Prior to 1990 the US blood supply wasn't screened for hepatitis C.

1. REDUCING EXPOSURE.

Hep C is a bloodborne pathogen! That means it doesn’t come from contact with your own old or dried blood, it can only be given to you through blood to blood contact with someone else with the virus present in their blood.

Sharing injecting materials such as water, cookers, tourniquets, cottons and other works can also put you at risk.

Don't forget - this also applies to splitting drugs wet. If you’re using a syringe to divide doses, make sure the syringe is sterile!

2. INCREASING RATES.

In the midst of an opioid epidemic, and with rates of injection drug use on the rise in the United States, it's time we start seriously discussing hepatitis C.

From 2015 to 2016, Colorado saw a 33% increase in newly diagnosed cases of hepatitis C for people under 30.

3. REDUCE THE HARM. GET TESTED.

RISK FACTORS:
- Anyone who has injected drugs
- Anyone who has received blood or organs before 1992
- Anyone born between 1945 & 1965
- Anyone who has had a tattoo or piercing in a correctional facility
- Health & safety workers who have been exposed to blood on the job through a needlestick or injury
- Anyone on hemodialysis
- Anyone born to a mother with hepatitis C

Hepatitis C primarily impacts your liver. So does alcohol use. If alcohol is your drug of choice & you have potentially been exposed to the virus, GET TESTED.

4. NEXT STEPS?

A Supervised Injection Facility (SIF) provides a reliable place for participants to obtain accurate health information about contracting and spreading hepatitis C in our community.

Due to the large gap in access between people who inject drugs (PWID) and healthcare providers, meeting PWID where they are and providing them with a space to inject in a medical setting begins to build a relationship between one of the hardest to reach, highest risk populations, and healthcare providers.