

Our Response to HCV among People who Inject Drugs: *Is Infection Inevitable?*

Chris Taylor, Senior Director, Viral Hepatitis

Hepatitis: Preventing the Silent Epidemic in Kentucky

July 28, 2015

Who is NASTAD?

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis.

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

Who is NASTAD?

- NASTAD is the non-profit national association of state health department program directors who administer HIV/AIDS and viral hepatitis prevention, care and treatment programs funded by state and federal governments.
 - Domestic Programs
 - Health Care Access
 - Prevention and Surveillance
 - Health Equity
 - Viral Hepatitis
 - Policy and Legislative Affairs
 - Global Program

NASTAD and Viral Hepatitis

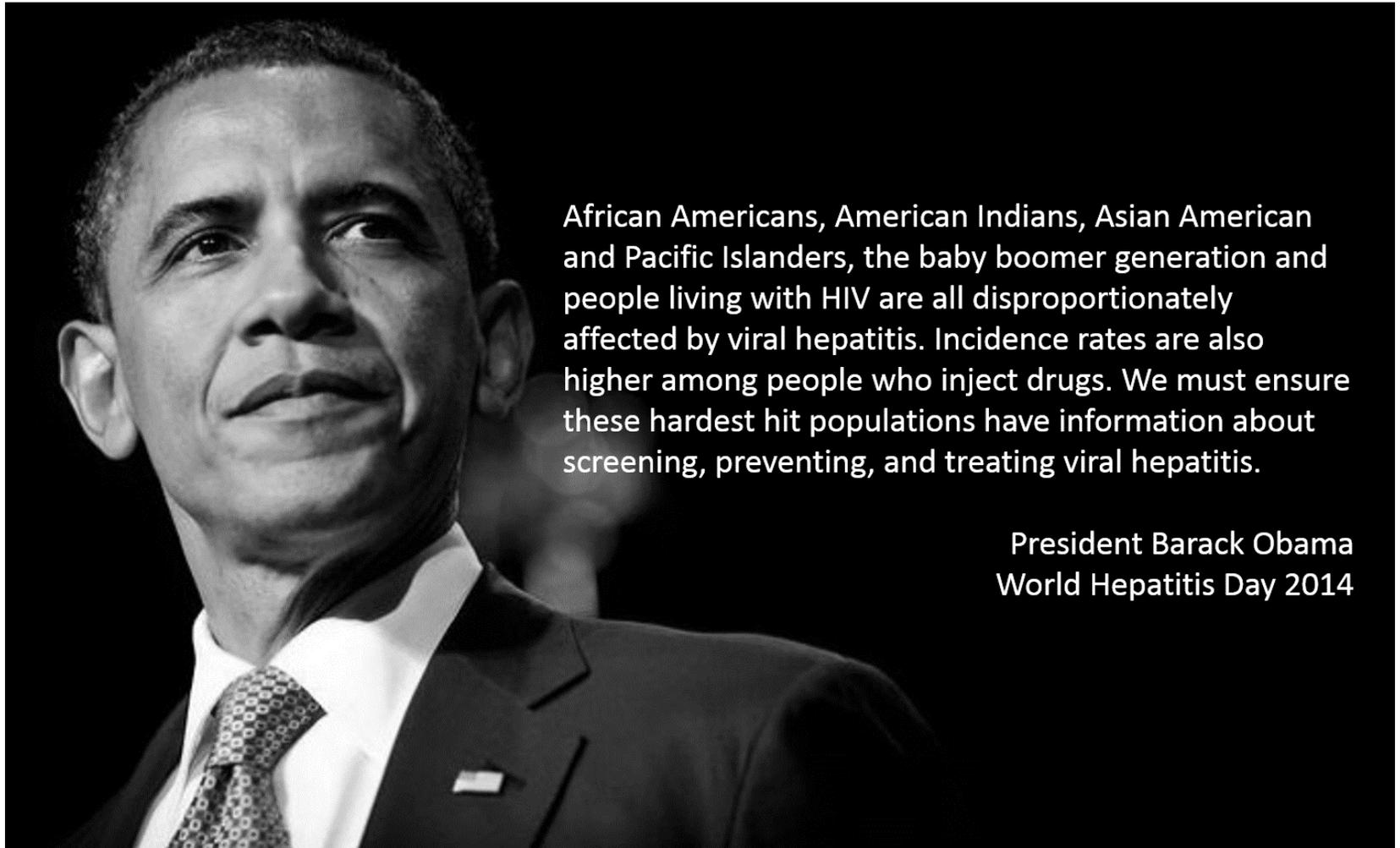
- Since 2000, NASTAD has been providing viral hepatitis support and technical assistance to health departments.
 - Due to the similarities in populations at risk, an emphasis on integration of HIV, STD, VH, immunization and behavioral health activities at the client level
- NASTAD's viral hepatitis program has three major components
 - Technical assistance
 - Public policy
 - Coalition engagement
- Priorities include
 - Health Equity
 - Drug User Health/Young People who Inject Drugs
 - Treatment Access
 - Increasing Federal Funding



