

Guidance from NICE and the Department of Health on the **treatment of hepatitis C infection** may need to be revised in the light of studies showing that drug users who continue to inject can nevertheless respond well to the treatment. The guidance advises that combination therapy using interferon with ribavirin is generally unsuitable for those currently injecting due to the risk of re-infection and because they may not stick with the six-month course of thrice-weekly injections.¹ Yet in Germany, 50 hepatitis C infected opiate injectors were initiated on to interferon or combination therapy on an inpatient detoxification ward and cared for by doctors who specialised both in addiction and liver disease.² On leaving they saw the doctors weekly. Treatment continued even if a patient returned to injecting. Compliance with treatment was excellent and for over a third the treatment reversed the spread of infection. Despite the fact that 80% relapsed to injecting opiates, none became re-infected over the 24 weeks post-treatment follow-up. Similarly in Norway, about a third of 69 former injectors responded well to combination therapy and though nine had returned to injecting, just one had become re-infected.³

1 Department of Health. *Hepatitis C – guidance for those working with drug users*. 2001.

2 Backmund M. et al. "Treatment of hepatitis C infection in injection drug users." *Hepatology*: 2001, 34, p. 188–193.

3 Dalgard O. et al. "Treatment of chronic hepatitis C in injecting drug users: 5 years' follow-up." *European Addiction Research*: 2002, 8, p. 45–49.