



end the
stigma

People who use drugs: Hepatitis C elimination

The *Ontario Hepatitis C Elimination Roadmap* is charting the path to eliminate hepatitis C.

More than 110,000 Ontarians are living with hepatitis C, a leading cause of death and chronic illness from an infectious disease. However, with widespread testing, an effective cure and proven prevention strategies, eliminating hepatitis C is within reach. The *Roadmap* outlines strategies to eliminate hepatitis C as a public health threat in Ontario by 2030, including among people who use drugs.

Read the full *Ontario Hepatitis C Elimination Roadmap* at on.endhepc.ca.

The context of hepatitis C among people who use drugs

People who use drugs have the highest rates of new hepatitis C infections in Canada but are often overlooked and underserved by the healthcare system. Criminalization of drug use and stigma are fuelling multiple crises including a toxic drug supply, increasing homelessness and limited mental health services, creating further barriers to accessing hepatitis C care.

Fentanyl is now widespread in Ontario's illicit drug supply. Its effects are short lived compared with other opioids, which means people inject more frequently. This increases the likelihood of sharing or reusing equipment, increasing the risk of hepatitis C transmission. The COVID-19 pandemic limited access to harm reduction services, also increasing the likelihood of sharing or reusing equipment.

Care providers often lack the knowledge or resources to support people who use drugs or are reluctant to treat them in their practice. However, low-barrier models, like the [Ontario Hepatitis C Teams](#), have been successful in providing streamlined, low-barrier hepatitis C care, integrating harm reduction, mental health, housing services and other social services.

How to address hepatitis C among people who use drugs

- **Offer hepatitis C treatment to all people who use drugs who want it**, without stigma, including to those being treated for reinfections.
- **Expand low-barrier, multidisciplinary hepatitis C care programs** that include support for harm reduction, mental health, housing, primary care and more.
- **Involve people with lived and living experience** in planning and delivering hepatitis C services, including prevention, education, testing and supporting people on treatment.
- **Integrate hepatitis C into other community services**, including harm reduction services, housing sites and substance use treatment services. This can include outreach or pop-up models of care.
- **Expand harm reduction services**, ensuring wide access to education, new harm reduction equipment, supervised consumption services and safer supply programs, including services in prisons.