

NEW MEXICO TREATMENT SERVICES PATIENT HANDBOOK



HOURS OF OPERATION:

MONDAY: 6AM-11AM
TUESDAY: 6AM-11AM
WEDNESDAY: 6AM-11AM
THURSDAY: 6AM-11AM
FRIDAY: 6AM-11AM
SATURDAY: 6AM-9AM
SUNDAY: CLOSED

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INTRODUCTION

The purpose of this manual is to orient you to our program and methadone maintenance treatment in general. It includes our treatment approach and clinic policies and procedures. Understanding what to expect from treatment and the resources available to you through this program will help you make choices regarding your recovery.

Our goal is to turn your desire to stop the cycle of addiction into practice stop using. In order for our goal to be attained we expect you to faithfully attend all treatment activities and we encourage you to become fully involved in your treatment and recovery. We want you to understand that breaking any addiction is more than just deciding to do it, breaking the addiction will also entail making a change in your thinking, your behavior and your current lifestyle.

As you know, rules, rights, and responsibilities are necessary whenever people are brought together in a treatment setting. Please take the time now to read the rules of the program and what rights you are have as a patient of the program. We desire that you fully understand your rights and responsibilities, expect you to strictly adhere to the rules.

Please take the time to familiarize yourself with our program by studying the contents of your handbook. We are pleased to meet you and look forward to serving you!

We expect that you will:

- a) Commit yourself to your recovery*
- b) Attend counseling*
- c) Learn to live without the use of drugs or alcohol*
- d) Help others, assist the newcomers -- your experiences and strengths can be invaluable*
- e) Adhere to Center rules and regulations*
- f) Be a friend*

WHAT IS METHADONE MAINTENANCE TREATMENT?

METHADONE PHARMACOTHERAPY

Methadone is a synthetic opiate which works by preventing withdrawal symptoms and creating a “blocking” effect when other opiates are taken. It has a slow onset to peak effect (no rush), and it is long acting (prevents onset of withdrawals for 24-48hours).

As a result of a 24-36 hour half-life, methadone maintains a constant level of the drug at opioid receptors located in the brain for more than 24 hours on a single daily dose. An adequate dose of methadone will constantly occupy these receptors and prevent drug craving and withdrawal without producing sedation.

You will be administered methadone on a daily basis. During the induction phase you may find that your dose will have to be increased or decreased over several days to achieve the desired effects which are a) elimination of drug cravings, b) preventing withdrawals and c) blocking the effects of heroin.

Methadone is an opioid drug and possesses all the dangers that most narcotic drugs possess. If a dose is missed you may experience withdrawal symptoms. Understand that methadone can be fatal when taken in conjunction with other drugs; especially alcohol, tranquilizers, or benzodiazepines such as Xanax or Valium.

There are some drugs that are antagonistic to methadone, which means that they do not react well with methadone. Talwin, Nubane, and Stadol if taken with methadone will create immediate withdrawals. Dilantin and Lasix will also affect your serum methadone levels. You are responsible for informing any doctor or dentist that treats you of your enrollment in a methadone maintenance program so that he or she can prescribe medications that work well with methadone.

If you start to experience serious adverse reactions to methadone, go to the nearest hospital emergency room immediately and inform them that you are receiving methadone. They will have medication on hand to offset the effects of methadone.

Please see your counselor for any dose changes; or schedule changes. Every change has to be approved by the Medical Director and your counselor must generate an order for this first.

Remember that this medication works for you because you have slowly become accustomed, or tolerant, to the Methadone. Persons who have not become tolerant, over a time cannot safely take Methadone. Do not attempt to share or give your daily dose of Methadone to another person. Methadone can kill if used improperly!!

TREATMENT STAGES

INDUCTION (1 -14 DAYS)

The objective of the methadone induction process is to approximate the patient's opioid tolerance level with methadone, thereby reducing withdrawal and opioid craving. A further aim is to diminish or eliminate other opioid use as rapidly as possible without sacrificing patient safety. Since there is no scientific formula for calculating opioid tolerance, the prudent methadone-dosing advice is to initially *start low and go slow*. However, with an overly conservative approach to induction, a patient may self-medicate withdrawal symptoms with illicit substances. Conversely, an overly aggressive strategy may result in methadone overmedication. New Mexico Treatment Services attempts to avoid both of these situations with regular assessment of symptoms and dosing strategies tailored to each individual patient's needs.

