Meeting People Where They’re at: Locating SFDPH’s Hepatitis C Initiative in a Legacy of Drug User Health Services

Protecting and Promoting Health and Equity

Presented by: Katie Burk, MPH
Disclaimer

“The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.”
Objectives

- Review data regarding the burden of HIV and HCV in San Francisco
- Contextualize the history of SFDPH-supported drug user health services
- Define SFDPH’s Drug User Health Initiative
- Explore the SFDPH’s HCV initiative’s targeted services for drug users
San Francisco
HIV, HCV, and Injection Drug Use

- Population of 850,000 people
- 15,979 people living with HIV as of 12/31/14*
  - 13% of California’s living HIV cases
  - 2% of HIV cases reported nationally
- Extensive burden of hepatitis C
  - Highest rate of liver cancer in the nation
  - Since 2007, surveillance has accounted for approximately 10,000 unique chronic HCV cases
  - Approximately 3,355 chronic HCV patients among DPH clinic population alone
- Estimated 13,000-16,000 PWID in San Francisco+
- 6% of new HIV cases among people who inject drugs (PWIDs)*
- Robust syringe access and overdose prevention services funded by DPH

Harm Reduction Principles

• In 2000, SFDPH became the first local Health Department to adopt a harm reduction policy.
  • Revisited and in 2015 at the request of community partners

- Health and Dignity
- Participant-centered
- Participant involvement
- Participant autonomy
- Sociocultural complexity
- Pragmatism and realism
Successful SFDPH Harm Reduction Efforts

- Syringe access & disposal
- Overdose prevention
- HIV & HCV prevention
- Opioid replacement therapy
- HR-based substance use tx
- Sex-positive sexual health
- SFDPH HR policy
- Integrated behavioral health
- Collaboration with City Depts.

Community Engagement
DPH Drug User Health Timeline
San Francisco

1988: Activists start needle exchange

1993: DPH funds needle exchange

1998: Outreach workers initiate overdose (OD) education

2001: SFDPH initiates office-based methadone treatment

2001: SFDPH initiates office-based methadone treatment

2001: DPH funds DOPE Project

2014: HPPC recommendations re: substance use

2015: DPH launches Drug User Health Initiative

1985
1995
2005
2015
Public Health Outcomes

HIV incidence as a marker of syringe access and ORT Success

• 302 new HIV cases reported in SF in 2014+

• 6% of people living with HIV in SF are non-MSM PWID
  
  • Non-MSM PWID also constitute 6% of new HIV cases in 2014
  
  • PWID accounted for 64% of cumulative female AIDS cases through 2004*

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Public Health Outcomes
Overdose Prevention

Heroin-related Deaths, San Francisco, 1999-2012

-Naloxone distribution begins

**New Enrollments**
**Refills**
**Reversals**
**Heroin deaths**

*Heroin death data (left axis) compiled from San Francisco Medical Examiner Reports, [www.sfgov.org](http://www.sfgov.org), fitted to tailing fiscal year, no data for 2001-2002, 2012 deaths preliminary estimate; Naloxone data (right axis) from DOPE Project enrollments and refills*
Drug User Health Initiative

Aligns HIV prevention, hepatitis C prevention, overdose prevention, and substance use services in a harm reduction-based drug user health framework.
Drug User Health Initiative

Community providers push to better integrate prevention and treatment services

Impetus

• SF HIV epidemic is driven by interrelationship of substance use and sex

• HPPC work group recommendations re: integration of substance abuse treatment and HIV services (2014)

• Success of existing DPH-funded programs as foundation
  • Syringe access
  • Overdose prevention
  • Opiate replacement therapy programs
2015 Drug User Health Initiative General Activities

- Facilitated, multi-disciplinary strategic planning days to address drug user health issues
- Updating and ratifying the SFDPH Harm Reduction policy through a participatory, community-driven process
- Integrated HIV and HCV testing and counseling alongside overdose prevention services
- Integrated overdose prevention services and HCV screening programs into substance abuse treatment programs
- Training SFPD to recognize and respond to overdose
- HIV prevention, HCV prevention, OD prevention, and harm reduction trainings to SFDPH-funded providers
- Strategic planning process to define vision, scope, activities, and responsibilities
HCV services for drug users: Guiding Principles and Assumptions

• Drug users care about the health of themselves and their friends.

• Everyone has the right to know their HCV status.

• HCV interventions should meet people where they are (literally and figuratively).

• For a variety of reasons, some people need extra support to engage in supportive services and care.

• Doctors and patients should work together to determine each patient’s readiness for treatment.
SFDPH’s 5 HCV Programmatic Goals

1) Increase HCV awareness among affected populations
2) Increase community and clinic-based screening
3) Develop a linkage-to-care program
4) Increase SFHN primary care provider capacity to treat HCV
5) Increase access to curative therapies

Drug User Focus

Messaging for and by drug users
Screening at syringe access and drug treatment
Focus linkage services on vulnerable populations
PCPs skilled in working with drug users
PCPs to treat drug users if appropriate
Alignment with existing SFDPH collaborations

HCV initiative will help meet the goals of existing initiatives
We can’t treat Hep C if we don’t know we have it.

New treatments have changed the game
Come visit us to get tested

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5188 / hepc@glide.org

Sharing equipment spreads Hep C
Come get sterile stuff

There is new hope for people with Hep C
Come visit us to get tested

Glide Harm Reduction Program - 5th floor
330 Ellis Street (between Taylor & Jones)
San Francisco, CA 94102
(415) 674-5188 / hepc@glide.org
For more info, visit www.sfhiv.org/hcv
New HCV treatments
- high efficacy
- short duration
- minimal side effects

FEWER barriers to treatment → MORE cures

Proposed SFHN Model for Primary Care-Based HCV Treatment

Primary Care Roles
- Med Access Support
- Adherence and Monitoring Support

Centralized Roles
- Regimen Selection Consultation (Pharmacy)
- Clinician Backup
- SFGH Liver Clinic e-Referral

Specialty Pharmacy
PCP
PCP
PCP

SFHN Model for Primary Care
- Based
Next Steps

- Harm Reduction Policy presentation to Health Commission
- Strategic planning development for Drug User Health Initiative
- Rolling out social marketing campaign for HCV
- Development of RFP to support enhanced community-based screening and linkage
- Primary care provider capacity building training around treating HCV
Thank you

Katie Burk
HIV Set-Aside and Viral Hepatitis Coordinator
katie.burk@sfdph.org