

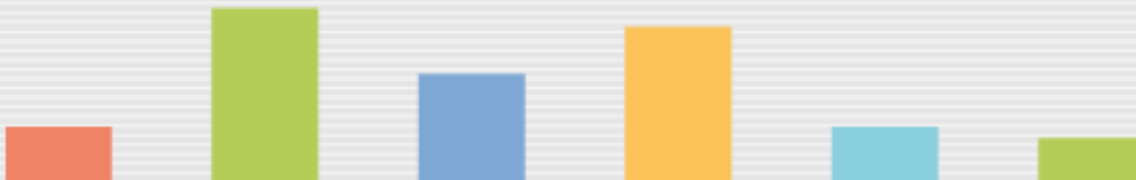


European Monitoring Centre
for Drugs and Drug Addiction

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

Lisbon Addictions - 23 October 2019

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An EMCDDA harm reduction initiative

EMCDDA Strategy 2025

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

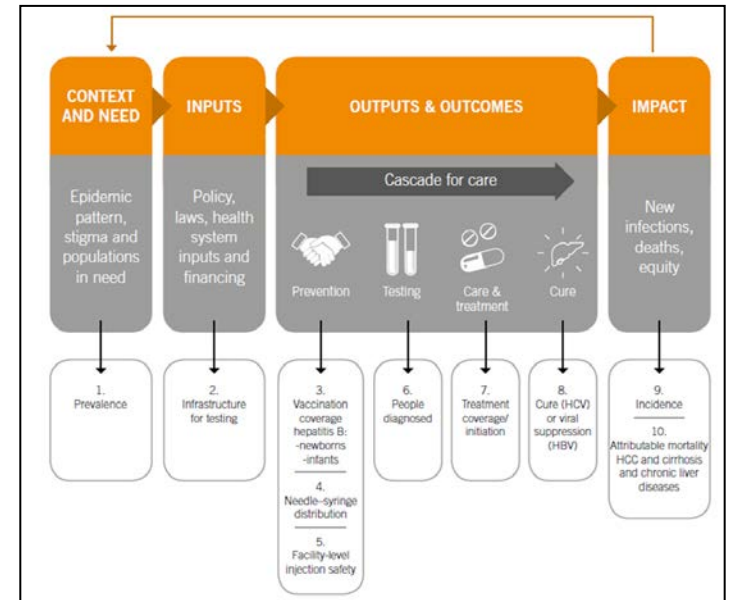
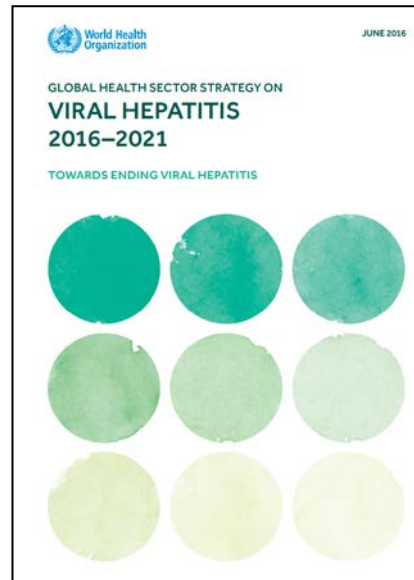
For whom?

