

# Hepatitis C Testing, Care and Treatment at Harm Reduction Centres in the European Union: a 28-Country Survey of Service Providers

Prof Jeffrey V Lazarus [Jeffrey.Lazarus@regionh.dk]

CHIP, Rigshospitalet, University of Copenhagen,  
WHO Collaborating Centre on HIV and Viral Hepatitis

 @JVLazarus

# Funding statement



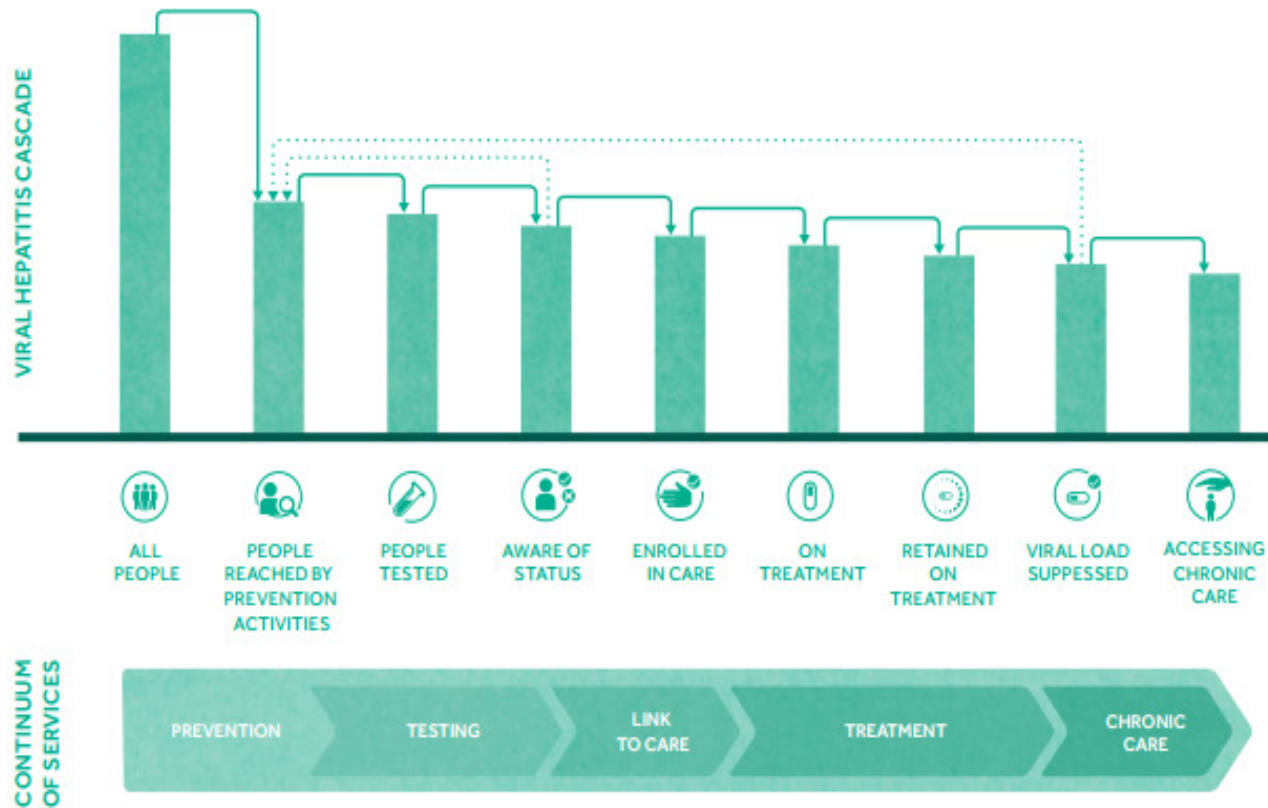
Co-funded by  
the Health Programme  
of the European Union

This research is part of the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020) with additional support from the Correlation Network.

