HCV prevention: What works and what doesn't

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Goal of the workshop

- Discuss how to bridge research and harm reduction practice as it relates to safe injection and HCV prevention
- Draw from the experience of the participants

  - Introductions of participants
  - What do we know about how to prevent HCV
  - What are the gaps in knowledge and knowledge translation
  - What are the challenges to implementing HCV prevention
  - How to bridge research and practice
  - Consensus on research directions
  - Summary

Correlation
European Network
Social Inclusion & Health

> 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

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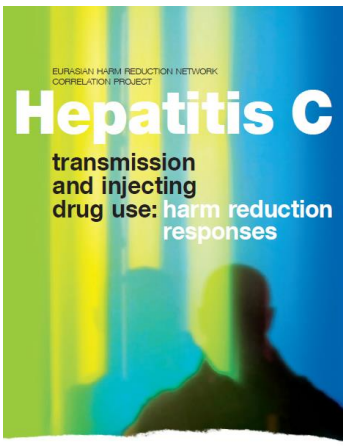

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Eberhard Schatz

Barriers in Health Care Setting

– lenghs 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

– well evidenced barriers:
> related to injecting drug use
> related to lifestyle
> related to health care setting, like 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:

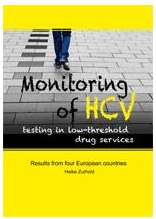
– confiscation of medication by police
– interruption of treatment following arrest
– reluctance among PWID's to seek help
– HCV treatment in prison only in few countries

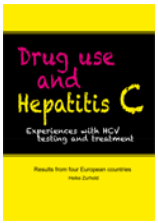
Recommendation
– dedicated HCV services in custodial settings
– ensuring continuity of care
– decriminalisation of drug use

What?

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.





How 2 ?

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

How 3?

Capacity building: resource centre 250 entries

Category selection:

- approved treatments
- epidemiological data
- HCV in prison
- side effects
- clinical trials
- policy and guidlines

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

Practice 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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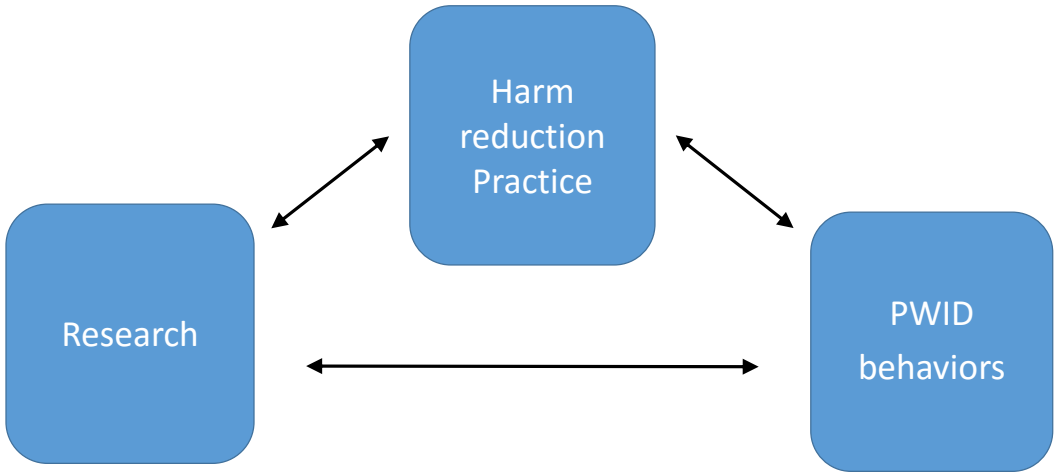
Research on HCV prevention

- OST
  - About a 50% reduction in HCV incidence
    - Limitations – low proportion of PWID in OST, volunteer bias
- High coverage NSP
  - Perhaps a 30% reduction in HCV incidence
    - Limitations – definition of high coverage, volunteer bias
- Combined OST and high coverage NSP
  - 70% reduction in HCV incidence
- Limitations to all of these studies
  - Low proportions of PWID in OST and receiving adequate dose
  - PWID in OST may be low-risk
  - PWID in NSP are high risk
  - NSP studies focus on syringes exclusively
  - Definitions of NSP may not reflect practice

Translation gaps



Describe challenges to implementing HCV prevention

- For example, how does “full harm reduction” or “>100% syringes” translate into practice?

How to promote better collaboration between research and HR

List critical research questions needed to guide harm reduction practices to reduce HCV risk

- What is missing from the literature that could be useful to HCV prevention programs?

Summary