

# HCV

## in People Who Use Drugs: results from civil society monitoring in Europe

This briefing paper was prepared by  
Victoria Oberzil and presents a summary  
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Correlation –  
European Harm Reduction Network  
c/o Foundation De REGENBOOG GROEP  
Droogbak 1d  
1013 GE Amsterdam  
The Netherlands  
[www.correlation-net.org](http://www.correlation-net.org)



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### Introduction

Within the European region there are approximately 15 million people living with HCV, the majority of new HCV infections occur in people who inject drugs (PWID).<sup>1</sup> In 2017 WHO Europe set the goal of elimination of Hepatitis C as a public health threat by 2030 through reduction of transmission and access to testing and treatment for all.<sup>2</sup> In order to achieve this goal, key policies must be implemented for PWID and HCV prevention and treatment opportunities and barriers should be closely followed. Due to new treatment options, the HCV policy landscape is changing rapidly in the past few years and harm reduction organizations have an increasing role to facilitate testing and treatment for PWID. C-EHRN has collected the experiences of CSOs providing harm reduction services on interventions for HCV in 2019 and implemented

a Monitoring Tool to collect data on an annual basis. The C-EHRN Monitoring Tool on HCV consists of four parts: (1) the use and impact of national strategies/guidelines on accessibility to HCV testing and treatment for PWID; (2) the functioning of the continuum-of-care in different countries and regions; (3) potential changes in the continuum of services compared to the previous year; and, (4) the role of harm reduction services and PWID CSO's in this context. The goal of the Monitoring Tool is to enrich the knowledge base of harm reduction interventions for HCV in Europe from the viewpoint of civil society organizations who serve PWID.

#### Countries included in the survey:

Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Denmark, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Montenegro, Macedonia, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Scotland, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, Ukraine.

## Main findings

### HCV prevention at a national policy level

We identified six countries reporting they do not have national HCV treatment guidelines inclusive of PWID: Austria, Bosnia & Herzegovina, North Macedonia and Poland. This does not mean that that the countries do not have strong action plans to combat HCV. Denmark has a number of strong policy documents regarding Hepatitis C care for PWID. Therefore, EMCDDA counts Denmark as 'having a policy'.<sup>1</sup> Countries reporting no national HCV guidelines with language inclusive of PWID are shown in red in Figure 1 below.

**Figure 1. Countries With National HCV Policy Language Inclusive of PWID**



When asked to freely comment on the guidelines, many respondents were somewhat pessimistic on the impact of the guidelines and relevance in practice. A range of challenges such as outdated guidelines and complicated testing and treatment pathways, in addition to a lack of services and other disparities between formal guidelines and reality were reported in countries such as in Slovakia and Bulgaria. In addition, closings of harm reduction services set access barriers in countries like Hungary. Cost and insurance barriers were reported in Ukraine and Romania.

### HCV testing & Continuum-of-care

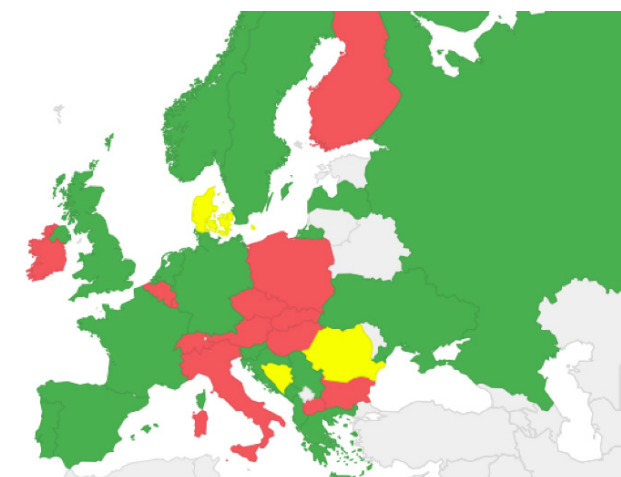
There are still major differences within Europe as to where and how PWID can undertake a HCV test. National data banking and tracking of HCV positive individuals through the continuum of care is still lacking in many countries.<sup>3</sup> HCV testing in Europe occurs in a variety of settings, from specialty clinics like gastroenterologists and infectious disease doctors, to more general medical settings like GP's or pharmacies, to PWID-specific services like drug-dependence clinics, harm reduction agencies and community settings. Prisons are an important setting for HCV testing and treatment as PWID have high rates of imprisonment, and among those inmates who are PWID, the prevalence of chronic HCV infection is high.<sup>4</sup> Low-barrier HCV testing and treatment via harm reduction services is increasingly important, C-EHRN monitoring contains a pattern of questions asking how the continuum of care is functioning. Drug dependence clinics offer

