

Reassessing the knowledge of Hepatitis C amongst injecting drug users and evaluating a multimedia intervention

The Drug Treatment Centre Board
Dublin

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Presenting on behalf of A. Nestor, S. Keating, B. Smyth

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providing



adapting



nurturing



developing



leading

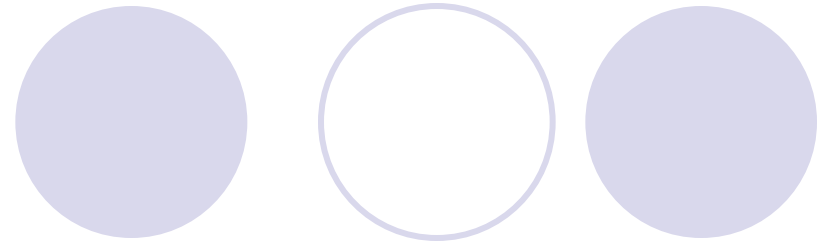


informing

Overview



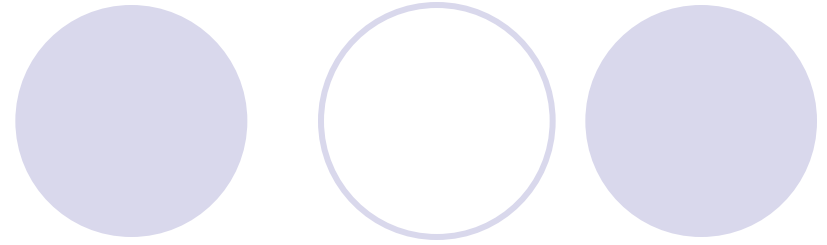
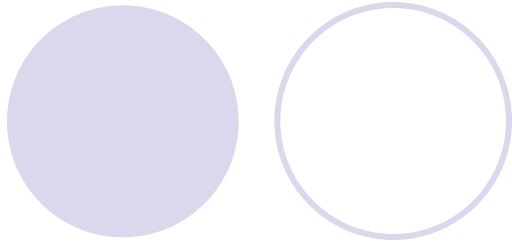
- Service Context
- Aims
- Method
- Results
- Discussion
- Conclusion



Service Context - The Drug Treatment Centre Board

- Tertiary addiction treatment centre, Central Dublin.
- Established in 1969, previously National Drug Advisory and Treatment Centre
- All outpatients on site
- Covers 27 in-patient beds in 2 local hospitals
- Research and Training
- Teams:
 - 4 Consultant Adult Psychiatrists
 - 2 Consultant Child and Adolescent Psychiatrists
 - MDT





- General Medical and Psychiatric Assessment
- Dual Diagnosis Clinic
- Adult Attention-Deficit Hyperactivity Disorder (ADHD) Clinic
- On site Hepatitis C Treatment Service
- Prevention and Treatment of Viral Infections
- Primary Care Services
- Sexual Health Clinic
- Liaison Midwifery Services
- Treatment Programmes – Polysubstance misuse
- Young Persons Programme (YPP) (18 years and under)
- Advisory services to other professionals

- Other Services
- Counselling and Family Support Services
- Social Work Services
- Specialised groups for cocaine and alcohol misuse
- Welfare Services
- Complementary Therapies
- Outreach Services
- In-House Play Room Services
- Literacy Classes
- Research
- Central Treatment List
- National Drug Analysis Laboratory
- Occupational Health Services



Introduction to Study

- Hepatitis C (HCV) is prevalent among injecting drug users (IDU)
- In 1997, Smyth et al interviewed 105 IDU
- Knowledge About HCV in group attending >1yr no different than those attending brief detox.
- Recommended more educational programmes to counter misconceptions
- DVD based interventions are successful in reducing risk taking behaviours in an at risk population.
(Martin et al. 2008)



Study Aims

- Reassess knowledge of HCV in similar client group
- Compare knowledge to previous study
- Examine acceptability & efficacy of a group-based multimedia intervention



Method

- Inclusion criteria:

- Opiate dependent

- 18-65, injecting in prior 6/12

- Exclusion criteria:

- Offered treatment for HCV

Method



- Recruitment non-randomized
- 120 eligible participants
- Control group top floor
- Intention to treat group on ground floor



Method

- T1
- Semi-structured questionnaire
 - Themes – Physiology
 - Prevention
 - Mode of infection
 - Treatment
 - Prognosis
- Intervention
- T2
- Financial incentives given at each stage