NASTAD HCV Priorities

- Health department capacity and expertise
 - Support and technical assistance
 - Advocacy with Congress and federal agencies
- Access to prevention services
 - HCV testing
 - Syringe services programs
 - Mental health and substance use treatment
- Drug user health
 - Access to prevention AND treatment services
- Addressing HCV through a Health Equity Approach
 - African Americans, Latinos, Native Americans, Asian Pacific Islanders and immigrants, PWID, gay men/MSM
- Advocacy and policy

World Hepatitis Day 2015



African Americans, American Indians, Asian American and Pacific Islanders, the baby boomer generation and people living with HIV are all disproportionately affected by viral hepatitis. Incidence rates are also higher among people who inject drugs. We must ensure these hardest hit populations have information about screening, preventing, and treating viral hepatitis.

President Barack Obama
World Hepatitis Day 2014

Our "house" in on fire!



Dangerous Attitudes and Beliefs

- HCV among PWID is inevitable
- PWID can't be effectively treated for HCV
- We should require "abstinence" before HCV treatment
- It isn't financially feasible to treat PWID
 - "They" will just get reinfected
- It's somebody else's problem
 - Primary care, substance use treatment, SAMHSA, NIDA, prisons, liver specialists
- PWID Aren't Worthy

“God has made of one blood all peoples of the Earth.”





Attitudes and Beliefs for Success

- HCV among PWID does NOT need to be inevitable
- PWID CAN be effectively treated for HCV
 - Opportunity to link to substance use, mental health and other health services
 - Requiring “abstinence” before HCV treatment misses opportunities and is not based in reality
- It is financially feasible to treat PWID!
 - PWID aren’t being reinfected with appropriate support and prevention services. Individual AND Population Health!
- It’s OUR responsibility
- PWID DESERVE prevention and/or cure!
- We need to address this as the CRISIS it is!