HCV treatment in 12 countries, and in prison in 15 countries. Scotland emerged as a best-practice example where PWID can undergo HCV testing across the entire spectrum of settings. There is also significant variation across settings as to the type of HCV test offered (antibody quick test vs confirmatory PCR) in which PCR is required for HCV treatment in many areas.

## Continuum-of-care in different countries and regions

A well-functioning continuum of care, including low threshold and harm reduction services, is increasingly important for accessibility and impact of HCV testing and treatment. C-EHRN monitoring contains a pattern of questions asking how the continuum of care is functioning in different countries and regions. When asked to assess if there is a clear linkage-to-care protocol/guidelines so that people diagnosed with HCV are referred directly to care management, respondents from 19 countries answered that the protocol/guidelines were clear, but in 12 countries they were regarded as unclear. Respondents of three countries could not make an assessment. This is shown below in figure 2.

**Figure 2 Countries with Linkage to Care Policies for HC**



- = No linkage to care policy
- = Don't know
- = Clear linkage to care policy

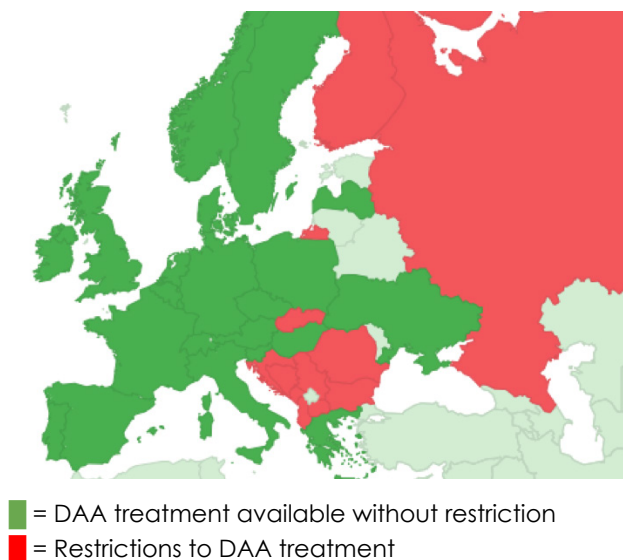
The respondents were also asked if their government monitors the number and proportion of people who progress through each stage of the HCV cascade of care. Altogether, 20 countries do monitor the number of HCV patients progressing through care at some level (either nationally, regionally or locally), but respondents in Austria, Bulgaria, Denmark, Finland, Germany, N Macedonia, Serbia, Slovakia and Switzerland (n=9) reported such a monitoring system does not exist in their country.

## Availability and access to direct-acting antivirals (DAA's)

Evidence exists that DAA treatment in PWID is as successful as in non-injectors and it is a consensus by WHO Europe, European Center for Disease Control (ECDC) and the European Association for Study of the Liver (EASL) that all PWID with HCV should receive immediate treatment with DAA's.<sup>5</sup> It is crucial to include the harm reduction and drug user organisations in the continuum of services that provide HCV management to increase the uptake of HCV testing and treatment.

According to the C-EHRN survey results, DAA's (new drugs for HCV treatment) are available in every country except Macedonia. However there are still restrictions for active PWID in accessing treatment in Bosnia Herzegovina, Bulgaria, Croatia, Finland and Montenegro. Romania, Russia, Serbia and Slovakia (n=11) and in Albania and Serbia treatment access is still restricted based on liver fibrosis staging. This is shown below in figure 3.

