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ELIMINATING HEPATITIS C AMONG PEOPLE WHO USE DRUGS IN APPALACHIA

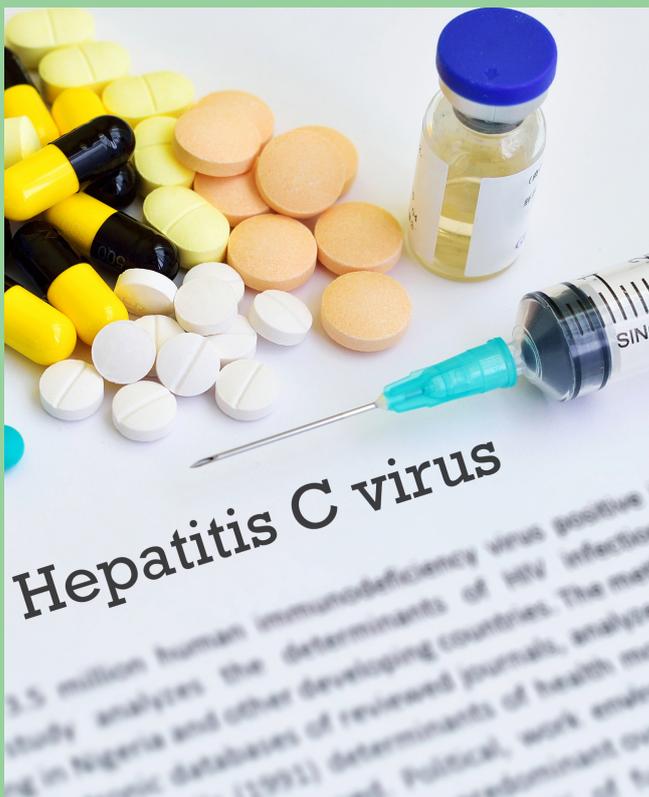
A summit co-sponsored by
the Community Liver Alliance
and the National Viral
Hepatitis Roundtable

Key Takaways and Recommendations Report



BACKGROUND

The number of acute hepatitis C virus (HCV) infections reported in the United States has increased every year from 2012 through 2019 and [4 of the seven states](#) that are especially hard hit by HCV are in Appalachia. Because hepatitis C is a bloodborne virus, injection drug use remains the [most common risk factor](#) for persons with new HCV infection in the U.S. and the [increase in hepatitis C cases seen in Appalachia](#) is related to the outsize burden of the opioid epidemic in the region. [Increasing viral hepatitis prevention and treatment services](#) for people who use drugs, including harm reduction strategies such as syringe services programs (SSPs) along with medication assisted treatment (MAT), is an important step in achieving viral hepatitis elimination



On [November 17, 2021](#) the Summit brought together medical and public health providers, policy makers, advocates, and people with lived experience to talk about common challenges and identify potential solutions to achieve HCV elimination among persons who use drugs (PWUD) in Appalachia.

KEY TAKAWAYS FROM THE PLENARY PRESENTATIONS

OVERLAPPING EPIDEMICS OF HCV AND SUBSTANCE USE IN APPALACHIA

- Rates of HCV infection have increased in the US between 2012 and 2019. In 2019, rates of reported acute HCV infection were higher in Appalachia than in the rest of the U.S.
- New HCV infections in Appalachia occur primarily in younger populations, both men and women, and are associated with injection drug use. The risk of mother to child HCV transmission has increased as more women of reproductive age have become infected with HCV.
- The COVID (SARS-CoV-2) pandemic has had a negative impact on the availability of HCV testing and HCV treatment for all populations, including people who use drugs (PWUD).

HCV ELIMINATION AMONG PWUD IN APPALACHIA: THE POLICY ENVIRONMENT

- Negative cultural beliefs (for example, drug use is a moral failing and people who use drugs are “bad”) fuel discrimination against PWUD, resulting in inadequate social and health services for these populations.
- Efforts to prevent or dismantle harm reduction services in Appalachia and elsewhere in the U.S. have had a negative impact on the health of PWUD and interfere with efforts to promote hepatitis elimination among these communities.
- Criminalizing drug use impedes efforts to address the health and social needs of PWUD.

INTERSECTING EPIDEMICS OF HCV AND SUBSTANCE USE: AN INDIVIDUAL PERSPECTIVE

- “Maybe I’m not worthy of getting an HCV cure”: Wide-spread stigma around drug use is often internalized by PWUD and can act as a deterrent to seeking HCV testing and treatment.
- “Meet people where they’re at”: Counselors and outreach workers must be trained in harm reduction and person-centered approaches; not all PWUD will be immediately ready to consider HCV testing and initiate treatment, due in part to competing priorities and mistrust of the health care system,
- “Treat the whole person”: We cannot just focus on curing HCV among PWUD; we must also address other social and health needs of this population. This will require strong community coalitions with direct involvement of people who use drugs in planning, program design, and advocacy.

KEY TAKAWAYS FROM THE PANEL ON ENSURING ADEQUATE SYSTEMS OF CARE FOR PWUD IN APPALACHIA

- State Medicaid policies requiring routine involvement of specialists (e.g., gastroenterologists and/or infectious disease doctors) in HCV treatment are a barrier to care, especially in places where these specialists are not found in large numbers.
- In rural Appalachia, lack of public transportation is a significant deterrent to accessing harm reduction services among PWUD.
- Primary care providers are often reluctant to prescribe buprenorphine (a treatment used to help PWUD reduce or quit the use of opioids) because of lack of knowledge and training around addiction, a fear of legal issues, and concerns that offering this service will attract PWUD into their practices.
- The increased availability of telehealth, promoted in response to the COVID pandemic, has the potential to increase access to health services for PWUD in rural areas of Appalachia.
- Providing care in “safe spaces”, such as homes and non-clinical or outreach settings, helps to build trust with the PWUD community.
- Engaging diverse stakeholders helps to build a strong base of support for essential services including harm reduction programs.
- Shame and stigma continue to interfere with PWUD readiness to receive harm reduction services and seek care for HCV.

KEY RECOMMENDATIONS TO PROMOTE THE ELIMINATION OF HCV AMONG PWUD IN APPALACHIA

- Work to remove barriers for PWUD to accessing medical and other treatment services.
- Advocate for the development and approval of rapid HCV confirmatory tests.
- Continue to support advocacy for the removal of payer restrictions (sobriety requirements, specialist requirements, prior authorization) to HCV curative treatment.
- Integrate HCV testing and treatment services into harm reduction, MAT clinics, and other settings that serve PWUD.
- Expand access to harm reduction services, recognizing their role in promoting the health of PWUD and serving as a gateway to other services, including MAT and HCV treatment.
- Promote the delivery of MAT in primary care settings through a number of strategies including mentoring, peer influence, and, where appropriate, incentives.
- Expand the role of pharmacists in the delivery of services to PWUD through education, anti-stigma campaigns, and the leverage of national professional organizations.
- Recognizing the relapsing nature of substance use, ensure that all program services for PWUD have a strong overdose prevention component.
- Ensure the meaningful involvement of PWUD in the development of HCV elimination plans and the delivery of services to PWUD.
- Build broad-based coalitions to advocate and build support for increased services (medical, behavioral and social) and to combat stigma.