# Introduction

- WHO, UNAIDS, UNODC and other international organisations all recommend that a comprehensive package of harm reduction services be available to people who inject drugs (PWID).
- The continuum of care is a theoretical tool popularised in the field of HIV:
  - Patients must be diagnosed and informed of their infections (testing);
  - They must be able to receive appropriate supervision and services during the course of their infection (linkage to care); and
  - They should be given recommended HCV therapy regimens to achieve sustained virologic response (treatment).
- No previous study has comprehensively assessed health systems enablers and barriers affecting the ability of PWID to move through the HCV care cascade – from testing, to care, to full treatment – within the European Union specifically.
- This study sought to inform the European Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT)'s ongoing work by assessing the knowledge of non-governmental harm reduction providers in the EU on HCV testing, care and treatment.

# The continuum of viral hepatitis services and the retention cascade



**Source:** Grebely J, Bruggmann P, Treloar C, Byrne J, Rhodes T, Dore GJ; International Network for Hepatitis in Substance Users. Expanding access to prevention, care and treatment for hepatitis C virus infection among people who inject drugs. *Int J Drug Policy*. 2015 Oct;26(10):893-8.

## Methods

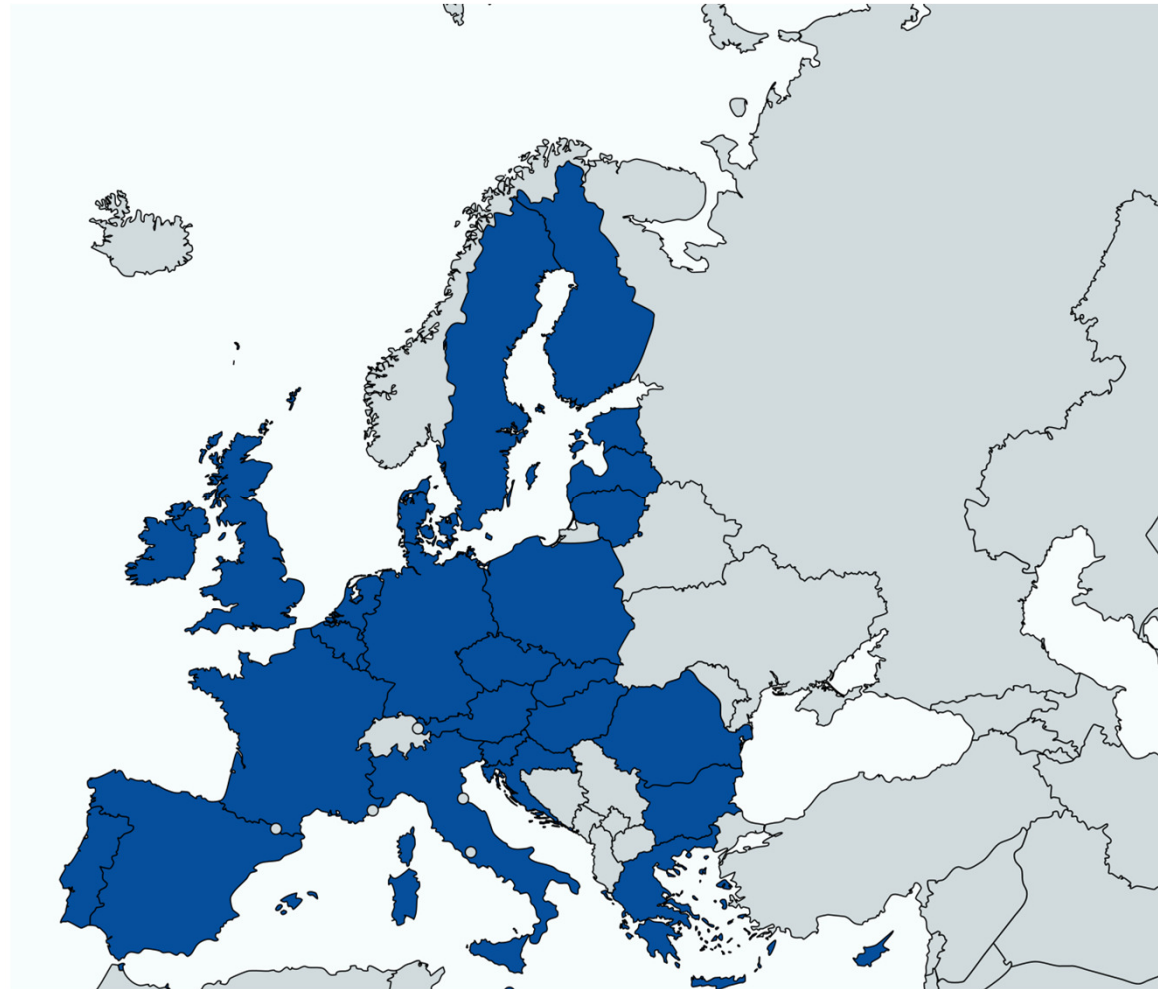
- Participants were purposively selected. The survey was sent to organisations that were part of the Correlation Network (co-founded by the European Commission), and which provides or organises harm reduction services in all 28 Member States of the European Union
- The survey was open during a 7-week period: 29 March 2017 and closed on 17 May 2017.
- Descriptive findings are presented by the country of the respondent.

