Kū Aloha Ola Mau
MAY 2007 NEWSLETTER

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It is not uncommon for individuals with a long history of illicit opiate use to remain in methadone treatment as a long-term patient. Many often say that without methadone treatment they would probably be dead. Other forms of treatment were not effective and they had come to believe that they would die an "addict". Numerous studies have demonstrated that the majority of persons who leave methadone treatment revert to illicit heroin or other opioid use in relatively short time, though of course there are exceptions. "**Addiction Knows No Boundaries"** **Newsletter Editor: Cricket**

MAY is Hepatitis Awareness Month

HCV Treatment Eligibility For Injection Drug Users

Injection drug users comprise the largest patient population with hepatitis C. Prior to 2001, the National Institute of Health (NIH) Consensus Statement on the management of Hepatitis C excluded anyone from HCV treatment who had used illegal drugs or alcohol 6 months prior to starting HCV therapy. In 2002, the NIH removed these exclusion criteria and recommended that medical providers "determine on an individual basis whether patients who use drugs or alcohol may be offered treatment." However, most medical providers still use the older criteria of abstinence 6 months prior to starting HCV therapy to exclude most drug users. Up until now, there has been little research to establish how many drug users would be eligible for HCV therapy if the restrictive criteria were used to deny HCV treatment.

In a current article titled "Eligibility for Treatment of Hepatitis C Virus Infection among Young Injection Drug Users in 3 US Cities," published in the journal *Clinical Infectious Diseases* in March 2006, Holly Hagan and colleagues studied a group of drug users in three cities (Baltimore, MD, New York, NY and Seattle, WA) to find out how many drug users would be eligible for HCV treatment based on the restrictive criteria most widely practiced by the medical community.

The enrollment period of the study of young IDUs was from June 2002 to February 2004 in Baltimore, New York and Seattle. In order to be eligible for the study the participants had to test positive for the HCV antibody, to have injected drugs in the past 6 months, be negative to HIV and be between 18 – 35 years old. Participants were assessed for depression, using the Beck Depression Inventory (a score > 19 indicates moderate to severe depression), alcohol consumption, using the Alcohol Use Disorders Identification Test (AUDIT – a score of > 8 indicates a drinking problem), HCV RNA (viral load), and abnormal ALT levels. It was not noted that, since currently used parameters for ALT levels are not a sensitive measurement of liver injury, the upper limit of ALT was adjusted to reflect an upper healthy limit. The upper limit of healthy was revised to 0.75 times the normal upper limit for men and 0.63 times the upper limit of normal for women. For example, if the lab report listed the upper limit of normal ALT as 40 IU/mL for men, the adjusted upper healthy limit would be 30 IU/mL (.75 times 40 IU/mL = 30 IU/mL); the upper healthy limit for women would be 25.2 IU/mL (.63 times 40 IU/mL = 25.2 IU/mL).

RESULTS

A total of 632 eligible patients were enrolled. Sixty-four percent of the study participants (404) were HCV RNA (viral load) positive. Heroin, alone or with cocaine, was the drug mainly injected by the study participants. The patient characteristics were male (78%), White (60%), median age was 26 years old (interquartile range 23 – 29), number of years injecting was 6 years (interquartile range 4 – 9), those who had never been incarcerated (84%), and those who had never been in drug treatment of some type (70%). Only 23% reported they were currently enrolled in a drug treatment program. Sixty-five percent of the injectors in this study reported that they injected drugs daily. Twenty-two of the 404 participants (55%) scored < 19 on the Beck Depression Inventory, and 255 of the 404 (63%) scored < 8 on the Alcohol Use Disorders Identification Test. Forty-four out of 404 (11%) had not injected drugs in the previous 30 days. A total of 335 injectors had ALT levels above the healthy limit and 279 of 404 (69%) had ALT levels above the normal limit.

Based on the criteria for ALT level, Beck Depression Inventory score, and AUDIT score **only 4%** of the injectors in this study were considered eligible for HCV treatment.

Commenting on the restrictive criteria, the authors noted that there is no credible scientific basis to deny treatment to injection drug users. The reasons for denying treatment are largely based on misinformation such as (Continue – p.4)

Get Tested:
Knowing Could Save Your Life!

Table of Contents:

CLINIC NEWS & OTHER INFORMATION:

"EARLY INTERVENTION SERVICES"
(E.I.S.)

