

HCV Prevention and Testing in Harm Reduction Programs

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Presentation Overview

- Correlation European Harm Reduction Network
- HCV Capacity Building Initiative
- WHO Comprehensive Package
- HCV Community Testing
- Harm Reduction as Prevention
- Drug Users access to DAAs
- o Harm Reduction as Post Cure Prevention
- o Harm Reduction Services Available
- Barriers to Community Testing
- Goals for Harm Reduction Services
- o Recommendations







Correlation – European Harm Reduction Network

- Improving access and the quality of health and social services for marginalized groups
- o European network since 2004
- More than 220 partners in all European countries
- European HCV and Drug Use Initiative since 2014
- 4th EU Harm Reduction Conference Bucharest 20-23 Nov. 2018
- o Host of the International Network of Drug Consumption Rooms
- www.correlation-net.org







EU HCV Capacity Building Initiative

- First European HCV and Drug Use Conference Berlin 2015
- Second EU HCV Community Summit Lisbon 18 / 19 April 2018
- HCV National Action Plan Manifesto
- Community Testing Guidelines
- Community Testing Video <u>www.hcvcommunitytesting.info</u>
- European HIV/HCV Testing Week
- o www.hepatitis-c-initiative.eu







EU HCV Capacity Building Initiative

Since December 2016 to present, HCV Capacity Building Trainings and Workshops were conducted in eight European countries:

Denmark Italy

Georgia Norway

Germany Portugal

Greece Spain







WHO Guidelines for Harm Reduction

- Appropriate coverage of NSP distribution including all related injection equipment
- Opioid substitution therapy (OST)
- HCV/HIV testing, counseling and partner notification
- Antiretroviral therapy (ART)
- Prevention and treatment of sexually transmitted diseases (STI)

- Condom programs for IDUs
 And Their partners
- Target information, education and Communication for IDUs and partners
- Vaccination diagnosis and treatment of viral hepatitis
- o Prevention and treatment of TB
- Overdose Prevention
- o Drug Consumption Rooms







HCV Community Testing Services

- Enhances access to health care and treatment.
- o Provided by non-judgmental personnel.
- Conducted at community venues that offer flexible hours.
- Reaches undiagnosed individuals and first time testers.
- o Improves testing and treatment uptake.
- Reduces morbidity and onward transmission of the disease.



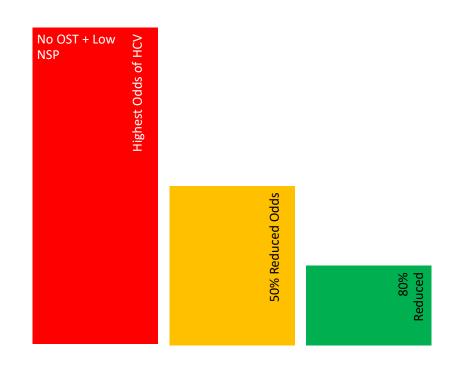




Harm Reduction as Primary Prevention

- Highest HCV infections
 No OST with low NSP
- 50% Reduced HCVOST + low NSP
- 80% Reduced HCVOST + high NSP

Turner et al. Addiction 2011









Harm Reduction as Primary Prevention

Full Harm Reduction



80% Reduced Incidence

DAA Therapy



Reduce Prevalence 95% Cured







Drug Users Access to DAA

- Data shows treatment uptake remains low among injecting drug users.
 (EMCDDA)
- o Limited access of PWID to testing constitutes a key-barrier to entering a care pathway. (Grebely et al., 2011)
- o Until recently, drug injecting was exclusion criteria to receive government-funded HCV treatment in a number of European countries.







Harm Reduction as Primary Prevention

- What is High NSP coverage?
 Sterile injection equipment for each injection
- o Is This Possible?

Harm reduction funding represented just 1% of the estimated US\$19.1 billion spent by donors and governments on the HIV response in 2016. (HRI Global 2018)

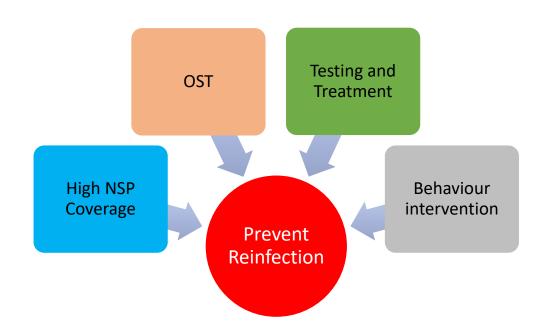
Addition to NSP, sterile injection equipment and OST— what else?
 Capacity, testing, treatment access, evidence based interventions







Harm Reduction as Post Cure Prevention









Harm Reduction Services Available

- Poor distribution of injection equipment
- Lack of understanding how to use equipment
- Inability to teach safer injection techniques
- o Targeted prevention interventions not funded
- No HAV or HBV vaccinations
- Overdose prevention services under funded
- Low level of naloxone distribution
- HCV testing infrequent
- HCV tests costly for programs







HCV Community Testing Barriers

- Although HCV testing is provided in many countries, we see the need for medical workers to conduct or supervise testing as a barrier
- Drug users tend not to trust medical workers and anticapte being disrespected or mistreated
- Many harm reduction programs do not have the resources to hire medical workers to provide testing on-site
- o In some countries medical workers will not work in harm reduction programs testing drug users







Harm Reduction Prevention Challenges

- Outcomes from our trainings has shown significant gaps in knowledge and experience among management staff.
- o Gaps in skills included inability to provide harm reduction counselling, teach safer injection and knowledge of HCV prevention risks for PWID.
- Many NSP sites have a lack of injection equipment available to prevent HCV
- Sites with inadequate amounts of injection equipment can spread HCV.
- NSP workers, volunteers and peers reported receiving very little, if any supervision/support or formal training.







Goal – Integrated Prevention Services

- Harm reduction programs to become multi service prevention and treatment centers
- Stakeholders in the cascade of care
- With dedicated staff, peer workers and volunteers who are well trained and supported
- Distributing appropriate amounts of injection equipment, offering on-site testing, treatment support and behavioural interventions to prevent reinfection







WHO Harm Reduction Interventions

- Appropriate coverage of NSP distribution including all related injection equipment
- HIV/HCV testing, counseling and partner notification

- Vaccination diagnosis and treatment of viral hepatitis
- o Drug consumption rooms







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Recommendations

- Improve capacity and infrastructure of harm reduction programs
- Ensure appropriate amount of, and type of injection equipment is distributed.
- Workers and services will need to focus on behaviour change outcomes.
- Clinical and administrative supervision and support is needed for all workers, including peer workers and volunteers.
- Peer workers are extremely important for providing testing, injection risk counselling and treatment support. Therefore, we strongly recommend peer workers be well trained and supervised.







Thank You

For more information about harm reduction services and support to integrate HCV prevention services please contact:

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