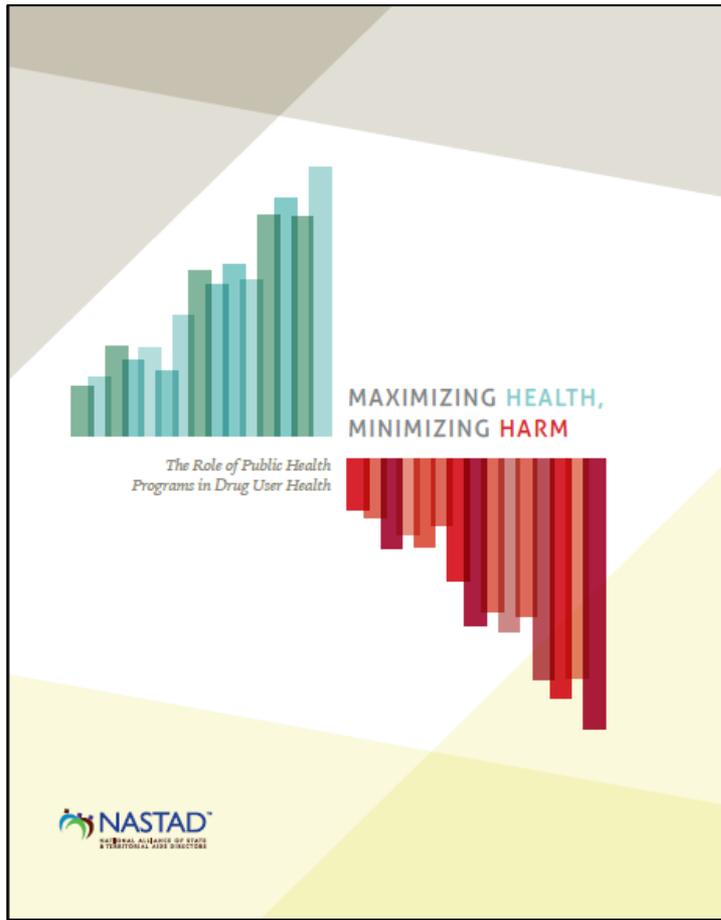
We Need to Use Everything We Have!



Statement of Urgency: Opioid Epidemic

- Substance Use Prevention and Treatment
- Mental Health Treatment
- HCV and HIV Prevention
- HCV and HIV Treatment
- Syringe Services Programs
- Overdose Prevention
- Provider Education, Capacity and Expertise
- Sustained Support for People in Recovery
- Public Health vs. Law Enforcement Approach
- Engagement of People with Substance Use Disorders
- Strong Public and Private Insurance Protections

www.NASTAD.org



Recommendations for:

- Health Departments
- Federal Partners
- Policy Makers
- People with Substance Use Disorders

Funding, Policy & Action?

- Inadequate federal, state and local funding for HCV
 - CDC Division of Viral Hepatitis - \$30m
 - States receive less than \$1 per case of HCV from CDC for the VHPC program
- Ban on federal funding for syringe services programs
 - Congressional legacy of fueling infectious diseases
 - Is there cause of hope?
- Kentucky is responding – Now to bring to scale here and throughout the U.S.
 - More Funding – More Urgency – More Action

The Status Quo

VIRAL HEPATITIS PREVENTION: IS \$1 ENOUGH?

FUNDING

Health department Viral Hepatitis Prevention Coordinators receive less than \$1 in federal funding for every person living with viral hepatitis.





Our Responsibility – Who and What?

- Federal Government
 - Administration – Follow Science & Increase Funding
 - Congress – Prevention before Politics & Increase Funding
 - HHS/CDC/DVH – Make Prevention of HCV among PWID Top Priority & Work Collaboratively Across Agencies
- State & Local Government
 - Increase Funding, Urgency and Innovation
- Academia
 - Increase Prevention and Operational Research
- Providers
 - Prioritize Treatment of PWID – Individual AND Population Health
- Industry/Payers
 - Responsibility to Make Pricing and Coverage Decisions that Lead to the Elimination of HCV in the U.S. and Globally!
- Advocates (all of us!)
 - Make Noise & Hold Policymakers, Industry and Payers Accountable!

National Spotlight – Good or Bad?

U.S.

Costly to Treat, Hepatitis C Gains Quietly in U.S.

By ABBY GOODNOUGH JULY 23, 2015

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EDGEWOOD, Ky. — Zach Wayman says he first contracted [hepatitis C](#) several years ago by sharing needles with other heroin addicts. He went into rehab and was successfully treated for the virus. But he relapsed into addiction and reinfected himself, testing positive for [hepatitis C](#) again this spring.

