



# PRACTICE GUIDANCE: INFECTIOUS DISEASES AND SUBSTANCE USE: INTEGRATED RISK ASSESSMENTS

## INTRODUCTION

The prevalence of opioid misuse and addiction continues to increase across the United States and has become a contributing factor in the rise of infectious diseases and related conditions as a result of injection drug use (IDU). The Bureau of Substance Addiction Services (BSAS), Massachusetts Department of Public Health (MDPH), is committed to ensuring better coordinated and more integrated approaches to address the intersection between addiction and infectious diseases.

This Practice Guidance is intended to support capacity development of substance use treatment providers to understand and integrate behavioral risk assessments and appropriate service referral for infectious diseases among individuals accessing substance use disorder (SUD) services. BSAS recognizes involvement in substance use treatment as a prime opportunity to ensure screening, early identification and treatment engagement, and thereby increase probability of reducing risk to individuals receiving services as well the substance use treatment workforce. Service providers are ideally situated to reach out to their client population and provide infectious disease screening, medical services (directly or through referral), and preventive education and counseling.

## I. RATIONALE

Opioid misuse and subsequent opioid-related deaths have become a significant public health priority with increased rates of overdose deaths. In the 12 months since the first Chapter 55 report was released in September 2016, nearly 2,000 Massachusetts residents have died of opioid-related overdoses. While the total number of deaths has increased fivefold in the last 20 years, overdose-related deaths increased by 20% between 2015 and 2016 alone.<sup>1</sup> This dramatic increase accelerated the growing public health concern in this area. The associated consequences of the opioid epidemic include IDU, which in turn contributes to increasing rates of the following infectious diseases and related conditions: hepatitis C virus (HCV), hepatitis B virus (HBV), hepatitis A virus (HAV), endocarditis, septic arthritis, epidural abscess, osteomyelitis, and tuberculosis (TB), among other infectious diseases.

Massachusetts has experienced this firsthand as the opioid overdose epidemic has had a major impact on the increase in infectious diseases associated with injection drug use, most notably HIV, HCV, HBV, TB, and STIs. For example, after a 15-year period that saw a 90% decline in reported cases of HIV in persons who inject drugs (PWID), a localized outbreak of HIV cases in 2016-2017 in the northeast part of the state occurred in an area with high rates of fatal overdoses. Reported cases of HIV among PWID in this region rose from 11 cases in 2014 to 52 cases in 2017. A total of 157 cases of HIV have been linked to this outbreak, with 90% co-infected with HCV (at some point in time).<sup>2</sup> More troubling, HCV has been on the rise in MA in the younger injection drug-using population in MA. Annual reported cases of HCV range from 7,500-9,000 newly reported cases annually. Since 2007, however, an increasing proportion of these cases has been among people under the age of 30—reaching 31% in 2016 compared to 22% in 2007. The majority of new HCV infections among persons under 30 years old were attributable to blood exposure through injection drug use.<sup>3</sup> Further, while reported cases of acute HBV infection have been

<sup>1</sup> Hedegaard, H., Warner, M., & Miniño, A. (2017). *Drug overdose deaths in the United States, 1999–2016*. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics.

<sup>2</sup> *Preliminary findings of the DPH/CDC Epi Aid investigation Public Health Council October 10, 2018*

<sup>3</sup> *MDPH, BIDLs, HCV Surveillance data, 2018*

decreasing, Massachusetts has seen recent clusters of acute HBV associated with injection drug use<sup>4</sup> as well as an outbreak of HAV in individuals experiencing unstable housing or homelessness and SUD.<sup>5</sup> In 2017, 210 reported TB cases represented a 10.5% increase over the previous year, and the first increase in five years.<sup>6</sup> Less than five cases per year are in PWID, but the high prevalence of unstable housing or homelessness in PWID keeps this population at increased risk for TB.

