

Improving NSP and Harm Reduction Services

**CHALLENGES TO IMPLEMENT
INTEGRATED HCV PREVENTION SERVICES**

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Presentation Overview

- ◉ With the growing need to treat HCV, NSP programs have been identified in numerous stakeholder meetings as ideal settings to offer integrated care, such as testing, treatment referrals and primary/secondary prevention interventions¹.
- ◉ However despite the effectiveness of NSP/harm reduction programs and stakeholder recommendations to offer integrated on-site services, NSP's continue to remain underfunded and poorly staffed.
- ◉ This presentation will highlight many of the challenges NSP and harm reduction programs encounter to effectively implement HCV prevention services including HCV testing.



HCV Statistics

- ◉ WHO estimates there are about 1.2 million people who inject drugs (PWID) living with hepatitis C (HCV) in the European Union (EU) region, with an estimated HCV prevalence of approximately 44%.
- ◉ Increases in HCV prevalence among PWID has been in Belgium, Cyprus, Greece and Turkey.
- ◉ In spite of EU guidelines recommending treatment access, PWID face considerable barriers, and are frequently denied, access to newly approved HCV treatments.
- ◉ Access to low threshold provision of comprehensive HCV prevention services for PWID remains low².



Comprehensive Interventions

- According to the WHO, UNODC and UNAIDS technical guide on HIV prevention, treatment and for IDUs, a comprehensive intervention package is suggested.
- There is a wealth of scientific evidence supporting the efficacy of these interventions in preventing the spread of HCV.
- The WHO Comprehensive Package outlines nine interventions³.



WHO Interventions

- ◉ Needle and syringe programmes (NSP)
- ◉ Opioid substitution therapy (OST) and other drug dependency treatment
- ◉ HIV testing and counselling (T&C)
- ◉ Antiretroviral therapy (ART)
- ◉ Sexually transmitted infections (STI) prevention and treatment
- ◉ Condom programming for IDUs and their sexual partners
- ◉ Targeted information, education and communication (IEC) for IDUs and their sexual partners
- ◉ **Viral hepatitis diagnosis, treatment and vaccination**
- ◉ Tuberculosis (TB) prevention, diagnosis and treatment

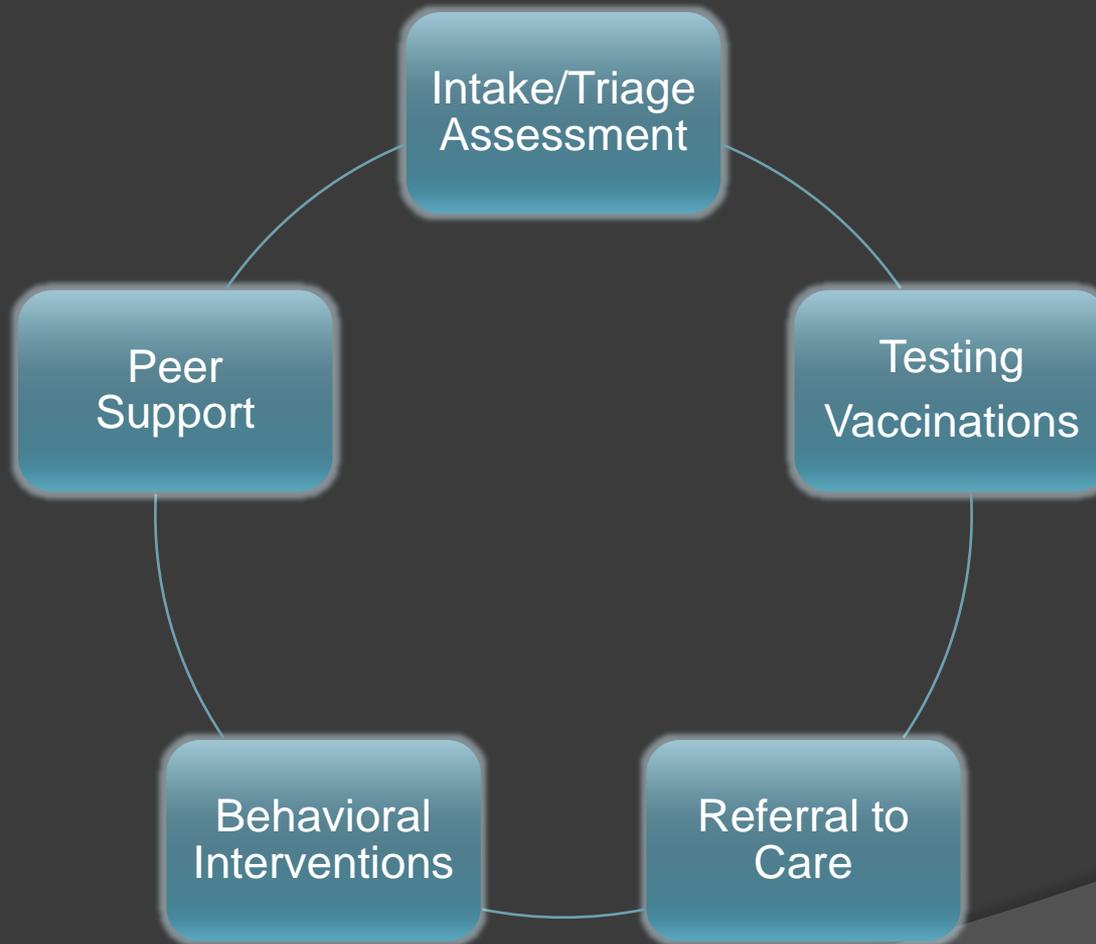


Research Shows...

