

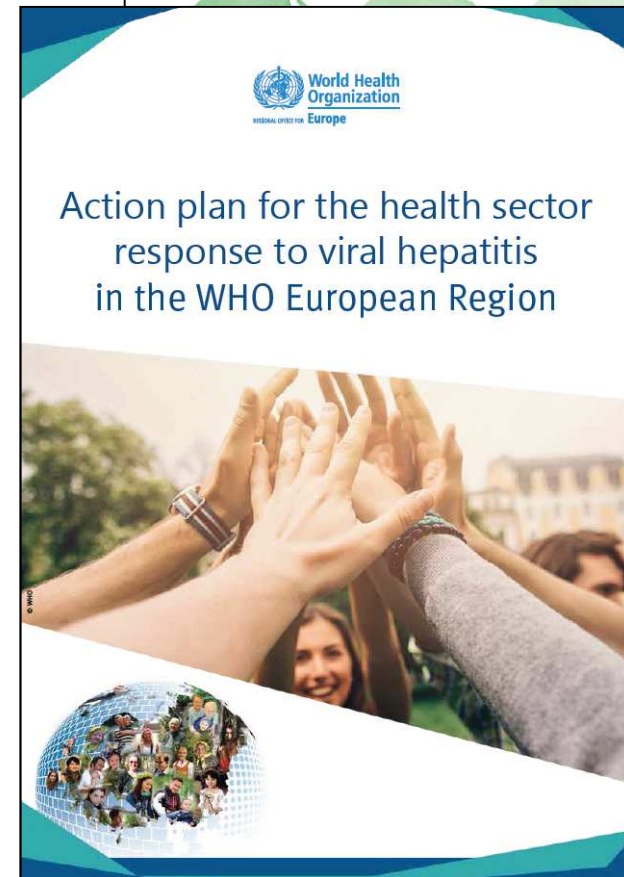
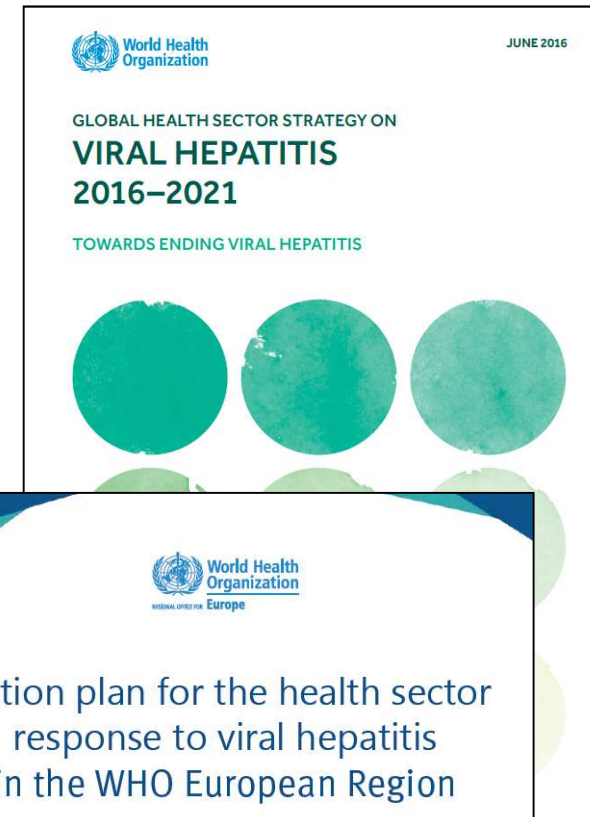
The background of the slide is a blue-tinted photograph of a large crowd of people, seen from above, with their silhouettes against a lighter blue sky. The people are scattered across the frame, some walking, some standing, and some in groups.

**A Diagnostic Process:
Developing a knowledge
questionnaire and checklist on
HCV testing in drug treatment
settings**

*Ida Sperle-Heupel, DRID Meeting,
Lisbon, 24-25 September 2018*

Background

- Global viral hepatitis strategy
- European Action Plan with concrete targets
- Increased implementation: awareness, testing and linkage to care
- EMCDDA initiative to promote HCV testing in drug treatment settings





Our Assignment

Development of a *diagnostic tool* to promote (HCV) testing in drug treatment settings

Knowledge questionnaire (for staff or PWUD)

Checklist for identifying existing barriers for HCV testing of PWUD



A Checklist on HCV testing in drug treatment settings

- The aim of this checklist is to assist Member States in Europe on identifying and overcoming barriers for HCV testing in drug treatment settings*.

