



*Exploring Resources and Different Treatment Models
for Hepatitis C Virus and Opioid Use Disorder*

Part 1: The Intersection of Opioids and Hepatitis in
the US and Resources

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National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



Question & Answer

During the presentation, you may ask questions. Click **Q&A** and type your questions into the open field.

The Moderator will either send a typed response or answer your questions live at the end of the presentations.

Cultural Competency, Stigma, and Drug User Health: Considerations for Service Providers

Laura Pegram, MSW, MPH

Senior Manager, Drug User Health



About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

Goals and Objectives

Goal

To reduce stigma and improve cultural competency and care when working with people who use drugs (PWUDs)

Objectives

- Understand the impact of drug-related stigma on their clients' access to health care, specifically HIV and hepatitis C treatment
- Develop strategies for engaging in culturally competent medical care and facilitate client conversations about drug use and access to HIV and hepatitis testing and care
- Increase awareness of how to work with PWUDs, improve communication with them, and reduce stigmatizing patients in their practices and workplace environments

National HIV & Hepatitis Overview

Injection Drug Use accounts for
~9% of new HIV cases ¹
Over 65% of HCV cases ²

Among people who inject drugs
60%-90% have HCV after 5 years
Median time to HCV transmission is ~3 years
And each year ~ 20-30% of PWID acquire HCV ³

Comorbidity

Among PWID and have HIV, 75% also have HCV
Among PLWHIV w/o IDU, 25% have HCV ⁴

**Life time cost of
each HIV infection is
over \$380,000 ⁵**

**Accumulated costs
of HCV care over
the next 20 years on
this trajectory over
\$78 billion ⁶**

1. Centers for Disease Control and Prevention, 2017. HIV Surveillance Report, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

2. Centers for Disease Control and Prevention, 2016. Surveillance for Viral Hepatitis – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm>

3. Grebely, J. et al. 2011. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3072734/>

4. Centers for Disease Control and Prevention, 2017. HIV and Viral Hepatitis. <https://www.cdc.gov/hiv/pdf/library/factsheets/hiv-viral-hepatitis.pdf>

5. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html>

6. National Academies of Sciences, Engineering, and Medicine, 2017. <https://www.nap.edu/read/24731/chapter/8>

Diseases Associated with Injection Drug Use

- **Viral infections (bloodborne)**
 - **Hepatitis C Virus (HCV)**
 - **Hepatitis B Virus (HBV)**
 - **Hepatitis A Virus (HAV)**
 - **HIV**
- **Bacterial Infections (soft tissue/skin) ⁴**
 - **Septicemia**
 - **Bacteremia**
 - **Cellulitis**
 - **Abscesses (staph, strep)**
 - **Endocarditis**
 - **Necrotizing fasciitis**
 - **Wound botulism**

- Hepatitis C is the leading cause of death among all infectious diseases ¹
- The CDC estimates 41,200 acute HCV cases in the US in 2016 ¹
- Estimated 2.4 million people have HCV in the US (~1% of US pop.) ²
- 85% of HCV infection leads to progresses to chronic infection ¹
- IDU is currently the most common risk factor for HCV in developed countries (60-80% worldwide) ³

1. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/hepatitis/hcv/index.htm>

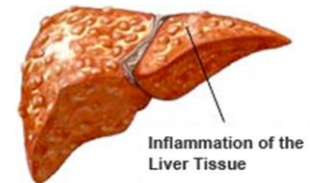
2. Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/nchstp/newsroom/2018/hepatitis-c-prevalence-estimates.html>

3. Nelson, et al. 2011. <https://www.ncbi.nlm.nih.gov/pubmed/21802134/>

4. Collier, M., et al. 2018. <https://link.springer.com/article/10.1007%2Fs10900-017-0458-9>

Hepatitis Basics

- “Hepatitis” means swelling or inflammation of the liver
- Hepatitis is caused by viruses (most notably hep A, B, and C), excessive alcohol, toxins, fat buildup, certain drugs/medications
- There are highly effective vaccines for hepatitis A and B but not currently for hepatitis C
- Hepatitis C (HCV) is spread through blood-most commonly by using contaminated drug injection materials and through unprotected sexual contact
- Hepatitis C can live outside the body for several weeks and can be spread with trace amounts of blood
- Only 20% of people living with HCV will exhibit symptoms



Hepatitis Overview

HEPATITIS A

HOW DO YOU GET IT:



Fecal-oral



Contaminated Food



Household Contact

WHAT DOES IT DO: Most adults experience symptoms

Acute infection, which usually resolves within 2 months

HEPATITIS B

HOW DO YOU GET IT:



Sexual Contact



Infected Blood



Bodily Fluids



Mother to Child

WHAT DOES IT DO: Life-long infection with no cure

Long term infection leads to liver scarring and ultimately liver cancer

Often no symptoms

HEPATITIS C

HOW DO YOU GET IT:



Dirty Works



Infected Blood



Sexual Contact

WHAT DOES IT DO: Virus slowly attacks liver over the course of infection. Often no symptoms.

Long term infection leads to liver scarring and can cause liver cancer

HEPATITIS A

HOW DO YOU STOP IT:



Improve Hygiene



Vaccinate



Access care if infected

HEPATITIS B

HOW DO YOU STOP IT:



Vaccinate



Practice Safe Sex



Manage Your Infection

HEPATITIS C

HOW DO YOU STOP IT:



Use **New Works!**



Practice Safer Sex



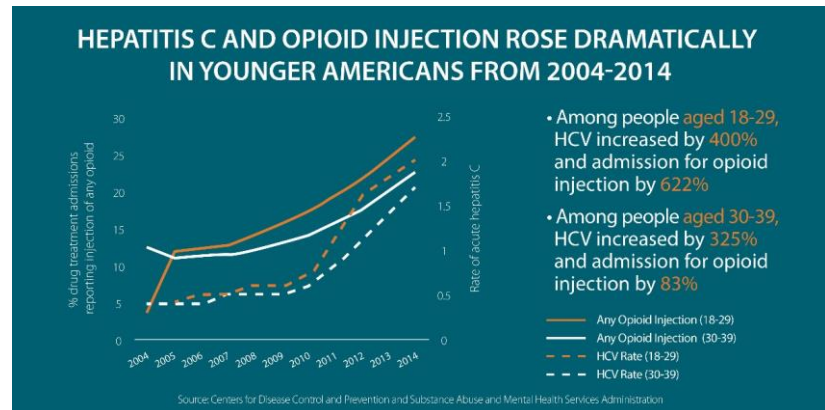
New Treatments are **EASY** and available to **EVERYONE!**

There is a CURE!!!

