

# Viral Hepatitis and HIV Prevention Program Integration for IDU

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# Topics

- HIV epidemiology among injection drug users
- HIV and viral hepatitis prevention messages for IDU
- HIV and HCV counseling and testing as a prevention strategy
- Existing HIV behavioral interventions for IDU
- HIV programs funded and reaching IDU

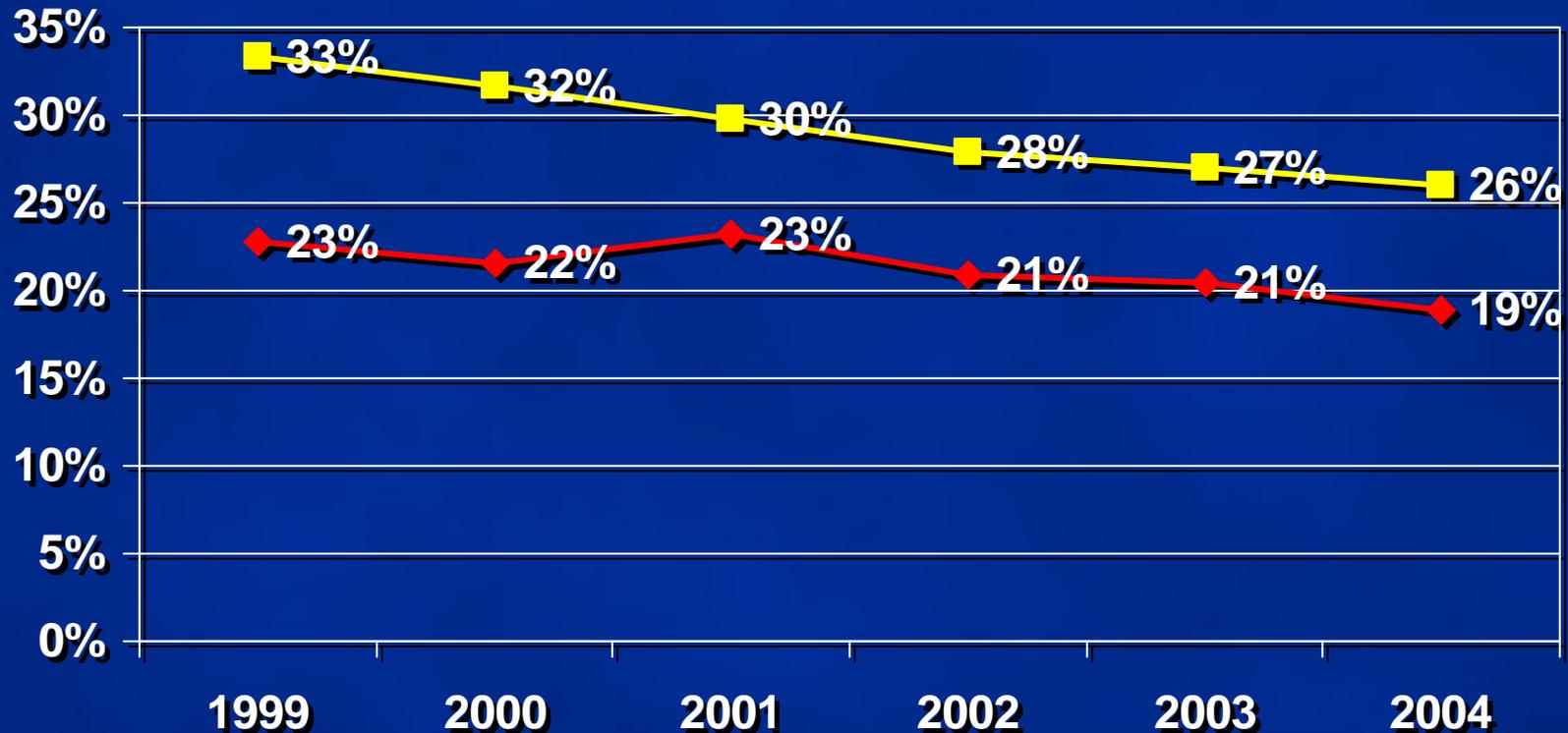


# Background

- IDU are at risk for HIV, HCV, HBV (and to a lesser extent, HAV)
- Risk behaviors for HIV and viral hepatitis overlap (more demanding interventions needed for viral hepatitis)
- HIV prevention programs reaching IDU can be a vehicle for viral hepatitis prevention messages and services



## HIV/AIDS and AIDS Diagnosis Among IDU



- ◆ IDU as a Proportion of All HIV/AIDS Diagnosis (35 States)
- IDU as a Proportion of All AIDS Diagnosis

# What do we know?

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# Reasons IDU are at risk for HIV & Viral Hepatitis

- Artificial scarcity of new, sterile syringes
- Un-hygienic injection environments and injection practices
  - Re-use and sharing syringes, cottons, cookers, and water
  - Unclean hands and injection sites on skin
  - Unclean surroundings
  - Sharing drug solution





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# Messages

- For ALL current drug users:
  - Stop injecting drugs and/or
  - Enter drug treatment
  - Get vaccinated against HAV and HBV
  - Get HIV and HCV tested periodically



# Messages

- **For those who cannot or will not stop injecting drugs, then:**
  - **Do not share or re-use syringes**
  - **Disinfect used syringes if a new, sterile syringe is not available**
  - **Do not share cottons, cookers, water, or share drug solution**
  - **Wash hands and injection site**
  - **Keep injection environment as clean as possible**
  - **Never staunch blood with an alcohol pad**



# Need to Know

- Is HCV preventable among active IDU?
- What prevention messages work best? In what settings?
- Can we prevent the onset of injection drug use in those who do not yet inject?
- What are the best messages and ways to reach young or recently initiated IDU?



