



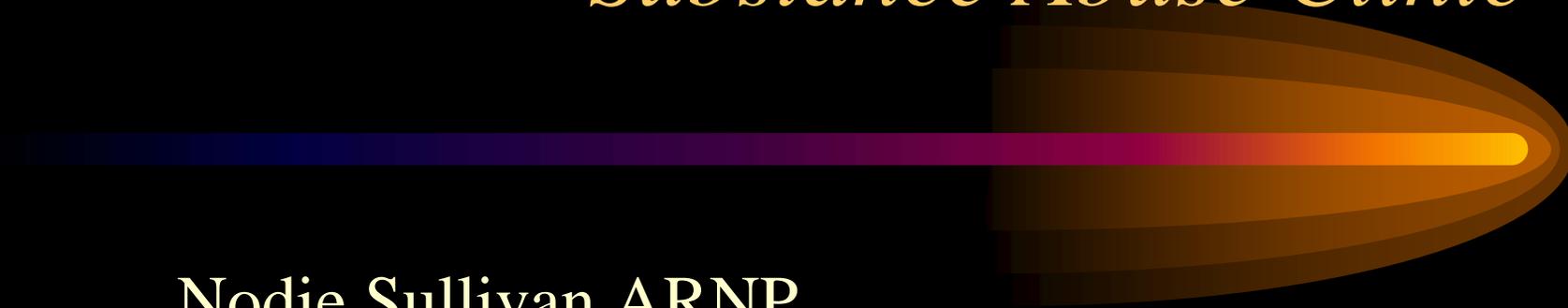
*National Viral Hepatitis  
Prevention Conference  
Washington DC 2005*

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*Integrating HCV Prevention in  
Substance Abuse Programs*

*D 4N*

*Experiences Integrating HCV  
Education and Treatment in  
Substance Abuse Clinic*



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# *Collaborators*



Northwest Hepatitis C Resource Center

Center for Excellence in Substance Abuse  
Treatment and Education

Addictions Treatment Center, Puget Sound  
VA Health Care System

## *Setting*

VA Medical Center in Seattle, WA serving veterans from WA, ID, AK, OR

Addictions Treatment Clinic adjacent to main hospital serving 2000 clients annually with a variety of substance use and comorbid psychiatric disorders

# *ATC Organization*

- Team 1: opiate substitution
- Team 2: alcohol/drug with stable or simple psychiatric comorbidity
- Team 4: alcohol/drug with unstable or complex psychiatric comorbidity
- Women's Team: female vets with alcohol/drug and range of psychiatric comorbidity

