



National Task Force on Hepatitis B

www.hepbtaskforce.org

Meeting Notes

Date: Wednesday, December 7, 2022 (every 1st Wednesday of the month)

Time: 3PM ET / 2PM CT / 1PM MT / 12PM PT / 10 AM Hawaii

Email: administrator@hepbtaskforce.org

Zoom Meeting registration link: <https://us02web.zoom.us/meeting/register/tZwkumtrTwqE9RkoJ1dyu9n7DUuTWD6mSvf>

Attendance (at or after 3:05PM) are as follows:

Executive Board Members (Officers):

- Co-Chair: Carol Brosgart, MD** (San Francisco, CA)
- Co-Chair: Richard So, MPH**, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)
- Secretary: Catherine Freeland, MPH**, Public Health Program Director, Hepatitis B Foundation (Doylestown, PA)
- Administrator (and notetaker): Amy Trang, PhD, MEd**, Founder and CEO, Social Capital Solutions (Chantilly, VA)

Regional Directors:

- Northeast Regional Director: Ruth Brogden, MPH**, Grants Manager, Center for Asian Health at Saint Barnabas Medical Center (Livingston, NJ)
- Mid-Atlantic Regional Director: Kate Lu, MSW, LCSW-C**, Clinic Director, CCACC-Pan Asian Volunteer Health Clinic (Gaithersburg, MD)
- Southeast Regional Director: Christina Meyers, MPH**, ORISE Fellow, CDC Division of Overdose Prevention (Atlanta, GA)
- Midwest Regional Director: Oyu Tumurtuya, PharmD**, Founder & President, Mongolian Community Health Network (Chicago, IL)
- South Midwest Regional Director: Stephen Fakoyejo, MD, MPH** Medical Resident, HCA Houston Healthcare West (Houston, TX)
- Western Regional Director: Thaddeus Pham**, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

Student Representation

- Sandra Kong**, Medical Student at Johns Hopkins University (Baltimore, MD)

Board Advisors:

- Richard Andrews, MD, MPH, Board Advisor (Houston, TX)
- Moon Chen, PHD, MPH, Board Advisor; one of the original founders of the Task Force in 1997 (UC Davis; Sacramento, CA)
- Chari Cohen, DrPH, MPH, Board Advisor (Hep B Foundation; Doylestown, PA)
- Robert Gish, MD, Board Advisor (Robert G. Gish Consultants; San Diego, CA)
- Lu-yu Hwang, MD, Board Advisory (Department of Epidemiology, University of Texas HSC; Houston, TX)
- Karen Jiobu, Board Advisor (Asian American Community Services; Columbus, OH)
- Amy Tang, MD, Board Advisor (North East Medical Services; San Francisco, CA)

General Members (open to all on listserv; please excuse any typos): Total Number of attendees: 23

- ✓ Nancy Fenlon, Hepatitis B Prevention Coordinator, CDC (Atlanta, GA)
- ✓ Julia Freimund, University of Washington School of Medicine (Seattle, WA)
- ✓ Jacki Chen, PhD, (New Jersey)
- ✓ Lizette Gutierrez, Baylor St. Luke's Medical Center (Houston, TX)
- ✓ Howard Lee, MD, Baylor College of Medicine (Houston, TX)
- ✓ Maggi Li, Hepatitis B Program Coordinator, MAHA (Chicago, IL)
- ✓ Binh Tran, PharmD, APHF and Hep B Free LA (Los Angeles, CA)
- ✓ George Do, PharmD, APHF (San Diego, CA)
- ✓ Dung Hua, Vietnamese American Cancer Foundation (Fountain View, CA)
- ✓ Maggi Li, Hepatitis B Program Coordinator, MAHA (Chicago, IL)
- ✓ Rene St. Vrain, Perinatal Hepatitis B Nurse Manager, City of St. Louis Department of Health (St. Louis, MO)
- ✓ Shane Chen, Hope Clinic (Houston, TX)
- ✓ Marline Vignier, MPH, MCHES, HHS-OMH (New York, NY)

- ✓ Thomas Rolain, Syneos Health /VBI Vaccines (Montreal, QC, Canada)
- ✓ Kendra Pelz, PharmD, Syneos Health/VBI Vaccines (Kansas City, MO)

Note: There may be some members missing from this list of attendees; please excuse any omission.