For information on:
Hepatitis / testing / treatment; HIV/AIDS; TB testing; STDs; Annual Physical Exam; Registering Your Medications and more!

Please ask to see Elaine, Emily or Roland

HepCats
Hepatitis C & B Support Group

4TH Tuesday of every month at the Life Foundation; Located in the Gold Bond Building, 677 Ala Moana Blvd., Room # 226

For More Information please contact:
Linda (facilitator), # 808-923-7484
OR
The Hepatitis Prevention, Education, Treatment & Support Network of Hawai'i
Ken Akinaka, # 808-221-6204

Hepatitis C Support

Meets at the St. Francis Liver Center, Rm.# 306
222 Liliha St., Honolulu, HI. 96817

For More Information Contact:
Angie Coste, RN, # 808-547-6541

AIM for the B Campaign

(Awareness, Involvement and Mobilization for Chronic Hepatitis B)

"AIM for the B" s a public awareness program to engage the media in promoting Hepatitis B as an urgent health priority. 'Aim for the B Campaign' is designed to illustrate the significant impact associated with chronic hepatitis B through testimonies from patients, physicians and third-party organizations that are involved first hand with the disease. The Hepatitis B Foundation serves as host and moderator of the media roundtables, which are held across the country.

The campaign puts hepatitis B in the national spotlight because Americans lack awareness about the seriousness of this disease. Chronic hepatitis B is potentially a life-threatening disease, and yet patients often feel their diagnosis is not serious since they typically do not experience symptoms and that a "watch and wait" approach is often taken in managing their disease.

As part of the program, a series of local events will be held in cities where chronic hepatitis B prevalence is high.

In HAWAI'I

For the entire month of May, the Hepatitis Support Network of Hawai'i will offer Free and Low-cost Hepatitis B and C testing.

Dr. Alan Tice's office each Monday from 10:00 a.m. to 2:00 p.m. at 550 S. Beretania St., Room 400, Honolulu.

To schedule appointments outside these times, # (808)-221-6204.
To reach the Hepatitis Support Network of Hawai'i, # (808)-373-3488.

Kū Aloha Ola Mau
"GROUPS"

Tuesday

ACUPUNCTURE
Cost: $5.00
Time: 7:00 – 8:00 AM

Wednesday

"WOMEN'S GROUP"
9:00 – 11:00 AM

Thursday

"MEN'S GROUP"
9:00 – 11:00 AM

Friday

"SKILL BUILDING"
8:00 – 10:00 AM
Starting 6/1 or 6/8

"COPING SKILLS"
Starting 6/8
W/Dr. Vivian
COMING SOON!

(Clinic News & Other Information – Continue)

MAY
Is
MENTAL HEALTH MONTH

AHMD
ADULT MENTAL HEALTH DIVISION

P.O.Box 3378, Honolulu, HI 96801-3378
Tel: (808) 586-4686
Fax: (808) 586-4745
Website: www.amhd.org

SUICIDE & CRISIS
HOTLINE

If you or a family member are experiencing a mental health crisis or if you need information about accessing mental health services, we are available 24 hours a day, 7 days a week.

Call: 808 832-3100
OR
TOLL-FREE at 1-800-753-6879

Prejudice, stigmatization, and discrimination are deeply embedded in our language, in our beliefs, and in the way we interact with one another. Though a mental illness is only one aspect of an individual's life, all too often the label alone bars that person from achieving a self-directed life with meaningful connections to his or her community.

Stigma and Mental Illness

What is Stigma?
When someone appears to be different from us, we may view him or her in a negative stereotyped manner. People, who have identities that society values negatively, are said to be stigmatized. Stigma is a reality for people with a mental illness, and they report that how others judge them is one of their greatest barriers to a complete and satisfying life. Society feels uncomfortable about mental illness. It is not seen like other illnesses such as heart disease and cancer. Due to inaccuracies and misunderstandings, people have been led to believe that an individual with a mental illness has a weak character or is inevitably dangerous. Mental illness can be called the invisible illness. Often, the only way to know whether someone has been diagnosed with a mental illness is if they tell you. The majority of the public is unaware of how many mentally ill people they know and encounter every day.

Why does stigma surround mental illness?