During induction you may find that methadone may cause some minor side effects. Side effects may include dizziness, lightheadedness, mild sedation, or stomach upset, constipation, and excessive sweating. Most side effects are transitory and are generally tolerated well. If you develop any of these symptoms notify the nurse or Medical Director so that your dose can be adjusted accordingly. Should constipation occur inform the nurse or doctor who may wish to prescribe a laxative.

EARLY STABILIZATION (14 – 30 DAYS)

Once at a steady-state level, methadone should be present in sufficient concentration to maintain a therapeutic "comfort range" for 24 – 36 hours. There is no clear relationship between prior "heavy" abuse of an opioid and the methadone dose ultimately required for stabilization. Research shows that 80 to 120 milligrams of methadone for daily maintenance, on average, was sufficient for many patients. However, our Center recognizes that due to individual patient factors some may require either higher or lower doses for treatment success.

Dose adjustments during this period are in the 5 to 10 mg/d range – no more frequent than every 3 to 4 days. Adequate dose cannot be determined by solely objective measures (including SMLs), and early withdrawal is purely subjective, so a consideration of your self-report is an important guide to continued dose adjustments. Please let your counselor know during this period if your dosage is not adequate, or if you ever have any signs of overmedication.

ONGOING METHADONE MAINTENANCE

New Mexico Treatment Services believes that continued opioid use or relapse can be eliminated in most patients via adequate methadone dosing. As a result, the staff works together with the patient to ensure that every patient receives the individualized attention necessary to ensure that his or her dosage is both effective and safe. Our clinic does not enforce dosing "caps," instead relying on the best clinical and medical practices to determine your optimal dose. Periodically during your treatment here, your counselor will review the effectiveness of your dosage and will explore options for increasing or decreasing your dosage when necessary.

Step Levels of Treatment

Step levels are phases of treatment as you progress. You will begin with step 1 (unless you are courtesy dosing or transferring from another treatment clinic) To progress through the steps, you must fulfill that step's requirements and be approved through a process of staff consent that the requirements have been fulfilled. The step level number indicates the number of doses you are allowed to take home. The steps are as follows:

Step 1: You will be required to attend the clinic 6 days per week for your dose and will be provided one take home dose for the seventh day. You will be required to see an assigned counselor once a week for the first month, then at a minimum of once per month. At random, you will be required to undergo a drug screening (provide a urine sample) for analysis.

Step 2: In order to progress to this step, your drug screenings must be negative for a minimum of 3 months, adhere to clinic rules, and be approved by staff. You will be required to attend the clinic 5 days per week to receive your daily dose. On the fifth day (Friday) you will be provided two doses for the weekend. You will continue to meet with your counselor at a minimum of once per month and will undergo random drug analysis.

Step 3: This step requires that your drug screenings have been negative for 6 months, (since the time you started treatment or 90 days since Step level 1), adhere to clinic rules, and have been approved by staff consensus. You will attend the clinic 4 days per week (Tuesday through Friday) and receive on Thursday, 3 doses for Saturday, Sunday and Monday. You will continue to meet with your counselor at a minimum of once per month and undergo random drug analysis.

Step 6: This step requires that you have had negative drug screenings for 9 months, (since the time you started treatment or 90 days since Step Level 2) adhered to clinic rules and have been approved by staff. You will be required to attend the clinic once a week where you will dose and be provided with 6 take-home doses for the remainder of the week. You must continue to meet with your counselor at minimum one per month and undergo random drug analysis.

Step 13: To advance to this step, you must have 12 months of negative drug screens (since the time you started treatment at step level 1), adhered to clinic rules, and have been approved by staff. You will be required to attend the clinic once every two weeks to dose and then receive 13 take-home doses. You will continue to meet monthly with your counselor and undergo random drug analysis.

Step 27: After providing negative drug analyses for 2 years (2 years since the start of treatment or 1 year since advancing to step level 4), adhering to clinic rules, and staff approval, you are eligible to move to this step. You will attend the clinic once per month, receive 27 take-home doses, meet with your counselor, and undergo drug analysis upon request.