- National and local decision makers & professionals working in the field



Sustainable Development Goals 2030

GOAL 3: Good Health and Well-being

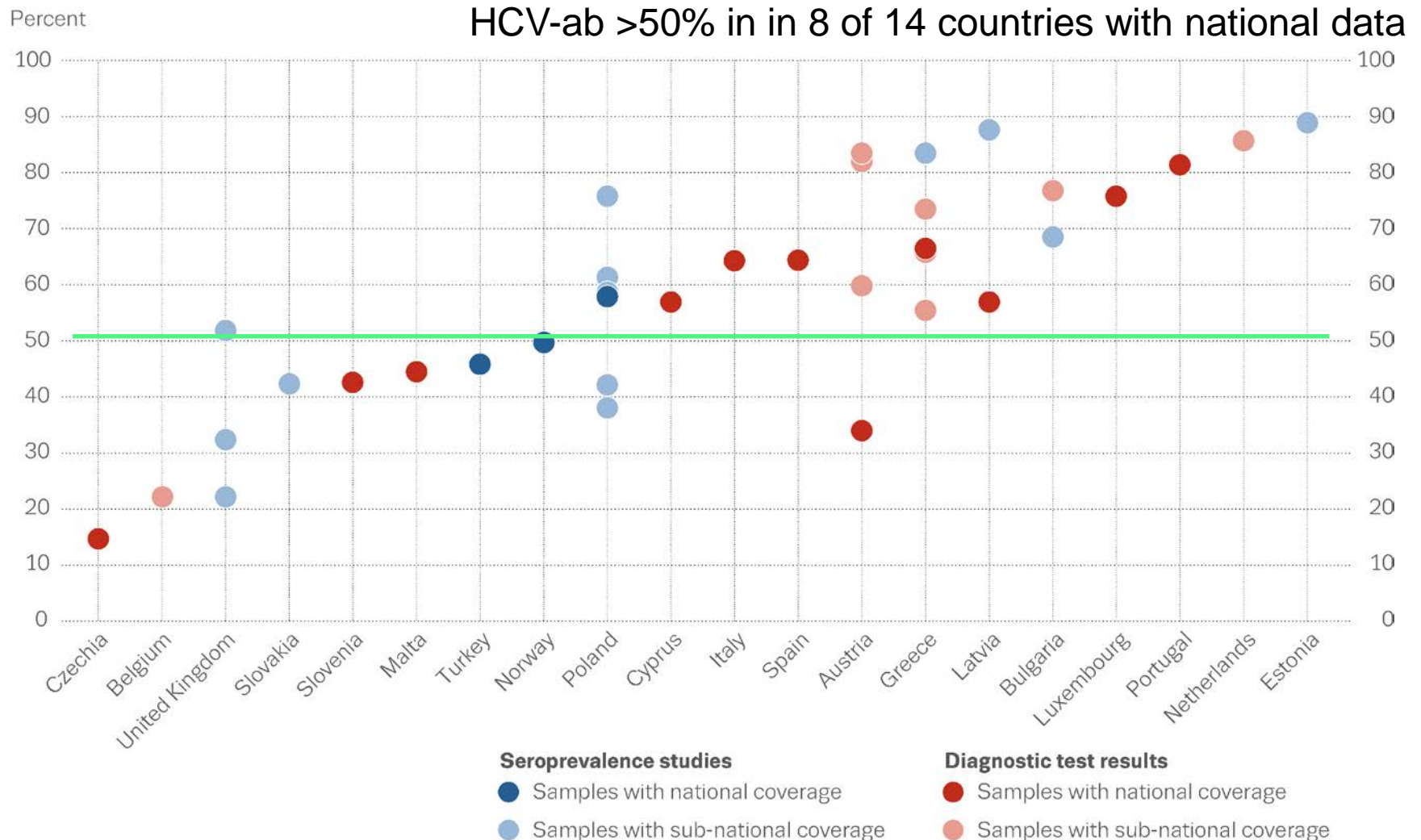


WHO - GHSS: To eliminate viral hepatitis as a public health threat by 2030.

