HEPATITIS C AND DRUG USER HEALTH

Liisa Randall, PhD
Director of Health Care Planning
Bureau of Infectious Disease- Office of HIV/AIDS
Massachusetts Department of Public Health

NASTAD Drug User Health Workgroup
4 February 2014
MASSACHUSETTS: Making the Case

Reported confirmed and probable HCV infections in MA, 1992-2011

- all others
- born between 1945-1965

Data as of January 23, 2013 and are subject to change

7-10K HCV/yr
70% IDU
New Reports of Confirmed Chronic Hepatitis C Cases by Massachusetts City/Town: 2012*

Statewide Totals
Total Cases: 5148
Population: 6,513,456
Unknown City/Town: 517

New Reports

* Data as of 10/10/2013 and subject to change
~ Case counts less than 5 in populations^ less than 50,000 are suppressed to maintain patient confidentiality.
^ Population based on 2010 Census data.
2,000 15-29 yo (75% increase since 2002)
— 78% IDU
Mean mortality HCV = 53 years v. 75 years (all cause)
  ▪ 3 years from dx to death
  ▪ HCV mortality exceeds that of HIV infection
92% decrease in HIV for IDU (9%); not paralleled for HCV (70%)
HIV-HCV co-infection
  ▪ 15% prevalent HIV/AIDS also HCV
  ▪ 9% new HIV also HCV
  ▪ 59% HIV+ IDU also HCV
High drug ab/use
  ▪ 9% MA residents reported past month drug use (8% US)
  ▪ Top 10 ranked drug use 12-17yo, top 12 for all drug use
  ▪ Heroin most cited drug among treatment admissions (30,000 v. 4800 other opiates; 40% of all treatment admissions v. 14% US)
  ▪ Drug-induced deaths 15.6 per 100,000 v. 12.7 per 100,000. Top cause of accidental deaths
- Chronic ID
- Population overlap
- Complexity
- Infrastructure
- Relevant experience

Massachusetts State
HIV/AIDS Plan
September, 2013

- Screening
- Syringe access
- Sharps disposal
- Narcan
- Prevention
- Substance use treatment access
- Treatment
- Medical case management
# TYPES OF DATA

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease surveillance</td>
<td>• Risk, demographics</td>
<td>• HCV reportable in all 50 states (incomplete - acute v. chronic or resolved)</td>
</tr>
<tr>
<td></td>
<td>• Clinical info (co-infection)</td>
<td>• HIV/AIDS Reportable in all 50 states (85%+ complete)</td>
</tr>
<tr>
<td></td>
<td>• Trends, emerging patterns</td>
<td></td>
</tr>
<tr>
<td>Behavioral surveillance</td>
<td>• Alcohol/drugs use</td>
<td>• Behavioral Risk Factor Surveillance System (BRFSS)</td>
</tr>
<tr>
<td></td>
<td>• Sexual risk</td>
<td>• Youth Behavioral Risk Survey (YBRS) (45 states)</td>
</tr>
<tr>
<td></td>
<td>• Sharing of injection equipment</td>
<td>• National HIV Behavioral Surveillance (NHBS)</td>
</tr>
<tr>
<td></td>
<td>• Health care utilization</td>
<td>– Supplement for HBV, HCV (High prevalence MSAs)</td>
</tr>
<tr>
<td></td>
<td>• Health status</td>
<td></td>
</tr>
<tr>
<td>Demographics</td>
<td>• Socio-economic info</td>
<td>U.S. Census</td>
</tr>
<tr>
<td>Data Source</td>
<td>Description</td>
<td>Source</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Substance Use</td>
<td>• Prevalence, patterns, impact of drug use and MH in general pop</td>
<td>• National Survey on Drug Use and Health (NSDUH) (50 states)</td>
</tr>
<tr>
<td></td>
<td>• Monitors drug-related ED admissions and drug-related deaths</td>
<td>• Drug Abuse Warning Network (DAWN - 20+ EMAs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <a href="http://www.samhsa.gov/data/default.aspx">http://www.samhsa.gov/data/default.aspx</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Office of National Drug Control Policy (State Profiles)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <a href="http://www.whitehouse.gov/sites/default/files/docs/state_profile_-_massachusetts.pdf">http://www.whitehouse.gov/sites/default/files/docs/state_profile_-_massachusetts.pdf</a></td>
</tr>
<tr>
<td>Service data</td>
<td>• Client characteristics (inc dx)</td>
<td>• Ryan White (HIV care)</td>
</tr>
<tr>
<td></td>
<td>• Risk, behavioral</td>
<td>• NHM&amp;E (HIV prevention)</td>
</tr>
<tr>
<td></td>
<td>• Services (screening, vaccination)</td>
<td>• Substance abuse</td>
</tr>
<tr>
<td></td>
<td>• Provide/program</td>
<td>• Other</td>
</tr>
<tr>
<td>Health care</td>
<td>• Clinical (dx, trx)</td>
<td>• UDS</td>
</tr>
<tr>
<td>utilization</td>
<td>• Screening and dx testing</td>
<td>• Chart review</td>
</tr>
<tr>
<td></td>
<td>• Referral networks</td>
<td>• Payer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Facility/network EHR</td>
</tr>
</tbody>
</table>
The NSDUH Report

