Hepatitis C Prevention for LGB/TGNC Individuals and Communities

WEBINAR

November 7, 2018
3-5pm Eastern Standard Time

Kacey Byczek
Capacity Building Services Manager, East

Mike Selick, MSW
Hepatitis C Training and Policy Manager
Zoom Webinar
Housekeeping Slides
Zoom Webinar

Housekeeping Slides

Meeting Topic: Success Onboarding Team's Personal Meeting
Host Name: Success Onboarding Team
Invitation URL: https://zoom.us/j/7228544372
Participant ID: 52

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From Amazing host to Everyone:
Thanks for joining today. Please feel free to use the chat panel to communicate.
Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
12TH NATIONAL HARM REDUCTION CONFERENCE
NEW ORLEANS  OCT 18–21, 2018

Learn more at harmreduction.org/conference
1. Workshop Overview
Agenda

1. Webinar Overview
2. Why HCV Prevention for LGB and TGNB?
3. Hepatitis C Basics
4. Intersection of Sex and Drugs – Transmission and Prevention of HCV
5. Tips for Providers
6. HCV Treatment
7. Q ‘n A
Goal of Webinar

To promote HCV risk reduction among lesbian, gay, bisexual (LGB) and transgender, non-binary (TGNB) individuals and communities.
Training Objectives

By the end of the webinar, you will be able to:

1. Review basic information about HCV prevention, transmission, screening and diagnosis, and care and treatment.

2. Explore HCV risk and identify harm reduction options for LGB and TGNB health.

3. Discuss the benefits of HCV testing and connection to care.

4. Address common concerns LGB and TGNB clients may have regarding HCV care and treatment.
Group Agreements

- Please stay on **mute** until the Q&A

- We will ask for participation a few times during the webinar using the chat box

- If you have a question during the presentation please type or enter into the **chat box**
Glossary

PWID—People Who Inject Drugs
PWUD—People Who Use Drugs
HCV—Hepatitis C Virus
SSP – Syringe Services Program
MSM – Men Who Have Sex with Men
LGB -- Lesbian, Gay, Bisexual
TGNC -- Transgender or Gender Non-Conforming
TGNB – Trans* Non Binary
Sexual Orientation
To whom we are sexually attracted

Gender Identity
Sense of self as male or female, neither or both

Gender Expression
An individual’s physical characteristics, behaviors, and presentation that are commonly linked to femininity, masculinity, or androgyny

GP
Gender Pronoun
2. Why HCV Prevention for LGB and TGNB?
Hepatitis C in New York

• More than 280,000 people in New York living with chronic Hep C\(^1\)

• **More than 50% are unaware of their infection**\(^1\)

• Up to 30% of all persons living with HIV in New York are co-infected with Hepatitis C\(^2\)

• Approx. 65% of new Hep C diagnosis in NYC are among Black or Latinos.\(^2\)

• Hep C infection among HIV-positive MSM in NYC have increased.\(^3\)

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\(^1\)American Journal of Public Health (2013)

\(^2\)NYC Department of Health and Mental Hygiene

\(^3\)DrobnikA et al, HIV/HCV Coinfection among MSM in NYC, 2000-2010.
LGB TGNB At Higher-Risk

• Guidelines for viral hepatitis screening in the transgender population do not exist.\(^1\)

• Rates of IDU are higher among transgender people, and transgender people may inject hormones or soft tissue fillers such as silicone.\(^2\)

• In the year 2000, 7% of Hep C reports among people with HIV in NYC were MSM and transgender women. This percentage tripled to 24% by the year 2010.\(^3\)

• In one study, one-third of HIV+ MSM diagnosed with HCV, reported history of IDU, 46% Other Drug Use, and 70% STIs.\(^4\)

\(^1\) Mangla N, Mamun R, Weisberg IS Nov2017
\(^2\) Transgender health and hepatitis C (2012)
\(^3\) New York City Surveillance Data
\(^4\) Garg S, Taylor LE, Grasso C, Mayer KH May2013
Substance Use in LGB/TGNC Communities

• In 2015, almost 40 percent (39%) of sexual minorities reported illicit substance use compared to 17% of heterosexual individuals.¹

• LGB/TGNC youth are anywhere from 3x to 4x more likely than their straight counterparts to engage in substance use.¹