Prevention → Testing → Treatment and Care

Sources: UNDP (2015) SDGs; WHO (2016) GHSS; WHO (2017) Global hepatitis report

HCV-ab prevalence in PWID



Source: EMCDDA Rapid Communication DRID, 2019



Drugs services: Advantages of the setting

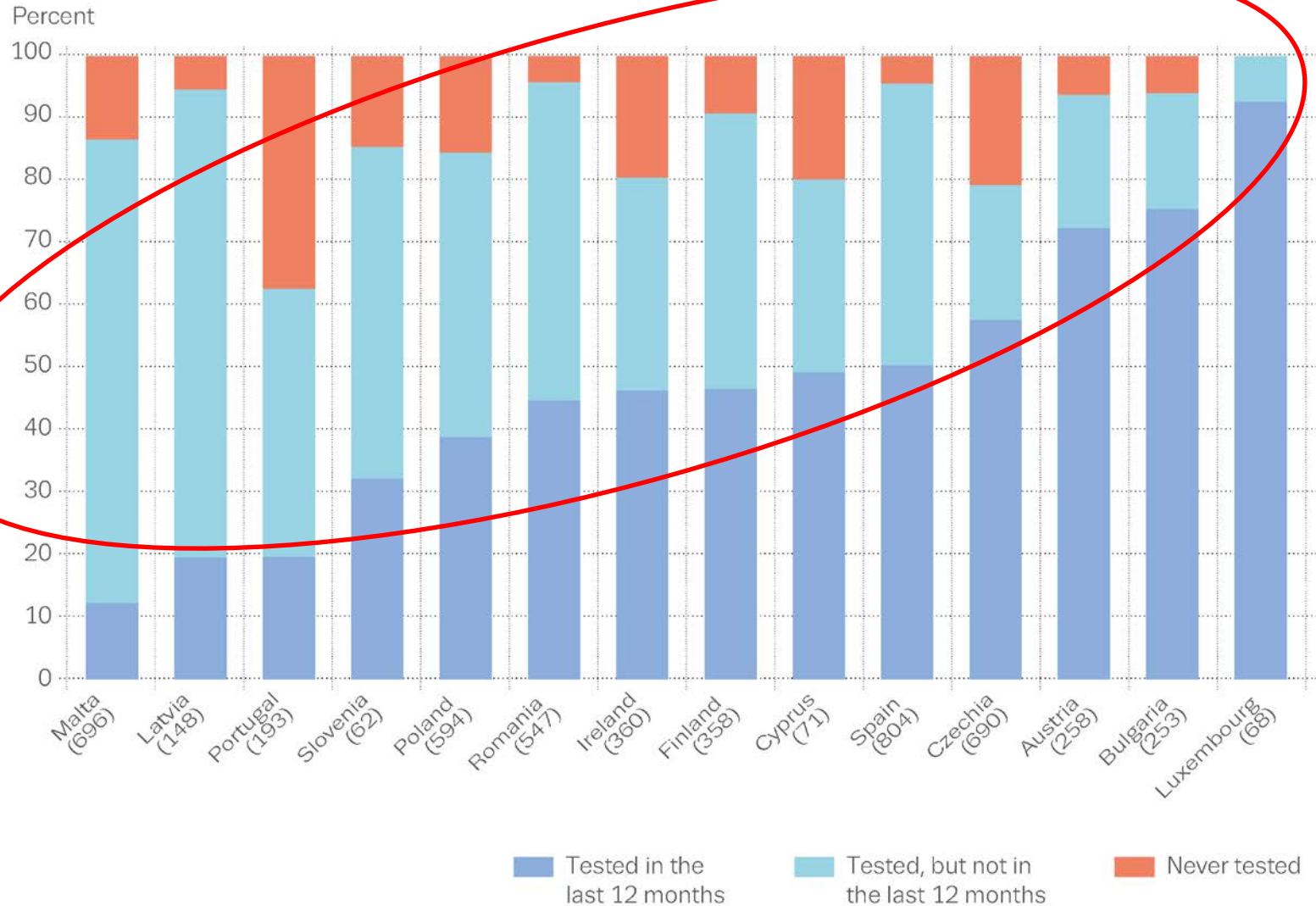
Definition: harm reduction and drug treatment facilities

