

The N-SSATS Report

February 25, 2010

Infectious Disease Screening

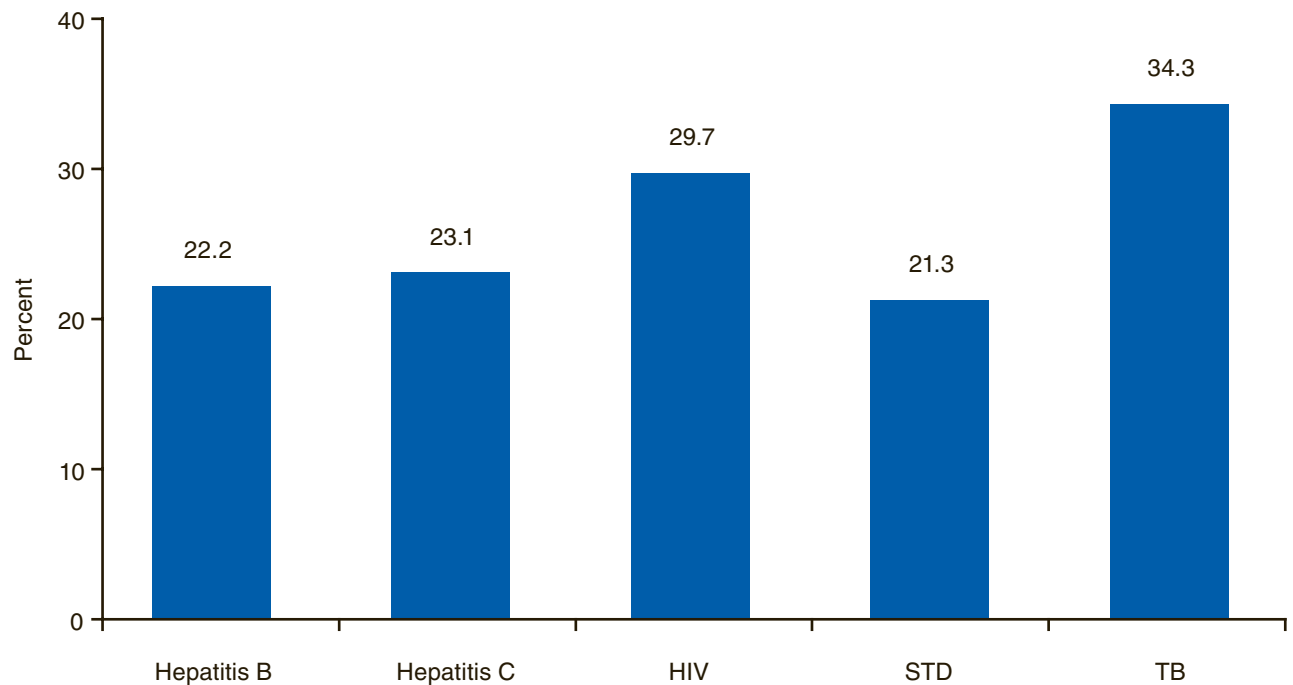
In Brief

- In 2007, fewer than half of all facilities reported the availability of on-site infectious disease screening
- The facilities that were most likely to provide infectious disease screening were operated by the Federal Government, followed by those operated by a State government
- Over half of the approximately 1,100 OTPs provided on-site screening for hepatitis B (62.1 percent), hepatitis C (64.1 percent), HIV (69.8 percent), STDs (67.8 percent), or tuberculosis (93.3 percent)

Rates of HIV, tuberculosis, sexually transmitted diseases, hepatitis B, and hepatitis C are high among drug users, and injection drug users, in particular, are at increased risk for contracting HIV, hepatitis B, and hepatitis C. The lifestyles of drug users also place them at increased risk for contracting tuberculosis and sexually transmitted diseases.¹ Due to the high prevalence of these infectious diseases among drug users, substance abuse treatment programs are encouraged to provide screening for their clients.² Treatment facilities that provide infectious disease screening, interventions, and health education play a vital role in the control, prevention, and treatment of diseases that threaten treatment program staff, clients, and the general public.

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual census of all known facilities in the United States, both public and private, that provide substance abuse

Figure 1. Facilities Providing On-site Infectious Disease Screening: 2007



Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

treatment. N-SSATS elicits information from facilities regarding the provision of on-site³ screening for the following infectious diseases: hepatitis B, hepatitis C, HIV, sexually transmitted diseases (STDs), and tuberculosis (TB). Additionally, N-SSATS collects some information regarding the availability of on-site disease interventions and health education programs. This report uses the 2007 N-SSATS to examine the availability of on-site infectious disease screening in substance abuse treatment facilities, and presents data on the availability of health education

programs and specific disease interventions.

