

7th ANNUAL IRIS HOUSE SUMMIT

Women As
The Face
of AIDS



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harm reduction
COALITION

Hepatitis C Prevention

**Presented by:
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Our People, Our Problem:

Hepatitis C

It's time to start talking.

Hepatitis C Harm Reduction Project
<http://www.hepcproject.org>

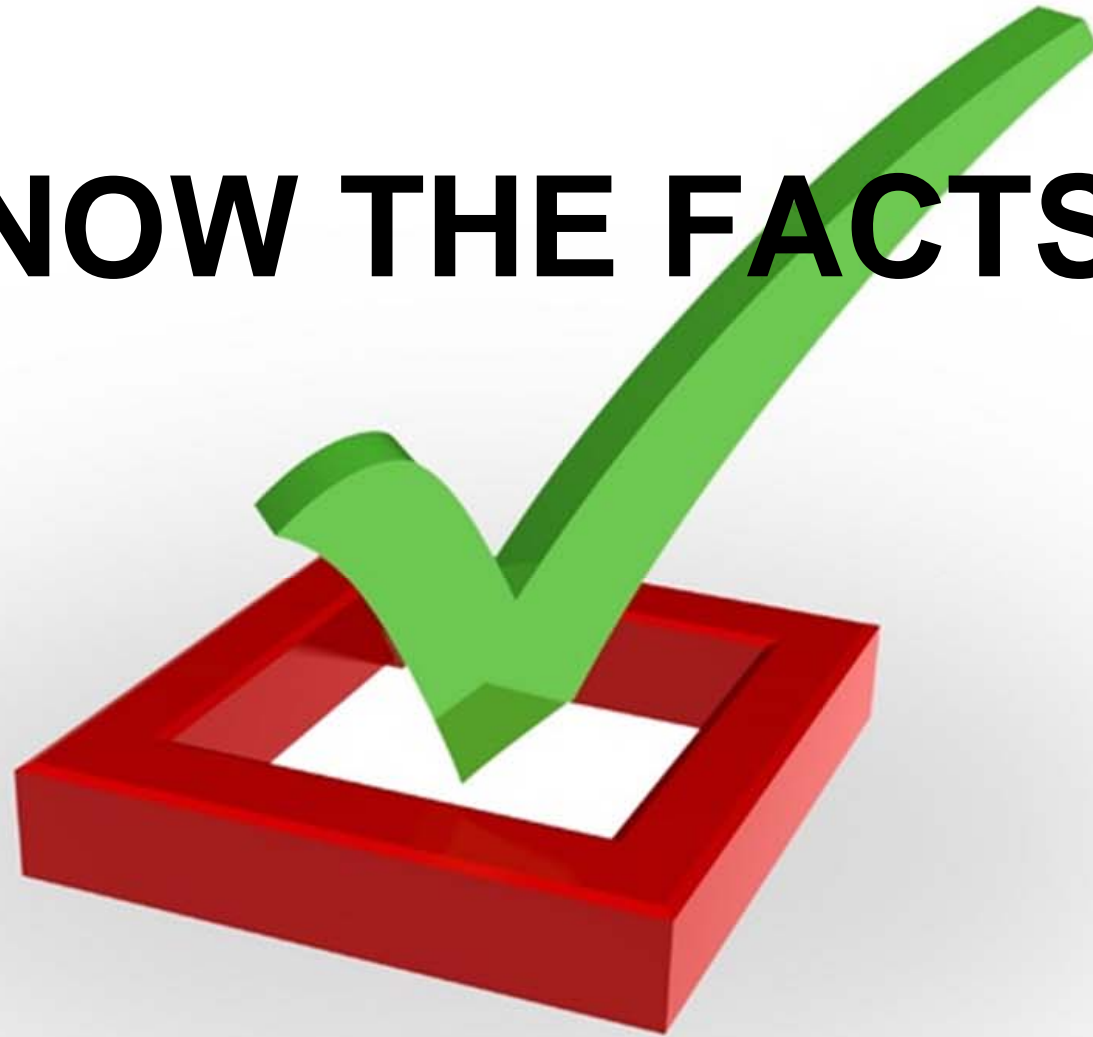


Why is HCV Prevention Important?

- HCV Mortality has surpassed HIV mortality
- HCV Treatment expensive
- HCV Infection leads to 70-80% chronic infection
- 40-90% of IDU/PWID HCV+ (depending on geographic location)
- IDU/PWID lack access to Care & Treatment



KNOW THE FACTS



Question 1

In the US, Hepatitis C (HCV) is...

