Addressing the Evolving Opioid and HCV Epidemics

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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

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THE OPIOID EPIDEMIC BY THE NUMBERS

130+
People died every day from opioid-related drug overdoses[3]
(estimated)

11.4 m
People misused prescription opioids[1]

47,600
People died from overdosing on opioids[2]

2.1 million
People had an opioid use disorder[1]

886,000
People used heroin[1]

81,000
People used heroin for the first time[1]

2 million
People misused prescription opioids for the first time[1]

15,482
Deaths attributed to overdosing on heroin[2]

28,466
Deaths attributed to overdosing on synthetic opioids other than methadone[2]

SOURCES
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.

HHS.GOV/OPIOIDS

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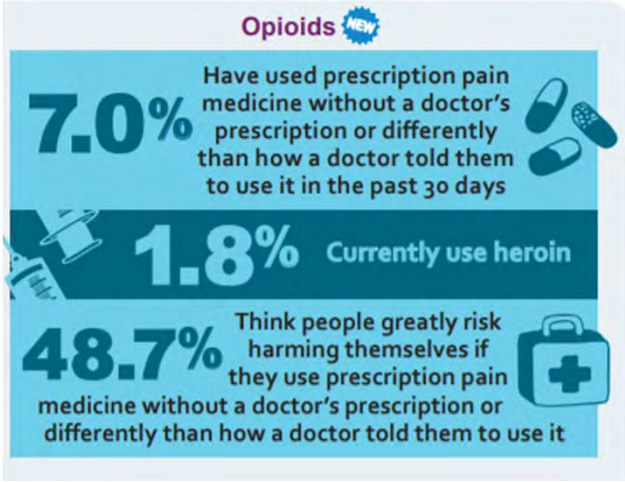

Alaska Youth Risk Behavior Survey, DHSS Alaska 2017.

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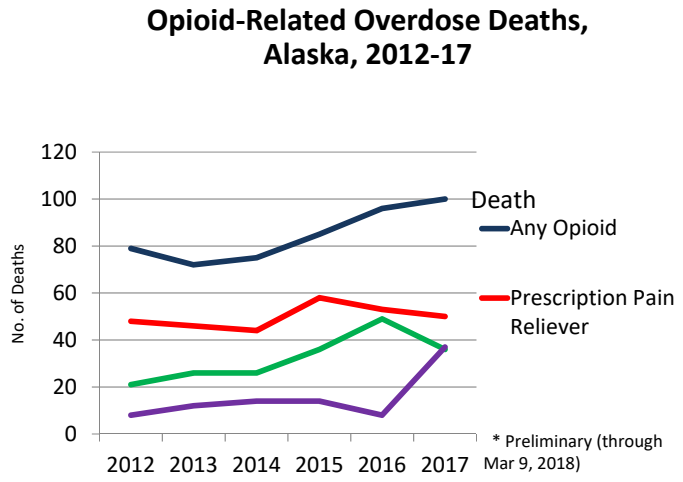

Dr. Butler's power point Opioid Symposium March 2018. Data Source: Alaska Division of Public Health, Vital Statistics, Mortality

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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