- *This includes low threshold drug services

Methods

To identify the most common barriers to increasing HCV testing among PWID the following methodology was applied:

1. Brainstorming session

- Experts from different fields at the Robert Koch-Institute did a brainstorming exercise drawing on own experience.

2. Search of literature and review of websites

- To identify possible other barriers and facilitators, PubMed and Google Scholar were searched (not systematic) for more papers on barriers to testing for HCV among PWID.
- Websites of EU projects with outcomes relevant for the topic were also reviewed.

3. Categorisation of barriers

- Once identified the barriers were grouped in levels, main categories, and sub-groups

4. EMCDDA stakeholder consultation (April 2018)

- The identified barriers from the brainstorming session and search of literature were presented and discussed at an EMCDDA organised stakeholder meeting, and additional barriers identified by EMCDDA country focal points were added to the checklist.



Results

1. System Level

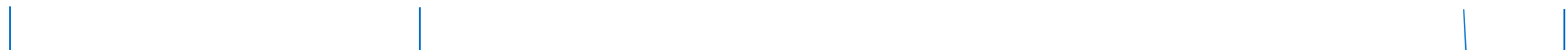
- Legal framework, national testing organisation, existing guidelines

2. Provider level

- Lack of knowledge, number of staff, responsibility

3. Client level

- Fear of stigma, access to service, fear of consequences of positive test result, competing problems





System Level

Epidemiological Situation	Legal Framework	Society Level / Discrimination	Organisation of Testing & Treatment on National Level
<ul style="list-style-type: none"> - Lack of national HCV strategic planning - Lack of evaluation and monitoring of indicators of national HCV plans - Lack of HCV incidence data among PWID - Lack of HCV prevalence data among PWID 	<ul style="list-style-type: none"> - No national policy in place for unrestricted access to HCV DAA treatment - No national policy in place for treatment of HCV in current PWID - Prohibition and criminalisation of drug use - No government funding available for HCV screening and /or treatment - No national screening strategy in place for HCV testing of PWID 	<ul style="list-style-type: none"> - Stigma and discrimination against people with HCV - Stigma and discrimination against PWID - Restriction to access to services due to disease status - Breach of confidentiality – (link to other systems, e.g. tax office systems) 	<ul style="list-style-type: none"> - HCV testing not free of charge - Testing for HCV is not provided by OST services or other drugs services - No targeted programmes implemented for HCV testing of PWID - HCV treatment provision only by approved centres/ not decentralised - Medical staff required for HCV testing



Provider Level

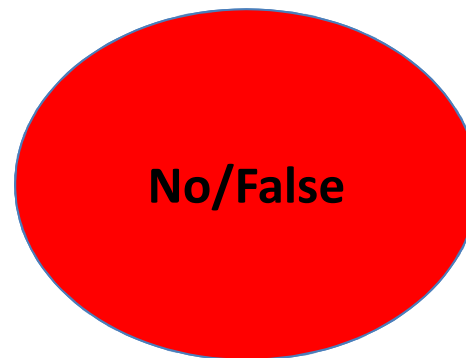
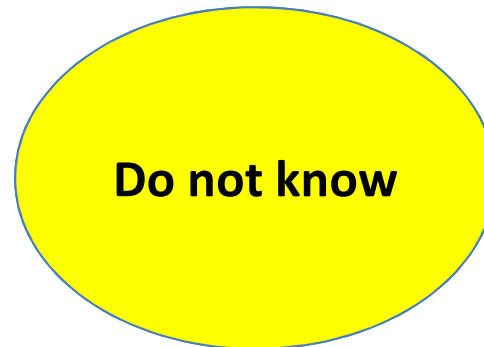
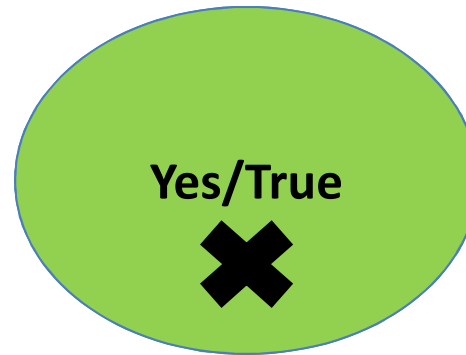
Internal Barriers		External Barriers	
<ul style="list-style-type: none"> - Low level of knowledge of HCV among staff in drug services - Low level of knowledge of HCV among staff in OST services - Scared of stigmatising client when asking about HCV - Assumption by staff: HCV testing is too complicated 	<ul style="list-style-type: none"> - HCV treatment not offered if current drug use - Not perceived as the area of responsibility of the staff in drug treatment services – medical vs. social counselling - Staff not up-to-date on new developments in HCV testing and treatment 	<ul style="list-style-type: none"> - Insufficient staff available to offer and provide HCV testing services - High fluctuation of staff in drug services - Insufficiently provided with information materials - Lack of time to offer and provide HCV testing - High proportion of immigrant PWID (language barriers) - Cost of HCV testing not budgeted for 	<ul style="list-style-type: none"> - Lack of available funding and equipment to offer and perform HCV testing services - No existing collaboration with laboratories for confirmatory HCV testing - Point-of-care (POC) HCV testing not available in drug services - Lack of referral pathways to HCV care and treatment



