



Myths about Treating Substance Users with Hepatitis C Virus (HCV)

In various settings, people with active substance use disorder(s) have *been cured* of HCV and have low rates of reinfection.^{1,2,3} The following are common misconceptions about providing HCV treatment to people with substance use disorder(s):



Myth: Since active substance users cannot be treated for HCV, screen patients for drug and alcohol use to determine eligibility for HCV treatment.

Reality: Screening for drug and alcohol use does not provide information about eligibility for HCV treatment. The purpose of screening for substance use disorders is to determine who would benefit from treatment and harm reduction support for those conditions.^{4,5}




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

Reality: Data suggest reinfection is rare in people who inject drugs who clear HCV with therapy, even if they continue to inject drugs.⁶

<input checked="" type="checkbox"/>	HIV VL \geq 200 copies/ml	=====
<input checked="" type="checkbox"/>	HIV VL < 200 copies/ml	=====
<input type="checkbox"/>		=====

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 persons.⁷



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

Reality: Completion of HCV treatment even among a modest number of people who use substances is cost effective.^{8,9}

Infographic references and clinical resources related to HIV/HCV coinfection prevention, care, and treatment can be found here: <https://aidsetc.org/hivhcv>