Courtesy of Philadelphia Dept. of Health

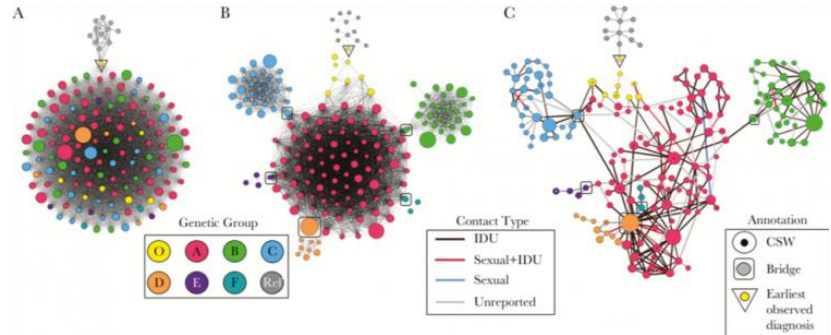
Huge Increases in HCV related to IDU

- Among 18- to 29-year-olds, there was a
 - 400 percent increase in acute hepatitis
 - 817 percent increase in admissions for injection of prescription opioids
 - 600 percent increase in admissions for heroin injection
- Among 30- to 39-year-olds, there was a
 - 325 percent increase in acute hepatitis C
 - 169 percent increase in admissions for injection of prescription opioids
 - 77 percent increase in admissions for heroin injection
- There were also sharp increases among whites and among women

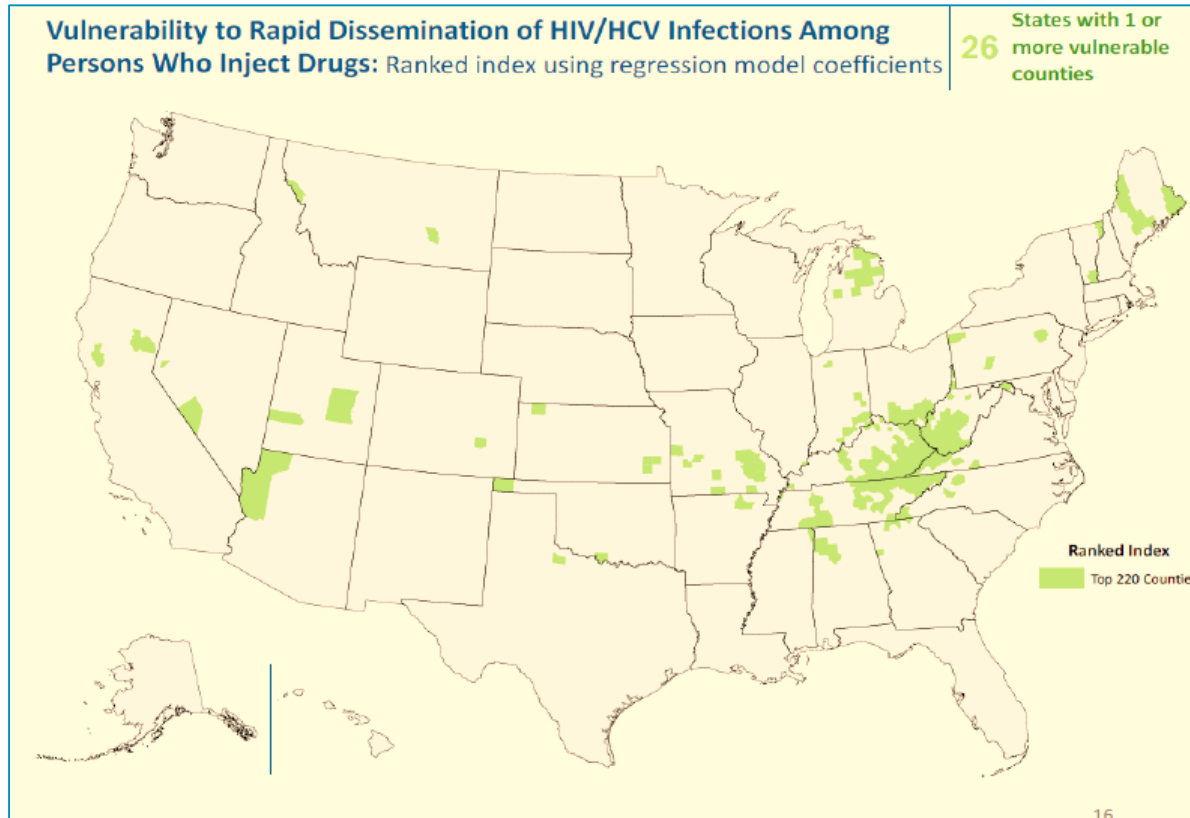


Scott County, Indiana

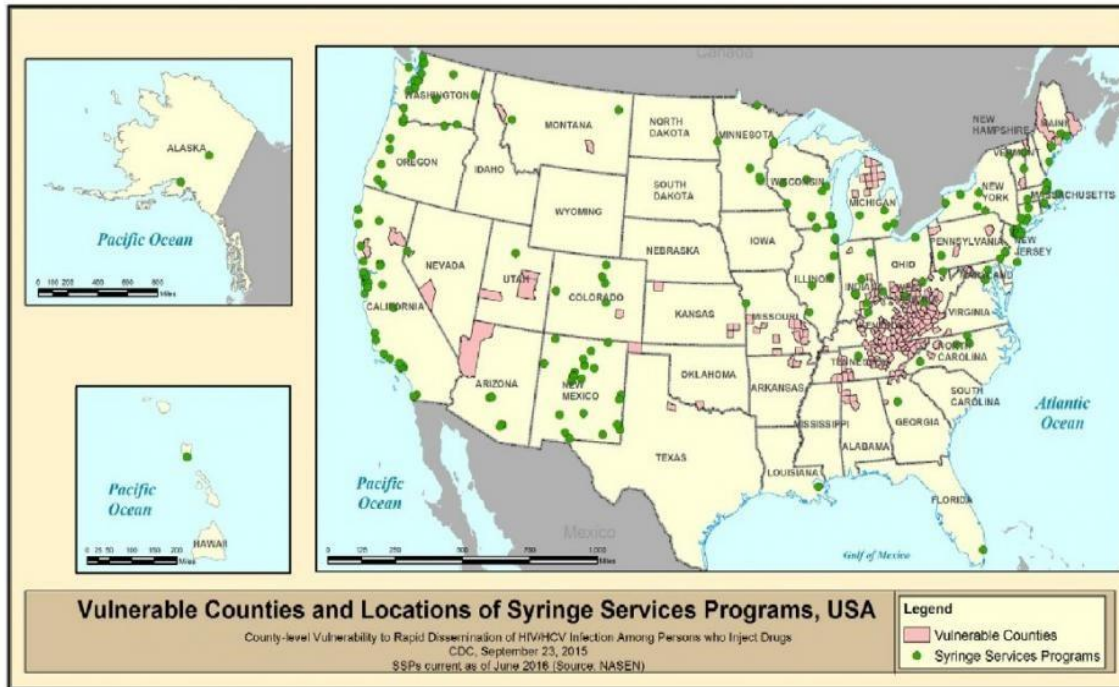
- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Over 200 cases of HIV were eventually attributed to injection drug use behavior
- Only had 5 reported cases of HIV in the previous decade
- Within this initial outbreak 115 persons were co-infected with HCV and currently 92% are co-infected