For any step level, if there are any two consecutive positive drug analyses, you will be dropped to the previous step or any lower level. For example, if you are at step 13 and have two positive drug screens, you could be dropped to Step 1. If there are 3 consecutive positive drug screens, you will be automatically dropped to step level 1 no matter what level you had achieved.

COUNSELING

INDIVIDUAL COUNSELING

Upon admission you will be assigned a Primary Counselor. This person is here to assist you in your recovery efforts. You are expected to meet with your counselor as scheduled for individual counseling sessions. This form of counseling affords you the opportunity to work through problems in an absolute confidential atmosphere. Your counselors are there to help you with any problem. They are all trained professionals and possess knowledge of other service agencies that may be able to assist you. Occasionally your counselor may find it necessary to refer you to an outside agency to ensure that you are receiving the best care possible. Please inform your Primary Counselor of any problems you are experiencing.

GROUP COUNSELING

This form of therapy offers you an opportunity to learn more about yourself by listening to others talking about themselves or by listening to and receiving benefit from other's views of you. It is a forum in which patients are encouraged to discuss their experiences, problems, hopes and successes. Emotional growth, self- understanding and a greater appreciation of others can be attained through this treatment modality. This form of therapy is also instrumental in allowing you to see that you are not alone.

It is a vital to your recovery process that you become aware and knowledgeable of the true effect drugs exert on the anatomy and physiology of the human body. All drug abuse, including alcohol will eventually lead to a system's breakdown in some form. During patient education you will learn of these adverse effects and what they mean to your overall health.

Patient education will also cover a variety of subjects such as: parenting skills, proper nutrition, financial planning, and employment skills.

RULES, RIGHTS, AND RESPONSIBILITIES

New Mexico Treatment Services views treatment as a partnership. We expect that patients will follow the clinic rules and policies. Every patient should expect that the clinic will meet our obligation in providing treatment and protecting your rights and dignity as a patient.

CLINIC RULES

ATTIRE

Proper attire is always required while you are in the Center. No Shoes, No Shirt, No Services.

CONTACT INFORMATION

It is your responsibility to keep the clinic up to date with your current phone number, any change of address or change of insurance. You may be asked to show your ID and insurance card, so be sure to bring these with you at each clinic visit.

NO LOITERING

We want you to realize that our continued operation is dependent upon our relationships with our neighbors and the community. Loitering refers to patients who are standing idly about and who are not participating in any business or treatment activity. Center policy prohibits loitering on the outside of the premises especially in the parking lots. If you are scheduled to see the doctor or are scheduled for counseling or group, please wait in the designated waiting area inside the Center.

SMOKING

Smoking is not permitted inside of the Center. This includes e-cigarettes/vaping products of any kind/electronic cigarettes. Smoking is permitted in designated areas only.

TELEPHONES

Office telephones are not available for routine patient use. In an emergency the patient may ask the counselor to place a local call only. Long distance phone calls are prohibited.

To protect the confidentiality of all our patients, we ask that you refrain from having friends and family members calling the Center. We cannot nor will we acknowledge the fact that you were or are currently in treatment. To acknowledge your presence is a breach of confidentiality. Messages will not be accepted for any patient.

SUNGLASSES

Sunglasses are not to be worn at the dosing window. Should you wear your sunglasses when approaching the dosing window, do not be offended when you are asked to remove them.

FIRE DRILLS

There will be unscheduled fire drills conducted in accordance to local and state ordinances. You may be asked to leave the building during such times and follow drill routine, which is posted on the bulletin board.

MEDICATIONS

If you are currently taking other medications along with your daily dose of Methadone you are expected to notify your Primary Counselor, Nurse or the Pharmacist. Remember you are required to notify your physician or dentist that you are receiving Methadone on a daily basis. Since some medications clash with Methadone (even over the counter medications) you should always check with the nurse or pharmacist on duty. They are more than willing to assist you. You may also be required to bring in your medication for review as directed by the clinic physician. If so, you must maintain possession of the medication at all times.

DRUG SCREENING/URINALYSIS

You will randomly be asked by any staff member to provide a urine sample, asked to take a breathalyzer test by the dosing nurse, or asked to provide a cheek swab for drug analysis. Please be prepared to cooperate with the drug screening at any time..

PROBATION/PAROLE

If you are on probation or parole, you must notify your probation or parole officer of your enrollment in the Methadone Maintenance Program and provide the Center with your provisions of probation and parole.

