FEDERAL ADVOCACY EFFORTS AT THE INTERSECTION OF VIRAL HEPATITIS AND THE OPIOID CRISIS

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CURRENT LANDSCAPE

• 2,400,000 total hepatitis C cases in the U.S.
• 2016: 41,700 new hepatitis C cases
• 350% increase between 2010-2016
• 70%+ a result of injection drug use
• One quarter of people living with HIV also are living with hepatitis C
• More than 70,000 overdose deaths in 2017
Elimination is possible
Now have a cure for hepatitis C
Multiple reports show it is possible
  – World Health Organization (WHO)
  – National Academies of Science, Engineering, and Medicine (NASEM);
  – Centers for Disease Control and Prevention (CDC)
Elimination is the overall goal of the National Viral Hepatitis Action Plan (NVHAP)
In 2016, the U.S. joined the 194-member countries by voting to adopt the first ever Global Viral Hepatitis Strategy, a plan with specific elimination targets established by WHO
NASEM recommends “the highest level of the federal government should oversee a coordinated effort to manage viral hepatitis activities.”

Currently, federal efforts to eliminate viral hepatitis are guided by the NVHAP

- Updated and implemented by the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
- Advocates have provided input to the NVHAP update

OHAIDP and OASH are essential parts of the federal plan to eliminate viral hepatitis, although neither receives dedicated funding for those activities
• Currently funded at $39M, community requesting a $95M increase
• Additional funds would help reduce new cases of viral hepatitis through:
  – implementing and expanding infrastructure and programs
  – identifying people living with hepatitis and linking them to care and treatment
  – improving access to screening and treatment
  – prioritizing interventions among people who use drugs
  – improving surveillance and outbreak response
  – preventing mother-to-child transmission of viral hepatitis
  – improving prevention efforts through research and technical assistance
  – supporting the implementation and expansion of syringe service programs
Advocacy Efforts – Eliminating Opioid-Related Infectious Diseases

- Advocates worked to pass authorizing language last Congress
- Successfully included in the SUPPORT Act (H.R. 6)
  - Authorizes $40M in funding for the CDC to provide resources to state and local governments and others to improve response to the infectious disease consequences of the opioid epidemic
  - Focus on prevention, education, surveillance, testing, linking individuals to substance use treatment, and linking individuals to care and treatment of infectious diseases most commonly associated by injection drug use
- $5M included in last year’s budget for similar efforts, community requesting a $53M increase to match administration’s $58M in proposed funding
- One area where community, Congress, and the administration agree
HHS Secretary Alex Azar on March 19th at the CDC National HIV Prevention Conference:

“When the CDC determines that a community faces an increased risk of or surge in infectious disease transmission through drug use, they can offer funding and technical support […] in establishing and running syringe service programs, or SSPs, which provide clean needles to people who use drugs.”

“In addition to clean syringes, SSPs often provide connections to PrEP, substance abuse treatment, infectious disease testing, and vaccinations.”

“Syringe services programs aren’t necessarily the first thing that comes to mind when you think about a Republican health secretary, but we’re in a battle between sickness and health, between life and death.”
Administration recently announced a plan to eliminate new HIV infections in the country

- 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years
- Target resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and seven states with a substantial rural HIV burden
- Includes $25M in FY2020 for the Indian Health Service to screen for HIV and prevent and treat hepatitis C
HOW WE ADVOCATE

• Hill visits
  – Individual or group meetings with member of Congressperson’s staff
  – Usually conducted on Capitol Hill in Congressperson’s office
  – Range from :10 to an hour or more

• Community sign-on letters
  – Petition but with organizations as signers
  – Way to show there is “community” support for advocacy ask
  – May find previously unknown champions
HOW WE ADVOCATE

• Dear Colleague letters
  – Petition but with elected officials as signers
  – Way to show there is political support for advocacy ask
  – May find previously unknown champions

• Congressional Briefings
  – Event held on or near Capitol Hill
  – Chance to provide detailed info to Congressional staff as a group
  – Able to conduct presentations, panel conversations, etc.
HOW WE ADVOCATE

• Media
  – Building relationships with reporters to become a resource on a specific topic
  – Send out press releases and invite reporters to briefings and other community events
  – Write letters to the editor or op-eds

• Coalitions
  – Multiple organizations coming together to form a single entity
  – Can be within the same “community” or across numerous “communities”
  – Focused on specific advocacy area, or more general idea
HOW WE ADVOCATE

• Social Media
  – Important way to advocate given the large audience
  – Free!
  –Replacing websites as the first place some people go when looking up issues or organizations

• Grassroots
  – Connecting together advocates, people living with hepatitis, and others impacted by hepatitis
  – Important voices that must be included because “nothing about us without us”
  – What is happening on the ground in communities and states should drive the national conversation
HOW WE ADVOCATE

• Hep Caucus
  – Group of House members who have joined together to form a group focused on hepatitis issues
  – Leads the Dear Colleague letter in the House
  – Assists in setting up and promoting briefings on the Hill
Questions?

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