

Customizable PowerPoint slides of the following slides will be made available after the regional training

Intersections:
HIV, Hepatitis C, and
Health Equity

HIV in the United States

- In 2017, 38,739 people received an HIV diagnosis in the U.S.
 - Annual number of new HIV diagnoses remained stable between 2012 and 2016; Increases in new HIV diagnoses in some population groups
 - 66% of new diagnoses were among gay and bisexual men
 - 24% were among heterosexuals
 - 9% were among people who inject drugs (PWID)
 - 3% were among gay and bisexual men who inject drugs

HIV continues to disproportionately affect African American and Latinx communities, and people residing in rural communities and in the South.

HIV in the United States

- HIV diagnoses are highest in the 25-34 age group, followed by 13-24 and 35-44
- At the end of 2015, an estimated 1.1 million people were living with HIV; with 6 out of 7 being aware of their status
- For every 100 people living with HIV since 2015:
 - 64 received some HIV care
 - 49 were retained in care
 - 51 were virally suppressed

HIV in *[Insert State]*

[Participants will insert statistics specific to their own state]

Preventing HIV Transmission



CONDOMS



PrEP



HIV TESTING



TREATMENT

Start Talking. Stop HIV.

[#StartTalkingHIV](https://www.starttalkinghiv.org/)

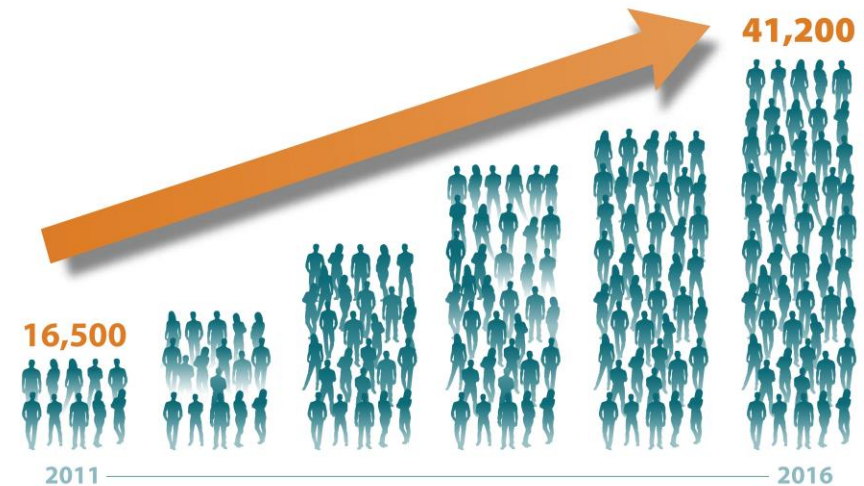
HCV in the United States

- About 2.4 million persons are living with Hepatitis C (HCV) in the U.S.
 - Half may not know they are infected
- Most new HCV infections are due to injection drug use, followed by sexual exposure
- Older adults are more likely to have HCV than are younger adults. Seventy-five percent of people with chronic HCV are “Baby Boomers,” born between 1945 and 1965.

HCV in the United States

- In 2014, an estimated 30,500 new HCV infections occurred in the US
- In 2011 – 2016, reported acute HCV infections **more than tripled** (after several years of relatively stable rates of new infections)

IN THE SHADOW OF THE OPIOID CRISIS, NEW HEPATITIS C INFECTIONS HAVE **MORE THAN TRIPLED**



Visit www.cdc.gov/hepatitis for more information



But why?

HCV in the United States: The Opioid Crisis

- Over 65% of HCV cases are directly or indirectly related to injection drug use
- HCV prevalence among PWID is as high as 80%
- 20-30% of uninfected PWID acquire HCV each year
- High rates of new HCV infections are predominantly among White adolescents and young adults with histories of injection drug use and previous use of prescription opioids such as oxycodone, mostly in nonurban areas


HCV in *[Insert State]*

[Participants will insert statistics specific to their own state]

Preventing HCV Transmission

HEPATITIS C

HOW DO YOU STOP IT:



Use **New Works!** Practice Safer Sex New Treatments are **EASY**
and available to **EVERYONE!**

There is a CURE!!!

