

The opioid epidemic and HCV

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Philadelphia FIGHT



The Jonathan Lax Treatment Center
The Youth Health Empowerment Project
The John Bell Health Center



COMMUNITY BASED TESTING

Syringe Exchange Program
Drug Treatment Programs
Homeless shelters
Opioid substitution programs
Senior Centers



A Program of Philadelphia FIGHT

A typical day in HCV clinic

24 yr old male

Tested for HCV at syringe exchange program (SEP)

Brought into clinic by HCV patient navigator

On suboxone, 2 months off heroin

Would like to be treated for HCV

His story

Started experimenting with drugs at the age of 15

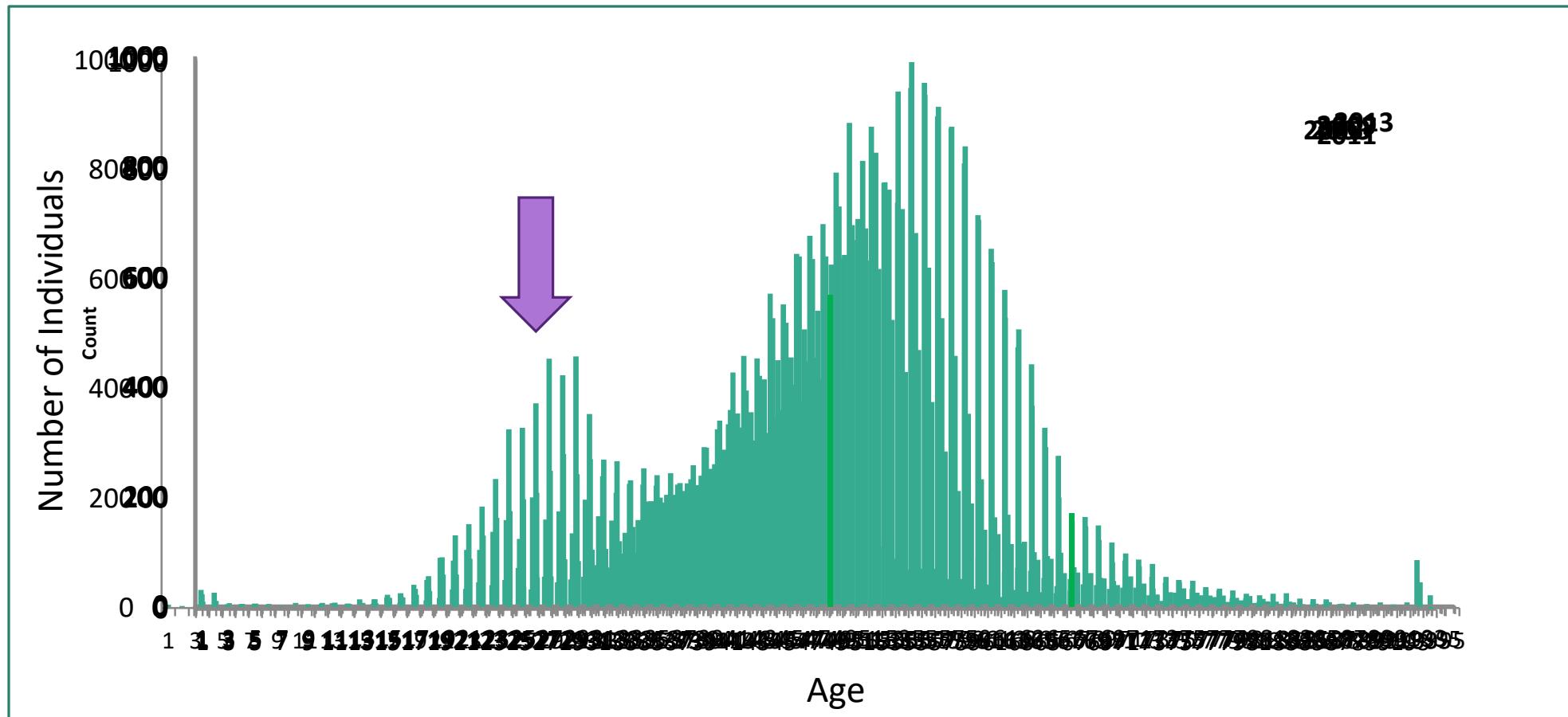
Prescription drugs (“percs”, “oxys”, “xanies”)

