

Scaling-up access to high-quality harm reduction, treatment and care for injecting drug users in the European region

Work Package 3 ("WP3"):
Tuberculosis-related service needs, and accessibility and quality of HIV/TB integrated service provision, among injecting drug users

Mid-study Advisory Group Meeting, 14th February 2011

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Background

- Integration of TB & HIV treatment a key component of 2006 *STOP TB Strategy*¹
- Integrated HIV-TB services critical to health outcomes of people living with HIV^{2,3}
- Among IDUs, HIV & TB epidemics closely linked
 - Increased risk of TB infection⁴; social/structural risk factors - poverty, homelessness, overcrowding, prison
 - Co-infection with HIV greatly increases risk of progression from latent to active TB⁵
- Active injecting drug use reduces treatment access, adherence and retention³
- Integrated services likely to: increase case detection, treatment adherence, uptake of drug treatment; decrease risk of adverse drug events; enhance prevention³
- Likely key elements of 'best practice':
 - Co-located services, provision of drug treatment, staff training across specialties, close monitoring of treatment interactions and adverse side effects
 - Dependent on: resources committed, service development & delivery, staff training, extended outreach³

¹WHO 2008, ²Havlin 2008, ³Sylla 2007, ⁴Portu 2002, ⁵Selwyn 1989

Scope of "WP3"

Overall objective

Assess the tuberculosis related service needs, and accessibility and quality of HIV/TB integrated service provision, among IDUs

Relevant process indicators

- Review scientific literature on TB among IDUs, and on models of TB & integrated TB-HIV services
- Undertake and analyse findings of rapid assessment study (Portugal)

Outline

Literature Review

- Aims & Research Questions
- Methods – search strategy & inclusion criteria
- Progress, resulting adaptations

Rapid Assessment

- Aims and Objectives
- Methods - data collection & analysis
- Progress & challenges
- Preliminary findings

Literature Review

Aim

Synthesize published literature on:

- the epidemiology of TB and related risk factors among IDUs
- models of TB risk management and care for IDUs, including integrated HIV-TB service provision.

Research Questions:

- What are the prevalence of, incidence of and risk factors for TB, MDR-TB, HIV-TB and HIV-TB-HCV co-infection among IDUs?
- What models of integrated care are available for treatment of TB and TB/HIV among IDUs, and how effective are they (specific outcomes)?
- What are the individual, social or structural factors which affect TB and/or HIV-TB treatment initiation, adherence and completion among IDUs?

Methods: Search Strategy

Two-stage review: (1) initial mapping (2) in-depth synthesis

Databases:

Medline, EMBASE, Global Health, Social Science Citation Index, CINAHL, WHO regional databases

Search terms:

Combined sub-heading and free terms relating to TB and injecting drug use
e.g. 'Tuberculosis'[sub-heading] AND 'Substance Abuse, Intravenous'[sub-heading]

Manual searches:

Key journals in the field of TB, HIV and substance use

Addiction, AIDS, Archives of Internal Medicine, Chest, Clinical Infectious Diseases, Drug and Alcohol Dependence, International Journal of Drug Policy, International Journal of STD and AIDS, International Journal of Tuberculosis and Lung Disease.

Methods: Inclusion criteria

Mapping

Quantitative or health policy/practice studies reporting on:

- Prevalence/incidence/risk factors for TB, MDR-TB, HIV-TB or HIV-TB-HCV in IDUs
- Prevalence of injecting drug use among TB and/or HIV-TB patients
- Models of TB risk management/care or HIV-TB integrated care for IDUs, including evaluations/modelling of feasibility or effectiveness

Qualitative studies - experiences of TB treatment among IDUs

Peer-reviewed publications since 1995 only

In-depth review – possible additional criteria:

- Exclude paper reporting only IDU prevalence among TB/HIV-TB patients
- Limit review of models of care to specific outcomes e.g. TB treatment completion
- Limit to studies in English, Portuguese, French, Russian and Spanish
- Differentiate between prison and non-prison settings (for all research questions)

Depending on volume & quality of published studies, supplement review with 'grey' literature/data from identified countries with high TB & IDU prevalence¹

¹(Stop TB Partnership & Mathers 2008)

Progress

Mapping phase

- Electronic searches returned 5077 articles
- Review in progress; identified recent literature review on prevalence of latent TB infection among drug users (Deiss et al., 2009⁶)
- Dependent on outcomes of mapping, research question 1 (TB prevalence) will be addressed as follows:
 - If sufficient studies identified since Deiss et al's searches (2007), build on review, reporting subsequent data & limiting analysis to IDUs
 - Alternatively, focus on prevalence of MDR-TB, HIV-TB, HIV-TB-HCV