- ⦿ Providing testing in locations other than laboratories, rapid diagnostic tests help extend first-line HCV screening, especially with hard-to-reach populations including IDUs⁴
- ⦿ Targeted testing interventions were associated with increased HCV treatment uptake⁵.
- ⦿ Notification of HCV-positive status was also associated with reduced injection drug use⁶.
- ⦿ Current and former PWID who have been cured require ongoing support to remain free of HCV⁷.
- ⦿ Evidence-based interventions should be incorporated into HCV treatment efforts to effectively deliver treatment and maximize treatment outcomes⁸.
- ⦿ Among treated PWID who remained in 24 week follow-up, sharing of ancillary injecting equipment significantly decreased from 54% to 17%⁹.



Integrated Care Model



What are the Challenges?

- ◉ Funding
- ◉ Infrastructure
- ◉ Staff Skills
- ◉ Knowledge
- ◉ EU and National Policy



Funding

- Harm Reduction International's Global State of Harm Reduction 2014 reports harm reduction programs have seen decreases in funding.
- Decreases in funding and changes in tendering process directly effect service provision and distribution of needed prevention supplies.
- For HCV prevention a large number of various supplies need to be provided consistently.
- Poor funding also effects the organisations ability to recruit appropriate skilled staff.



Infrastructure

- Many NSP's and harm reduction programs are operating with volunteers and with little administrative support.
- Today we see NSP's and harm reduction programs just managing to deal with day to day issues, let alone have time to engage in strategic planning.
- Integrating HCV prevention services will require having dedicated staff, data collection systems, and on-going training, support and supervision.



Staff Skill Set

- Historically NSPs and harm reduction programs hire or recruited drug users or former drug users.
- With added HCV prevention and treatment support services NSP's will need trained and well supervised staff.
- In addition to administrative supervision, clinical supervision is also needed and rarely offered.
- Training volunteers and supervising less skilled workers can be time consuming, time many organisations do not have.
- Behavioural interventions, rapid testing, pre/post test counselling, partner notification all require knowledge or experience with counselling techniques.



Knowledge

- After a recently conducting a HCV treatment advocate training we learned there is a huge gap in knowledge of HCV prevention, safe injecting techniques and treatments.
- Safe injecting techniques to prevent HCV are not well known among NSP workers and participants.
- Information about risks of sharing drugs and house hold risks have been neglected in most educational sessions, and many are not aware of these risks.



EU and National Policy

- ⦿ Limitations to testing services are not only due to funding and staff shortages, policy presents the largest barrier.
- ⦿ Despite WHO strong support urging testing in non clinical settings, many countries have policies preventing both HIV and HCV community based testing¹⁰.
- ⦿ Current policies creating barriers to increase community testing include: only medical personnel can test, testing must be in a medical clinic, testing must be supervised by medical staff, and/or only saliva tests can be provided.
- ⦿ Countries with low barriers to community testing include: France, Greece, Hungary, Italy, Portugal, Spain, and UK¹¹



Preventing HCV Infections

- Identifying individuals by checking risk group boxes not fitting all multi-risk behaviour doesn't help our prevention work.
- MSM do drugs and not all PWID are hetero-sexual.
- Therefore more choices MSM/DU; IDU/MSM or more open ended explorative questioning is needed.
- Services should be accommodating to the needs of the individual, not perpetuating stigma when individuals find it safer only admitting to a socially acceptable risk behaviour or one that is acceptable within his/her social network.
- Drug users are all sexual orientations, genders, sizes and colours. Therefore harm reduction services must be tailored to the specific needs of individual risk behaviours not group.
- Recent data shows HCV is increasing in the MSM community attributable to drug use and unprotected sex¹².



NSPs Can Reach Gay Men



Gay City NEWS

Syringe Exchange Group Reaches Gay Men

Positive Health Project, though not typically gay-focused, finds meth users coming forward. *By DUNCAN OSBORNE*

Late on a Monday afternoon, as the temperature was dropping, three clients were smoking outside the offices of the Positive Health Project (PHP) on West 37th Street. Inside the building, staffers were meeting with clients, cleaning the agency's drop-in center where it delivers its needle exchange services, or busily working at computers.

It was just another day at the AIDS service organization and there was little that indicated that PHP has joined the ranks of those agencies battling AIDS among gay and bisexual men.

PHP and the Lower East Side Harm Reduction Center, which also offers needle exchange services, have seen growing numbers of gay and bisexual men

crystal meth," Ponce said. "Part of the reason is they don't want to be identified as a drug addict."

The injecting can happen when they are alone or at a private party or a sex club. It can be part of a larger social scene with men enjoying getting high together, injecting each other and having sex.

"The stories that I have heard are about the connection, the feeling of connection," Ponce said. "The whole use is about being able to explore, sexually and other things."

Ponce said that while the gay and bisexual men knew not to share needles, they did not necessarily know that they should not share other items, such as the water

"When the community was addressing this issue it reminded me of the early days of the epidemic," he said. "It was 'It's our problem, we're going to take care of it.' We were never asked to sit at the table."

Farrell, a former injector and a person with AIDS, founded PHP in 1993. Currently, the agency employs 17 people and has an annual budget of \$1.8 million.

In addition to needle exchange services, PHP offers health and dental care, counseling, testing for HIV, hepatitis C and sexually transmitted diseases, hepatitis A and B vaccinations and support groups. The agency serves a range of clients including the transgender



Suggested Solutions

- As experts determined in stakeholder meetings, harm reduction programs are best suited to prevent, screen and provide on-going support to minimise high-risk behaviours.
- Harm reduction programs have consistently proven to prevent blood borne infections and connect people to care.
- Policy and laws need to change allowing peer delivered community based HCV rapid testing.
- With appropriate resources and training harm reduction programs can become state-of-the-art multi-service integrated care and treatment centres.
- With proper strategic planning and tailoring of services harm reduction programs can become welcoming to all.



Citations

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Thank you



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