

If You
**Drink
Alcohol**
and have
**Hepatitis C
or HIV**
READ THIS!



Harm Reduction Coalition

Alcohol

Many people drink alcohol to relax, enjoy friends and family, and to cope with social, life, or work-related anxiety. Unlike other drugs people use for some of the same reasons, alcohol is cheap, legal, and culturally acceptable. If you have HIV, hepatitis C, or are coinfecting with both, you may want to think about how often and how much you drink, and consider the overall effects of alcohol on your health and quality of life.

Pros:

Alcohol often helps people:

- Relax and enjoy each other's company
- Feel more social, or sexually confident
- Rid the effects of the previous night's hangover
- Smooth the edge of cocaine, speed, crystal, and other stimulants
- Switch or reduce the use of other drugs that may have been more of a problem
- Fulfill social and family obligations, or cultural expectations
- Manage pain – related to either physical, mental or emotional health

Cons:

Excess alcohol consumption may lead to problems, such as:

- Liver disease – even without hepatitis C, heavy alcohol use can cause scarring to develop over many years, possibly resulting in cirrhosis
- Accelerated hepatitis C disease progression
- Masking other life problems (health, mental, emotional)
- Worsening symptoms of depression, and related mood or anxiety disorders
- Difficulty in relationships with friends, family, or partners due to binge drinking
- Forgetting to take medication as prescribed, or missing medical appointments

The Liver

Your liver is involved in processing everything you swallow, breath, and inject/inhale.

Among other things, your liver:

- Filters toxins and waste from the bloodstream
- Stores vitamins, minerals, and iron
- Converts nutrients into energy
- Makes bile necessary for digestion
- Converts food, chemicals, and medications into substances to be used or excreted by your body

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Alcohol and the Liver

Alcohol is a toxic substance that must be metabolized and excreted by your liver. People who drink heavily over a period of many years can develop **fibrosis** (mild scarring of liver cells), or less commonly, **cirrhosis**, a more serious form of liver disease – even when they don't have hepatitis C. Most of us know someone who died of 'alcoholic cirrhosis' but who never had viral hepatitis.

Thankfully, not everyone who drinks develops liver problems. It seems that risk depends on a number of factors, including the quantity—and perhaps type—of alcohol you drink, the condition of your

liver (determined by **biopsy**), and whether you have other risks for liver injury (for example, if you take medications known to cause liver toxicity, such as certain psychotropic, TB, or antiretroviral drugs). Studies have seen that some people drink heavily for years with no problems, while others who do so develop alcoholic cirrhosis. This variation makes sense, since people experience widely different effects from alcohol and other street drugs, depending on their respective weight, sex, metabolic rate, food intake, and other genetic factors that influence how chemicals [including alcohol] are either absorbed, distributed, or cleared from the body.

Hepatitis C and Alcohol: The Bottom Line

There are 2 main issues about alcohol and hepatitis C:

#1. Does Alcohol Increase the Risk for HCV Disease Progression?

Heavy drinking - including binge drinking over time - can increase your risk for liver disease progression. In terms of hepatitis C, studies have seen that moderate-to-heavy drinking independently predicts a person's risk for liver disease progression, specifically, for fibrosis and cirrhosis. Most of these studies have looked at people who drank more than 50 grams of alcohol a day - about a bottle of wine, or 4 standard drinks. Information about lesser quantities of alcohol and hepatitis C is unclear and sometimes conflicting. Since there's no 'safe cutoff' for people with hepatitis C, it's best to focus on cutting back.

THE LESS YOU CAN DRINK, THE BETTER

#2. Can People Who Drink Be Treated for Hepatitis C?

Some doctors refuse to treat people who drink for hepatitis C, especially people who drink heavily (more than 3-5 drinks daily) and meet DSM-IV criteria for alcohol dependence - meaning that you are physiologically dependent on a given amount of alcohol and may experience withdrawal symptoms (shaking, seizures, etc)

if you stop suddenly. It's important to know that research on whether alcohol reduces the effectiveness of hepatitis C treatment is conflicting. Many studies looked at people taking older versions of interferon (standard alfa interferon) and found lower rates of treatment success in people who drank, but these studies didn't routinely measure adherence. So we don't know if the lower rates of sustained virological response (SVR) in people who drank during these treatment trials were due to drinking, poor adherence, or the use of older, less effective therapies. Some in test tube has found that alcohol increases the rate of hepatitis C replication, but this hasn't been seen consistently in HCV+ who drink. Pegylated interferon hasn't been studied yet in very large groups of people who drink, so we don't know much about whether alcohol really interferes with or reduces treatment response to the current standard of care. The good news is that some doctors are treating people who drink, and reporting good adherence rates.

