



Identifying barriers to HCV testing and linkage to care in drug treatment settings

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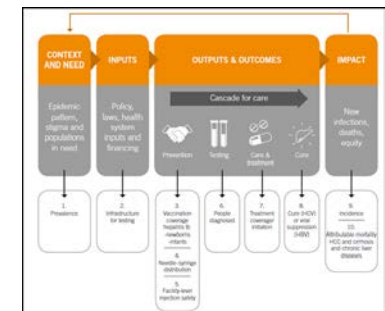
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Lisbon Addictions



- No conflicts of interest

The diagnostic process – define the problem

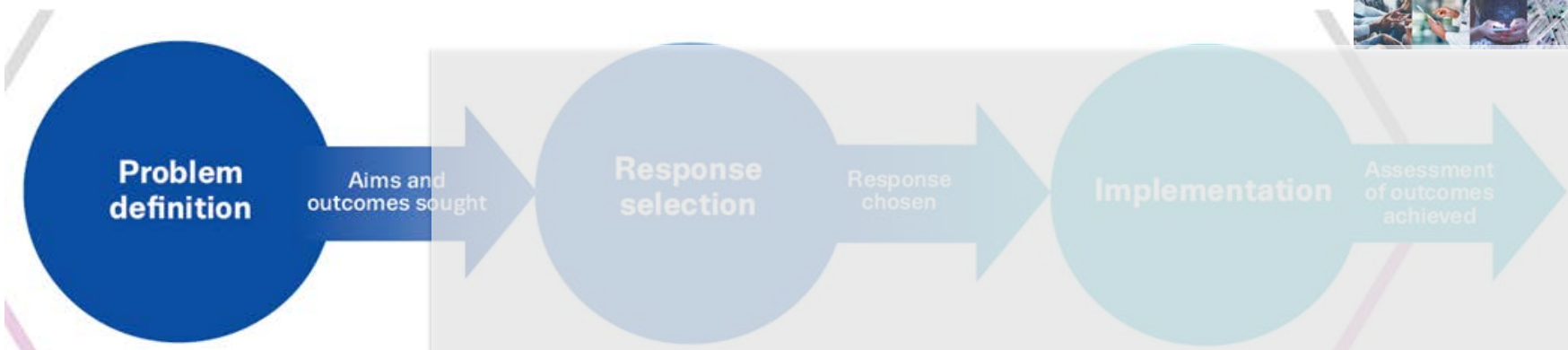
- To achieve the SDGs, countries are committed to ensure good health and wellbeing for all;
- Countries position themselves in terms of progress towards viral hepatitis elimination;
- PWUD: important population group for elimination of viral hepatitis in Europe;
- To achieve progress (reducing incidence of chronic infection and mortality - impact targets) - crucial to address this group.



**Tools
to support this process**

<https://de.freepik.com/freie-ikonen/werkzeuge>

Toolbox: HCV testing & referral to care



The diagnostic process

- Mapping the current situation – barometer
 - Roundtable discussion
 - Action planning

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 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

Hepatitis C	I know this already	No
1. Hepatitis C is asymptomatic and is not diagnosed – "pretty honest without any worries"	()	()
2. The level of hepatitis C in the general population in Europe is generally low (below 2%)	()	()
3. The level of hepatitis C among people who inject drugs in Europe is generally high (between 20% and 60%)	()	()
4. Hepatitis C testing and treatment has benefits for both the people tested and/or others, as the transmission of the virus is reduced	()	()
5. Hepatitis C is mainly transmitted through blood	()	()

Diagnostic process



System Level	Legal framework	Societal Level / Sociocultural	Operational level (Health & Treatment)
System Level Lack of national HCV strategy planning Lack of evaluation and monitoring of treatment of HCV in national HCV care Lack of HCV prevalence data among HCV Lack of HCV prevalence data among HCV	No national policies in place for identification and linkage to care No national policies in place for treatment of HCV in national HCV care Inconsistent and non-coordinated of drug use high prevalence of HCV in national HCV care No national monitoring strategy in place for HCV testing strategy	Stigma and discrimination against people with HCV Negative attitudes towards people with HCV Resistance to access services due to cultural values Lack of understanding about HCV among other stakeholders, e.g. law enforcement	HCV testing facilities of people Testing for HCV not accessible to HCV treatment and drug services Lack of understanding about HCV among other stakeholders, e.g. law enforcement Inconsistent testing not documented Limited staff resources for HCV testing
Provider Level	Internal Barriers	External Barriers	Internal Barriers
Provider Level Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services	HCV treatment not offered in national HCV care Lack of access to the care of people with HCV in national HCV care Lack of access to the care of people with HCV in national HCV care Lack of access to the care of people with HCV in national HCV care	Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services	Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services Lack of knowledge of HCV among staff in drug services
Client Level	Knowledge	Attitudes	Stigma
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Roundtable meeting

Outcome report with action points

Checklist

→ A practical manual for this process was developed.

