



# 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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