The opioid epidemic and related public health threats to our communities are of highest priority and call for facilitating integrated approaches since the underpinning risks of infectious disease are common. Infectious diseases affecting this population are usually blood-borne illnesses transmitted through sexual and substance use behaviors, including shared syringes or other injection paraphernalia. Current MDPH infectious disease prevention, response, and services are aligned with federal response and goals of the [National Viral Hepatitis Action Plan](#) and the [National HIV/AIDS Strategy](#).<sup>7</sup> The MDPH, [Bureau of Infectious Disease and Laboratory Sciences](#) strives to eliminate infectious diseases through efforts to inform, detect, treat, and prevent the spread of communicable disease in our state. These goals include efforts to increase the number of individuals who know their status; to decrease the number of new HIV, TB, and viral hepatitis infections; and to improve the health and quality of life for infected and high-risk uninfected individuals. In coordination, BSAS-licensed and contracted SUD treatment providers can aid in the effort to reduce the risk and spread of infectious disease while also engaging individuals at greatest risk throughout their treatment and recovery process.

BSAS [Principles of Care](#) call for the understanding and commitment to address the vulnerability to substance use disorders as affected by individual experiences, personal characteristics, developmental life stage, and environment and health, among other factors. As such, BSAS is committed to promoting integrated screening and effective treatment responses to the whole person, based on evidence of effectiveness. All individuals accessing substance use treatment should have access to infectious disease screening, risk-reduction education and counseling, and appropriate medical services. This includes the understanding of the experiences, strengths, and needs of the individual.

### Considerations:

Risk assessment and screening for infectious diseases among substance use populations offer an opportunity to identify infected individuals, provide timely medical care, and reduce risk and the progression of disease. This process is not always straightforward, and all patients/clients may not be aware of their rights to confidentiality and potential partner notification consequences. The implications of risk assessment, testing, and referral for medical services can be complex. The primary considerations within the SUD treatment setting screening process are the legal and ethical implications with respect to testing, reporting, and access to care. The privacy rights of patients, treatment needs, and protection of potentially exposed parties are aspects of treatment that must be properly integrated.

To effectively respond, SUD treatment providers will demonstrate organizational commitment to include implementing infectious disease (including HIV, HVC, HVB, STIs, and TB) risk assessment, screening protocols, and education. Key elements include established risk education for clients and staff, and risk assessment and screening protocols. All programs should ensure service environments and

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<sup>4</sup> <https://www.mass.gov/lists/hepatitis-b-information-for-healthcare-and-public-health-professionals>

<sup>5</sup> <https://www.mass.gov/info-details/hepatitis-a-outbreak-2018>

<sup>6</sup> <https://www.mass.gov/lists/tuberculosis-data-and-statistics>

<sup>7</sup> <https://www.hhs.gov/hepatitis/viral-hepatitis-action-plan/index.html>

responses that demonstrate a welcoming, non-stigmatizing attitude and assist individuals with risk assessment, screening, and related medical treatment engagement when indicated. Programs promote a recovery-oriented approach that is guided by the individual's needs and recognizes that needs change as the individual develops and progresses in treatment and recovery.

The service provider's leadership includes an organizational change approach to workforce development and confirms the availability of educational opportunities to support the understanding of how infectious disease is transmitted, infectious disease preventive precautions, and risk assessment and screening protocols. The service provider's workforce development strategies include the capacity to address staff attitudes and beliefs, and assess staff working knowledge and skill. Skill building and confidence of all staff (clinical and non-clinical staff included) are addressed so that staff respond to individuals in ways that support continued engagement in treatment and reduced risks.

Overall, BSAS aims to improve client health outcomes through the integration of risk assessments and screening within SUD treatment settings. Specifically, by promoting effective treatment for individuals with SUDs, these considerations benefit programs and agencies by reducing the spread of HIV, viral hepatitis, STIs, and TB infection and disease, improving physical health outcomes with appropriate screening, and related infectious disease treatment engagement.

## II. GUIDANCE

### A. Organization

#### Service Provider's Policy:

- Explicitly states the commitment to **BSAS Standards of Care**<sup>8</sup> (March 2016) implementing program policies and procedures aimed to prevent and reduce harm from HIV/AIDS, viral hepatitis, STIs, and tuberculosis by:
  - Providing written policies and procedures for the implementation of integrated infectious diseases, related to both sexual and substance use behaviors to include risk assessment, screening, and testing either directly or through referral;
  - Providing written policies to ensure confidentiality and information-sharing practices comply with 42 Code of Federal Regulations (CFR) Part 2 and Health Insurance Portability Accountability Act (HIPAA);
  - Designating a staff person to coordinate and monitor risk assessment, counseling, and testing practices;
  - Ensuring designated staff participation in training and coordination as demonstrated by ongoing participation in regional Program AIDS Coordinator (PAC-NET) meetings;
  - Establishing active referral relationships, documented through Qualified Service Organization Agreements (QSOAs) with each prevention, education, counseling, and clinical care provider;
  - Ensuring staff education related to infectious diseases (related to both sexual and substance use behaviors) is integrated into treatment programming and that all staff (not only clinical staff) are able and ready to respond appropriately.

