



## Issue Brief

# The Intersection of Hepatitis, HIV, and the Opioid Crisis: The Need for a Comprehensive Response

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Increases in opioid use, transmission of hepatitis and HIV, and overdose death experienced across the country highlight the important need for governmental public health action. As the entities responsible for assuring that prevention, care, and treatment services are available for impacted communities, it is integral that health departments continue to respond to these intersecting epidemics with compassionate, scientifically grounded approaches. We encourage all governmental public health programs to examine current efforts – through a health equity lens – and explore the potential for implementing and expanding additional evidence-based interventions to effectively respond to the nation’s opioid crisis.

## Overview

[Nine percent of all new HIV infections in the United States are attributed to injection drug use](#) while the [incidence of hepatitis C \(HCV\) among people who inject drugs has quadrupled between 2004 to 2014](#). The social and economic costs of these combined epidemics is astronomical, with the [lifetime cost of each HIV infection equaling more than \\$380,000](#), and [more than \\$205,000 for each case of chronic HCV](#). Given current drug pricing, [the combined cost of treatment for](#)

[all current HCV patients is projected to exceed \\$100 billion which still is projected to save \\$78 billion over time](#).

According to the CDC, [more than 60% of HCV cases and 9% of HIV cases in the U.S. are directly or indirectly related to injection drug use](#). Additionally, [HCV prevalence among persons who inject drugs is as high as 80% and between 20-30% of uninfected people who inject drugs acquire HCV each year](#). Comorbidity rates between HCV and HIV are also staggeringly high. [Among people living with HIV who inject drugs, 80% also have HCV and overall, among people living with HIV, 25% are co-infected with HCV](#). Hepatitis B (HBV) infections are also increasing as a result of the opioid crisis, particularly in rural areas with minimal access to syringe service programs (SSPs). [West Virginia, Kentucky, and Tennessee have collectively seen a 114% increase in hepatitis B cases from 2006 to 2013. From 2004 to 2014, there was a national 133% increase in acute hepatitis linked with an 93% increase in admissions for opioid injections, and a 400% increase in acute hepatitis C and a 622% increase for opioid admissions among 18-29-year-olds](#). These statistics demonstrate the need to prioritize HIV, HCV, and HBV prevention, linkage to care, and treatment among people who use and inject drugs. Furthermore, these

prevention and treatment efforts need to be planned and implemented utilizing coordinated, comprehensive strategies among stakeholders.

To achieve our goal of ending the hepatitis and HIV epidemics, we must prioritize and implement effective public health programs that address the continuum of prevention and treatment services for individuals who inject drugs. In addition to hepatitis and HIV prevention, testing, and linkage to care, we must also move to incorporate proven public health interventions such as SSPs, increase access to the opiate antagonist naloxone, reduce barriers for entry to inpatient treatment, and improve the availability and ease of prescription coverage for medication-assisted treatment (MAT). These are all critical components of a comprehensive response that promotes community and individual health and aims to put an end to these intersecting epidemics.

Continued advocacy and education is needed to support programs that both improve health outcomes for people who use substances and prevent the transmission of hepatitis and HIV. While HIV rates among people who inject drugs have been declining overall, new cases of hepatitis and overdose are occurring at epidemic levels among a younger generation. The urgency with which community advocates and public health programs once responded to the HIV epidemic must be employed as we respond to today's opioid crisis. Outlined below are evidence-based and promising practices to effectively respond to the nation's opioid epidemic.

## A Comprehensive Response – Suggested Action

### Support Harm Reduction Efforts

Harm reduction interventions play a critical role in reducing overdose and the spread of hepatitis and HIV. These proven, effective interventions complement traditional prevention and treatment efforts and support individuals using drugs in protecting their health while accessing vital services including testing and treatment of hepatitis and HIV, and referrals to behavioral and preventative health services.

**Syringe Service Programs (SSPs)** are steeped in [decades of research that support their efficacy, provide lifesaving tools to help individuals protect themselves from exposure to blood borne infections, prevent accidental overdose, and increase access to treatment.](#) SSPs are integral to the U.S. and jurisdiction-level response to the opioid crisis. [Research confirms SSPs do not encourage drug use initiation nor do they increase the frequency of drug use among persons currently using drugs. These programs have been shown to be cost effective](#) and are proven to be the most effective way to prevent HCV and HIV transmission among people who inject drugs. [A meta-analysis of New York City SSPs found that individuals who did not participate in SSPs were three times as likely to become infected with HIV as persons who did.](#) There are currently nearly 400 SSPs in the United States and territories, however consistent funding to meet the needs of these programs and services within communities is challenging. **NASTAD encourages health departments to complete the CDC Determination of Need request to be eligible to redirect federal funding for SSPs in their jurisdictions and support current SSPs, and advocate for expanded local, state, and**

## **federal funding for these lifesaving programs.**

[Supervised Injection Facilities](#) (SIFs) are evidence-based, harm reduction programs implemented globally, that play a significant role in reducing overdose and preventing transmission of hepatitis and HIV. SIFs, also known as supervised consumption spaces (SCSs), offer a safe and medically supervised place to consume licit or illicit drugs that were previously obtained. These facilities operate in over 10 countries and number well over 100 worldwide. Not only do they prevent overdose among people who are using drugs, but they drastically reduce hepatitis and HIV risk behaviors through education about safe consumption practices while also linking participants to much needed preventive care, testing, linkage to treatment, and social services. These services have been endorsed by the American Medical Association, the American Public Health Association, the HIV Medicine Association, and the Infectious Disease Society of America. [We urge health departments to support local and jurisdictional efforts to implement these lifesaving initiatives designed to prevent overdose and the spread of hepatitis and HIV.](#)