HIV/HCV Vulnerable Counties



So What Can Be Done?



Source: Van Handel, et al. JAIDS; in press

HARM REDUCTION and Syringe Services Programs

- Most effective way to prevent infectious disease transmission for PWIDs
- Do not increase drug use or crime
- SSP participants are 5 times more likely than nonparticipants to enter treatment

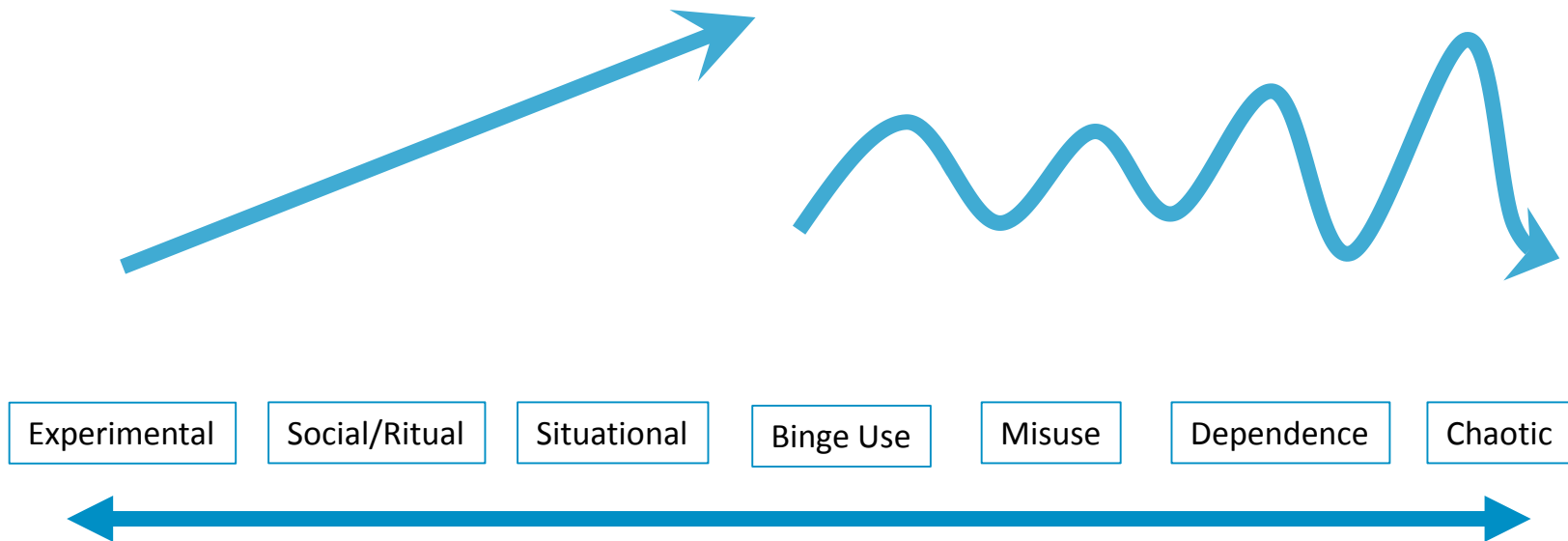
Harm Reduction Philosophy

A set of practical, public health, strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities

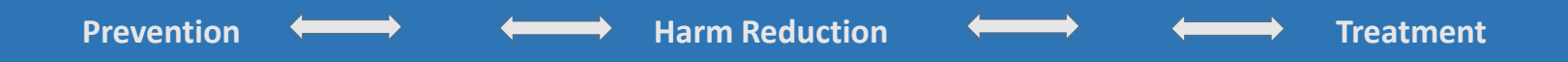
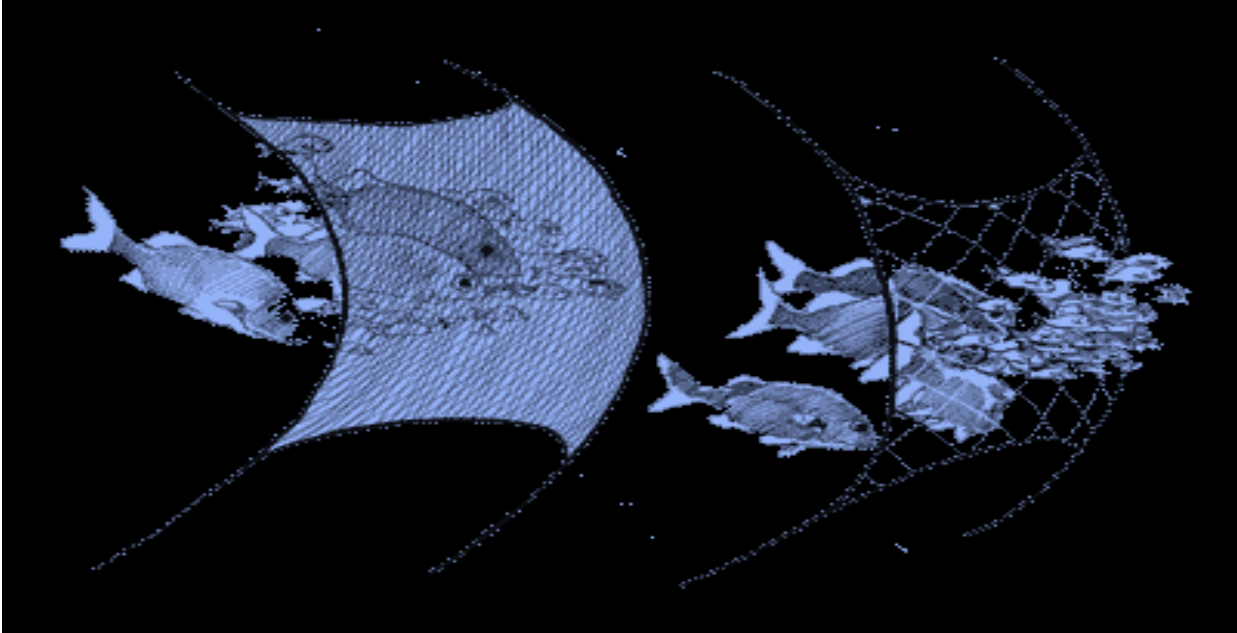
Harm Reduction Principles



