



Luxembourg experience: Overcoming barriers to testing for HCV and facilitating access to treatment for PWID

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No conflict of interest to declare

Background and aims of the roundtable

Module 1 EMCDDA pilot project: Diagnostic process to identify barriers and facilitators for testing to HCV for injecting drug users

- Bring together an interdisciplinary group of experts
 - Discuss how to improve HCV testing and health care practices and how to empower drug treatment centres to facilitate access to care
 - Achieve common understanding/consensus among policy makers and service providers
 - Objective 1: identify the main barriers and facilitators to HCV testing
 - Objective 2: identify the main barriers and facilitators to access to treatment
 - Taking the reality of the clients' situation into account
- A list of actions/facilitators reflecting the priorities and hierarchize them according to their feasibility at the system/provider/client/ levels



Preparations and structure of the roundtable

- Aim for max. 25-30 participants working in different areas related to HCV testing and access to care for PWID
- Checklist with barriers to testing at three levels sent a few days in advance
- Half-day roundtable in January 2019 with 23 national health professionals and experts from LIH, EMCDDA and RKI
- Plenary sessions on HCV situation and presentation on barriers identified for testing
- Participants split in 3 equally distributed groups with various experts to discuss:
 - Barriers not yet identified and facilitators for testing
 - Barriers and facilitators for treatment (cascade)
- Presentation by each group of identified barriers and facilitators
- Final summary & conclusions



How the roundtable was perceived



- Participants found the process useful and appreciated the opportunity to work together with many different stakeholders sharing experiences:
 - *'I can guide people better, because I know how the different services work. '*
 - *'The same kind of meeting should be organized for other relevant problems in the drug scene: quality design in harm reduction; working together between the drug working organization and the police.'*
 - *'We all agree that we need national guidelines and political support.'*

Evaluation of the meeting

- ✓ None of the participants attended such a meeting before
- ✓ All of the participants found the format of the meeting suitable
- ✓ Comfortable enough to share their own experiences and views
- ✓ The tool was useful and relevant (but still to be improved)
- ✓ The meeting was well organized (4.9), relevant (4.5), useful (4.7), action oriented (4.6)

Evaluation of the checklist

- ✓ Useful (4.2)
- ✓ Easy to use (3.2)
- ✓ Easy to understand (3.0)
- ✓ Exhaustive (3.9)

Key messages of the evaluation

- The importance of working together and learning from each other
- Bringing the issue to the political level
- Invite other experts, political representatives, the city of Luxembourg, (former) drug users to any further meetings of this kind
- The need for improvements in access to other health services and housing
- The need to develop common guidelines
- The importance of staff motivation in treatment centers to improve the situation and work in the same direction
- Participants would like to attend a similar meeting in the future
- Opportunity for organizing similar meetings (multi-stakeholder) in other areas in drug scenes
- Participants will take further actions into their services resulting from this meeting (reducing stigma, better guiding people)

Main barriers and solutions...

Actions guided by the recommendations

PWID without social security don't test because they know they won't get treatment

→ **solution: Universal access to health**

- ✓ **Plead led by the AIDS/hepatitis committee and Médecins du Monde regarding the Universal access to care. Meeting with the Ministry of Health/Social security in March 2020.**
- ✓ **In the short term: mobilization of funds to facilitate IDUs' access to medical treatment (DAA), list of person having lost their social security rights, reference address**

PWID don't know if they are eligible for treatment or not. Different (too strict) criteria applied by clinicians.

→ **solution: solution: Follow clear treatment guidelines**

Main barriers and solutions...

Actions guided by the recommendations

Rapid testing not sufficiently easy to reach

→ solution: make it available in treatment centers and HR sites

- ✓ New personnel from the HIV and Hepatitis action national plans recruited in September 2019 for testing in different drug treatment centers and in mobile units
- ✓ Agreement from the drug treatment centers and the Min Health for the implementation of a rapid test training program to all treatment centers. Training planned for January 2020

Complete testing not accessible and results take too long

→ solution: make it available in treatment centers and HR sites
being accompanied by a reference person (e.g. nurse) or a peer

- ✓ Specific nurses are coordinating the linkage to care of the marginalized IDUs. ID specialists are offering consultations in the treatment centers (on site) in support of nurses (HCV-UD).

Main barriers and solutions...

Actions guided by the recommendations

Treatment available in limited places (hospitals) (not accessible; fear discrimination)

→ **solution: make it available in treatment centers and HR sites
being accompanied by a reference person (e.g. nurse) or a peer**

- ✓ **Drug delivery on site by nurses to be implemented in the future**
- ✓ **Develop a guide for HCV screening and treatment process**

PWID have unstructured lives and testing and treating HCV is not a priority

→ **solution: cover basic needs first: housing, stabilisation**

- ✓ **Low threshold housing concept validated by the Ministry of Health and by the City of Luxembourg. Project in development.**
- ✓ **Develop low threshold OST**

Main achievements

- The initiative allowed fruitful discussions on the main perceived barriers as well as identifying priority areas for action regarding hepatitis C testing and access to treatment for PWID
- The meeting was positively evaluated and allowed the participants to learn about other points of view, to share experiences and to work together for developing a network for the response to viral hepatitis
- The meeting resulted in a report which systematically documents the barriers to testing on policy-, provider- and client levels in Luxembourg as well as opportunities and possible solutions
- The feasibility and prioritisation of the individual measures was discussed, linking them to Luxembourg's Hepatitis Action Plan 2018-2022 and the national Drug action plan 2020-2024

Thank you for your attention

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