

# 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, end stage liver disease or liver cancer. Alcohol increases the likelihood of those with hepatitis C developing these serious liver diseases.<sup>[1]</sup> Current clinical guidelines for those with hepatitis C is to abstain from alcohol.<sup>[2]</sup> 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.



### Simplified Example of Life Events Calendar

(Green = heroin use, Pink = alcohol use, bed = period of hospitalisation or residential rehabilitation)

Age	Year	Jan-Mar	Apr-June	July-Sept	Oct-Dec	Historical Context
37	2009					Barack Obama becomes president of USA Michael Jackson died
36	2008					Liverpool is Capital of Culture (Liverpool 1 and ECHO Arena opened)
35	2007					Liverpool celebrated its 800 <sup>th</sup> birthday Smoking ban in England
34	2006					World Cup Germany Creamfields moved out of Liverpool
33	2005					London bombings Liverpool FC won UEFA Final
32	2004					Tsunami in South East Asia
31	2003					War in Iraq
30	2002					Commonwealth Games Manchester Golden Jubilee
29	2001					Terrorist attack on twin towers in New York USA
28	2000					Millennium

## Service users

### 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)
- Ever drank alcohol

### Methods

- 1) Observation of support groups
- 2) Interviews with 21 participants
  - Life history approach, using a life events calendar<sup>[3]</sup>
  - Open interview questions
- 3) 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

"Oh I've got hep C I'm gonna die and all that and I just went off the, off the rails.....drink as much as I can, take as much vodka as I can"  
(Female, aged 43)

"..if I went out and did sumfin I went to a party or sumfin I still did "  
Q Did you drink more or less, than you did before you got the result or the same?  
"Same probably"  
(Female, aged 50)

Q Do you still drink now?  
"Ur 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..... so even watching Liverpool with a can stopped now, you know what I mean" (Male, aged 43)

## Findings

All PWID in this study were aware that drinking alcohol with hepatitis C increased the risk of liver damage, however most (N=19) had drank alcohol since being diagnosed with hepatitis C. 7 were dependent drinking 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.

## 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.

## Staff

### Study population

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 users; 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 onto.

#### Vignette 1

'Rob' is a 45 year old man with a medical history of hepatitis C (diagnosed in 2000). He previously injected heroin and crack cocaine but stopped injecting 10 years ago. He has been on a methadone script for 15 years and is currently on 40mls of methadone a day. He currently smokes heroin around twice a month and drinks 5 cans of 9% Skol super strength lager a day.

## Results

Excessive alcohol consumption is an exclusion for hepatitis C treatment.

Not completely cut it 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'd 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)

Different views on which services 'Rob' could attend

Q So in terms of his alcohol would he be referred anywhere else?  
"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)

"If they were drinking heavily I'd refer them to the alcohol team if that was something they wanted to do. Obviously I can't make them do that. I'd say "this is what's available to you" and obviously I'd give them the risks of drinking with hep C. And the risk of cirrhosis and things" (Hepatitis service)

No, I wouldn't do a detox (alcohol). I wouldn't do it. I just wouldn't do it.  
No, I know. The methadone's not a problem. The heroin use is. That would make everything stand up for me.  
Q Why then? What is it about the heroin?  
Well you're giving them a benzodiazepine on top of methadone. On top of heroin. It's a respiratory depressant, isn't it? You know what I mean. I wouldn't want to be doing that. (Alcohol service)

## Findings

PWID who have hepatitis C need to stop (or at least reduce) alcohol to be considered for hepatitis C treatment.

Using heroin decreases the alcohol treatment options.

There appears to be inconsistencies in the referral criteria between services.

### References

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