also noted in the number of deaths related to drug use, from 131 in 2001 to 20 in 2008.

A time for change - EASL call to action

In order to achieve the 2030 WHO viral hepatitis elimination goals, EASL recommends:
that all barriers to the uptake of healthcare services by PWID be removed by changing policies and discrimination that hinder access. This includes the decriminalisation of minor, non-violent drug offences and the adoption of an approach based on public health promotion, respect for human rights and evidence.