

**ADDRESSING VIRAL HEPATITIS IN PEOPLE WITH SUBSTANCE USE
DISORDERS: A THREE (3) PART SERIES**



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Setting the Stage

- **Webinar 1:** *Viral Hepatitis: Transmission, Symptoms, and Prevention*
 - *Monday, September 16, 2013 (12p – 1:30p, CST)*

- **Webinar 2:** *The Disproportionate rate of Viral Hepatitis among Substance Users and African Americans*
 - *Friday, September 20, 2013 (12p – 1:30p, CST)*

- **Webinar 3:** *Viral Hepatitis: Treatment and Clinical Trials*
 - *Monday, September 23, 2013 (12p – 1:30p, CST)*

What is Hepatitis



- The word hepatitis comes from the ancient Greek words *hepar* or *hepato* - meaning 'liver' and the suffix *-itis* denotes 'inflammation'
- English translation – *inflammation of the liver*
- *Hepatitis can be caused by*
 - *Viruses*
 - *Alcohol or other Substance Use*
 - *Exposure to toxins (Toxic hepatitis)*

Toxic Hepatitis



- Is an inflammation of the liver caused by exposure to chemicals
- Many chemicals that are intentionally or unintentionally inhaled or consumed can have toxic effects on the liver
 - cleaning solvents, carbon tetrachloride and the pain reliever **acetaminophen** (found in Tylenol)
- Virtually every drug imaginable has at one time or another been indicated as a cause of toxic hepatitis
- Toxins can occasionally cause chronic liver disease and even cirrhosis if exposure to the toxin is not stopped

Viral Hepatitis

- Viral hepatitis – refers to liver inflammation caused by one of several types of viruses that attack the liver
- There are three (3) primary viral hepatitis infections



Hepatitis A (HAV)

- 17,000 new cases in America in 2011
- Primarily spread through food or water contaminated by stool from an infected person:
 - ▣ Eating food prepared by someone with HAV who did not wash their hands after using the bathroom
 - ▣ Drinking contaminated water
- Spread through person-to-person contact
 - ▣ Rare cases of blood to blood transmission
 - ▣ Having anal/oral sex with someone with HAV
 - ▣ Not washing your hands after changing a diaper

Hepatitis A (HAV) cont'd

- HAV can cause swelling of the liver, but it rarely causes lasting damage. You may feel as if you have the flu, or you may have no symptoms at all. It usually gets better on its own after several weeks.
- *The hepatitis A vaccine can prevent HAV.*
- Healthy habits also make a difference.
 - Wash your hands thoroughly before preparing food, after using the toilet or after changing a diaper.
 - International travelers should be careful about drinking tap water.

Hepatitis B (HBV)

- 800k - 1.4 million Americans with chronic HBV infection
- 18,800 new infections in 2011 . . . down from prior years
- Spread by:
 - ▣ contact with an infected person's blood (needle pricks/sticks, sharing injection equipment, sexual contact)
 - ▣ semen or vaginal secretions (sexual contact);
 - ▣ infected mother can give HBV to her baby at birth;
 - very common in many Asian countries

Hepatitis B (HBV) cont'd

- HBV may make a person feel like they have the flu, while others may have no symptoms at all.
- HBV *usually* gets better on its own after a few months. If it last for 6 months or more it is called chronic HBV, which lasts a lifetime.
- Chronic HBV can lead to scarring of the liver, liver failure, or liver cancer.

Hepatitis B (HBV) cont'd



- A blood test can tell if a person has been infected.
 - ▣ hepatitis B blood panel (4 – 6 week window period)
- There is a vaccine for HBV. It requires three shots. All babies should get the vaccine, but older children and adults can get it too.
- If you travel to countries where Hepatitis B is common, you should get the vaccine.
 - ▣ poor sanitation
 - ▣ low levels of access to clean water

Hepatitis C (HCV)

- 3.2 million people with chronic HCV infection
 - Some experts believe that surveys used to count the number of people with HCV excludes groups like the homeless, prisoners and people in other institutions, and military personnel (populations with possible higher than normal HCV rates) and because of this the actual number could be much higher!
- 17,000 new infections in 2010
 - up considerably from prior years
- 15,000 HCV related deaths in 2007
- 12,734 HIV related deaths in 2007

Hepatitis C (HCV) cont'd

- Spread through contact with a person's infected blood
- Through unprotected sex with an infected person (less common)
- From mother to baby during childbirth (less common)
 - Using latex barriers reduces risk of sexual transmission
 - Sharing infected drug injection equipment is a sure way of contracting HCV
 - Not sharing infected equipment is sure way of reducing risk
- Most people infected with HCV do not have any symptoms for years
 - A blood test can tell if a person has been infected

People most likely to get HCV



- ❑ Injection drug users
- ❑ People with tattoos or piercings done with unsterile instruments
- ❑ People who have sex with an infected person
- ❑ People who have multiple sex partners
- ❑ Health care workers
- ❑ Infants born to infected mothers
- ❑ Hemodialysis patients
- ❑ People who received a transfusion of blood or blood products before July 1992, when sensitive tests to screen blood donors for hepatitis C were introduced; and
- ❑ People who received clotting factors made before 1987, when methods to manufacture these products were improved.