Continuum of Drug Use



Prevention and Treatment Binary

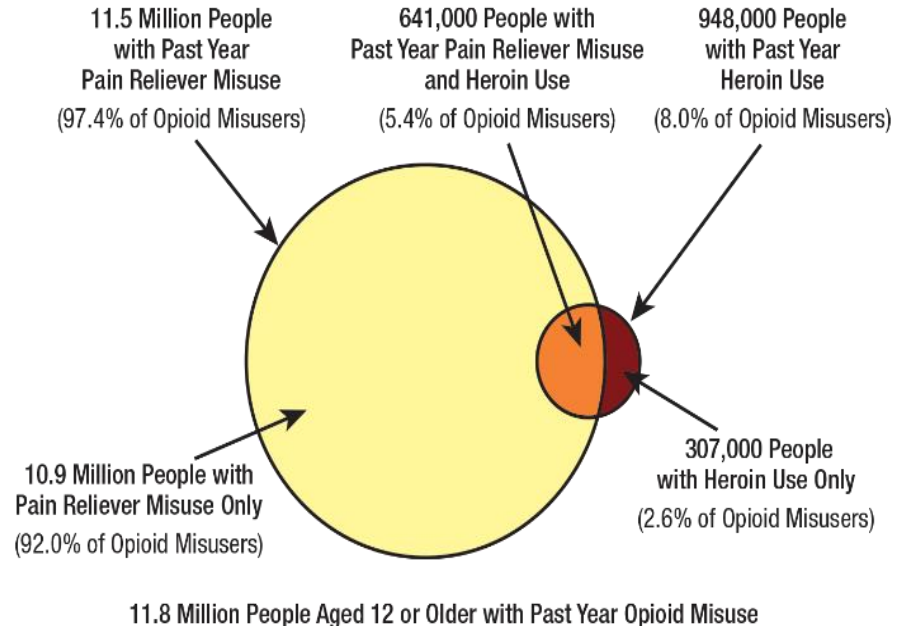


Prevention and Treatment Binary

According to the SAMHSA, in 2016:

- Approximately 10% of the US population used illicit substances (past month)
- 11.8 million people over the age of 12 or 4.4% of the US population used prescription pain killers or heroin (past year)

Figure 27. Past Year Opioid Misuse among People Aged 12 or Older: 2016

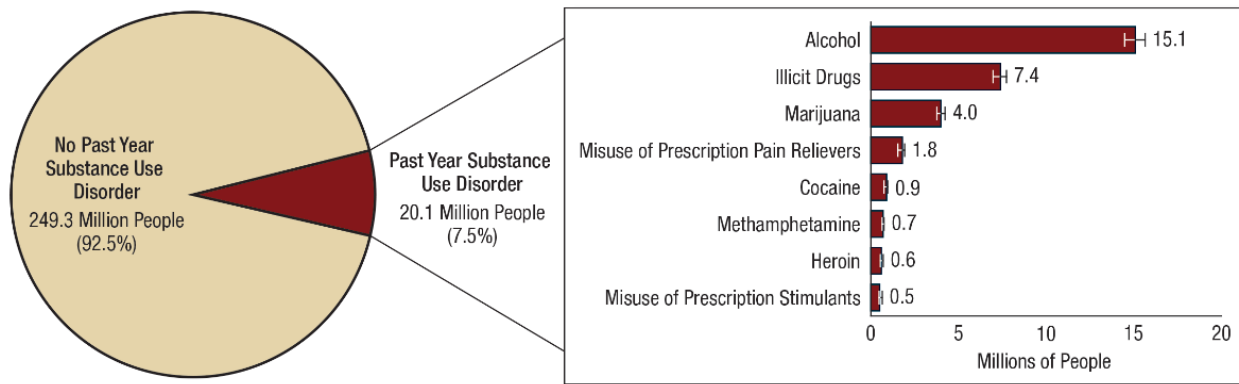


Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Prevention and Treatment Binary

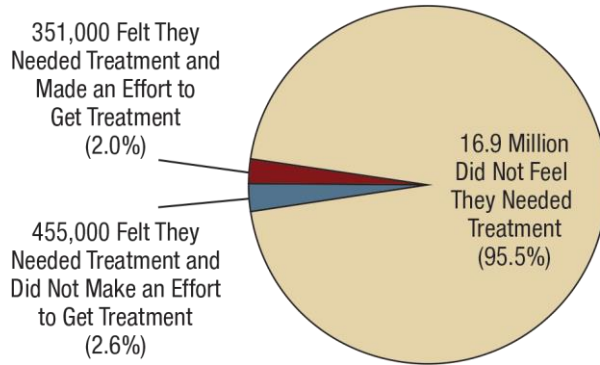
- Within the same data, we can see that a majority of Substance Use Disorders are related to alcohol – not illicit drugs
- Drug User Health/Harm Reduction services are useful for everyone using substances, legal or not

Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2016



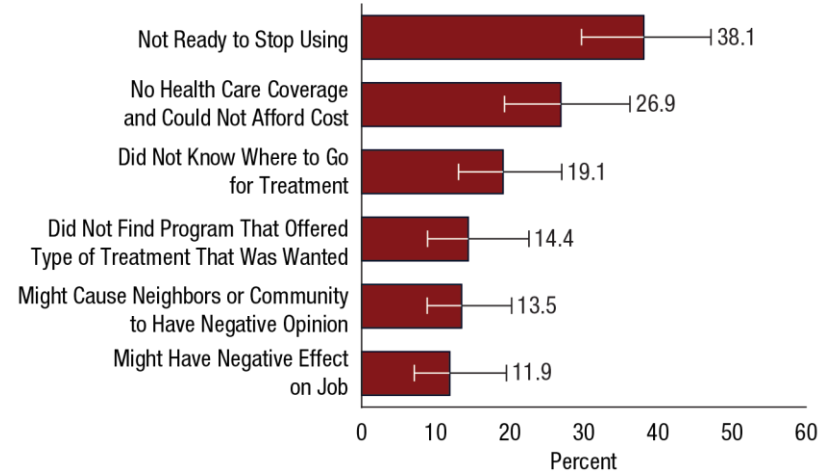
Prevention and Treatment Binary

Perceived Need for Substance Use Treatment among Adults Aged 18 or Older Who Needed but Did Not Receive Substance Use Treatment in the Past Year: 2016



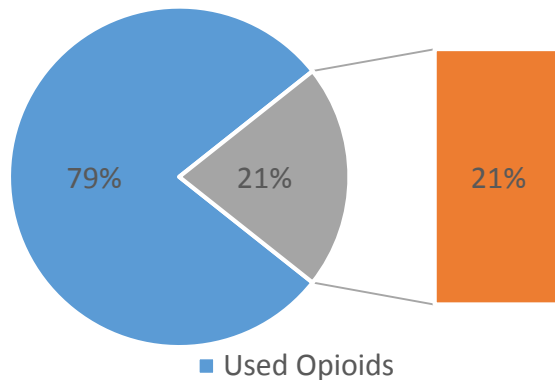
17.7 Million Adults Needed but Did Not Receive Substance Use Treatment

Reasons for Not Receiving Substance Use Treatment in the Past Year among Adults Aged 18 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2016



Prevention and Treatment Binary

Prescription Drug Misuse and Heroin Use, age >12, 2016



So that means 79% or 9.4 million people who are actively using opioids will not be identified as needing OUD services

- Of the 11.8 million people who used opioids in 2016, only 2.4 million were diagnosed as having an Opioid Use Disorder (OUD) – this is less than 1% of the US population
- Which leaves 9.4 million people using opioids who do not qualify as having an OUD
- Regardless of OUD numbers, some individuals might not ever want or seek treatment
- EVERYONE using drugs needs a range of services to reduce overdose risk, prevent HIV and hepatitis transmission, and reduce collateral consequences related to their substance use

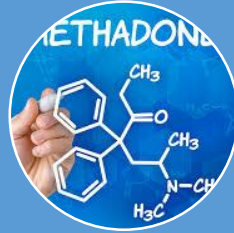
Comprehensive Approach



HCV/HIV Testing
and Treatment



Mental Health
Services



Medication
Assisted
Treatment



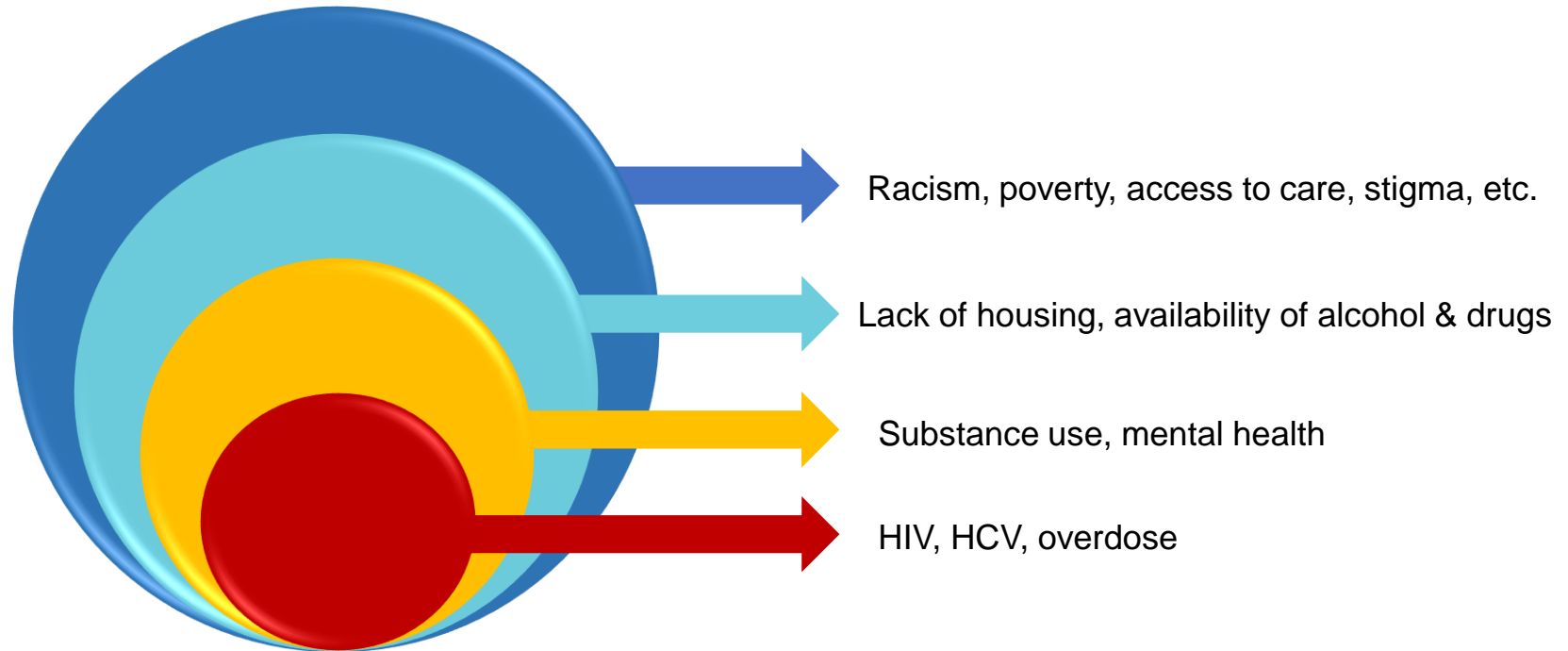
PrEP for PWUDs



Naloxone, SSPs,
and Supervised
Injection
Facilities



Social Determinants of Drug User Health



Drug User Stigma

Myths and Facts

Myths

- You always know when people are on a drug
- An “addict” will ALWAYS be an “addict”
- Abstinence is the only real recovery
- Using medication as treatment mean you aren’t really recovered
- Drug Users can’t adhere to medication