• LGBT persons have a greater likelihood than non-LGBT of experiencing a substance use disorder (SUD) in their lifetime.²

¹Sexual Orientation and Estimates of Adult Substance Use and Mental Health 2015
²Substance Use and SUDs in LGBT Populations (NIDA)
Anal Sex & HCV

• Both receptive and insertive anal sex can transmit HCV

• Although there are people who engage in anal sex of all gender identities and sexual orientations, MSM and trans women are at a higher risk of sexual transmission of HCV

• Several outbreaks of HCV in men living with HIV who have sex with men; some linked to ChemSex

• Studies have found clusters of HCV among MSM using PrEP

HCV in Key Populations: MSM. 2018. AASLD
3. Hepatitis C Basics
Hepatitis in General

- Hepatitis means inflammation of the liver
- Caused by: heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis
What is Viral Hepatitis?

- Hepatitis is most often caused by a virus
- In the United States, the most common types of viral hepatitis are
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
Hepatitis C

Hep C is a virus that lives in human blood and infects the liver

Over time, Hep C can cause damage to the liver
HCV Transmission

It’s spread BLOOD-to-BLOOD

For transmission to occur, the **Hepatitis C Virus** must get from the blood of a person living with HCV into the blood stream of another person.
HCV is Easy to Spread

HCV is very small – there is a lot of virus in a little blood

- Is highly infectious
- Multiplies rapidly – “a little virus goes a long way”
- Can live outside the body and in dried blood, on surfaces, is resistant to heat; HCV is resilient
EXPOSURE Occurs

Risk Behavior

Opening into the blood stream

HCV Infected Blood
Progression of Hep C Infection

- **Acute Infection**
  - Resolved: 15 - 25%

- **Chronic**
  - 75 - 85%
  - Stable: 80%

- **Cirrhosis**
  - 20%

- **Slowly Progressive**
  - 75%

- **Liver failure, cancer, transplant, death**
  - 25%

- **HIV, Hep B, Alcohol, Age >40**

- 15-30+ years
Many people living with Hep C are asymptomatic or, don’t show signs or symptoms.

This is a major reason we tell people to get tested.

If there are symptoms, they vary from person to person.
Symptoms of Hepatitis C

- Abdominal pain
- Swollen abdomen
- Jaundice (yellowing of the eyes)
- Nausea/vomiting
- Joint pain
- Itchy skin
- Loss of appetite/weight loss
- Fatigue
Hep C Testing & Diagnosis is a 2-Step Process

1. Antibody test
2. Diagnostic Test

If the Antibody test for Hep C came out “reactive” then take the Hep C RNA (diagnostic) test
4. Intersection of Sex and Drugs: 

*Prevention & Transmission of HCV*
Risk behavior, whether by substance use, sexual activity

Mindset, demographic & social characteristics, physical & mental health, interpersonal skills

Physical, social, economic, cultural, and emotional background

Adapted from Zinberg NE, Drug, Set, And Setting (1984)
What do you know about ChemSex or party ‘n play?
ChemSex (or party ‘n play) is the use of substances during sexual activity

Among gay men and MSM, crystal meth, GHB, ketamine, and cocaine are often associated with ChemSex
Crystal Meth & MSM

2018 study\textsuperscript{1} found that MSM who use crystal meth during sex are:

- 9x more likely to inject drugs
- 6x more likely to fist or be fisted
- 4x more likely to share sex toys

Blood may be present in all of these situations, increasing HCV risk

\textsuperscript{1} Data from St. George’s Hospital presented to the joint British HIV Association and British Association for Sexual Health and HIV in Edinburgh, Scotland April 2018.
Why do people use drugs when they’re having sex?

• Lower inhibitions
• Relieve stress
• Internalized stigma
• Party longer
• Substance use as a way to monitor or control surroundings
Why do people use crystal meth when they’re having sex?

