

# Blood Borne Viruses and substance use in the social work curriculum

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## Introduction

BBVs (Blood Borne Viruses) are a major challenge for social work. Common BBVs associated with drug use are Hepatitis B, HIV and Hepatitis C (HCV). BBVs are passed on through blood but also through sex (semen, vaginal fluid). In the UK about 1 in 1000 people are thought to have chronic (persistent) hepatitis B infection. The UK prevalence figures for HIV are approx. 33,000. Current estimates of prevalence of HCV in the UK are between 250,000 and 600,000.

BBVs and substance use are not specific to a particular group of service users. They are cross cutting issues affecting people regardless of age, ethnicity, disability and sexuality. For example, as the HCV epidemic continues to grow and in future affect those who no longer use drugs and who may have been drug free for some years, there is an urgent need for knowledge of HCV to expand beyond drug teams and agencies and into mainstream society and social care. Social care workers (particularly those working with physically disabled adults or older adults) will find themselves with vastly increased caseloads as HCV diagnoses increase. This will necessitate them being able to adequately support families in a non-judgemental and non stigmatising manner.

## Suggested key areas of teaching

- Modules examining core values in social work could utilise discussion around BBV to look at stigma and discrimination which are recognised as being one of the main issues faced by people who live with HCV and HIV.
- Social work students studying families and young people could explore the impact of HCV within a family and household context. For example, given that many women drug users may not necessarily have strong links with antenatal services, social work students could look at ways to counsel pregnant women about potential risks and help them to access testing if they wish to.
- Mental health is another area where BBVs could be taken into account. The side effects of combination therapy are well established, notably depression and increased feelings of anger and rage. There is also the potential for underlying physical health problems resulting from HCV remaining untreated and ascribed to mental health problems.
- Any course directly examining the issue of social work and drug use should have a BBV element.

## Key messages

- Following an acute Hepatitis B infection, a minority of infected adults, about 1 in 10 (but most infected babies) develop a persistent infection called chronic hepatitis B. This means the infection lasts for more than 6 months. Many people with chronic hepatitis B remain well (may not experience symptoms), but can still pass on the virus to others (as they are 'carriers'). Some develop serious liver problems/liver disease (1 in 5) which may lead to Liver Cancer or the need for a liver transplant.
- HIV – Blood Borne Virus which attacks and binds itself to the immune system. Immune system protection from serious illnesses by producing antibodies which destroy invaders. So HIV reduces the body's abilities to fight off opportunistic infections. Can lead to AIDS - this is the stage where infections incur. In terms of awareness there are concerns that this had been on the 'wane' because HCV has come to be more prominent however, it is still very important and there is a danger of complacency.
- There are wide differentiates in estimate of HCV prevalence because there are large numbers of people who may be living with HCV but may not have been diagnosed. This is because Hepatitis C may not present symptoms for between 10 and 40 years and symptoms can be vague and on a wide spectrum. Social workers are in a unique position for making contact with people 'at risk' or who live with the virus.
  - Early detection is very important. With HCV the difficulty is that the liver can continue to function even with serious damage, so you might have serious damage by the time it is detectable.
  - Social workers should have a basic foundation of knowledge concerning transmission risks, verbal and printed information for clients, knowledge of testing routes and facilities, implications of a positive and negative test result.
  - Social workers may be instrumental in co-ordinating work between ante and post-natal services and HCV services. There may be an additional need for social work to work with midwives and post-natal support services. Clear information from an approachable and readily available professional is vital.

## Involving specialists

An increasing number of professionals work with the overlapping issues of BBV and substance use. Remits include:

- Roles specifically dedicated to working with individuals suffering both substance use and BBVs.
- Developmental posts within substance use or BBV agencies to help develop policy and practice in light of the high rates of overlap.

There are also a number of agencies who work daily with both issues and who have developed policy and practice based on operational necessity. For example, the Jarman Centre/Blackburn with Darwen NHS Primary Care Trust and the Blackburn with Darwen Drug and Alcohol Action Team

Substance misuse services also offer an accessible and streamlined testing service to enable clients to access testing quickly and easily without the need for referral to a separate agency. Although the pre and post test counselling and the actual testing procedure should be undertaken by a blood borne virus nurse or other member of clinical staff, social workers need to be aware of the implications of receiving a positive and a negative test result for a number of reasons; notably because of the need for increased collaboration with blood borne virus and viral Hepatitis professionals in the event of a positive diagnosis and the need to reinforce health behaviour messages in the event of a negative one.