Fortunately, since 2002, guidelines for hepatitis C care and treatment emphasize that alcohol is not a contraindication for treatment, but rather, a modifiable barrier. In the past, HCV treatment was withheld until people had been sober for at least 6 months. Now, guidelines say that people who drink and people who use drugs can be treated for hepatitis C, and that decisions about whether to treat should be made on a case-by-case basis, between doctors and patients.

Still, most doctors won't treat people who drink very heavily. If you drink moderately (somewhere between 2 and 3 drinks a day), you may find doctors willing to treat your hepatitis C. Lately, more doctors are willing to treat people who need it, even if they can't stop drinking beforehand, because people with Hepatitis C who drink heavily have a higher risk for liver disease progression.

Bottom line: If you're thinking about treating your hepatitis C and you drink alcohol, you may want to cut back, or need to search for a provider who can work with you. Some individuals choose not to disclose their alcohol consumption to medical providers.

Alcohol and HCV/HIV Coinfection

Much of what's said above applies to coinfecting people as well, with a few caveats.

- People with HIV who also have hepatitis C (called HIV/HCV coinfection) may be more likely to develop hepatitis C-related liver disease.
- Additionally, serious liver damage from hepatitis C increases a person's risk for either antiretroviral-associated, or medication-induced, hepatotoxicity.
- Coinfecting people – especially those with CD4s less than 200 – are at higher risk for HCV-related cirrhosis of the liver. Since alcohol is also a separate, independent factor for progression, it may be even more important to cut back on drinking if you're coinfecting.
- Drinking alcohol does not worsen HIV disease progression. Some studies have seen that people who drink heavily are less likely to consistently take their HIV medications.
- Perhaps the greatest concern is the increased risk for hepatotoxicity that alcohol poses, particularly for people who take HIV therapy and drink moderately, heavily, or binge drink.

Wondering about your drinking?

You may have a problem with alcohol if you answer yes to any of these questions, taken from a standard questionnaire called 'C.A.G.E.':

- Have you ever felt you should **CUT** down on your drinking?
- Is your drinking **AFFECTING** other areas of your life (work, relationships, family)?
- Have you ever felt negative of **GUILTY** about your drinking?
- Have you **EVER** had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Even if these questions don't apply, if you have hepatitis C, it may be good to think about how much you drink – and see whether that amount changes over time.

What is a Standard Drink?

Most of the research around hepatitis C and alcohol defined heavy drinking as more than 50 grams of alcohol per day. (grams are the European measurement; 50 grams is about 4 standard drinks, or just under a bottle of wine)

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer
						
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

A standard drink is defined as 12 oz of beer, 5 oz wine, or 1 oz of 80 proof distilled liquor. Whether you drink wine, beer, vodka, whisky or other hard liquor, the chart below will help you figure out how many 'standard drinks' you have on a regular basis.

What is Moderation and Binge Drinking?

Moderation is a term used to describe 'controlled' or moderate drinking that does not meet the DSM criteria for alcohol dependence or abuse. Moderate drinking is often defined in terms of the amount of standard drinks you have. These units differ for men and women, since women absorb, distribute, and metabolize alcohol at different rates than men, generally requiring less alcohol to become intoxicated. Most drug treatment counselors and medical providers define moderate as follows:

Men: 2-3 drinks a day; or less than 14 per week

Women: 1-2 drinks a day; or less than 7 per week

Some people don't drink every day but go on periodic binges. Binge drinking may also increase your risk for liver problems, even if you don't drink regularly. If you ask yourself the following question and the answer is more than twice, you may want to think about trying to reduce the number of binges you have, or find other ways to cut back on the amount you're drinking:

How many times in the past month have you had?
5 or more drinks in a day? (men)

4 or more drinks in a day? (women)

What if I want to reduce my drinking?

Here are a few tips for limiting or moderating your drinking:

- Start with a non-alcoholic drink, such as water, soda, or juice.
- Try not to keep much alcohol at home.
- See whether you can limit the AMOUNT you drink (for example, have less than 2 drinks in one occasion, or just one drink per day).

- ROTATE alcoholic and non-alcoholic drinks (have a beer, then glass of water)
- Cut down on how often you drink (try drinking moderately once or twice during the week, instead of always binge drinking on weekends)
- Try not to drink on an empty stomach, and drink slowly.
- If you're trying to cut back, avoid big trigger scenes for drinking

What if I want to stop drinking?

