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# LESSONS LEARNED: INTEGRATING OVERDOSE PREVENTION IN HEPATITIS C NAVIGATION PROGRAMS IN NEW YORK CITY 2019-2023

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# CDC COOPERATIVE AGREEMENT: OVERDOSE DATA 2 ACTION

- Use data to action framework to select, improve, and scale-up up drug overdose prevention programs and policies.
- Focus on health equity and reducing health disparities
- Collaboration with Bureau of Alcohol and Drug Use Prevention, Care and Treatment and the Fund for Public Health New York
- Funding to support VHP Health Department staff to:
  - Implement linkage to care strategies for overdose prevention and hepatitis C treatment
  - Conduct to data-to-care project with one substance use treatment facility

# BACKGROUND

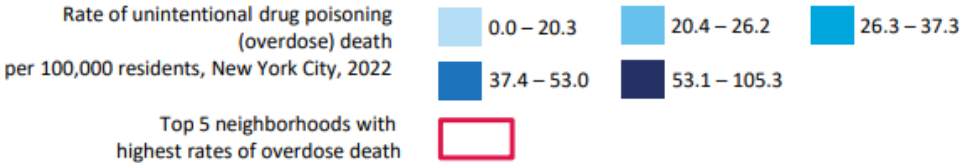
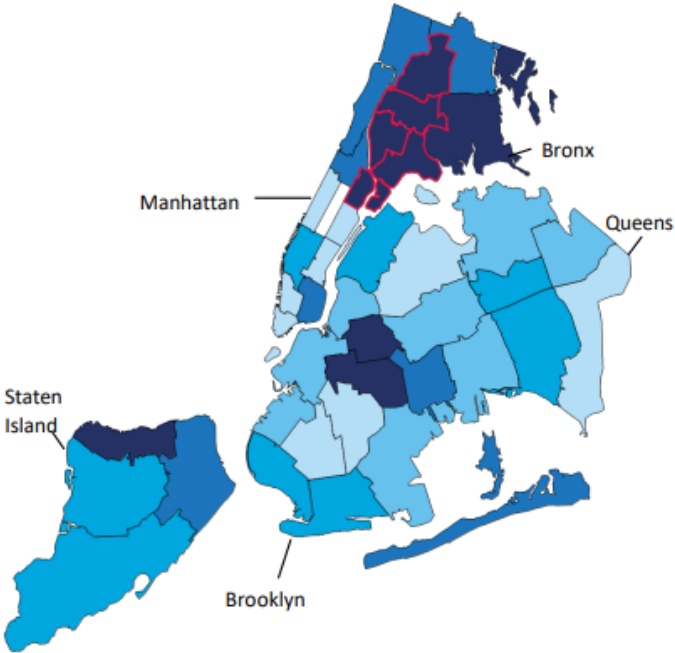
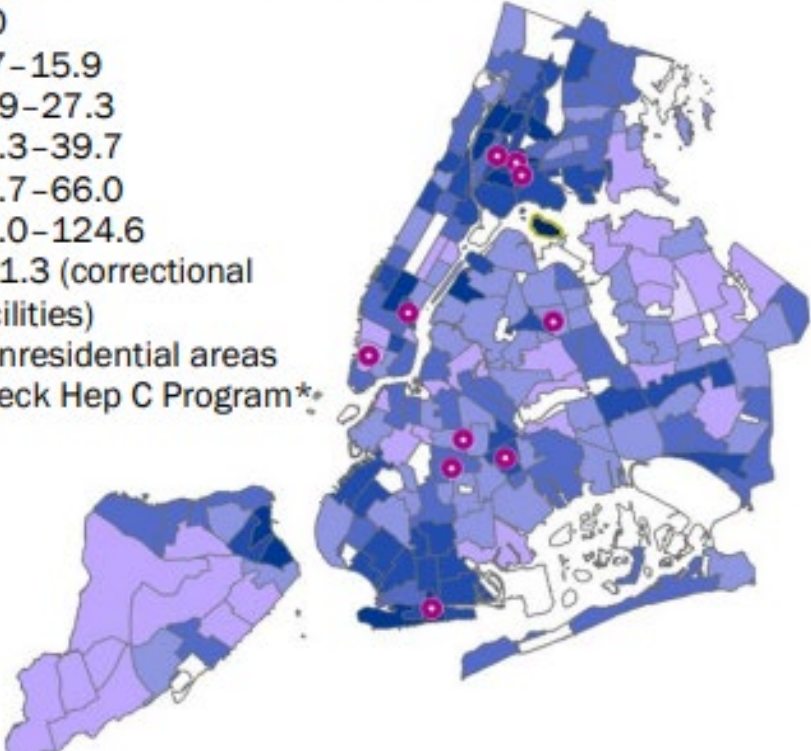
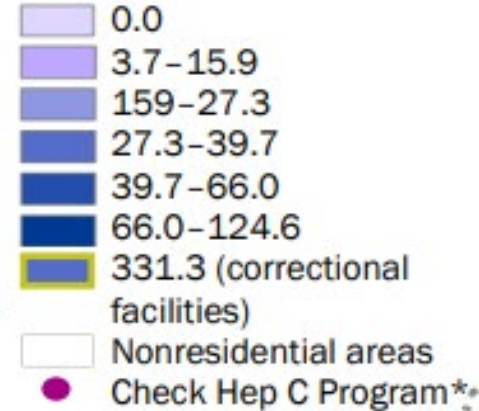
- Hepatitis C is most common blood-borne infection in the U.S., leading to cirrhosis or liver cancer in 25% of people
- Most infections spread through sharing drug use equipment
- In U.S. ~80% of new hepatitis C infections are among people who inject drugs (PWID)
- 51-77% of PWID in the U.S. have evidence of exposure to the infection
- NYC enhanced surveillance of people newly reported with hepatitis C in 2022:
  - 35.4%** reported injection drug use
  - 27.7%** reported intranasal drug use
- In 2020, drug overdose was the leading cause of premature death among people with hepatitis C

