



Organizational Barriers as an Explanation for Differences in Offer and Uptake Rates for Hepatitis A/B/C and HIV Testing in Three Drug Treatment Centres in Copenhagen, Denmark

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INTRODUCTION

- The drug treatment centres in the city of Copenhagen are obligated to offer testing for hepatitis A/B/C and HIV to all newly enrolled cannabis and cocaine users, but test rates have so far been low
- Shared Addiction Care Copenhagen (SACC) is a cross sectorial project that was started 2½ years ago. The aim was to develop a generic model for testing for viral hepatitis and HIV locally in the drug treatment centres and to decentralize hepatitis C treatment from the specialized departments to the drug treatment centres, see **Figure 1**
- Although the SACC project has improved accessibility to testing (blood test on site) and treatment the overall testing rate for this group of people who use drugs (PWUD) has only increased from approximately 20% to 40%

OBJECTIVES

To explore offer, uptake and test rates of hepatitis A/B/C and HIV testing in three identical treatment centres serving the same type of PWUD.

METHODS

- The enrolled persons can either be self directed or referred
- Types of abuse: cannabis, cocaine, GHB and other party drugs as the major problem (no opioids)
- Drug addiction treatment addresses both social and health related aspects (no opioid substitution therapy)
- Testing, further evaluation and medication are free of charge
- Offer and test rates of hepatitis A/B/C and HIV testing were registered on all persons enrolled in the drug treatment centres between June and October 2016. Definitions of offer, uptake and test rates are shown in **Figure 2**
- Information on the setting in which offering and testing was performed was obtained by a semi structured focus group interview with representatives of the health care personnel in charge of registering offer and test rates
- The interview was analysed using a 'Grounded Theory' approach

RESULTS

When comparing the three drug treatment centres, there were differences in both offer rates (69% vs 46% vs 33%), uptake rates (74% vs 53% vs 40%) and test rates (52% vs 25% vs 13%), see **Figure 3**.

The interview revealed that testing was offered mainly by health care personnel in centre 1, social care personnel in centre 2 and social care personnel in centre 3. Testing was performed by health care personnel in all centres.

Centre 3 differed from centre 1 and 2 in having physical surroundings where the health care and social care personnel were placed on different floors of the building. In centre 1 and 2 the two groups worked side by side.

The populations in the three centres showed no differences in distribution of age or sex. Among those tested for viral hepatitis and HIV, only few were vaccinated against hepatitis A and B, and none were infected with hepatitis B and C or HIV, see **Table 1**.

CONCLUSION

Identical drug treatment centres achieve markedly different results in both offer, uptake and test rates for hepatitis A/B/C and HIV. The better results in centre 1 can be interpreted by the provision of testing by health care workers instead of social care workers. Physical separation of the different professions might further impair collaboration regarding offering and testing in centre 3 leading to even lower offer and test rates.

Both individual and provider incentive to test for viral hepatitis and HIV might be influenced by an apparent low risk of being infected in this group of PWUD.

PERSPECTIVES

To increase test rates for viral hepatitis and HIV we suggest that data on offer and test rates are collected in order to identify barriers which enforces suboptimal results.

There is a need for further targeting **offer** strategies.

Figure 1

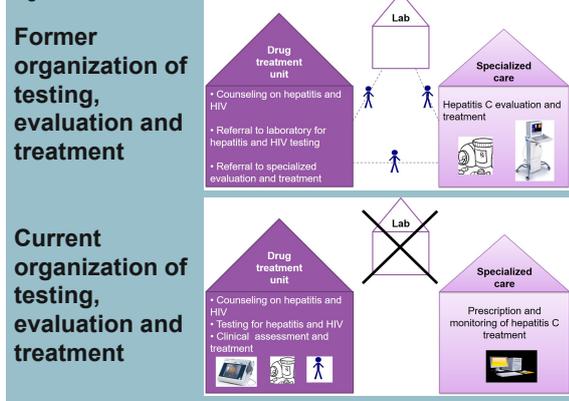


Figure 2

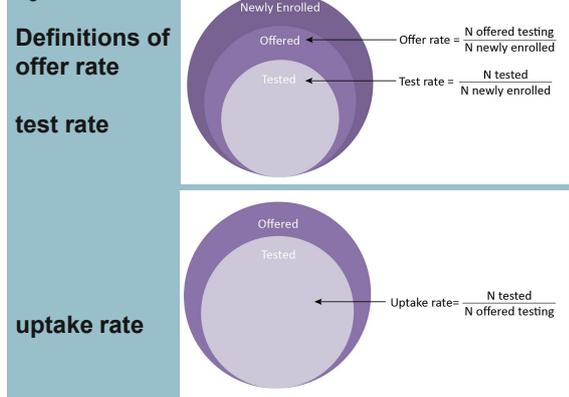


Figure 3

Offer, uptake and test rates of hepatitis A/B/C and HIV testing

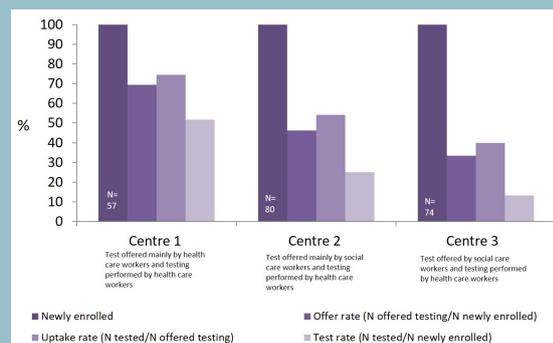


Table 1

Distribution of sex, age and viral status in the three treatment centres

		Centre 1	Centre 2	Centre 3	Total
Enrolled	N	57	80	74	211
Sex	Male (%)	50 (87,7)	73 (91,3)	66 (91,9)	189 (89,6)
Age	Mean	30	31,5	31	31
	IQR	25 - 30	26,8 - 38	25,5 - 35	25,5 - 38
Anti-HAV	Pos	9	6	5	20
Anti-HBs/HBc	Pos	5	2	1	8
HBsAg	Pos	0	0	0	0
Anti-HCV	Pos	0	0	0	0
HCV-RNA	Pos	0	0	0	0
Anti-HIV/HIV-RNA	Pos	0	0	0	0

