For the past few days, I’ve been providing snapshots of the latest research presented at the 2018 International Liver Congress (ILC). Today I summarize three studies that feature hepatitis C and substance use. (Note: Conference presentations represent part of the story and unless and until these studies are published in a peer-reviewed journal, these data and conclusions are considered preliminary.)

Abstract: THU-413 Among patients being treated in addiction center, alcohol consumption increases the risk of hepatitis C seroconversion and the severity of hepatic fibrosis in those seropositive for hepatitis C virus - M. Doffoël, et al.

Summary: The purpose of this French study was to assess the prevalence of hepatitis C virus infection and the severity of liver injury (hepatic fibrosis) and its correlation with alcohol consumption in addiction treatment centers.

Data collected from December 2012 and March 2016 of 934 drug users from eight treatment centers were divided into three groups: (1) alcohol users (n = 511); (2) drug users (n = 142); (3) alcohol and drug abuse (n = 281).

The results: Group 1 had a lower hepatitis C rate than Group 2 or 3 (62 percent vs. 85/81 percent). Significant fibrosis (Fibrosis level 2 or more) was 34 percent in Group 1, 15 percent in Group 2 and 29 percent in Group 3. The researchers found that 7 to 21 percent of drug users had severe hepatic fibrosis. The risk of severe fibrosis was 2.6 times greater among those addicted to alcohol. The incidence of hepatitis C increased with excessive alcohol consumption (+41 percent), suggesting a rise in risk behaviors.

Editorial Remarks: I would like to see a similar study conducted in the United States.

Abstract: PS-036 Scaling up HCV-DAA treatment in patients on opioid substitution therapy (OST) -
does alcohol and cannabis diminish cure rates? Data from the German Hepatitis C-Registry - S. Christensen, et al.

Summary: In order to reach the World Health Organization’s goal of eradicating hepatitis C infection by 2030, we need to ramp up treatment availability to people who inject drugs (PWID). This study looked at PWID under a variety of circumstances. They found that high hepatitis C cure(SVR) rates can be achieved in both opioid substitution therapy (OST) and non-OST patients. Alcohol or cannabis use did not lower cure rates. However, current or former PWIDs were more likely to be lost to follow-up than in patients without drug history and in patients with high alcohol consumption.

Editorial Remarks: On Monday, I summarized research showing the critical role that adherence plays in successful hepatitis C treatment. (Abstract: THU-392 Minimal monitoring of direct-acting antiviral therapy within a real world, urban population - B. Emmanuel, et al.) The reality is that some people can’t remember to take their medicine. This isn’t a moral issue, it’s just a difference in what some are able or unable to do. This study adds more weight to the need to find practical approaches to assist those who want help in adhering to taking their medications in order to achieve successful hepatitis C treatment outcomes.


Summary: People who inject drugs (PWID) are at a risk for acquiring and transmitting hepatitis C. Studies have shown that PWID who use buprenorphine are at decreased risk of contracting hep C. Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of opioids.

Preliminary results found that hepatitis C-positive PWIDs with HCV can successfully take on Buprenorphine during hep C treatment. As a result, there was improved adherence to treatment and a decrease in drug use risks compared to those not on buprenorphine.

Editorial Remarks: Although this study was small (71 were treated), the results are compelling. I would like to see this tried on a national scale in the United States.

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