

# The 3rd National Harm Reduction Conference

*Alan Franciscus  
Patricia Perkins*

The 3rd Annual Harm Reduction Conference hosted by the Harm Reduction Coalition (NYC, Oakland) was held in Miami on October 22-25, 2000. This conference is most unique because it brings together many different groups such as active drug users, twelve stepper's, NA people, AA people as well as researchers in harm reduction and infectious diseases. I think that most people would characterize this conference as extremely important to communicate about a very large variety of topics related to harm reduction. And it was probably one of the most enjoyable conferences I've attended - the conference attendees were an extremely interesting and a fun group to hang with.

While the conference was not specifically about Hep C, a good portion of the conference was dedicated to HCV due to the nature of issues that surround HCV prevention, transmission and treatment for drug users.

## **Highlights included:**

Sharing of drug preparation equipment as a risk factor for HCV transmission in Seattle drug injectors.

Dr. Holly Hagen, Public Health - Seattle and King County presented data on HCV transmission among previously uninfected HCV active injections users who did not share syringes, but acquired HCV from sharing cotton and cookers. Hagen found that 16% of this group (sharing cookers & cotton) became HCV positive and estimates that 54% of the IDU population that does not share needles, acquires HCV through the sharing of cookers and cottons.

How Long Does the Hepatitis C Virus Survive Inside a Syringe? Implications for the High Incidence of Hepatitis C Transmission.

Robert Heimer, Yale School of Public Health presented data that HCV from syringes stored for up to three weeks at room temperature could infect and replicate. Conversely, this study showed that HCV could not survive for more than 4 months under similar conditions.

Of particular interest was a discussion on the effects of bleach on the hepatitis C Virus. Rumors run rampant about the effectiveness or ineffectiveness of bleach on HCV. The truth is there have not been any scientific studies that can prove bleach's effectiveness in killing HCV. Part of the problem is that we have taken the HIV model and tried to translate it to HCV. It just doesn't work--HCV is more infectious in blood. More importantly, there has not been any government-sponsored research that would explain the effects of bleach or any other solution on HCV.

## **What's up with that?**

The dangerous message is that bleach does not work against HCV. We do not know this for certain. The best harm reduction strategy against HCV is clean needles and clean drug preparation tools (don't share anything.) But, bleach does work against a variety of infections and may work for HCV and should definitely be encouraged as the next best harm reduction method.

The Importance of hepatitis A and hepatitis B vaccinations among injection drug users

Several presenters from the Centers for Disease Control presented data on the importance of vaccinating against hepatitis A and B for in and out of treatment drug users. In a New York City a needle exchange based program provided hepatitis A and B vaccinations along with Hep C screening to young transient IDUs.

A San Francisco group described screening and vaccination efforts and a preliminary report on the effectiveness of combination therapy within four Methadone Maintenance sites. Their data suggests completion of treatment response comparable to other clinical settings outside of drug treatment. Additionally, this study emphasized the importance of support services, which included clinical management and peer-led support groups. A detailed article will appear in the December issue of the HCV Advocate.

### **Expert Perspectives: Strategies for the Management of HIV/HCV Co-infection**

Dr. Douglas Dieterich presented important data on the public health implications of co-infection with HIV/HCV. While a few studies suggest that hepatitis C can make HIV worse, most studies indicate that HIV does make HCV worse and can accelerate liver disease progression. Dr. Dieterich believes that between 35-40% of injection drug users are co-infected with HIV/HCV. This has staggering consequences for the injection drug community infected with HIV that is struggling with possible liver toxicities related to HAART medications. Several studies indicate most people treated with HAART can tolerate the medications but should be monitored closely for potential side effects. Dose reductions or change in medications may be needed. However, it was noted that most patients could be successfully treated for HIV and HCV. Additionally, treatment should be geared to the individual patient and every HIV/HCV co-infected patient may not need treatment.

This is a small sample of information presented at this conference. More detailed information presented at this conference will be discussed in future issues.

Now, I'm on to a slightly different conference - The Association for the Study of Liver Disease. (AASLD). A more striking contrast in conferences could not be imagined.