



harm reduction
COALITION

Problematizing HCV in the Opioid/Heroin Crisis

VHAC Summit on Stopping the HCV Epidemic
among Young Persons Who Inject Drugs
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Snapshots from an Epidemic

- 2001 – OxyContin injection in Boston, MA
- 2011 – Prevention Not Permission in Scioto County, OH
- 2012 – Washington State Syringe Access Consultation
- 2015 – Indiana HIV outbreak

Then: Rx Opioid Overdose Epidemic

- Injection rare (push for abuse-deterrent formulations)
- Heroin transition hypothetical
- Dominant ***upstream prevention*** focus on reducing Rx opioid availability & exposure

Now: Opioid/Heroin Crisis

- Recognition of injection as public health issue
- Surge in heroin availability
- New front: addressing ***downstream consequences***
 - overdose prevention/naloxone
 - neonatal abstinence syndrome
 - infectious disease
 - substance use disorder/treatment capacity/medication-assisted treatment)

Ripples: Syringe Access Tipping Point?

- Innovation in overdose education & naloxone distribution
- Potential for larger health care & treatment roles viz. outreach, engagement, retention, care coordination
- Wave of new programs (Indiana, Kentucky, Ohio, West Virginia – renewed interest & legislative activity in other states)
- Potential flexibility in use of federal funds in FY 2016 after stagnant or declining funding

Ripples: HCV Treatment Access?

- All-oral DAA regimens with high efficacy, good tolerability, shorter duration open door to treatment for a population that was largely deemed IFN-ineligible/inappropriate
- HIV Treatment as Prevention paradigm & modeling for HCV = strong rationale for early/immediate treatment
- Cost vs. Access impasse jeopardizes potential for treating PWIDs (especially young/current/recently infected)

Ripples: Medication-Assisted Treatment?

- Methadone: highly regulated; controversies over role in OD deaths (pain management)
- Buprenorphine: caps in prescribing & reimbursement limits; controversies over diversion
- Naltrexone: less evidence base vs. opioid agonist treatment, esp. viz. OD & infectious disease

Reverberations: Policy & Mobilization

- Substantial & substantive federal & state policy activity (laws, regs, funding)
- Multi-sector task forces & recommendations on Rx opioids & heroin – largely omit HCV
- Growing convergence – but also tensions & contradictions – between public health & law enforcement goals/strategies
- New actors & stakeholders, including parents/families & people in recovery

Reflections: Moving the Needle

- Public health is local but infectious disease transmission is networked
- Harm reduction is rapidly being mainstreamed but remains orphaned in state & federal government
- Hepatitis C is a leading indicator but lagging in policy attention

Drug user health is population health