The mass criminalization of people who use drugs and Hepatitis C: what can we do about countries' national policies that are silently killing people who use drugs ?

Dr Juliet Bressan, Dr Chris Ford,

Holly Catania & Rebecca Murchie

IDHDP

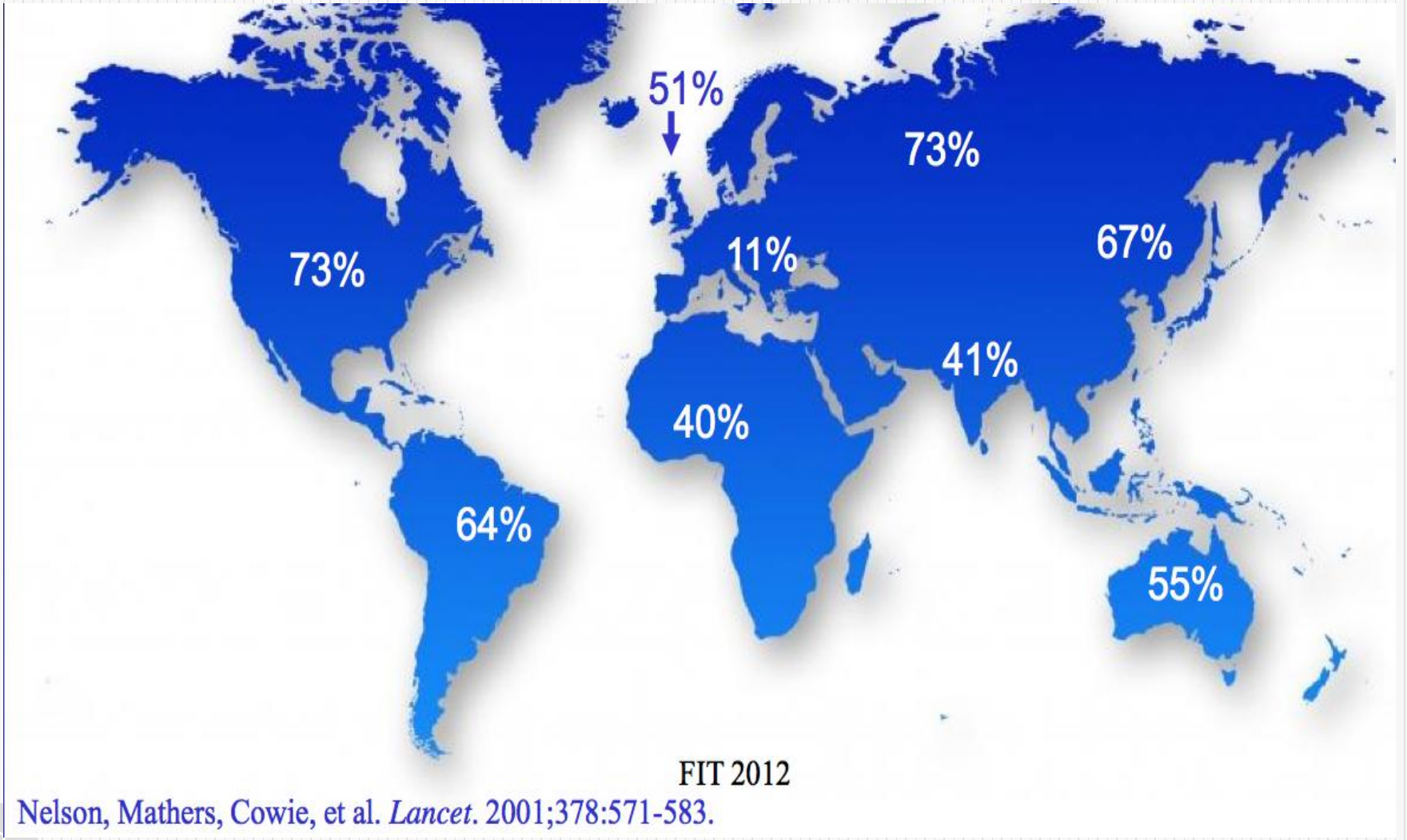
Global Addiction & Europad Joint Conference Pisa May 2013

Hepatitis C

- Hepatitis C is a preventable and treatable disease
- But remains an important cause of morbidity and mortality, particularly in people who use drugs
- In some countries, injecting or having injected is the main transmission route
- In many PWID HCV rates are higher than HIV rates, especially in prisons and is a bigger killer

HCV is a global harm reduction and public health crisis

Global hepatitis C prevalence amongst people who inject drugs



Nelson, Mathers, Cowie, et al. *Lancet*. 2001;378:571-583.

