

## PATIENT SUPPORT NEWSLETTER

Volume 6, January, 2021

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In this new year, we have a new opportunity to confront the challenges facing our communities.

HCMSG remains committed to providing the resources needed to enable you to be as strong and healthy as possible. We are dedicated to eliminating Hepatitis C and addressing healthcare inequities through partnerships with community based organizations, syringe exchange programs, clinics, and hospitals.

Hepatitis C Mentor and Support Group's mission is to empower individuals and communities to manage their own health. We provide education and supportive services for anyone affected by Hepatitis C and/or co-infected with HIV.

In this newsletter you will find resources for education and support that will arm you with the tools to prepare you for wherever you are in the process of dealing with Hepatitis C and its impact on your life. As always, we are here for you. All our services and support are available in-person and virtually.

Stay Safe and Hopeful,



# HEPATITIS C TREATMENT UPDATE:

Matthew Akiyama, MD, MSc

Asst Professor of Medicine, Montefiore Medical Center,  
Medical Advisor to HCMSG

Much progress has been made since the emergence of Direct Acting Antivirals (DAAs) for the treatment of HCV. DAAs were developed to improve the effectiveness and minimize the side effects of HCV treatment regimens by targeting viral proteins including the NS3/4A protease, NS5A, and NS5B polymerase. Inhibiting these proteins prevents the virus from reproducing and leads to eradication of the virus from the body, leading to HCV cure.

The first single-tablet combination DAA regimen, **Harvoni (ledipasvir/sofosbuvir)**, was approved for use in October 2014. Many other single- and multi-tablet regimens have been approved since that time.

Most recently, two regimens have been approved that can treat all genotypes of HCV: **Mavyret (glecaprevir/pibrentasvir)**, which is three tablets once per day taken with food and **Epclusa (sofosbuvir/velpatasvir)**, which is 1 tablet once per day taken with or without food. The regimens are 8 to 12 weeks in length for most individuals and very easy to take.

The keys to successful HCV treatment is taking your medication consistently missing as few doses as possible. If you take your DAA therapy daily without missing any days, the chances of being cured are at least 95%.

Don't forget that maintaining good liver health beyond HCV treatment involves consuming alcohol only in moderation or avoiding it altogether and eating a healthy diet.

Looking for assistance? See page 8

# Risk Factors

ALL ADULTS AGES 18+ are recommended to be screened for Hepatitis C

- Sharing syringes to inject drugs, hormones or steroids
- Tattoos & body piercings in unregulated settings
- HIV-infection
- History of incarceration
- Children born to mothers infected with Hepatitis C
- Non-injection drug use is a risk factor for HCV (and many other infectious diseases)
- Sharing drug use equipment (pipes, cotton, cookers, water, etc.)
- Sharing straws for snorting drugs
- Occupational needlestick
- Received blood transfusions or blood components before 1992
- Sharing personal care items such as razors, clippers or toothbrushes
- Sexual transmission (not common, however, some sexual practices may involve blood)

## HOW LONG DOES HEPATITIS C LIVE ON SURFACES

Cotton Filters	24-48 Hours
Cookers	14 Days
Syringes	63 Days
Water	21 Days
Surfaces	16 Day

References:

- <http://jid.oxfordjournals.org/content/202/7/984.full.pdf>
- [http://www.projectinform.org/pdf/pwidtoolkit\\_whatkillsHepatitis C.pdf](http://www.projectinform.org/pdf/pwidtoolkit_whatkillsHepatitis C.pdf)
- <http://harmreduction.org/issues/hepatitis-c/overview/hepatitis-c-transmission/>

# WHY IS TERMINOLOGY SO IMPORTANT?

Published in 2020 by INPUD - The International Network of People who Use Drugs [www.inpud.net](http://www.inpud.net)