INCARCERATION

Patients that are arrested and incarcerated while in treatment at the Center may not be able to continue with their daily dose of Methadone while confined. The center must abide by local regulations concerning the medication of inmates. Some counties prohibit the medicating of inmates by all but their medical staff. Withdrawal from Methadone is not life threatening, and as previously stated most correctional institutions have on staff a medical department that are capable of treating patients who are in withdrawal.

DISRUPTIVE OR ILLEGAL ACTIVITY

New Mexico Treatment Services has a zero tolerance policy towards the buying or selling of drugs on the premises. Any patient caught doing so, or negotiating the buying or selling of drugs, will be immediately discharged from the program.

Physical or verbal abuse, and implied or actual violence directed towards staff or other patients will not be tolerated.

Disruptive behavior, profane language, or sexual misconduct will not be tolerated.

Weapons of any type are prohibited on Center premises.

Police will be notified of any criminal actions taking place on the facility premises and subsequent charges will be filed.

TAKING MEDICATION HOME

Phase advancement in the take-home program is achieved by completion of eligibility requirements at each level. Your counselor will provide you with detailed information regarding the take-home program and various step levels.

The security, custody and control of your take-home doses are your responsibility. Indications that you are not responsibly controlling your take-home doses will result in a revocation of these privileges. Unless scheduled for counseling you should not be in the clinic on the days that you have received take-home medication.

Take home medication is an earned privilege not a right, and like any privilege it can and will be removed for cause.

Take-home bottles must be returned to the Center for appropriate disposal.

Keep Methadone and all medications out of the reach of children. The particular flavor, color, and smell could entice a child into drinking this medication and could result in death. For safety it is required that you keep your medication in a locked metal receptacle.

Tracking

Tracking is a process of checking that you are following your treatment protocol. Tracking is random and occurs at any step level. You will receive a phone call from the medical staff and will be required to return to the clinic within twenty-four hours. Bring all bottles (whether empty or full) and /r labels so that dates of usage can be verified. Used bottles must be clean and free of treatment.

INVOLUNTARY DETOXIFICATION POLICY

New Mexico Treatment Services hopes that everyone succeeds in their recovery efforts; however, there are situations that may lead to involuntary detoxification and termination. We maintain the right to terminate anyone for the following infractions:

- 1) Selling or attempting to sell methadone doses or other drugs.
- 2) Verbally or physically abusing staff or other patients
- 3) Persistent or sufficient disruption of the treatment program

You will be informed of decisions reached concerning your detoxification at which time you may opt to:

- 1) File an official grievance report
- 2) Request a transfer to another treatment facility
- 3) Negotiate the length of your detoxification
- 4) Make a complaint with the Governor's Advocacy Council

PATIENT'S BILL OF RIGHTS

1. Is admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, marital status, age, or disability.
2. Is reasonably accommodated in the event of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
3. Is treated in a manner sensitive to their individual needs such as age, gender, sex, social preference, cultural orientation, psychological characteristics, sexual preferences/orientation, physical situation, and spiritual beliefs.
4. Is treated in a manner that promotes dignity and self-respect, including adequate space to accommodate the need for privacy during visits, therapeutic interventions, and urine drug screening collections.
5. Is involved in all aspects of their individual plans, including but not limited to treatment planning, transition planning, treatment termination, and medication changes.
6. Is protected from unwarranted invasion of privacy except that clinic staff may conduct reasonable searches to detect and prevent possession or use of contraband on clinic premises.
7. Has the right to refuse to participate in any experimental or investigative research without written and informed consent and has the guarantee that the organization will adhere to research guidelines and ethics when persons served, if applicable.
8. Has all clinical and personal information treated in accord with federal and state confidentiality laws, regulations, and guidelines and as outlined in the organization's policies and procedures.
9. Has the opportunity to review his/her own patient treatment records in the presence of the clinic director of his/her designee. Also, has the right to a timely response to requests for copies of records.
10. Has the opportunity to know the identification and professional status of the persons providing services and to have clinical contact with a same-gender counselor if so requested and determined appropriate by the supervisor, either at the clinic or by referral.
11. Has the right to provision of care in the least restrictive environment and has the right to adequate and humane care.
12. Has the right to be protected from the behavioral disruptions of other patients.
13. Is fully informed regarding fees charged for treatment services and methods of payment available, which will include information such as fees for copying records, etc...
14. Is provided reasonable opportunity to practice their religion of choice as long as the practice does not infringe on the rights and treatment of other patients or clinic staff. The patient has the right to refuse participation in any religious practice.
15. Is protected from abuse by staff or other patients who are on clinic premises at all times, including protection from:
 - a. Sexual abuse or harassment
 - b. Financial or other forms of exploitation
 - c. Racism or racial/ethnic harassment
 - d. Psychological abuse
 - e. Physical abuse or punishment