“Pretty much everybody in my rehab has it,” said Mr. Wayman, 25, who started abusing pain pills at 18 and switched to heroin a few years later.

Mr. Wayman is part of an epidemic affecting young intravenous drug users across the country, particularly in Appalachia, where opiate abuse exploded in the late 1990s and never subsided. And that has health officials concerned, not just because the hepatitis C virus



Jerry Searp, 34, of Crescent Spring, Ky., says he stopped injecting heroin in November 2011

You Spoke & Frankfort Listened!



Gubernatorial Candidates



Conway



Beavin

Senate Majority Leader McConnell



Senator Mitch McConnell

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House Appropriations Committee Chair



Congressman Hal Rogers

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Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 64 / No. 17

May 8, 2015

Hepatitis Awareness Month and National Hepatitis Testing Day — May 2015

This month marks the 20th anniversary of Hepatitis Awareness Month and the 4th National Hepatitis Testing Day (May 19) in the United States. Although care and treatment can be life-saving, many of the 3 million persons estimated to be living with hepatitis C virus (HCV) infection are unaware of their infection and are not receiving preventive services and medical management. In addition, an emerging epidemic of HCV infection among a new demographic of persons who inject drugs is unfolding in several areas throughout the nation. Guided by the goals of the 2014 U.S. Department of Health and Human Services *Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis (1)*, CDC continues its activities to expand access to HCV testing, care, and treatment to stem morbidity and mortality, and to reduce HCV infections caused by drug use behaviors. Efforts to address each of these strategic imperatives are highlighted by the two reports in this issue of *MMWR*.

The first report shows that trends in new cases of HCV infection are highly correlated with trends in substance abuse treatment admissions for opioid dependency and opioid injection in four states in the central Appalachian Region. The second report describes strategies for integrating HCV testing into primary care settings. These reports demonstrate how data can be used to identify patterns of risk for HCV transmission among persons who inject drugs and how programs can be successfully implemented to identify persons disproportionately affected by HCV infection and ensure they receive appropriate medical care and treatment.

Reference

1. US Department of Health and Human Services. Combating the silent epidemic of viral hepatitis: action plan for the prevention, care, and treatment of viral hepatitis. Updated 2014–2016. Washington, DC: US Department of Health and Human Services; 2015. Available at <http://aids.gov/oif/viral-hepatitis-action-plan.pdf>.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Increases in Hepatitis C Virus Infection Related to Injection Drug Use Among Persons Aged ≤30 Years — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012

Jon E. Zibbell, PhD¹, Kahlil Iqbal, MPH¹, Rajiv C. Patel, MPH¹, Anil Saraygordal, MD², Kathy J. Seidman, MSN², Lorena Moon-Monroton², Janie Sorensen, MPA³, Steven Blankenship, MS², John W. Ward, MD⁴, Deborah Holzman, PhD² (Author affiliations at end of text)

Hepatitis C virus (HCV) infection is the most common blood-borne infection in the United States, with approximately three million persons living with current infection (1). Percutaneous exposure to contaminated blood is the most efficient mode of transmission, and in the United States, injection drug use (IDU) is the primary risk factor for infection. State surveillance reports from the period 2006–2012 reveal a nationwide increase in reported cases of acute HCV infection, with the largest increases occurring east of the Mississippi River, particularly among states in central Appalachia (2).

INSIDE

- 459 Identification and Linkage to Care of HCV-Infected Persons in Five Health Centers — Philadelphia, Pennsylvania, 2012–2014
- 464 Cancer Screening Test Use — United States, 2013
- 469 Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States — 2009–2013
- 470 Possible Sexual Transmission of Ebola Virus — Liberia, 2015
- 482 Announcement
- 483 QuickStats

Continuing Education examination available at http://www.cdc.gov/mmwr/ce/contd_info.html#weekly.

