The work on HCV and Drug Use in Europe

Eberhard Schatz
European network since 2004
Access to health and social services for marginalised groups
Financed 2004 – 2013 by EC, DG Santé
More than 180 partners in all European countries
Hepatitis C Initiative since 2014
General objectives

Facilitate **exchange** of information, experience and skills between health and social service providers, policy makers, researchers and community members

Strengthen **capacities** of health and social service providers, policy makers, researchers and community members

Contribute to evidence-based **policy making** in the field of BBID
Hepatitis C transmission and injecting drug use: harm reduction responses

Key messages from practitioners:
1. Understanding the nature of the problem:
   - Hepatitis C is a viral infection that can lead to liver damage if left untreated.
   - It is spread through the sharing of contaminated needles and injecting equipment.

2. Identifying at-risk populations:
   - People who inject drugs are at a high risk of contracting Hepatitis C.
   - Other groups at risk include healthcare workers and individuals with multiple sexual partners.

3. Conducting screening and surveillance:
   - Regular testing for Hepatitis C is crucial to identify infected individuals.
   - Increases in testing can help in identifying outbreaks and controlling the spread of the virus.

4. Implementing harm reduction strategies:
   - Providing clean needles and syringes can help reduce the transmission of Hepatitis C.
   - Educating people about safe injection practices is also essential.

5. Providing treatment and care:
   - Access to Hepatitis C treatment is vital for affected individuals to prevent further health complications.
   - Supportive care and counseling can assist in adherence to treatment and improving overall health outcomes.

6. Addressing stigma and discrimination:
   - Breaking down the stigma associated with Hepatitis C can help in increasing awareness and treatment uptake.
   - Encouraging open discussions about the disease can foster a more inclusive and supportive environment.

7. Enhancing collaboration and coordination:
   - Collaborative efforts between healthcare providers, drug users, and policymakers are necessary to effectively address Hepatitis C.
   - Strengthening partnerships can lead to better resource allocation and more comprehensive care.

8. Monitoring and evaluation:
   - Regular assessment of Hepatitis C programs is essential to identify areas for improvement.
   - Evidence-based approaches can inform future interventions and strategies.

9. Advocacy and policy influence:
   - Advocacy can play a crucial role in shaping policies that prioritize Hepatitis C prevention and treatment.
   - Engaging with policymakers can help in securing funding and resources for Hepatitis C programs.

10. Enhancing community engagement:
    - Involving community members in Hepatitis C awareness and prevention efforts can enhance the reach and effectiveness of interventions.
    - Empowering communities to take ownership of their health can lead to sustained behavioral changes.

11. Monitoring and evaluation:
    - Regular assessment of Hepatitis C programs is essential to identify areas for improvement.
    - Evidence-based approaches can inform future interventions and strategies.

12. The importance of community-based approaches:
    - Community-based programs can tailor interventions to meet the specific needs and challenges faced by local populations.
    - These approaches can help in building trust and facilitating better engagement with at-risk communities.
Why an European Initiative?

• 150 million people worldwide are living with chronic hepatitis C virus (HCV), of those infected, nine million are living in the European region.
• Antibody prevalence ranging to over 90% in some European countries. The World Health Organization (WHO) has identified people who inject drugs as a key target group for HCV prevention and treatment.
• In January 2014, the first all oral HCV treatments providing cure rates of up to 98% in clinical trials were approved by the European Commission.
• In spite of European guidelines recommending treatment access people who use drugs still face considerable barriers to, and are frequently denied, access to the newly approved HCV treatment regimens.
<table>
<thead>
<tr>
<th>Country/territory with reported injecting drug use</th>
<th>People who inject drugs(a)</th>
<th>HIV prevalence amongst people who inject drugs(b)</th>
<th>Hepatitis C antibody (anti-HCV) prevalence amongst people who inject drugs(c)</th>
<th>Hepatitis B surface antigen (anti-HBsAg) prevalence amongst people who inject drugs(d)</th>
<th>Harm reduction response</th>
<th>NSP*</th>
<th>OST*</th>
<th>DGP*</th>
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<td>Y(B,M,O)</td>
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<td>75()</td>
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</table>
Barriers in Health Care Setting

- lengths of waiting lists
- lack of comprehensive care and support
- geographic distance
- inflexible appointment policies
- abstinence requirements
- prejudicial attitudes
- communication difficulties between patients and specialists

Recommendation
- eligibility criteria should ensure access for all (drug use is no reason to preclude treatment)
- flexible appointment systems
Barriers Stigma and Discrimination

- existing barriers:
  > related to injecting drug use
  > related to lifestyle
  > related to health care setting, like
c    discriminatory treatment of medical staff
  > confidentiality breaches
  > Women and migrants