# Results

■ **Countries responded**  
**(All EU Member States)**

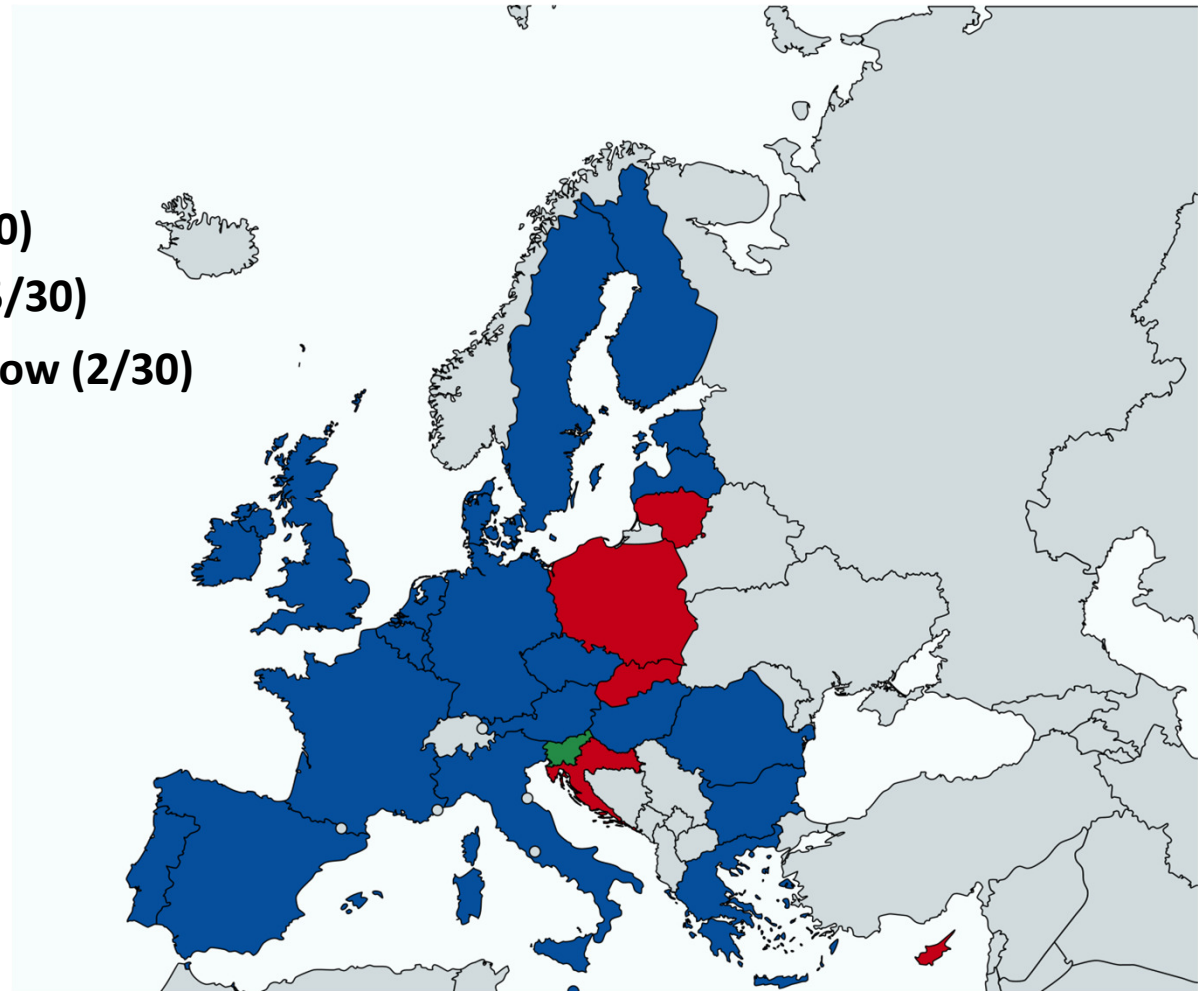
**N=30\***

\* The United Kingdom is represented by responses from England and Scotland, and Spain is represented by responses from Catalonia and the Basque Country. These autonomous communities are reported separately from one another, as they are known to have differing healthcare systems. This study