## **Increase Focus on Prevention, Care, and Curative efforts for Hepatitis and HIV**

Due to the interconnected nature of hepatitis and HIV risk for people who inject drugs, nearly any interaction with the medical system, behavioral health service providers, or harm reduction services is an opportunity for screening, vaccination, education, and treatment of these diseases. An additional focus on providers of medication assisted treatment (MAT) offers opportunities for testing, outreach, and linkage to care activities and is a timely and effective means

of engaging individuals who inject drugs in care. Health departments play an important role coordinating efforts that meaningfully connect PWID to care, particularly to hepatitis and HIV screening, linkage to care, and treatment.

## **Reducing Barriers to HCV and HIV Treatment Regimens** is integral to addressing the combined epidemics of hepatitis, HIV, and opioid use within our communities.

Individuals with substance use disorders (SUDs) and opiate use disorders (OUDs) who are living with HCV and/or HIV, should have access to treatment for these infections without restrictions based on income or current sobriety. Several studies affirm [that individuals who are actively using drugs adhere to treatment as well as those who are sober](#), strengthening the argument that HCV treatment should be affordable and made available to all, regardless of current sobriety. [Individual insurance providers and state-level policies that base HCV treatment eligibility on length of sobriety are discriminatory and at odds with clinical guidelines and evidence.](#) [Withholding HCV treatment increases the likelihood of disease transmission among people who inject drugs and increases social stigma associated with drug use.](#) **Health departments should work with state Medicaid programs and AIDS Drug Assistance Programs (ADAPs) to ensure barrier-free access to hepatitis and HIV treatment, MAT, and overdose prevention medication to ensure that everyone in their jurisdiction has access to the most effective care.**

## Ensure Access to Health Care, Coordinated Care Services, and Medicaid and Medicare

[Consistent access to comprehensive, effective approach addressing the interconnected crises of hepatitis, HIV, and opioid use.](#) Without such coverage, access to MAT, mental health services, and screening and treatment of hepatitis for those struggling with SUDs would be inaccessible to many. [Additionally, people with a history of injecting drugs who are living with HIV and those co-infected with HIV and HCV, often rely on ADAPs to ensure access to medications vital to their care, including medications for SUDs, HIV, and HCV.](#) These unified, cross-agency efforts demonstrate the importance of collaboration among hepatitis, HIV, behavioral health and injury prevention programs to ensure comprehensive care and services are available.

**Universal Access to Affordable Health Insurance** is the highest form of non-discriminatory health care design and is critical to successfully addressing the opioid crisis. [The Healthcare Cost and Utilization Project indicate a 64% increase in inpatient stays and a nearly 200% increase in emergency room visits related to opioid-related issues since 2005. This same report indicated decreases in the overall incidence of uninsured stays since the implementation of the Affordable Care Act in 2014,](#) further supporting the need for affordable and adequate health care to effectively combat the opioid crisis. Access to preventive care, harm reduction programs, and hepatitis and HIV treatment, are all opportunities for linking people who use drugs to care, promoting individual health, and providing resources and referrals for behavioral health services. In terms of hepatitis and HIV care, health departments are acutely aware of the

need for adequate funding to provide care for people living with hepatitis, HIV, and substance use issues. **It is crucial to advocate for the first line of defense in our jurisdictions: health care.**

[Medicaid and Medicare account for 21% of overall spending related to treatment and services for SUDs and nearly 12% of all Medicaid beneficiaries over the age of 18 are diagnosed with a SUD, according to the Centers for Medicaid and Medicare Services \(CMS\).](#) In the recent opioid crisis, drastic increases in both hepatitis and opioid use disorders have been seen in rural, low income areas. Medicaid and Medicare recipients in these emerging outbreak areas would be disproportionately impacted by proposed cuts to federal health care programs as these regions contain a higher proportion of Medicaid and Medicare recipients. We must **advocate for Medicaid and Medicare services to remain at current or increased funding levels to effectively combat the opioid crisis within low-income communities throughout the United States. In states where it is possible, Medicaid should be expanded to offer services to more people potentially struggling with substance use.**

Changing the course of the opioid, hepatitis, and HIV epidemics will require an honest and critical examination of efforts among all stakeholders and a commitment from all levels of government and stakeholders. Expanded federal, state, and local investment in substance use prevention and treatment, infectious disease and overdose prevention, and behavioral health care are crucial to creating a comprehensive response. Cooperation between government agencies, community-based organizations, directly-affected persons, and other stakeholders to create dynamic and innovative strategies that

address these intersecting crises is fundamental.

We encourage health departments to examine their programs and shift focus to incorporate an increased emphasis on the association between drug use and infectious disease, especially the transmission of hepatitis and HIV. While the national discussion of the opioid epidemic is often focused on preventing overdose deaths, it is also necessary to focus on preventing transmission of hepatitis and HIV which we know results in poor health outcomes, liver disease, and premature death. It is vital that governmental public health programs prioritize the implementation of a comprehensive response when addressing these deadly and devastating intersecting epidemics.

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