**Recommendation**
- stigma reducing interventions
- welcoming, not judgemental enviroment
- personal interaction
- monitor stigma and discrimination and establish procedures
Barrier Criminalisation

- **criminalisation**
  - contrary impact on treatment access and adherence:
    - confiscation of medication by police
    - interruption of treatment following arrest
    - reluctance among PWID's to seek help
    - HCV treatment in prison only in few countries

**Recommendation**
- dedicated HCV services in custodial settings
- ensuring continuity of care
- decriminalisation of drug use
Gilead’s Sofosbuvir approved by the EMA and FDA but accessible for how many?
Concept

Research  Policy

Training & Skill building
Partners

Universities and Institutes

- Centre for Interdisciplinary Addiction Research of the Hamburg University (CIAR), Germany
- Charles University in Prague, First Faculty of Medicine, Department of Addictology (CUNI), Czech Republic
- Copenhagen HIV Programme (CHIP), University of Copenhagen (UCPH), Denmark
- Institute of Public Health, University of Porto (ISPUP), Portugal
- National Antidrugs Agency (NAA), Romania
- National Institute for Health and Welfare (THL), Finland
- Public Health Agency of Catalonia, Government of Catalonia (ASPC), Spain
- University Medical Centre Ljubljana, Clinic for Infectious Diseases and Febrile Illnesses, Slovenia
- University Medical Centre Freiburg, Germany

NGO's and national networks

- A-Clinic Foundation, Finland
- Action Plus, Albania
- AIDES, France
- Aids Hilfe Frankfurt e.V., Germany
- Association for Risk Reduction in Drug (ARUD), Switzerland
- Carusel Association, Romania
- Fixpunkt Verein für suchtbegleitende Hilfen e.V., Germany
- German AIDS Organisation (DAH), Germany
- Grupo Português de Activistas sobre Tratamentos de VIH/SIDA (GAT), Portugal
- Health Service Executive (HSE) Addiction Services, Ireland
- Isle of Arran, Italy
- Piaget Agency for Development (APDES), Portugal
- Scottish Drug Forum (SDF), Scotland
- Swedish Drug User Union (SDUU), Sweden
- Trimbos Institute, Network Infectieziekten & Harm Reduction, the Netherlands

European Networks

- AIDS Foundation East–West (AFEW), The Netherlands
- Doctors of the World, France
- Eurasian Harm Reduction Network (EHRN), Lithuania
- European Aids Treatment Group (EATG), Belgium
- European Association for the Study of the Liver (EASL), Belgium
- European Liver Patient Association (ELPA), Belgium
- Harm Reduction International (HRI), United Kingdom
- International Doctors for Healthy Drug Policies (IDHDP), United Kingdom
- International Network of People who Use Drugs (INPUD), United Kingdom
Research

The scale-up of HCV treatment access to people who inject drugs has the potential to significantly reduce the number of new infections and the prevalence in the population, acting as an effective preventative measure.

Inventory: Hepatitis C testing and treatment barriers among active drug users in 4 European cities: Porto, Helsinki, Frankfurt and Budapest.
Peer support

Capacity building:
• Peer training manual
• 6 modules
  • Module 1: Understanding
  • Module 2: HCV prevention
  • Module 3: HCV testing and diagnosis
  • Module 4: HCV treatment
  • Module 5: Living with HCV
  • Module 6: HCV advocacy and action planning
Capacity building

resource centre 250 entries

Category selection:
- approved treatments
- epidemiological data
- HCV in prison
- side effects
- clinical trials
- policy and guidelines
BMC reader

VHPB meeting Ljubljana
Policy: overall advocacy goal is to influence HCV policies and advocate for the development and implementation of evidence-based HCV strategies at the European and National levels.
- Increase knowledge about HCV European and national policy guidelines
- Raise awareness on the gap between the needs and the political responses for HCV in Europe
- Increase the sustainable involvement, strengthening and participation of Civil Society in HCV policies decision making process
European Conference on Hepatitis C and Drug Use

Berlin
23–24 October 2014
Manifesto

- Develop targeted HCV strategies and action plans
- Provide access to and affordability of HCV testing, treatment and care services
  > Scale up evidence based harm reduction services
  > Decriminalise people who use drugs
- Meaningful inclusion of PWID's
- Increase HCV and health literacy
What’s next?

Develop the initiative to a sustainable platform
What is needed?

Policy priorities

• Advocacy for the implementation of comprehensive national policies
• Advocacy for affordable medicines
• Advocacy for funding of Harm Reduction and HCV services
• Advocacy for meaningful involvement of community members
Workprogramme 2016

Priorities

• Implementation of training and support programmes
• Survey in Drug Consumption Rooms
• Paper on Community Testing
• European seminar
• Study development
Thank you!

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