

Addressing the Evolving Opioid and HCV Epidemics

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Agenda

- To understand the parallel between the opioid and HCV epidemics
- Recognize harm reduction strategies
- Gain knowledge of the need to treat and cure People Who Inject Drugs (PWID) to prevent new infections and eliminate HCV







130 +People died every day from opioid-related drug overdoses3























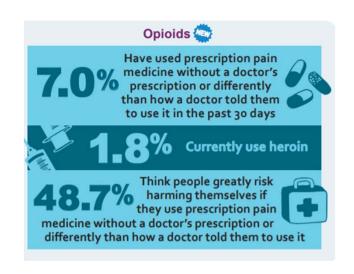
28,466
Deaths attributed to overdosing on synthetic opioids other than methadone²

Alaska Youth Risk Behavior Survey, DHSS Alaska 2017.

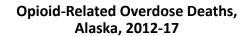
- SQUARCES 1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
 2. NCHS Data Brief No. 293, December 2017
 3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.

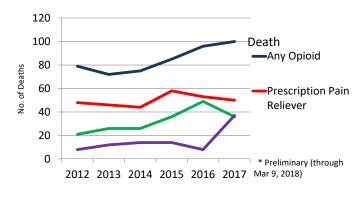






ALASKA NATIVE TRIBAL HEALTH CONSORTIUM





Dr. Butler's power point Opioid Symposium March 2018. Data Source: Alaska Division of Public Health, Vital Statistics, Mortality

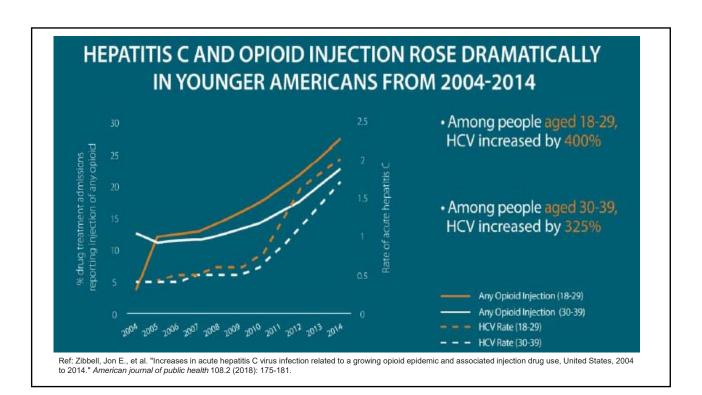


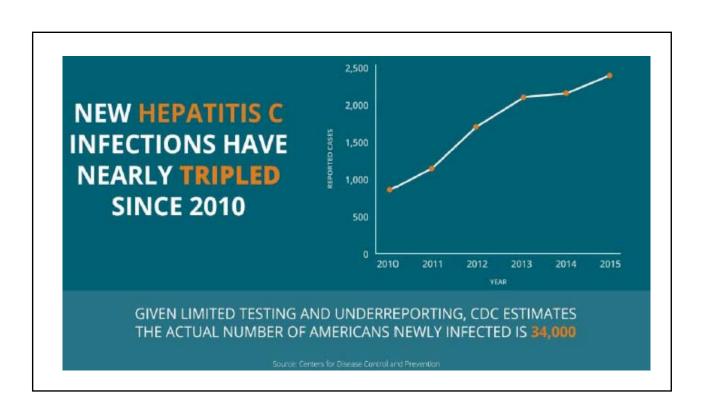
Opioid Epidemic

The US has seen a dramatic increase in the use of opioids and with it:

- Transmission of long-term viral infections (HIV, Hepatitis C and B)
- Bacterial infections of the skin, bloodstream and heart
- Death due to overdose
- Neonatal Withdrawal Syndrome due to prenatal exposure
- ➤ Impacts individuals, families and entire communities







A Snapshot of HCV and HIV in the U.S.

HCV is the most common blood-borne chronic viral infection in the US

Prevalence Chronic Confeetion(milltons)

HBV HCV



Over half of people living with HCV are current or former injection drug users

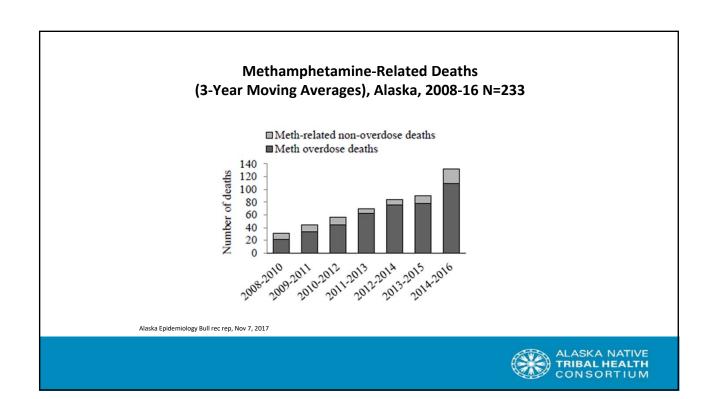
60% of persons with HCV are current or former PWIDs

80% of new HCV infections occur among PWIDs



Only 2%-20% of PWIDs diagnosed with HCV have been linked to care





Harm Reduction



What is Harm Reduction?

