



UNDERSTANDING BARRIERS TO HEPATITIS C TREATMENT AMONG PEOPLE WHO INJECT DRUGS IN MASSACHUSETTS

March 2026
Executive Summary

Massachusetts Department
of Public Health



BACKGROUND AND METHODS

The Massachusetts Department of Public Health (DPH) Bureau of Infectious Disease and Laboratory Sciences (BIDLS) aims to facilitate access to hepatitis C virus (HCV) prevention and treatment services among people who inject drugs (PWID). HCV is primarily transmitted through the use of shared drug injection equipment. Between 2016 and 2020, injection drug use was reported for 95% of confirmed HCV cases with a known mode of exposure.¹ Despite the availability of curative treatment and the importance of early treatment to prevent adverse health outcomes, a significant number of people in Massachusetts with HCV do not receive or complete treatment. Between 2014 and 2023, only 60% of people in Massachusetts who had a confirmed active HCV infection were later confirmed to have been cured or cleared of their infection.²

Improving access to HCV services for PWID supports the goals and objectives of the [Massachusetts Hepatitis C \(HCV\) Elimination Plan](#). In spring 2025, DPH partnered with JSI Research & Training Institute, Inc. (JSI) to interview PWID who receive services at Massachusetts syringe service programs (SSPs). The goal of these interviews was to inform the development, design, and procurement of HCV services for PWID by addressing the following research questions:

1. What beliefs do PWID have about hepatitis C (HCV) infection, transmission, and treatment?
2. What barriers and facilitators do PWID experience related to HCV testing? What barriers and facilitators do PWID experience related to HCV treatment?
3. What strategies do PWID suggest to improve access to and utilization of HCV testing and treatment?

In April 2025, JSI staff conducted interviews with 25 SSP participants at three different Massachusetts SSPs, for a total of 75 completed interviews. SSP participants were eligible to participate if they were 18 years or older, could complete an interview in either English or Spanish, and self-identified as a person who currently injects drugs or has a history of injection drug use. Participants were eligible to participate regardless of their past or present HCV status and were not directly asked to disclose their status during the recruitment and interview process. Interview participants were asked questions related to their knowledge of and experiences with HCV infection, testing, and treatment. All interviews were recorded and transcribed for analysis by the JSI team. Interview transcripts were coded and analyzed using a team-based thematic analysis approach. The analysis team of three JSI staff iteratively developed a codebook, independently coded 25 interview transcripts each, and collaboratively analyzed coded interviews to identify aggregate themes and patterns.

¹ Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences. *Massachusetts HCV Elimination Plan* | [Mass.gov](https://www.mass.gov/info-details/massachusetts-hcv-elimination-plan) <https://www.mass.gov/info-details/massachusetts-hcv-elimination-plan>

² Massachusetts Department of Public Health (DPH), Bureau of Infectious Disease and Laboratory Sciences. 2024 Viral Hepatitis Surveillance Report. <https://www.mass.gov/doc/2024-integrated-hiv-std-and-viral-hepatitis-report-accessible-version/download>. Published February 2026. Accessed March 6 2026.

FINDINGS

Interview Participant Characteristics

A total of 75 participants were interviewed across three different SSPs. Most participants responded to optional demographic questions at the conclusion of their interview, which included questions about their sex/gender, race/ethnicity, age, and preferred language. Most participants (47%) were between the ages of 35 and 44, and 25% were between the ages of 45 and 54. For self-identified sex/gender, most participants identified as male or as a man (64%). For self-identified race/ethnicity, most participants identified as white (51%), followed by Hispanic or Latino (17%) and those identifying with more than one race and/or ethnicity (13%).

Analysis of the interviews identified themes across four key areas: HCV knowledge, HCV testing, HCV treatment, and experiences with the healthcare system and stigma.

Hepatitis C Knowledge

Most participants had an accurate understanding of what HCV is and how it is spread. Participants most frequently described HCV as an infection that affects the liver, and many participants recognized that HCV can be serious and potentially fatal if it is not treated. Participants also recognized that HCV is spread through contact with blood and is primarily spread through the use of shared injection drug use supplies. Participants had less consistent knowledge about HCV treatment. Participants differed on whether HCV could be cured with treatment, with some participants saying that HCV can't be cured. Some participants recognized that HCV treatment involves pills and that treatment has improved over time.

Although knowledge among participants was high overall, there were also some gaps in knowledge. Most participants did not describe symptoms of HCV or did not know about symptoms when directly asked. A small number of participants had a limited, abstract, or inaccurate understanding of HCV infection and transmission. For example, some participants confused HCV with other infectious diseases such as HIV and others named inaccurate modes of transmission such as through saliva.

Hepatitis C Testing

Of the 75 participants who were interviewed, 74 had been tested for HCV at least once. Participants discussed testing experiences at SSPs, jails, substance use disorder (SUD) treatment providers (e.g., methadone clinics, detoxification facilities), and through primary care offices. Participants' reasons for getting tested included their perceived risk of exposure to HCV and their concerns for their own health and the health of those around them. Some participants shared that they chose to get tested due to recommendations or perceived requirements from providers and/or programs such as jails or prisons and SUD treatment facilities. Convenience and accessibility of testing was also important to participants, many of whom chose to get tested because testing services were available at a location where they were already receiving other services. Some participants spoke about reluctance to get tested

because of fear or anxiety about finding out results. Some participants also described the difficulty of returning to a testing location to receive results; getting tested at jails and hospitals was described positively because of getting results back sooner.

