



Hepatitis B in Harm Reduction



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Problem

- In the United States, more than 106,699 people died from drug-related overdoses in 2021, and 80,411 of those reported deaths involved an opioid
- Fentanyl is primarily administered by injection, and the shorter duration of effect may lead people to inject drugs more frequently to stave off withdrawal symptoms between doses
- The behavior has been linked to increased transmission of HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV), especially when people who inject drugs do not have access to syringe service programs or other harm reduction services.
- In the United States, up to 2.4 million individuals are chronically infected with HBV and only 25.0% of adults aged 19 years or older report full vaccination coverage

Objectives

- This study aimed to examine HBV-related activities in U.S.-based harm reduction organizations, discuss barriers and facilitators to activities, and contribute to the limited knowledge base about HBV in harm reduction.

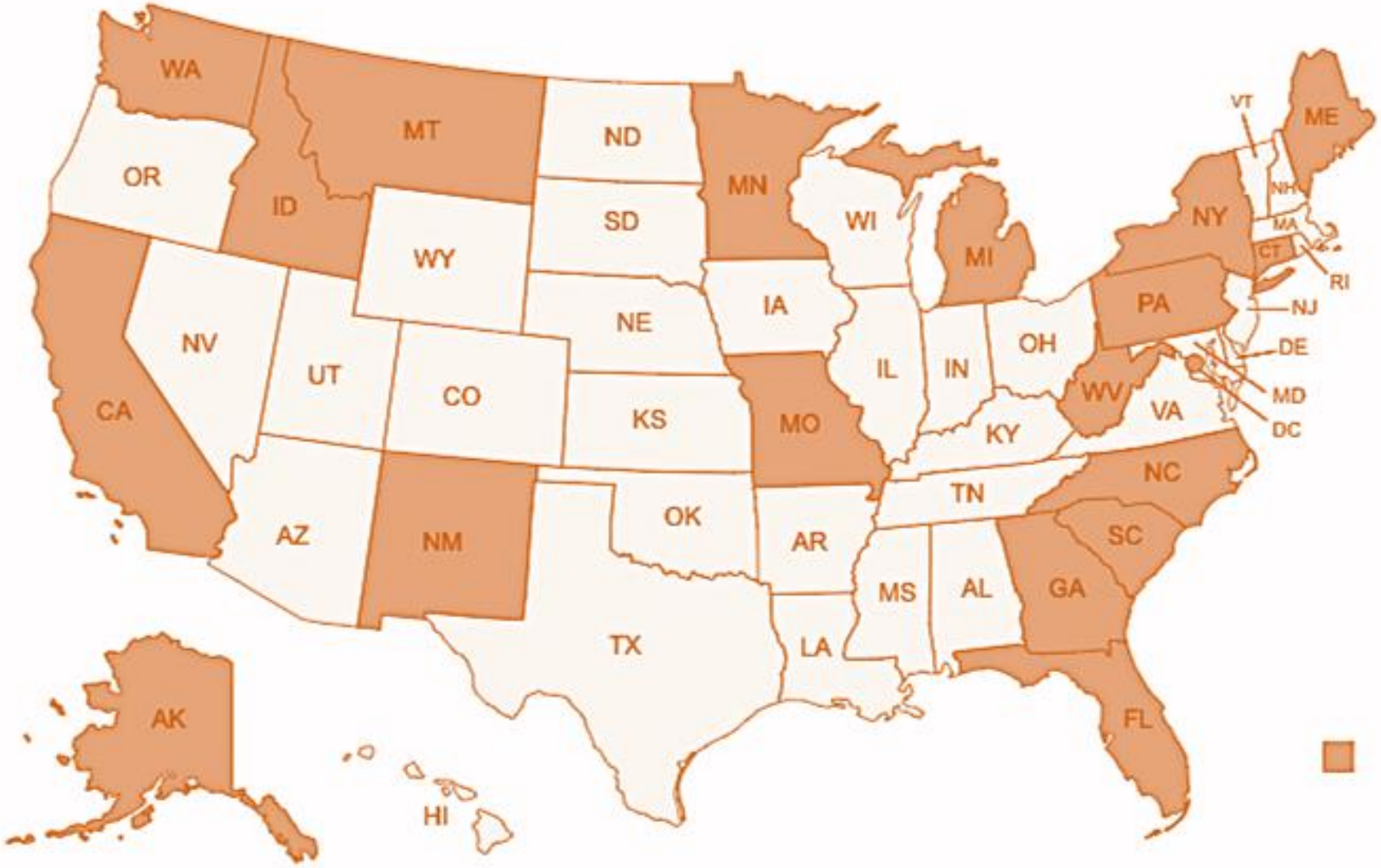
Methods

- Semi-structured interview guide developed from the literature and expert consultation was used to interview 20 individuals working within harm reduction between December 2022 and February 2023
- Interviews lasted between 30-35 minutes
- Interviews were recorded, transcribed, and analyzed through Nvivo qualitative software

Results

Overall themes: *low education awareness, HBV is not a priority, limited organizational capacity, the health department is influential in harm reduction organization activities*

Location of each of the 20 participants interviewed by state.



