Introduction: In spite of the experience of good compliance with pegIFN/RBV-regimens even in drug addicted patients we doubt if the compliance would be sufficient for much more complicated HCV-triple-therapy with BOC and TVR. From the treatment of HIV we learned that regimens with three times dosing are less accepted as those with twice daily dosing. Another fear was that drug addicts would have problems to get three fatty meals every day. Results: These data are from a private praxis with 6 specialized doctors. In 47 patients we started triple therapy for at least three month. 10 patients were IDU’s on methadone, 20 patients were former IDU which are “clean” for at least one year and 17 patients are non-IDU. The mean age of IDU in MMT was 43.3 years, of former IDU’s 51.1 and of non-IDU’s 53.3 years. Naive were 5 resp 10 resp 4 of the patients. A relapse in former pegIFN/RBV-therapy had 0 resp 4 resp 4. Nonresponders to former pegIFN/RBV-therapy were 5 resp 5 resp 9. After 1 month of triple therapy a HCV-VL <15 was reached by 90% resp 90% resp 82.4%. After 3 month the HCV-VL <15 in 90% resp 95% resp 94.1%. In all three groups there was no case with the necessity to stop therapy by the stopping-rules for BOC or TVR. In the group of IDU’s on MMT there was one interruption of therapy because of imprisonment. Conclusion: As a first experience of HCV-triple-therapy in a real life setting in privat praxis the response-rates to therapy are similar in all three groups. IDU as a risk of HCV-infection seems not to have any influence on the performance of HCV-triple-therapy. There was no indication of a bad compliance in IDU in comparison to non-IDU.