- ✓ 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

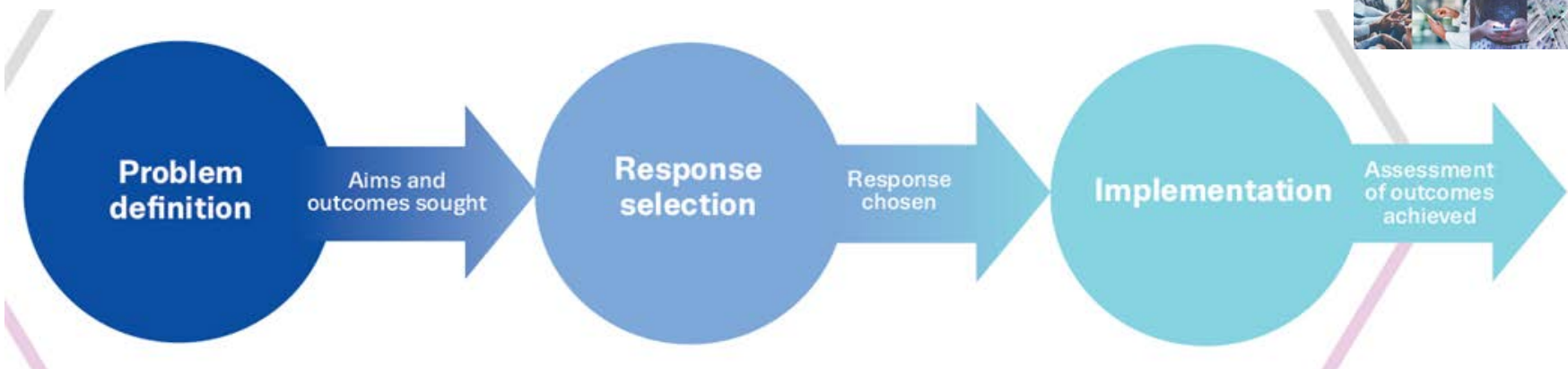
A high proportion of PWID entering treatment report not having been tested for HCV (LYP/ever)



Source: TDI network. Self-report, data year: 2017. EMCDDA Rapid Communication DRID, 2019



Toolbox: HCV testing & referral to care



Increasing Access to HCV Care through Drugs Services
EMCDDA Harm Reduction Initiative

A manual for undertaking a diagnostic process to identify barriers and opportunities for providing HCV testing and care in drugs services in Europe

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

...onymous and is not designed to be completely honest without any worries

hepatitis C **I know this already**

The level of hepatitis C in the general population in Europe is generally low (below 2%) () ()

2. The level of hepatitis C among people who inject drugs in Europe is generally high (often 50% or even higher) () ()

Hepatitis C testing and treatment has benefits for both the individual and for others, as the transmission of the virus is reduced () ()

*HCV is mainly transmitted through blood ()

Materials to support the action

- Information material for drug services to raise awareness among staff
- Knowledge Questionnaire



Module 1: The diagnostic process



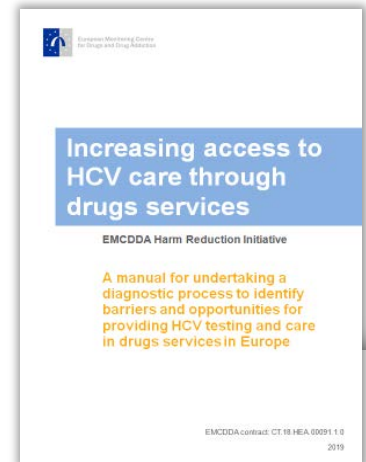
What: Diagnostic process to identify barriers and opportunities for HCV testing and care for PWID at system-, provider- and client level

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



TECHNICAL REPORT
Monitoring the elimination of viral hepatitis as a public health threat among people who inject drugs in Europe
 The elimination barometer