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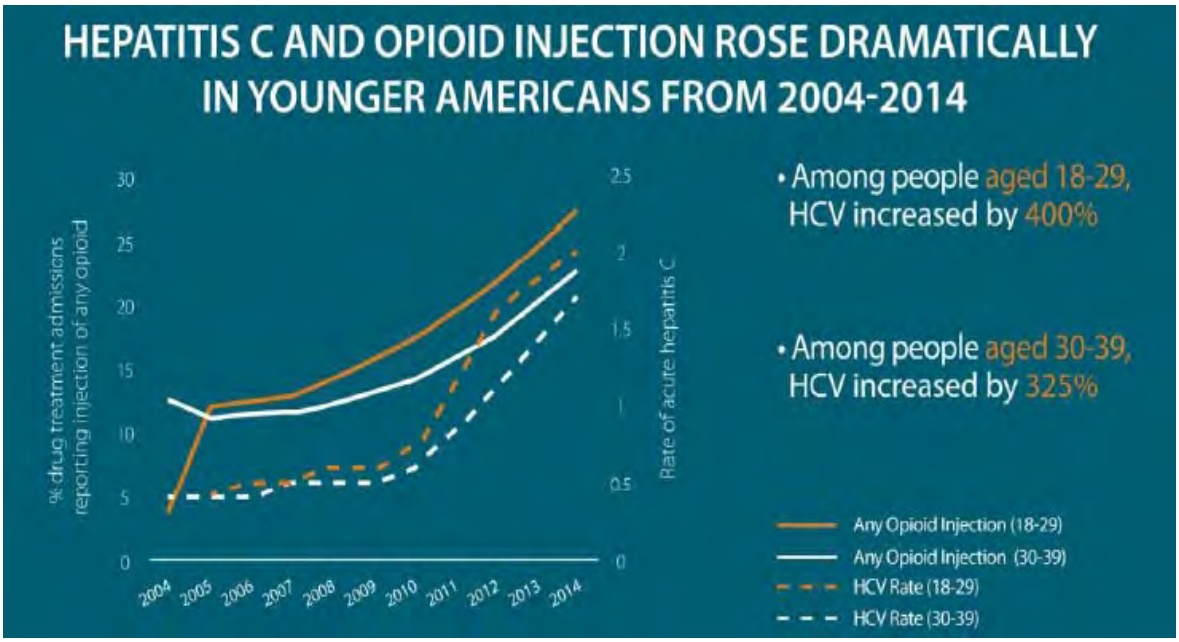
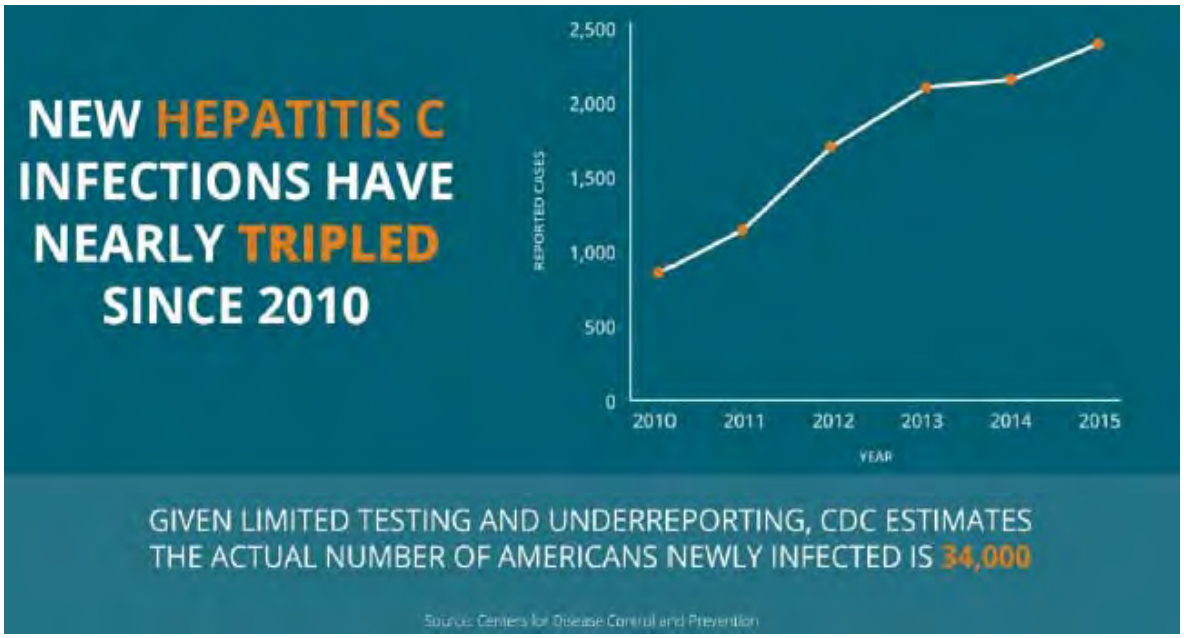
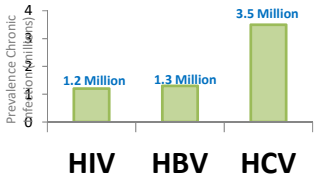


Ref: Zibbell, Jon E., et al. "Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014." *American journal of public health* 108.2 (2018): 175-181.



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

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



1 in 2 People
With Hepatitis C Don't Know It

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

HCV **Testing & Linkage** to Care is ***Paramount***

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

Centers for Disease Control and Prevention (CDC). HIV/AIDS Basic Statistics. www.cdc.gov. Accessed 5/24/17; CDC. Viral Hepatitis Statistics and Surveillance. www.cdc.gov.