Facts

- Many people use drugs and you’d never know
- PWUDs will transition from chaotic to benign use
- Recovery can include abstinence but could also look differently
- MAT is evidence-based and considered the gold standard
- PWUDs are just as likely to adhere to medication as others

Stigma

“a set of negative and often unfair beliefs that a society or group of people have about something”

“a mark of shame or discredit---an identifying mark or characteristic; *specifically* : a specific diagnostic sign of a disease”

<https://www.merriam-webster.com/dictionary/stigma>

Stigma

- Based on Social Control Theory – Hobbes, Foucault, Puritans
 - A social process which reinforces relations of power and control
 - Stigma, and the extent to which it is successfully attributed and accepted, should be understood from the unequal (social) power relations from within the context it operates.
- Stigma is Intersectional – multiple stigmatized identities will equal compounded experience of stigma and repression
 - Many groups are stigmatized for the same activity differently
- Stigma takes several forms – individual, institutional, internalized, by association

Stigma

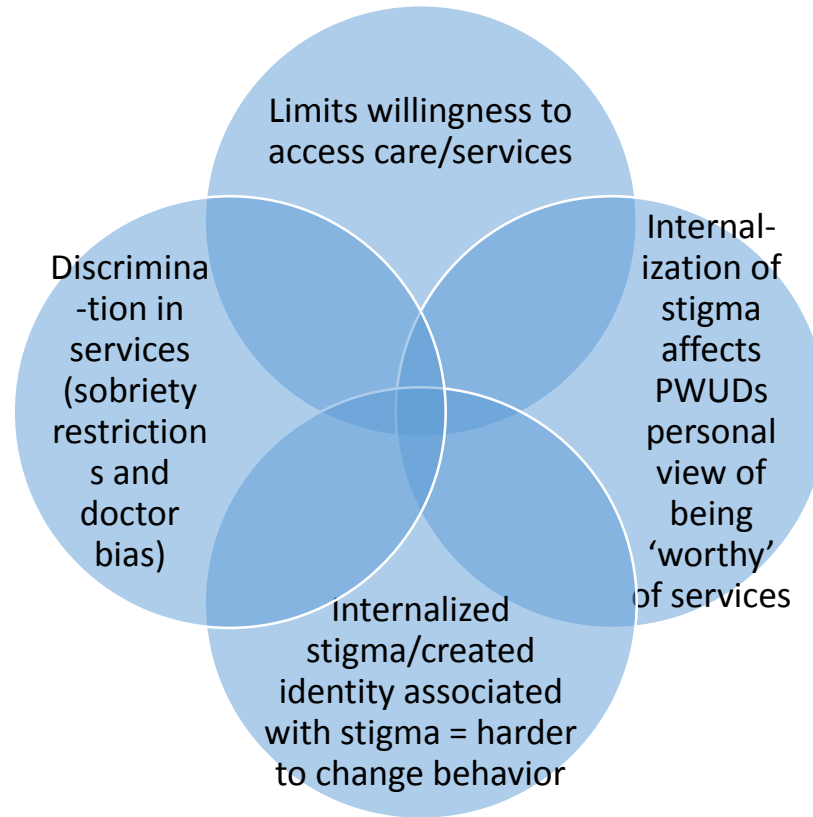
Stigma
Serves to:

- Regulate - Control and enforce behavior
- Isolate - Decrease contact with the stigmatized
- Relegate - Distinguish the stigmatizer from the stigmatized
- Discriminate - Perpetuate/maintain difference

Stages of Stigma




Stigma – Impacts on Health




HCV Treatment

- Direct Acting Antivirals (DAAs) without interferon for HCV came on the market in 2014
- 8-12 week treatment time with a 95% cure rate
- Reinfection occurs in less than 5% of patients
- Cost is high yet constantly decreasing and being negotiated
- The majority of new infections are among PWIDs so we need to treat people as they are actively using to reduce viral load within that community

WORLD HEPATITIS DAY | JULY 28th 

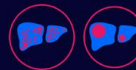
KNOW HEPATITIS ACT NOW

DEMAND TREATMENT!




OVER 90%

of people with Hep C can be completely cured of the virus within 3-6 months


Treatment of Hep B & C can prevent life-threatening cirrhosis & liver cancer 

KNOW HEPATITIS GET TESTED DEMAND TREATMENT

KNOW HEPATITIS DEMAND TREATMENT!




OVER 90% of people with Hep C can be completely cured of the virus within 3-6 months


Treatment of Hep B & C can prevent life-threatening cirrhosis & liver cancer 

KNOW HEPATITIS ACT NOW


ARE YOU AT RISK?

GET TESTED! **DEMAND TREATMENT!**

WORLD HEPATITIS DAY | JULY 28th 

 **ACCESS TO HEPATITIS C TREATMENT 2016**

Of **80 million** people infected - over **1 million** had access to Hep C treatment



We have a long way to go

THE NEW HEP C TREATMENTS

TALK TO YOUR DOCTOR, NURSE OR CLINIC ABOUT GETTING READY FOR TREATMENT

SINGLE PILL MADE UP OF SOVALDI AND DAASINAVIR	SOVALDI PILL AND DAASINAVIR PILL	SOVALDI PILL AND DAASINAVIR PILL	PARITAPREVIR/VOXILAPREVIR PILL AND DAASINAVIR PILL
HARVONI	SOVALDI & IBAVIR	SOVALDI & DAKLINZA	VIEKIRA PAK (BRAND NAME WITH SOVALDI)
FOR GENOTYPE 1	FOR GENOTYPES 1 & 2	FOR GENOTYPES 1 & 3	FOR GENOTYPE 1
95% OF PEOPLE CURED	95% OF PEOPLE CURED	95% OF PEOPLE CURED	95% OF PEOPLE CURED
8, 12 OR 24 WEEKS*	12 WEEKS*	12 OR 24 WEEKS*	12 OR 24 WEEKS*

Sobriety/Fibrosis Restrictions and HCV Treatment

Discriminatory State Medicaid Restrictions Include:

Liver Disease Progression

Requiring that patients reach a certain stage of fibrosis (liver disease), which can be irreversible and cause cancer.