- f. Retaliation
 - g. Humiliation
 - h. Neglect
16. Receives a copy of the patient complaint and grievance procedures upon request. The procedures will be prominently displayed and posted in clinic waiting areas. Optum members have the right to file a grievance with their Optum provider if the program has not addressed the complaint or grievance to the member's satisfaction.
 17. In the event of clinic closure each patient shall be:
 - a. Given thirty days' notice
 - b. Assisted with relocation
 - c. Given refunds to which the patient is entitled
 - d. Advised on how to access records to which the patient is entitled
 18. Investigation and resolution of alleged infringement of rights.
 19. A patient is entitled to all of the following:
 - a. Services in accordance with standards of professional practice
 - b. Services appropriate for the patient's needs
 - c. Services designed to afford a reasonable opportunity for the patient to realize and attain individualized treatment goals and objectives.
 20. A service provider shall inform all patients of the following:
 - a. The general nature of the treatment which is proposed and available
 - b. The known effects of receiving and not receiving the treatment
 - c. Evidence based information about alternate treatments, medications, and modality of treatment, if any.
 21. Is made aware of the informed consent or refusal or expression of choice regarding concurrent services, if applicable.
 22. A patient will be given the opportunity to have any restrictions of their rights or privileges that have been lost while in treatment (due to rule violations, etc...), reevaluated by staff in order to assess how the patient may regain lost rights or privileges. In addition, staff should routinely evaluate the purpose or benefit of any restriction of rights or privileges.
 23. Information pertinent to the person served in sufficient time to facilitate his/her decision making.
 24. Access to:
 - a. Legal entities for appropriate representation
 - b. Self-help support groups
 - c. Advocacy support services
 25. Access to an interpreter if English is not the patient's first language.

MANAGING TREATMENT WHEN OUT OF TOWN

GUEST DOSING

It is likely that during your treatment, you will be leaving town for vacation or work, and unable to attend the clinic. If you are going to be out of town and unable to attend the clinic for medication, it is important that you inform your counselor as soon as you are aware of the situation. Your counselor will make every effort to arrange dosing at a clinic in the area where you will be. It is important to understand that you will be responsible for any fees charged by the clinic where you will be dosing. However, your counselor will make every attempt to arrange dosing at a clinic that is best suited to your needs, geographically and financially.

EXEMPTIONS

If your counselor is unable to arrange guest dosing, the clinic may be able to allow you to pick up take homes for the duration of your trip. This is accomplished by receiving the approval of State and Federal authorities. It is very important that we have as much advance notice as possible in order to pursue this option. Approval can take up to a month in some cases, and take home doses cannot be given without it.

METHADONE DRUG INTERACTIONS

You must inform the nurse or your primary counselor if you are currently taking any prescription medication. You are solely responsible for informing any physician or dentist whose care you are currently receiving of your enrollment in the Methadone Maintenance Program.

Methadone when taken in accordance with physician's schedule is safe. Taking other drugs can create a life-threatening situation that can cause respiratory depression, coma, and or death. You will not be able to safely ingest other Central Nervous System depressants. The use of tranquilizers, barbiturates, painkillers and alcohol can cause a medical crisis. Also there are certain drugs that delete the Methadone in your system and can cause immediate withdrawal symptoms. You are required to inform the Center of any prescription medication you may be receiving.

One of Methadone's effects is that it blocks the effects of a certain drug class. Therefore if you are scheduled for any type of surgery, dental treatment, or any other form of medical care, you must inform your doctor or dentist that you are currently receiving daily Methadone. Informing your physicians or dentist will allow for your receiving safe and appropriate treatment and avoid inadvertently causing you pain or withdrawals.