- Decreased sensitivity
- Feeling of connection; increased intimacy with partner
- Increased ability to do things they may not be able to sober (like being fisted)
Safer Injecting

- Use your own syringes, needles and gear
- Wash hands or clean finger tips w. alcohol wipe
- Prep substances on clean table-top or use a piece of paper as a work mat
- Dispose of used needle or sharps in labeled, durable plastic container
- If injecting drugs, tell others where to find the naloxone
- Treat each shot like a new batch *taste test*
- If injecting hormones or silicone, tell others where the sharps container is located
Preparing for a Dose

1. Clean rubber stopper with alcohol and wait to air dry

2. Place 18 G needle to syringe

3. Draw air equal to amount of dose; Push plunger into vial and push air into vial

4. Draw dose and Remove excess air

5. Inject needle
Prevention – Injection

Use sterile injection equipment

- Blood may be on cookers, cottons, water, ties and surfaces
- Blood may be in bottles of hormones or steroids that have been drawn from multiple times

Avoid reusing equipment
Prevention – Injection

Use Your Own Gear

- Avoid pulling from the same cooker or bottle with one used + one sterile syringe
- If injecting drug solution, use your own cotton or filters
Prevention – Injection

If equipment must be reused - Mark it

- Keep a personal syringe
- Mark it so you know which one is yours

Avoid sharing injection equipment
Prevention – Injection

If syringes must be shared – Bleach/Water

Step 1: Rinse syringe w. **cold** water
Step 2: Rinse syringe w. bleach
Step 3: Rinse syringe again but with **new** water

No Bleach? Rinse 3x with Water
Transmission -- Other Drug Use

Inhaling/Snorting Drugs

- Snorting can irritate the nasal membranes and cause bleeding
- Hep C can be transferred onto straws or snorting devices during intranasal drug use

Smoking Drugs (including crystal meth)

- A hot pipe may burn and crack lips which can cause bleeding
Prevention – Other Drug Use

- Use your own straw when snorting drugs
- Use your own pipe if smoking drugs
- Cover a shared pipe with a rubber stem cover
Safer Snorting

Prepare your nose

• Rinse nostrils out before and after snorting

• Alternate nostrils for drug use
Safer Snorting

Prepare the drugs

• Crush the powder as fine as possible
• Cut straw in half to avoid sharing snorting device
• Make a new straw with paper like a post-it
Safer Crystal Meth Smoking

• Clean your hands
• Wipe down the pipe with alcohol pads
• Put crystal meth into the pipe and tap the pipe until the drugs move down into the bowl
• Apply heat to the bowl and move the heat source around so it doesn’t burn in one place
• Inhale slowly and exhale immediately, do not hold in crystal meth smoke
• Clean the pipe, burn off the residue and wipe down with alcohol pads
Increased risk when sex involves blood:

- Unprotected anal sex
- Tearing or trauma during unprotected insertive sex (vaginal or anal)
- During menstruation

Multiple partners and active STDs or STIs can increase risk for Hep C
Prevention – Sexual Contact

- Use plenty of water-based lubrication
- Get tested and treated for STI/STDs
- Get vaccinated for Hep A & Hep B
- Use finger cots, latex/nitrile gloves, condoms
Clean Hands Save Lives

Wash your hands when you can and keep your fingers clean!
5. Tips for Providers
Drug-related Stigma & MSM Communities

• Though chemsex is popular, crystal meth is still highly stigmatized in MSM and other LGBTQ+ communities

• The words ‘crystal’ and ‘Tina,’ and the symbol are banned from apps like Grindr, Scruff, Hornet

• People might use coded language like saying they are looking to party or for party favors
Drug-related Stigma & MSM Communities II

A focus group conducted by HRC discussed the fear of meth use to fear of barebacking and of acquiring HIV.

➢ “There’s lots of judgment despite rampant use.”

Stigma associated with drug use also increases the fear around talking about it, both within a social context and with providers.
Provider Tips:
Talking with LGB/TGNB People

• Avoid assumptions on gender identity or what pronouns a person uses

• Avoid assumptions about another person’s personal partners’ identity

• Listen more than you speak!

• No invasive questions please.
Provider Tips: Talking with People about Sexual Activity

- Don’t assume another person’s sexual behaviors
- Don’t assume another person’s anatomies
- Try asking open-ended questions
- Offer this conversation with every program participant and avoid singling someone out. Sexual health information can be shared with everyone.
Provider Tips: Talking with People about Sex Work

• Don’t assume every transgender person is in the sex trade.