does not give a comprehensive overview of the complexities of all healthcare systems in a given country.



# Are hepatitis C tests offered by any harm reduction services in your country?

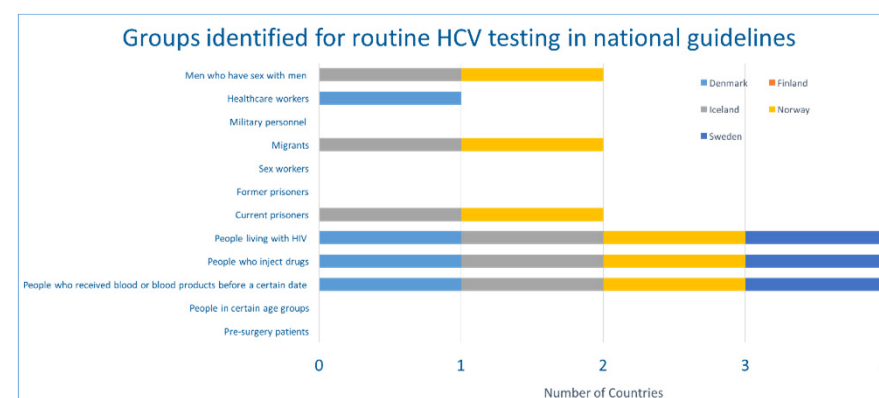
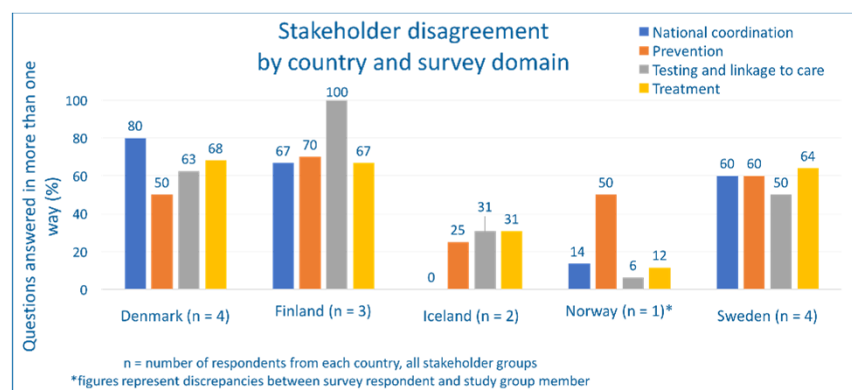
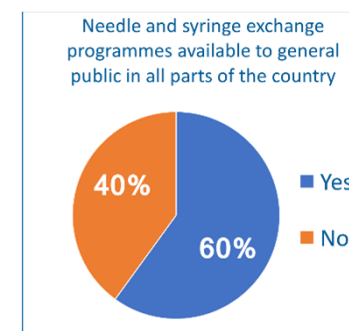
- Testing available (23/30)
- Testing not available (5/30)
- Respondent did not know (2/30)



