

COMMON MISCONCEPTIONS ABOUT PROVIDING HCV TREATMENT TO PEOPLE WITH HIV WITH SUBSTANCE USE DISORDER(S):

Myth

Providers should screen patients for drug and alcohol use to determine eligibility for HCV treatment.



Reality

Abstinence from drug and alcohol use is not a prerequisite for HCV treatment. Screening for SUDs is to identify who would benefit from SUD treatment and harm reduction support.¹

Myth

People who inject drugs are at high risk of HCV reinfection.



Reality

Reinfection is rare in people who are successfully treated for HCV, even if they continue to inject drugs.^{1,2}

Myth

People who use substances must have an undetectable HIV viral load before they are treated for HCV.

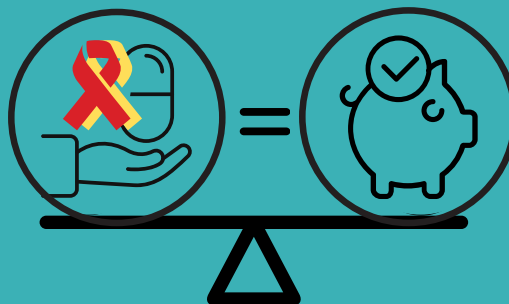


Reality

HIV viral suppression is not a requirement for HCV treatment in coinfecting people.³

Myth

Providing HCV treatment to people who use substances is not cost effective.



Reality

Completion of HCV treatment among even a modest number of people who use substances is cost effective.⁴