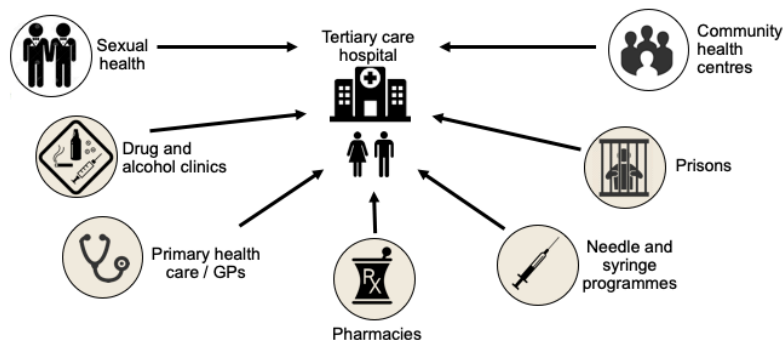


	System Level	Provider Level	Client Level	
System Level	<p>High-level of Situation</p> <ul style="list-style-type: none"> Lack of national HCV strategic planning Lack of monitoring and tracking of allocation of national resources Lack of HCV evidence data among PWID Lack of HCV evidence data among PWID 	<p>Legal Framework</p> <ul style="list-style-type: none"> No national policy in place for unrestricted access to HCV OAT treatment No national policy in place for treatment of HCV in current PWID Prohibition and/or compensation of drug use No government funding available for HCV screening and/or treatment No national strategy in place for HCV testing of PWID 	<p>Societal Level / Discrimination</p> <ul style="list-style-type: none"> Stigma and discrimination against people with HCV High and discrimination against PWID Barriers to access to services due to criminal status Barriers of confidentiality Link to other services, e.g. sex after services 	<p>Organisation of Testing & Treatment in National Level</p> <ul style="list-style-type: none"> HCV testing not free of charge Testing for HCV is not provided by OAT services or other drug services No national strategy implemented for HCV testing of PWID HCV treatment services only for approved carriers, not decentralised services (not required for HCV testing)
Provider Level	<p>Internal Barriers</p> <ul style="list-style-type: none"> Low level of knowledge of HCV among staff in drug services Low level of knowledge of HCV among staff in OAT services Some of staff working there who testing about HCV Assumption by staff HCV testing is low-empowered 	<p>Internal Barriers</p> <ul style="list-style-type: none"> HCV treatment not offered if current drug use Not prepared on the area of responsibility of the staff in drug treatment services - matrix in drug counselling Staff not well trained on new developments in HCV testing and treatment 	<p>External Barriers</p> <ul style="list-style-type: none"> Insufficient staff available to other services not testing services High location of staff in drug services Insufficiently provided with administrative materials Lack of time to offer and provide HCV testing High proportion of migrant PWID (language barrier) Staff not well trained on new developments in HCV testing and treatment 	<p>External Barriers</p> <ul style="list-style-type: none"> Lack of available funding and resources in other non-personal HCV testing services Insufficient collaboration with organisations for continuous HCV testing High cost of care (HCV HCV testing not available in drug services) Lack of national pathway to HCV care and services
Client Level	<p>Knowledge</p> <ul style="list-style-type: none"> Missing knowledge of HCV and current treatment options Misinfo on HCV/HCV is not treatable Fear their sharing blood not damage others 	<p>Access</p> <ul style="list-style-type: none"> Very difficult to find a free treatment or/for the waiting hours do not fit their life If have long time to get to a treatment center Lack of/or available transportation to the service Two other reasons (HCV services and HCV OAT) HCV services restricted to those in residential care 	<p>Stigma</p> <ul style="list-style-type: none"> Fear of stigma if to their partners and neighbours of using drugs Negative experiences with health care services/organised when related to HCV 	<p>Consequences of positive test result</p> <ul style="list-style-type: none"> Fear of losing contacts of partners or other contacts HCV treatment barriers in health facilities Fear of HCV testing becoming stigmatising Fear of HCV treatment cost Fear of HCV treatment cost
	<p>Other health problems</p> <ul style="list-style-type: none"> Other health problems (e.g. mental health problems) Lack of sufficient food, housing and/or financial resources 	<p>Competing problems</p> <ul style="list-style-type: none"> Other health problems (e.g. mental health problems) Lack of sufficient food, housing and/or financial resources 		

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



Reference: **Effective strategies to enhance testing, linkage to and retention in care and treatment for PWID.** Treloar, C. & Grebely, J. 2019

Hepatitis C: models of drug services in Europe

Introduction Overview Background Case studies

Introduction

Hepatitis C virus (HCV) infection has a high prevalence in people who inject drugs (PWID) in Europe. However, currently HCV infection is both preventable and curable. The importance of targeting PWID as a key population for the cascade of care of hepatitis C in Europe and promoting their access to testing and all elements of the cascade of care is highlighted in European and national policies. The collection of eleven case studies presented on this page, documents how this has successfully been done by drug treatment, harm reduction service providers in eight countries, using innovative implementation practices and thus developing and testing new models of care for this important target group.