We all have an idea of what someone with a mental illness is like, but most of our views and interpretations have been distorted through strongly held social beliefs. The media, as a reflection of society, has done much to sustain a distorted view of mental illness. Television or movie characters that are aggressive, dangerous and unpredictable can have their behavior attributed to a mental illness. Mental illness also has not received the sensitive media coverage that other illnesses have been given. We are surrounded by stereotypes, popular movies talk about killers who are "psychos," and news coverage of mental illness only when it is related to violence. We also often hear the causal use of terms like "lunatic" or "crazy", along with jokes about the mentally ill. These representations and the use of discriminatory language distort the public's view and reinforce inaccuracies about mental illness.

What are the effects of stigma?

If you became physically ill, you would go to a doctor. Once you got better, you would expect to get on with life as usual. Life, however, does not always fit back into place for people diagnosed with a mental illness. Everyone has the right to fully participate in his or her community, but individuals struggling to overcome a mental illness can find themselves facing a constant series of rejections and exclusions.

Due to stigma, the typical reaction encountered by someone with a mental illness (and his or her family members) is fear and rejection. Some have been denied adequate housing, loans, health insurance and jobs due to their history of mental illness. Many people have found that they lose their self-esteem and have difficulty making friends. The stigma attached is so pervasive, that people who suspect that they might be mentally ill are unwilling to seek help for fear of what others may think. Spouses may be reluctant to define their partners as mentally ill, while families may delay seeking help for their child because of their fears and shame.

How do we erase stigma?
We can battle stigma when we have facts. We all have times when we feel depressed, get unreasonably angry or over excited. We even have periods when we think that everything and everybody is out to get us and that we can't cope. For someone with a mental illness these

feelings become enveloping and overwhelming. There is no particular way to develop a mental illness. For some people, it occurs due to genetic factors in their family. Other causes may relate to environment stressors such as experiences or severe child abuse, war, torture, poverty, loss, isolation, neglect or abandonment. Mental illness can also occur in combination with substance abuse. No matter who develops mental illness, there is usually some form of help available, which will help them to improved health and a productive life. *(Mental Health Association, 02)*

Cover story: from Page 1
"HCV Treatment Eligibility for Injection Drug Users"

- Re-infection of HCV if a person returns to injection drug use.
  - Studies have shown that when injection drug users are treated and counseled about prevention that the re-infection rate is very low.

- Lower treatment response because of drug and alcohol use.
  - We do know that heavy alcohol and drug use during treatment will lower the treatment response rates, but we do not have studies that have shown that low to moderate alcohol and drug use dramatically reduces the chances of successful treatment

- Pre-existing depression that could be exacerbated by interferon treatment
  - Injection drug users are more likely as a group to have depression before treatment, but studies have consistently shown that as long as depression is well controlled most people can stay on and complete HCV treatment.

    As discussed above, the majority of current and prior HCV infections are the result of injection drug use. The benefits of treating active injection drug users include:

- Stopping the spread of HCV
  - By reducing the pool of HCV infected persons the overall infection rates will be reduced.

- Addressing a public health problem
  - HCV infection is one of the largest infectious disease problems in the United States and treatment in the 'core' group can reduce the future disease burden of hepatitis C.

- Providing overall medical care to drug users which will decrease future illness and disease burden
  - Treating injection drug users for HCV could also be a bridge for other health-related problems and a bridge to addiction treatment.

It was also noted, that since active injection drug users are generally younger and have less severe liver damage, the chances of responding to current HCV treatment is higher.

In an accompanying editorial, Brian R. Edlin and Michael R. Carden discuss various barriers related to prevention, management and treatment of active injection drug users. The authors comment that the core group of hepatitis C positive individuals has been largely ignored by the scientific community. Instead, most scientists focus on the "convenient population." The authors concluded that "until these barriers are overcome, the HCV epidemic will continue to spread unabated, and morbidity and mortality from liver disease will continue to rise."

References:

"Eligibility for Treatment of Hepatitis C Virus Infection among Young Injection Drug Users in 3 US Cities," by Holly Hagan and colleagues. Clinical Infectious Diseases 2006; 42:669-72

"Injection Drug Users: The Overlooked Core of the Hepatitis C Epidemic," by Brian R. Edlin and Michael R. Carden. Clinical Infectious Diseases 2006; 42:673-6

Living with
HEPATITIS C

Martha

Like a lot of people, I walked around with hepatitis C for about 30 years before treatment became an option. In 1981, my doctor told me I had "non-A non-B hepatitis" – something a lot of folks began hearing in the 80s. The advice was just to get liver function tests occasionally and avoid alcohol. For years, I thought I was just a person who needed a lot of sleep. I tired easily and slept 10 hours a night. Other than that, I didn't have a lot of symptoms. Oh, occasionally my limbs would itch like mad for a few days for no reason; that drove me crazy, but I never suspected it had anything to do with liver disease.

