Harm Reduction Role for Enhancing HCV Services

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Presentation Overview

- Harm Reduction Role and Barriers
- Action Steps by Civil Society Groups
- Civil Society Recommended Priorities
CORRELATION – EUROPEAN HARM REDUCTION NETWORK

IMPROVING ACCESS AND THE QUALITY OF HEALTH AND SOCIAL SERVICES FOR MARGINALIZED GROUPS

- 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
- HOST OF THE INTERNATIONAL NETWORK OF DRUG CONSUMPTION ROOMS
- WWW.CORRELATION-NET.ORG
Eberhard Schatz
ESCMID course, Ljubljana
[28.09.19]

- Thematic focus (HCV, NDDP, ODP)

**Network**
- Creates framework and structure and facilitates exchange

**Monitoring**
- Creates knowledgebase for Advocacy and practice

**Advocacy**
- Translate findings into advocacy messages and actions

**Capacity Building**
- Translates + summarise findings into practice

- Thematic focus (HCV, NDDP, ODP)

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WHO GUIDELINES FOR HARM REDUCTION

- Appropriate coverage of NSP distribution including all related injection equipment
- Opioid substitution therapy (OST)
- HIV/HCV 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
- Prevention and treatment of TB
- Overdose prevention
- Drug consumption rooms
**HARM REDUCTION AS PRIMARY PREVENTION**

- **Highest Odds of HCV**
  - No OST with Low NSP

- **50% Reduced Odds of HCV**
  - OST + Low NSP

- **80% Reduced Odds of HCV**
  - OST + High NSP

*Turner et al., Addiction 2011*
HARM REDUCTION AS PRIMARY PREVENTION

FULL HARM REDUCTION  80% REDUCED INCIDENCE

DAA THERAPY  REDUCE PREVALENCE 95% CURED
Priorities to enhance services for key populations and finally to eliminate HCV

- Community testing
- Cascade of care
The cascade of care?

Civil Society Role in the Cascade of Care

• Prevention, screening and treatment services can be organised in HR settings, if there are no legal restrictions and if there is an optimal cooperation with health care settings -> continuum of care

• HCV treatment in HR settings is cost-effective and brings treatment to those, who would otherwise stay untreated

• Experience on HR services can be transferred to other low-threshold services (e.g. housing first programmes)
HARM REDUCTION AS POST CURE PREVENTION

OST

High NSP Coverage

Testing and Treatment

Behaviour intervention

Prevent Reinfection

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Requirements

• Integrating harm reduction programs in the continuum of care requires **policy changes** (HCV testing / treatment on-site, access to treatment) and **improved cooperation** between different services
• Increased and stable **funding** is needed for harm reduction programs
• **Skill building** for HR workers in regard to prevention, treatment and care
• **Skill building** for medical staff (to reduce stigma and discrimination and to safeguard **tailored services**)
• Promotion and implementation of **good practice examples** to effective community-based approaches
Community Testing

- To successfully eliminate HCV, it is critically important to reach first time testers, people who are not connected to clinical services, and members of key populations.

- Community testing has been recommended by ECDC and WHO, however access to community testing provided by non medical workers, and in non medical settings is a major challenge today.
What is Community Testing

- Community-based testing refers to the provision of testing services within the community, provided by representatives of the community, non-medical workers, peer workers, social workers, at venues frequented by affected and marginalized key populations.

- These settings can include: fixed venues, mobile testing units, outreach sites, peoples’ homes, and community-based organizations such as: churches, mosques, parks, homeless shelters, needle and syringe programs, educational environments, and workplaces.
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 anticipate being disrespected or mistreated.
- Many harm reduction programs do not have the resources to hire medical workers to provide testing on-site.
- In some countries medical workers will not work in harm reduction programs testing drug users.
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
ACT NOW! -LIVER OR DIE

A PEER TRAINING MANUAL
HEPATITIS-C
Community Summit
Amsterdam 18/19 April 2017

HEP-C
Community Summit
Lisbon 18 Sept 2018
Thank You

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https://vimeo.com/305908825