The EMCDDA 'Harm reduction initiative' to promote access to hepatitis testing and care

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Our objective
- To support EU Member States’ efforts in improving national practices in areas of harm reduction (HCV, DRD, etc.)

How?
- By producing a comprehensive toolbox with high-quality materials to support implementation

These structured tools provide a methodology to
- identify current barriers and facilitators to evidence-based action
- plan and implement effective responses

For whom?
- National and local decision makers & professionals working in the field
Sustainable Development Goals 2030
GOAL 3: Good Health and Well-being

WHO - GHSS: To eliminate viral hepatitis as a public health threat by 2030.

Prevention → Testing → Treatment and Care

HCV-ab prevalence in PWID

HCV-ab >50% in 8 of 14 countries with national data

Source: EMCDDA Rapid Communication DRID, 2019
**Drugs services: Advantages of the setting**

**Definition:** harm reduction and drug treatment facilities

- Opportunity to timely *identify* chronic carriers through active screening
- Ideal place make diagnostics and adequate treatment widely available (including treatment as prevention)
- Qualified and interested staff to organise efficient chain of care, including through peer workers
- Europe-wide treatment monitoring network
  
  e.g. in 2016: covering 4000 outpatient units treating 100.000 people who inject heroin

*Source: EMCDDA Statistical Bulletin 2018*
A high proportion of PWID entering treatment report not having been tested for HCV (LYP/ever)

Toolbox: HCV testing & referral to care

**The diagnostic process**
- Mapping the current situation – barometer
- Roundtable discussion
- Action planning

**The new models of care**
- Selection of testing programmes
- Identification of other responses
- Implementation experience focus

**Materials to support the action**
- Information material for drug services to raise awareness among staff
- Knowledge Questionnaire
Module 1: The diagnostic process

What: Diagnostic process to identify barriers and opportunities for HCV testing and care for PWID at system-, provider- and client level

Who: Multi-disciplinary: policy makers, service providers, service users. Close collaboration between national Focal Points Infectious Diseases and Drugs

How: Needs-assessment (barometer) + roundtable + action plan

Where: Country or regional/city level

Piloted in Luxembourg (Jan) and Poland (June);
Launch of the manual: beginning of 2020
Module 2: How to successfully reach PWID
11 case studies illustrating new Models of care

Traditional models of care determined by interferon-based treatment regimens and based on referral of client to hospitals (tertiary care). High loss to follow-up among PWID.

Need to bring HCV care to the community where PWID access services.

Compilation of 11 case studies from Europe illustrating new models of HCV testing and treatment that complement and replace traditional referral models.

Reference: Effective strategies to enhance testing, linkage to and retention in care and treatment for PWID. Treloar, C. & Grebely, J. 2019
Module 3: Materials to support action

- Information material for drug services to raise awareness among staff & promote testing among clients
- Knowledge Questionnaire
- Inventory of promotional materials in different languages
- Training provision

Toolbox: HCV testing & referral to care

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  - Information material for drug services to raise awareness among staff
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