



Current and former substance users can and have been successfully treated for hepatitis C with pegylated interferon and ribavirin therapy. While injection drug use is the leading cause of hepatitis C infection, many healthcare providers have little experience working with these patients. Providers have expressed concerns about adherence, mental health issues, and the risk of re-infection. Available evidence indicates that current and former substance users can adhere to hepatitis C treatment, that their psychiatric needs can be successfully addressed, and that the risk of re-infection is low in substance users who relapse to drug use or who continue to use, although further research is needed.

Here are some tips for addressing these concerns and other issues that can help you effectively care for current and former substance users—including former drug injectors, people in recovery, people on methadone maintenance, and active drug injectors. People who are not ready for hepatitis C treatment can be educated and supported around reducing alcohol use and dealing with mental health and other health-related quality of life issues. These tips are based on research presented at a recent meeting sponsored by the National Institute of Drug Abuse and other federal agencies, “Hepatitis C Infection and Substance Abuse: Medical Management and Developing Models of Integrated Care” (November 11-13, 2003, Washington, D.C.).

9. Explore new strategies

Healthcare providers are developing new strategies to support current and former drug users through treatment. Some offices and clinics utilize nurses, physician’s assistants, and/or case managers to focus more intensively on education, support, monitoring, and managing mental health side effects of treatment. Other strategies include:

- Directly-observed therapy (DOT): The patient receives pegylated interferon once a week at the clinic or office. This supports adherence and, more importantly, provides a chance to talk and assess side effects regularly. Visiting nurse services or other home healthcare providers may be able to administer the interferon injection in the home.
- Buprenorphine (Subutex or Suboxone): A new treatment for opiate dependence that can be prescribed by doctors. For some active drug users, buprenorphine may provide stability during hepatitis C treatment.
- Safer injection: Healthcare providers can play an important role in educating drug users on safer injection practices that reduce the risk of re-infection. Providers can also facilitate access to clean needles through prescription or referral to a syringe exchange program or ESAP pharmacy.

Do you have more tips?

Let us know—we want to hear both the success stories and the challenges you and your patients face. Contact the Hepatitis C Harm Reduction Project at (212) 213-6376, ext. 33 or e-mail us:

Jen Curry curry@harmreduction.org
Narelle Ellendon ellendon@harmreduction.org
Daniel Raymond raymond@harmreduction.org

www.hepcproject.org

Harm Reduction Coalition
22 West 27th Street, 5th Floor
New York, NY 10001
(212) 213-6376



tips for treating
hepatitis C in
current and former
substance users

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1. Talk people through the process

The more information people have, the better they're able to prepare for treatment. For example, many people are afraid of the biopsy procedure. A simple conversation about what a biopsy entails, and what their concerns are, can do a lot to allay fears. For side effects, let people know what to expect and what to look for. Talk about how you'll treat or manage side effects if and as they occur. Leave plenty of time for questions, and give people a way to get questions answered between appointments (support groups, clinic educators, etc.). Offer additional educational material and resources.

2. Address mental health issues

Many current and former drug users also have mental health diagnoses – particularly depression and anxiety disorders. These conditions are treatable and should be assessed and managed before initiating hepatitis C treatment. Treatment poses its own risks to mental health, so people need close monitoring and proactive referrals to appropriate psychiatric care. Some clinicians initiate antidepressant therapy before beginning hepatitis C treatment, as a prophylactic measure for those at higher risk for developing symptoms of depression on treatment.

3. Support adherence

Many current and former drug users can adhere to complex and difficult therapies – the experience with HIV treatment has proven that. It's not always easy to predict who will have problems adhering to treatment. A simple way to gauge adherence is to assess whether people can consistently keep medical appointments. If someone's able to make 3 consecutive appointments, even if h/she has to reschedule, then h/she's more likely to be able to adhere to treatment. People who routinely miss medical appointments

might need more support or stability in their lives before embarking on treatment. Talk to your patients about what's going on, and how you can help them achieve their goals.

4. Enlist allies in care

Ask people considering hepatitis C treatment who they can turn to for support. It may be a family member or close friend, a syringe exchange program worker, case manager, methadone counselor, or sponsor in a 12-step program. It's important to have someone who people on treatment can check in with regularly and who can help them monitor and cope with side effects, particularly around mood. People experiencing fatigue may also need extra help with daily activities. A support person can also accompany people to medical appointments and promote adherence. Ask people considering treatment to bring their support person(s) in for education about what to expect from therapy.

5. Coordinate care with other healthcare providers

Find out who people see for other conditions – a primary healthcare provider, an HIV specialist, a mental health clinician, a methadone program – and talk to them about the treatment plan. Make sure everyone is communicating and helping to monitor and support each patient. Share information about all medications and relevant medical history. For example, people co-infected with HIV should avoid Videx (ddI) while taking ribavirin, and be monitored carefully for anemia.

6. Develop partnerships with service organizations

Service organizations – including community-based groups, needle exchange programs, and AIDS service organizations – can provide a lot of support and education to people with hepatitis C.

Find out what's available in your area, and how you can work together. When possible, form partnerships with service providers as part of an individual treatment plan, and identify contact people at other organizations who are working with a patient.

7. Develop a harm reduction plan

Some people worry that hepatitis C treatment will threaten their recovery or ability to manage their drug use. People in recovery may need support around relapse prevention, especially since interferon requires injection. People on methadone maintenance may benefit from short-term modest dose adjustments, increasing their dose to help cope with side effects resembling withdrawal. Active users can be encouraged to keep track of their drug use and seek support if they find themselves using more drugs or using more often. Make sure active injectors have access to sterile syringes and receive counseling on avoiding sharing syringes and other injection equipment. Some people may need education and support on reducing alcohol use. Let patients know that they can bring these concerns to you without being judged or penalized, and help them find the support they need.

8. Promote peer support

Hepatitis C treatment is difficult and demanding. One of the most helpful sources of support is peers – other people who are going through treatment, or have been through it, and can prepare someone for the process and identify with their experiences. Connect people to a support group, or help start one. Or help connect your patients to each other. Peer support can reinforce adherence and address social and emotional issues related to hepatitis C and treatment.

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