WHAT IS HARM REDUCTION?

Harm reduction is a respectful nonjudgmental approach to reducing harms of drug and alcohol use that meets people "where they are at". For example:



PEER



NEEDLE DISTRIBUTION/ SUPERVISED INJECTION SITE



DISTRIBUTING CONDOMS



ACCESS TO NALOXONE TO REVERSE OPIOID OVERDOSE



ADDICTION PROGRAMS

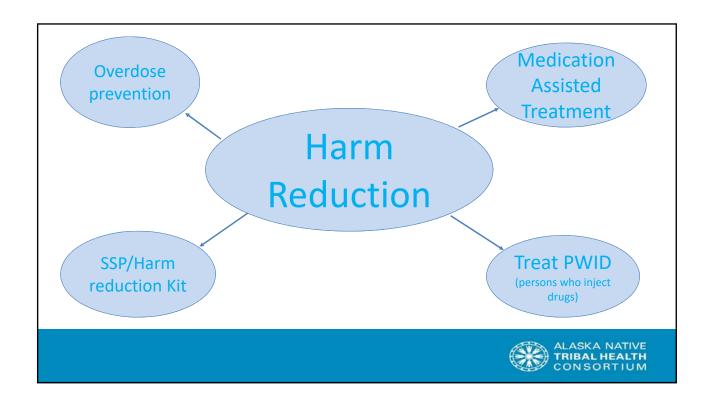


OPIOID REPLACEMENT PROGRAMS



CONNECT

Ref: Harm reduction slides courtesy of Cornelia Jessen, MA, HIV/STD Prevention Program Manager, ANTHC



A rise in opioid overdoses is detected. What now?



Expand access to and use of naloxone – a non-addictive, life-saving drug that can reverse the effects of an opioid overdose when administered in time.

Access to naloxone can be expanded through:

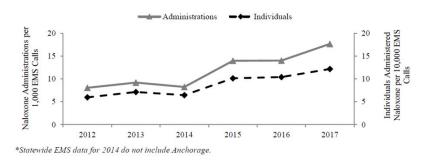
- Standing orders at pharmacies
- Distribution through local, community-based organizations
- Access and use by law enforcement officials
- Training for basic emergency medical service staff on how to administer the drug

Prescribe to your patient and their friends & family

https://www.cdc.gov/drugoverdose/prevention/reverse-od.html



Rate of Individuals Receiving At Least One Naloxone Administration and Rate of Total Naloxone Administrations, per Total Number of EMS Calls- Alaska, 2012-1017*





State of Alaska Naloxone Program

Project HOPE program offers Narcan® to people at risk of overdose

People at risk from opioid overdose can receive a Project HOPE Overdose Response Kit. Kits include:

- > Two doses of Narcan® (Naloxone), a drug that temporarily blocks or reverses the effects of opioids
- > Sanitary gloves
- > Brochure on how to give Narcan® to someone
- > Carrying case

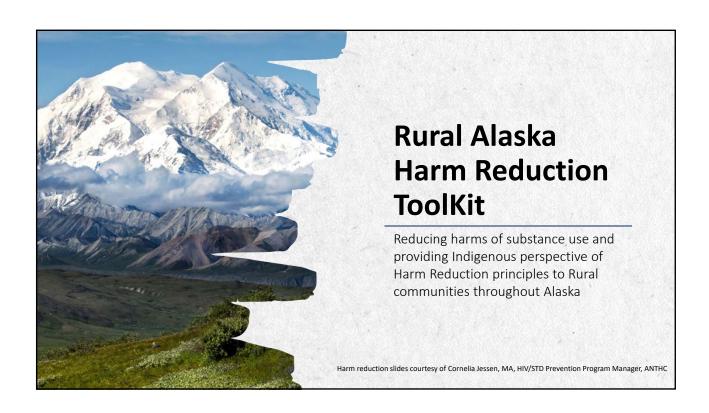
http://dhss.alaska.gov/dph/Director/Pages/heroin-opioids/narcan.aspx





