

Hepatitis C and Drug Users' Health: Recommendations from Michigan's Hepatitis C Advisory Task Force

Lori Stegmier, MA, CHES
Viral Hepatitis Prevention Coordinator
Michigan Department of Community Health



Hepatitis C Advisory Task Force

- Public Act 238
 - Called for the development of a statewide Hepatitis C Advisory Task Force.
 - Key responsibilities of the Task Force:
 - Advise MDCH on hepatitis-related issues.
 - Report to the Governor and the legislature on hepatitis C.
 - The ten members of the Task Force were appointed by former Governor Granholm.

Hepatitis C Advisory Task Force

- Public Act 238 indicated that membership would consist of:
 - The Director of MDCH or her designee.
 - A member from an organization representing local public health.
 - And members from the following:
 - Business and industry
 - Labor
 - Health care providers
 - The legal community
 - Religious organizations
 - State and local government
 - The education community

Report/Recommendation Development

- The Task Force
 - First met in December 2007.
 - Completed its commission in June 2010.
- Primary Purpose of Meetings
 - Provide members with education on key hepatitis-related issues.
 - Involve Task Force members in in-depth discussion.
 - Facilitate the development of priorities and recommendations related to what services need to be in place in order to effectively address hepatitis C.

Report/Recommendation Development

- Drug Use-Related Presentations/Discussions
 - *Year One:*
 - Hepatitis C in populations that use injection drugs
 - Michigan's publicly-funded substance use disorder treatment system: current efforts to address hepatitis C and future directions
 - Detroit Department of Health and Wellness: current efforts to address hepatitis C and future directions
 - Hepatitis A and B vaccination for those with hepatitis C and those who use substances

Report/Recommendation Development

- Drug Use-Related Presentations/Discussions
 - *Year Two:*
 - Needle exchange/syringe access and hepatitis C
 - Effectiveness of needle exchange programs in preventing hepatitis C
 - History of needle exchange programming in Michigan
 - Services currently provided by Michigan's needle exchange programs/future directions



Report/Recommendation Development

- Drug Use-Related Presentations/Discussions
 - *Year Three:*
 - Recovery Oriented Systems of Care (ROSC)
 - MDCH/state-level efforts
 - Perspectives from a local substance use disorder treatment coordinating agency
 - Perspectives from a local communicable disease services provider
 - Lifting of the ban on the use of federal funding to support needle exchange
 - Young and new injectors
 - Prescription drug misuse and abuse
 - Institute of Medicine Report

Report/Recommendation Development

- The *Hepatitis C Advisory Task Force Final Report* was completed and adopted by the Task Force in June 2010.
 - Identifies three priority areas for addressing hepatitis C.
 - Delineates 21 recommendations in those three priority areas.
- Report was submitted to the Director of MDCH.
- Report was also submitted to the Governor and to the Michigan legislature.



Priority Areas

Increasing Hepatitis C Surveillance Efforts/
Improving The Quality of Hepatitis C Surveillance

Developing Statewide Needle Exchange Programming,
Increasing Syringe Access, and Providing Other
Hepatitis C-Related Services to
People Who Use Injection Drugs or
Who Are At Risk for Injection Drug Use

Facilitating Access to Hepatitis C Screening, Testing,
Management and Treatment



Substance Use Recommendations

- *It is recommended that a Syringe Access Work Group be convened to develop recommendations regarding what needle exchange programming/syringe access should look like in Michigan in order to effectively address hepatitis C.*
 - Needle exchange programs provide services to people who use injection drugs.
 - Programs were originally designed to address HIV.
 - Need to examine how services are delivered to ensure they are also addressing hepatitis C.



Substance Use Recommendations

- Syringe Access Work Group
 - Initially developed recommendations regarding what needle exchange programming/syringe access should look like in order to effectively address hepatitis C.
 - Recommendations expanded to address other health problems faced by people who use injection drugs.
 - The document, *Addressing HIV, Hepatitis C, Hepatitis B, and Overdose in Populations Who Use Injection Drugs: Recommendations from the Hepatitis C Advisory Task Force Syringe Access Work Group*, was approved by the Task Force in May 2010.

Substance Use Recommendations

- Syringe Access Work Group
 - Needle Exchange Programs
 - Program client services – primary and secondary prevention
 - Program client services – tertiary prevention/management/treatment
 - Staff education/training and policy development
 - Overarching recommendations/environmental change
 - Pharmacy Access
 - Policy Recommendations
 - Statewide paraphernalia exemption law
 - Statewide “Good Samaritan” laws

Substance Use Recommendations

- *It is recommended that a statewide paraphernalia exemption bill be passed.*
 - Currently, communities with needle exchange programs must work at the local level to pass paraphernalia exemption ordinances.
 - Places a burden on program administration/staff
 - Even with local ordinances, a barrier to syringe access exists for many individuals.
 - Clients who use needle exchange programs but then return to communities without paraphernalia exemption are at risk of arrest and prosecution.

Substance Use Recommendations

- *It is recommended that efforts be made to educate pharmacists about the public health importance of syringe access, including the prevention of hepatitis C, and to encourage them to allow for the purchase of needles/syringes without a prescription.*
 - Michigan law
 - Allows individuals to purchase syringes/needles without a prescription.
 - Pharmacists make the final decision about selling syringes and may refuse to sell to a person if there does not appear to be “a legitimate medical need.”

Substance Use Recommendations

- *It is recommended that methadone treatment programs and other substance use disorder treatment and recovery programs be required to: 1) provide hepatitis C risk factor screening, 2) offer hepatitis C testing to clients who use or who have used injection drugs, as well as other clients with risk factors for hepatitis C, and 3) have mechanisms in place for making effective referrals for hepatitis C management and treatment.*
 - Injection drug use is the primary mode of transmission for hepatitis C.
 - Non-injection drug users also have increased prevalence.

Substance Use Recommendations

- *It is recommended that at both the state and local level, substance use disorder treatment and recovery providers, harm reduction proponents and communicable disease service providers collaborate to ensure that the planning and implementation of ROSC initiatives includes the integration of hepatitis C-related services.*
 - ROSC represents a paradigm shift from acute treatment with a “cookie cutter” approach to services that are individualized and comprehensive.
 - Presents an opportunity for increased collaboration between and integration of hepatitis-C related services into ROSC efforts.

Substance Use Recommendations

- *It is recommended that prevention programs targeting non-injection drug users be developed, implemented, and evaluated that are designed to reduce the risk of: 1) hepatitis C transmission, through the sharing of drug paraphernalia used in smoking and/or inhalation of drugs and 2) non-injection users progressing to injection drug use.*
 - *Increased prevalence in non-injection drug using populations.*
 - *One hypothesis is that the virus can be transmitted through the sharing of drug equipment such as pipes and straws.*

Testing and Treatment Recommendations

- Many of the testing/treatment recommendations would also have implications for people who use injection drugs and/or other substances including those focused on increasing services for:
 - Uninsured and underinsured populations.
 - Those with co-morbidities including a history of or current mental illness or substance use disorder.
 - Those with contact with the correctional system.

Next Steps

- Task Force developed an “Action Plan”
 - Developed an “action plan” which identifies:
 - Hepatitis C constituencies to which the report/recommendations should be disseminated.
 - Key agencies/organizations that should be encouraged to work on specific recommendations.
- Working with:
 - SEPs/The Michigan Drug Users Health Alliance
 - The Michigan Primary Care Association
 - Physicians who provide hepatitis C treatment



Contact Information

Lori Stegmier, MA, CHES

Viral Hepatitis Consultant

Michigan Department of Community Health

517-335-9435

stegmierl@michigan.gov