# Hep-Nordic

## Results

- **Widespread disagreement** was reported between stakeholders respondents
- Results showed gaps in policies for harm reduction both within and outside prisons
- Strategies/policies for responding to hepatitis C still lacking in the Nordic countries
- Need for scaling up guidelines for prevention, testing, treatment, and goals for elimination

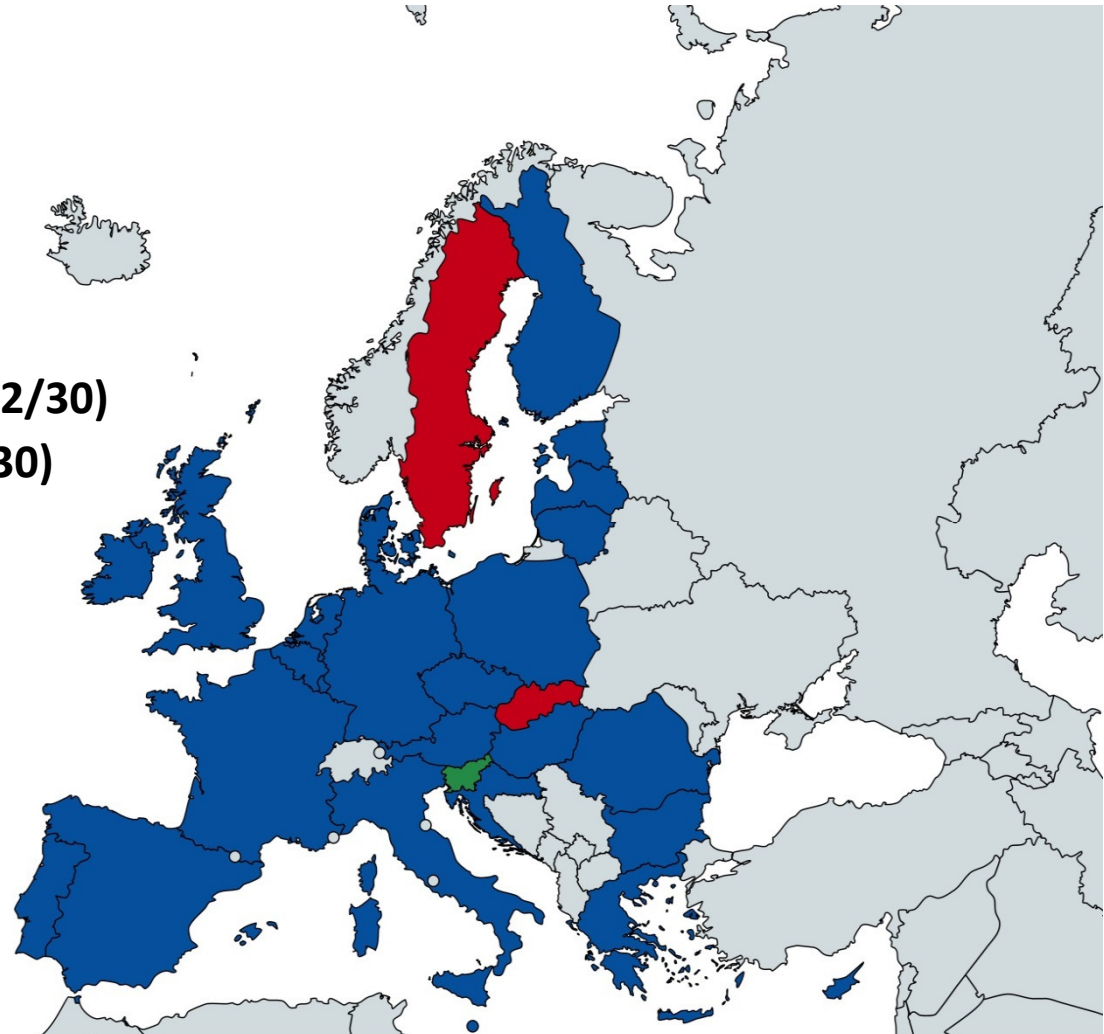


Source: Safreed-Harmon et al. PLOS One 2018



Are organisations that provide services to PWID in your country involved in managing any aspect of hepatitis C care?

