

*Delivering for Equity - The Syndemic Roundtable: An innovative response to the infectious disease consequences of the opioid epidemic*

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**Background and Aim:** Albeit late, our nation has taken notice and enlisted action to combat the opioid epidemic, yet multiple components have created a larger public health crisis: a “syndemic” in which opioid use and HCV rates have risen concurrently and precipitously in the US. New HCV infections rose 233% between 2010 and 2016, and it’s estimated that 70% of new HCV infections are among people who inject drugs. This trend represents a looming public health and economic threat to our country. Unfortunately, siloed approaches, a lack of cross-discipline collaboration, and knowledge gaps around HCV prevention, transmission, screening and treatment among crucial stakeholders have resulted in inadequate awareness of and inferior response to the syndemic. Recognizing these deficiencies, The Caring Ambassadors Program, a national HCV advocacy organization, spearheaded the Syndemic Roundtable, convening multidisciplinary professionals and stakeholders to engage in cross-sector agenda setting to respond to the opioid/HCV syndemic. The Syndemic Roundtable aims to contribute to the elimination of HCV by:

- Educating a wide variety of multidisciplinary players on the impact of hepatitis C and its relationship to the opioid epidemic, substance use and infectious diseases
- Strengthening health and community workers’ ability to effectively advocate for equitable, integrated care for the substance use and hepatitis C communities
- Promoting the integration of HCV services within existing systems to maximize the impact of HCV prevention, screening, and treatment among the most at-risk population
- Developing and sharing compelling stories, representing diverse lived experiences, as a tool to destigmatize and demystify HCV and substance use
- Creating a unified, representative front to advance HCV elimination through a syndemic lens

**Methods:** In 2017 and 2018, the Caring Ambassadors Program convened two national meetings of the Syndemic Roundtable. Meeting 1 was held in San Diego, followed five months later by Meeting 2, held in Washington, DC. Attendees were personally and purposefully recruited by the Program and Executive Directors, ensuring wide stakeholder and diverse professional representation from hepatitis and substance use treatment providers, healthcare professionals, academics, law enforcement and corrections personnel, state and federal government representatives, people who use drugs or are in recovery, those impacted by hepatitis C, and those who’ve lost loved ones to opioid misuse or overdose. Each meeting agenda spanned 2.5 days and used a combination of didactic lessons, expert presentations, open discussion, breakout sessions, and informal social activities to meet objectives and foster relationship and participant engagement. Based on Meeting 1 feedback, a series of four pre-training webinars was conducted for attendees to build their baseline knowledge of HCV, advocacy best practices, and the policy making process. Meeting 1 was designed to focus on participant education and strategies to craft meaningful and compelling messages around the syndemic for media, policy makers and communities. Meeting 2 focused on advocacy skill and knowledge-building among the participants and raised awareness of the syndemic among federal policy makers. To apply these Meeting 2 lessons, participants conducted 59 Hill visits with elected officials representing 27 districts and 17 states from across the nation.

**Results:** Multiple qualitative, quantitative and action-based outcomes are worthy of focus following the two meetings. Of note was attendees’ desire to transform into a national syndemic

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coalition to ensure the connection and infusion of infectious diseases and other syndemic-related issues into new and existing infrastructures. The group has since split into 5 workgroups and is in the beginning phases of coalition development. Key to the success of the roundtable was the purposeful convening of diverse, multidisciplinary partners (Table 1) who together identified top challenges in addressing the opioid epidemic and target stakeholder groups (Table 2) to guide education, policy and additional roundtable recruitment. Pre/Post quantitative data was collected using an Audience Response System and some key results from the first meeting are shown below (Table 3a and 3b).

<b>Table 1. Attendee Discipline</b>	<b>#</b>		<b>#</b>
Harm Reduction; Substance Use Treatment	6	Other – educators, industry; policy	10
Clinicians (physicians, pharmacists, nurses, etc.)	6	Department of Health	6
Advocates, patients, people who use drugs, are in recovery or their family	11	Corrections; Law Enforcement; 1 <sup>st</sup> Responders	5

<b>Table 3a. Audience Response System (ARS) Outcomes - Pre/Post Attendee Data – Meeting 1</b>					
<b>On a scale of 1-5, how would you rate your current ability to effectively explain the opioid/HCV syndemic (history, impact) to others?</b>					
	<b>No ability/ confidence</b>	<b>Minimal Ability/ Confidence</b>	<b>Neutral</b>	<b>Somewhat Able/ Confident</b>	<b>Strongly Able/ Confident</b>
<b>Pre-Test</b>	0%	7%	0%	52%	41%
<b>Post-Test</b>	0%	0%	0%	19%	78%
<b>How confident are you that you have the ability to impact or influence the opioid/HCV syndemic within your respective field or area of affiliation?</b>					
<b>Pre-Test</b>	0%	32%	14%	29%	25%
<b>Post-Test</b>	0%	11%	4%	3%	52%

<b>Table 2. Target Stakeholder Groups</b>
General Public
People who use drugs
Addiction/Pain Specialists
Law Enforcement/Prisons
Primary Care/Pharmacists

<b>Table 3b. Do you feel you possess the resources/network connections necessary to take action steps in communicating and addressing the opioid/HCV syndemic?</b>		
	<b>Pre</b>	<b>Post</b>
<b>Yes</b>	63%	89%
<b>No</b>	13%	0%
<b>Unsure</b>	23%	11%

**Conclusion:** The opioid epidemic is not a new one; however, the attention paid to the opioid epidemic is new and there has never been more political will and resources put into motion to address its wrath. Similarly, viral hepatitis is not a new epidemic, but it has been further spread by opioids. Government responses to public health crises can be siloed and individualized. Such is the case with this syndemic. Though many governmental departments have individual plans to address the opioid epidemic, HCV-specific action items are often omitted, further allowing HCV to hide in the shadows, though it’s consequences will surely take center stage. Our approach to curbing the infectious disease consequences of opioid use needs to be interdisciplinary, inclusive, informed and synergistically interacting through, not within, departments. The Syndemic Roundtable serves as a model for successfully engaging, educating, and activating diverse, multi-disciplinary groups to address opioids’ infectious disease consequences across systems. As the coalition matures, we’ll continue to identify ways to apply the lessons, knowledge and skills built through the roundtable.