- A. The leading cause of liver transplants
- B. The most common bloodborne infection
- C. 2-4 times more common than HIV
- D. The leading cause of death among HIV+ persons
- E. All of the above



E

Question 2

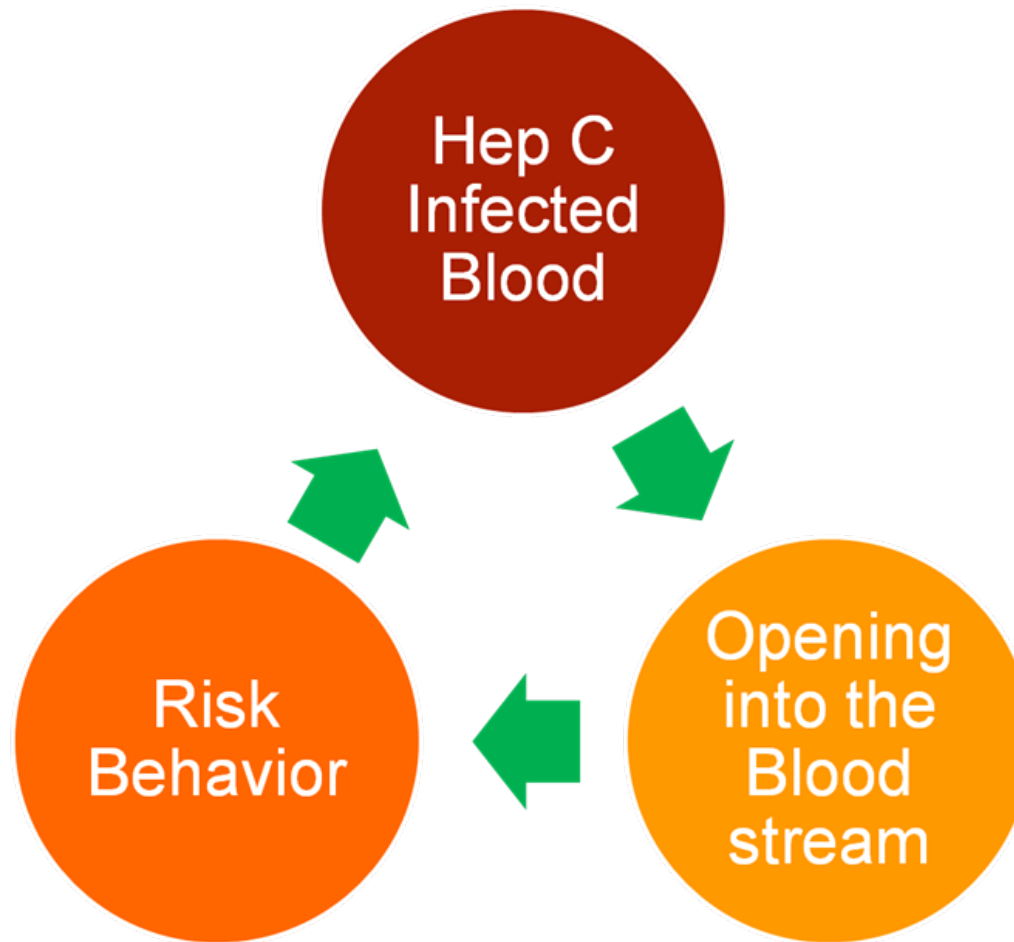
Hepatitis C Virus is transmitted in the SAME body fluids as HIV?

TRUE or FALSE

FALSE



Hepatitis C Transmission



Question 3

Sharing injection equipment is the #1 cause of new Hepatitis C (HCV) infections?

TRUE or FALSE

TRUE



It's All About the Blood





Other Injecting



PIEDS

Performance & Image Enhancing Drugs

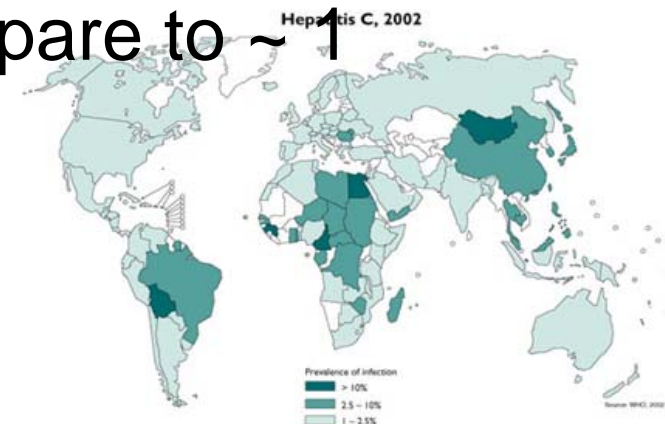
- Hormones
- Steroids
- Botox
- Silicone

Vitamins/Antibiotics



Why is HCV Prevention Important?