# NYC HEALTH DEPARTMENT HEPATITIS C & OVERDOSE SURVEILLANCE DATA SHOW SIGNIFICANT OVERLAP IN AREAS AFFECTED BY THESE CONDITIONS

Rate of people newly reported with chronic hepatitis C in NYC by NTA, 2022

Rate of unintentional drug poisoning death in NYC by Neighborhood, 2022

Annual hepatitis C rate per 100,000 people



Sources: NYC DOHMH *Hepatitis A, B and C in New York City 2022 Annual Report*; and NYC DOHMH *Epi Data Brief on Overdose Death in New York City 2022*

# WORKING WITH EXISTING PROGRAMS

## Hepatitis C Community Navigation (Started 2012)

- New York City Council-funded program managed by the Health Department:
  - 15 syringe service programs
  - 11 hospitals and federally-qualified health centers
- Organizations hire Patient Navigators to provide outreach, navigation to testing, care coordination and retention in care
- Programs have served over 13,000 New York City residents living with – or at risk for – hepatitis C
- **Patient characteristics:**
  - >60% report drug use
  - 20% don't have stable housing
  - 10% also living with HIV

## Surveillance-Based Hepatitis C Telephone Outreach (Started 2017)

- Health Department hired Health Care Access Specialists to provide telephone outreach and linkage to care
- Used surveillance data\* to identify people with hepatitis C for outreach
- **Target populations:**
  - people leaving jail
  - co-infected with hepatitis C & HIV
  - advanced liver disease
  - women who recently delivered a child
  - new infections in <35 age group

*\*Note: NYC surveillance data comes from an electronic clinical laboratory reporting system, receives all positive hepatitis C tests and negative viral load test results*

# Education and Training for Health Navigation Staff

- Harm Reduction Coalition's "Opioid Overdose Basics"
- How to support access to substance use treatment and naloxone

# 83%

Navigators Trained (N=78)

## Using Prescription Painkillers or Heroin?

**REDUCE YOUR RISK OF OVERDOSE, HEP C & HIV** NYC Health



### Prevent Overdose (OD)

- + **Avoid using alone.**  
If you overdose, you want someone around to help.
- + **Take care if you haven't used in a while.**  
You're more likely to overdose.
- + **Avoid mixing.**  
Most overdoses happen when heroin or painkillers are mixed with other drugs like benzos, methadone, antidepressants and/or alcohol.
- + **Don't be afraid to call 911.**  
If you're with someone who you think is overdosing, call 911. The law provides substantial protection from prosecution.
- + **Get an OD rescue kit.**  
Kits contain naloxone, a medication that reverses heroin, prescription painkiller and other opioid overdoses (including methadone) if given in time. Call 311 to find out where you can get training and a free kit.



### Prevent Hepatitis C (Hep C) and HIV

Hep C and HIV are viruses in the blood. Sharing drug use equipment - including syringes, cookers, cottons and water - with someone who has Hep C or HIV can infect you. Hep C can damage your liver, and there is no cure for HIV, even with medication.