Stated snorting heroin at age 19, injected age 21

Homeless at 22

Good health otherwise except for dental issues and depression

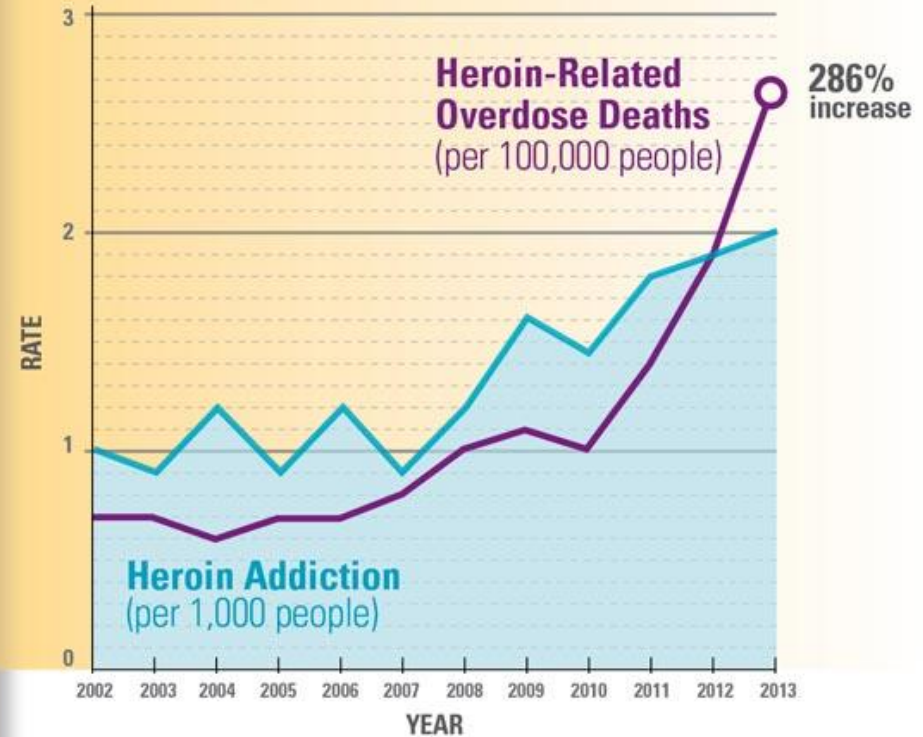
A new population of young HCV cases is emerging in Philadelphia 2007-2013



Heroin Use Has INCREASED Among Most Demographic Groups

	2002-2004*	2011-2013*	% CHANGE
SEX			
Male	2.4	3.6	50%
Female	0.8	1.6	100%
AGE, YEARS			
12-17	1.8	1.6	--
18-25	3.5	7.3	109%
26 or older	1.2	1.9	58%
RACE/ETHNICITY			
Non-Hispanic white	1.4	3	114%
Other	2	1.7	--
ANNUAL HOUSEHOLD INCOME			
Less than \$20,000	3.4	5.5	62%
\$20,000–\$49,999	1.3	2.3	77%
\$50,000 or more	1	1.6	60%
HEALTH INSURANCE COVERAGE			
None	4.2	6.7	60%
Medicaid	4.3	4.7	--
Private or other	0.8	1.3	63%

Heroin Addiction and Overdose Deaths are Climbing



SOURCES: National Survey on Drug Use and Health (NSDUH), 2002-2013.
National Vital Statistics System, 2002-2013.

Two epidemics intertwined

HCV infection is a **serious health consequence of injection drug use**

- HCV antibody prevalence among people who inject drugs is estimated to be 70 to 77%
- 1 of 3 people who inject drugs acquire HCV infection in their first year of injecting

Syringe services and treatment for substance use disorder, essential parts of the response to the opioid epidemic, **can also prevent transmission of HCV**

Part of the value of both opioid agonist therapy and **SEPs is that they provide clients with an entry point to the health system**

Harm reduction services are necessary

SEPs in the United States do not have sufficient coverage

Evidence indicates that SEPs **neither encourage new users nor increase drug use among clients**

Drug paraphernalia laws and regulations on the sale of syringes can impede the proper reach of syringe services

- **Without such restrictions and with public funding, SEPs can distribute more equipment and offer complementary services, including HCV testing**

Beyond Syringe Exchange

Although legally prohibited in the US, supervised injection facilities, clinics where people can inject under clinical supervision, may be another means of harm reduction

Supervised injection has been shown to reduce death from overdose

- Vancouver: 35% reduction in the rate of fatal overdose vs 9% reduction in other parts of the city

Paul Yabor, 55 yo
Coinfected with HIV and HCV
Activist



Group urges Philadelphia to consider 'supervised injection site' to curb fatal ODs



February 22nd 2017, newsworks.org

Advocate for safe-injection sites dies of OD in Philly's heroin hellscape

May 19th, 2017

Philly.com



Treating two epidemics

Addiction is a chronic, relapsing disease of the brain

Harm reduction, public health programs are needed

- Safe Injection Sites
- Syringe Exchange Programs
- Naloxone (Narcan) trainings and distribution
- Medication Assisted Treatment
 - Suboxone
 - Methadone
 - Naltrexone (Vivitrol)

HCV testing, linkage to care, and treatment

- Elimination of treatment restrictions
- Test and treat model of care
- Integrated models of care