In 2007, 13,648 substance abuse treatment facilities responded to N-SSATS. Fewer than half of all facilities reported the availability of on-site infectious disease screening. The most commonly reported types of on-site screening were for tuberculosis (34.3 percent of facilities) and HIV (29.7 percent of all facilities) (Figure 1).

HIV

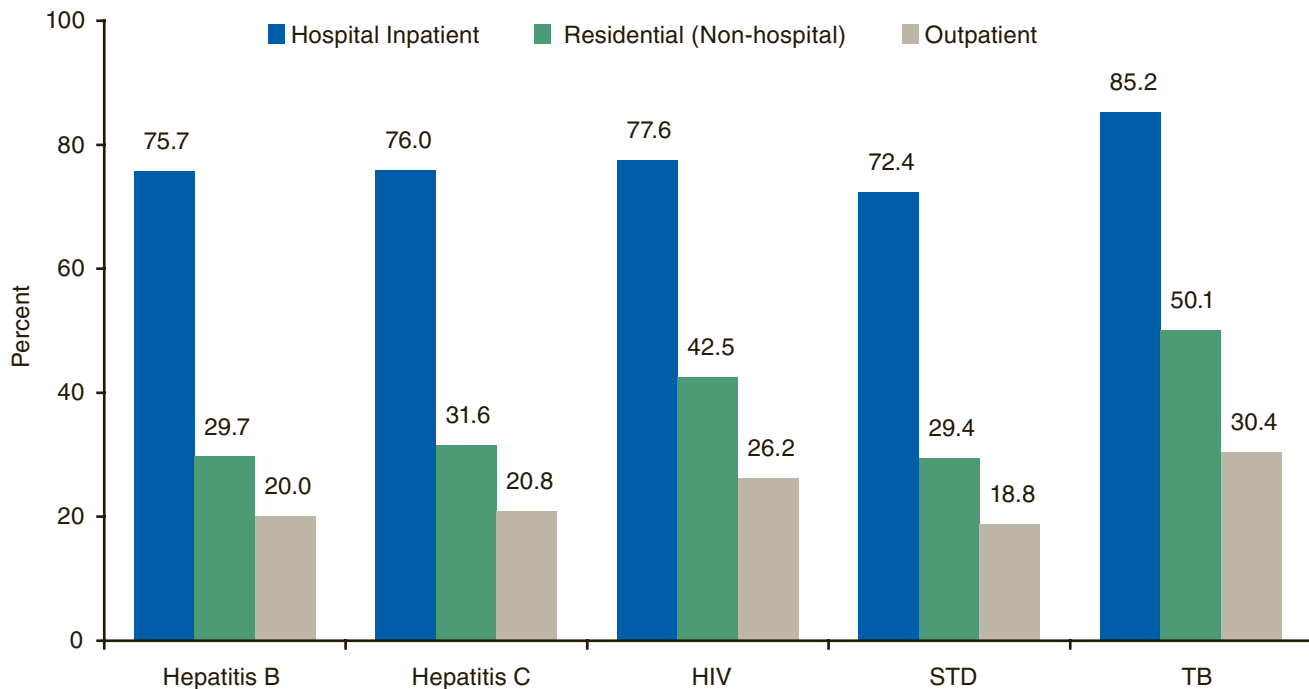
Of the total treatment facilities, 25.3 percent provided early intervention for HIV; over half (56.0 percent) provided HIV/

AIDS education, counseling, or support; and 49.8 percent provided general health education. Half of the nearly 4,000 treatment facilities that screened for HIV also provided early HIV intervention.

Types of Care

Facilities that provided hospital inpatient treatment were more likely than facilities providing outpatient or non-hospital residential treatment to offer screening for hepatitis B, hepatitis C, HIV, STDs, or tuberculosis. Of the total hospital inpatient facilities, about three fourths screened for hepatitis B (75.7 percent),

Figure 2. Facilities Providing On-site Infectious Disease Screening, by Type of Care: 2007



Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

hepatitis C (76.0 percent), HIV (77.6 percent), STDs (72.4 percent), or tuberculosis (85.2 percent) (Figure 2). Less than half of all non-hospital residential facilities screened for infectious diseases other than tuberculosis.

