Overdose, Hepatitis C, and Drug User Health: SFDPH’s Response to Overlapping Public Health Crises

Protecting and Promoting Health and Equity

Presented by: Katie Burk, MPH
Community Health Equity and Promotion Branch
San Francisco by the Numbers

22,500 PWIDs

22,000 people HCV Seropositive
- 12,000 Active HCV Cases
- 68% of active cases among PWIDs

16,010 people living with HIV
- 6% PWID
- 15% MSM-PWID

Highest Rate of Liver Cancer in US
- Driven by both HBV and HCV


www.endhepcsf.org
Intertwined Epidemics Require Integrated Response

• Examples of comprehensive prevention programs:
  • Syringe services programs and primary care
    • Prevents HIV, delivers safer injection education and supplies, increases linkages to drug treatment, HIV/HCV/STD testing, linkages to care and treatment, hepatitis A/B vaccination, naloxone/overdose prevention, and other services
  • Medication assisted treatment
    • Prevents opioid overdose AND reduces HCV infections by 60-75% among young PWID
    • Opportunity to test for HIV/HCV/syphilis; vaccinate against hep A/B; co-prescribe naloxone

Slide credit: Rachel McLean, MPH, California Department of Public Health
SFDPH Drug User Health Initiative (DUHI)

Mission Statement
To support drug users in caring for themselves and their communities through strengthening and aligning services and systems promoting drug user health in San Francisco.

Vision Statement
The system of care and prevention supports health equity for drug users and ensures that all people who use drugs are treated with dignity and respect throughout San Francisco.
DUHI Key Initiatives

- Overdose Prevention, Education and Naloxone Distribution
- Syringe Access and Distribution
- Harm Reduction Training Institute
- Alcohol Prevention
- HIV/HCV Prevention, Screening and Treatment
- Alignment Support Coordination
- Shared Measures Community Engagement
- Community Engagement
Drug User Health Promotion Infrastructure in SF

- Syringe Access and Disposal since
- Naloxone and Overdose Education
- Low threshold methadone and buprenorphine
- End Hep C SF
Syringe Access and Disposal Sites in SF

- Syringes and safer injection supplies
- Naloxone access
- HIV and HCV testing
San Francisco’s Response to Drug Overdose: Naloxone prescription for Opioid Safety Evaluation (NOSE) Project

- Opioid analgesic deaths exceeded 100 annually in San Francisco from 2000 to 2012
- Naloxone co-prescribing program in 6 safety net primary care clinics
- Physicians more likely to prescribe for patients at higher risk of overdose
- Naloxone co-prescribing associated with reduced opioid-related ED visits

San Francisco’s Response to Drug Overdose: NOSE Project

Prescribing naloxone to 29 patients averted 1 opioid-related emergency department visit in the following year.

Slide credit: Phillip Coffin, MD, San Francisco Department of Public Health
San Francisco’s Response to Drug Overdose: 
The Drug Overdose Prevention and Education (DOPE) Project

• Started in 2001 teaching rescue breathing and overdose prevention, began providing naloxone in 2003

• First health department-funded naloxone distribution program in the US

• Distributes naloxone under standing order since 2010

• Coordinates naloxone distribution at 15 SF programs including all syringe service programs and sites, and other community-based programs serving people who use drugs

• Approximately 120 trainers who distribute naloxone under the DOPE Project umbrella

Since inception, 9000+ trained, 4,000+ reported reversals

1,247 reported reversals in 2017!

Slide credit: Phillip Coffin, MD, San Francisco Department of Public Health
Opioid Health Indicators

Number of Opioid-Related Hospital Admissions / ED Visits / Treatment Admissions / Deaths

Year

Hospital Admissions
ED Visits
Treatment Admissions
Deaths

Slide credit: Phillip Coffin, MD, San Francisco Department of Public Health
Overdose Deaths by Opioid, SF

- Total
- Opioids
- Heroin
- All opioid analgesics
- Fentanyl

Number of Deaths

2006: 5
2008: 3
2010: 5
2012: 8
2014: 6
2016: 6

Slide credit: Phillip Coffin, MD, San Francisco Department of Public Health
VISION STATEMENT: End Hep C SF envisions a San Francisco where HCV is no longer a public health threat, and HCV-related health inequities have been eliminated.
Community Partner Sign-On Notification

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Signed,

Name, Title

Organization

Date
New Treatments Have Changed the Game
Community-Based HCV testing

- Homeless shelters
- SF County Jail
- Single room occupancy hotels
- Syringe access programs
- Methadone programs

- Residential drug treatment programs
- Transgender wellness group
- STD clinic
Treatment Access Strategy: HCV Treatment in Primary Care

• Three components of the capacity-building HCV treatment initiative for primary care physicians in the San Francisco Health Network, as of February 2016:
  • In-person training
  • eReferral consultation services
  • Individualized clinic TA

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention (16 months)</th>
<th>Post-intervention (23 months)</th>
<th>% increase</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total #</td>
<td>#/month</td>
<td>Total #</td>
</tr>
<tr>
<td>Total Patients Treated*</td>
<td>143</td>
<td>8.9</td>
<td>435</td>
</tr>
<tr>
<td>Total Clinics represented among treated</td>
<td>5</td>
<td>n/a</td>
<td>12</td>
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*Five treated cases had no listed PCP

Treatment Access Strategies: Take Treatment out of Primary Care

Get outside the 4-wall clinic!

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<tr>
<th>Setting</th>
<th>HCV Tx Starts</th>
<th>HCV Tx Completion</th>
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<tbody>
<tr>
<td>Opiate Treatment Outpatient Program (UCSF)</td>
<td>128</td>
<td>84</td>
</tr>
<tr>
<td>San Francisco County Jail</td>
<td>100</td>
<td>47</td>
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<td>Syringe Exchange (San Francisco AIDS Foundation)</td>
<td>13</td>
<td>7</td>
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<tr>
<td>Magnet (Gay Men’s Sexual Health Clinic, SFAF)</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Shelter</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Street Medicine</td>
<td>12</td>
<td>7</td>
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Unpublished data from UCSF, SF County Jail, SFAF, Shelter, and Street Medicine Team
# Treatment for PWIDs

**Patient-Centered Models of HCV Care for People Who Inject Drugs**

<table>
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<tr>
<th>Total</th>
<th>N (%)*</th>
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<tr>
<td>Screened</td>
<td>1553</td>
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<tr>
<td>Eligible</td>
<td>775 (50)</td>
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<tr>
<td>Enrolled &amp; randomized</td>
<td>610 (79)</td>
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<tr>
<td>- Eligible for treatment</td>
<td>533 (87)</td>
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<tr>
<td>- Treatment Initiation</td>
<td>480 (90)</td>
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*Percent (%) reflect the proportion of patients from previous stage; N and % of patients is not adjusted for time or losses.

National study
8 states, 16 sites

Slide credit: Kimberly Page, PhD, University of New Mexico
Best Practices and Lessons Learned

- Peer driven program models are essential to reaching at-risk populations.
- Organize programming around where target population already is.
- Naloxone saturation in community is necessary to make population-level reductions in overdose deaths.
- Different drug using communities necessitate different interventions—understand your local data and demographics.
- Multi-disciplinary teams are key to advancing agendas.
- Consider clinic-level interventions, community engagement, policy changes, leadership buy-in, etc.
- Integrate HIV/HCV awareness and activities into opioid safety efforts and vice versa.
## Acknowledgements

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Phillip Coffin, MD</td>
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Thank you

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