



# Hepatitis Services in Substance Abuse Treatment Settings

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Funding provided by the Center for Substance Abuse Treatment

The Matrix Institute

Dan George

# Overview

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- Hx of HCV group's implementation at OTP clinic
  - Linkages and enhanced HCV services
  - What and where to next?
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# Hepatitis C Affecting Our Population at OTP

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- TCE/HIV Grant provided funding for expansion services in OTP (2001)
  - 80 continuous no-cost slots
  - Intake procedures included Hepatitis panel
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# Hepatitis Affecting Our Population at OTP

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## ■ Hepatitis C

- 3.9 – 5 million Americans infected (CDC)
  - Approx. 60% of infections due to needle-sharing
  - 70-96% long-term IDUs have been exposed (Hepatitis Association)
- ## ■ TCE/HIV hepatitis panel results (N=166)
- 94% + hepatitis C anti-body
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# Hepatitis C Misconceptions

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- General lack of knowledge among patients
  - Misconceptions and myths
    - “I got hepatitis C from the methadone”
    - “I am going to die!”
    - “There is nothing I can do...”
    - “But I was vaccinated for hepatitis C”
  - Mainstream Media feeds the fire....
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# Mainstream Media

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# Hepatitis C

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## ■ Mainstream Media

### ■ Cons

- “Pamela Anderson dying from disease”
- Magazine titles “The New Deadly Epidemic”
- Elicited “dooms day” for those exposed to HCV
- Added to misconceptions

### ■ Pros

- Brought attention to the disease
  - Evoked information gathering by clinicians
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# Creation and Implementation of HCV Education Group

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- Needed to disseminate accurate information in a quick & effective manner
  - Mandatory 1 x group for all TCE/HIV program enrollees
  - Implemented within constructs of HIV curriculum
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# HCV Group Topics

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- Disease Overview (hx, statistics)
  - Symptoms
  - Modes of Transmission
  - Tx Options
    - Combotherapy (pegylated interferon & ribavirin)
  - Healthcare maintenance and MD follow-up
  - Positives of Methadone Maintenance
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# HCV Curriculum- Learner Domains

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## ■ Cognitive

- **Learner objective:** increase knowledge of transmission, symptoms, tx options

## ■ Affective

- **Learner Objective:** increase perceived risk and perceived “controllability”

## ■ Behavioral

- **Learner Objective:** increase MD evaluation follow-up and reduce IDU & needle-sharing
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# HCV Education Group Process Evaluation

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- Increased knowledge
  - In combination w/ ancillary services, increase in HCV testing/ treatment services
    - Valley Community Clinic
    - Catalyst Health Clinic in Lancaster
  - Foundation for patient's continuity of care
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# Importance of HCV Education Group in OTP-setting

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- Population-relevant
  - OTP-setting allows for frequent medical & clinical interventions and information sharing
  - OTP linkages with other service agencies
  - Increase access by bringing services to the patients (mobile testing unit, direct referral to treatment clinic)
  - Re: opioid-dependent individuals- it is most appropriate to treat HCV within constructs of addiction tx, not separate from it.
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# Treating HCV+ Methadone-Maintained Patients

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- Common perception- heroin injecting drug users not good candidates for HCV tx
    - Co-occurring mental health issues
    - Poor medication adherence
    - Intercurrent illicit drug use
  - Study followed 76 methadone-maintained patients (Journal of Substance Abuse Treatment 29 (2005). p159-165).
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# Treating HCV+ Methadone-Maintained Patients

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- SVR rates approx. 28%
  - Findings:
    - Methadone-maintained patients can be successfully treated in an outpt. setting when their special needs are met .....
    - Address and monitor psychiatric & medical issues concurrently
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# Where do we go From Here?

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- Enhance HCV services
    - On-site hepatitis A & B Vaccinations
    - Provide contingencies for follow-ups
  - Process Evaluation
    - Improve linkages
    - Address barriers to treatment (access & availability)
    - Educate community stakeholders
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# Where do we go From Here?

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- Expand to other SA treatment Settings (outpatient, “drug-free” settings)
  - METHAMPHETAMINE ABUSE
  - Highly relevant to HCV due to:
    - High rates of IDU
    - Higher-risk sexual behaviors
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# Methamphetamine Abuse NIDA Studies

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- San Bernardino County (1999-2001)
  - Matrix Institute Rancho Cucamonga Site
  - Intake included hepatitis screening
  - Total screened (N=144)
    - 13.2% hep C+
  - Total screened who inject drugs (N=40)
    - 47.5% hep C+
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# Methamphetamine Studies

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- High Risk Sexual Behaviors
    - 18% had at least one partner past 30 days
    - 66% never used condoms in past 30 days
  - MCTG Study (Meth. Clinical Trials Group)
    - West Coast-based (5 sites)
    - Performed hepatitis screening at admission
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# Methamphetamine Studies

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- Route of Administration (N=253)
    - 68% smoke
    - 16% inject
  - Injection drug users
    - 50% hep C+
  - Sexual Behaviors
    - 65% report no condom use with regular sex partner
    - 43% report no condom use with casual sex partner
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# Implications of Meth Abuse and HCV

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- High rates of Injection drug use
    - primary mode of HCV transmission
  - Sexual behaviors on Meth
    - Generally more sex partners
    - Less condom use
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# Implications

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- Need for more hepatitis education in substance abuse settings, whereas meth is a prevalent drug of abuse
  - Need to provide more education to substance abuse therapists
  - Provide more HCV testing, education, treatment services on-site
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# References for Studies

- **Prevalence of Hepatitis Virus Among Primary Methamphetamine Users**
  - Vikas Gulati, Alice Huber, Noelle Capulong, John Roll, Walter Ling
  - Friends Research Institute, Inc. & UCLA Integrated Substance Abuse Programs
- **Hepatitis C and HIV Risk Among Participants in Medication Trials for Methamphetamine Dependence**
  - T. Freese, R. Rawson, V. Pearce, I. Diaz, A. Elkashef, E. Smith, & other MCTG Investigator Authors
  - UCLA Integrated Substance Abuse Programs      National Institute on Drug Abuse
- **The Impact of Barriers to Hepatitis C Virus Treatment in Recovering Heroin Users Maintained on Methadone**
  - Journal of Substance Abuse Treatment 29 (2005) 159-165.
  - Authors: Diana L. Sylvestre MD, Alain H. Litwin MD, MPH, Barry J. Clements PA-C, Marc N. Gourevitch MD, MPH