

ADJUSTING THE HCV COMPREHENSION IN COLOMBIA: VULNERABLE CONTEXTS AND THE NEED TO GO BEYOND INJECTED DRUG USERS

Niño-Leal Lⁱ

Background: In Colombia there are epidemiological gaps regarding HCV prevalence in drug users. The first survey in this population was developed only last year, but it was limited to people who use injected drugs. However, there are other drug uses that are more prevalent in the Colombian population that also require attention given the contexts of vulnerability and lack of risk knowledge in which these practices are developing.

Some harm reduction services and public health interventions on drug use have been developed in Colombia within the frameworks and specificities of policies implemented in the Global North, where injection is more common. These policies and interventions do not adequately address the intersectional realities and needs associated with drug use in the Country. Furthermore, some private health operators linked to the Colombian health system are unwilling to identify and treat potential HCV patients due to the high cost this situation would represent for them. As result, the comprehension of HIV prevalence is limited.

Methods: A comparison of drug use prevalence among injecting users and non-injected users was conducted. This data was linked to some qualitative research findings about drug use practices in order to reveal the presence of high risks in contexts intersected by dynamics of violence, migration, and cultural tendencies on drug use.

Results: People who develop polyconsumption habits or become smokable cocaine users, particularly homeless people, are at a high risk of HCV infection. There may also be growing risks associated with Chemsex practices. Irregular migration (as in the case of Venezuelans) and violence may increase the risk and vulnerability of drug users to contract HIV and viral hepatitis.

Conclusion: To achieve the 2030 Sustainable Development Goals in Colombia, it is critical to broaden the focus on HCV prevalence in all drug users as well as other key populations.

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ⁱ Colombian Representative of Latin-American Network of People who uses drugs -LANPUD-