Facility Operation

The facilities that were most likely to provide infectious disease screening were operated by the Federal government followed by those operated by a State government. Infectious disease screening was offered by roughly similar proportions of facilities operated by private

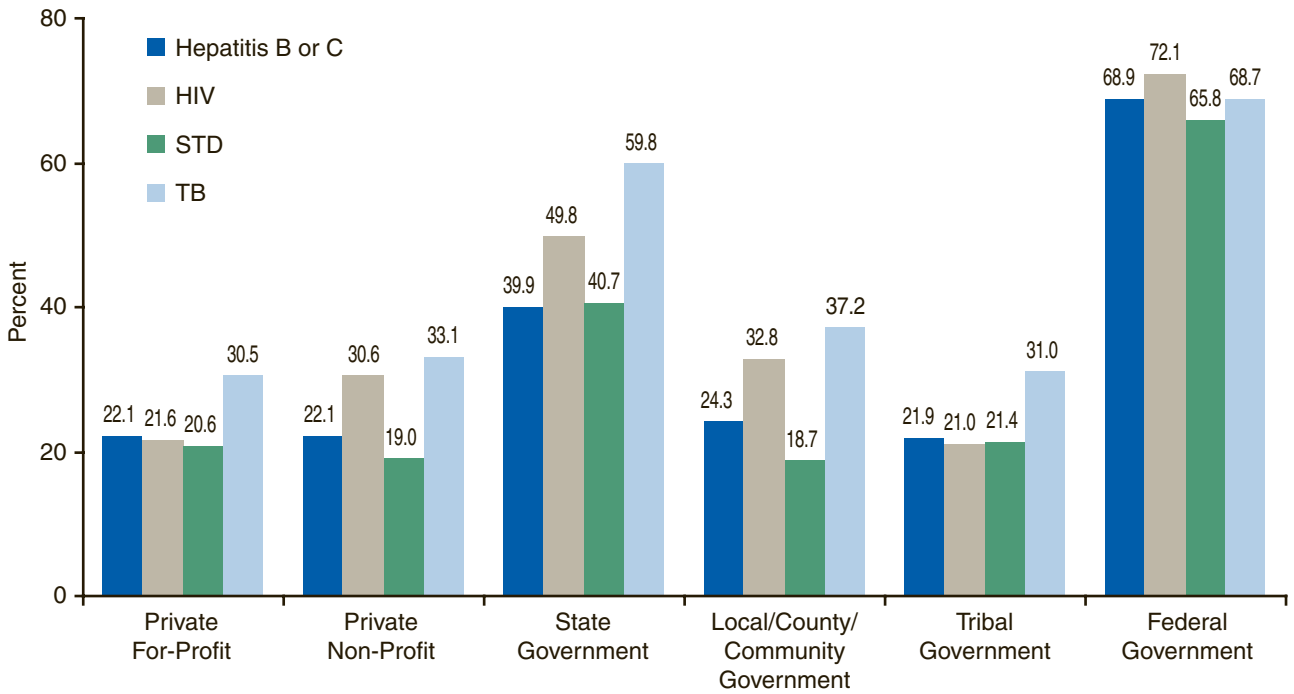
for-profit organizations, private non-profit organizations, or local or tribal governments (Figure 3).

Opioid Treatment Programs

Opioid Treatment Programs (OTPs) provide medication-assisted therapy with methadone and/or buprenorphine for the treatment of addiction to opiates such as heroin and prescription painkillers. OTPs provide infectious disease testing at a higher rate than all facilities most likely because they serve a population at high risk for infectious diseases. Over half of

