



August 29, 2017

President's Commission on Combating Drug Addiction and the Opioid Crisis
The Office of National Drug Control Policy
750 17th Street NW
Washington, DC 20006

Re: Draft Interim Report

Dear Members of the President's Commission on Combating Drug Addiction and the Opioid Crisis:

On behalf of Hep B United, a national coalition of over 30 national health organizations, community-based hepatitis B coalitions, and federal partners, we appreciate the opportunity to provide comments on the Commission's draft interim report on the nation's drug addiction and opioid crisis. While we support the strong recommendations that the Commission presented in its draft report, we also urge you to incorporate strategies that address other long-term public health consequences that are directly linked to the current opioid crisis. Of top concern to our coalition is the growing number of people infected with hepatitis B virus (HBV) and hepatitis C virus (HCV).

The increased rate of viral hepatitis in the United States stems largely from injection drug use. Between 2010 and 2013, rates of acute HBV and HCV infection in the United States increased by 150 percent. Because viral hepatitis can be asymptomatic for years, many people are unaware of their infection until they show signs of liver disease, cirrhosis, liver failure, or liver cancer—the second deadliest cancer in the United States with a five-year survival rate of less than 15 percent.

It is critical that the federal response to drug addiction and the opioid crisis takes into consideration the costly, long-term public health impact of infectious diseases such as hepatitis B and C that are spread through injection drug use. We therefore offer the following recommendations for the Commission to integrate into its final report.

(1) Because injection drug use is a major risk factor for HBV and HCV infection, individuals who receive treatment for opioid use disorders should also be linked to HBV/HCV screening and care.

The Centers for Disease Control and Prevention (CDC) estimates that as many as 5.3 million people in the United States are living with HBV and HCV, and as many as 65 percent are unaware of their infection. Early detection and linkage to care is critical in preventing HBV or HCV from progressing into liver disease and/or liver cancer, while increasing awareness and screening will help stop or reduce the spread of new infections over time.

People who inject drugs are among the most vulnerable, high-risk populations for contracting and/or transmitting HBV and HCV. Knowing there is a direct link between the increase of viral hepatitis infection and the opioid epidemic in the United States, there is a clear opportunity to coordinate critical treatment and services for opioid use disorders and HBV/HCV. We urge the Commission to recommend that health care providers who treat individuals with opioid use disorders and prescribe naloxone also

screen those individuals for HBV and HCV, vaccinate them against HBV (more information on this is provided in the next section), and if positive, link them to HBV/HCV treatment and care.

(2) Despite the availability of a highly effective vaccine for hepatitis B, low rates of HBV vaccination coverage among adults, paired with increased rates of injection drug use, remains a barrier to HBV prevention and elimination efforts. In order to eliminate hepatitis B as a public health epidemic in the United States, strategies to promote and increase access to adult HBV vaccination, particularly among high-risk populations impacted by the opioid epidemic, must be implemented.

Up to 2.2 million Americans are chronically infected with HBV, the world's most common serious liver infection and the deadliest vaccine-preventable disease in the world. HBV is transmitted through infected blood and bodily fluids. This occurs most commonly through perinatal transmission (from an infected mother to her baby at birth), but also through unprotected sexual contact, non-sterile health care procedures, and/or injection drug use.

The acute HBV infection rate increased by 20.7 percent in 2015 alone, rising for the first time since 2006. States that have suffered the most from widespread opioid overuse are seeing dramatic increases in acute HBV infection associated with injection drug use. For example, from 2009 to 2013, the incidence of acute HBV infection increased 114 percent in Kentucky, Tennessee, and West Virginia, while remaining stable in the United States overall. In North Carolina, new cases of HBV increased by 56 percent between 2014 and 2016.

Additionally, the spread of HBV infection among people who inject drugs is disproportionately affecting rural communities and the younger population (under 40), similar to the trend with HCV cases. As HBV is commonly transmitted from mother to babies during childbirth, these newly infected young adults risk passing the virus on to their children, putting these babies at risk for liver cancer that is 68 times greater than the general population.

These statistics demonstrate why it is critical to increase HBV vaccination coverage, particularly among young adults born prior to 1991, when HBV vaccination for infants became routine. While the HBV vaccine series offers lifelong protection from infection, data from 2013 indicated that only 32.6 percent of adults aged 19 to 49 years were covered by the full three-dose vaccine. Coverage is estimated to be even lower among injection drug users who are at higher risk of contracting and/or transmitting HBV to their children and others. Therefore, in addition to linking them to screening and care, individuals receiving treatment for opioid use disorders who are susceptible to HBV infection must also be vaccinated against HBV. We urge the Commission to recommend that adequate funding and resources are dedicated to support adult vaccine programs and to expand access to HBV vaccinations, particularly now in response to the opioid crisis that is clearly exacerbating the spread of hepatitis B.

(3) For communities/populations at risk of opioid use disorders and viral hepatitis, access to quality, affordable health care and preventive services (including HBV vaccination) are critical. Protecting Medicaid and the Affordable Care Act (ACA) must therefore be a priority component of the federal response to the opioid crisis.

Medicaid is the largest payer for behavioral health services in the United States, accounting for 21 percent of health care spending on treatment for substance use disorders, and between 35 and 50 percent of spending on medication-assisted treatment for opioid use disorders. In rural areas, which have been severely impacted by the opioid crisis, about 23 percent of residents are Medicaid

beneficiaries. Additionally, treatment for substance use disorders is a required benefit in all ACA marketplace plans, and insurers are prohibited from discriminating against individuals with substance use disorders. Also, under the ACA, state Medicaid programs are required to cover certain preventive services such as hepatitis B screening and vaccination.

Furthermore, the ACA created the Prevention and Public Health Fund (PPHF), which has been a major source of funding for immunization activities and infrastructure, including efforts to prevent hepatitis and liver cancer through screening, vaccination, and linkage to care programs. PPHF also supports the CDC's Section 317 Immunization Program, which helps state and local health departments purchase and supply vaccines to populations in need. As noted in the previous section, increasing adult HBV vaccination, particularly among high risk individuals who inject drugs, will help fight the spread of new infections. PPHF funding also supports programs that identify infants at risk of contracting HBV from their infected mothers and provide them with the recommended HBV vaccine and treatment at birth. Maintaining PPHF funding through the ACA thus helps ensure the progress that has been made in eliminating hepatitis B is not reversed by the current opioid crisis.

We urge the Commission to recommend that the Administration, Congress, and the appropriate federal agencies work together to develop bipartisan solutions for maintaining adequate funding for Medicaid and maintaining the critical patient protections ensured by the ACA so that millions of people, including individuals with opioid use disorders, do not lose access to treatment and preventive services.

Thank you for taking the time to consider our comments on the Commission's draft interim report. Please contact Kate Moraras, Director of Hep B United (kate.moraras@hepb.org) with any questions.

Sincerely,

Hep B United

[Hep B United](#) is a national coalition of over 30 national health organizations, community-based hepatitis B coalitions, and federal partners with a mission dedicated to reducing the health disparities associated with hepatitis B by increasing awareness, screening, vaccination, and linkage to care for high-risk communities across the United States. The coalition works to reduce the impact of hepatitis B through prevention and education efforts, addressing perinatal transmission, improving screening and linkage to care, contributing to national surveillance data, and advocating on a national level.