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<sup>8</sup> <https://www.mass.gov/files/documents/2016/10/my/bsas-standards-of-care.pdf>

**Operations:**

- Integrates a system for information sharing that ensures confidentiality and information sharing practices and compliance with 42 CFR Part 2 and HIPAA;
- Management and supervisory staff safeguard and monitor risk assessment and screening practices, documentation in treatment plans and outcomes;
- Integrates a mechanism for tracking referrals and responses and for assessing outcomes;
- All programs have educational materials available for individuals, families, and staff;
- Program standards and practices:
  - Ensure that individuals who choose to be screened for an infectious disease are provided, either directly or through referral, support and counseling regarding the process, results, and care management, as needed;
  - All service delivery is based on age-appropriate interventions to inform, assess, and approach information and concerns related to infectious diseases. Specific attention is applied to the developmental needs of youth and young adults;
  - Service delivery practices integrate universal precautions, risk assessment and screening, psycho-education, and testing (as needed) specifically to prevent and reduce the spread of infectious diseases;
- Integrates a system for clinical, medical and infectious disease specialty consultation:
  - Establishment of referral systems, and monitoring of rates of infection and utilization;
  - Seeking and providing timely feedback regarding referrals and response to needs of individual served.
- Integrates a system for responding to indications of increased risk for all infectious diseases (e.g. HIV, TB, HVB, HVC, STIs, and TB) in collaboration with MDPH BIDLs. All sharing of information among service providers should be in accordance with HIPAA and 42 CFR Part 2.

**Programs in which Medication is Prescribed and/or Dispensed:**

- Establishes a policy and procedure for ensuring medical staff review all medications an individual is taking to assess potential for adverse interactions and to provide alerts to the individual and staff regarding potential side effects.
- Medical Directors of Opioid Treatment Programs assess dosages in relation to potential adverse interactions and side effects of all medications the individual is prescribed.

**Supervision, Training & Staff Development:**

- Training and staff development efforts ensure staff are knowledgeable and skilled in applying knowledge pertaining to:
  - Evidence-based strategies aimed to reduce risk behaviors. These include (1) risk-reduction programs and messages, (2) treatment of substance use and mental health disorders to prevent infectious diseases, (3) access to sterile injection and drug preparation equipment, and (4) interventions to increase condom availability.
  - Clinical documentation and record sharing with referral sources ensure confidentiality and patient data privacy in compliance with 42 CFR Part 2 and HIPAA.

- All employees are screened for TB upon hiring and annually thereafter<sup>9</sup>.
- Workforce development efforts are guided by clearly stated goals, and outcomes are measured according to goals, including:
  - All staff have the capacity to differentiate substance-related and infectious disease-related symptoms, and respond appropriately;
  - Understanding, recognition, and correct response to infectious disease exposure;
  - Skill in using universal precautions, behavioral risk assessment, and screening;
  - Program has the capacity to educate staff and clients;
  - Ensures ongoing training on behavioral risk factors, exposure, and service needs for infectious diseases to include HIV, HCV, HBV, STIs, and TB, as well as others.
- Supervision focuses on increasing staff ability to recognize and respond appropriately to risk factors and symptoms.
- Additional supports are provided to non-clinical staff, such as recovery specialists, house managers, and clerical and other staff to enable them to respond to individuals served in ways that support continued engagement in treatment and recovery.

## B. Service Delivery and Treatment

### **Engagement:**

- All staff are welcoming and act to engage individuals in treatment, regardless of risk assessment findings;
- Staff convey confidence and competence in providing services individual needs, either directly or through referral.

### **Intake and Screening:**

- All individuals are assessed and screened for behavioral risk factors as related to infectious diseases;
- Persons in high-risk categories including: PWID, unstably housed or homeless, men who have sex with men (MSM), transgender men and women, non-US born, or with histories of sexually transmitted infections.