In about 1997, my doctor suggested that I get tested for HCV, so I did – or at least I thought I did. A phone call from the medical office let me know my test was negative. A year later, the doc asked me why I never got tested for HCV. Well, it turned out the lab misread the original order and tested me for HIV by mistake. The negative test, it turned out, was for HIV! Another test, of course, turned out to be positive and my odyssey into the world of hepatitis C began in earnest.

In 1998, liver biopsy wasn't as much a standard of diagnosis as it is today. The GI specialist I saw said my viral load was low, so he didn't recommend treatment. During my work-up, it turned out I had gallstones, so my doctor decided I should get a liver biopsy during the gall bladder surgery. Lucky me! I slept through my biopsy. As it turned out, the biopsy showed I was at a stage 2.5 – 3, and treatment was recommended after all.

As a genotype 1, I needed the full 48 weeks of interferon shots and ribavirin pills. That was before the pegylated interferon was approved by the FDA, so I did the shots 3 times a week. What was treatment like? Well, it was pretty awful. I had the typical side effects: headache, nausea, brain fog, depression….I lost some hair, and what I didn't lose turned straight as a stick. Having had really curly hair all of my life, that might have been the most

bazaar side effect; every morning I would get up and look in the mirror to see if my hair was still straight (luckily it grew back in curly after treatment ended). I lost about 30 pounds, which I admit, made me very happy. I got to wear size 6 clothes for about a year…and I did a lot of shopping therapy. I found that the side effects were up and down. About every three months, I would get very down for a few weeks.

I was very lucky in so many ways. First, I had insurance. Second, I had a wonderful support system in place. My husband, David, was there for me the entire time, as was my Welsh corgi, Dotty. It was also helpful that I was able to greatly reduce my workload because I am self-employed. I was also working on my master's thesis, which did suffer greatly because of my brain fog. At that time, there weren't a lot of support groups around, so I was doubly blessed to have good friends who saw me through the treatment. I use to take Dotty to the park every day, and during that year, I became very close to a group of women with whom I am still friends, "the dog park ladies." I also had a friend in another city who was a couple of months ahead of me in treatment. It was incredibly helpful to talk on the phone with someone that was going through the same thing I was; to compare our progress and whine.

Three months into the treatment, I learned that the virus was undetectable. That really kept me motivated to keep on the meds! I knew there would be light at the end of the tunnel. But even with all of the support and good news, I think depression was the worst side effect. I used to hide in the shower to cry, so I wouldn't upset David. If the news was so good, why did I feel so bad?

By the time I decided I really had to get on anti-depressants, treatment was almost over.

One of the things that really stay in my mind, even years later, is New Year's Eve 1999. I had two months to go. I was undetectable, and determined to stay that way. I remember as a little girl thinking that I would be an old lady when the century turned. Here I was, 48 and feeling pretty old. I kept thinking, "This is a special night, something special should be happening." At midnight, I took Dotty into the street to watch the fireworks, but she didn't like the noise so I sat on the porch and wondered what would come in the New Year. At that moment, I determined that I would find a way to be an advocate for HCV care. I visualized myself supporting other patients, but I had no idea where this would take me. I just knew that this hellish year had to mean something.

When I finished treatment, it took about a month for the year's worth of meds to get out of my system. I remember one day suddenly realizing that I felt great! I had so much energy. It wasn't just because I wasn't feeling the effect of the interferon anymore; I truly felt better than I had in years. It was amazing to realize that I was healthier than I had been in 30 years.

Along the way, I had met many incredible people; with stories very much like mine. Today, I am still working in HCV prevention and policy. Again, I am blessed to be able to work that I feel completely fulfills me. What continues to touch me is that for as many sustained responders I meet, I meet people who did not respond to treatment but are still able to find the energy to work for this cause.

