

Abstract

Hepatitis C infection co-occurrence with opioid use disorder is a current public health crisis prevalent in individuals who are actively injecting or have a history of injecting intravenous drugs. Worldwide, a devastating 177 million individuals are affected by hepatitis C (HCV), the majority of which are undiagnosed. Approximately five million Americans currently use illicit drugs with an estimated four million newly diagnosed with HCV. Chiefly caused by the sharing of needles, straws, or contaminated blood, HCV evidently impacts intravenous drug users, many of which are registrants in New York City's Methadone Maintenance Treatment Programs. Despite the high prevalence of HCV in this population, scant attention has been paid to housing an HCV treatment module within methadone treatment programs to address its co-infection with the opioid dependency population. This facilitates the uptake rates among people who inject with drugs. Yet, HCV screening, detection, and treatment within this population remains downscaled by making HCV treatment accessible in methadone clinic a common site of care for PWID, public health efforts must focus on OTPs and this marginalized population to bring efforts to achieve the national goal of HCV elimination.