PREVENTING HCV AMONG INJECTORS

Capacity Building for Harm Reduction Programs

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ACKNOWLEDGEMENTS

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- We thank AbbVie and Gilead for supporting our HCV Capacity Building Initiative
- We also thank all the organisations and people who participated in our trainings

THIS PRESENTATION

- Will describe the HCV capacity building work we have been providing in European harm reduction programs.
- Highlight findings from the International Network of Drug Consumption Rooms 2016 online HCV survey
- Share lessons learned and challenges we see moving forward

HCV CAPACITY BUILDING INITIATIVE

- During the months December 2015 to March 2017, HCV Capacity Building Trainings were conducted in six European countries
  Denmark, Greece, Italy, Norway, Portugal, and Spain.

- Each site had up to 20 participants, including translators when needed.

- Organisations and countries where chosen based on a eligibility criteria including;
  - Capacity of the organisation
  - Willingness to implement and/or enhance HCV services
  - Dedicated peer workers or staff to provide HCV services
  - Linkages with medical facilities for testing and treatment
  - In a country with high HCV prevalence among PWID

- Organisations chosen received € 2,000 to pay for translators, lunch, and to provide travel assistance as needed for PWID peer worker participants.

GOALS AND OBJECTIVES

- To provide the technical support needed for harm reduction programs and drug consumption rooms (DCRs) to become key stakeholders in preventing HCV infections and connecting individuals to treatment.
- To enhance the capacity of harm reduction programs and DCRs to provide effective primary and secondary prevention services, HCV testing, and treatment support.
- To improve the knowledge about HCV among staff and peer workers
- To improve staff and peer workers skills on how to engage drug injectors in outcome driven prevention counseling interventions to eliminate risk behaviours that can result in re-infection post treatment.
- To collectively design a HCV service implementation plan with staff, and peer workers that will improve the organisations ability to provide comprehensive integrated prevention and testing services.