Term to Use	Description
Clients	People who use drugs should be referred to as 'clients' accessing services, not patients (see below).
Non-stigmatising language	Objective terms such as 'people who use drugs'
People who Inject Drugs	One of our networks' key constituency, since these communities are often the most discriminated against and stigmatised.
People who Use Drugs	Collective, descriptive, objective term for all people whose interests we, as drug user networks and rights organisations, represent.
Stigmatizing Terms	Description
<b>Abuse ('Drug abuse')</b>	<b>Emphasises a moral judgement, that the drug is being used for an incorrect purpose</b>
<b>Addicts</b>	<b>Obviously derogatory. Reduces people who use drugs to a particular moralised and compromised state and status.</b>
<b>Clean</b>	<b>The implication is that people who use drugs are dirty, unclean, unsanitary.</b>
<b>Druggies</b>	<b>An abusive term for people who use drugs.</b>
<b>Junkies</b>	<b>Derogatory term used to dehumanise people who use drugs.</b>
<b>Patients</b>	<b>Referring to people who use drugs as 'patients' is disempowering and pathologizing (see 'Clients').</b>
<b>Recover</b>	<b>Relies on the stigmatising acceptance of addiction as disease; implies drug use is necessarily tumultuous and traumatic.</b>
<b>Treatment</b>	<b>We reject the idea that people's drug use and drug dependency can be subject to treatment as a disease can; various services catering to people's nuanced and variable realities, must be provided on their own terms.</b>

See the full article including list of terms at [www.inpud.net](http://www.inpud.net)



# THE HERO STUDY



*"The HERO Study" funded by PCORI, and supported by a large group of national and international stakeholders.*

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

HERO was a national study involving 25 sites in 8 different states. The study enrolled active people who inject drugs who injected drugs within 12 weeks of study entry and were treated for HCV either in community-based clinics or methadone clinics. Participants were either treated through modified directly observed therapy or patient navigation.

Over 80% of PWID enrolled initiated treatment, and of those greater than 70% were cured. The majority found to NOT be cured were lost to follow-up and just did not obtain bloodwork to see if they were cured. Among those who received bloodwork to see if they were cured, 90% were cured.

There was no difference in cure rates for those receiving modified directly observed therapy or patient navigation, but those who received care in methadone programs had improved adherence if they received modified directly observed therapy compared to patient navigation.

1

People who inject drugs in multiple settings (8 different states, urban or rural, and in methadone programs or in community-based clinics) can be successfully treated for HCV

2

Directly observed therapy is not necessary but if you are in a methadone program and you have the opportunity to take advantage of receiving HCV pills with methadone-- go for it-- it might improve your chance of adherence.

3

Most people who were deemed "not cured" were lost to follow up-- remember to get your last blood work 3 months after you complete treatment to make sure you are actually cured!

4

All people who inject drugs should be offered HCV treatment. However, several factors were associated with decreased cure rates – people who were marginally housed, those who were enrolled in buprenorphine versus methadone; those who injected drugs within one month of enrollment versus between one and three months; and those who injected three or more times daily versus less than three times daily.

# EVERYTHING IS RELATED: WOUNDS AND HEP C

By Thaddeus Pham,  
Viral Hepatitis Prevention Coordinator  
Hawaii Department of Health  
Hep Free Hawai'i



*Honolulu Star Advertiser*

## Hep C is not everyone's priority

When we talk about hep C in Hawai'i, we have to talk about so many other things. Currently, more than 6 out of 10 people who use our syringe service programs (SSPs) in Hawaii are infected with HCV. For most of them, hep C is not a priority because they are dealing with more visible or urgent things like homelessness, mental health diagnoses, and legal troubles. With that in mind, we at Hep Free Hawai'i joined with our SSP and health department partners, as well as medical champion Dr. Christina Wang, to ask people at SSPs what THEIR main health concerns were.

## People were more concerned about wounds

People at SSPs told us that their main health concerns were ongoing wounds. They could not get quality care from medical providers and the emergency department due to stigma around their drug use, but they were willing to seek care at the SSPs. We realized that providing wound care at the SSPs would be an effective way to engage clients who might have hep C. In 2015, Dr. Wang started a street-based wound care clinic that eventually expanded to include hep C testing, linkage, and care coordination. Since the program started, more than 800 visits for over 150 unique clients have been provided. Due to the low-threshold, high-quality care that they receive, clients are more likely to address their hep C and many other concerns.

## Give the people what they want

Through this program we learned the importance of practicing the philosophy of harm reduction in everything we do. By asking people at SSPs what they want and providing it to them, we built stronger communities and relationships that allowed us to address hep C and many other related harms.



*Christina Wang, DNP, MPH, APRN, AGPCNP-C (right) providing wound care to an SSP participant*

Learn more about hepatitis in Hawai'i



Go to [www.hepfreehawaii.org](http://www.hepfreehawaii.org), or @hepfreehawaii on social media

Adapted from a longer article at

<https://www.hhs.gov/hepatitis/blog/2018/05/11/opening-doors-for-hcv-services-at-syringe-services-programs.html>.