## Resources available

### Websites

- British Liver Trust (2009) 'Looking after your Liver' [www.britishlivertrust.org.uk/home/looking-after-your-liver.aspx](http://www.britishlivertrust.org.uk/home/looking-after-your-liver.aspx)
- AIDS Map: [www.nam.org](http://www.nam.org)
- George House Trust: [www.gh.t.org.uk](http://www.gh.t.org.uk)
- Terrence Higgins Trust: [www.tht.org.uk](http://www.tht.org.uk)
- British Liver Trust: [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)
- Department of Health - Search Hepatitis B: [www.dh.gov.uk](http://www.dh.gov.uk)
- The Hep C Trust: [www.hepctrust.org.uk](http://www.hepctrust.org.uk)
- Hep C Resource Centre: [www.mainliners.org.uk](http://www.mainliners.org.uk) / [www.hepccentre.org.uk](http://www.hepccentre.org.uk)
- Anti-discrimination board of New South Wales (2001) C-Change: report of the enquiry into Hepatitis C related discrimination: [www.lawlink.nsw.gov.au/lawlink/adb/ll\\_adb.nsf/pages/adb\\_hepatitis\\_c\\_enquiry](http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_hepatitis_c_enquiry)

### Key texts

- All party parliamentary group on Hepatology (2008) *Divided Nations: Tackling the Hepatitis C challenge across the UK*. London, The Hepatitis C Trust.
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- Brener, L. and Treloar, C. (2009) Alcohol and other drug treatment experiences of hepatitis C-positive and negative clients: implications for hepatitis C treatment. *Australian Health Review*, 33, pp.100 -107.
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- Foster, G. (2008) 'Injecting drug users with chronic Hepatitis C: should they be offered antiviral therapy?' *Addiction*, 103, pp.1412-1413.
- Greater Manchester Hepatitis C Strategy Group (2006) '*Greater Manchester Hep C Strategy*' [http://www.gmhepc.org.uk/healthcare\\_professionals/](http://www.gmhepc.org.uk/healthcare_professionals/) (accessed 10.10.09)
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- Health Protection Agency (2008) *Hepatitis C in England – The Health Protection Agency's Annual Report*. London, HPA.
- Hopwood, M., Treloar, C. and Bryant, J. (2006) 'Hepatitis C and injecting-related discrimination in New South Wales, Australia.' *Drugs: Education, Prevention & Policy*, 13, pp.61-75

- Paylor, I. and Orgel, M. (2004) 'Critical Commentary: Sleepwalking through an epidemic - Why Social Work should wake up to the threat of Hepatitis C' *British Journal of Social Work* 36 (6), pp.897-906
- Paylor, I. and Mack, H. (2010 - forthcoming) 'Gazing into the Scarlet Crystal Ball. Social Work and Hepatitis C' *British Journal of Social Work*
- Treloar, C., Jauncey, M., Van Beek, I., Lodge, M., Malpas, G., Carruthers, S. (2008) 'Broadening discussions of 'safe' Hepatitis C prevention; A close up of swabbing in an analysis of video recordings of injecting practice.' *International Journal of Drug Policy*, 19, pp.59-65.
- Willner-Reid, J., Belendiuk, K. A., Epstein, D. H., Schmittner, J. and Preston, K. L. (2008) 'Hepatitis C and human immunodeficiency virus risk behaviors in polydrug users on methadone maintenance.' *Journal of Substance Abuse Treatment*, 35, pp.78-86
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## Other SWAP resources

SWAP (2009) *Social Work and substance use. Teaching the basics*. Retrieved, November 2009 from [www.swap.ac.uk/docs/guide\\_su\\_learning&teaching.pdf](http://www.swap.ac.uk/docs/guide_su_learning&teaching.pdf)

SWAP (2009). *Learning and teaching digest: integrating substance use teaching into the social work curriculum*. Retrieved, August 2009, from [www.swap.ac.uk/docs/digests/swapdigest\\_7.pdf](http://www.swap.ac.uk/docs/digests/swapdigest_7.pdf)

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SWAP(2009). *Information sheet: domestic violence and substance use in the social work curriculum*. Retrieved November, 2009, from [www.swap.ac.uk/docs/infosheets/is\\_domestic\\_violence.pdf](http://www.swap.ac.uk/docs/infosheets/is_domestic_violence.pdf)

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