

# BIG IDEAS

ADVANCING SOLUTIONS TO MOVE CLOSER TO ELIMINATING HEPATITIS C  
IN THE UNITED STATES

## PRIORITIZING THE FUNDING OF HARM REDUCTION EFFORTS USING OPIOID LITIGATION PROCEEDS: A TOOL TO SUPPORT VIRAL HEPATITIS ELIMINATION IN THE UNITED STATES

**THE OVERDOSE EPIDEMIC IS AT A CRITICAL POINT** with forthcoming opioid litigation proceeds to address and mitigate the devastating impacts of opioid-involved morbidity and mortality. In September 2021, the O’Neill Institute of National and Global Health Law hosted a first-of-its-kind [Opioid Litigation Summit](#) to maximize the impact of opioid litigation proceeds.<sup>1</sup> In October 2021, the Institute released [an important framework](#) and a model law ([Opioid Litigation Proceeds Act](#))<sup>2</sup> emphasizing the need to develop [a systemic public health response using the opioid litigation proceeds](#).<sup>3</sup>

While pursuing these remediation efforts, it is important to underscore that the opioid epidemic is part of a syndemic—the worsening opioid crisis is associated with other public health threats such as HIV<sup>4</sup> and viral hepatitis, particularly hepatitis C.<sup>5</sup> In the last ten years, the

surge in injection drug use—a product of the opioid crisis—has increased the risk and spread of hepatitis C virus (HCV) infections in the United States, especially for pregnant people.<sup>6</sup> Yet, prevention efforts for these public health threats remain siloed and fragmented, dispersed across different programs, agencies, and systems.

### INVESTING IN HARM REDUCTION STRATEGIES CAN ADDRESS THE ROOTS OF THE SYNDEMIC AND SUPPORT VIRAL HEPATITIS ELIMINATION EFFORTS

Harm reduction strategies, including syringe services programs (SSPs) are cost-effective and play a crucial role in preventing and reducing the

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transmission of infectious diseases. For example, SSPs are associated with a 50% reduction in HIV and hepatitis C incidence.<sup>7</sup> In general, SSPs include a comprehensive package of services, including “access to and disposal of sterile syringes and injection equipment, vaccination, testing, and linkage to infectious disease care and substance use treatment.”<sup>8</sup>

- **Fund and expand the reach of SSPs.**

Treatment for opioid use disorder can reduce HIV and hepatitis C transmission by more than two-thirds. Thus, investing in SSPs allows key stakeholders to leverage resources and work collectively towards addressing HIV, opioid use disorders, and viral hepatitis. Increasing the funding and reach of SSPs using the settlement proceeds will help ensure that clinics and providers are better equipped to offer treatment services across the syndemic. In fact, research has shown that new users who participate in SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who do not participate in SSPs.<sup>9</sup>

- **Invest in creating “Drug User Health Hubs” to increase access to HIV, HCV, and opioid use treatment services.**

Medications for HIV, HCV, and opioid use have proven to be effective for treatment and better quality of life. However, access to such services remains low. For example, about 70% of people with opioid use disorder are unable to get substance use treatment.<sup>10</sup> Similarly, recent analysis shows that despite the efficacy of medication, the United States has managed to treat only 15% of the estimated 3 million people

living with HCV.<sup>11</sup> Opioid litigation proceeds present an important opportunity to improve and increase access to treatment services to address the syndemic. Some states like New York have created “Drug User Health Hubs” that are “expected to improve the availability and accessibility of an array of appropriate health, mental health, and medication assisted treatment services for people who use drugs, especially but not solely injection drug users.”<sup>12</sup> More such models should be funded using the opioid litigation proceeds to improve and increase access to treatment services for HIV, HCV, and substance use disorders, including opioid use disorders.

- **Engage with policymakers to implement laws that support harm reduction efforts.**

Anti-paraphernalia laws continue to stifle the promise of harm reduction strategies. For example, even though syringe exchange exists in some capacity in Florida, Georgia, Louisiana, Oklahoma, and Pennsylvania, possession of syringes is illegal in these states.<sup>13</sup> Moreover, at least thirteen states criminalize needle sharing.<sup>14</sup> Such discriminatory laws disproportionately affect communities of color, who are criminalized at higher rates. The opioid litigation proceeds could be used to finance national and local coalitions focused on harm reduction and overdose prevention. A dedicated funding stream for these coalitions can help build capacity and resources to engage with policymakers to implement laws that clarify the existing tension between syringe access and anti-drug paraphernalia laws, as well as repeal discriminatory policies and practices that criminalize needle sharing.

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**WITH THE OPIOID SETTLEMENT PROCEEDS, WE MUST FINANCE AND EXPAND THE REACH OF SYRINGE SERVICES PROGRAMS, CREATE DRUG USER HEALTH HUBS TO INCREASE ACCESS TO HIV, HCV, AND OPIOID USE DISORDER TREATMENT SERVICES, ENGAGE WITH POLICYMAKERS TO IMPLEMENT LAWS THAT SUPPORT HARM REDUCTION EFFORTS, AND FUND COMMUNITY ORGANIZATIONS THAT PRIORITIZE HIV, HCV, AND OPIOID MISUSE PREVENTION**

- **Fund community organizations that prioritize HIV, HCV, and opioid overdose prevention.**

Community organizations play a significant role in HIV, HCV, and opioid overdose prevention, leveraging their infrastructure, resources, and community trust to provide vaccinations, screenings, and linkage to care. Using the opioid litigation proceeds to support community prevention efforts can be an upstream solution. For example, community prevention efforts can prevent 75% of HCV infections among people who inject drugs.<sup>15</sup> Similarly, investing directly into communities to provide important social services to people is associated with lower crime rates and improved health outcomes.<sup>16</sup> Thus, by funding community prevention services, the United States can mitigate the collateral effects of the syndemic and also limit the disproportionate entry of people of color into the carceral apparatus, which is fundamentally designed to promote health inequities.<sup>17</sup>

## CONCLUSION

The opioid settlement proceeds pose a unique opportunity to address the roots of this syndemic, holding the potential to positively impact the quality of life for those navigating the harms of these public health threats and advancing health equity. To that end, the settlement proceeds should meaningfully invest in harm reduction services and efforts.

## ENDNOTES

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