Client Level

Knowledge	Access	Stigma	Consequences of positive test result
<ul style="list-style-type: none"> - Missing knowledge of HCV and current treatment options - Myths on HCV ("My HCV is encapsulated") - Fear that drawing blood will damage veins 	<ul style="list-style-type: none"> - The service is too far away (location) and/or the opening hours do not fit client - It takes too long time to get tested - Language barrier - Lack of/poor available transportation to the service - Two step testing (HCV serology and HCV RNA) - HCV services restricted to those in addiction care 	<ul style="list-style-type: none"> - Fear of stigma if tested positive and stigma/shame of using drugs - Negative experiences with health care personnel/stigmatised when tested for HCV 	<ul style="list-style-type: none"> - Fear of losing custody of children (to child services) - No HCV treatment available if tested positive - Fear of HCV testing/knowing results - Fear of deportation (for migrants) - Fear of HCV treatment side effects
<p data-bbox="322 895 539 927">Perception of HCV</p> <ul style="list-style-type: none"> - Perceive risk of HCV as low and not as serious as HIV - Cultural attitudes towards infection/no need to avoid infection 		<p data-bbox="1285 871 1559 903">Competing problems</p> <ul style="list-style-type: none"> - Other health problems (e.g. mental health problems) - Lack of sufficient food, housing and/or financial resources 	

Methods Traffic light system



A knowledge Questionnaire

- **Aim**
 - To evaluate the level of knowledge of HCV among staff in drug treatment settings in order identify gaps in knowledge.

A knowledge questionnaire

- **Methods – collecting data based on true statements**
 - Present true statements on HCV, modes of transmission and prevention

 - E.g.: „*Hepatitis C can be transmitted by sharing filters.*“
 - I knew this already
 - This is new to me

- The person completing the questionnaire can learn something
- If the fact is not known:
 - Propose targeted training and/or information materials



Knowledge questionnaire

	I knew this already	This is new to me
A. Prevalence		
The prevalence of hepatitis C in the general population in Europe is generally low		✗
The prevalence of hepatitis C among people who inject drugs in Europe is generally high	✗	
Testing and treatment will not only have benefit for the individual treated, but also public health as the transmission of the viruses is reduced		
B. Transmission		
The Hepatitis C virus is much more infectious than HIV and can survive outside the body for hours.		
Hepatitis C can also be transmitted through sharing of unclean filters		
Using the same water container to pull up water for injecting drugs can transmit hepatitis C		





Knowledge questionnaire

	I knew this already	This is new to me
C. Testing		
Being anti-HCV positive can mean that a person is either currently infected with hepatitis C or was infected in the past and has cleared the virus.		
To know if a person is currently infected, a further test is needed (PCR or core Antigen testing)		
Rapid diagnostic testing (RDT) for hepatitis C is available to detect anti-HCV		
D. Disease Progression		
An acute HCV infection may present with specific symptoms shortly after infection (e.g. upper abdominal pain, jaundice, nausea), sometimes with unspecific symptoms (fatigue), and often without any symptoms		
A Hepatitis C infection becomes chronic in most cases.		
If left untreated, chronic hepatitis C can cause serious damage to the liver and possibly lead to cirrhosis and liver cancer		