Agenda:

- 1) Welcome Task Force members
- 2) Note any changes to previous meeting's notes
- 3) Resource to share:
 - a. How to create a Hep B Mortality chart / graph using existing CDC data – Hawaii as a model (Thaddeus Pham)
 - b. Highlights from INHSU in Glasgow, Scotland (Dr. Richard Andrews)
 - c. Highlights from AASLD Liver Meeting (all who attended)
- 4) Project updates:
 - a. HBV universal vaccination guidance promotion among providers (no new updates)
 - b. HBV ECHO program expansion (no new updates)
 - c. HBV workforce development projects (Amy Trang)
 - d. HBV elimination plan best practices among state Viral Hepatitis Coordinators (no new updates)
 - e. HBV work group on updating screening guidance (no new updates)
 - f. Upcoming trainings or resources (all members)
- 5) Action Plan discussion: Next steps?
- 6) Regional Updates (all Regional Directors)
 - a. Nominations for Officers, Regional Directors, and Student Representative
- 7) Other items (all members)

Meeting format:

- strategic discussions and resource sharing to assist members with their local work

Notes:

- 1) Welcome: Introduction / Roll Call of Officers and Regional Directors (Amy Trang)
 - a) Opening remarks made by Richard So and Catherine Freeland
 - b) Members were asked to introduce themselves in the chat box
 - c) Recognize any new members on the call: see list of attendees above
- 2) Note any changes to previous meeting's notes: none
- 3) Resources to share:
 - a) How to create a Hep B Mortality chart / graph using existing CDC data – Hawaii as a model (Thaddeus Pham)
 - i) Thaddeus provided a demo of how he and his colleagues pulled together public data from CDC Wonder to create mortality rate charts for hepatitis B.
 - ii) Anyone can access the data source for their specific state at: <https://wonder.cdc.gov/>
 - iii) You can filter results for different things like race, ethnicity, county level, age, gender, gender at birth, etc.
 - iv) There are many different diseases listed on CDC Wonder site to explore aside from viral hepatitis.

- v) This would be an extremely useful tool for researchers and those who are pulling together project proposals; great opportunity to get students engaged in pulling data for research projects as well.
 - vi) See sample of the graph that you create using the CDC Wonder database here: [Harm Reduction Services Branch | Upcoming Hawai'i Hepatitis B Mortality Report \(hawaii.gov\)](#). This is a work in progress.
 - vii) Thaddeus' team is considering submitting highlights of their findings for publication to The Hawai'i Journal of Health and Social Welfare: <https://hawaiijournalhealth.org/>.
- b) Highlights from International Network of Hepatitis in Substance Users (INHSU) in Glasgow, Scotland (Dr. Richard Andrews)
- i) The conference has historically had more HCV focus, but they do include HBV.
 - ii) Conference attendees include working professionals as well as patients with lived experience, including drug users who are working in their community and sharing their experiences and articulating their concerns.
 - iii) There are many aspects of the conference, like focus on policy changes, but the fascinating part of interest is really listening to people talk about their lived experience. When you better understand your patients, you can find ways to effectively treat them.
 - iv) There's a focus on using harm reduction techniques, which is a big part of the conference and making sure that they're using clean needles and syringes and not sharing as well as trying to get them to get treatment for their addiction.
 - v) It's interesting to hear about policies in other countries where there are still very strict anti-drug laws, which also affect their employment, especially if you have individuals who relapse.
 - vi) The important thing is also to reach out to these individuals and get them screened and tested for hep B and/or C.
 - vii) Attendees included individuals from the UK, Finland, Ireland, South Africa, Ukraine, Russia, Canada, US, and many more, but mostly European countries.
 - viii) Of note, the conference was held in Glasgow, Scotland because Scotland a few years ago had the highest drug associated deaths in Europe, but they have had extremely innovative things that they have tried to respond to that problem. For example, they are the first country to have a national naloxone program and made the overdose reversal drug much more available to people in the community. In addition, Scotland has set their hepatitis elimination goal for 2024.
 - ix) Dr. Andrew's personal notes are attached at the end of the meeting notes.
- c) Highlights from AASLD Liver Meeting (all who attended)
- i) Amy Trang commented that both Dr. Richard Andrews and Thaddeus' presentations are extremely useful for those who may be working on grant funding proposal opportunities. From attending the AASLD, Amy observed that there was a focus on reaching PWUD population as part of the viral hepatitis elimination plan. Learning about other countries' challenges and best practices is useful since our target population we serve are immigrant communities.
 - ii) Dr. Howard Lee has been attending the annual AASLD Liver Meeting since 2014.
 - (1) Lots of NASH / NAFLD clinical trials going on this year
 - (2) Heard a lot about functional cure; how should it be defined?
 - (3) HCV elimination progress was also highlighted with mentions of HBV in some presentations

