

PROBLEMS IN INDUCING INTERFERON THERAPY OF OPIATE ADDICTS WITH HEPATITIS C WHO ARE IN SUBSTITUTION MAINTAINANCE THERAPY WITH BUPRENORPHINE/NALOXONE (SUBOXONE)

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Hepatitis C is highly infected disease with long period of failure to recognize it, what leads to chronic liver damage and lower chances for complete cure if detected late. Intravenous (IV) opiate users often pass the infection to other IV drug users, or themselves be infected from virus carriers using the same non-sterile equipment. By implementation of substitution treatment of opiate addicts with buprenorphine / naloxone (Suboxone) at the Department of Psychiatry in Tuzla on 27 July 2009. year, we made the obligatory serological tests for hepatitis B and C and HIV, as well as laboratory findings with liver function parameter analysis as a condition for starting substitution therapy. In this way we discovered 47/159 opiate addicts hepatitis C positive. Although faced with danger of the final result if not treated in time, addicts when become aware that they were hepatitis C positive, they avoid further needed procedures leading to the inclusion of specific therapy with pegylated interferon. In this paper, the authors present the problems that opiate addicts hepatitis C positive bring out as a reason they do not occur on the continuation of the procedure detecting HCV genotypes, and the inclusion of specific therapy for the treatment of hepatitis C in the clinics for infectious or internal diseases. At the end, the authors present efforts expert responsible for the treatment of hepatitis C in opiate addicts to organize a multidisciplinary team, in order to be coordinated Interferon therapy for each IV opiate addict positive for hepatitis C.