WORKSHOP ON INTEGRATING INFECTIOUS DISEASE CONSIDERATIONS WITH RESPONSE TO THE OPIOID EPIDEMIC

Policy and Research Priorities to Reduce Infectious Diseases Associated with Opioid Use Disorder
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Who We Are

• IDSA represents more than 11,000 physicians, scientists and other health care professionals who specialize in infectious diseases.

• Our purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.

• Created the HIV Medicine Association to represent the diversity of HIV health care providers and promote quality HIV care by advocating for policies that ensure a comprehensive and humane response to the AIDS pandemic.
Relevant Activities

- Partner with AASLD to maintain HCVGuidance.org
- Published guideline on chronic pain management in HIV patients (Oct 2017)
- Advocate for federal funding for ID and HIV prevention, care & treatment and research
- Advocate for evidenced-based prevention including syringe services programs & safe-consumption sites
- Provide clinical updates on managing opioid-related infections at IDWeek
From the Frontlines – Infections Linked to Injection Drug Use

Top Responses:
- Infective endocarditis (many report a doubling or more)
- Acute HCV cases
- Osteomyelitis
- Skin abscesses
- HIV

It's far more than overdoses: IV opioid users' diseases overwhelm hospitals

Jayne O'Donnell and Terry DeMio, USA TODAY Network
Published 10:00 a.m. ET Nov. 8, 2017 | Updated 8:06 a.m. ET Nov. 15, 2017
Top Responses:

• Syringe exchange

• Safe injection areas and education on safe injection practices

• Increased access to medication for addiction treatment and integration of MAT into primary care & specialty care

• More supportive inpatient facilities to treat endocarditis and addiction

By Todd Huffman from Phoenix, AZ – Needle Exchange, CC BY 2.0
Working Group on ID and Opioid Use Disorder

Key policy issues identified

| Heightened prevention | Need more epidemiological data and enhanced surveillance | Build health care provider capacity through telehealth & provider training | Expanded access to HIV, HCV and other ID treatment and to addiction treatment | Research and support for models to co-treat addiction and infections |
Invest **new** resources in the CDC to:

- Build state and local health department capacity to respond to their local opioid epidemic
- Expand access to syringe services programs
- Support jurisdictions implementing safe consumption sites
- Fully implement national HIV, hepatitis B, and hepatitis C screening guidelines
**Enhanced Surveillance & Data**

- Increase funding to expand surveillance for hepatitis C
- Generate and track national epidemiologic data including morbidity and mortality on infective endocarditis and other infections associated with opioid use
BUILD HEALTH CARE PROVIDER CAPACITY

• Leverage telehealth to expand access to ID and addiction treatment
• Increase funding at SAMHA & HRSA for addiction training for clinicians – including ID specialists – on the frontlines of the opioid epidemic
• Support frontline clinicians prescribing medication for addiction treatment with resources such as case managers and on site counselors
• Attract Addiction & ID/HIV specialists to underserved areas by expanding loan forgiveness opportunities
• Expand access to substance & mental health treatment including Medication for Addiction Treatment

• Fully leverage HRSA’s Ryan White HIV/AIDS Program to improve access to prevention & treatment for people with HIV with opioid use disorder

• Address barriers to HCV treatment including coverage restrictions such as requiring sobriety and limiting the types of providers who can prescribe HCV treatment
IMPROVE CARE INTEGRATION & LINKAGES

• Inpatient & outpatient clinics

• Jails, prisons & community providers

• Addiction specialists, psychiatrists, primary care clinicians, surgeons & infectious diseases physicians
ADDRESS RESEARCH GAPS IN SERVICE DELIVERY, HARM REDUCTION & TREATMENT

• Need effective models for co-treating & integrating addiction & infectious diseases treatment, e.g., treating endocarditis & addiction
• Study long-acting glycopeptides in treatment of endocarditis
• Need to know more about how to effectively implement evidence-based interventions, patient care including Pre-Exposure Prophylaxis (PrEP) & Safe Consumption Sites
Prioritize Research on Vulnerable Populations

Justice-involved individuals and rural populations are disproportionately affected and face unique prevention & treatment challenges.

Counties particularly vulnerable to rapid spread of HIV and Hepatitis C infections

Source: Centers for Disease Control
Committed to Provider & Policymaker Education and Advocacy

Upcoming Resources

- Fact sheet on ID and OUD
- Policy brief and recommendations
- Letter to NIH on key research questions

Next Steps

- Outreach to Congress and Administration
- Advocacy for policies and funding to address ID and OUD
- Media and social media

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