Intersection of HIV and HCV

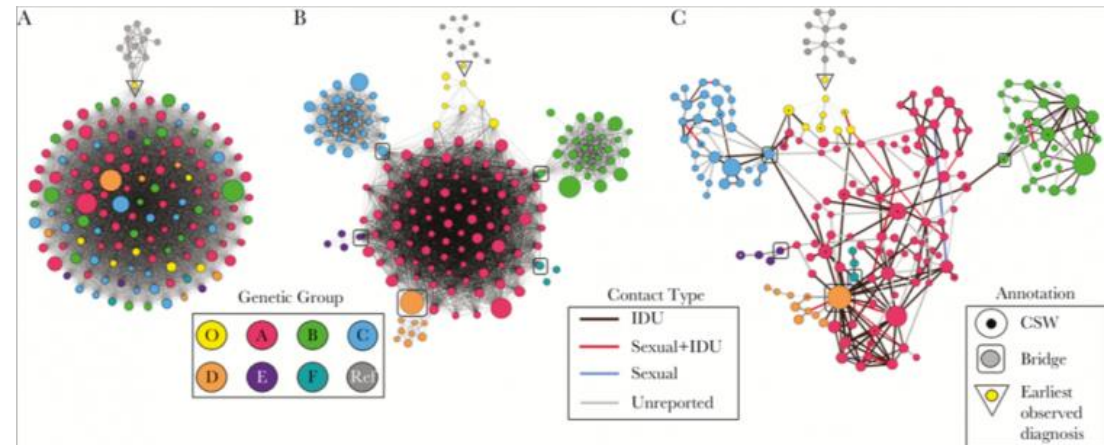
Comorbidity

- Among PWID and have HIV, 75% also have HCV
- Among PLWH w/o IDU, 25% have HCV

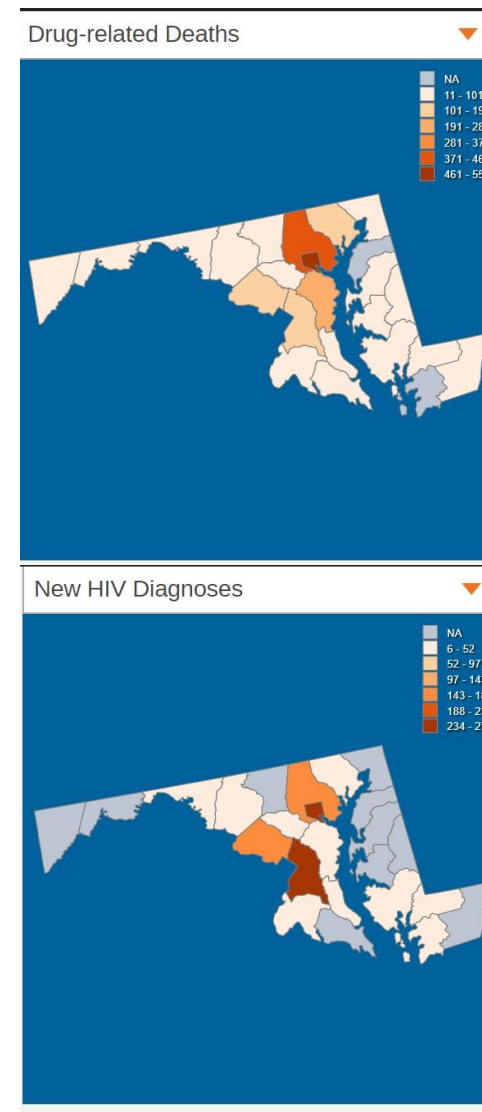
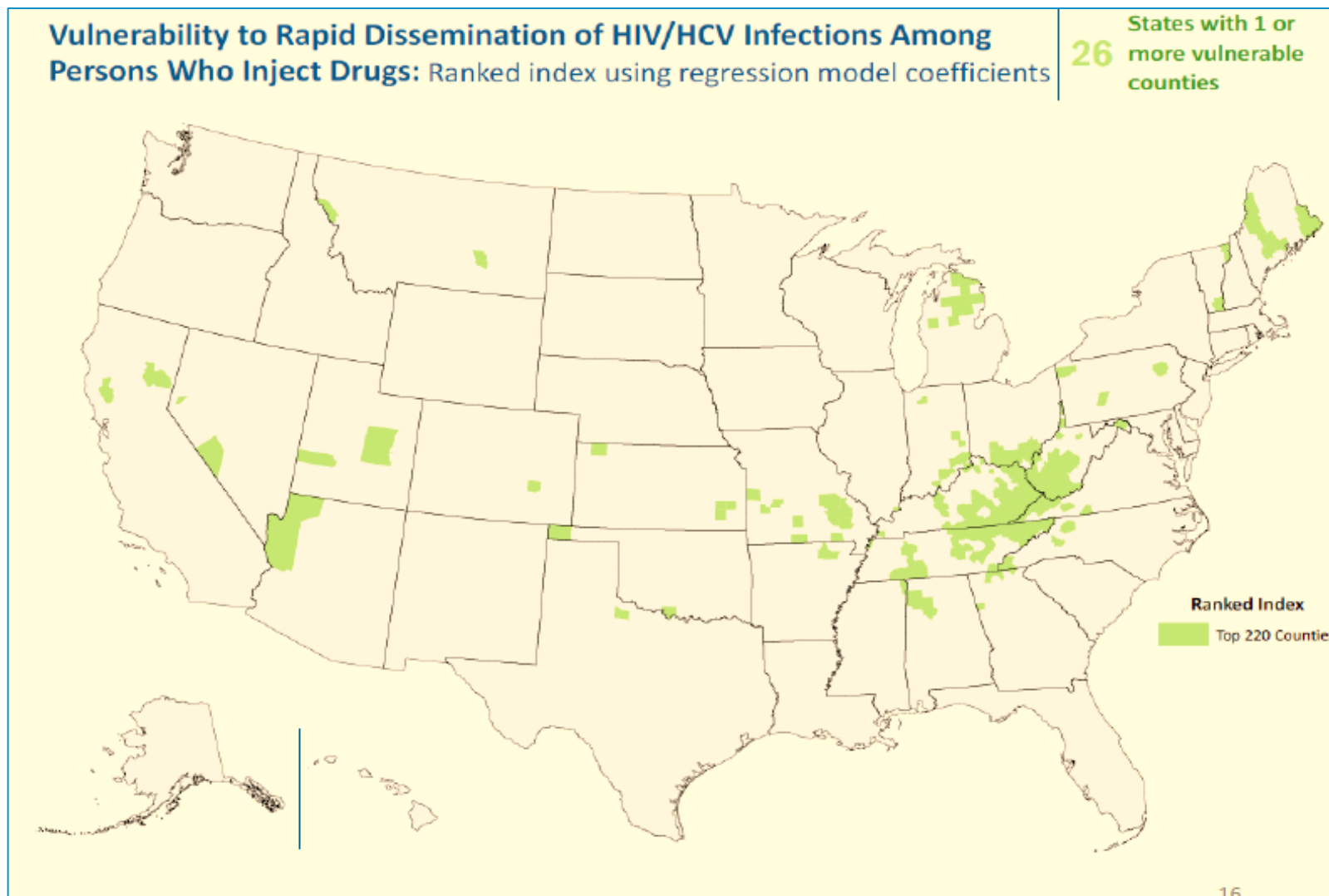
Let's take a look at a well-known example of how these viruses collide.

Missed Public Health Opportunity: Scott County, Indiana

- HIV Outbreak in Austin, Indiana (pop. 4,200) in 2015
- Over 200 cases of HIV were eventually attributed to injection drug use behavior
- Only had 5 reported cases of HIV in the previous decade
- Within this initial outbreak 115 persons were co-infected with HCV and currently 92% are co-infected