As a 6-plus year sustained responder to Hepatitis C treatment, I am often asked for advice about my treatment. Even though my experience was positive, I always preface anything I say with, "It is an important and personal decision and I would never tell you to do the treatment." However, I also talk about the positive things people can do to increase their chances of successful treatment and to improve their health, regardless of treatment. I also add that it is my understanding that treatment can have beneficial effects on the liver, even if the virus hasn't been eliminated. Hep C is not an emergency situation; there is plenty of time to consider all of the things that might get in the way of treatment and to take care of them before starting on a treatment regimen. It is important to get your support system in place, assess your work situation and decide if you can take time off or let your co-workers know you may not be quite yourself for a while. Talk to your doctor about getting on anti-depressants before starting the meds. I wish I had.

I remember the first time I heard Alan Franciscus of the Hepatitis C Support Project say "Having Hepatitis C is the best thing that ever happened to me." Was he crazy? No, he knew that without HCV, he would not have had the opportunity to meet people all over the world who have been touched by this disease. He would not have found work about which he was so passionate. I am with Alan. We are a growing fraternity of folks who understand this issue from the inside out and are determined to make positive changes. If publishing my story to the world-wide-web helps even one more person who is struggling with the news that he or she has HCV, it was worthwhile for me to write it. *(Hepatitis C Support Project; 1/06')*

ATTENTION
TO OUR HAUMANA

The "Methadone Support Group"
("MSG") Has Ended

The 'Methadone Support Group' that was held on Friday's, will no longer be in effect. Unfortunately, last week was the 'last' group.

We would love to hear from you; so tell us what you think by using the "Suggestion Box" located in the waiting room.

As a patient of methadone treatment, having support from other people on methadone is as necessary as alcoholics needing 'AA' or addicts needing 'NA'; gamblers needing 'Gamblers Anonymous' and so forth.

Please, will you share with us? Maybe (if you choose) your 'submission' can be a part of a future issue of our newsletter.

Thank you, Cricket.

"MMT and Other NEWS"

Don't Blame Clinics for Methadone ODs, SAMHSA Says

Methadone has been involved in a growing number of drug overdoses, but diversion from methadone clinics is not the source of the problem, according to officials at the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Rather, most of the methadone associated with overdoses originated with physicians prescribing the drug as a painkiller. "While deaths involving methadone increased, experiences in several states show that addiction treatment programs are not the culprits," said H. Westley Clark, M.D., J.D., M.P.H., director of SAMHSA's Center for Substance Abuse Treatment.

Clark's comments reflected the findings of an expert policy panel, convened in 2003, which recently stated in Methadone-Associated Mortality, Report of a National Assessment that "although the data remain incomplete…methadone tablets and/or diskettes distributed through channels other than opioid treatment programs most likely are the central factor in methadone-associated mortality."

The panel noted that most methadone involved in overdoses was taken in tablet or diskette form, whereas most methadone clinics distribute the drug in liquid form. The experts suggested that most overdoses were the result of excessive use for purposes of intoxication, deadly combination with alcohol or other drugs, or accidentally building up toxic levels of the drug during the first few days of treatment, before tolerance is developed.

The Associated Press reported April 9 that the state of West Virginia, concerned over rising methadone overdoses, has put a moratorium on opening new methadone clinics. But a SAMHSA official said that a report from the Centers for Disease Control and Prevention on methadone overdoses in North Carolina found that 85 percent involved drugs from pharmacies, not methadone clinics.

Phil Herschmen, president of the outpatient division of CRC Health Group, which runs seven methadone clinics in West Virginia, said his programs are being wrongly blamed for problems associated with the drug. "It's a battle we struggle with on a regular basis," he said. "We're more public and a more obvious target."

Some state lawmakers, however, said the moratorium is not just about overdoses but whether methadone clinics are doing enough to wean patients off the drug. Residents in Huntington, W. Va., also complain that a methadone program there has become a magnet for panhandling and prostitution, which clinic officials dispute. *(Join Together; 4/10/07')*

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use and Prostitution, asked the Ministry of Health to work with the two cities' People's Committees to closely control the project's implementation. The health ministry will report to the prime minister for further application of the drug.

Le Truong Giang, deputy director of the HCM City Department of Health, said that to curb the spread of HIV, methadone could not be used alone but must be accompanied with education. Drug users who must visit a health care clinic every day to receive the dose would have more opportunities to interact with educators who could help them return to a normal life, he said. According to the committee, more than 280,000 people were infected with the deadly HIV virus last year in Viet Nam, double the figure in 2000. *(NAMA; VNS, 4/27/07)*.