

# HepTalk Listserv Archive

August 2005

## Announcements from HepTalk

Welcome to the August 2005 edition of the Listserv. We are in the middle of a three part series on *substance abuse and Hepatitis B and C*. We began in July with information about substance abuse among migrant workers. The current edition is "*Harm Reduction*" *Strategies for HCV Substance Abusers*. Potential substance abuse treatment sites and resources for migrants will follow in September. The links and articles in the August issue are the following:

- The Importance of Eliminating Alcohol Use if Chronically Infected with HCV
- Comparison of the effectiveness of bleach in preventing the transmission of HIV, Hepatitis B, and Hepatitis C.
- Patient Resources: Alcohol Reduction Strategies and Integrated, Streamlined Prevention Message for HIV,STDs and Viral Hepatitis These one-page flyers are available in pdf format on the MCN webpage, <http://www.migrantclinician.org/excellence/hepatitis> or on the CHEC (Community Health Education Concepts) website at <http://www.healthletter.com>. See text below.

### Please note:

that the articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.

Check the HepTalk webpage on the Migrant Clinicians Network website at <http://www.migrantclinician.org>. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left (<http://www.migrantclinician.org/excellence/hepatitis>).

### NEW:

Four of the previous listservs (February, March, April and May) are archived on the MCN website under "Resources." (Scroll down the "Resources" page until you get to Hepatitis. ) We hope to have all of them available soon.

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at [dempander@earthlink.net](mailto:dempander@earthlink.net). You can also contact the listserv administrator if you would like to unsubscribe from the list.

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## "Harm Reduction" Strategies for HCV substance abusers"

Harm reduction, a controversial strategy and term because it often involves counseling drug users not only on quitting, but also on using safely if they are not going to quit, may be an important concept for clinicians serving poor and mobile clients. Many barriers prevent poor mobile persons with HCV from getting either substance abuse or hepatitis C treatment, including lack of insurance, lack of facilities offering a sliding fee scale, and the fact that treatment involves long-term care often very hard to manage for persons moving frequently for work. Patients with positive HCV results can maintain and improve their health by abstaining from alcohol use and prevent transmission to others by using clean needles for injection.

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## **1. *The Importance of Eliminating Alcohol Use if Chronically Infected with HCV* From the HCV Advocate:**

Sheila Strauss, PhD, Janetta M. Astone, Ph.D, National Development and Research Institutes, Inc., New York, NY <http://www.hcvadvocate.org/hcsp/articles/Strauss-2.html>

Much has been researched and written about the negative effects of heavy alcohol use on the progression of HCV infection. Even among those who drink alcohol in moderation, the disease may develop more rapidly compared to its development in non-drinkers. In addition, patients who drink alcohol while undergoing treatment for HCV infection are less likely to clear the virus. Whether or not HCV infected patients are candidates for, or are undergoing this treatment, stopping alcohol use represents a major opportunity to prevent a decline in their health and quality of life. Unfortunately, many health providers miss important opportunities to counsel HCV infected patients about the dangers and harmful effects of alcohol use. In fact, many don't ask about their patients' alcohol use at all, and some patients may therefore be unaware of these dangers. This is especially unfortunate because significantly reducing alcohol use may be the single most important lifestyle change patients with HCV infection can make in order to maintain their health as much as possible. Eliminating alcohol use may reverse some of the harmful effects of alcohol in patients with chronic liver disease, and cutting down or eliminating alcohol use may decrease viral load and disease activity.

In view of the evidence that alcohol use accelerates HCV related complications, some patients will stop or cut back a lot on alcohol use when they learn of their infection with HCV. However, through interviews conducted with HCV infected patients in drug treatment programs participating in the STOP Hep C research project,\* we found that this was often not the case. Many of these patients continued to drink alcohol, often in large quantities. Some chose not to change their drinking behaviors despite knowledge of harm, others tried but were unable to change, and some were unaware that a change was necessary. For example, some HCV infected patients thought that if they took other health-protective steps (like eating a healthier diet), the virus would not progress, even if they continued to drink. In fact, some felt that their health providers encouraged this thinking by playing down the health implications of an HCV diagnosis, thus leaving patients with the understanding that alcohol use is not problematic. Others' continued alcohol use was tied to having no disease symptoms. Many of these patients found it hard to give up the immediate pleasures of alcohol use (such as relaxation and avoiding boredom) in exchange for knowing that they were slowing the progression of their asymptomatic illness. For those whose HCV infection was more progressed and who suffered from HCV related depression, alcohol use temporarily relieved these feelings. Also contributing to continued alcohol use among HCV positive patients was the desire to avoid the stigma of HCV infection. Because of its association with injection drug use, HCV is often a stigmatized disease that calls attention to past or present drug use behaviors. Some HCV infected patients (especially if they were asymptomatic), therefore chose not to disclose their HCV infection. Especially if alcohol use was an important part of their socializing behaviors, they worried that their HCV infection would be exposed if they significantly changed these behaviors, including stopping or cutting back on this use. In fact, some partners, friends, and family of HCV infected individuals actually enabled their alcohol use.