# What else do we know?



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# Graffiti – Washington D.C., 1999

*We kill junkies*

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**“Addictphobia”**  
or  
**“Junkyphobia”**

**Term used to describe  
negative attitudes toward,  
and misconceptions about,  
people who use drugs**



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# Stigma “Gallery”

Addictphobia

Racism

HIV +

Homophobia

# Drug users are believed to be –

- ❑ Criminals whose addiction represents a moral failing that should be punished rather than treated.
- ❑ Unwilling or unable to change their risk behaviors.



# “Addictphobia”

- Lack of drug treatment
- Reduced ability for public health to engage IDU
- Reduced political will to provide adequate funding and programs for IDU

**Reducing addictphobia is an important factor in our ability to improve the health of those who use drugs, including IDU**



# Programs & Interventions

- What are HIV prevention programs doing?
- How can viral hepatitis fit in?



# What Benefit is Viral Hepatitis to HIV Prevention?

- HIV is pretty boring these days, especially to drug users who have “gotten the message”
- Hepatitis C is new, unknown & scary -  
- engages the interest of IDUs



# Advancing HIV Prevention (AHP)

- Focus on increased testing & knowing your HIV status
- Premise: HIV positive diagnosis will elicit risk reduction behavior change (and entry into medical care)
- Is this true for drug users who test positive for HCV?



# Ompad, CID, 2002

Lack of behavior change after disclosure of HCV infection among young IDU in Baltimore

- N=226 IDU, 1997-1999
- Mean age 26, median 1<sup>st</sup> injection=23, median years of injection=2.1
- Given standard HIV post-test counseling, and if HCV, information and referrals
- **No significant change in behavior between those who received HCV diagnosis vs those who did not**

# Changes in Risk Behavior among IDU after HIV diagnosis

- 11 Studies
- 7 showed risk reduction after HIV+ result
  - 3 found reductions in sex risk but not IDU risk
- 2 are neutral – no change
- 2 are negative – more risk behaviors
  - drug TX setting
  - street users who reported via ACASI



# So...

- Providing HIV and HCV tests results as an intervention shows promise, but is not a panacea for IDU.
- Addiction may over-ride desire to keep others uninfected
- Need to develop HCV post-test counseling that helps reduce risk



# HIV Programs & Interventions

- 141 CBOs are directly funded by CDC to provide prevention activities and interventions (HIV CTR, PCRCS, etc)
- Most/all CBOs are also providing population specific interventions called “DEBIs” (Disseminating Effective Behavioral Interventions)



# Disseminating Effective Behavioral Interventions (DEBI's)

- HIV Interventions that have been studied and proven effective, now being disseminated throughout the US
- Several DEBI's are good candidates for viral hepatitis messages for MSM and IDU



# Disseminating Effective Behavioral Interventions (DEBI's)

- DEBI candidates for viral hepatitis prevention messages for IDU
  - Dedicated IDU intervention: Safety Counts
  - Could be adapted, may reach IDU: Community Promise, Holistic Health Recovery Program, Voices
  - Others?



# Disseminating Effective Behavioral Interventions (DEBI's)

- **Safety Counts** has been revised and adapted to include viral hepatitis
  - All references to HIV now say “HIV and viral hepatitis”
  - Suggest vaccination for HAV, HBV
  - Viral hepatitis included in intervention tools and data collection forms for the project



# Disseminating Effective Behavioral Interventions (DEBI's)

- **Safety Counts**
  - 23 CBOs planning to conduct intervention
  - Estimated 4,518 IDU reached
- **Community Promise**
  - 14 CBOs planning to conduct intervention
  - Estimated 4,922\* IDU reached
- **Does not include organizations funded by State Health Departments**



# Disseminating Effective Behavioral Interventions (DEBI's)

## ● Safety Counts Training

- 718 individuals

- 314 organizations

  - ◆ 209 CBOs

  - ◆ 43 Health Departments

  - ◆ 18 Capacity Building Assistance Programs

# HIV Programs & Interventions

- 141 CBOs funded
- 102 CBOs will reach some IDU
- 18 programs (~13%) estimated IDU will be 25%-50% of the people reached
- 14 programs (~10%) estimated IDU will be 51%-100% of people reached
- Estimated 25,973 IDU reached total



# Conclusions

- Viral hepatitis prevention messages can be integrated into existing HIV prevention programs
- Potential to reach large number of IDU, and as a side benefit, HIV prevention workers are educated



# Thanks!

**\*\*New \*\*OUTREACH\*\* Web Site\*\***

**[www.cdc.gov/outreach](http://www.cdc.gov/outreach)**

**[www.cdc.gov/idu](http://www.cdc.gov/idu)**

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