- World: 170 Million
- ~ 17, 000 new cases of Hepatitis C (HCV) infection every year in U.S.
- HCV is 10th leading cause of death in U.S. (CDC)
- ~ 8,000 - 10,000 people will die from HCV Complications every year in U.S. (CDC)
- > 4 million have been HCV infected (compare to ~ 1 million HIV+ in US)
- 1/3 of PLWHA (HIV+) have HCV



Question 3

How many people in the US are NEWLY infected each year with HIV & HCV due to syringe & equipment sharing?

- A. 10,000 HIV & 5,000 HCV
- B. 8,000 HIV & 15,000 HCV
- C. 1,000 HIV & 3,000 HCV
- D. 4,000 HIV & 9,000 HCV



Question 4

Sexual transmission of Hepatitis C is common?

TRUE or FALSE



Hep C Risk Behaviors

Sexual Transmission: **RARE**

Possible when **BLOOD** is present during sex

TINY amounts of HCV Virus present in seminal and vaginal fluids: not enough to be infectious

VERY low transmission rates in long term studies of sero-discordant couples



Hep C Risk Behaviors

Sexual Transmission:

Present in some MSM communities

Increase likelihood:

- If HIV+
- If have other STI's
- More sexual partners
- Rough sexual practices



Hep C Risk Behaviors

Medical:

- People who received blood products or transplants prior to 1992
- Lack of infection control procedures.
- Occupational Exposure



Hep C Risk Behaviors



Potential:

- Tattooing & Body piercing using un-sterilized equipment
- Razors or nail clippers
- Sharing snorting straws and pipes
- Mother to child transmission - associated only with blood, not breast milk.