Scoring

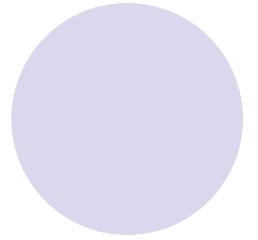
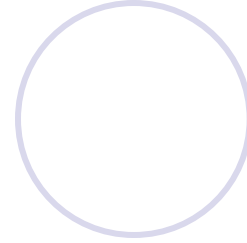
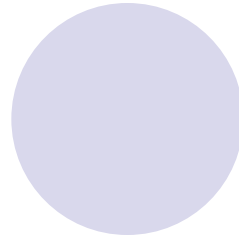
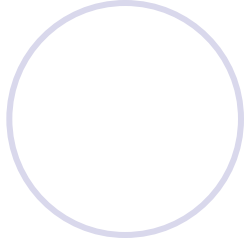
- Plus one for correct answers
- Minus one for wrong answers
- No penalty for DK
- Maximum knowledge score 11
- T1/T2 more questions due to expounded themes



Intervention

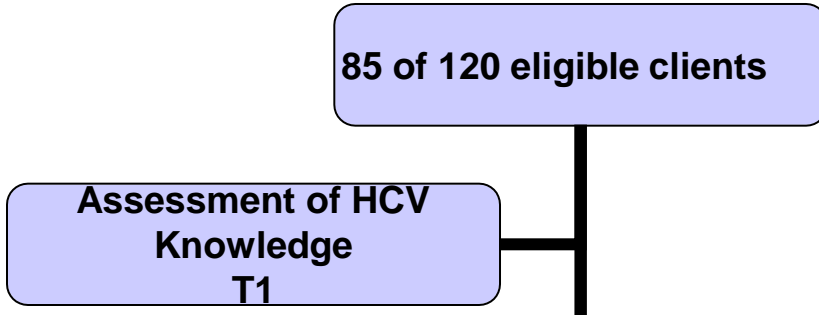
- Interactive group session after DVD (Hidden Voices)
- Based on material from DTCB Hepatitis C Virus information booklet (S. Keating, 2003)
- Q & A facilitated by researchers

Results



85 of 120 eligible clients

**Assessment of HCV
Knowledge
T1**



Results

Subject Characteristics

- Mean age 33 yrs
- Mean age illicit drug use 14 yrs
- Earliest age 8 yrs
- Males 55/80 (65%)
- Duration from 1st use to injecting: 6yrs
- 51% abstinent from alcohol
- 29% drank >30 U/week, 16% >70U/week

