

Brief article

Hepatitis B virus and hepatitis C virus services offered by substance abuse treatment programs in the United States

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Abstract

Although substance abuse treatment programs are important contact points for providing health services for hepatitis B virus (HBV) and hepatitis C virus (HCV) infections, availability of services in these programs has not been well characterized. This study evaluated the spectrum of HBV and HCV services offered by substance abuse treatment programs within the National Drug Abuse Treatment Clinical Trials Network. Our survey of substance abuse treatment program administrators covered availability of testing for HBV and HCV; hepatitis A virus (HAV) and HBV immunization; and HCV medical and nonmedical services. There were also questions covering clarity of guidelines for HBV and HCV testing and HAV and HBV immunization. Differences between methadone and nonmethadone programs were examined. Despite the importance of substance abuse in sustaining the hepatitis epidemics, few programs offer comprehensive HBV and HCV testing or HCV health care services. Interventions to improve access to hepatitis services for substance-abusing patients are needed. © 2012 Elsevier Inc. All rights reserved.

Keywords: Hepatitis B virus; Hepatitis C virus; Substance abuse treatment programs

1. Introduction

1.1. Prevalence of HBV and HCV in the United States

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are major public health problems in the United States and

worldwide, and these infections are the leading causes of chronic liver disease, cirrhosis, and hepatocellular carcinoma and the most frequent indication for liver transplantation (Custer et al., 2004; Donato, Boffetta, & Puoti, 1998; Global Burden of Hepatitis C Working Group, 2004; Lai, Ratzliff, Yuen, & Poynard, 2003; Lok & McMahon, 2007; National Institutes of Health, 2002; Sharma & Lok, 2006; Shepard, Finelli, & Alter, 2005; Shi, Zhu, Liu, & Xie, 2005; Strader, Wright, Thomas, & Seeff, 2004). In the United States, the Centers for Disease Control and Prevention (CDC) estimates that there are 1.25 million persons with HBV infection and more than 4

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million with HCV infection (Armstrong et al., 2006; McQuillan et al., 1999).

1.2. Substance abuse treatment programs can reduce HBV and HCV transmission

Substance-abusing individuals are disproportionately affected by HBV and HCV and are largely responsible for sustaining the epidemics of viral hepatitis in the United States (CDC, 1998; Garfein et al., 2004; Goldstein et al., 2002; Koblin, Factor, Wu, & Vlahov, 2003; Murrill et al., 2002; Quaglio et al., 2003; Shepard et al., 2005; Sulkowski, & Thomas, 2005; Tortu, McMahon, Pouget, Hamid, 2004; Tortu, Neaigus, McMahon, & Hagen, 2001). Substance abuse treatment programs are effective in reducing the use and abuse of illicit substances (Hubbard, Craddock, & Anderson, 2003) and can also be effective in reducing transmission of viral hepatitis. These programs provide an opportunity to offer testing and treatment for HBV and HCV, as well as vaccination against hepatitis A virus (HAV) and HBV. However, despite the large number of substance abuse treatment programs in the United States, substance use disorders continue to remain an important mode of transmission of viral hepatitis.

1.3. HBV and HCV services in substance abuse programs and study aims

Surprisingly, little is known about HBV and HCV health services offered by substance abuse treatment programs in the United States. The primary aim of this portion of the Infections and Substance Abuse Study (National Institute on Drug Abuse [NIDA] Critical Trials Network [CTN]-0012) was to determine the availability and comprehensiveness of HBV and HCV testing, HAV and HBV vaccinations, and other health care services for hepatitis within substance abuse treatment programs in the United States.

2. Methods

2.1. Study population

Survey responses for this report were provided by treatment program administrators (program directors or managers) from substance abuse treatment programs within the NIDA CTN in the United States. The NIDA CTN mission is to improve the quality of drug abuse treatment throughout the country using evidence-based medicine and science as the vehicle.

All 319 substance abuse treatment program administrators within the NIDA CTN were provided with an information sheet and a definitions sheet prior to participation that described the objectives of the study and defined terms covered by the survey. Individuals were only excluded if they refused to complete the survey.

2.2. Study design

The Infections and Substance Abuse Study was a cross-sectional, descriptive, and exploratory survey examination of the range of available services associated with three infection groups in substance abuse treatment settings within the CTN. The study began in March 2003 and ended in January 2005. A comprehensive description of the design of this study has been published previously (Brown et al., 2006). Data for this report came from surveys returned by program administrators. The administrator survey had sections entitled Structure and Service Setting, Patient Characteristics, Staff Characteristics, Reimbursement Issues, Practices, Program Guidelines, Barriers, and Opinions.

For this report, which looked specifically at HBV and HCV, we assessed the availability and types of hepatitis tests offered at each facility. We also assessed the availability of HAV and HBV vaccinations. In addition, we evaluated the availability of seven health care services (offered either on-site or via contractual agreement with another provider), including four medical services (medical history/physical examination, biological testing, medical treatment, and medical monitoring) and three nonmedical services (patient education, patient risk assessment, and patient counseling). Finally, we asked about availability of written guidelines for HBV and HCV testing and HAV and HBV vaccinations. Specifically, we asked whether written guidelines for each of these items were 1 = *clear*; 2 = *somewhat clear*; 3 = *unclear*; 4 = *don't know if guidelines exist*; 5 = *no guidelines exist*; 6 = *program/service not offered*.

Approval of this study was obtained from each institutional review board with jurisdiction over the participating substance abuse treatment programs.

2.3. Outcome measures

The primary focus of this report is the availability of HBV and HCV testing in participating substance abuse treatment programs. The specific types of HBV tests assessed in this study included HBV surface antigen (HBsAg), HBV surface antibody (HBsAb), HBV core antibody (HBcAb), HBV e antigen (HBeAg), HBV e antibody (HBeAb), and HBV DNA testing. For HCV, we assessed the availability of HCV antibody, HCV recombinant immunoblot assay (RIBA), HCV qualitative polymerase chain reaction (PCR), HCV quantitative PCR, and HCV genotype testing. In addition, we also assessed the availability of other blood testing (complete blood count, serum chemistries, and hepatic panel).

The secondary outcome measures of this report included the proportion of substance abuse treatment programs that offered each of the seven health care services for HCV and whether the availability of these services differed between methadone and nonmethadone programs.

Other secondary outcomes included the proportion of substance abuse treatment programs that offered vaccinations for HAV and HBV and whether the proportion of

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