Effect of criminalization on people who inject drugs

Health outcomes

- Worse in countries where the criminalization of people who use drugs far outstrips the provision of drug treatment and other prevention and health services
- Better where the policies are more balanced

3. Central and Eastern Harm Reduction Network 2007
4. War on drugs Report of the Global Commission on drug policy June 2011

HIV prevalence fueled by war on drugs

- Clear evidence that HIV prevalence is fuelled by (5):
  - War on drugs
  - Criminalization of people who inject drugs

Is Hepatitis C prevalence also fuelled in the same way?

- Know there are many barriers to HCV care including:
  - Low HCV awareness and literacy
  - Stigmatisation and discrimination of PWID

All barriers are heavily influenced by the war on drugs and criminalisation of drug use

5. Global Commission on Drug Policy's report, "The War on Drugs and HIV/AIDS: How the Criminalization of Drug Use Fuels the Global Pandemic." June 2012.

HIV prevention is not HCV prevention

- HCV is more robust and transmissible than HIV
- Like HIV, treatment can be used as prevention
  - Treatment of those most at risk to spread the virus, active PWID are an important primary prevention measure
- In contrast to HIV:
  - Can survive weeks outside of the body
  - On surfaces, filters, spoons

6. Journal of Viral Hepatitis, 2011, 18: 542–548
7. Martin, N Hepatology 2013

What do we know about HCV among people who use drugs?

- Epidemic driven by injecting drug-use and like HIV, prevalence is fueled by prohibitionist policies, the criminalization and over-incarceration of people who use drugs (5)
- Mid-point HCV antibody prevalence in the western world in people who inject drugs (PWID) is 67.5% (8)
- In the US, for example, HCV is (9):
  - about 5 times more common
  - bigger killer than HIV /AIDS
  - many people don't know they have it
  - Estimates suggest HCV incidence will increase fourfold by 2015

8. Brunsden, A. (2006), Hepatitis C in Prisons: Evolving Toward Decency Through Adequate Medical Care and Public Health Reform. *University of California, Los Angeles Law Review*, **Vol. 54**, p. 465, 2006; University of California, Los Angeles School of Law Research Paper No. 07-02.
9. Bruggmann, P. (2012), Accessing Hepatitis C patients who are difficult to reach: it is time to overcome barriers. *Journal of Viral Hepatitis*, **19: 829–835**. doi: 10.1111/jvh.12008
10. Edlin BR. (2011), Perspective: test and treat this silent killer. *Nature, **Vol.474:S**, p18–19.*

HCV in Prisons (8)

Is a public health crisis tied to current drug policies' emphasis on the mass incarceration of drug users

- Treatment of infected persons in prisons is severely lacking
- 16 to 41 percent of incarcerated persons have HCV, as compared with roughly 2 percent in the general population (8)
- Between 29-43% of people with HCV have been in a correction facility (8)

