INHSU 2017 Recap

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At the International Symposium on Hepatitis Care in Substance Users held in New Jersey in September 2017, Dr. Jason Grebely provided an excellent debrief summarizing the main themes of the conference which we will try to summarize in this blog post. The INHSU 2017 Summary was entitled “We know direct-acting antivirals (DAAs) for hepatitis C work for PWID, now what?”

The first key message from the conference was that it’s not all about hepatitis C, but that improvements in drug user health and social indicators will be essential to improve the lives of people who inject drugs (PWID). Dr. Grebely stated that we should have learned much more from HIV about who we can improve the lives of PWID that over-medicalization of drug treatment has been problematic, and that rather we must deal with trauma, poverty, and other social indicators. Several barriers to an effective response exist, including the criminalization of drug use and the associated stigma, limited availability of tools to disrupt a toxic drug supply, and the failure to provide minimal services and support to people who use drugs. Rural Appalachia serves as an unfortunate example of an area with a lack of access to evidence-based substance abuse treatments, few hepatitis C treatment providers, lack of access to affordable treatment, and a lack of access to harm reduction and social networks.

The second key message was that PWID must be at the center of our efforts to improve drug user health and hepatitis C care. PWID are often alienated from healthcare systems and a more apt name for the hepatitis C treatment care cascade might be the cascade of cracks to fall through. It will be important to work with PWID to build relevant models of care that include building relationships to build trust and valuing peers and understanding them as a core component of a service. We must work to support sustainable, independent representative organizations and sometimes these services need to go more than the extra mile for people. There is a need for robust advocacy from service providers, clinicians, and researchers, and peers should be embedded at each place along the cascade of cracks and at every level of service provision, including treatment delivery. We must address stigma and discrimination and elevate the voices of peers who have lived through the hepatitis C epidemic.

The third key message was that we know that DAA therapies for PWID work, but there are still data gaps. DAA therapy is effective in people receiving opioid substitution therapy and PWID (former/current) and multiple models of care are emerging (one size will not fit all). One of the most important statements from this conference was: “We must acknowledge that reinfection will occur and offer re-treatment without stigma and discrimination.” Areas requiring further study include DAA therapy in more “current” PWID, the transformative potential of treatment, non-

clinical outcomes, and strategies to prevent and address reinfection.

The fourth key message was that testing, diagnosis, and linkage to care will be major barriers moving forward. There is a need to move towards simplified models of hepatitis C care that also continue to strengthen a foundation for drug user health.

The fifth key message is that DAA restrictions must be addressed for hepatitis C elimination to be a realistic goal. Portugal, the site of INHSU 2018, was highlighted as a success model but most parts of the United States and Europe continue to require specialists to prescribe DAA therapy. Expanding education for providers and PWID in a diverse variety of settings will be crucial for hepatitis C elimination.

To learn more about INHSU and see an archive of the conference presentations, visit the 2017 INHSU program page here:
https://ashm.eventsair.com/QuickEventWebsitePortal/inhsu2017/agenda/Agenda

To see the More than Tested, Cured – Overcoming Barriers to Hepatitis C Care for People who Use Drugs workshop presentation and learn more about the project, visit:
http://nvhr.org/programs/more_than_tested_cured

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Tina Broder MSW, MPH is the Program Director at the National Viral Hepatitis Roundtable (NVHR), a national coalition working together to eliminate hepatitis B and hepatitis C in the United States.

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