A Checklist on Barriers to HCV testing/linkage to care in drug treatment settings

System Level	Legal Framework	Society level / Stigmatisation	Implementation of Testing & Treatment in Harm Reduction
<ul style="list-style-type: none"> Existence of HCV testing services Availability of HCV testing services Availability of HCV testing services Availability of HCV testing services 	<ul style="list-style-type: none"> Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission 	<ul style="list-style-type: none"> Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission 	<ul style="list-style-type: none"> Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission Existence of laws for prevention of HCV transmission
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- The aim of this checklist is to assist countries/cities in identifying and overcoming barriers for HCV testing and linkage to care in drug treatment* settings.

*This includes low threshold agencies/harm reduction programmes



Methods to develop and finalise checklist

1. Brainstorming session

- Experts from different fields at the Robert Koch-Institute did a brainstorming exercise drawing on own experience.

2. Search of literature and review of websites

- To identify possible other barriers and facilitators, PubMed and Google Scholar were searched (not systematic) for more papers on barriers to testing for HCV among PWID.
- Websites of EU projects with outcomes relevant for the topic were also reviewed.

3. Categorisation of barriers

- Once identified the barriers were grouped in levels, main categories, and sub-groups

4. EMCDDA stakeholder consultation (April 2018)

- Presentation and discussion of identified barriers at stakeholder meeting at EMCDDA
- additional barriers identified by EMCDDA country focal points were added to the checklist

5. Pilots (2019)

- Piloting of the checklist in roundtable meetings LU and PL

Results

1. System Level

Legal framework, national testing organisation, existing guidelines

2. Provider level

Lack of knowledge, number of staff, responsibility

3. Client level

Fear of stigma, access to service, fear of consequences of positive test result, competing problems



System level

Epidemiological Situation	Legal Framework	Society Level / Discrimination	Organisation of Testing & Treatment on National Level
<ul style="list-style-type: none"> - Lack of national HCV strategic planning - Lack of evaluation and monitoring of indicators of national HCV plans - Lack of HCV incidence data among PWID - Lack of HCV prevalence data among PWID 	<ul style="list-style-type: none"> - No national policy in place for unrestricted access to HCV DAA treatment - No national policy in place for treatment of HCV in current PWID - Prohibition and criminalisation of drug use - No government funding available for HCV screening and /or treatment - No national screening strategy in place for HCV testing of PWID 	<ul style="list-style-type: none"> - Stigma and discrimination against people with HCV - Stigma and discrimination against PWID - Restriction to access to services due to disease status - Breach of confidentiality – (link to other systems, e.g. tax office systems) 	<ul style="list-style-type: none"> - HCV testing not free of charge - Testing for HCV is not provided by OST services or other drugs services - No targeted programmes implemented for HCV testing of PWID - HCV treatment provision only by approved centres/ not decentralised - Medical staff required for HCV testing



Provider level

Internal Barriers

- Low level of knowledge of HCV among staff in drug services
- Low level of knowledge of HCV among staff in OST services
- Scared of stigmatising client when asking about HCV
- Assumption by staff: HCV testing is too complicated
- HCV treatment not offered if current drug use
- Not perceived as the area of responsibility of the staff in drug treatment services – medical vs. social counselling
- Staff not up-to-date on new developments in HCV testing and treatment

External Barriers

- Insufficient staff available to offer and provide HCV testing services
- High fluctuation of staff in drug services
- Insufficiently provided with information materials
- Lack of time to offer and provide HCV testing
- High proportion of immigrant PWID (language barriers)
- Cost of HCV testing not budgeted for
- Lack of available funding and equipment to offer and perform HCV testing services
- No existing collaboration with laboratories for confirmatory HCV testing
- Point-of-care (POC) HCV testing not available in drug services
- Lack of referral pathways to HCV care and treatment



Client level

Knowledge

- Missing knowledge of HCV and current treatment options
- Myths on HCV ("My HCV is encapsulated")
- Fear that drawing blood will damage veins

Perception of HCV

- Perceive risk of HCV as low and not as serious as HIV
- Cultural attitudes towards infection/no need to avoid infection