No matter what the reason for continued alcohol use, it is critical for those who have HCV to significantly reduce (and preferably eliminate) this use. In our research, we learned that for some patients with HCV infection, it took getting very ill or knowing someone who became ill and died from the virus to encourage them to stop drinking. For others, it was important that they reminded themselves that they had a chronic illness (even if they had no symptoms), and learned as much as they could about the virus and the impact of alcohol use on the acceleration of the disease. For most, cutting down on

their alcohol use required learning and using deliberate strategies to accomplish this health-preserving goal. These strategies included changing daily routines, finding other recreational activities that did not involve alcohol, and avoiding triggers for alcohol use. Many needed to change their social networks to include non-drinkers. In the light of our findings, it is important for HCV infected patients to find and participate in support groups that consist of peers who are dealing with similar HCV-related issues. Current or past drug users also need to find physicians who are nonjudgmental of their drug use history, sensitive to their needs, and willing to take the time to discuss HCV-related issues respectfully and in language that is clear and understandable to them. Because alcohol use accelerates the progression of liver disease in HCV infected individuals, limits the effectiveness and opportunities for HCV treatment, and causes a decline in health-related quality of life, there is a critical need for HCV infected patients - together with their health providers and social supporters - to act deliberately so that these patients can take the necessary steps to best preserve their health.

*\* This work was supported by a grant from the National Institute on Drug Abuse, #R01 DA13409, "HCV Service Innovations in Drug Treatment Programs," informally known as the "STOP Hep C project." Since the year 2000, the research has been examining the implementation, use, and client and staff satisfaction with HCV services provided by drug treatment programs in the United States. Shiela Strauss is Principal Investigator, and Janetta Astone is Project Director of the STOP Hep C project at the National Development and Research Institutes, New York, New York.*

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## **2. Comparison of the effectiveness of bleach in preventing the transmission of HIV, Hepatitis B, and Hepatitis C.**

hbv\_research-list-owners@mail-list.com (From the AIDS 2004 Conference. Check out [www.hcvadvocate.org](http://www.hcvadvocate.org) for more abstracts) K I Dinner, A Tweed, A Paul, M Kraiden, T Wong, W D Murray Health Canada, Ottawa, Canada; BC Centre for Disease Control, Vancouver, Canada

### **ISSUES**

The injection use of drugs represents a significant and increasingly important public health issue globally. It is a leading cause of HIV, hepatitis B (HBV), hepatitis C (HCV), and other blood borne infections, and a health and social issue with dramatic costs and consequences for individuals, families and communities. In an effort to prevent transmission, harm reduction, including needle exchange programs (NEP), have encouraged people who use injection drugs to use bleach to clean needles and syringes, if new needles are not available. There is little direct evidence, however, demonstrating the effectiveness of bleach in preventing HCV transmission.

### **DESCRIPTION**

The Hepatitis C Program of Health Canada commissioned a review of the published peer-review literature, as well as resources by government agencies, and community groups. The effectiveness of bleach in preventing HCV HIV and HBV transmission is compared.

### **LESSONS LEARNED**

While studies on the effectiveness of bleach in inactivating HCV are limited, laboratory studies do demonstrate that bleach can reduce viral titres sufficiently to reduce viral infectivity, though there are no clear parameters that guarantee viral inactivation. Though bleach distribution programs are widespread—often accompanying harm reduction initiatives through NEP--people who use injection drugs report using bleach

inconsistently, and borrowing and sharing of needles and other drug use equipment persists. The published data show that neither bleach disinfection nor NEPs alone are sufficient to stop the transmission of HCV and other blood borne pathogens completely.