If you are currently taking other medications along with your daily dose of Methadone you are expected to notify your Primary Counselor, Nurse or the Pharmacist. Remember you are required to notify your physician or dentist that you are receiving Methadone on a daily basis. Since some medications interact with Methadone (even over the counter medications) you should always check with the nurse Medical Director.

OPIOID ANTAGONISTS

It is very important to avoid any of the opioid antagonists or mixed agonist-antagonists below, as they will lower the body's methadone levels and could cause withdrawals.

Drugs with Antagonist Activity

Antagonists

naltrexone
naloxone
nalmefene

Agonist-Antagonists

buprenorphine
butorphanol
dezocine
nalbuphine
pentazocine

Tramadol (Ultram) is not considered an opioid, but in fact, it is. It is simply that it does not depend solely on its opioid quality for its pain relieving ability. As a result of its action, it affects methadone levels as a mixed agonist-antagonist. It should be avoided by those using methadone.

CONFIDENTIALITY

To protect the confidentiality of all our patients, we ask that you refrain from having friends and family members calling the Center. We cannot nor will we acknowledge the fact that you were or are currently in treatment. To acknowledge your presence is a breach of confidentiality. Messages will not be accepted for any patient.

Federal law and regulations protect the confidentiality of patient records maintained by this center.

The Center cannot acknowledge to anyone that a certain person attends the program, nor can we generally disclose any information that might identify you as a patient at this clinic.

Disclosures are made only if:

- 1) the patient gives written consent,
- 2) the disclosure is required by court order,
- 3) disclosure is made in a medical emergency to medical personnel,
- 4) Or to qualified personnel for research, audit, or program evaluation

Federal law and regulations do not protect any information about a crime committed by a patient at the Center, nor does it protect a crime committed against any person who works for the treatment program or any threat to commit such a crime.

Violation of Federal Law and Regulations by a program is a crime. Suspected violations may be reported to the proper authorities in accordance with Federal Regulations (see 42 U.S.C. 290dd-3 and 290ee-3 for Federal laws and 42 CFR part 2 for regulations).

FACTS ABOUT HEPATITIS C

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is spread by contact with the blood of an infected person.

Transmission

HCV is spread primarily by direct contact with human blood. For example, you might have been infected with HCV if:

- You ever injected street drugs, as the needles and/or other drug "works" used to prepare or inject the drug(s) may have had someone else's blood that contained HCV on them.
- You received blood, blood products, or solid organs from a donor whose blood contained HCV.
- You were ever on long-term kidney dialysis as you may have unknowingly shared supplies/equipment that had someone else's blood on them.
- You were ever a healthcare worker and had frequent contact with blood on the job, especially accidental needlesticks.
- Your mother had hepatitis C at the time she gave birth to you. During the birth her blood may have gotten into your body.
- You ever had sex with a person infected with HCV (see more information below)
- You lived with someone who was infected with HCV and shared items such as razors or toothbrushes that might have had his/her blood on them (see more information below)

Household Contacts

If HCV is spread within a household, it is most likely due to direct exposure to the blood of the infected person.

HCV is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses, or casual contact.

Persons should not be excluded from work, school, play, child care or other settings on the basis of their HCV infection status.

Involvement with a support group may help patients cope with hepatitis C.

Sexual Activity

HCV can be spread by sex, but this does not occur very often. Patients with hepatitis C who have only one long-term steady sex partner have a very low chance of spreading HCV to that partner through sexual activity. If you want to lower the small chance of spreading HCV to your sex partner, you may decide to use barrier precautions such as latex condoms. The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission. Ask your doctor about having your sex partner tested.

If you are having sex, but not with one steady partner, you and your partners can get other diseases spread by having sex, including AIDS, hepatitis B, gonorrhea or chlamydia. You should use latex condoms correctly and every time. The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission. You should also get vaccinated against hepatitis B.

Transmission at Birth.

About 5 out of every 100 infants born to HCV-infected women become infected. This occurs at the time of birth, and there is no treatment that can prevent this from happening. Most infants infected with HCV at the time of birth have no symptoms and do well during childhood. More studies are needed to find out if these children will have problems from the infection as they

grow older. There are no licensed treatments or guidelines for the treatment of infants or children infected with HCV; they should be referred for evaluation to a specialist familiar with the management of children with HCV-related disease.