• One study found men who used crystal meth during chemsex were 3x more likely to buy or sell sex.¹

• If asking about sex work,
  ➢ ask if they have “ever traded sex for money, drugs, housing, or other goods or services” rather than if they are “a sex worker”

¹“Far more harms associated with crystal meth than other chemsex drugs.” Roger Pebody. aidsmp.com Edinburgh, Scotland April 2018.
Provider Tips:
Talking with People about **Sex & Drugs**

- Think through how to speak about sex and drugs -- in the same conversation -- in a sensitive manner.

- Offer practical and realistic harm reduction supplies, equipment, and information.

- Promote taking care of physical health needs outside of sex or drug use like:
  - staying hydrated, sleeping once a day, hand washing
Provider Tips: Talking with People about Substance Use

- Experiences with substance use vary person to person. Avoid applying your relationship with drug use to another person’s relationship with drug use.

- Do not ask to see track marks, injection sites, or wounds related to injection unless participants asks you to take a look.

- Share all options: if someone is injecting and cannot use sterile equipment every time, talk about a bleach rinse, for example.
6. HCV Treatment
Hep C Treatment Today

- Shorter duration (approx. 8-12 weeks)
- Fewer side effects
- Very effective (success rate close to 100%)
- Combinations of Direct Acting Antiviral therapies
  - Fixed dose combinations
  - Many regimens are one pill a day
Why Treat Hep C?

- Improves quality of life
- Lowers healthcare needs & cost
- Reduces chances of spreading HCV

Successful Hep C treatment lowers risk for:
  - liver-related illness or death
  - AIDS-related illness or death for HIV if co-infected
Hep C Treatment Goals

1. PRIMARY Goal: Eradication of the virus
   • Cured = with continued absence of detectable HCV RNA at least 12 weeks after completion of therapy

2. SECONDARY Goal: A Healthier Liver
Preparation for Treatment

- Understanding of the treatment
- Understanding of what a cure means
- Reinfection prevention
- What if the treatment is not successful?
- Emotional support
Adherence to Hep C Treatment

- Belief in Treatment
- Building a Relationship with Medical Providers
- Social Supports
  - Family and friends
  - Support groups
  - Clinical and non-clinical support staff
- Planning ahead for any problems that may come up

“Adherence to HCV Therapy” by Alan Franciscus
www.hcvadvocate.org
REMINDER

Hepatitis C re-infection is possible

Speak with clients early & often about practicing risk reduction after they complete treatment

*avoid reinfection*
HCV Treatment & PrEP

- PrEP may have interactions with some HCV medications
- May need to monitor liver
- May need to change dosage of PrEP depending on HCV treatment prescribed
HCV Treatment & HIV Medication

- HCV treatment is prioritized if co-infected; monitor liver disease progression

- HIV is associated with liver fibrosis & cirrhosis in HIV/HCV co-infected individuals

- Medications used to treat HCV are direct-acting antivirals, which have some contraindications with HIV antiretrovirals

- Work closely with your doctor to choose medication regime that is right for you
HCV Treatment & Hormone Replacement Therapy

- Neither testosterone nor estrogen are associated with abnormal liver functions.
- However, some estrogens are metabolized along the same pathway as HCV meds, producing some contraindications.
- Discuss medication regimen with the doctor.
# HCV Treatment & Hormone Replacement Therapy

## Table 1. Drug Interactions between Estrogens and HCV Antivirals

<table>
<thead>
<tr>
<th>Contraceptives &amp; Hormone Replacement</th>
<th>Boceprevir</th>
<th>Daclatasvir</th>
<th>Ledipasvir/ Sofsobuvir</th>
<th>OBV/PTV/r</th>
<th>OBV/PTV/r + DSV</th>
<th>Simeprevir</th>
<th>Sofosbuvir</th>
<th>Telaprevir</th>
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<tr>
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<td>?</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
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<tr>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
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<tr>
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<tr>
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</tbody>
</table>

**Legend**

- × = These drugs should not be coadministered
- ? = Potential interaction - may require close monitoring, alteration of drug dosage or timing of administration
- ✓ = No clinically significant interaction expected

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Via hep-druginteractions.org
7. Q ‘n A

What can an agency or program can put in place to help promote Hep C prevention, treatment, and care?
HRC thanks you for participating in this webinar!

www.harmreduction.org