# PHARMACEUTICAL PATIENT ASSISTANCE PROGRAMS

Most pharmaceutical companies offer help to patients who cannot afford the medications needed to treat Hepatitis C. You should work with your medical provider to select and contact programs for assistance.

Gilead  
Harvoni (ledipasvir/sofosbuvir)  
Epcalsa - (sofosbuvir/velpatasvir)

AbbVie  
MAVYRET (glecaprevir/pibrentasvir)  
877-628-9738  
[www.mavyret.com/patient-support](http://www.mavyret.com/patient-support)

Gilead Support Path  
1-855-769-7284

<https://www.mysupportpath.com/>

## PATIENT COPAY ASSISTANCE PROGRAMS

### Patient Access Network (PAN) Foundation:

An independent non-profit organization that provides assistance to underinsured patients for their out of pocket medical expenses. PAN assistance covers multiple Hepatitis C medications and a patient's choice of medication does not influence the amount of assistance a patient is able to receive.



To learn more or to apply, visit [www.panfoundation.org](http://www.panfoundation.org) or call 1866-316-7263



### Patient Advocate Foundation

To provide Hepatitis C patients with hands-on case management support  
Hepatitis C Co-Pay Relief fund award  
HIV, AIDS and Prevention Co-Pay Relief fund  
Hepatitis C CareLine-1800-532-5274

For additional information, go to  
[www.hepatitiscmsg.org/patient-assistance-programs](http://www.hepatitiscmsg.org/patient-assistance-programs)



# HCMSG

## PATIENT EDUCATIONAL TRAINING

You may be eligible for a \$15 food gift card for participating\*\*

Visit us: <https://www.hepatitiscmsg.org/hepctraining>

\*\*Exclusions apply.  
See full details on our website.

## Training Addresses

- **ABC's of Viral Hepatitis**  
The Basics of Hepatitis C and its differences from Hepatitis A and Hepatitis B
- **Co-infection with HIV**  
People with Hep C and co infected with HIV are at increased risk of developing chronic liver disease.
- **Safe Sexual Practices**  
Unlikely but possible. Learn about how to reduce risk of transmission during sex.
- **Harm Reduction Strategies**  
The Circle Model meets people where they are at with forcing anyone down a specific path

**And more...**

# The Circle Model



HCMSG's "The Circle Model" address the basic needs of all people affected by Hepatitis C and/or co infected with HIV. In response to what is clearly a connection between substance use and Hepatitis C, we educate each person in regards to transmission and the benefits of being tested for Hepatitis C. This may be through a group or one on one. In order to effectively accomplish this, trust must be first established. The participants who test positive are then navigated through the process with the goal of receiving treatment for Hepatitis C and to endeavor to reduce the harm of substance use. The participants are identified through programs, such as syringe exchanges.

"The Circle Model" provides a non-hostile environment where participants are treated with respect encouraging them to reduce the harm of infection and encourage changes for a healthier lifestyle. With many having had bad experiences with the healthcare system, we offer support without forcing one down a specific path. There is no judgment of lifestyle and participants are given hygiene kits to provide options in an effort to reduce the harm. In addition to addressing the medical concerns, we provide guidance for participants who face non-medical challenges. We provide insight and direction into providing options and developing effective ways to engage participants in their own care and treatment. Our goal is to empower them to be able to be active in developing a long term plan and take control of their overall health.

## HCMSG's Current Circle Sites



- ekiM for Change Syringe Exchange *Greenville, NC*
- Hawaii Department of Health *Honolulu, HI*
- Hep Free Hawaii *Honolulu, HI*
- Hawaii Health and Harm Reduction Center *Honolulu, HI*
- Choice Health Network/ Positively Living *Knoxville, TN*
- Harm Reduction Clinic *Knoxville, TN*
- Washington Corner Project *Washington Heights, NY*
- Sun River Health *Bronx, NY*



If you are interested in starting a Circle Model, go to [www.hepatitiscmsg.org/circleregistration](http://www.hepatitiscmsg.org/circleregistration)



Stay Safe  
Wear a Mask

We welcome your suggestions and any stories you want to share.

To contact us:  
Email [hepatitisCmsg@gmail.com](mailto:hepatitisCmsg@gmail.com)  
Website: [www.hepatitisCmsg.org](http://www.hepatitisCmsg.org)