

FACING ADDICTION WITH HOPE AND  
UNDERSTANDING

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# **The Hidden Epidemic Within the Epidemic: Hepatitis C, Drug Use, and the Medical Complexity Families Must Understand**

FAHU Research Desk

May 2026

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# **The Hidden Epidemic Within the Epidemic: Hepatitis C, Drug Use, and the Medical Complexity Families Must Understand**

## **INTRODUCTION: A Disease That Follows People Home**

When a family member struggles with addiction, the conversation at the kitchen table rarely turns to hepatitis C. It turns to missed calls, broken promises, the hollow look in someone's eyes. But hepatitis C — a bloodborne virus with a particular and devastating affinity for people who use drugs — is quietly present in millions of those conversations, waiting to complicate recovery, shorten lives, and deepen the already staggering burden that addiction places on families.

A landmark 2026 analysis published in *\*Adicciones\**, a peer-reviewed Spanish journal of addiction science, has illuminated just how medically complex the lives of people who use drugs (PWUD) truly are — and how that complexity demands not judgment, but understanding. The study by Turnes and colleagues examined 1,620 hepatitis C virus (HCV) patients treated in Spain between 2017 and 2020, finding that 985 of them were identified as people who use drugs. The research focused on a critical and underappreciated clinical challenge: the dangerous interactions that can occur when modern HCV treatments — called direct-acting antivirals, or DAAs — collide with the other medications these patients are already taking, including antipsychotics and addiction-related medicines (Turnes 2026).

For families of people with addiction, this research is not abstract. It is a window into the medical reality their loved ones inhabit — a reality shaped by co-occurring conditions, overlapping medications, systemic vulnerabilities, and the urgent need for integrated, compassionate care.

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## THE SCIENCE OF CO-OCCURRING ILLNESS: MORE THAN ONE BATTLE AT A TIME

One of the most important things families can understand about addiction is that it rarely arrives alone. People who use drugs are statistically far more likely than the general population to be living with hepatitis C, psychiatric disorders, and a range of other health conditions — each of which requires its own treatment, its own medications, and its own management.

The Turnes study makes this vivid. HCV patients in the study — particularly those identified as PWUD — were frequently also being treated with antipsychotic medications and nervous system drugs. This is clinically significant because modern HCV treatments, specifically the DAA regimens glecaprevir/pibrentasvir (GLE/PIB) and sofosbuvir/velpatasvir (SOF/VEL), share the same metabolic pathways in the body as many psychiatric and addiction-related medications. When two drugs compete for the same metabolic machinery, the result can be unpredictable: one drug may accumulate to toxic levels, another may become ineffective, or both can behave in ways that neither would alone. These interactions are known as drug-drug interactions, or DDIs, and in this population they are not rare edge cases — they are a central clinical reality (Turnes 2026).

The study used data from BIG-PAC®, a large Spanish electronic medical records database, to analyze what actually happened to these patients when they received HCV treatment alongside their other medications. The findings underscore a truth that addiction medicine practitioners have long understood: treating one condition in isolation, without accounting for the full constellation of a patient's health needs, is not just inefficient — it can be dangerous.

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## WHAT THIS MEANS FOR FAMILIES: COMPLEXITY IS NOT CHARACTER

Here is where the science becomes deeply human. Families watching a loved one struggle with addiction often experience a kind of helplessness that can curdle, over time, into frustration or even blame. Why won't they just get better? Why is this so complicated? The Turnes study offers a partial answer that every family deserves to hear clearly: because the medical reality of addiction is genuinely, objectively complicated.

When a person who uses drugs is also living with hepatitis C — which is transmitted through shared needles and therefore disproportionately affects this population — and is also managing a psychiatric condition like schizophrenia, bipolar disorder, or severe depression, the medical team treating that person must navigate a web of interacting medications with extraordinary care. The adverse events (AEs) and clinical interventions documented in this study are evidence of that complexity in action (Turnes 2026). This is not a story of moral failure. It is a story of multiple, simultaneous medical conditions requiring specialized, coordinated expertise.