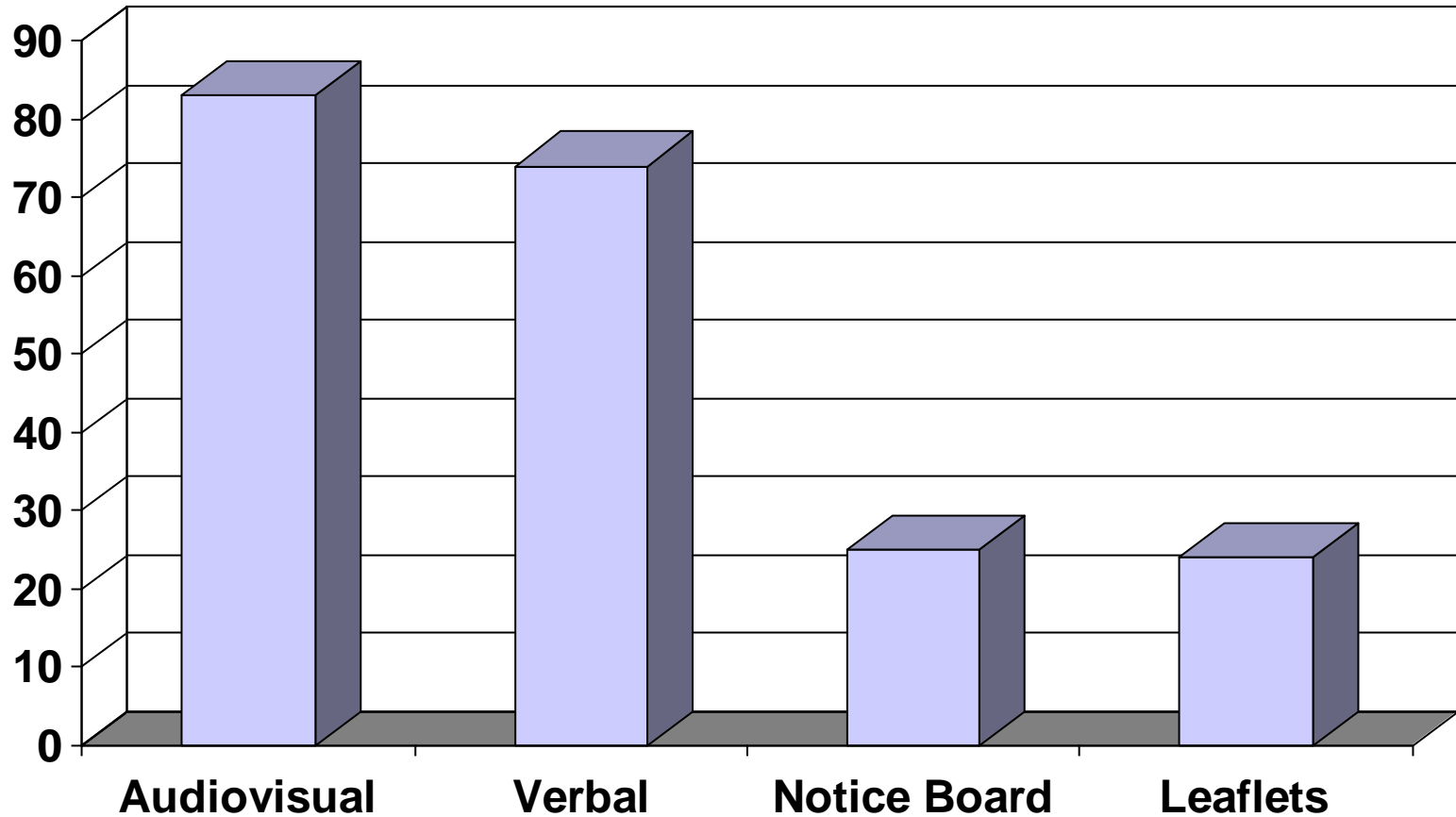
HCV Status

- All had heard of HCV
- 90% reported being positive for HCV contact
- HIV status not assessed

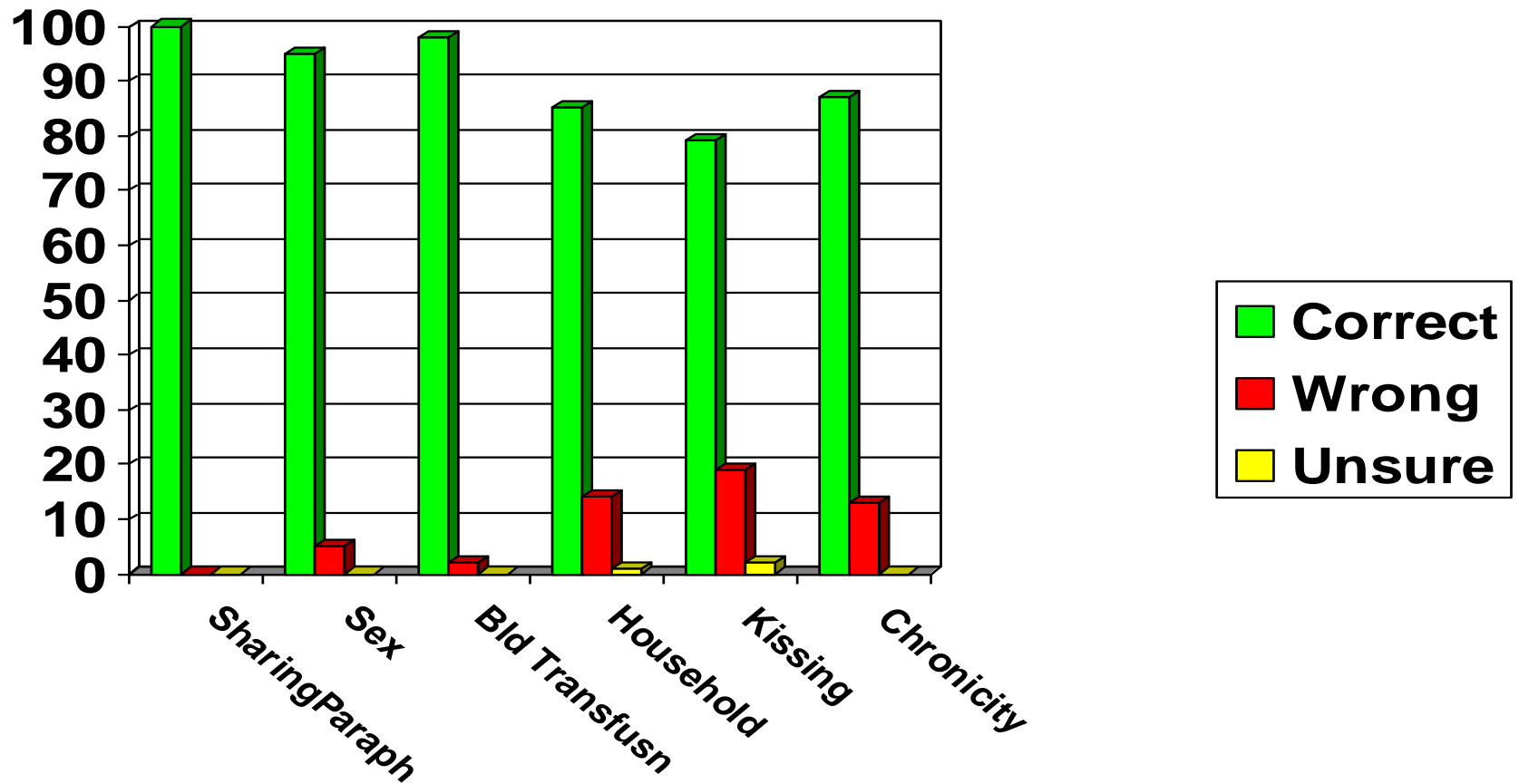
	N	%
Not tested	1	1
Serology done, results not given	4	5
HCV Negative, pt informed	3	4
HCV Ab+, PCR not tested	13	15
HCV Ab+, PCR* -ve	33	39
PCR +ve, not referred Hepatology	13	15
Referred Hepatology, DNA	10	12
Attended Hepatology & biopsy done	5	6
Unknown/Unsure	3	4