Protecting Yourself from Blood-Borne Diseases

By following just a few guidelines you can enormously reduce your chances of acquiring hepatitis C and other blood-borne diseases.

Don't ever shoot drugs. If you shoot drugs, stop and get into a treatment program. If you can't stop, never reuse or share syringes, water, or drug works, and get vaccinated against hepatitis A and hepatitis B.

Do not share toothbrushes, razors, or other personal care articles.

Get vaccinated against hepatitis B

Consider the health risks if you are thinking about getting a tattoo or body piercing. You can get infected if the tools that are used have someone else's blood on them, or if the artist or piercer doesn't follow good health practices, such as washing hands and using disposable gloves.

Diagnosing Hepatitis C

There are several blood tests that can be done to determine if you have been infected with HCV. Your doctor may order just one or a combination of these tests. Since it is possible to receive a "false positive" result, it's important to confirm a positive test with a supplemental test. Some people with early infection may not yet have developed antibody levels high enough for some tests to measure. With certain types of testing (called PCR testing), it is possible to find HCV within 1 to 2 weeks after being infected with the virus. Who should be tested for hepatitis C:

- People who ever injected illegal drugs, including those who injected once or a few times many years ago

- People who were treated for clotting problems with a blood product made before 1987 when more advanced methods for manufacturing the products were developed

- People who were notified that they received blood from a donor who later tested positive for hepatitis C

- People who received a blood transfusion or solid organ transplant before July 1992 when better testing of blood donors became available

- People who have signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)

- Children born to HCV-positive women

How Can People Infected with HCV Prevent Spreading it To Others?

Do not donate blood, body organs, other tissue, or semen.

Do not share personal items that might have your blood on them, such as toothbrushes, dental appliances, nail-grooming equipment or razors.

Cover your cuts and skin sores to keep from spreading HCV.

Long-Term Consequences

It's estimated that of every 100 persons infected with HCV:

- 75 to 85 people might develop long-term infection

- 70 people might develop chronic liver disease

- 15 people might develop cirrhosis over a period of 20 to 30 years

- Less than 3% might die from the consequences of long term infection (liver cancer or cirrhosis)

Hepatitis C is a leading reason for liver transplants.

FACTS ABOUT HIV INFECTION

AIDS stands for Acquired Immune Deficiency Syndrome. This means that the HIV virus has infected the body's defense or immune system, and the virus has damaged the immune system so badly that there is a decrease in the body's defenses against organisms that can cause infection. The HIV virus has the ability to destroy important parts of the immune system.

Some early warning signs may include symptoms such as: unexplained weight loss, swollen glands, persistent diarrhea, an increase in fatigue or a need to sleep. The virus is spread through exposure to HIV infected semen or vaginal secretions, and or blood or blood products. In other words it is spread through unprotected sexual contact with an infected person or by sharing needles with a person who is infected. It can also be transmitted from a pregnant woman to her unborn child. Only one exposure can cause infection, but repeated exposures increase the risk of becoming infected. If you are already infected, be advised that you should cease exposing yourself to further exposure to infected blood and body fluids. Further exposure does effect the disease progression. You should seek immediate medical attention and maintain good nutrition.

An infected person is capable of spreading the virus as explained in the above paragraph. Remember that infected persons may not display any signs and symptoms of infection. The HIV virus is not casually transmitted. The virus must live in a person to survive and settle in the immune system. Shaking hands, hugging, using the telephone, using public toilets, sneezing, or any other casual behavior does not infect you. Awareness of how the virus is caught will help in avoidance and prevention.

The HIV virus can be prevented from spreading by avoiding the exchange of body fluids. Needles and other piercing tools such as those used in body piercing, tattooing, ear piercing or intravenous and intradermal drug use. Abuse of drugs must be avoided and eliminated. Alcohol and other drugs are known to have adverse and unhealthy effects on the body's immune system. This means that if you are infected you are likely to progress more rapidly to severe illnesses bought on by the suppression of the immune system.

Other factors that might make you more vulnerable are stress, poor nutrition, and pre-existing medical conditions, and sexually transmitted diseases. More information will be made available to you through your Primary Counselor. AIDS testing may be obtained at low or no cost to you. Speak with your counselor to ascertain the test sites in your area. Remember that test results are strictly confidential.