### **Planning:**

- Treatment plans specify substance use disorder treatment and physical health treatment goals, service providers responsibilities, individual's planned action, and planned reviews;
- Treatment reviews are conducted in case conference format and include participation of individual served;
- Treatment reviews specifically address the individual's understanding of treatment plans and goals, and satisfaction with them.

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<sup>9</sup> See <https://www.mass.gov/regulations/105-CMR-16400-licensure-of-substance-abuse-treatment-programs> section 164.041 Personnel (D) The licensee shall ensure that all employees are screened annually for Tuberculosis (TB).

**Case management:**

- Staff actively advocates for and follow up medical treatment and all related services needed;
- Staff assists individuals in tracking and managing care;
- Staff assists individuals in obtaining insurance, including applications for disability-related benefits such as SSI and SSI-DA, as appropriate.

**Service Provision:**

- Service programs ensure environment and responses demonstrate a welcoming attitude and facilitate risk assessment process, access to all treatment options, and related medical treatment engagement when indicated;
- Motivational and cognitive-behavioral approaches are applied differentially, to support risk assessment, screening, testing, and medication management if indicated;
- Staff assists individuals in developing plans for response to symptoms; medication management and side effects; changes in circumstances that affect recovery; triggers.

**Psycho-Educational Services for Individuals Served:**

- Psycho-educational services include:
  - Information about opioid overdose prevention, infectious disease risk and exposure (HIV, viral hepatitis, STIs, TB) successful elements of treatment and self-care, including understanding and managing medication when indicated, following up on appointments, awareness of symptoms;
  - Information about substance related and mental health disorders, MAT, relapse and overdose prevention;
  - Successful elements of treatment, and self-care, including understanding and managing medication, following up on appointments, awareness of symptoms;
  - Possible links with traumatic experiences;
  - Availability of community and peer supports for persons with co-occurring disorders; and
  - Information and guidance on successful negotiation of multiple systems, terms used (including jargon and acronyms), eligibility criteria, etc.

**Engaging Families:**

- Ensure that family and couples' therapy, whether offered directly or through referral, include education regarding the risk and prevention of infectious diseases, both sexual and substance use behaviors;
- Staff assists individuals in engaging families, friends and partners, including obtaining consents for family participation in programs, or for referrals to family treatment;
- Information and education for families (including partners, parents, children) address co-occurring disorders and importance of concurrent treatment for co-occurring disorders;
- Family members are provided or referred for treatment and support services;
- Families are given information about:
  - Family services support groups, such as those offered by Learn to Cope, MOAR, and other local support resources (see Resources, below);
  - Ways to support individual in continued treatment and recovery.

### **Discharge Planning:**

Regardless of care model, service providers ensure discharge planning includes comprehensive planning for care coordination following discharge, and that such planning begins at the time of admission.

- Staff ensures clients are provided with appropriate information and support needed to continue services, including service agency names, contact information, purpose, current medications, status of refills, and ensuring adequate medication available during transitions;
- Staff assists individuals in identifying peer recovery and self-help resources that support recovery from substance-related disorders;
- Staff ensures individual knows she/he can return to treatment at any time regardless of the reason for discharge, and staff and the individual discuss potential signs and symptoms of the need for follow-up care or additional treatment.

### **III. MEASURES**

Programs can assess their effectiveness by examining data and information specific to their goals in applying standards. For example:

- Admission and discharge data include behavioral risk assessment and screening specific to the risk and symptoms related to infectious diseases;
- Treatment plans reflect assessment of behavioral risk and integrate strategies to reduce risk and alcohol and other drugs (AOD) relapse, overdose, health-related risk factors (infectious diseases);
- Training topics include universal precautions, infectious disease (basic knowledge and transmission), and risk reduction strategies, appropriate referrals for infectious disease services.

### **IV. RESOURCES**

All links accessed March 27, 2019.