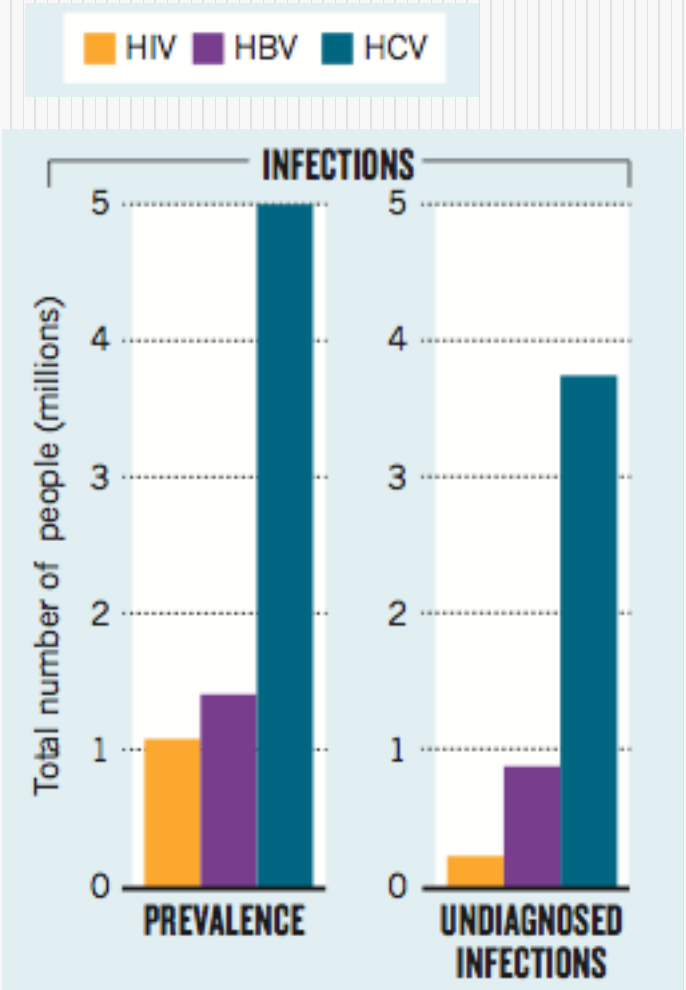
8. Brunsden, A. (2006), Hepatitis C in Prisons: Evolving Toward Decency Through Adequate Medical Care and Public Health Reform. *University of California, Los Angeles Law Review*, **Vol. 54**, p. 465, 2006; University of California, Los Angeles School of Law Research Paper No. 07-02.

Why the **policy** difference between HIV and HCV?

- SEX : Sexual transfer of HCV is very small – HIV known risk to heterosexual community
- STIGMA: In US, Europe and Australia main transmission route of HCV is IVDU – no 'risk' to the wider community
- VIRUS : HCV is about ten times more contagious than HIV sharing injecting equipment – one injection can cause infection – users are unaware of or underestimate their own risk
- EPIDEMIOLOGY : HCV higher potential to spread in the community of people who use drugs
- ADVOCACY : HCV lacks the strong advocacy that there's been for PLWHIV
- MEDICINE : Less public and practitioner awareness and support for preventing and controlling the disease

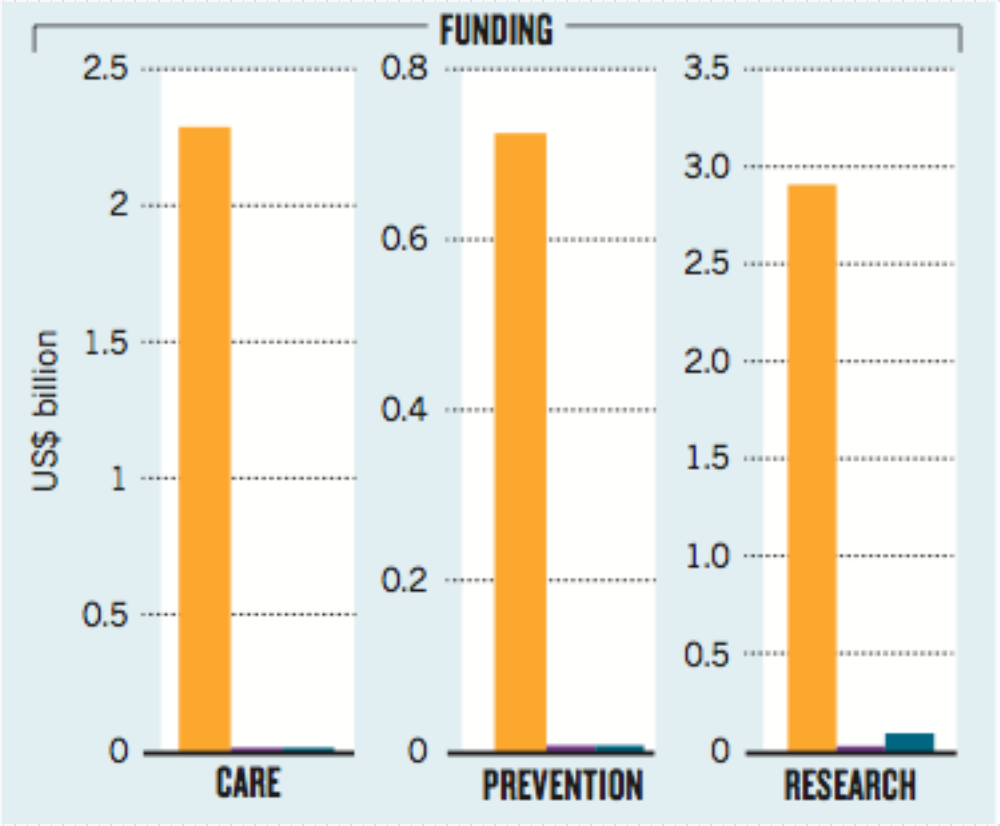
Barriers to a Healthy HCV Policy
1) Inadequate Testing (5)