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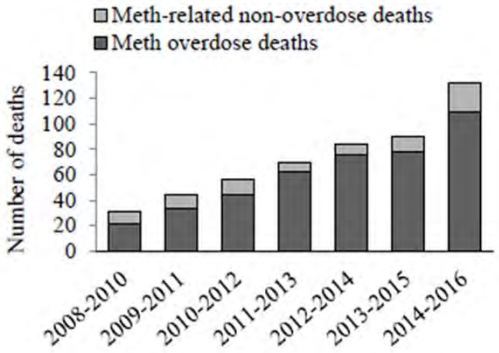
Methamphetamine-Related Deaths (3-Year Moving Averages), Alaska, 2008-16 N=233



Alaska Epidemiology Bull rec rep, Nov 7, 2017

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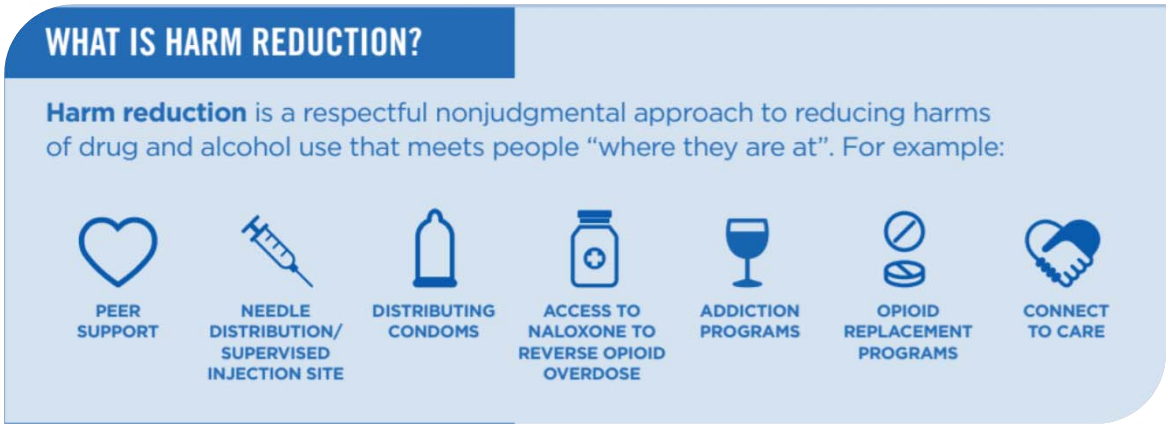
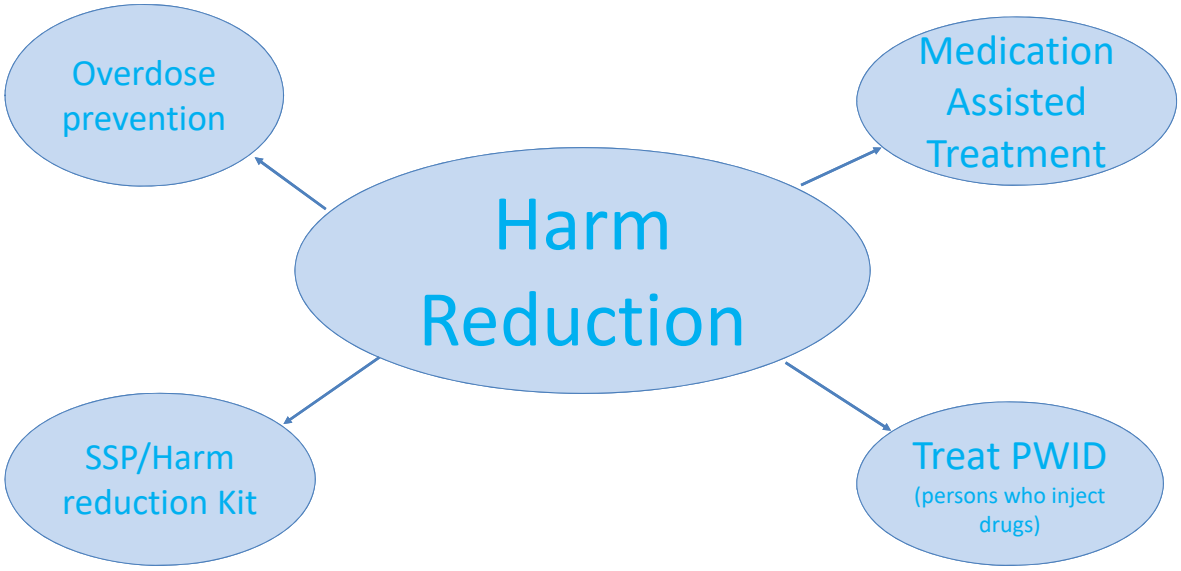
Harm Reduction

What is Harm Reduction?



