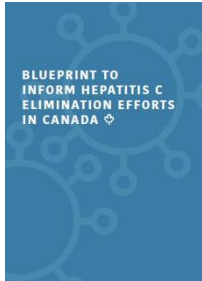


## Hepatitis C Elimination Blueprint: Prevention Pillar

# Harm Reduction as Hepatitis C Prevention



The CanHepC *Blueprint to Inform Hepatitis C Elimination Efforts in Canada* is a document to guide policymakers and measure their progress toward global hepatitis C elimination goals. It has three pillars: Prevention, Testing & Diagnosis, and Care & Treatment, which closely mirror three of the four pillars in the *Pan-Canadian Framework for Action to Reduce the Health Impact of STBBI*, released by the Public Health Agency of Canada in 2018.

**There is historic and ongoing neglect of the healthcare needs of people who inject drugs and people who use drugs (PWID/PWUD). Hepatitis C prevention, care, and treatment services for PWID/PWUD need to be considered within the larger context of the health and rights of people who use drugs and the opioid overdose epidemic, demonstrating sensitivity to stigma, discrimination, and negative interactions with the healthcare system experienced by PWID/PWUD.**

## PWID/PWUD AS A PRIORITY POPULATION FOR HEPATITIS C PREVENTION INTERVENTIONS:

**85%**

The highest rates of new hepatitis C infections are found among PWID living in Canada, accounting for up to **85%** of all new hepatitis C infections.



Hepatitis C is preventable with evidence-based, World Health Organization-recommended, and cost-effective interventions such as **needle and syringe programs (NSP)** and **opioid agonist therapy (OAT)**.

Combined, these interventions reduce the risk of hepatitis C infection by up to **74%**.

**Harm reduction is by far the most effective prevention strategy for hepatitis C.**

## Elimination Blueprint Hepatitis C Prevention Objectives and Targets

OBJECTIVES	2025 TARGETS	2030 TARGETS
Reduce new hepatitis C infections	80% ↓ incidence*	80% ↓ incidence*
Increase the number of sterile needles and syringes provided per person who injects drugs (PWID) per year	500 sterile needles/syringes	750 sterile needles/syringes
Increase the number of PWID accessing opioid agonist therapy (OAT)	40% of PWID receive OAT	≥40% of PWID receive OAT

\*compared to 2015

### Good practices:

- Partner with community-based organizations to strengthen the reach and impact of prevention efforts;
- Scale up NSP: the gold standard is a new needle/syringe for each injection, which lowers hepatitis C risk by more than 50%;
- Scale up OAT: reduced risk for hepatitis C (and HIV). When used with 'gold standard' NSP, hepatitis C risk is reduced by 74%;
- Implement programs to offer alternatives to the initiation of injection drug use;
- Support engagement in care and services through the implementation of peer-based interventions that provide education, counselling, and linkage to care.

### Policy and service delivery recommendations:

- Create a specific focus on PWID/PWUD populations in national and provincial/territorial hepatitis C strategies;
- Scale up access to harm reduction services, including NSP, supervised consumption services (SCS) and overdose prevention sites (OPS);
- Ensure that PWID/PWUD are meaningfully involved in the design, delivery, and evaluation of hepatitis C prevention and care models, programs, and policies;
- Provide youth-focused, accessible harm reduction and addiction services;
- Incorporate harm reduction and overdose prevention measures across the continuum of hepatitis services;
- Support community-based harm-reduction treatment models in offering comprehensive, wrap-around care that is client-centred, trauma-informed, responsive to social determinants of health, and includes community development.