- Not uniformly done
  - especially in most at-risk populations, such as people who use drugs and / or who are in prison



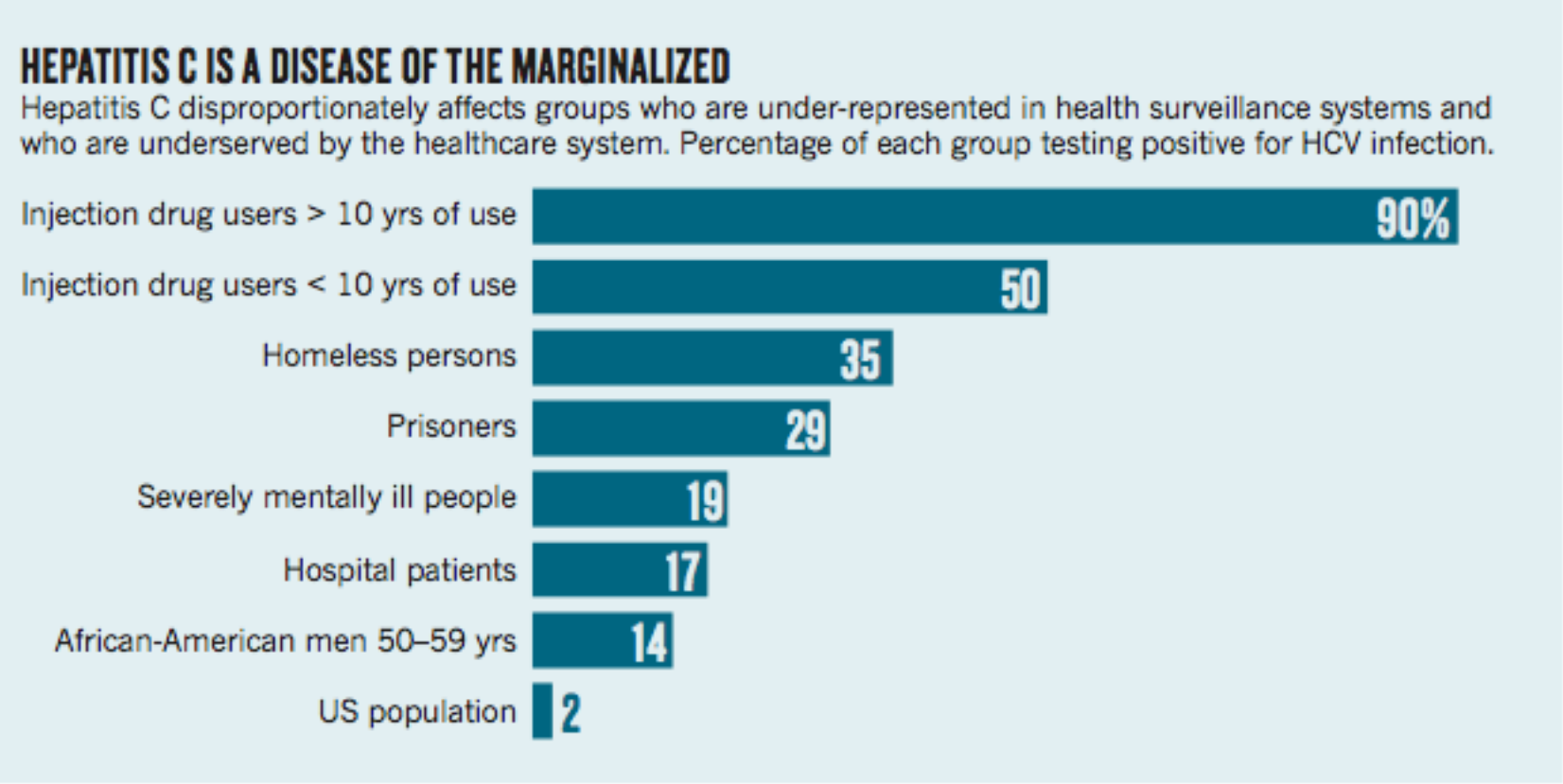
10. Edlin BR. (2011), Perspective: test and treat this silent killer. *Nature*, ***Vol.474:S****, p18–19*