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



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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

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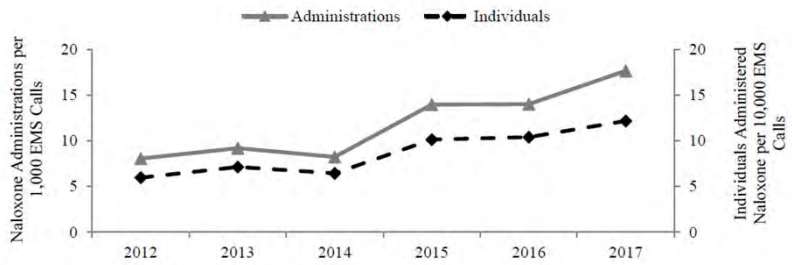
Rate of Individuals Receiving At Least One Naloxone Administration and Rate of Total Naloxone Administrations, per Total Number of EMS Calls- Alaska, 2012-1017*



*Statewide EMS data for 2014 do not include Anchorage.

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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

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- 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

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Rural Alaska Harm Reduction ToolKit

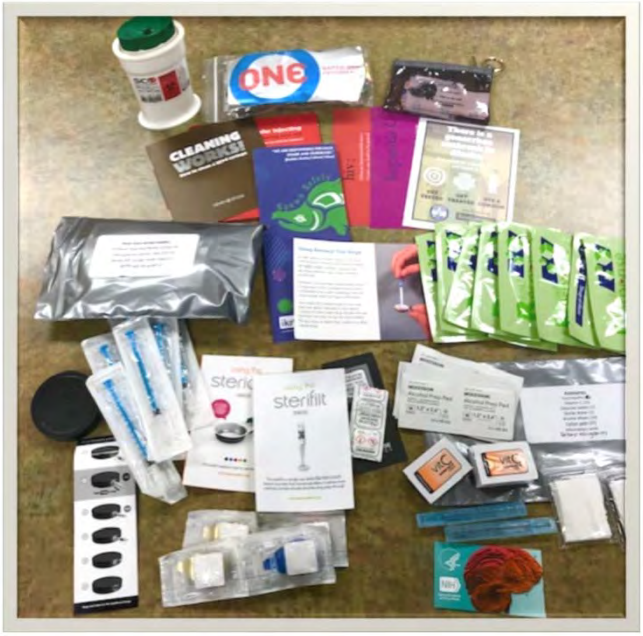
Reducing harms of substance use and providing Indigenous perspective of Harm Reduction principles to Rural communities throughout Alaska

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

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

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

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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...
- See their own strengths & what they can do... and be successful

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

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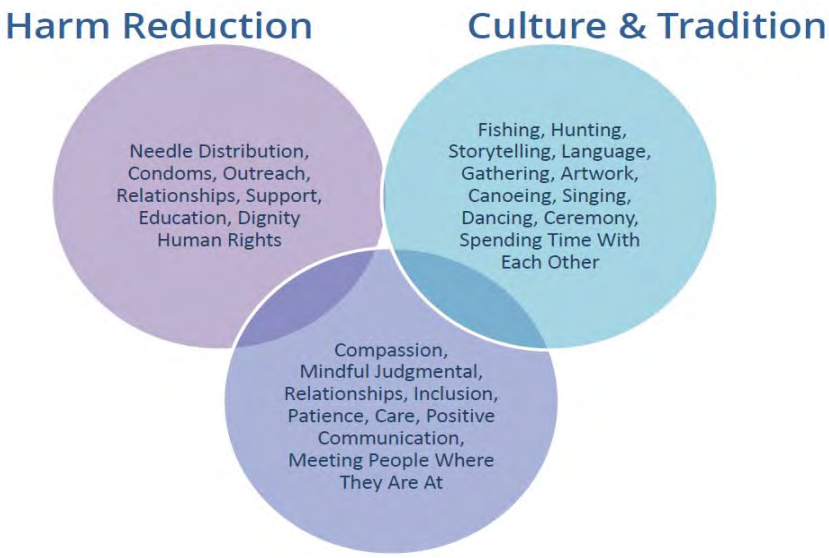
Indigenizing Harm Reduction



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

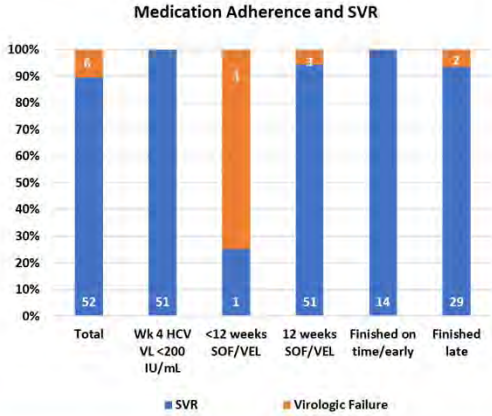
Objective: To understand if people who inject drugs (PWID) with HCV and active injection drug use (IDU) can adhere to DAAs and achieve SVR

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

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

www.iknowmine.org/safemedicine 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