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*a series of articles
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the management
and treatment of
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HCV Services Offered by Drug Treatment Programs in the United States

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While hepatitis C (HCV) affects people of all races and ethnicities, whether young or old, male or female, its impact has been really hard on present and past drug users. This is especially the case if the drugs were injected, because it is so easy to transmit the virus through blood contact. Many drug users, however, do not have easy access to accurate and helpful HCV information; in fact, many of them have the virus and don't know it. One place where drug users should be able to get help in dealing with HCV is in a drug treatment program. Many programs take a "holistic" view about helping their clients, not only to assist them to recover from their drug addiction, but to treat their physical health needs, as well. To understand how well drug treatment programs are attempting to meet their clients' HCV related needs, we have been conducting a survey of both drug-free treatment programs and methadone maintenance

treatment programs throughout the nation. Survey results tell us that drug treatment programs are providing a variety of HCV related services, involving education, HCV antibody testing, and medical monitoring and management of HCV positive clients. For some types of programs, however, more limited services are offered to fewer clients than might be helpful. What's more, many clients aren't using many of the services that are offered. This article reports on some of our findings.

First, more methadone programs provide more comprehensive education about HCV to more clients than drug-free programs. On one level, this makes sense: many more clients in methadone programs inject drugs (or did at some time in the past) than in drug-free treatment programs, putting them at great risk for the virus. Of special concern, however, is that some program managers in drug-free treatment programs tell us that they don't think that HCV is an important

issue to cover with their clients. In many of these programs, few, if any, clients receive HCV education. Even in methadone programs, where the vast majority of clients have the virus, some important issues about HCV never get raised. For example, only about half of the methadone programs educate HCV positive clients about the importance of getting vaccinated for hepatitis A and hepatitis B. Making things even worse is that many staff in the programs haven't been kept up to date about recent developments in HCV treatments, so they can't help their clients with as much information as they'd like. It's not surprising that both staff and clients have misconceptions about the virus, such as: it's easier to get HIV through the blood than HCV; if you take medication for HCV you need to take it for many years; if you need a blood transfusion, you should worry a lot about getting HCV; and there is a vaccine for HCV. Having staff and clients educated about these

issues can correct these misconceptions.

In terms of HCV antibody testing, about two thirds of drug-free treatment programs and almost all methadone programs offer this testing to at least some clients. In programs that offer the testing, about three quarters of the methadone programs offer it to all clients. Just under half

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of the drug-free programs that offer any HCV antibody testing at all offer testing to everyone. There are issues about the testing, both from the perspectives of the programs and the clients. For example, it is unusual for clients who test for HCV antibodies to get pre-test counseling. Even when they do receive this counseling, they are often not given a great deal of information about the purpose of the testing. While it would certainly be helpful if more testing and counseling about the testing were offered in more programs, clients often don't test for the virus even when it is offered to them. Some are afraid to learn what they don't want to hear, while others are afraid that the test results won't be kept

confidential and that they might be stigmatized if people found out that they had the virus.

Drug treatment program managers, however, tell us that clients who are known to have the virus are often assisted with their HCV needs at the drug treatment program. While many programs don't have doctors on staff

who have the special training needed to prescribe medications and monitor HCV positive clients' progress, many programs help with referrals to local doctors or hospitals. Methadone programs, especially, are proactive in helping HCV positive clients in terms of providing case management, and advocating for clients with medical care providers. While many clients get help from programs in dealing with their HCV infection, others do not follow up on referrals for diagnosis or treatment.

In brief, some drug treatment programs can certainly be doing more about HCV for their clients, but clients could also be taking greater advantage of opportunities that the drug treatment programs offer. In this time of cost cut-

ting, when there are fewer and fewer opportunities for underserved populations to get the care they need for HCV and other viruses, drug treatment programs are an important place for providing this care. Sometimes, in fact, drug treatment programs provide the best opportunity for drug users to obtain essential medical services so that they can maintain their health to the greatest extent possible.

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Strauss, S.M., Falkin, G. P., Vassilev, Z., Des Jarlais, D.C., and Astone, J. (2002). A Nationwide Survey of Hepatitis C Services Provided by Drug Treatment Programs. *Journal of Substance Abuse Treatment*, 22(2), 55-62.



The Mission of the Hepatitis C Support Project is to offer support to those who are affected by the hepatitis C Virus (HCV) and HIV/HCV coinfection.

Support is provided broadly, through information and education, as well as access to support groups. The (Project) seeks to serve the HCV community as well as the general public.

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