- + **Always use new equipment.**  
There are anonymous programs in NYC that provide free syringes and drug use equipment.
- + **Never share equipment**  
(including if you inject, snort or smoke drugs).



### Emergency Overdose Instructions

1. **Call 911.**
2. **Give naloxone if you have it.**  
Spray nasal naloxone into the nostril, or inject intramuscular naloxone into the upper arm or thigh. If there is no response in two minutes, give a second dose.
3. **Lay the person on his or her side.** Wait for help to arrive.

### Resources

- + **Free and low-cost syringes:** Visit [IDUHA.org](http://IDUHA.org) for a list of syringe programs or check with local pharmacies.
- + **Hep C testing and care:** Call 311, text LIVER to 877877 or visit [nyc.gov/health/hepc](http://nyc.gov/health/hepc).
- + **HIV testing and care:** Text HIVTEST to 877877 for testing. Text CARE to 877877 for care.
- + **Help for drug problems:** Call 1-888-NYC-Well (1-888-692-9355), text WELL to 65173 or visit [nyc.gov/nycwell](http://nyc.gov/nycwell).
- + **More info on OD, Hep C, HIV, naloxone kits and training:** Call 311 or visit [nyc.gov/health](http://nyc.gov/health).

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“Would you like any support to access medical services, get health insurance or prevent overdose?”

“Since many people living with hepatitis C may also be at risk for overdose, I have some overdose safety tips that we share with everyone. This information may be useful to you or someone you know.

The Health Department recommends that people who use drugs avoid using alone and mixing drugs, and always carry naloxone.

Would you or anyone you know be interested in getting harm reduction or substance use treatment services? (if yes, ask for email, verify mailing address, or permission to send a text message) If you or someone needs it, feel free to call me at this number XXX-XXX-XXXX.”



## One-Question Opener: “What do you know about overdose prevention?”

- You can ask this question after discussing participant’s history of drug use, to start a conversation about overdose risk and prevention.
- Alternatively, if drug use history is not disclosed: “This is information that we share with everyone to provide resources as needed, have you seen or experienced an overdose before?”
- If **YES**, ask about specific concerns and interest in specific services (naloxone, fentanyl testing strips, medical care), go through risk factors and identify possible strategies
- If **NO**, ask if they can share their strategies, give positive reinforcement about the strategies they are using now, and discuss additional strategies that they could use
- Give your contact information for future questions and referral needs

## Navigation Services

- Brief overdose prevention counseling
- Linkage to providers offering co-located or integrated hepatitis C treatment and substance use treatment, including intensive community-based care coordination programs, naloxone

9,579

People served September 1, 2019 - February 28, 2023

6,240

People received brief overdose prevention counseling

1,409

People living with hepatitis C linked to integrated care



# IMPLEMENTATION OF OVERDOSE PREVENTION INTO HEPATITIS C NAVIGATION PROGRAMS

- Community-based navigation programs submitted annual implementation reports to describe capacity of program to provide integrated overdose prevention services and hepatitis C treatment
- Require one medical provider in each community-based navigation program to complete buprenorphine waiver training
- Update to all patient-level data collection and tracking systems to include fields to monitor implementation of overdose prevention services (Maven, REDCap)
- Track patients prescribed methadone or buprenorphine, naloxone distribution for patients enrolled in community-based navigation programs
- Coordinate with NYC Health Department Opioid Overdose Prevention Program (Naloxone kit distribution): **92% of Hep C Community Navigation Programs are registered (80% baseline)**

# Community of Practice & Learning Meetings: Plus/Delta Discussions on Implementation



## Healthcare Setting and Tele-Navigation

- + Normalize talking about drug use and offer services as part of comprehensive package
- + Coordination with behavioral health specialists & jail pre-release plan
- △ Discomfort with talking about drug use, overcoming stigma
- Lack of harm reduction training among medical staff
- △ Lack of documentation and follow up of naloxone access
- △ Need overdose prevention materials in multiple languages (Spanish, Mandarin, Russian, French) and limited or no interpreter training in harm reduction/can't translate accurately

## Syringe Service Setting

- + Reinforce existing overdose prevention work
- + Easy to talk about hepatitis C and overdose prevention
- + Create opportunities to talk about drug use safety
- △ Need for post-overdose follow up and safety planning
- △ Scarce resources; low Narcan supply during COVID



# Thank You!

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