Bans on Former Substance Users

Barring patients with a history of alcohol or substance use.

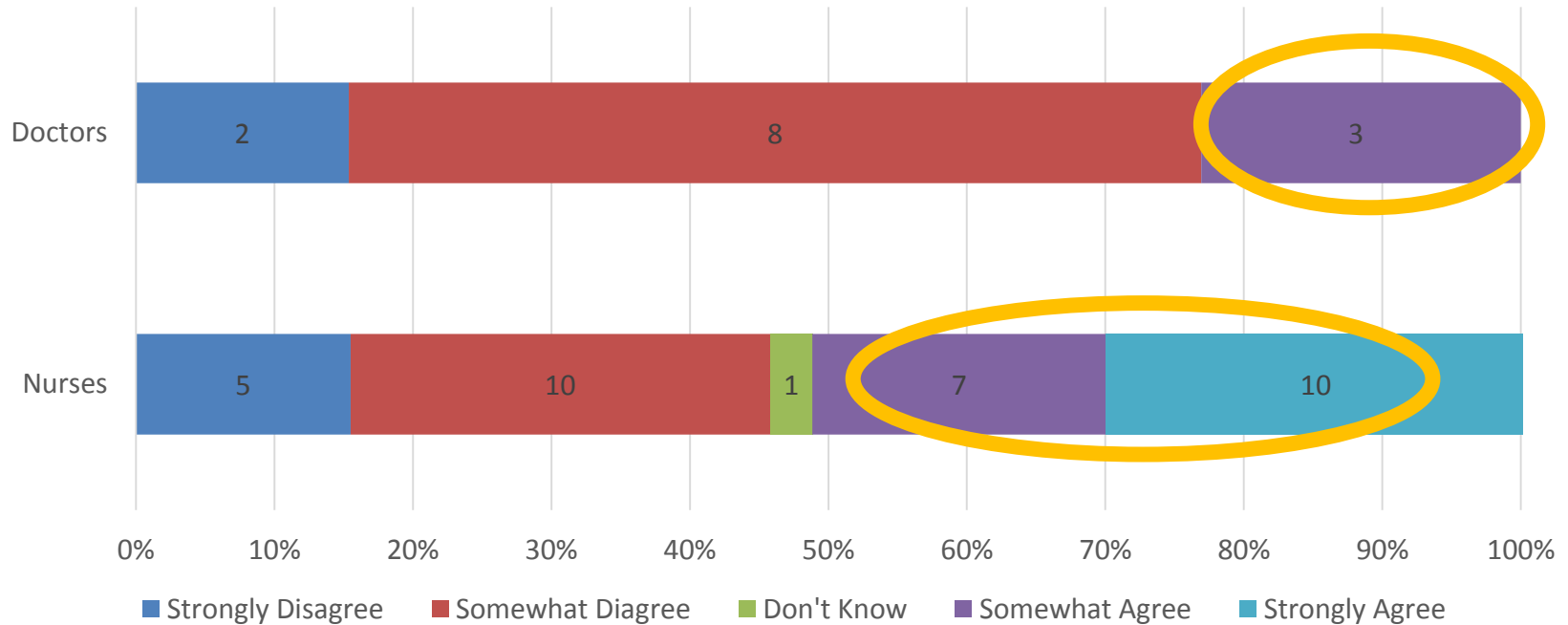
Prescriber Restrictions

Only allowing certain specialists, who can be difficult to find, to prescribe a cure.

- Numerous studies have shown that adherence among PWUDs is just as high as those who do not use drugs (92-97% adherence overall among PWUDs)
- Treating new HCV infections is cost saving compared to waiting until patients have high fibrosis scores
- It is discriminatory and unethical to not treat based on sobriety or because of financial limitations