- Services manage care (26/30)
- Services do not manage care (2/30)
- Respondent did not know (2/30)

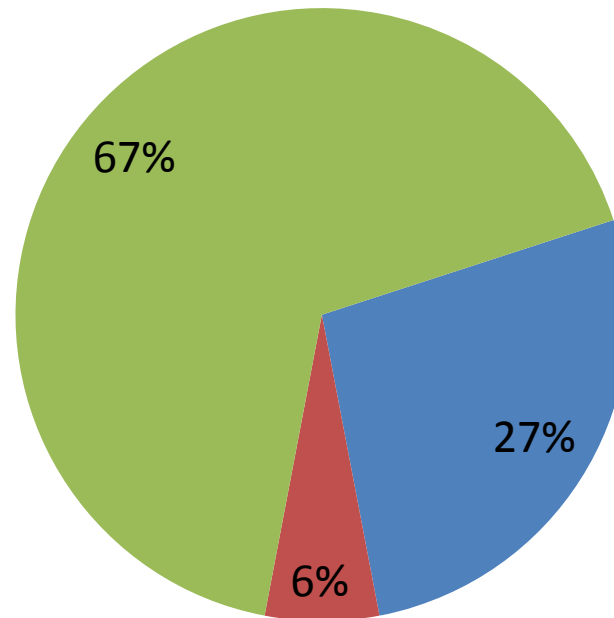


# Can addiction specialists in your country prescribe HCV therapy?

## Countries or semi-autonomous regions

20 of 30 respondents  
said **no** –

- Austria
- Basque Country
- Belgium
- Bulgaria
- Catalonia
- Croatia
- Estonia
- Finland
- France
- Greece
- Hungary
- Italy
- Lithuania
- Malta
- Netherlands
- Poland
- Portugal
- Scotland
- Slovakia
- Sweden