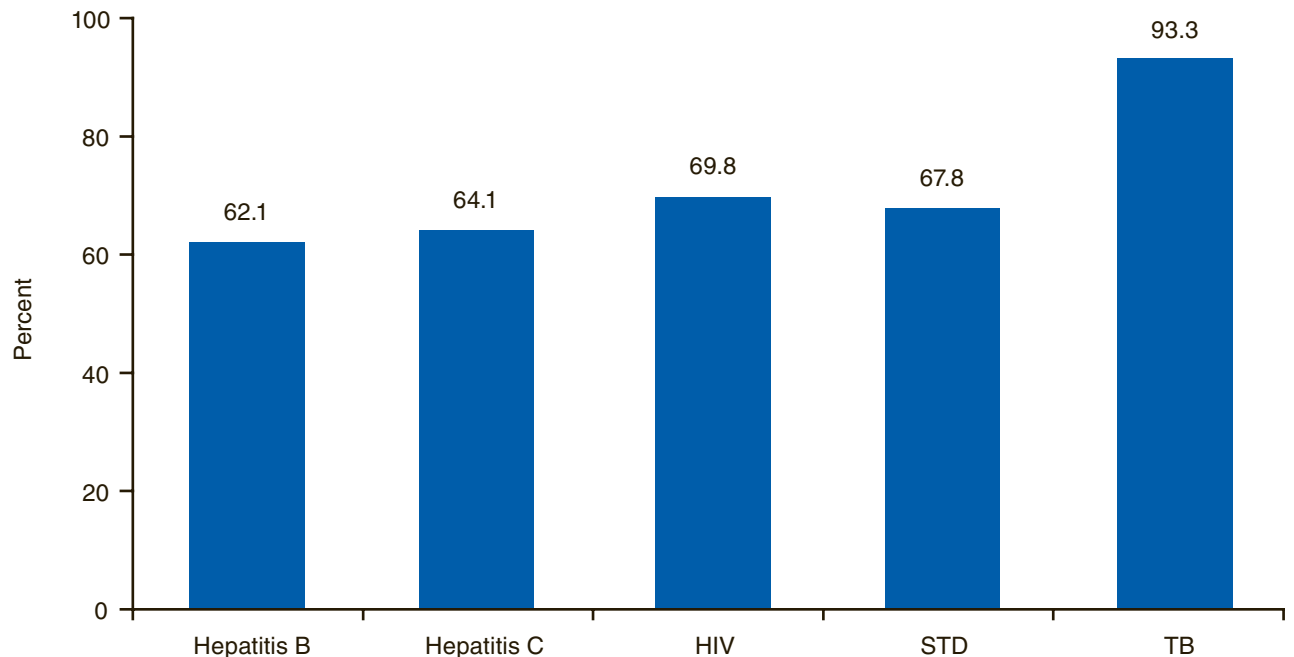
the approximately 1,100 OTPs provided on-site screening for hepatitis B (62.1 percent), hepatitis C (64.1 percent), HIV (69.8 percent), STDs (67.8 percent), or tuberculosis (93.3 percent) (Figure 4). Nearly half (45.6 percent) of OTPs provided early intervention for HIV; 85.3 percent provided HIV/AIDS education, counseling, or support; and nearly three quarters (74.3 percent) provided general health education.

Figure 3. Infectious Disease Screening, by Facility Operation: 2007



Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Figure 4. Opioid Treatment Programs (OTPs) Providing On-site Infectious Disease Screening: 2007



Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Discussion

Infectious disease screening, HIV and general health education programs, and early HIV intervention are critical public health activities provided by substance abuse treatment facilities to their clients. The data presented in this report inform treatment providers, prevention specialists, and public health professionals about the organizational characteristics of those substance abuse treatment facilities that provide such critical services, and they can help treatment professionals continue to promote infectious disease prevention and intervention efforts with the high risk population of substance abusers.

End Notes

¹ See the following publication: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (1993). Screening for infection diseases among substance abusers (Treatment Improvement Protocol (TIP) Series 6; DHHS Publication No. (SMA) 95-3060). Rockville, MD: Author. Retrieved January 11, 2010, from <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A25461>

Specifically, for HIV, see Chapter 9—Human immunodeficiency virus and the acquired immunodeficiency syndrome; for hepatitis, see Chapter 11—Introduction to viral hepatitis; for tuberculosis, see Chapter 7—Tuberculosis; and for sexually transmitted diseases, see Chapter 16—Gonorrhea, Chapter 17—Chlamydia, Chapter 18—Herpes Simplex, and Chapter 19—Chancroid.

² Section 1924(a) of the ADAMHA Reorganization Act of 1992 (P.L. 102-321) is a federal law which mandates drug treatment programs that receive federal assistance to provide tuberculosis services. More information is available at: <http://thomas.loc.gov/cgi-bin/bdquery/z?d102:SN01306;TOM:/bss/d102query.html>

³ Data presented in this report do not reflect the availability of off-site disease testing and interventions.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (February 25, 2010). *The N-SSATS Report: Infectious Disease Screening*. Rockville, MD.

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Findings from SAMHSA's 2007 National Survey of Substance Abuse Treatment Services (N-SSATS)

Infectious Disease Screening

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The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all substance abuse treatment facilities in the United States, both public and private, that are known to the Substance Abuse and Mental Health Services Administration (SAMHSA). N-SSATS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, SAMHSA.

N-SSATS collects three types of information from facilities: characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; client count information such as counts of clients served by service type and number of beds designated for treatment; and general information such as licensure, certification, or accreditation and facility website availability. In 2007, N-SSATS collected information from 13,648 facilities from all 50 States, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 30, 2007.**

The N-SSATS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is the trade name of Research Triangle Institute). Information on the most recent N-SSATS is available in the following publication:

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2007. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-44, DHHS Publication No. (SMA) 08-4348). Rockville MD: Author.

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