There are lots of ways to change your relationship to alcohol and other drugs, and no single approach works for everyone. Many different strategies exist for cutting back on alcohol – including doing it on your own, using counseling, support groups, moderation management (which involves individual counseling and support around drinking goals that you define for yourself), AA, and, for some people, prescription medications that may help reduce cravings.

AA: There are hundreds of alcoholics anonymous programs throughout the country. These programs have helped some people who use them remain sober and participate in an extended support system. Since AA focuses on abstinence – and the idea that individuals are powerless to the effects of alcohol – it may be less of an option for people who use alcohol with street drugs but doesn't necessarily want to get clean or stop drinking altogether.

Treatment: If you want to try alcohol treatment, there are several choices available: in-patient detox facilities; inpatient residential programs, outpatient programs; and a few medications that are used to help ease cravings in people highly motivated to quit.

If you're trying to detox from alcohol, a treatment program or medical provider can ease some of the initial withdrawal and physical/mental effects (including risk for seizures) by prescribing mild sedatives for a short period of time during the first few days. One benefit to treatment programs is that they offer support groups and counseling. Drawbacks include the fact that these programs are focused on abstinence from all drugs, and may

not be friendly to people who continue to use heroin, coke, or other drugs of choice.

Moderation Management

Moderation management programs are harm reduction programs that help people decide how they can reduce their drinking, and share their experiences with others if they do stop or reduce alcohol use successfully. Some people have found that moderation management, which involves meeting with a counselor regularly, talking about your relationship to alcohol and other drugs, and defining short-term goals, has helped them cut down on their alcohol intake.

Mental/Psychological Health

Sometimes, people who drink also experience depression and/or anxiety, or other mood disorders. Working with a mental health provider to address these underlying issues may help people cut down on drinking. Social workers, psychologists, and psychiatrists may be able to help with underlying depression, anxiety, and mood disorders by combining therapy with medication, as appropriate. This is an important intervention and can help people feel more even, relaxed, and thus, able to focus on cutting back on drinking.

Things to Discuss with your Doctor

- What's happening in your liver: Ask about tests, such as HCV RNA (viral load), genotype, liver enzymes, liver sonogram or biopsy, which can help you determine whether you have fibrosis or cirrhosis. This information will help you determine how much you need to cut back on alcohol.
- Making a hepatitis C treatment decision—ask which criteria your doctors use, and think about what factors are important to you when thinking about treatment.
- Is treatment for hepatitis C an option? If not, when would your doctor be willing to consider this? What are the other options?
- What can your doctor suggest to help you cut down, or stop drinking?
- If you can't stop drinking on your own, can your provider prescribe medications to help

NY Alcohol and Drug Treatment Programs/

NY State Office of Alcoholism and Substance Abuse Services

(518) 485-1768

http://oasasapps.oasas.state.ny.us/pls/portal/OASASREP.DYN_PROV_SEARCH.show
Directory of NYS Alcohol and Drug Treatment Programs)

RESOURCES

Information about Alcohol and Hepatitis C/

“Alcohol: How Much is too much?” March 14th/16th entries, from hepcproject.org
http://hepcproject.typepad.com/hep_c_project/liver_health/index.html

“Hepatitis C and Alcohol”, from the Veterans Administration
<http://www.hepatitis.va.gov/vahep?page=tp03-03-06-01>

Hepatitis C and HIV Coinfection Report (Section on Alcohol Use), from TAG
<http://www.aidsinfonyc.org/tag/coinf/hcv2004/chap2.html>

“Light and moderate alcohol intake may have minimal effect on fibrosis progression” from HIVand hepatitis.com

http://www.hivandhepatitis.com/hep_c/news/2004/031204a.html

Alcohol Moderation, Reduction, and Abstinence Programs/

Moderation Management/ Manejo con Moderación:
www.moderation.org (212) 871-0974

Harm Reduction Psychotherapy and Training Associates
www.harmreductioncounseling.com

“Helping People who drink too much,” NIAAA Guide with resources, counseling tips, etc
http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm

Addiction Alternatives
www.addictionalternatives.com

Alcoholics Anonymous
www.alcoholics-anonymous.org

Agencies Focused on Hepatitis C

• **Hepatitis C Harm Reduction Project**
www.harmreduction.org (NYC)

• **Hepatitis C Support Project**
<http://www.hcvadvocate.org> (SF, CA)

• **The Hepatitis C Connection**
(800) 522-HEPC (Denver, CO)
<http://www.hepc-connection.org/>

• **Hepatitis C Association**
<http://www.hepcassoc.org/>
866-437-4377

• **National AIDS Treatment Advocacy Project**
(888) 26-NATAP (NYC)
<http://www.natap.org/>



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