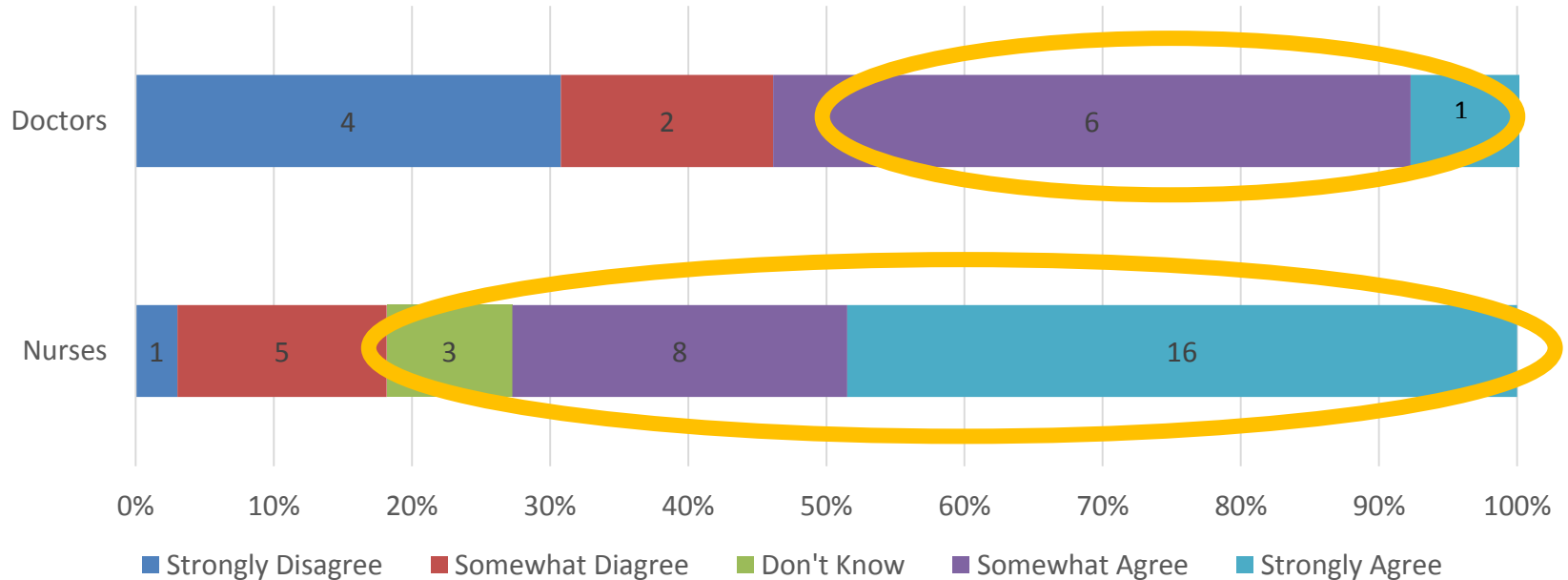
Provider Survey in Louisiana

PWUD are unlikely to adhere to HCV medication regimens



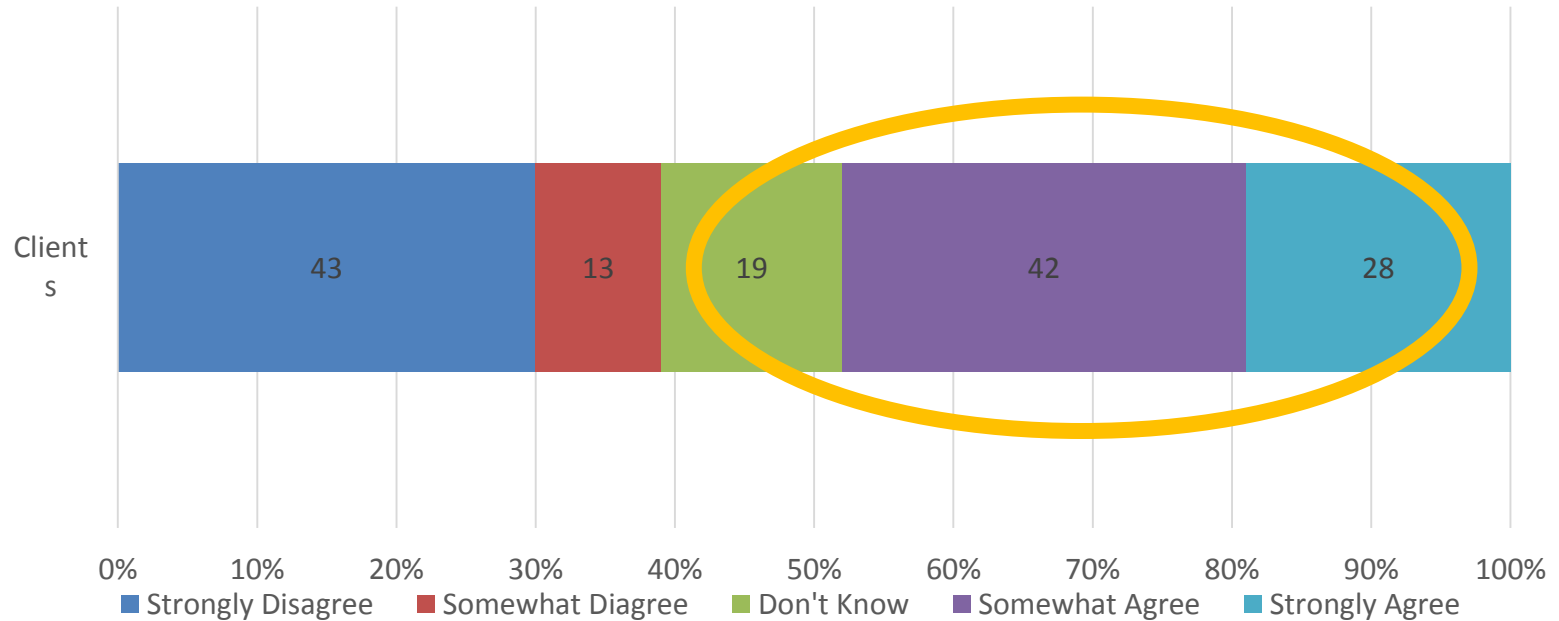
Provider Survey in Louisiana

It is recommended that substance users have a period of 6 month abstinence before beginning HCV treatment



Provider Survey in Louisiana

People have been treated poorly or unfairly by doctors or health care workers because of their substance use.



Strategies for Challenging Stigma

Individual Level

- Language
- Relationships, honesty & authenticity
- Disclosure and dialogue
- Education and personal development

Organizational Level

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring drug users

Community Level

- Participant Advisory Boards
- Awareness campaigns
- Policy and advocacy
- Events

Person-Centered Language

Linguistic prescription to avoid marginalization and dehumanization regarding a health issue or disability

Best practices:

- Don't describe people by their illness/disability/drug use (addict, alcoholic, epileptic, psychotic)
- Recognize the complexity/many identities people have
- Don't use morally-loaded descriptions when describing someone (dirty, clean, junkie)
- Avoid using group/illness/disability language to describe negative states (gyped, retarded, crazy, spaz)
- Value the preferences of the person, rather than your opinion (addict as self-identification vs. label)
- Language is powerful – it can build bridges or marginalize



Personal Autonomy

An individual's capacity for self determination or self-governance.

Working with people who use drugs requires respect for the choices of the people with whom you are working. It may not be the choice you would make but it is ESSENTIAL you respect the choices of the person as their right.

Recognize that most often, people are making the best choices they can with the tools and resources they have

Radical Neutrality

Providing Harm Reduction services requires a willingness to:

“practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

-Pat Denning and Jeannie Little
Co-Founders of the Center for Harm Reduction Therapy

Laura Pegram
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www.nastad.org



Questions

To receive credit...

We will send an email with a link from Clinical Directors Network within 1-2 days after the webinar.

You must complete to receive credit and the certificate will arrive within 1 week of completing the survey.



National Nurse-Led Care Consortium

Learning Collaborative Series: Exploring Resources and Different Treatment Models for Hepatitis C Virus and Opioid Use Disorder

Part 2: Combined Infectious Disease and Opioid Use Disorder Treatment with Special Populations - [still time to register!](#)

- **Tuesday October 29, 2:00 pm ET**
- NNCC will host an extra 30 minutes for “office hours”
- Extended Q&A and suggested discussion topics

National Nurse-Led Care Consortium

Remaining webinars for the Learning Collaborative Series:

Part 3: Implementing an Enhanced HCV Screening Model in Iowa

— [Tuesday November 12, 2:00 pm ET](#)

Part 4: Expanding Medication Assisted Therapy in Philadelphia

— [Tuesday December 3, 2:00 pm ET](#)

— NNCC will host an extra 30 minutes for “office hours”

— Extended Q&A and discussion topics for a related article

Thank you!

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