# *Treatment Teams*



Psychiatrist

ARNP/PA

Psychologist

Social Worker

Addictions Therapist

Trainees: psychiatry, psychology, social work,  
chaplaincy

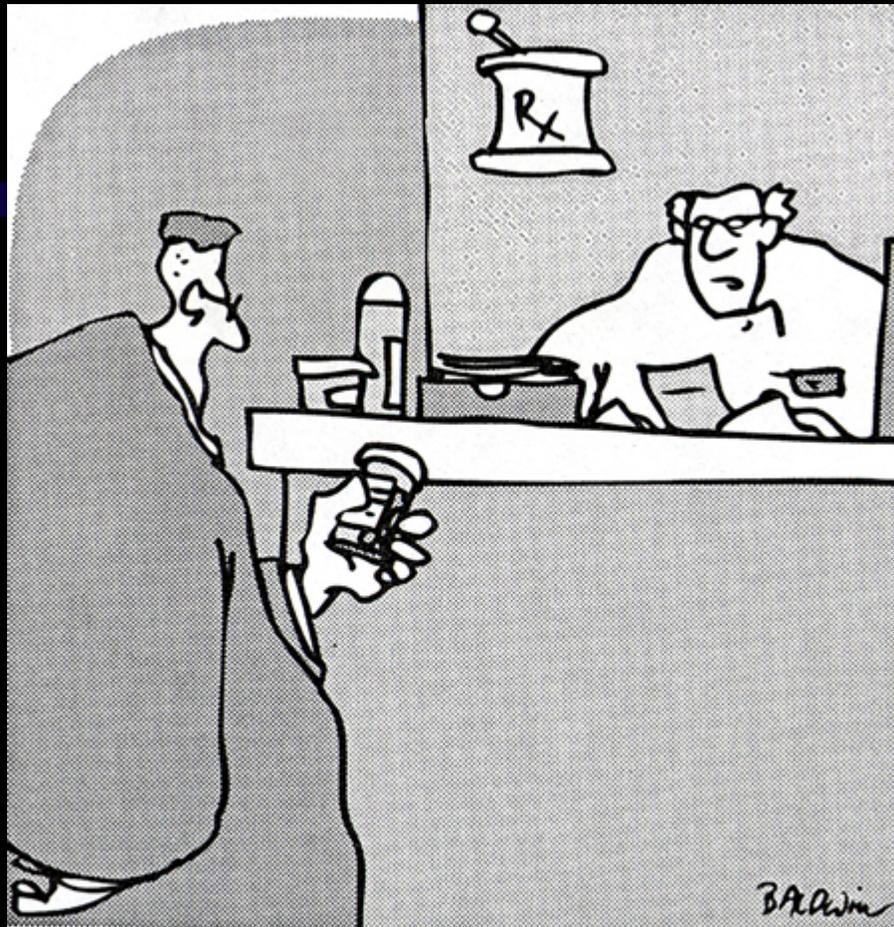
# *Process*



- Education
- Individual evaluation
- Treatment or ongoing monitoring

## *Education*

- Attended by all vets entering ATC
- HCV status may be unknown
- Offered in clinic by ATC ARNP
- Coordinated with team intro groups
- Focus on hepatic consequences of drugs of abuse, evaluation methods
- Interactive, use of models



“Side effects may include loss of appetite, job, home and family.”

# *HCV Education Class*

- Structure and functions of liver (model)
- Stages and progression of liver disease (model)
- Factors affecting liver
- Evaluation of liver status
- Hepatitis A,B,C
- Epidemiology of HCV
- Antiviral treatment of HCV
- Recommendations for living with HCV

# *Individual Evaluation*

- Self-schedule
- Testing for HAV, HBV and HCV
- Review of labs
- Physical exam
- Vaccination
- Treatment plan or recommendations

## *Treatment*

- All patient education completed in clinic
- First dose self-administered in clinic
- Routine visits
- Monitoring of drug urges/cravings
- Close monitoring of psychiatric status
- Increased frequency of psychiatric visits if under care

# *Treatment Prerequisites*



- 6 months abstinence
- Stable housing
- Financial support/stability
- Compliance with substance abuse treatment

## *Progress*

- Over 500 veterans have attended HCV education class
- Over 300 veterans have had individual evaluations
- 13 veterans treated
- Team leaders acknowledge role of education class in increasing motivation for addictions treatment/abstinence

# *Characteristics of Treatment Candidates*

Gender 1 Female/ 12 Male

Ages 36-57

Race Caucasian 10

Native American 1

African-American 1

Mixed race 1

Genotype I – 12

II – 1

III - 0

# *Team Distribution*

Opiate substitution +/- Axis I d/o	5
SUD with stable/simple Axis I d/o	3
SUD with unstable/complex Axis I d/o	4
Women SUD +/- Axis I d/o	1

# *Psychiatric Comorbidity Profile*

- PTSD 7
- Major Depression 5
- Bipolar Disorder 3
- Anxiety Disorder 5
- Schizoaffective Disorder 1
- Obsessive-Compulsive Disorder 1
- None 1

# *Treatment Results*

- Currently being treated: 5
- Completed Rx: 2 (EVR +SVR)
- Discontinued at 3 months:1
- Discontinued for medical sequelae: 5\*

\* (d/c'd for unrelated neurotoxicity later restarted)

# *Medical Sequelae*

- Severe and abrupt pancytopenia
- Pneumonia
- Folliculitis – Sepsis
- Acute Appendicitis
- Acute Renal Failure

# *Impact on Substance Abuse*



No relapse to substance use

Possession/use of syringes not a trigger

Methadone patients given PRN doses for injection days without misuse

One report of potential to relapse to cocaine with destabilized Bipolar D/O – ATC treatment intensified

# *Advantages*

- Provider participation in treatment teams
- Established relationship between provider-patient
- Established support framework of clinicians and peers
- Facile collaboration among clinicians
- Immediacy of access
- Familiarity with SUD issues/treatment/implications

# *Disadvantages*

- Immediate supervision by hepatologists  
time-intensive
- ATC vets unlikely to participate in hospital-based support groups
- Clinical coverage provided by non-ATC staff

# *Observations*

- Few somatic complaints despite medical sequelae
- Missed appointments rare
- Strong reluctance to discontinue treatment
- Exacerbation of comorbid psychiatric disorders minimal
- No relapse to substance abuse in treatment group
- Veterans express preference for clinic-based rx

## *Conclusions*



Integration of HCV treatment into substance abuse clinics is a viable alternative and provides collaborative and responsive care to veterans with HCV.