HIV/HCV Vulnerable Counties



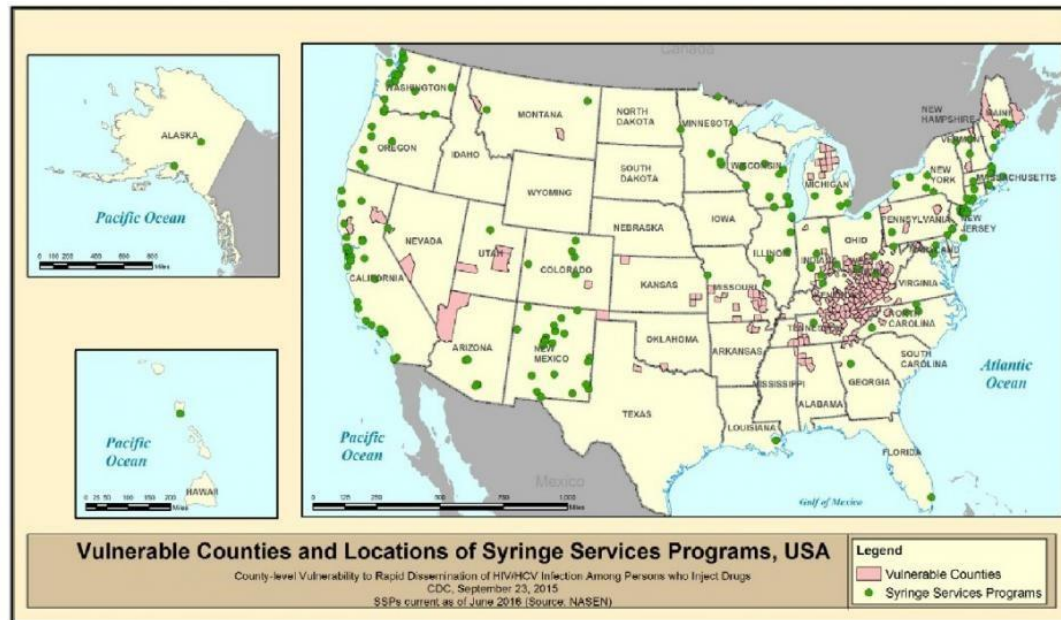
*[Insert state or regional examples,
as relevant]*

How Can We Decrease Rates of HIV and HCV?

Addressing the opioid crisis through drug user health

Actions to Decrease HIV/HCV

Syringe Services Programs



Source: Van Handel, et al. JAIDS; in press

- Most effective way to prevent infectious disease transmission for PWIDs
- Do not increase drug use or crime
- SSP participants are 5 times more likely than nonparticipants to enter treatment

Harm Reduction Philosophy

A set of practical, public health, strategies designed to reduce the negative consequences of drug use and promote healthy individuals and communities