8 of 30 respondents  
said **yes** –

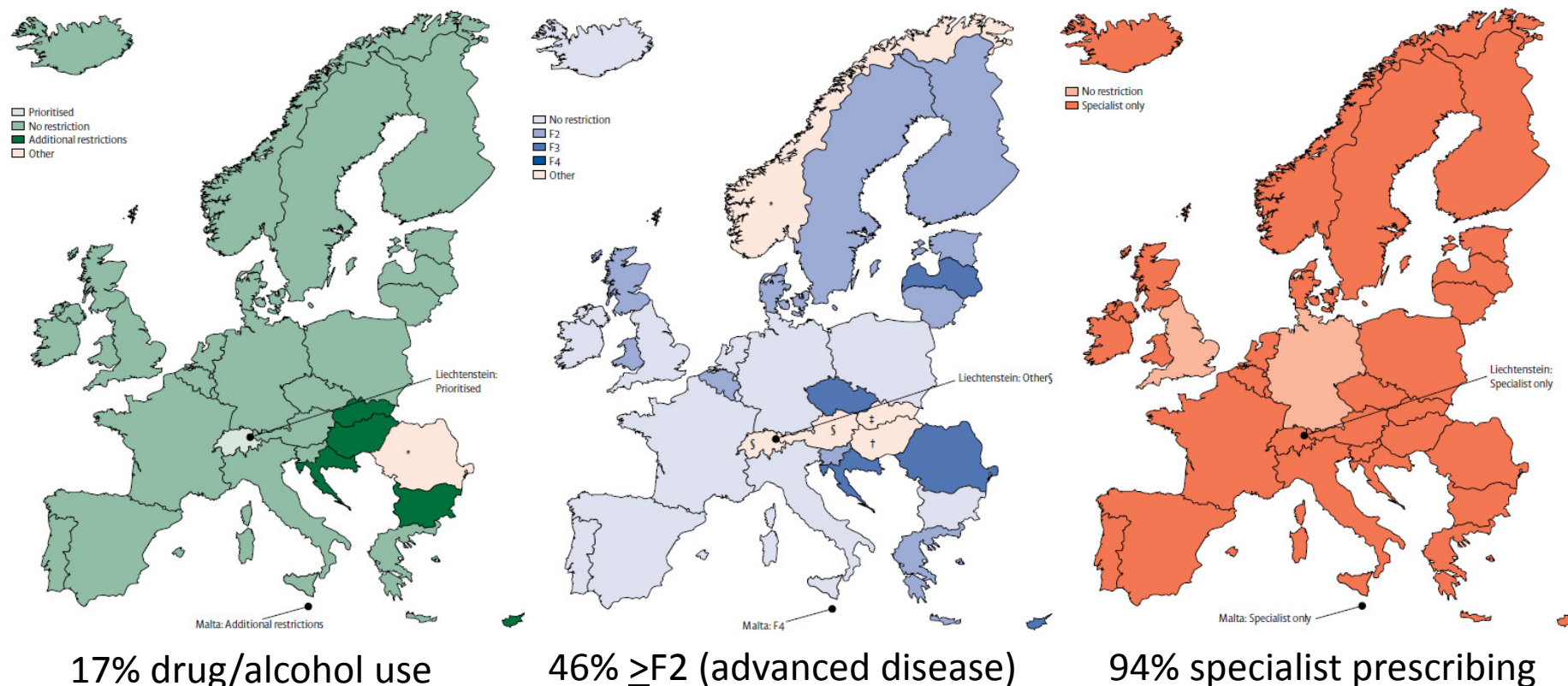
- Cyprus
- Czech Republic
- Denmark
- England
- Germany
- Luxembourg
- Romania
- Slovenia