Results

- **Partnerships** Health Department partnerships are most prominent and are a major source of resources (funding, clinical staff, testing equipment) for organizations. These organizations seemed most likely to have HBV activities or the infrastructure to implement activities.
- *“I have asked the [state] CDC for support. We've asked to do vaccination clinics. We've asked to have some onsite education, and training for staff, and that has not been something that they have previously been interested in.”*

Results

- **Barriers to HBV Activities** Main barriers are lack of HBV prioritization by organization or local/state health departments. Organizations also lack staff education surrounding HBV. Stigma is also a major roadblock for organizations to get programming done, which includes HBV work.
- *“Again, being mobile, though it's hard for us to have a location outdoors to be able to perform screening and vaccinations again, and a lot of the people we would partner with don't seem to want to come to mobile areas. That's another issue.”*
- *“Where I am there is nowhere that somebody can walk in there's no like Federally qualified Health Center. There's no kind of community. There's no public Health Department, you know. There's no like community health that you can just walk in and get tested for free”*
- “we're like a grassroots organization that's just like trying to survive, and you know, find funding for supplies...I feel like we just need to get our heads above water to... before we could start doing like extra stuff like outside of the syringes, you know.”
- “i'll admit that i'm not like super familiar with the differences between the hepatitises. So, yeah, I don't know. I don't know exactly who is more at risk than anyone else.”
- “Everything is outdated. Nobody knows anything about Hepatitis B. I don't have time to make anything. That honestly would be the most helpful in terms of doing more for hepatitis b.
- “People don't like to be identified as drug users, or you know, oftentimes there are severe consequences to being identified as an injection drug user.”

Results

- **Capacity** A major limiter to organization work is funding, clinical staff/regular staff, and resources to prevent and test for HBV-HBV vaccines are expensive. Harm reduction organizations are understaffed and underfunded.
- *“[Our providers] don't have the capacity to drop blood every time somebody comes into a certain thing and the supplies and everything like butterfly needles, are really expensive and that kind of stuff. That's all graciously like random relationships, and the whole department and stuff that we've been able to provide those supplies right now.”*
- *“It's just not something I would say like when if there's a barrier, it's funding like. I just haven't seen any funding opportunities that would be in line for something that we're either eligible for, or something that we have the capacity to do.”*
- *“it's rapid testing. So it's a whole different way of testing, and it's something that our staff can do with reasonable training and orientation.”*

Results

- **HBV Activities** The most common HBV activities that organizations do is around education, talking about it or handing out materials. Vaccinations are next, but they are usually done in conjunction with a partner, such as the health department or provider/clinical staff. Most organizations, however, do not conduct HBV activities or have limited HBV activities. Of organizations that conduct activities, they also have a lot of support from health department.
- *“We don't do any hep b related activities except give people information regarding Hep A, B, and C. so we usually hand out like brochures. We ask people what their knowledge is of Hepatitis C, or A, B, and C. Most of the time people don't know.”*

