Experiences of alcohol use and hepatitis C among people who inject drugs: Implications for treatment services.

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Background

Hepatitis C is a virus affecting the liver. In the UK, sharing injecting drug paraphernalia (needles, syringes, spoons, filters, water) is the biggest risk factor for transmission of hepatitis C. Hepatitis C is largely asymptomatic, therefore many individuals who have the virus do not know they are infected until the later stages of the disease when it can progress to cirrhosis, and stage liver disease or liver cancer. Alcohol increases the likelihood of those with hepatitis C developing these serious liver diseases. Current clinical guidelines for those with hepatitis C is to abstain from alcohol. This research uses qualitative methodology to explore people who inject drugs (PWID) experiences and perceptions of hepatitis C and alcohol.

Research gap

• Much of the literature on alcohol use in PWID who have hepatitis C, focuses on those who drink to excess
• There is a scarcity of research on PWID with hepatitis C who may not be drinking to excess and also changes in alcohol use over time
• Few studies have investigated the impact a positive hepatitis C diagnosis has on drinking behaviour. Moreover these studies focus on alcohol consumption shortly after diagnosis and do not consider if alcohol use changes over time. People can live with hepatitis C for many years before receiving hepatitis C treatment, therefore understanding long term alcohol use is important for service users and services.
• There is also a paucity of qualitative studies on hepatitis C and alcohol use.

Aims

To use a qualitative approach to explore alcohol use in the context of hepatitis C, to discover current and recovering PWID experiences of alcohol use and drinking behaviours over their lifetime with view to informing services of PWID needs.

Collaborations

Organisations who participated in this research were identified from previous work undertaken by the researcher or by the Centre for Public Health. Working relationships were developed between the researcher and the organisations during the course of this PhD. Without the support of the organisations, this research would not have been possible; we would like to thank the organisations for their collaborations.

Study population

Participants from drug services in the North West region of England.

Inclusion

• Current or previous injecting drug users
• Current or previous diagnosis of hepatitis C (‘previous’ such as those who have cleared the virus naturally or have been cured by treatment)

Service users

Methods

1) Observation of support groups
2) Interviews with 21 participants
3) Life history approach, using a life events calendar R
4) Open interview questions
5) Follow up interviews

After initial analysis follow up interviews were undertaken to discuss arising themes

Results - Impact of hepatitis C diagnosis on alcohol consumption

3 main responses following a positive hepatitis C test
1) Use alcohol to cope
2) Stop drinking
3) No change to alcohol consumed

Vignette 1

“…oh I’ve got hep C, I’m gonna drink
all that and just went off the, the intake, I don’t drink as much as I can, can’t do much violence as I can”
(Female, aged 43)

Vignette 2

“If I went out and did sumfin I went to a party or sumfin I didn’t do it.”
(Female, aged 50)

“Do you still drink now?”
“Not since I, since I found out I’ve got hepatitis……but specially when I found out I had it, that’s even made me cut down with me”
(Dad now, you know what I mean. …..but even watching Liverpool with a can stopped now, you know what I mean”
(Male, aged 43)

“…But there’s a whole lot of hepatitis C diagnosis on alcohol consumption

3 dependent drinking categories

• Hepatitis C has the risk of liver damage, however most (N=10) drank alcohol being diagnosed with hepatitis C. are dependent drinkers and 5 were drinking above recommended limits for the general population (>14 units a week).
• Of these, 3 had received prescribed medication through a service to reduce the amount of alcohol consumed, others had not accessed a service and used illegal drugs to decrease the amount of alcohol consumed.
• Barriers to accessing alcohol support include; negative impact of previous encounters with services, not realising drinking levels were harmful and not wanting help for drinking.

Alcohol consumption levels following a diagnosis of hepatitis C were affected by factors other than just the hepatitis C, such as partner’s and family’s alcohol consumption and past alcohol use.

Alcohol consumption following a diagnosis of hepatitis C changes over time

Where participants are in their recovery process from substance use/alcohol use affects how they are able to manage lifestyle factors, such as alcohol and diet that are advised in living with hepatitis C.

No, I wouldn’t do it. I wouldn’t. I wouldn’t do it. I wouldn’t do it. I wouldn’t do it. I wouldn’t do it.

Q Do you still drink now?
A “Not since I, since I found out I’ve got hepatitis……but specially when I found out I had it, that’s even made me cut down with me”
(Dad now, you know what I mean. …..but even watching Liverpool with a can stopped now, you know what I mean”
(Male, aged 43)

Q In terms of his alcohol use would he be referred anywhere else?
A “Whereas most agencies wouldn’t take him because he’s using as well. If he’s on prescribed only, if he’s on methadone or Subutex, the other agencies would take him. If he’s using street none of them will take him.”
(Drug and alcohol service)

Different views on which services ‘Roll’ could attend

Findings

All PWID in this study were aware that drinking alcohol with hepatitis C increased the risk of liver damage, however most (N=10) had drank alcohol being diagnosed with hepatitis C. 7 were dependent drinkers and 5 were drinking above recommended limits for the general population (>14 units a week).

Finding - Methodology

The use of the life history approach has enabled a ‘fuller picture’ of alcohol consumption following a positive hepatitis C result, as it provides an insight over a long period of time rather than a snapshot of a certain time point.

References


Study population

Study population

Staff

Staff working in drug, alcohol and hepatitis services in the North West region of England.

Method

Written vignettes based on hypothetical service users were used. Information gained from the service user observations and interviews informed the content of the vignettes. As a method, vignettes have been used widely in health and social research. Here they were used to gain an understanding of the services provided to people living with hepatitis C. Vignettes were chosen, as they aim to mirror ‘a real life’ situation and elicit information about the service rather than the staff’s personal viewpoint on the topic. Staff were asked to discuss a number of topics such as: what the service would do for the hypothetical service user; how and what advice/information the service user would be given; how the service user would be referred to their service and what service they would refer onwards.

“F the 45 year old man with a medical history of hepatitis C (diagnosed in 2000). He previously injected heroin and crack cocaine but stopped injecting 15 years ago. He has been on a methadone script for 15 years and is currently on 40mg of methadone a day. He currently smokes heroin around twice a month and drinks 5 cans of 9% Skol super strength lager a day.”

Not completely cut out but we do need it to be, I mean you know 5 cans of super strength a day it’s far too much, so what we’d have to do is give him some support and see him making some steps to you know to actually engaging and being positive, so I think we’ll need to do is, is see him showing willing. If he wants the treatment then he has to make some changes in his life as well, so I think it would be unrealistic to say completely come off it, that would be our goal obviously our main aim, ....but at the moment he would not be suitable for treatment, we’d have to work with him definitely to get his alcohol reduced (Hepatitis service)

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Different views on which services ‘Roll’ could attend

“Excessive alcohol consumption is an exclusion for hepatitis C treatment.

Q In terms of his alcohol use would he be referred anywhere else?
A “Anyways most agencies wouldn’t take him because he’s using as well. If he’s on prescribed only, if he’s on methadone or Subutex, the other agencies would take him. If he’s using street none of them will take him.”
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