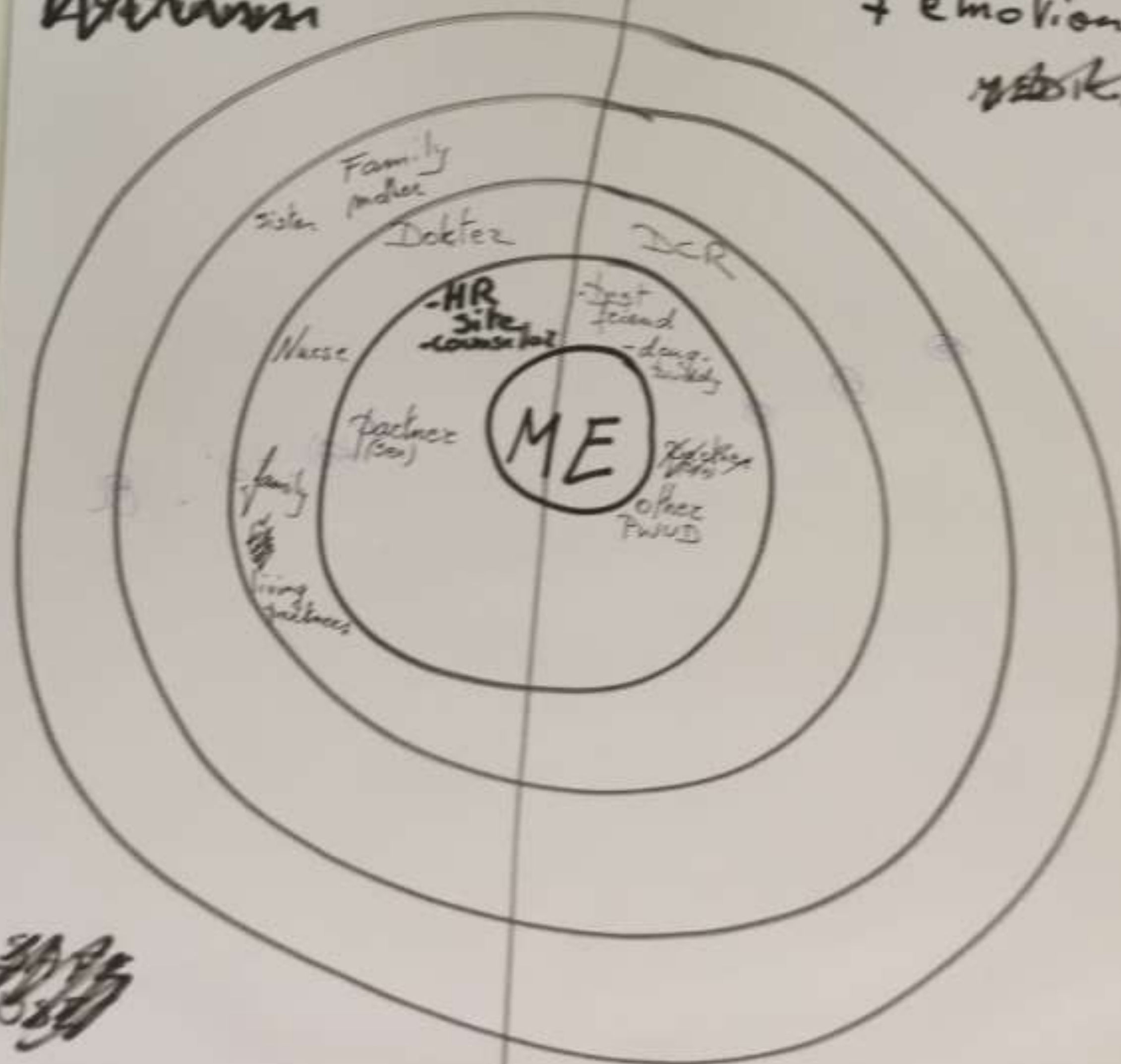
THE TRAINING

- The training consists of six modules, provided in two days.
- Modules varied from 90 to 120 minutes long, with 30 minute breaks between each module.
- Throughout the training we had several opportunities for role playing, teams working together, and larger groups to work together.

THE CURRICULUM

The curriculum includes:

- Prevalence of HCV in EU and locally
- The liver and hepatitis virus
- HCV testing and screening
- HCV rapid testing demonstrations
  HCV pre/post test counselling
- HCV prevention for drug users
- Injection techniques/demonstration
- Behaviour counselling-interventions
- Prevention planning demonstration
- HCV services integration planning
- Anonymous training evaluation



BEHAVIOUR CHANGE

- The social network behavioural intervention we recommend is designed to support safer behaviours post treatment to prevent re-infection.
- The goal is to assist the injector identify risk behaviours, create a prevention plan with achievable steps towards eliminating or minimising risk behaviours during the HCV treatment time period or waiting for HCV treatment.
- Post treatment the injector will have incorporated newly learned safer behaviours, and have a new social support network in place to maintain safer behaviours whereby preventing re-infection.

DCR CAPACITY BUILDING

- In 2016 the International Network of Drug Consumption Rooms launched an online HCV survey in which 92 DCRs from 10 counties participated.
- Based upon the survey information and lessons learned from our capacity building work we piloted a DCR capacity building training in Amsterdam.
- The primary purpose of our capacity building work in the DCR was explore ways to integrate HCV testing, prevention services and treatment support without disrupting the overall experience visiting/using the DCR.

DCR ONLINE HCV SURVEY

- **Online Census of Drug Consumption Rooms as a Setting To Address HCV:** Current Practice and Future Capacity: Vendula Belackova[1], Allison Salmon[1], Eberhard Schatz[2], Marianne Jauncey[1]: ***International Network Of Drug Consumption Rooms***
[1]Uniting Sydney Medically Supervised Injecting Centre (Msic), Sydney, Australia; [2]Correlation Network, Foundation De Regenboog Groep, Amsterdam

DCR SURVEY INTERESTS

- What are the characteristics of DCR clients with respect to HCV?
- What is the range of HCV services currently offered at DCRs and what are their operational capacities?
- What are the gaps, needs and/or resource requirements needed to increase HCV awareness, prevention and treatment among DCRs?