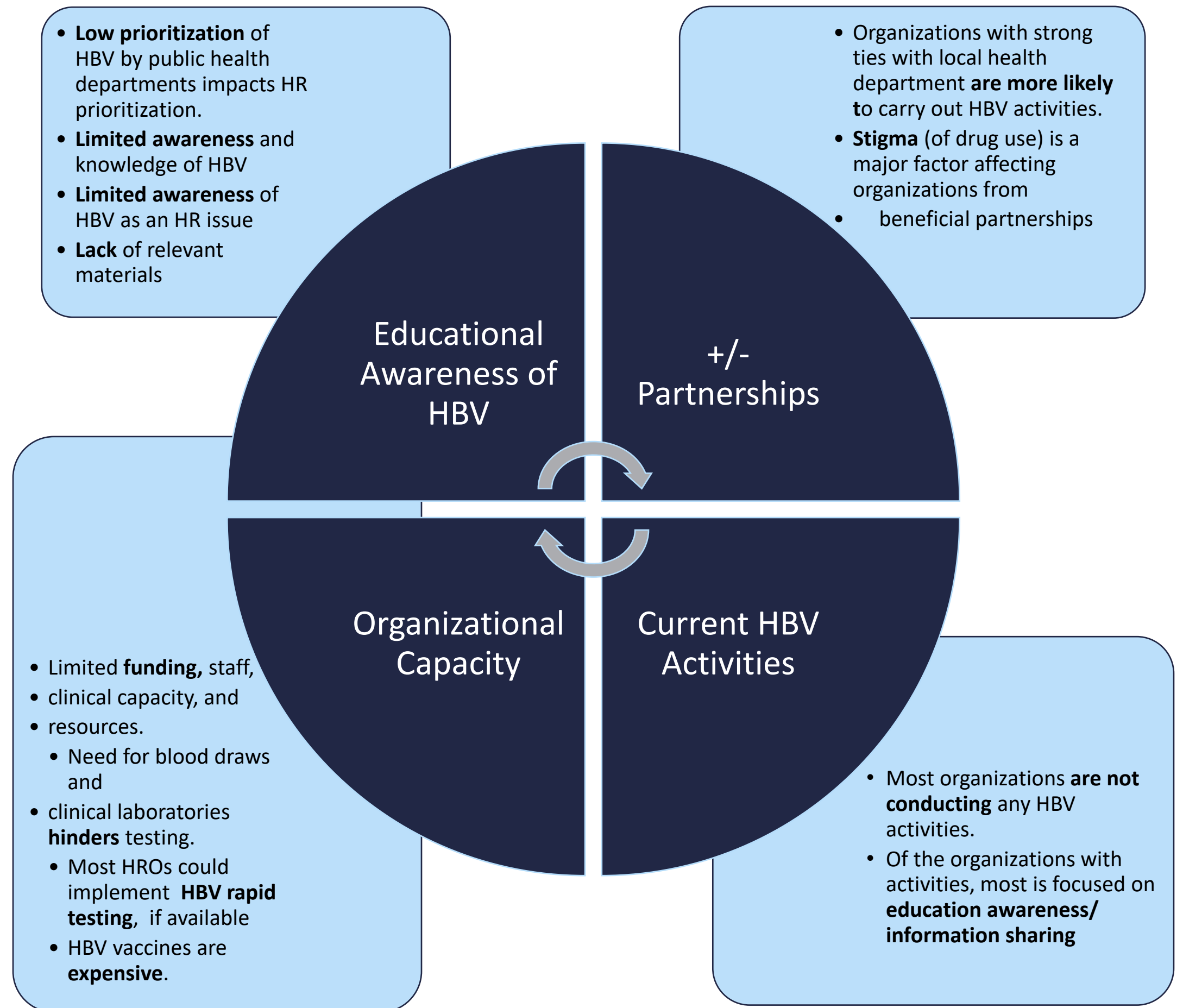
Results

- **Needs of Population Served** Many organizations prioritize their participants' needs and "meet them where they are." Many organizations work with unhoused or unstably housed individuals, sex workers, and other vulnerable populations, so they want to meet these populations' needs. Organizations spoke that their participants are not concerned about HBV, vaccination, or other services because they are just "trying to survive." (this entails finding their next meal, drinking water, finding a place to sleep that night, having Narcan available, etc)
- *"people have to go through way too much in our medical system here before they even get to the option of being tested for hepatitis or any anything really."*
- *" Where my staff felt like all the responses lumped into was this isn't my priority, I'm trying to survive right now."*

Results

- **Policy Barriers** A majority of organizations spoke about the lack of prioritization of HBV as an issue by their local or state health departments. For example, HBV was in the hepatitis elimination plan in states where organizations were located. Additionally, because of the lack of prioritization by the state, many organizations discussed a lack of funding to be able to implement HBV activities.
- *“Like the Health Department, there's always been emphasis on Hep C and HIV. The Health Department actually provides us with like the testing kits. At one point we were buying them, but hep b was never really something that we could access. And so when I took over like a year ago, I just never even thought to ask for the hepatitis b.”*
- *“Hep B, I think it's left behind in a lot of our protocols...Like our Health Department decides everything for every SSP, for every harm reduction. We are under the thumb of our DOH at all times, and so with them, we can't put out like any educational materials without their permission [and approval] and put their logo on it.”*

Conclusions



Recommendations

1. Increase **education** about HBV among HRO staff
2. Develop HBV education material for PWID and HR staff
3. CDC and state health departments **could expand HBV vaccine availability** to HROs
4. **Include HBV** in state viral hepatitis elimination plans.
5. Local/State health departments should put **greater attention and resources to HBV efforts.**
6. Testing for HBV should be **easier and more accessible.** (HBV Rapid Test should be approved and funded for use)

Acknowledgments

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