- f) Upcoming trainings or resources (Julia Freimund)
 - i) **Free Hepatitis B Online 2nd Edition Launched December 1**
 - (1) On December 1, the free [Hepatitis B Online](#) curricula launched six 2nd Edition lessons to start a new 3-year CME, CNE, and CE accreditation period. The updated or new lessons address hepatitis B virus (HBV) epidemiology, immunization, initial treatment regimen, perinatal transmission, reactivation, and hepatocellular carcinoma screening. December 1 also marked the introduction of a new [mini-lecture](#) series featuring experts discussing clinically relevant topics, such as interpreting hepatitis B serologies. Four more 2nd Edition lessons will roll out in winter 2023. Registered learners can earn free CME/CNE/CE even if they earned CE from the 1st Edition.
 - (2) Hepatitis B Online also hosts a simplified [clinical guidance for primary care providers](#) developed in collaboration with the multi-disciplinary HBV Primary Care Workgroup. The site is solely funded by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement (CDC-RFA-PS21-2105) and developed by the University of Washington (UW) Infectious Diseases Education & Assessment (IDEA) Program. UW Professor of Medicine Dr. David Spach is Editor-in-Chief of this site, two other CDC-funded sites ([Hepatitis C Online](#) and the [National STD Curriculum](#)), and the HRSA-funded [National HIV Curriculum](#).

5) Action Plan discussion: Next steps?

- i) Task Force members voted to move the January 4th meeting to January 11, 2023 to allow everyone time to adjust back to work after the holidays. Subsequent meetings in 2023 will still be the first Wednesday of each month. A new calendar invite will be sent.

6) Positions available for nominations:

- a) Secretary / Treasurer
- b) Student Representative: Amy has reached out to APAMSA
- c) Regional Directors:
 - i) North Midwest Region: Still open to nominations. Karen will email Amy her nomination.
 - ii) South Midwest Region: Nominating Dr. Tzu-Hao "Howard" Lee

Dr. Tzu-Hao "Howard" Lee is a gastroenterologist, transplant hepatologist, and assistant professor in medicine and surgery at Baylor College of Medicine, Houston Texas. He completed his internal medicine residency, gastroenterology, and transplant hepatology fellowship at Duke University Medical Center. Dr. Lee has a strong clinical and research interest in hepatitis B and has participated in several HBV studies and received a grant for an HBV-HIV research project. He also started the Texas HBV ECHO program and participated in many outreach activities with a focus on immigrants, LGBTQ, and other underserved populations.