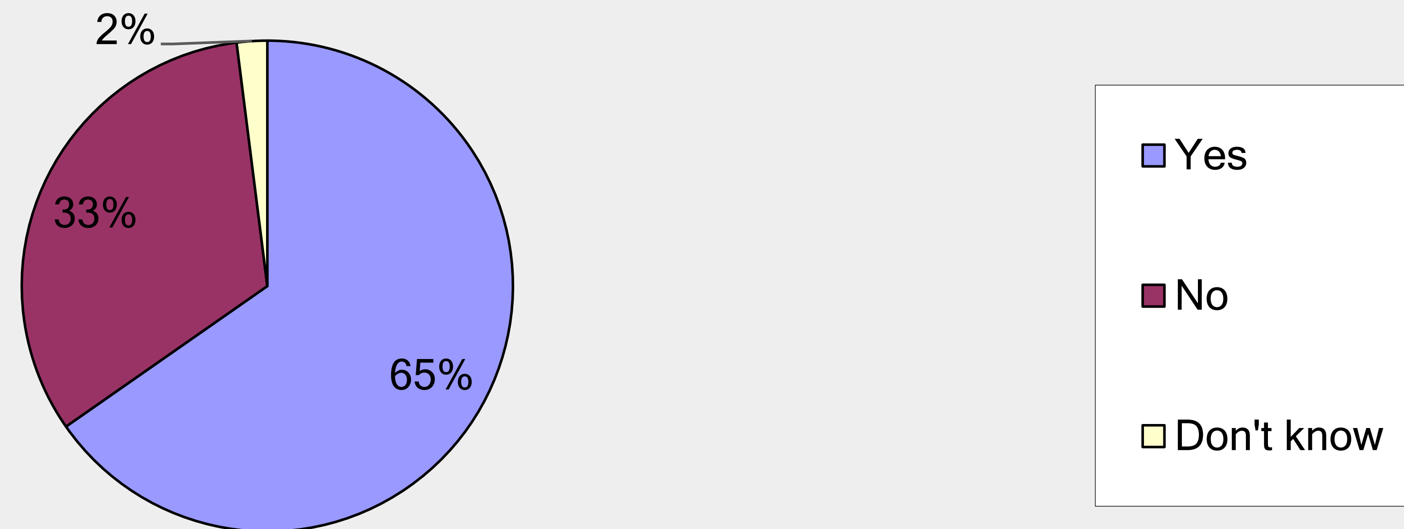
DCR CLIENTS & SERVICES

- **82 %** Men
- **70 %** Ever in treatment
- **57 %** In treatment
- **39 %** Homeless
- **15 %** HIV positive

- **100 %** HCV tested (median 80 %)
- **90 %** HCV+ (median 60 %)
- HCV support available offsite (**94%**)
- Clients referred elsewhere (**96%**).
- Half of the DCRs (**51%**) plan to expand HCV support services

HCV TESTING IN DCR

Does your DCR provide HCV testing ONSITE (by your staff or by external agency, n=49)?



- 2/3 of the DCRs provide HCV testing on-site
- 65% offer (pre-test) and 68% offer (post-test) counselling
- 57% referred off site for testing
- Testing: 68% blood; 32% saliva; 32% finger prick
- DCRs currently not testing (n=17) eight were planning in the future

What would your service need to allow you to provide MORE HCV services?

	Percent	Count
More staff time	51%	24
More staff training	45%	21
More funding for equipment and services	38%	18
More educational and training materials for staff	38%	18
More educational materials for clients	30%	14
Hire staff with different qualifications	30%	14
Change in national-level treatment guidelines that encourage HCV treatment for active drug users	23%	11
Capacity for peer workers to contribute	21%	10
Specific approvals to provide services on our site	15%	7
Change in national-level policies to facilitate access to health care reimbursement to our clients	17%	8
Not applicable - We DON'T need anything further to support HCV services and support	11%	5
We CAN`T support HCV services any further (not within our purpose)	6%	3
answered question		47
skipped question		4

INCREASING DCR CAPACITY IN HCV SERVICE PROVISION

- How How would you spend any additional HCV related funds (n=46):
  - employ additional medical staff (52%)
  - spend it on additional staff training (46%)
  - develop policies and procedures for staff (26%)
  - develop client education around HCV (52%)
  - fund educational materials for clients (41%)
  - employ peer support workers (26%)
  - funding a needs-assessment (24%)
  - develop referral pathways to a specialist (24%)
- Two organisations mentioned that they would purchase a fibroscan and one organisation mentioned that they would fund advocacy for the possibility of providing HCV treatment to “clandestine” persons.

WHAT WE LEARNED

- The post training evaluation showed the training provided direly needed information and support.

- Topics/modules reported to be most important:
    - transmission risks for PWID
    - other risks of HCV transmission
    - risk behaviour counselling.

- Many who participated in the trainings never had formal harm reduction counselling training, safer injection training, or had knowledge of the various HCV prevention needs for drug users/injectors.

CHALLENGES

- Many NSP sites did not have appropriate injection equipment to prevent HCV or not enough equipment was being distributed to prevent HCV.

- Our training experience verified significant gaps in knowledge and experience among management staff regarding harm reduction counselling, safer injection skills and HCV prevention needs for drug injectors.

- An overwhelming number of staff, peer workers and volunteers did not have the skills to engage in outcome focused discussions to reduce risk behaviours.

CHALLENGES

- Poor supervision, support, training.
  Participants of our trainings reported not having proper supervision, or receiving appropriate support and training.

- Low peer worker involvement.
  Despite the fact, numerous studies documented peer workers are effective for providing testing, injection risk counselling and treatment support. We did not see many peer workers at our training sites.

- Dedicated staff for HCV services.
  Organisations struggle to have resources for dedicated HCV staff or with skills to recruit, hire and supervise drug using peer workers.

THANK YOU

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