2 of 30 respondents did not know –

- Ireland
- Latvia

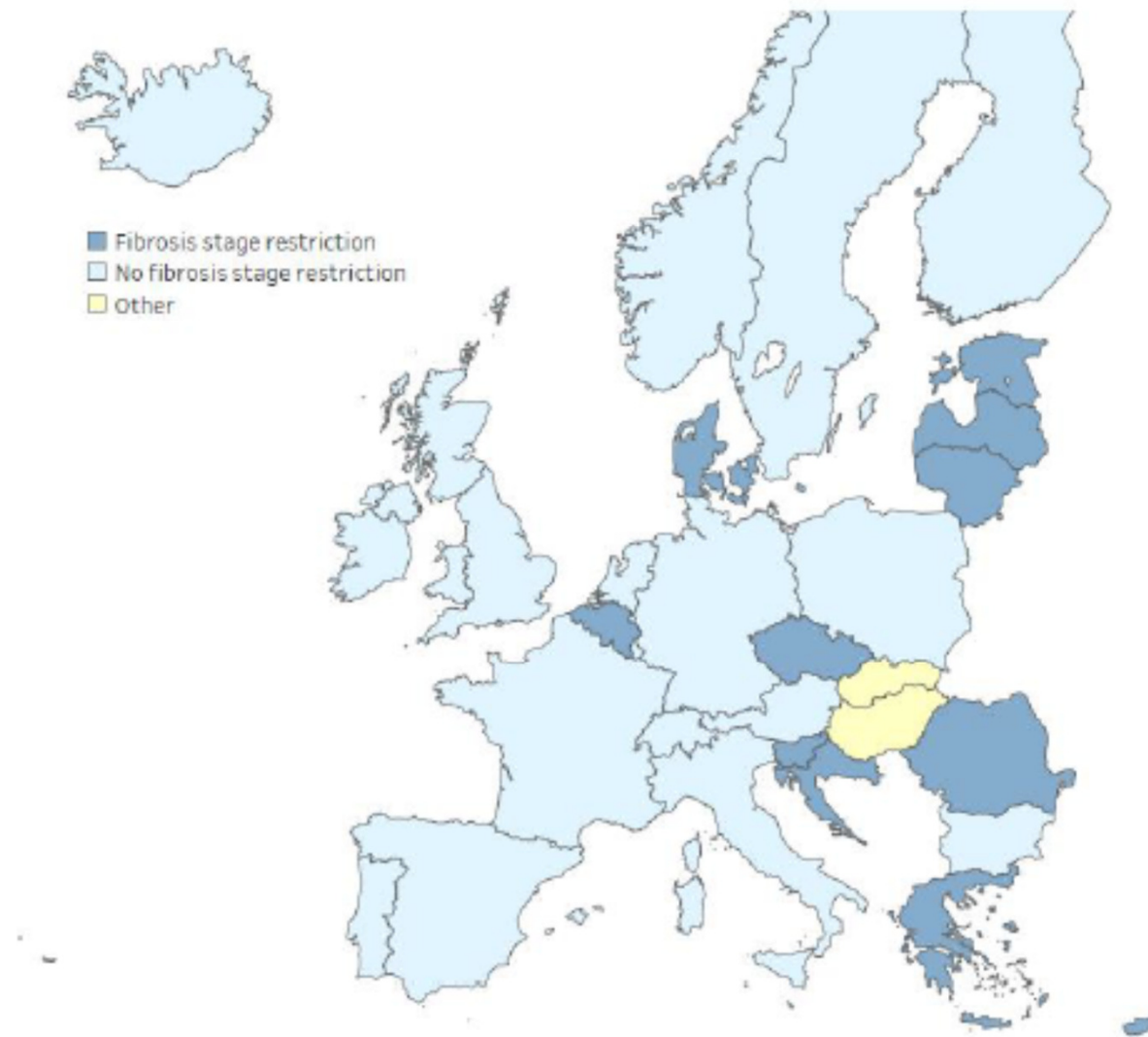


# Restrictions are testing and treatment barriers



**Source:** Marshall AD *et al.* Restrictions for reimbursement of interferon-free direct acting antiviral therapies for HCV infection in Europe. *Lancet GastroHep*, 2017.

**Figure 1. Liver disease-based restrictions for reimbursement of DAA therapies in EU/EEA and Switzerland as of 1 March 2018**



**Source:** Marshall AD, et al. *JHEP* In press 2018.

#HAREACT @JVLazarus

## Conclusions: What can we do?

- The HA-REACT survey findings are indicative and do not pretend to present the current policy in a country. They reflect the understanding of members of the leading network of non-governmental harm reduction organisations in the European Union.
- That not all EU countries have HCV testing available at harm reduction services and that addiction specialists are only able to prescribe HCV treatment in a handful of EU member states indicate major missed opportunities.
- Practice and policy should be reviewed at the national and sub-national levels so that it can be changed to increase HCV testing and prescribing in addiction/harm reduction centres, in line with the UN comprehensive package's recommendation for PWID: "...diagnosis and treatment of viral hepatitis".

# Acknowledgements

*Co-authors:* Bromberg DJ, Ocampo D, Schatz E, Wawer I, Wysocki P, Safreed-Harmon K

All survey participants and in particular the Correlation Network for dissemination the survey.

*More at:* [www.hareact.eu/en](http://www.hareact.eu/en)

 #HAREACT

#HAREACT @JVLazarus