National Survey on Drug Use and Health

Substance Use and Mental Disorders in the Boston-Cambridge-Quincy MSA

This report is one in a series of reports that provide snapshots of substance use and mental disorders in metropolitan areas across the United States. The report focuses on the Metropolitan Statistical Area (MSA) of Boston-Cambridge-Quincy, MA-NH. Data come from the National Survey on Drug Use and Health (NSDUH), which collects information on the use of illegal drugs, alcohol, and tobacco, as well as on mental health problems from a representative sample of persons in the 50 States and the District of Columbia. Estimates presented are annual averages based on data collected during the 6-year period from 2005 to 2010. For comparison, this report includes estimates for the State of Massachusetts and for the entire United States. All differences between the MSA and the State or national estimates mentioned (i.e., statements using terms such as “higher” or “lower”) are statistically significant at the .05 level. For further comparison, tables presenting past year substance use and mental health data for all 50 States, the District of Columbia, and 33 metropolitan areas are available at http://www.samhsa.gov/data/NSDUH/NSDUHMainReport/index.htm.

Population Estimates

From 2005 to 2010, the annual average population of persons aged 12 or older residing in the Boston-Cambridge-Quincy MSA was 3.9 million (Table 1). Of the 3.9 million persons residing in the MSA, 3.5 million were adults (persons aged 18 or older). Massachusetts’ population aged 12 or older (including those in the Boston-Cambridge-Quincy MSA) was 5.5 million, and the
Illicit Drug Use

In the Boston-Cambridge-Quincy MSA, an annual average of 587,000 persons aged 12 or older used any illicit drug in the past year. This represents 15.2 percent of the MSA population and is lower than the rate for the State of Massachusetts (16.7 percent) but is similar to the national rate (14.7 percent) (Figure 1). The rate of marijuana use in the past year was 12.6 percent, which was similar to the rate in Massachusetts but higher than the national rate. The rate of nonmedical use of prescription-type pain relievers was lower in the Boston-Cambridge-Quincy MSA than in the State of Massachusetts (4.3 percent in the MSA vs. 5.3 percent in Massachusetts).

Figure 1. Past Year Use of Selected Illicit Drugs for the Boston-Cambridge-Quincy Metropolitan Statistical Area (MSA), Massachusetts, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010

Includes federal funding for SA prevention and trx.
Trx resources
# TYPES OF DATA

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>• Clinical (dx, trx)</td>
<td>• State, local correctional health</td>
</tr>
<tr>
<td></td>
<td>• Screening</td>
<td>• NHM&amp;E</td>
</tr>
<tr>
<td>Vital records</td>
<td>• Death records (by ICD-9/10 dx code)</td>
<td>• State vital records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• National death index</td>
</tr>
<tr>
<td>Special/other</td>
<td>• Surveys</td>
<td>Various – federal, state, local, private</td>
</tr>
<tr>
<td>studies</td>
<td>• Interviews</td>
<td>– community health assessments</td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td>– HIV/AIDS planning</td>
</tr>
</tbody>
</table>
Prescription Drug Abuse: Strategies to Stop the Epidemic

OCTOBER 2010

Prescription drug abuse is a serious health issue that affects all 50 states and the District of Columbia. The report highlights the need for coordinated efforts to address this crisis.

Drug Overdose Mortality Rates (per 100,000)

2010 Rates
STRATEGIES

- Build relationships
  - HIV/AIDS program
  - Epidemiology
  - Substance use disorder prevention and treatment
  - Corrections (state and local)
  - CHCs, PCAs, facilities
  - Professional associations
  - Academia (clinical, behavioral, economic)
- Leverage existing activities, opportunities
  - BRFSS, YBRS, NHBS, CHAs
  - NHM&E
  - HIV/STI geo-mapping
- Apply national or regional estimates to local situation
  - 75% unaware of infection
  - 75-80% of IDUs chronically infected
Economics

- $150,000 per SVR
- $300,000 per year liver transplant
- Rates of hospitalizations for alcohol overdoses, drug overdoses, and their combination all increased from 1999 to 2008 among 18- to 24-year-olds > $1.2b/yr

HIV-HCV co-infection

Younger age distribution
Questions

- What sources of data/information have (would) you find useful?
- What challenges are (would be) associated with accessing these?
- What challenges have you encountered in using data to make your case?
- What partnerships have been/would be useful in using data?
- What strategies have (could) you use(d) to make your case?