2) Lack of funding (10)
US example



10. Edlin BR. (2011), Perspective: test and treat this silent killer. *Nature, **Vol.474:S**, p18–19*

3) Poverty/Marginalization (10)



10. Edlin BR. (2011), Perspective: test and treat this silent killer. *Nature,* ***Vol.474:S****, p18–19*

4) Barriers to accessing or providing care

- Patients
  - Lack of knowledge in patients of long term risks of Hepatitis C
  - Myths based on old knowledge, conflicting health messages from providers
  - Inverse Care Law
- Providers
  - Lack of knowledge and fear in providers: making assumptions about patients, fear of "bad news"
  - Poor and uncoordinated treatment policies
  - Treatment of hepatitis C not linked to treatment of addiction
  - Lack of funding: Treatment is expensive

11. D'Souza et al., QJM. 2004 Jun;97(6):331-6

5) Public health and harm reduction strategies: are they being adequately implemented?

- Poor coverage of NSP
- No universal OST
- No access to NSP/OST in prisons
- Failure to put the patient at the centre of the strategy

13. Can needle and syringe programmes and opiate substitution therapy achieve substantial reductions in hepatitis C virus prevalence? Vickerman P., Martin N., Turner K. et al. Addiction: 2012, 107, p. 1984–1995.

6) Prejudice by treating doctors

- In a survey amongst doctors in Canada, only 20% of HCV specialists would consider treating HCV in PWID
- In England only about 1% of people living with HCV who inject drugs are in treatment for HCV, although the treatment is extremely cost-effective

14. Csete J, Elliott R and Fischer B. (2008) "Viral time bomb" Health and human rights challenges in addressing hepatitis C in Canada. Centre for Addictions Research of BC, Canadian HIV/AIDS Legal Network

15. Grebely J, Dore GJ. Enhancing treatment for hepatitis C among drug users. Nat. Rev. Gastroenterol. Hepatol. 2011; 8:11-13

7) Criminal-focused drug treatment system

- Incarceration is an independent risk factor for HCV (8)
- Groups at highest risk for infection in the community remain at risk in prison
- Many people initiate injecting in prison (16)
- Women in prison are at higher risk than males (opposite to "community" risk) (17)
- Poor surveillance system for custodial facilities
- Co-infection HIV increases risk (16)

8. Brunsden, A. (2006), Hepatitis C in Prisons: Evolving Toward Decency Through Adequate Medical Care and Public Health Reform. *University of California, Los Angeles Law Review*, **Vol. 54**, p. 465, 2006; University of California, Los Angeles School of Law Research Paper No. 07-02. Available at SSRN:

16. BMJ 2001;323:1209

Incarceration Policy

- Custodial facilities expose "at risk" young people to injecting drugs which they would not have accessed in their community
- Prisoners take other risks in prison: psychiatric illness/alienation/boredom precipitates risk-taking behaviour
- Prison culture: tattooing, barbering, fighting, contact sports, rape
- Attitude of prison officers : requests for bleach leading to searches/punishment etc

17. Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings: Evidence base for the guidelines Australian Government Dept Health and Ageing 2008

Overcoming the barriers

Testing

- Increase universal
- Also target most at-risk populations, such as people who use drugs and / or who are in prison (18,19)
- Improve training for doctors and providers
- Robust screening strategies

18. Shooting Up Infections among people who inject drugs in the UK 2011 An update: November 2012

19. Am J Public Health. 2005 October; 95(10): 1739–1740.doi: 10.2105/AJPH.2004.056291PMCID: PMC1449429A Missed Opportunity: Hepatitis C Screening of Prisoners Grace E. Macalino, PhD, Darpun Dhawan, BA, and Josiah D. Rich, MD, MPH

Increase funding

- Increase policy maker/stakeholder awareness HCV risks
- Cost-benefit ratio of inadequate funding
- Integrate HCV testing & treatment into existing mainstream facilities
- Address the health costs of incarceration
- Treating hepatitis C in the prison population is cost saving

20 Neth J Med 2012 Apr;70(3):145-53

21 J Viral Hepat. 2007 Aug;14(8):523-36

22 Pharmacoeconomics 2004;22(4):257-65

23 Hepatology 2008: 48(5): 1387-95

Fight stigma

- Wherever it is
- Training for all including harm reduction
- Target false knowledge
- Remove misconceptions of addiction as a moral issue
- Remove barriers to patients accessing knowledge – literacy, personal development, employment, opportunity

Improving access and amount of treatment

- Examples where, i.e. – France, Scotland strategic response (24)
- Making access easier for PWID (25)
- Funding targeted at testing, treatment, care and support
- Information and training for patients and staff

24. UK vs. Europe – Losing the Fight Against Hepatitis C (Hepatitis C Trust/Southampton University, 2005)

25. Clinical pathways for patients with newly diagnosed hepatitis C – What actually happens W. L. Irving et al Journal of Viral Hepatitis, 2006, 13, 264–271

Provide and improve NSP and OST

- OST and NSP can reduce the prevalence of HCV (13)
  - Engaged in one, reduce risk by half
  - Protected by both, risk a fifth of those with neither
- But needed OST and high levels of of coverage NSP both sustained for long periods
- Provide NSP in community and prisons
- Provide OST to all that want, including choice of drug
- Encourage move away from injecting
- Not as effective as with HIV because:
  - Introduced when prevalence already high
  - More robust virus and greater transmissibility

14. Vickerman P et al. Can needle and syringe programmes and opiate substitution therapy achieve substantial reductions in hepatitis C virus prevalence? Addiction Volume 107, Issue 11, pages 1984–1995, November 2012

Training for doctors and other staff (6)

- Training for General Practitioners/family doctors and nurses, not just specialists
- Training for ancillary staff in counseling/providing quality information to at risk groups
- Strategic implementation of training policies
- Governmental health messages
- Public Health Policy – HCV has a similar public health impact as HIV in the West

Provide health based care not criminal focused drug treatment system

- Don't use criminal sanctions
- Identify health risk
- Target at risk individuals for health intervention as they come to judicial attention, rather than incarcerate and marginalize
- Training for prison staff to understand risks

Challenging policy to reduce HCV crisis: recognize the costs

Governments must realise that HCV has a similar public health impact as HIV and should address policy issues such as

- lack of funding
- uncoordinated strategies
- providing adequate and coordinated prevention programmes in the community and prisons saves money and lives
- access to treatment for people who use drugs
- shift away from arresting and incarcerating people for using drugs to health focus

Time to act to stop the increasing Hepatitis C epidemic and people dying unnecessarily

Thank you

Dr Juliet Bressan, Dr Chris Ford, Holly Catania and Rebecca Murchie

IDHDP

www.idhdp.com