Hepatitis C (HCV) cont'd

- Usually, HCV **does not** get better by itself
- Once infected with HCV, nearly 8 in 10 people remain infected for life
- HCV can last several years with no symptoms
 - ▣ but can also lead to scarring of the liver or liver cancer
- Chronic HCV can lead to the need for a liver transplant
- There is no vaccine for HCV
- HCV **can be permanently eliminated, and thus curable**

CDC recommends HCV testing for all baby boomers

- What is a baby boomer
 - ▣ Born between 1945 - 1965
- Why are they called baby boomers
 - ▣ At the end of WWII soldiers married and a great number of children were born
- Why this CDC recommendation
 - ▣ Many are from high risk groups (healthcare workers, substance users, transplant and transfusion recipients, etc.)
 - ▣ Plus, there was no testing for hepatitis in blood used for transfusions until after 1992
- What is the end result of testing baby boomers
 - ▣ Great number of them will be made aware of their HCV status and those that are positive will be able to receive care and treatment

Time for

Questions and
Clarifications?

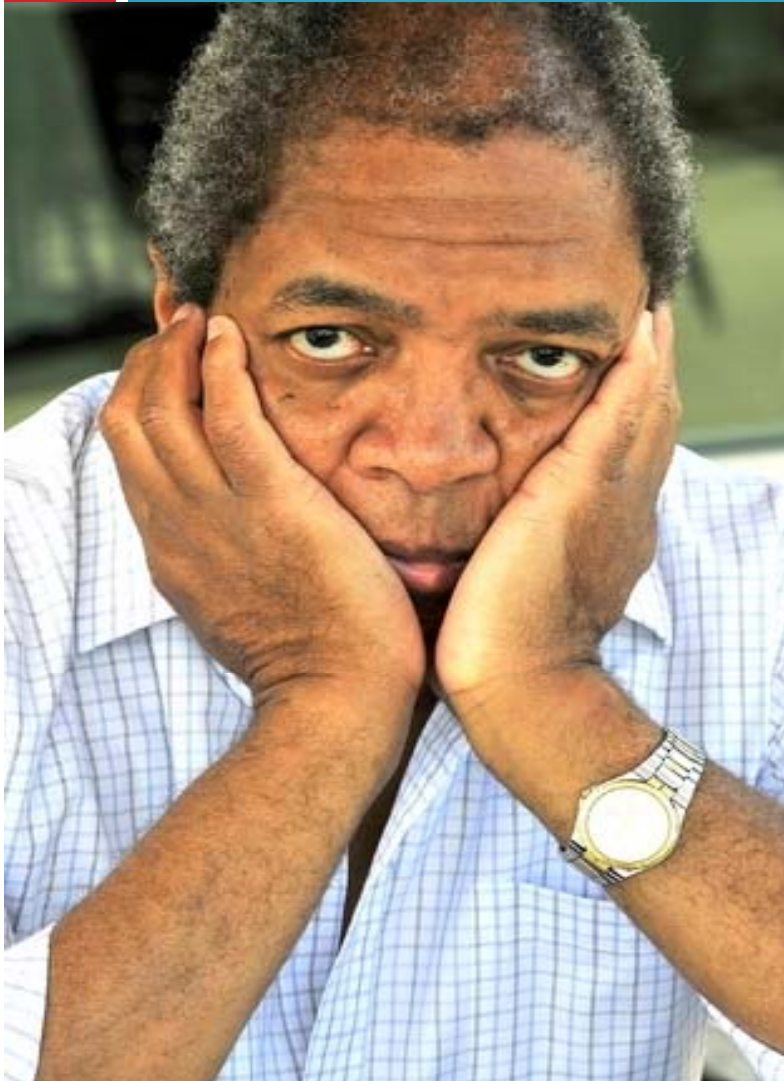


My Story



- Person in Long-term Recovery
- Began smoking pot and drinking at 13
- A few years later I would begin to sniff heroin
- 16 years old would begin to inject heroin
- 18 years old would drop out of high school
- 21 would learn that I had “hepatitis”
- 26 would begin my recovery

My Story cont'd



- Earn a GED by the time was 2 years in recovery
- 38 would earn 2 associate degrees
- 40 would earn my MSW
- While in graduate school I learned I had HCV
- 1st biopsy in 2000
- 2nd biopsy in 2010

My Story (cont'd)



- Began to research HCV treatment options
- Would develop and sustain a negative perception of interferon treatment
- 50 would earn my PhD in social work
- October 2012 – January 2013 begin a non interferon HCV Clinical Trial
 - Cleared virus after only 1 week
 - VL went from 5 million plus to 103
 - SVR stable in July, 2013
 - Started 3-year follow-up September, 2013

Time for

Questions or Clarifications
regarding my story?




Expectations (tri-fold)

- (1) Want everyone on this webinar to become aware of their hepatitis A, B, and C status
 - Getting tested
 - Get re-tested to learn if you still have the virus
 - For those who are positive – get treatment
 - For those who are negative – get HAV and HBV vaccinations
- (2) Encourage all clients, colleagues, friends and relatives with prior risk factors to be tested
- (3) Get involved in establishing support groups for people and family members of those living with hepatitis

Opportunities for People in Recovery



- Assertive Outreach Programs
- HCV community-based testing initiatives
- Peer-based Recovery Support Services within
 - ▣ Treatment Programs
 - ▣ Recovery Community Organizations
 - ▣ Drug Court and other Criminal Justice Settings
- Develop non-biased interferon and non interferon treatment educational opportunities



My clients don't hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment [recovery] is not an absence of pain; it is an absence of hope.

(White and Woll)

Sources/References



- Webinar III

More will be revealed in next sessions!



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