#### **Massachusetts:**

- MPDH Bureau of Infectious Disease and Laboratory Sciences | <https://www.mass.gov/orgs/bureau-of-infectious-disease-and-laboratory-sciences>
- MDPH | <https://www.mass.gov/orgs/department-of-public-health>
- MDPH Fact Sheets on all Infectious Diseases | <https://www.mass.gov/fact-sheets-on-infectious-diseases>

### *HIV/AIDS and STIs:*

- 2016 Integrated HIV/AIDS, STD, and Viral Hepatitis Report | <https://www.mass.gov/service-details/hiv-information-for-healthcare-and-public-health-professionals>
- HIV/ AIDS | <https://www.mass.gov/hiv>
- Massachusetts Integrated HIV/AIDS Prevention and Care Plan for 2017- 2021 | <http://www.mass.gov/eohhs/docs/dph/aids/mass-hiv-aids-plan.pdf>
- STIs | <https://www.mass.gov/sexually-transmitted-diseases-std>
- STI Treatment Guidelines | <https://www.mass.gov/lists/std-treatment-guidelines-and-clinical-advisories>

### *Viral Hepatitis:*

- Hepatitis A | <https://www.mass.gov/hepatitis-a>
- Hepatitis B | <https://www.mass.gov/hepatitis-b-hbv>
- Hepatitis C | <https://www.mass.gov/hepatitis-c-hcv>

### *Tuberculosis:*

- Screening and Assessment Tools | <https://www.mass.gov/lists/tuberculosis-information-for-health-care-providers-and-public-health>
- Model Standing Orders for TB Skin Testing | <https://www.mass.gov/lists/tuberculosis-information-for-health-care-providers-and-public-health>
- Information about TB evaluation, testing and treatment | <https://www.mass.gov/tuberculosis>
- Cases of suspect active or confirmed cases of active TB and Latent TB infection are reportable to the Massachusetts Department of Public Health per Chapter 105, Code of Massachusetts Regulations (CMR), Section 300.000: Reportable Diseases, Surveillance, and Isolation & Quarantine Requirements | <https://www.mass.gov/how-to/report-a-case-of-tuberculosis-disease-or-latent-tb-infection>
- DPH-supported TB clinics | <https://www.mass.gov/service-details/massachusetts-tb-outpatient-services>

### **Federal:**

#### **U.S. Department of Health & Human Services**

##### *Centers for Disease Control:*

- Persons Who Inject Drugs (PWID): <https://www.cdc.gov/pwid/index.html>
- Risk Populations | <https://www.cdc.gov/hepatitis/populations/index.htm>
- Hepatitis | <https://www.cdc.gov/hepatitis/>
- HIV and Injection Drug Use | <https://www.cdc.gov/hiv/risk/idu.html>
- TB | <http://www.cdc.gov/tb/>
- Statistics - | <https://www.cdc.gov/tb/statistics/default.htm>

##### *Resources related to confidentiality and information sharing (HIPAA and 42 CFR Part 2):*

TIP #6 | <https://www.ncbi.nlm.nih.gov/books/NBK64727/>

TIP # 11 | <https://www.ncbi.nlm.nih.gov/books/NBK64621/>

TIP # 53 | <https://www.ncbi.nlm.nih.gov/books/NBK92036/>

[SAMHSA-HRSA Center for Integrated Health Solutions](#) | SAMHSA website devoted specifically to the sharing of information between behavioral health and primary care providers.

[Legal Action Committee: Sample Forms](#) | Contains sample consent forms regarding child welfare and criminal justice among others, including reference to both 42 CFR and HIPAA.



**Resources Related to Managing Medication:**

U.S. Food and Drug Administration – Drugs: The FDA website that lists all approved drugs, uses, known interaction, and side-effects. The listing includes information about medications used in treatment of substance use disorders, such as IM naltrexone (Vivitrol), buprenorphine/naloxone (Suboxone), methadone, and oral naltrexone.

Speak Up About Your Care : a resource of the Joint Commission, this web page contains links to patient information and patient safety program.

MEDIDS.COM: A website with a range of free and for-purchase tools for keeping up-to-date records of current medications, allergies and other conditions.

**Other Resources:**

AETC National Coordinating Resource Center: <https://aidsetc.org/resource/integrating-responses-intersection-opioid-use-disorder-and-infectious-disease-epidemics>

**BSAS welcomes comments and suggestions. Contact: [BSAS.Feedback@state.ma.us](mailto:BSAS.Feedback@state.ma.us).**