## RECOMMENDATIONS

For HCV, bleach disinfection should not be recommended outside the context of a broad-based harm reduction strategy; more research is needed on the ability of bleach to disinfect needles and equipment, on proper bleaching procedures and on IDU behaviour; prevent the initiation of drug injection and establish harm reduction practices among injection drug users, which are critical to the control of HCV transmission.

### 3. Patient Resources: Alcohol Reduction Strategies

These one-page flyers are available in pdf format on the MCN webpage.

<http://www.migrantclinician.org/excellence/hepatitis>.

from the New York State Department of Health  
*Risk Assessment and Tailored Harm Reduction Messages*

#### Alcohol Reduction Strategies

**Please note:** not all of the below harm reduction techniques are rooted in scientific literature, nor will all of the items will make sense for everyone. Harm reduction strategies should be tailored to individual needs.

- Avoid drinking alone.
- Drink only non-alcoholic drinks or start-off with a non-alcoholic drink.
- Alternate usual drinks with alcohol-free or low alcohol drinks.
- Drink water while drinking alcohol.
- Break the habit of drinking in rounds.
- Have at least two alcohol free days a week and consider increasing the number of alcohol free days each week (note: 1-2 drinks a day is less harmful for the liver than 5 drinks in 3 hours).
- Do not drink when you have had a bad day.
- Don't keep alcohol around the home.
- Drink slowly.
- Substitute drinking with other health activities you enjoy doing.
- Avoid situations where there is pressure to drink.
- Learn how to say no to drinking alcohol when you are in the company of others who are drinking and may pressure you to do likewise.
- Get support for yourself and your family/significant others.
- Identify the times of day/days of the week you are prone to drinking alcohol.
- Examine the situations that trigger harmful drinking patterns and develop new ways of handling these situations.
- Save the money in a separate place that you would spend on alcohol.
- Use a worksheet for keeping track of cutting down:
  - Set an alcohol limit and write it down
  - Set a goal
  - Write down the pros and cons of drinking
  - Write down the pros and cons of drinking less or not drinking
  - Celebrate incremental steps in change

Source: Adapted from the Harm Reduction Coalition

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From the New York State Department of Health  
*Risk Assessment and Tailored Harm Reduction Messages*

## Integrated, Streamlined Prevention Message for HIV, STDs and Viral Hepatitis

If you inject drugs... If you have more than one sex partner... You can protect yourself and your partner from HIV, STDs and Hepatitis

Vaccines can protect you from some types of viral hepatitis.

Consider getting vaccinated for hepatitis A and hepatitis B if you:

- inject drugs
- have more than one sex partner
- are a man who has sex with men
- have anal sex or put your mouth or fingers around your partner's anus
- are a person living with HIV or Hepatitis C

Viral hepatitis, HIV and STDs can be passed by sex

*Whenever possible*, some ways to reduce your risk of these diseases are to:

- use a condom with lubricant every time you have vaginal or anal sex
- use a condom without lubricant during oral sex on a man
- use a dental dam, cut condom or plastic wrap during oral sex on a woman
- wash your hands before and after having sex
- if you have not had a vaccine for Hepatitis A, don't put your mouth on your partner's anus; don't put anything that has been near your partner's anus in your mouth (fingers, sex toys, etc.)

Sharing injection equipment can easily pass HIV and viral hepatitis if one person is infected

Viral hepatitis and HIV are easily passed by contact with someone else's blood when injecting. If you want to stop injecting or learn how to do it more safely, help is available.

*Whenever possible*, some way to reduce your risk of hepatitis are:

- use a sterile syringe every time you inject
- avoid sharing your works including water, needle, cotton, filter, caps, cooker, spoon, etc (especially if a sterile syringe is not available)
- clean the surface where you prepare drugs and avoid contact with anything that has blood
- clean the injection site before injecting
- wash your hands before and after injecting

*Talk with your sex and needle sharing partners*

Discuss your thoughts and concerns about viral hepatitis, HIV, and STDs with your partners. Whenever possible, talk about how you can protect each other.

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HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at [dempander@earthlink.net](mailto:dempander@earthlink.net). You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the HepTalk listserv is compiled by HepTalk project staff.