“I think it would be helpful to get people tested, myself included [...] if there’s more pop-up things like that, because you could do it on a spur of the moment, you know, because most people don’t really take the time to go out and, you know, make an appointment to do it.”

- Interview Participant

Hepatitis C Treatment

Of the 75 participants who were interviewed, 21 had ever received treatment for HCV. Some participants referenced having received treatment more than once. Participants’ reasons for seeking treatment ranged from wanting to improve their overall health, wanting to live longer, feeling concerned about the risk of spreading HCV to others, and wanting a “fresh start.” A few participants shared that they received treatment because it was made available to them and was convenient to access at the time. Nearly all participants stated that if they needed HCV treatment and/or re-treatment in the future, they would want to be treated.

The 21 participants who had ever received HCV treatment shared challenges and barriers that they experienced while seeking treatment. Participants received treatment while navigating a variety of circumstances and obstacles, including active substance use, substance use disorder treatment, prison or jail, and unstable housing. Some participants shared stories of treatment gatekeeping, where providers told them they must prove their sobriety to receive treatment, or that they wouldn’t be eligible for treatment until their infection progressed to a certain level of severity. Participants also discussed challenges related to healthcare system navigation, including scheduling and attending appointments, working with health insurance, managing prescriptions, and storing and transporting medication. Some participants described the difficulties of treatment adherence and completion while navigating unstable housing and managing other health problems.

“...when I went to the stomach doctor, [...] I asked him for the treatment and he said, ‘You gotta be sober for six months and prove it.’ So I never went back again...”

- Interview Participant

Experiences with the Healthcare System and Stigma

Many participants described interactions with the healthcare system where they experienced judgment and disrespect and/or felt dismissed by healthcare providers. Some participants identified judgment specifically related to both HCV and drug use. Some other participants described how providers dismissed or ignored their medical concerns due to assumptions about the participants' drug use. Overall, participants expressed a desire for healthcare providers to be more understanding and non-judgmental during their healthcare encounters.

“They won’t see me, they blame everything on drugs, and I’m, like, tired of it. It’s like, I mean, I suffer and I go through all this pain and I end up in the ER a lot, but I can’t even get the help I want because they want a freaking clean drug screen. And you know, what about everything else? You’re worrying about drugs killing me, but everything else is killing me.”

- Interview Participant

RECOMMENDATIONS

Findings from these interviews suggest that PWID who utilize SSP services in Massachusetts have an accurate understanding of HCV infection and perceive HCV to be serious. Although interviewees had less knowledge about HCV treatment, nearly all participants said that they would want to be treated if they had HCV and cited numerous reasons why they would be motivated to seek treatment. Participants described challenges interacting with and navigating the healthcare system due to stigma and other structural barriers. The factors that reduced barriers for PWID in accessing care were convenience, co-location, and low-barrier access. Participants spoke of the ease and benefit of accessing HCV services where they were already accessing other services, felt safe and supported, and did not experience stigma or judgment. SSPs and primary care offices were identified as locations for effective service delivery. The following recommendations are intended for organizations and providers who work with PWID to improve access to HCV testing and treatment:

Incorporate accessible HCV education into service delivery.

- Clearly communicate the implications of and differences between antibody test results and confirmatory test results.
- Emphasize that HCV treatment is curative and can be taken multiple times.

Provide multiple opportunities to discuss HCV with clients.

- Engage with clients about HCV concerns and questions during service encounters.
- Structure opportunities for clients to discuss HCV and their testing and treatment needs and motivations.
- Provide diverse opportunities for engagement and connection to help participants articulate their health needs and goals.

Facilitate HCV testing annually and/or every six months.³

- Educate clients on the importance of regular HCV testing, particularly if they are at ongoing risk for HCV.

Believe that people who use drugs care about their health.

- Talk with clients about their personal health priorities.
- Work with clients to address barriers and social determinants of health (e.g., housing, food, employment) in order to meet their health goals.
- Approach conversations about health with curiosity and open-mindedness.

Offer on-demand and same-day HCV testing and treatment services.

- Provide low-barrier and convenient opportunities for clients to access services when requested.

Co-locate HCV testing and treatment services with other supportive services in settings that PWID already access.

- Work with local primary care providers, treatment facilities, and carceral settings to ensure that HCV testing and treatment is convenient and accessible.

Offer healthcare navigation services, case management, and peer support.

- Provide assistance with appointment scheduling, insurance, and prescriptions.

Implement HCV treatment clinical best practices and respectful, responsive, person-centered, and high-quality clinical care.

- Provide HCV treatment to all clients regardless of current drug use.
- Support client goals without judgment.
- Adhere to best practice guidelines developed by the [American Association for the Study of Liver Diseases \(AASLD\)](#) and the [Infectious Diseases Society of America \(IDSA\)](#).

³ Centers for Disease Control and Prevention (2025, January 31). *Testing for Hepatitis C*. Retrieved from <https://www.cdc.gov/hepatitis-c/testing/index.html>