- iii) Northeast Region: potential candidate identified, but waiting for their response.
- iv) Mid-Atlantic Region + Southeast Region (combined position): Dr. Stephen Fakoyejo has expressed interest in serving since he has relocated; Amy will have a private meeting with Dr. Fakoyejo to understand his availability first before confirming his nomination
- d) Please begin to nominate and self-nominate to fill these positions.
 - i) Submit a short bio and headshot photo to share
 - ii) Email: administrator@hepbtaskforce.org
 - iii) More information about the roles and responsibilities of these volunteer positions can be found: <https://hepbtaskforce.org/our-coalition/governing-structure>

7) Regional Updates

- a) Student Representative (Sandra Kong): no new updates
- b) Western Region (Thaddeus Pham):
 - i) Thaddeus and Amy and brainstorming to plan for an in-person summit in Hawaii sometime next year, right after AASLD in November
- c) Midwest Region (Oyu Tumurtuya): no new updates
- d) South Midwest Region (Stephen Fakoyejo): no new updates
- e) Northeast Region (Ruth Brogden): no new updates
- f) Mid-Atlantic Region (Kate Lu): no new updates
- g) Southeast Region (Christina Meyers): no new updates

8) Other items: (not discussed in the meeting)

Meeting adjourned at 4:00PM Eastern Time.

- Next Hep B Task Force Zoom meeting date: **Wednesday, January 11, 2023 at 3PM Eastern Time /2PM Central/ 1PM Mountain/ 12PM Pacific / 10 AM Hawaii (1st Wednesday of each month).**
 - Other dates in 2023: February 1, March 1, April 5, May 3, September 6, October 4, and December 6
 - No meetings in June, July, August, and November; activities will continue to be shared via email
- Suggestions for the next agenda:
 - Review nominations for Regional Directors and Student Representative for the next 2-years.
 - Projects and resource updates and discussions
- The National Task Force on Hepatitis B is a volunteer-based national coalition and is independent from the state and local Task Forces or coalitions. Everyone is welcome to join the National Task Force on Hepatitis B by registering through our website. [Newsletter - The National Task Force on Hepatitis B \(hepbtaskforce.org\)](https://hepbtaskforce.org). Promotion of the National Task Force on Hepatitis B is primarily through “word-of-mouth” and personal communication.

Upcoming HBV ECHO sessions: Free CME

Gulf Coast (Texas Heart Institute with Baylor St. Luke Medical Center): [Project ECHO Interest Form \(bcm.edu\)](https://bcm.edu)

- Every 3rd Wednesday of the month
- 12:00PM to 1:00PM Central Time
- To register: [Project ECHO Interest Form \(bcm.edu\)](https://bcm.edu)

East Coast (Hep B United Philadelphia): Hepatitis B ECHO Meeting [Registration - Zoom](https://zoom.us)

- Every 4th Thursday of the month
- 12:00PM – 1:00PM Eastern Time
- To register: [Meeting Registration - Zoom](https://zoom.us)

Other ECHO programs with HBV:

- The University of Washington Project ECHO Viral Hepatitis meets every Tuesday, 12 – 1:30 PM Pacific Time.
- To discuss if this ECHO program would be a good fit or if other training or consult options would better suit your interests/schedules, please email Pam Landinez, landinez@uw.edu.
- The sessions are geared towards individuals in the state of Washington and focus on hepatitis B or C is driven by the program participants.

Upcoming international HBV conferences:

- The Asian Pacific Association for the Study of the Liver (APASL) 2023
 - Taipei, Taiwan
 - February 15-19, 2023
 - Registration link: [APASL 2023](#)
- The 18th International Symposium of Viral Hepatitis and Liver Diseases (ISVHLD) Global Hepatitis Summit 2023
 - Paris, France
 - April 25 – 28, 2023
 - Registration link: [Global Hepatitis Summit 2023 | Home \(global-hepatitis.com\)](#)
- The European Association for the Study of the Liver (EASL) 2023
 - Vienna, Austria
 - June 21 – 24, 2023
 - Registration link: [EASL Congress 2023 | 21-24 June 2023 | Vienna, Austria](#)
- American Association for the Study of Liver Diseases (AASLD) Liver Meeting 2023
 - Boston, MA
 - November 10 – 14, 2023
 - No Registration link yet

Items shared via email:

- See attachment(s)

HEPATITIS B ECHO

Please Join us for **Free CME Case-Based Learning Sessions on Hepatitis B Education** Designed for:

- Medical Providers
- Medical Students/Fellows
- Public Health Professionals
- Healthcare Workers

Fourth Thursday of every month from 12 pm to 1 pm EST

First session on January 26, 2023

REGISTER HERE!