Rapid Assessment

Aim:

Assess the accessibility & quality of TB and integrated TB-HIV services and delivery systems for IDUs in Portugal

Objectives:

- Examine patterns of service use among IDUs - *TB, HIV, harm reduction, prisons*
- Describe experiences of treatment access and delivery (IDUs, providers)
- Explore contextual factors influencing treatment engagement and adherence
- Assess relationships between treatment systems - *coordination, referral, integration*
- Describe treatment-related social support and care needs, and role of community-based organisations in treatment advocacy, support and provision
- Develop guidance on 'best practice' re. integrated TB & HIV services for IDUs

Case study: Porto (including Vila Nova de Gaia)

Partners & collaborators: University of Porto, LSHTM

Methods

- **Review of existing data and documentation (national & local)**
 - Collate HIV/TB surveillance data, routine services data, surveys
 - Review HIV, TB, HCV and OST treatment policies and protocols
- **Primary data collection – semi-structured interviews:**
 - 30 IDUs with HIV/TB/HCV, 6-8 treatment providers /experts working with IDUs
 - Recruitment via treatment centres (HIV, TB, OST) & outreach programmes
 - Interviews audio-recorded with informed consent, in Portuguese
 - Topics: drug use, treatment/service use (TB, HIV, other harm reduction), service integration, social support, expectations
- **Mapping of HIV, TB & harm reduction services for IDUs (local)**
 - Mapping of service delivery models and referral/coordination channels, drawing on existing data review and primary interview data

Analysis strategy

Existing data: descriptive analysis

- Prevalence/incidence of TB, HIV & HIV-TB among IDUs (using estimated IDU population size where necessary)
- HIV, TB and harm reduction service use rates among IDUs
- Services integration & referrals e.g.:
 - % IDUs accessing HIV services who are tested for TB (and vice versa)
 - % IDUs accessing HIV services who are referred to TB services (and vice versa)
 - % IDUs accessing harm reduction services who are tested referred to HIV/TB services

Interview data: thematic analysis

- Identify emerging themes, accepting *a priori* interests.
- All interviews transcribed verbatim & translated into English.
- Data managed in Nvivo 7 qualitative data analysis software
- Analysis in parallel with data collection - inform subsequent interviews, coding and case selection
- 2-stage coding: 'open' & 'axial'; participant description → concept-driven categories

Progress

Existing data review / mapping

- Analysis of most recently available national/regional HIV data in progress
- Collation/review of policy documents & unpublished research underway
- Mapping of services, and narrative description, in progress
- TB-related surveillance/services data yet to be collated
 - meeting regional TB coordinator to advise on/facilitate access to relevant data

Interviewing

- 6 providers interviewed - TB, HIV, drug treatment & outreach services
- 22 IDUs interviewed - with & without experience of HIV and/or TB treatment, OST, HCV co-infection/treatment, imprisonment

Challenges

- Most interviewees former, long-term injectors → final wave of interviews limited to current/recent injectors, boosting recruitment via outreach teams
- Translation in excess of anticipated costs → sourcing reduced rates in UK

Data collection/review due to be completed by end of February

Existing data review

Example indicator:

Prevalence of HIV among IDUs (survey)

- 10.4% nationally (657/6375)
- 7.4% in Porto region

Source: National Programme for the identification of HIV infection among drug users, 2009

Mapping: HIV, TB & harm reduction services in Porto/Gaia

HIV treatment: specialist clinics within general hospitals

Also test & refer for TB treatment; test & treat for HCV treatment; refer for OST

TB treatment (DOTS): self-contained treatment centres ("CDP")

Also test & refer for HIV treatment; refer for OST

Opioid Substitution Therapy:

Drug treatment centres ("CAT")

Also test & refer for HIV, TB & HCV treatment

Mobile outreach programmes

Also test & refer for HIV treatment; refer for TB testing & treatment, NSP

Community pharmacies (some)

Also provide NSP; formerly involved in TB treatment

Combined treatment programme (Joaquim Urbano Hospital)

Co-located OST, HIV, (TB), HCV treatment; also refer to other centres

IDU interviews: coding

Open coding, stage 1 (main codes)

- Life situation; Drug use; Recovery
- Diagnosis; Disclosure; Health/illness narrative
- Patient-practitioner relations; Services integration; Improvements
- Treatment (HIV, TB, HCV, OST) - Literacy, Access, Delay, Attitudes, Experience, Adherence, Expectations
- Self/identity; Accounting; Agency/structure
- System; Nation State
- Support/community; Care; Stigma

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