Harm Reduction Principles

Health and
Dignity

Participant-
centered

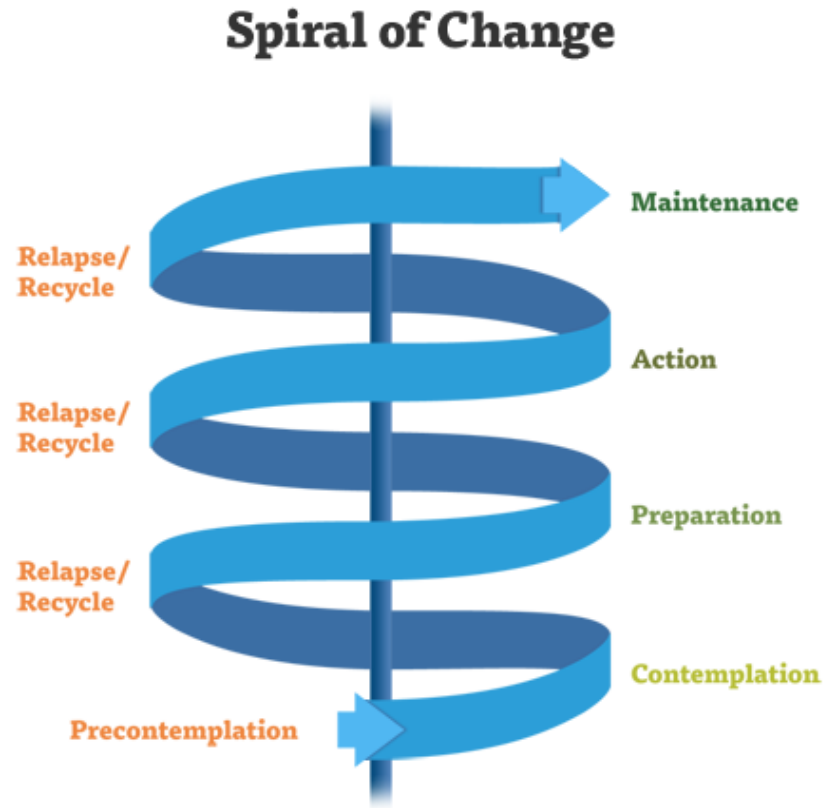
Participant
involvement

Participant
autonomy

Sociocultural
complexity

Pragmatism
and realism

Stages of Change



- Prochaska, DiClemente & Norcross -1992
- Transtheoretical Model
 - Change is gradual
 - Change is cyclical and constant
 - Change is progressive and sequential
 - Change has six basic stages
 - Relapse is likely and still progress
 - Important to meet people at their stage not yours

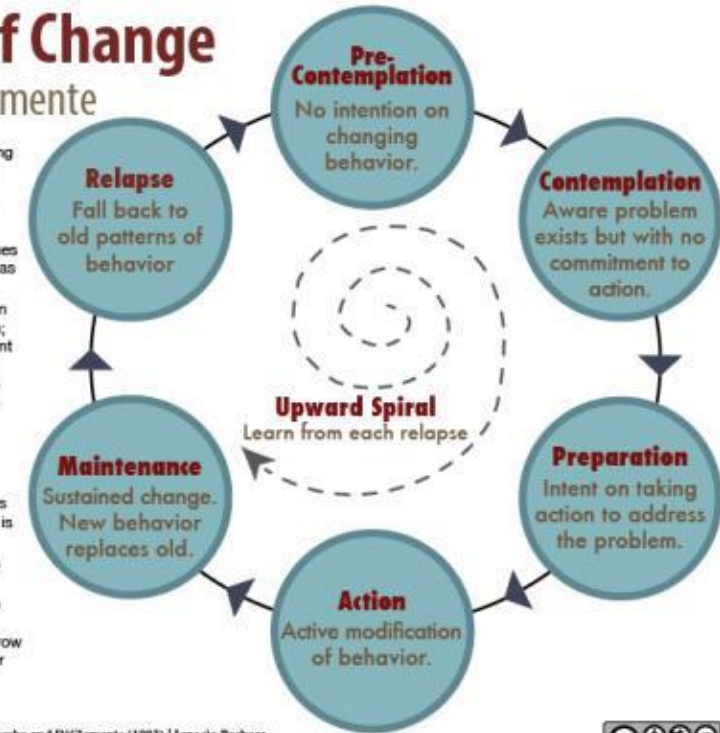
Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse/Recycle

The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.