DIDACTIC TOPICS

Hepatitis B Management
Screening Guidelines
Surveillance for Liver Cancer
Hepatitis Delta
Biomarkers
Hepatitis B Prevention

ABOUT PROJECT ECHO

The ECHO model is a nationally recognized physician education model using proven adult learning techniques and interactive video technology, the ECHO Model™ connects groups of community providers with specialists in regular real-time collaborative sessions. The sessions, designed around case-based learning and mentorship, help local workers gain the expertise required to provide needed services. Each session will include 1 case discussion and a short 15 minute didactic aimed to empower providers to evaluate, monitor, and treat patients with hepatitis B in the primary care setting.





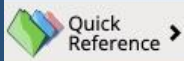
HEPATITIS B ONLINE

www.hepatitisB.uw.edu

Hepatitis B Online is a free, up-to-date educational resource for diagnosing, managing, and preventing hepatitis B virus infection (HBV).

- **Lessons** offer FREE CME credits, CNE contact hours, pharmacology CE for APNs, and CE
- **Hepatitis B Management: Guidance for the Primary Care Provider**, developed by a multidisciplinary panel of national experts
- **HBV Medications and Vaccinations** section with in-depth information and teaching slide decks
- Eleven **clinical calculators or tools** provide clinical decision support
- Interactive **Clinical Challenges** provide treatment options and expert opinions
- Experts discuss clinically relevant topics in **Mini-Lectures** section
- Innovative group learning tool to assign lessons and track members' progress

This curriculum is funded through a Centers for Disease Control and Prevention (CDC) Cooperative Agreement (CDC-RFA-PS21-2105) and developed by the University of Washington Infectious Diseases Education & Assessment (IDEA) Program.



Quick Reference >



Self Study >



Hepatitis B Primary Care Guidance



HBV Medications >



Clinical Challenges



Tools & Calculators >



Mini-Lectures



Hepatitis B Online

A free educational website from the University of Washington Infectious Diseases Education & Assessment (IDEA) program

Contributors

Funded by Centers for Disease Control and Prevention (CDC)

HBV Primary Care Guidance

From the HBV Primary Care Workgroup
Practical Guidance for Clinicians
View Online or Download

[View the Guidance »](#)



HEPATITIS B ONLINE

- ➔ **FREE**, up-to-date educational resource for diagnosing, monitoring, managing, and preventing hepatitis B virus infection (HBV)
- ➔ **Self-study lessons** offer **FREE** CME credits, CNE contact hours, pharmacology CE for advanced practice nurses, and CE contact hours available
- ➔ **Hepatitis B Management: Guidance for the Primary Care Provider**, simplified and current, was developed by a multidisciplinary panel of national experts
- ➔ Eleven **clinical calculators** or tools provide clinical decision support
- ➔ **HBV Medications and Vaccinations** section include in-depth information on prescribing, clinical studies, and slide decks
- ➔ Interactive **Clinical Challenges** provide treatment options and expert opinions
- ➔ Experts discuss clinically relevant topics in **Mini-Lectures** section
- ➔ Innovative **group learning** tool to assign units and track members' progress – a popular feature used by healthcare organizations and training programs
- ➔ Funded through a Centers for Disease Control and Prevention Cooperative Agreement (CDC-RFA-PS21-2105), Hepatitis B Online is managed by the University of Washington (UW) Infectious Diseases Education and Assessment (IDEA) program
- ➔ UW Professor of Medicine Dr. David Spach is Editor-in-Chief of this site, the CDC-funded Hepatitis C Online (www.hepatitisC.uw.edu), the CDC-funded National STD Curriculum (www.std.uw.edu), and the HRSA-funded National HIV Curriculum (www.hiv.uw.edu).