Output



Barriers to HCV Testing in Drug Treatment Services for People who Inject Drugs

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Background

People who inject drugs (PWID) remain a key risk group for hepatitis C virus infection (HCV) with national prevalence estimates ranging from 33.8% (Malta) to 84.3% (Portugal) in Europe. To reach the global and European elimination goals, HCV testing and treatment of PWID is required at larger scale. To address this, an initiative to promote HCV testing in drug treatment settings across Europe is being piloted by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Methods

As part of the development of a structured 'diagnostic process', the EMCDDA contracted the Robert Koch-Institute to develop a checklist to identify barriers to HCV testing for PWID. The development of the checklist consisted of three steps:

1. Brainstorming session
2. Search of the literature
3. Presentation and discussion of identified barriers (steps 1 and 2) at an EMCDDA-organised stakeholder meeting (April 2018)

Results

A wide range of barriers were identified which serve as obstacles for increasing access to HCV testing in drug treatment centres for PWID. The barriers identified were grouped within three levels; system level, provider level and client level.

	Epidemiological Situation	Legal Framework	Society Level / Discrimination	Organisation of Testing & Treatment on National Level
System Level	<ul style="list-style-type: none"> - Lack of national HCV strategic planning - Lack of evaluation and monitoring of indicators of national HCV plans - Lack of HCV incidence data among PWID - Lack of HCV prevalence data among PWID 	<ul style="list-style-type: none"> - No national policy in place for unrestricted access to HCV OAA treatment - No national policy in place for treatment of HCV in current PWID - Prohibition and criminalisation of drug use - No government funding available for HCV screening and/or treatment - No national screening strategy in place for HCV testing of PWID 	<ul style="list-style-type: none"> - Stigma and discrimination against people with HCV - Stigma and discrimination against PWID - Restriction to access to service due to disease status - Breach of confidentiality – (link to other systems, e.g. tax office systems) 	<ul style="list-style-type: none"> - HCV testing not free of charge - Testing for HCV is not provided by OST services or other drugs services - No targeted programmes implemented for HCV testing of PWID - HCV treatment provision only by approved centres/ not decentralised - Medical staff required for HCV testing

	Internal Barriers	External Barriers
Provider Level	<ul style="list-style-type: none"> - Low level of knowledge of HCV among staff in drug services - Low level of knowledge of HCV among staff in OST services - Scared of stigmatising client when asking about HCV - Assumption by staff: HCV testing is too complicated 	<ul style="list-style-type: none"> - HCV treatment not offered if current drug use - Not perceived as the area of responsibility of the staff in drug treatment services – medical vs. social counselling - Staff not up-to-date on new developments in HCV testing and treatment

	Knowledge	Access	Stigma	Consequences of positive test result
Client Level	<ul style="list-style-type: none"> - Missing knowledge of HCV and current treatment options - Myths on HCV ("My HCV is encapsulated") - Fear that drawing blood will damage veins 	<ul style="list-style-type: none"> - The service is too far away (location) and/or the opening hours do not fit client - It takes too long time to get tested - Language barrier - Lack of/poor available transportation to the service - Two-step testing (HCV serology and HCV RNA) - HCV services restricted to those in addiction care 	<ul style="list-style-type: none"> - Fear of stigma if tested positive and stigma/shame of using drugs - Negative experiences with health care personnel/stigmatised when tested for HCV 	<ul style="list-style-type: none"> - Fear of losing custody of children (in child services) - No HCV treatment available if tested positive - Fear of HCV testing/knowing results - Fear of deportation (for migrants) - Fear of HCV treatment side-effects

Conclusion

Identifying and tackling barriers and stigma is key in increasing access to HCV testing for PWID. Removal of some barriers may require changes to wider national health and legal systems, while others can be solved by implementing simple regulations or change in practice and by increasing knowledge among staff and clients.



THANK YOU