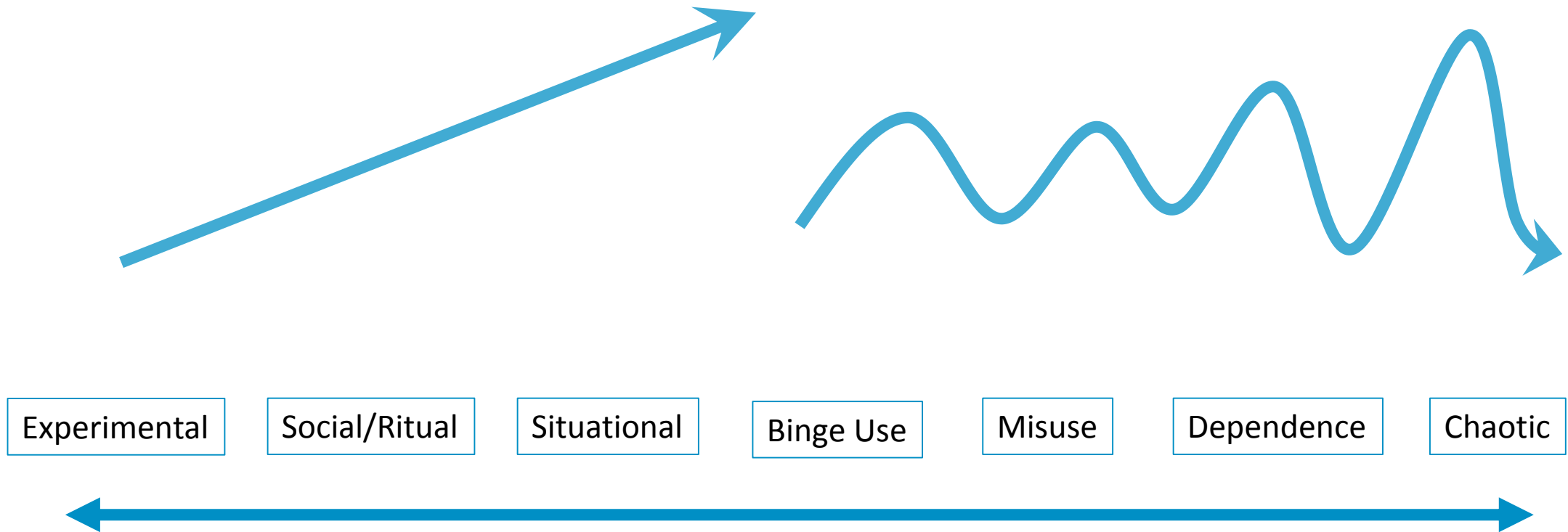


The Cycle of Change
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco
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But, why do people engage in
drug use?

Continuum of Drug Use



Circumstances of Drug Use

Drug, Set, and Setting - Norman Zinberg, studies between 1972 – 1984

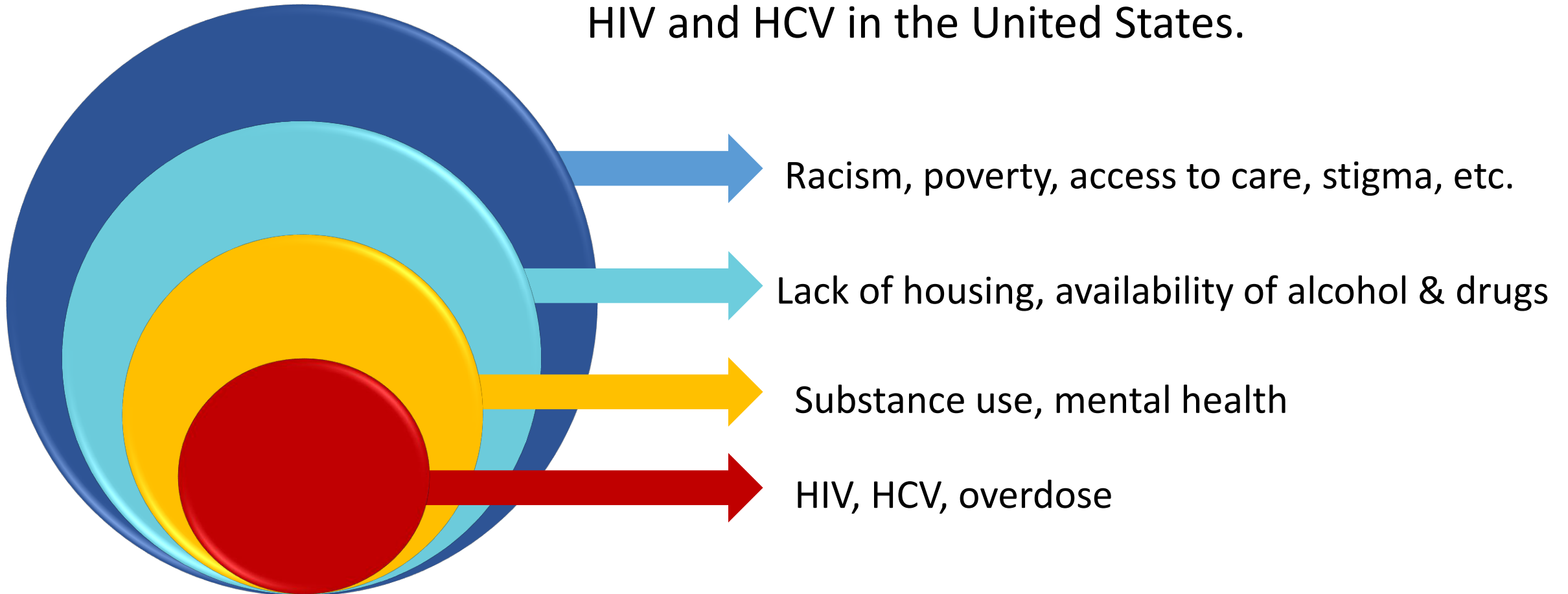
- Found 3 major criteria for what created either benign or chaotic use
 - The Drug – this is the type of drug, the amount, the route of administration, the frequency of use, etc.
 - The Set – refers to the mindset or attitude about use
 - The Setting – this refers to the context of use—basically where the drug is consumed and with whom