Hepatitis B Online (www.hepatitisB.uw.edu)

2022 INHSU-Glasgow

**(International Network of Hepatitis
in Substance Users)**

Notes by Richard Andrews, MD, MPH

Abbreviations

INHSU = International Network of Hepatitis in Substance Users

MAT = medication assisted treatment (for opioid use disorder)

MOUD = medication for opioid use disorder

OTP = opioid treatment program (a.k.a. “methadone clinic”)

PWID = people who inject drugs

PWUD = people who use drugs

What is INHSU?

- International Network of Hepatitis in Substance Users**
- hold conferences annually**
- at the intersection of viral hepatitis & drug use & drug policy**

Random thoughts from the conference

“We are not ‘hard-to-reach’, we are hardly reached.”

**The view from many drug-users (hcv-infected or not):
(Gilead is using this slogan on some hepatitis C
medication posters)**

**“It’s not just about the social determinants of health;
it’s about the political determinants of health.”**

PWUD Community Day

This was a free *pre-conference* activity

– Attending: around 75 people from many countries, most with lived or living experience with using drugs.

– Mostly UK, but also Finland, Ireland, South Africa, Ukraine [virtual], Russia [virtual], US.

Views heard at PWUD Community Day

– Is it more effective to favor peers with “lived” experience or those with “living” experience? Is this a distinction without a difference? Does it depend on the details of the situation?

Importance of drug user peers as part of the team dealing with issues facing PWUD.

– When possible and appropriate programs for PWUD should be led by PWUD peers, not just *involving* them.

– Lived-experience peers being fired after a "relapse" (living experience) - employers/supervisors make comments such as "We can't have an active drug user in that position."

– Some attendees felt that certain work, especially outreach for addiction treatment, housing, & infectious disease screening, is best done by those with living experience. Example: a younger living experience peer might be able to reach other young drug-users better than a peer whose last experience with incarceration and (different) drugs was 20 years ago.

– It was recognized that some people actively using drugs have significant mental health issues and are not stable enough for certain responsibilities. Expecting a certain level of performance from people who were hired (or volunteer) might be unfair or unproductive in some cases.

Views from different countries

- A Ukrainian drug user showed data about the impact of the war on access to buprenorphine, naloxone, & meds for hep C. The impact was not good but would have been much worse without heroic efforts by many, including the presenter and others.
- A drug user from **Russia** talked about the unique issues facing drug users & people affected by hep C in that country. He & his colleagues put together an effective website for drug users to get near real-time information about things affecting them.
 - a peer from **Liverpool** pointed out the pioneering role that drug users from that city had in the harm reduction movement [the term "**harm reduction**" was first used in Liverpool]. But he pointed out that policies **in the UK** have gone backwards lately, which is **causing harm**.
 - a young peer spoke about how her move from **Vancouver BC** to **Dublin Ireland** allowed her to share some lessons from the Vancouver experience.

Niamh Eastwood of Release UK

- Highlights enforcement disparities in marginalized communities: “Drug policing is often not about the drugs.”
- Black people are 9x more likely to be stopped and searched for drugs, despite using drugs at a lower rate [than whites].”
- In the Philippines an estimated 27,000 people (many of them drug-users) have been subjected to extra-judicial killings.
- Portugal & Oregon decriminalization → reinvestment models
- Tax from the Oregon marijuana legalization expected to raise \$40 million in the first year – it raised \$300 million, much of it put into drug health efforts