Access

- The service is too far away (location) and/or the opening hours do not fit client
- It takes too long time to get tested
- Language barrier
- Lack of/poor available transportation to the service
- Two step testing (HCV serology and HCV RNA)
- HCV services restricted to those in addiction care

Stigma

- Fear of stigma if tested positive and stigma/shame of using drugs
- Negative experiences with health care personnel/stigmatised when tested for HCV

Competing problems

- Other health problems (e.g. mental health problems)
- Lack of sufficient food, housing and/or financial resources

Consequences of positive test result

- Fear of losing custody of children (to child services)
- No HCV treatment available if tested positive
- Fear of HCV testing/knowing results
- Fear of deportation (for migrants)
- Fear of HCV treatment side effects

Roundtable meeting



Aim:

- Bring key stakeholders together to do a situation analysis, to think about the problem and to stimulate action

Who to invite ?

System level

- Policy makers
- Health service planners
- Community/advocacy groups

Provider level

- Staff from hospital/clinical settings (link to care)
- Drug treatment and harm reduction staff
- Community/advocacy groups providing services
- Prison physicians

Client level

- Community/advocacy groups (for PWID or HCV)
- Clients of harm reduction programmes
- Clients in/after drug treatment



Identifying barriers by implementing the Checklist

Planning and preparation

- Assess situation & needs (barometer and checklist)
- Formulate objectives for the roundtable meeting
- Draft agenda, select and invite participants
- Consider circulating the Checklist in advance

Conducting the roundtable discussion

- Discuss barriers and facilitators in a roundtable discussion
- Consider breaking up in groups for discussion

Follow-up

- Draft meeting report with action points
- Identify indicators for monitoring implementation
- Clarify roles & responsibilities for implementation
- Follow up on action points and overall results e.g. with a next meeting

Follow-up on the roundtable discussion

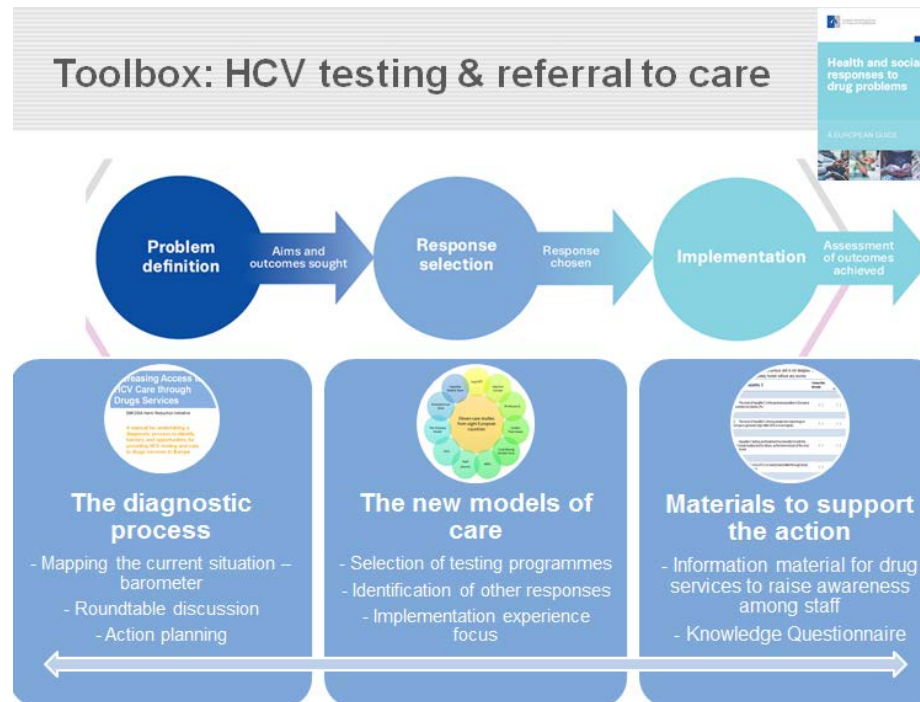
- Outcome report with a list of proposed actions and indicators
 - To ensure that the roundtable discussion has an impact and helps improve current practices
 - draft action points and report on the outcomes in an outcome document
 - Clarify responsibilities and tasks
 - Define indicators to monitor progress

- Action points from roundtable discussion:



Action point (what do we want to achieve?)	Strategy (how to achieve this?)	Responsible person	Deadline	Indicator (How can progress be measured?)	Progress update (what has been achieved)

- ... Practical Manual will be available soon



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THANK YOU

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