National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



## **Infectious Disease Consequences of the Opioid Crisis**

#### Kentucky Budget Review Subcommittee on Human Resources Interim Joint Committee on Appropriations and Revenue

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## Infectious disease consequences of the opioid crisis

Overview:

- Challenges: Burden of disease and barriers to progress
- Solutions: Evidence-based Interventions
- Next steps: Recent examples and future opportunities



### **Massive increase in opioid deaths**



**Suggested citation:** Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018. (Available from <a href="https://www.cdc.gov/nchs/products/databriefs/db329.htm">https://www.cdc.gov/nchs/products/databriefs/db329.htm</a>)

## New cases of hepatitis C have increased dramatically





- Number of pregnant women with HCV doubled
- Acute HCV increased 364% among people <30yrs (2006–2012: KY, TN, VA, WV)

Source: 2017 Viral Hepatitis Surveillance Report; MMWR, May 2015

### 30 states reporting hepatitis A outbreaks, 2016–2019

- Total cases: 27, 282
  - Hospitalizations: 16,451 (60%)
  - Deaths: 274
- Primary groups affected
  - People who use drugs
  - People experiencing homelessness
  - Men who have sex with men
- Over \$200 million in state health care costs





## The longstanding decline in HIV diagnoses among persons who inject drugs in the United States has now stalled



## HIV outbreaks among people who inject drugs have increased across



>\$100 million

Reports of HIV diagnoses among PWID are from local newspapers (search Volkow et al., 2019)

## 46 states, DC, and Puerto Rico have documented they have areas experiencing or at risk for increases of HCV/HIV





# Bacterial infections associated with substance use have high consequences and high costs

- In 2013, there were 12,600 cases of endocarditis
- Invasive MRSA infections among PWID increased 124% from 2011 to 2016

Cost of hospitalizations for substanceuse related infections:



(2012, not including HIV and viral hepatitis)





Collier, et al. Journal of Urban Health, 2018. Jackson et al.Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs — Six Sites, 2005–2016. MMWR Morb Mortal Wkly Rep 2018;67:625–628. Ronan & Herzig (2016). Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002-12. *Health affairs (Project Hope)*, *35*(5), 832-7.

## How do we tackle these infectious disease challenges?

- This is not an easy task.
  - Multiple complex infectious diseases
  - Numerous complicating factors
    - Difficult-to-reach population
    - Substance use disorder
    - Housing instability, incarceration
- The stakes are high.



- A generational challenge for many affected by the opioid crisis
- Immense cost for individuals, communities, and society



## Stigma is the enemy of public health

- Dehumanizes people struggling with substance use disorder
- Pushes people to the margins of society
- Discourages people who use drugs from accessing healthcare
  - Often limited to emergency department visits



- Study: <50% of people who inject drugs (PWID) saw a healthcare provider in the past year
- Reducing stigma is essential for reducing infectious disease transmission
  - Use a patient-centered approach to providing care in current systems
  - Create settings where PWID can more comfortably access key services

To help people who inject drugs to succeed, *we must meet them where they are.* 



# Comprehensive syringe services programs provide essential services for people who inject drugs

- Access to sterile needles and syringes
- Safe disposal of used injection equipment
- Services (or referrals to services):
  - Substance use disorder treatment
  - Infectious disease screening and treatment
  - Overdose prevention and naloxone distribution
  - Vaccinations
  - Health education
  - Social, mental health, other medical services
- Develop relationships and build trust
- Harm reduction syringe exchange program (HRSEP) = Syringe Services Programs (SSP)

#### Vaccines for diseases like Hepatitis A and B

Testing for diseases like HIV and Hepatitis C Counseling on treatment and prevention of HIV and Hepatitis B and C, such as antiretroviral therapy and pre-exposure prophylaxis (PrEP)

Referral to substance use treatment, medical care, mental health services, and other support services



### Syringe services programs prevent transmission of bloodborne infections

- Access to sterile injection equipment can help prevent blood-borne infections (e.g., hepatitis B, hepatitis C, HIV) as well as skin infections and endocarditis
- Health care provided at syringe service programs can catch problems early and provide easy-to-access treatment
- In Philadelphia, syringe service programs averted 10,582 HIV infections over 10 years; 1-year ROI of \$243.4M



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **<u>50% decline</u>** in the risk of HIV transmission.

## Syringe services programs support public safety



Law enforcement benefits from reduced risk of needlesticks, <u>no</u> <u>increase in crime</u>, and the ability to save lives by preventing overdoses.

- Provide naloxone to first responders
- Do not increase crime
- Provide safe disposal of needles/syringes
- Reduce the presence of sharps in public areas
  - When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.
  - In the city without an SSP, after an SSP was implemented, presence of syringes in public places decreased 49%



## Syringe service programs prevent overdose deaths

- Syringe service programs provide education and training on how to prevent, recognize, and respond to a drug overdose
- Syringe service programs offer naloxone, a medication used to reverse overdose and prevent death
- Syringe service programs offer referrals to medicationassisted treatment (MAT) for substance use disorder





# Syringe service programs help people overcome substance use

People who inject drugs who regularly use an SSP are

- 5 times as likely to enter treatment for a substance use disorder
- 3 times more likely to stop using drugs than those who don't use the programs







Sources: NASEN, NASTAD, CDC, KY DOH

## **Early Progress in Ending the HIV Epidemic**

Full list of Locations: https://www.cdc.gov/endhiv/priorities.html

**Targeting Resources for Greatest Impact** 

- More than 50% of new HIV diagnoses\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico.
- In addition, seven states have a substantial rural burden.
- Ending the HIV Epidemic will prioritize populations at greatest risk, including African Americans and Hispanic/Latinos

\*2016-2017 data



**\$12M** awarded to target jurisdictions to develop EHE plans Spring 2020 funds to be awarded to implement EHE





## **Innovative models for hepatitis C treatment**

**Target population:** Medicaid beneficiaries, other low-income adults, incarcerated persons



NM uses technology, bestpractice protocols, rural & community primary care clinicians to deliver care

#### Innovative Care Delivery Model



#### **Innovative Financing Models**



## Federal assistance opportunities

- Resources to support implementation of syringe services programs and related services for injection drug use:
  - SAMHSA
  - CDC
  - HRSA
- Prevention and Care
- Capacity Building
- Technical Assistance



### **Together we can stop infectious disease transmission**

- The progression of these epidemics is not inevitable
- We have powerful tools to reach people with effective interventions
- Comprehensive programs can prevent infections, save lives, and save money
- Society, public health, healthcare systems, and individuals must work together



#### Thank you & time for questions