Maree Todd

Scottish Minister for Public Health

Opening remarks

- Scotland has had highest drug-associated death rate in Europe
- Scotland was first country to have a *national* naloxone program
- Scotland set goal of HCV elimination by 2024 (!) – some pandemic setbacks but they're on target to achieve this very ambitious goal
- They already achieved the target of starting at least 80% of their hcv-infected population on antiviral Rx

Sociologist Magdalena Harris

London School of Hygiene & Trop Med

- Discusses a **great protocol** developed by **University College London Hospital** for **preventing opioid withdrawal** when patients are hospitalized.
- They surveyed **several UK hospitals** to determine protocols for **prevention of w/d** in patients with OUD. Protocols **varied widely**, were **sometimes non-existent**, rarely **evidence-based**, and **often had a punitive mindset**.
- **Using** addiction consultants and evidence-review they developed a **uniform guideline** that hospitals could implement – this was **very well received** by hospital staff.
- **“There** were claps and cheers from the Acute Medical Unit staff [at one hospital] when we introduced the changes.”

Commonly-invoked phrase re policies

- **“Nothing about us, without us.”**
- Policy creation should always involve the people most affected by the policy
- PWUD, disability advocates in 1990’s S. Africa
- Latin phrase, 1500: **“Nihil de nobis, sine nobis.”**

Session: Ann Livingston, PWUDs

- A Vancouver BC drug-user**
- A North American harm reduction pioneer**
- Began 1st PWID volunteer-run safe-use rooms**
- Operating the rooms led to Canadian supreme court's approval of safe consumption rooms**
- An author of the Vandu Manifesto, describing effective & ethical addiction treatment approaches**

Louise Vincent: drug user network

- Based in North Carolina, she & others started the Urban Survivors Union
- Louise: “The problem with naloxone is you have to die to get it. So we started thinking about what things we could do upstream to make things better.”
- So they wrote “**The Methadone Manifesto**” to improve MAT care provided by OTPs. One OTP director told them he planned to base their clinic manual on it. In doing this they were inspired by the Vandu Manifesto from Vancouver BC

<https://drugpolicy.org/drugsellers/louise>

<https://ncurbansurvivorunion.org/greensboro-urban-survivors-union/drug-user-unions/>

https://sway.office.com/UjvQx4ZNnXAYxhe7?ref=Link&mc_cid=9754583648&mc_eid=51fa67f051

Finding new PWUD/PWID leaders

- Fascinating discussion on the challenge of finding new leaders in the drug-user network movement.
- Comment: “The increased use of benzo dope makes it harder to find new leaders, because you look out at the people in the room [safe consumption site] & a lot them are zoned out, & can’t remember things.”

Shaun Shelly, South Africa, stimulant user

Recognized that white privilege kept him from being arrested while his black PWID friends were arrested. Decided to be activist to “create a safe space for PWID for whom speaking out is riskier”, people of color, LGBT & other marginalized people.

After became a new dad started needle-cleanup group made up of cops & drug users – resulted in cleaner park [near his home] & humanized each of them in the eyes of the other.

Recommends a paper by Mark Shelly Wilson: “Police as advocates for harm reduction.”

New York City marketing move

— met a manager of 1 of two **Overdose Prevention Rooms**

— NYC made a conscious decision to **NOT** call them “safe consumption rooms”

UK's Hepatitis C Trust

- I met several people (mostly **lived experience peers**) who work at the **Hepatitis C Trust** in UK. Publically-supported, leads UK push to achieve WHO 2030 goals for Hep C. Focus mostly on increasing & improving **outreach, screening, & DAA treatment in the hardest-to-reach populations of drug users**.
- Success of this model has led to rapid growth, they now have 120 employees, **85% of whom are paid peers with lived experience** with drug use, addiction, & incarceration.
- I had previously met the hepatology consultant for the Hep C Trust, Dr Graham Foster. He & I recorded a Medscape video CME on Hep B management by primary care clinicians in early 2022

Contact information

- Richard Andrews, MD, MPH
- Contract physician in two Houston methadone clinics
- richard.andrews@hepatitisdoc.com