



16 October 2014

The Honorable Patrick Leahy
United States Senate
Chairman, Committee on the Judiciary
437 Russell Senate Building
Washington, DC 20510

The Honorable Charles Grassley
United States Senate
Ranking Member, Committee on the Judiciary
135 Hart Senate Office Building
Washington, DC 20510

Re: Support for S.2839, the “Comprehensive Addiction and Recovery Act of 2014”

Dear Chairman Leahy and Ranking Member Grassley:

On behalf of the National Viral Hepatitis Roundtable (NVHR), we are writing to express our support for S.2839 – the Comprehensive Addiction and Recovery Act of 2014 – introduced by Senators Whitehouse, Portman, Klobuchar, Ayotte, and Leahy. S.2839 outlines a broad strategy to address the opioid and heroin abuse crisis in our communities. This bill can also serve a vital role in stemming the tide of a resurgent hepatitis C epidemic.

Hepatitis C is a communicable, chronic, life-threatening virus affecting approximately 3.2 million Americans. Often asymptomatic, the virus can take decades to eventually manifest as cirrhosis, end-stage liver disease, and liver cancer – all very costly for the healthcare system. Despite updated U.S. Preventive Services Task Force testing recommendations and the availability of effective treatments, up to 75% of those living with hepatitis C do not know their status. In the United States, injection drug use poses the highest risk for infection, and there is a close connection between the opioid crisis and the significant rise in hepatitis C infection.

From 2010-2012, the Centers for Disease Control and Prevention saw a 75% increase in incidence of hepatitis C. Those affected are primarily young (under 30 years of age), Caucasian, and living in rural or suburban areas, with men and women experiencing similar rates of infection. The CDC reports that cases are overwhelmingly preceded by misuse of oral prescription opioids followed by injection drug use, with many individuals eventually switching to heroin, a less expensive but equally effective alternative. Alarming, these youth often become infected with hepatitis C within two years of transitioning to injecting.

Consequently, NVHR would like to highlight for members aspects of S.2839 most complimentary to our work fighting the hepatitis C epidemic:

- **Expanded prevention and awareness** – Increased health education for youth, young adults, and parents is particularly important to preventing the misuse and abuse of prescription opioids and heroin that may quickly lead to hepatitis C infection among those under 30.
- **Expanded access to medication assisted therapy (MAT)** – A recent Scottish study¹ showed that high coverage of MAT, along with sterile syringe access, effectively reduces hepatitis C incidence. This is an important step toward that goal, with MAT playing a critical role in reducing and/or eliminating injecting behavior. Expanded MAT access in criminal justice settings is particularly crucial, as the incarcerated population is also heavily impacted by hepatitis C.
- **Expanded educational opportunities** – Education level is a well-established determinant of health status, which includes but extends far beyond hepatitis C. NVHR welcomes the expansion of educational opportunities within criminal justice settings, as well as a revision of the FAFSA form to eliminate dis-



qualification based on drug possession or sale convictions, as communities highly impacted by incarceration and drug-related convictions are also disproportionately affected by hepatitis C.

- **Alternatives to incarceration** – As stated above, communities with high incarceration rates also suffer disproportionately from hepatitis C. This is especially true for Vietnam-era veterans, who experience high rates of hepatitis C and would benefit from specialized “veterans’ treatment courts” outlined by the bill. Incarceration can also affect eligibility for public housing – a fundamental support for low income individuals at risk for or living with hepatitis C and their families.
- **“Building Communities of Recovery”** – Such communities may include efforts to reduce stigma associated with substance use disorders – a significant barrier to testing for those at risk, and care for those living with hepatitis C – as well as public education and outreach regarding the medical consequences of substance use disorders, including hepatitis C.
- **Incentivizing comprehensive state-based responses** – In addition to supporting many of the activities listed above, state demonstration grants may also support the much-needed development, implementation, and expansion of programs to conduct hepatitis C screening, as well as linkage to care, within addiction treatment settings.

To truly impact any complex health issue, such as addiction or communicable disease, it is necessary to have a comprehensive and coordinated approach such as that outlined by the Comprehensive Addiction and Recovery Act of 2014. The prevention of misuse and abuse of prescription opioids and heroin is an important component of hepatitis C prevention as well.

NVHR thanks you for your leadership, and urges all Members of the Senate to support S.2839, the Comprehensive Addiction and Recovery Act of 2014. We also urge the Senate Judiciary Committee to hold a markup of this bill before the year’s end.

If you have any questions, or would like additional information about hepatitis C, please do not hesitate to contact Christine Rodriguez at the email or number below.

Sincerely,

A handwritten signature in black ink that reads "Ryan Clary".

Ryan Clary
Executive Director

A handwritten signature in black ink that reads "Christine Rodriguez".

Christine Rodriguez
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cc: Senate Committee on the Judiciary Members
Senate Co-Sponsors of S.2839

¹ Palmateer NE, Taylor A, Goldberg DJ, Munro A, Aitken C, et al. (2014) Rapid Decline in HCV Incidence among People Who Inject Drugs Associated with National Scale-Up in Coverage of a Combination of Harm Reduction Interventions. PLoS ONE 9(8): e104515. doi:10.1371/journal.pone.0104515