PCR – Polymerase Chain Reaction

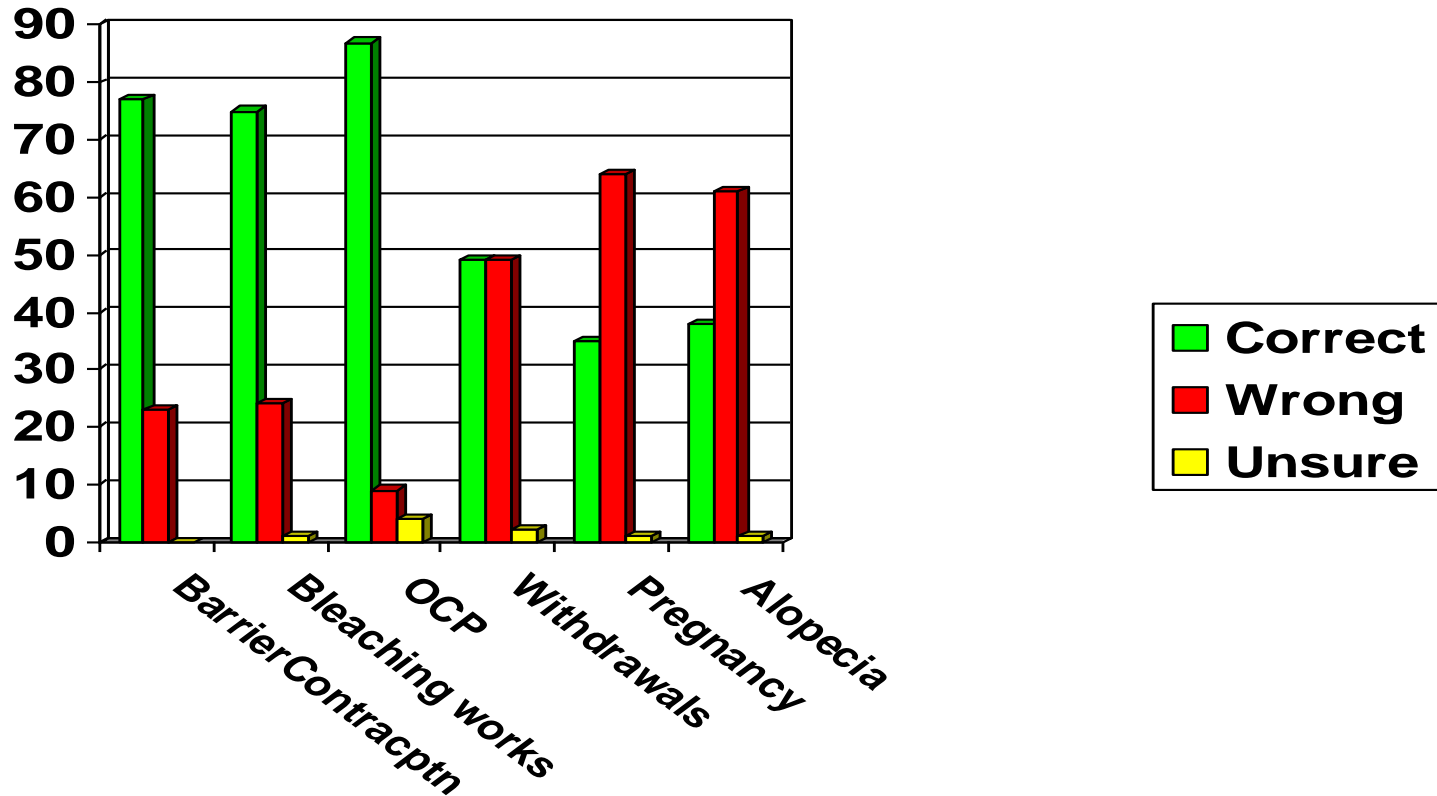
Preference for mode of Educational Intervention