Hepatitis C: new models of care for drugs services

Eleven case studies from eight European countries

EMCDDA contract CT.17.HEA.0088.1.0
July 2019

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

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

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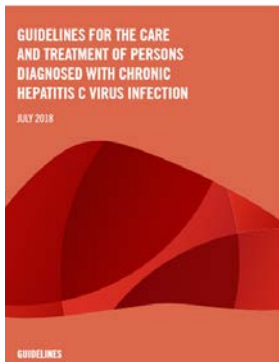
EMCDDA Harm Reduction Initiative – Increasing HCV testing and referral in drug services for PWID

Knowledge questionnaire for drug service staff

Introduction:
How much do you know about viral hepatitis and the tests and treatment available? This short questionnaire will help us find out which topics people tend to be less sure about so that more information and training in these areas can be provided – and we hope it will be a useful knowledge refresher for you!

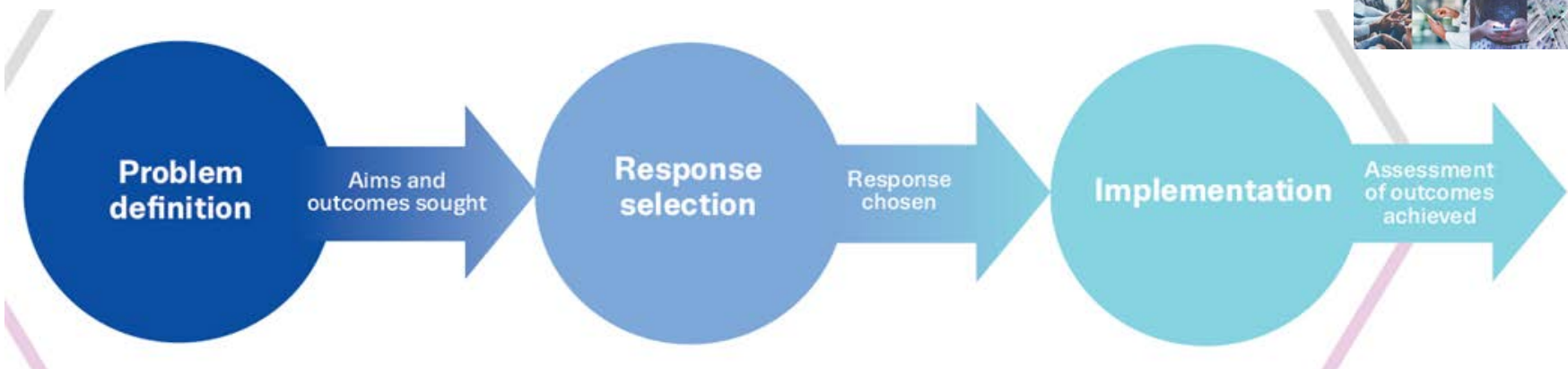
The questionnaire is anonymous and is not designed to evaluate people so you can be completely honest without any worries.

A. Hepatitis C	I knew this already	This is new to me
1. The level of hepatitis C in the general population in Europe is generally low (below 2%).	()	()
2. The level of hepatitis C among people who inject drugs in Europe is generally high (often 50% or even higher).	()	()
3. Hepatitis C testing and treatment has benefits for both the individuals treated and for others, as the transmission of the virus is reduced.	()	()
4. Hepatitis C virus (HCV) is mainly transmitted through blood, including during sex.	()	()





Toolbox: HCV testing & referral to care



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