- Medications to Treat Opioid Addiction
 - Methadone Clinic administered. Opioid Agonist, does not block other narcotics. Prevents withdrawal while taking. Daily liquid dispensed only from specialty clinic
 - Naltrexone (Vivitrol, ReVia)
 — Non-addictive opioid antagonist block effects of other narcotics, monthly injection
 - Buprenorphine Opioid agonist/antagonist blocks other narcotics, reduces withdrawal, daily dissolving tab, film or 6-month implant under the skin





ANTHC HARM REDUCTION KITS

- Nevershare syringes
- Cookers
- Filters
- Ascorbic acid or vitamin C to assist in dissolving drugs such as black tar heroin
- Sterile water vials
- · Bleach tablets provided for cleaning used syringes
- Alcohol swabs
- Tourniquets
- Needle clippers encouraging safe disposal of syringes
- Fentanyl testing strips
- Condoms & lubricant
- · Instructions as well as educational and resources materials

www.iknowmine.org/harmreduction





SAFE MEDICINE DISPOSAL

Using safe drug deactivation bags prevents drug misuse and protects the environment.

- 1. Place unused medication in pouch
- 2. Fill halfway with warm tap water and wait 30 seconds
- 3. Seal and gently shake pouch and dispose with normal trash.

Order safe medicine bags at: www.iknowmine.org/safemedicine

Is Harm Reduction Enabling?



 It does not enable people to do drugs or have sex or engage in behaviors...

munity

 People are already doing drugs & having sex & engaging in behaviors

Harm Reduction Enables Health, Respect and Community
- Harm Reduction Coalition
https://harmreduction.org/enablinghealth/

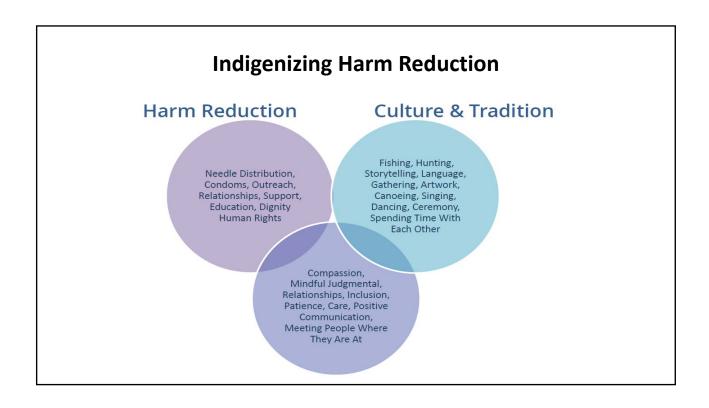


Is Harm Reduction Enabling?



- Keep themselves safer while they engage in behaviors that can be harmful!
- Reduce HIV, HBV & hepatitis C transmission
- Be honest about their drug use or behavior...
- Harm Reduction Enables Health, Respect and Community Harm Reduction Coalition https://harmreduction.org/enablinghealth/
- See their own strengths & what they can do... and be successful





High SVR in PWID with HCV despite imperfect medication adherence: Data from the ANCHOR study

Objective: To understand if people who inject drugs (PWID) with HCV and active injection drug use (IDU) can adhere to DAAs and achieve SVR

Methods: Single-center study of PWID with chronic HCV, opioid use disorder, and active IDU of heroin within 3 months, treated with SOF/VEL x12 weeks

Main findings:

- Of the patients who have reached the SVR time point and have attended the week 24 visit, 52 (90%) patients achieved SVR.
- SVR was significantly associated with HCV VL <200 IU/mL at week 4 (p=0.004) and taking all 84 pills of SOF/VEL (p=0.003).
- Completing treatment after 12 weeks did not impact SVR, even in patients finishing more than 14 days late.

Conclusions: PWID with HCV and ongoing IDU have high rates of adherence, treatment completion, and SVR. Even with imperfect adherence, patients are able to achieve high rates of SVR with completion of treatment.

Kattakuzhy S, et al., Abstract 18



Take Home Points

Opioid and HCV Epidemics parallel each other

Consider Harm Reduction at every visit

Treat PWID to eliminate hepatitis C and prevent transmission of infection

Treatment is prevention



Thank you! Questions?

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<u>www.anthc.org/hep</u> for hepatitis C treatment and other liver diseases information

<u>www.iknowmine.org/safemedicine</u> for harm reduction information



Registration

• If you haven't already done so, please take a few minutes to sign in using the link or QR Code below. The QR Code can be scanned with your phone's camera to open the link.

http://sgiz.mobi/s3/Feb-GP