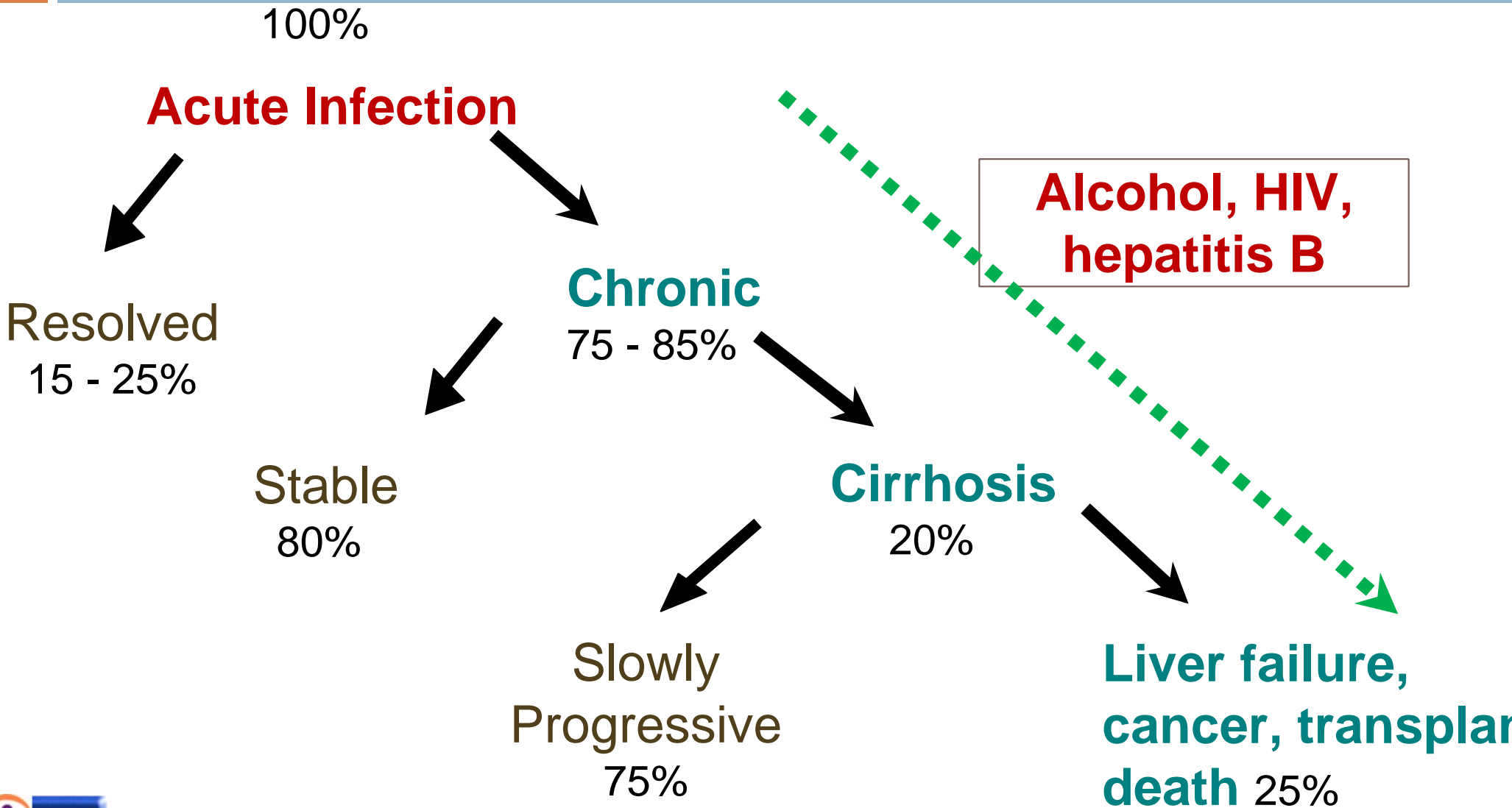
Question 5

ALL people that get infected with HCV will become *chronically* infected with HCV?

TRUE or FALSE



Natural History of HCV Infection



HCV Prevention Attitudes

- HCV infection is **INEVITABLE**
- HCV infection is **INCONSEQUENTIAL**
- HCV infection is **INDETERMINATE**

.....but is it?



Hep C Messages: *Are they Realistic?*

Safer Injecting **DON'Ts**:

- .**Don't** start injecting
- .**Don't** have contact with other people's blood
- .**Don't** share needles for shooting
- .**Don't** share water, cookers, or cottons



Interventions to Prevent HCV by Reducing Unsafe Injections?

Combinations of any of these:

- Substance Use Treatment
- Individual Behavioral Interventions
- Syringe disinfection
- Supervised Injection Facilities
- ***Syringe Access***



What do syringe access services look like?

- Fixed Site & Street-based
- Home delivery/SRO Outreach
- Pharmacy
- Prescribed by Doctor
- Peer delivered (PDSE) & secondary exchange
- Mobile (Vans/Backpacks/Walk-about)
- Community Clinics & Hospitals
- Vending machines



What do they do?

- Dispense & Dispose of Injecting Equipment
- HIV/HCV services
- Outreach Services
- Client Intake/Triage
- Drop-in Center
- Group & Individual level interventions
- Medical, Dental & Mental health services
- Counseling and referral
- Case Management
- Housing services
- Safer sex supplies & education
- OD prevention



.....& more!!!

Syringe access does NOT.....

- X** .. encourage drug use
- X** .. increase crime rates
- X** .. increase needlestick injuries

Syringe access DOES.....

- ✓ .. **reduce** HIV infection
- ✓ .. **reduce** risk for hepatitis C infection
- ✓ .. **link** participants to drug treatment, medical care, housing and other social services



It's All About the Blood



**But
is
it ?**



Barriers to HCV Prevention

- Many IDUs not using SAPs
- More than half acquire syringes from potential unsterile source
- Nearly half report “sharing” syringes and other equipment
- Generally participants of SAPs have been injecting for some time
- Large number of IDUs already infected with HCV
- Likelihood of HCV infection from 1st injection 1.5 years – 3.5 years (source: H Hagan)



When Drug Users Fear Interaction with Law Enforcement

Unsafe Injecting Practices

- 1 ½ times more likely to share needles
- Inject in a hurry, unhygienic, damage veins, etc
- Don't "test" strength drug to avoid OD
- Discard of syringes inappropriately
- Don't collect/carry enough injecting equipment to meet injecting needs

Also

- Reduces IDUs attending SEPs
- Displaces DU's, difficult to outreach
- Don't access other health services
- Don't report OD



HOW CAN YOU PREVENT HEP C?



**IF YOU SHARE YOUR DRUGS,
DON'T SHARE YOUR BLOOD**



Works, sets, rigs, gizmos. Cooker, spoon, cotton, filter, water. Whatever you call them, use them safely when you inject drugs. Hepatitis C is a virus spread through blood that can cause liver disease. So go to a needle exchange or ESAP pharmacy and take care of yourself and your friends: use a new set each time you inject.



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www.hepcproject.org



Your Life is worth it



Staying Safe Project

Long-Term Prevention.....is it possible?

- Investigate IDUs who have been injecting 8-15 years in NYC and have remained HIV & HCV negative NDRI, (NIDA grant)

How do “They” do it?

- Staying Safe: Training Injection Drug Users in Strategies to avoid HCV & HIV



High-Risk Situations ?

- Being dope sick
- Needle shortages
- Homelessness / unstable housing
- Losing social ties with non-users (family & friends)
- Facing stigma by not taking care of yourself
- Losing a job or other steady income (*Cost of Drug < \$ Available*)
- Arrest, incarceration and release





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**HRC thanks you for your
participation in this workshop!**

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