The Vietnam Studies – Lee Robbins, 1974

- Examined heroin use among Vietnam Veterans once they completed service
- Found that MOST did not continue use (99%), even though they exhibited physical dependence previously, without obtaining treatment
 - Most cited a change in stress level, change in environment, and family perceptions of drug use

Social Determinants of Drug User Health

Many social determinants of health that influence health inequities impact the progression of both HIV and HCV in the United States.











Who works with people who use
drugs?

Systems that touch People who use Drugs



Continuum of Drug User Health Services

DRUG USER HEALTH SERVICES CONTINUUM			
SERVICE ENTRY POINT/GATEKEEPER	SERVICES TO PREVENT INFECTIOUS DISEASES	ADDICTION AND OVERDOSE TREATMENT: OUTPATIENT	ADDICTION TREATMENT: INPATIENT
<ul style="list-style-type: none"> Insurance application and enrollment assistance Navigation and linkage of social, housing, and supportive services Navigation and linkage to clinical care 	<ul style="list-style-type: none"> HIV testing HCV testing Syringe and paraphernalia exchange Education on safe injecting practices 	<ul style="list-style-type: none"> MAT Naloxone Outpatient individual and group counseling 	<ul style="list-style-type: none"> Hospital stay Inpatient mental health or SUD treatment
 PROVIDER TYPES Navigator, Certified Application Counselor, case manager, community health worker, peer navigator	 PROVIDER TYPES Case manager, nurse, community health worker, peer navigator	 PROVIDER TYPES Pharmacist, physician, social worker, case manager, peer navigator	 PROVIDER TYPES Physician, psychiatrist
 PRIMARY SETTING Community	 PRIMARY SETTING Community	 PRIMARY SETTING Community and Clinical	 PRIMARY SETTING Clinical

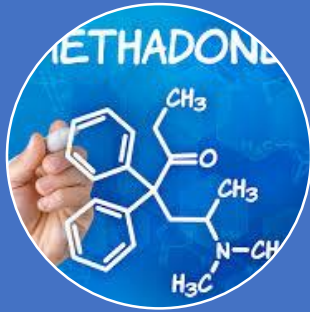
Comprehensive Approach



HCV/HIV Testing
and Treatment



Mental Health
Services



Medication
Assisted
Treatment



PrEP for
PWUDs



Naloxone, SSPs,
and Supervised
Injection
Facilities

← PREVENTION → HARM REDUCTION → TREATMENT →

Drug User Stigma

Myths and Facts

Myths

- You always know when people are on a drug
- An “addict” will ALWAYS be an “addict”
- Abstinence is the only real recovery
- Using medication as treatment mean you aren’t really recovered
- Drug Users can’t adhere to medication

Facts

- Many people use drugs and you’d never know
- PWUDs will transition from chaotic to benign use
- Recovery can include abstinence but could also look differently
- MAT is evidence-based and considered the gold standard
- PWUDs are just as likely to adhere to medication as others

It Starts with Us

Take a moment and think about our health department in terms of culture, staff, programs, practices, and policies.

- What are we doing well to address the intersections of HIV, HCV and health equity for the populations we serve?
- What do we need to improve upon?

Taking Action

What needs to happen to align our own programs, making our systems more impactful for priority populations?

- Commit to cross-departmental strategic planning to better align goals and actions

Questions?

[Insert presenter's contact information]