For families, understanding this complexity is itself a form of hope. It reframes the question from "why won't my loved one get better?" to "what does my loved one actually need in order to get better?" The answer, the science suggests, is not simpler — it is more holistic. It is integrated care that addresses addiction, psychiatric illness, and infectious disease simultaneously, rather than treating each in a separate silo with separate providers who may not communicate with one another.

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## THE PROMISE OF DIRECT-ACTING ANTIVIRALS: A REASON FOR GENUINE OPTIMISM

There is real hope embedded in this research, and families should know it. The development of direct-acting antivirals for hepatitis C represents

one of the genuine triumphs of modern medicine. Before DAAs became widely available, HCV treatment was grueling — interferon-based regimens that lasted months, caused severe side effects, and achieved cure rates that were, at best, modest. DAAs changed that calculus dramatically. Regimens like GLE/PIB and SOF/VEL, the two studied by Turnes and colleagues, are oral medications taken for eight to twelve weeks, with cure rates — referred to as sustained virologic response — exceeding 95% in most patient populations (Turnes 2026).

For people who use drugs, this is transformative. HCV was once considered a near-inevitable and largely untreatable consequence of injection drug use. It is now, in principle, curable. The barrier is no longer primarily scientific — it is systemic. It is about whether people who use drugs can access these treatments, whether their providers are equipped to manage the drug-drug interactions that may arise, and whether the healthcare system is willing to treat them with the same urgency and dignity afforded to other patients.

The Turnes study, by carefully documenting the DDIs and adverse events that occurred in a real-world Spanish patient population, is doing the painstaking clinical work of making that access safer and more effective. It is research that treats people who use drugs as patients worthy of rigorous medical attention — which is precisely the orientation families and advocates should demand from healthcare systems everywhere.

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## SYNTHESIS: JUDGMENT VERSUS UNDERSTANDING AS A PUBLIC HEALTH CHOICE

There is a policy dimension to this science that deserves reflection. The populations studied by Turnes and colleagues — people who use drugs, people with psychiatric disorders, people managing multiple overlapping conditions — are populations that have historically been marginalized by healthcare systems. They have been deprioritized for treatment,

dismissed as non-compliant, and in some cases explicitly excluded from clinical trials for HCV medications on the grounds that their drug use would complicate outcomes.

The irony, of course, is that excluding PWUD from HCV treatment research guaranteed that the field would remain unprepared to treat them safely. The Turnes study represents a corrective to that failure. By analyzing real-world data from actual patients — including their concomitant medications, their adverse events, and the clinical interventions required — the research builds the evidence base that clinicians need to treat this population competently and confidently.

For families navigating this landscape, the lesson is worth stating plainly: shame and judgment are not just emotionally harmful — they are public health failures. When stigma keeps people who use drugs from seeking medical care, hepatitis C goes untreated and spreads. When stigma prevents candid conversations between patients and providers about all the substances they are using, drug-drug interactions go undetected. When stigma shapes institutional policies that discourage treatment of "difficult" patients, lives are lost unnecessarily (Turnes 2026). Facing addiction with hope and understanding, then, is not merely a philosophical preference. It is a clinical imperative with measurable public health consequences.

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#### CONCLUSION: WHAT FAMILIES CAN CARRY FORWARD

The research published by Turnes and colleagues in *\*Adicciones\** is, on its surface, a technical study about drug-drug interactions in hepatitis C patients. But read with the eyes of a family member who loves someone with addiction, it tells a different and more personal story: a story about how complex, how medically serious, and how genuinely treatable the conditions that accompany addiction can be.

Hepatitis C is curable. Psychiatric conditions are manageable. Drug-drug interactions, when properly identified and monitored, can be navigated. The science is advancing. What is needed now is not new breakthroughs but new attitudes — from healthcare systems, from communities, and sometimes from families themselves. The person at that kitchen table, the one with the hollow look, is carrying a medical burden that most of us can barely imagine. They need integrated care, compassionate providers, and the understanding of the people who love them.

That understanding begins with knowledge. And knowledge, this research reminds us, is always a reason for hope.

## Works Cited

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