JULY 2015

CDC
Vitalsigns™

Today's Heroin Epidemic

More people at risk, multiple drugs abused

Heroin use has increased across the US among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes. Not only are people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid painkillers. As heroin use has increased, so have heroin-related overdose deaths. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013. States play a central role in prevention, treatment, and recovery efforts for this growing epidemic.

States can:

- Address the strongest risk factor for heroin addiction: addiction to prescription opioid painkillers.
- Increase access to substance abuse treatment services, including Medication-Assisted Treatment (MAT), for opioid addiction.
- Expand access to and training for administering naloxone to reduce opioid overdose deaths.
- Ensure that people have access to integrated prevention services, including access to sterile injection equipment from a reliable source, as allowed by local policy.
- Help local jurisdictions to put these effective practices to work in communities where drug addiction is common.

2x

Heroin use more than doubled among young adults ages 18–25 in the past decade.

9 in 10

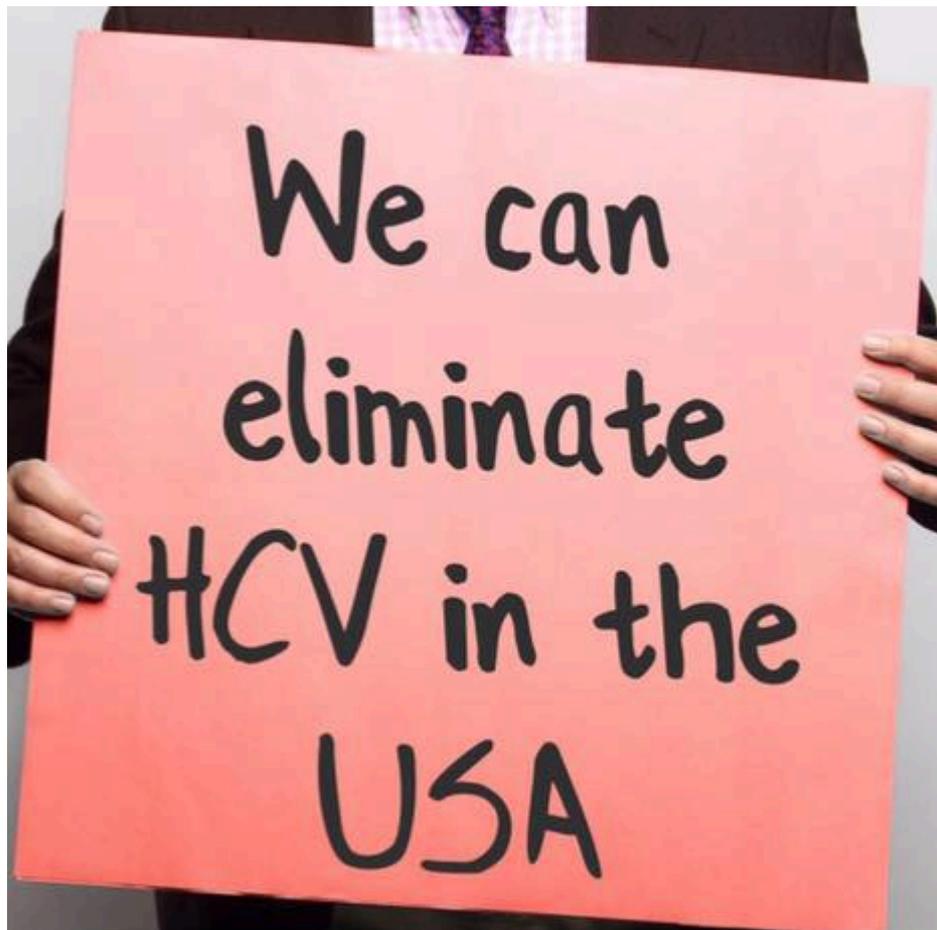
More than 9 in 10 people who used heroin also used at least one other drug.

45%

45% of people who used heroin were also addicted to prescription opioid painkillers.

Want to learn more? www.cdc.gov/vitalsigns/heroin

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



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