Beliefs of interviewees



Beliefs of interviewees

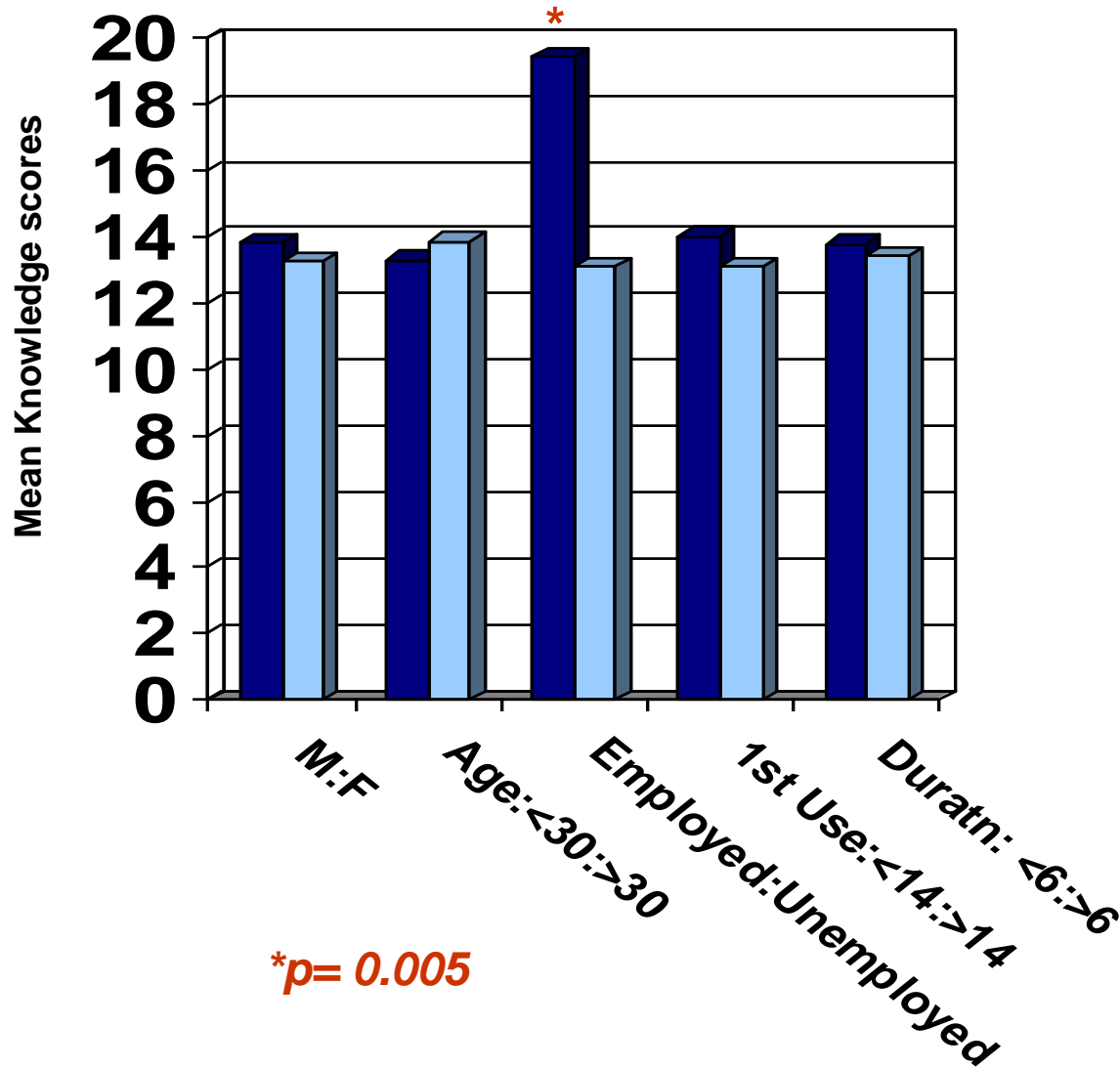




Mean Knowledge score comparison

- 1997 score 7.6
- 2008 score 7.8
- No significant difference

Initial knowledge scores and association with socio-demographic, drug use & treatment characteristics



Findings at follow up

	N	TI Mean	T2 Mean	Mean Change
Total group	61	13.53	17.77	4.24*
Intention to treat group	33	13.52	19.42	5.91*
Control	28	13.54	15.82	2.29*
Exposed	9	14.67	21.89	7.22*
Unexposed	52	13.32	17.06	3.73*

*p<0.05

Discussion



- A decade later no significant improvement in knowledge in client group
- Deficient knowledge persisting
 - ¼ of respondents still believed bleaching paraphernalia works
 - 50% believe ART would precipitate withdrawals
 - 60% feel tx will result in alopecia



Discussion

- Employment associated with better baseline knowledge – higher functioning?
- Over 80% indicated preference for AV intervention, however only 23% of ITT group attended
- Preference for AV needs to be recognised during planning of service interventions



Discussion

- Greater gain in ITT group difficult to explain
- Improvement in knowledge scores amongst both groups indicate that such clinic wide interventions do work

Limitations



- Small number of exposed clients reduced the power of study to detect significant changes
- Researchers did not ascertain if interviewees had been exposed to any other interventions in the intervening period

Developments since study



- There was a 500% increase in attendance at a Hepatitis C Open Day following this research
- Following this study, the DTCB has started an initiative for provision of educational materials (e.g. A.N. offers DVDs to all clients) at start of treatment – 120 DVDs taken up

Conclusion

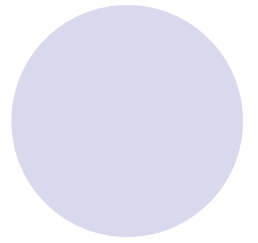
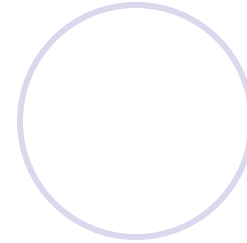
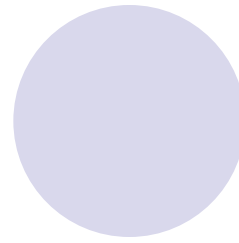
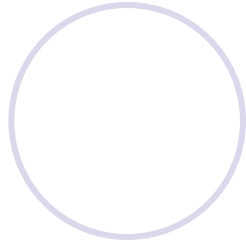
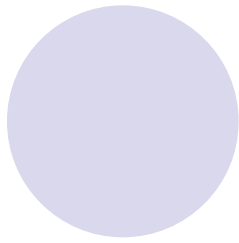


- Within this population, level of knowledge of HCV unchanged in last decade
- Majority of population prefer audiovisual interventions. Organisations need to embrace their preference in planning educational interventions
- Further studies are needed to evaluate whether improvements in knowledge actually results in behaviour changes, & increasing HCV treatment uptake.

Acknowledgments



- All participants
- Board of the DTICB for providing financial incentives to participants
- The General Assistants and IT staff who facilitated the intervention and helped with accessing participants
- Community Response Information Service who allowed use of the educational film titled Hidden Voices (1989) for the intervention.



THANK YOU!

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