**Figure 3. DAA Treatment Available Without Restriction**

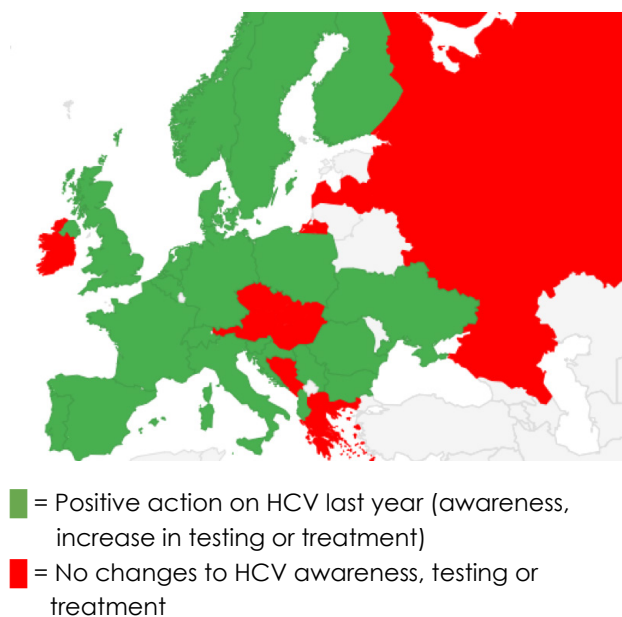


Respondents were also asked to assess whether DAA's were used in practice as stated in the official policy documents. All countries answered that they are used properly except in Finland, Hungary, the Netherlands, Poland, Serbia and Switzerland (n=6). This divergence was thought to be explained by regional differences, misinformation, discrimination against PWID and actuality in practice in Poland of PWID receiving treatment. Reimbursement issues for PWID were reported in Romania, Serbia and Hungary (n=3). In the Netherlands, respondents reported hardwired misinformation among many HCV patients for fear of treatment (HCV previously treated with interferon) or belief they need to wait until they have physical complaints from the disease. High co-payments, testing costs, low priority for PWID and long wait times were reported in other countries as additional barriers.

## Action on HCV

More attention has been paid to HCV in the form of awareness campaigns, to testing at the site of service providers, and to treatment at the site of service providers in many countries. The overall result can be considered positive as there was more action taking place in several countries. More attention to HCV awareness campaigns had been reported in 15 countries. HCV testing at the service providers own locations has been increased 18 countries and HCV treatment at the site of the service providers has increased in 15 countries compared to the previous years. In other countries, the situation had remained the same or there had been less changes in HCV management. In figure 4 below, the green represents countries reporting positive action on HCV in the past year (either in the form of awareness, increase in testing or treatment). Countries in red reported no changes to action on HCV.

**Figure 4. Countries Reporting Action on HCV**



## The role of harm reduction services and PWID CSO's in HCV elimination

In countries with progressive HCV treatment policies, drug user interest groups have had a pivotal role in awareness and in advocating for the right of PWID to low threshold HCV testing and treatment. Twenty-four European countries reported having PWID NGO's that are actively working on political awareness in regard to HCV interventions, whereas Austria, Bosnia and Herzegovina, Czech Republic, Finland, Hungary, Luxembourg, Romania, Scotland and Serbia (n=9) all reported no politically active drug user groups in HCV awareness raising. The most mentioned barriers and limitations include the lack of funding for harm reduction in general and especially for HCV in addition to lack of political support and recognition for harm reduction measures. Lack of funding, support and recognition were mentioned by CSO's in Albania, Germany, France, Hungary, North Macedonia, Ireland, Romania, Serbia and the United Kingdom (n=9). Lack of knowledge and training for staff regarding HCV was mentioned in Czech Republic, France, Russia, Ireland and Germany and legal barriers were noted in Greece and Montenegro.

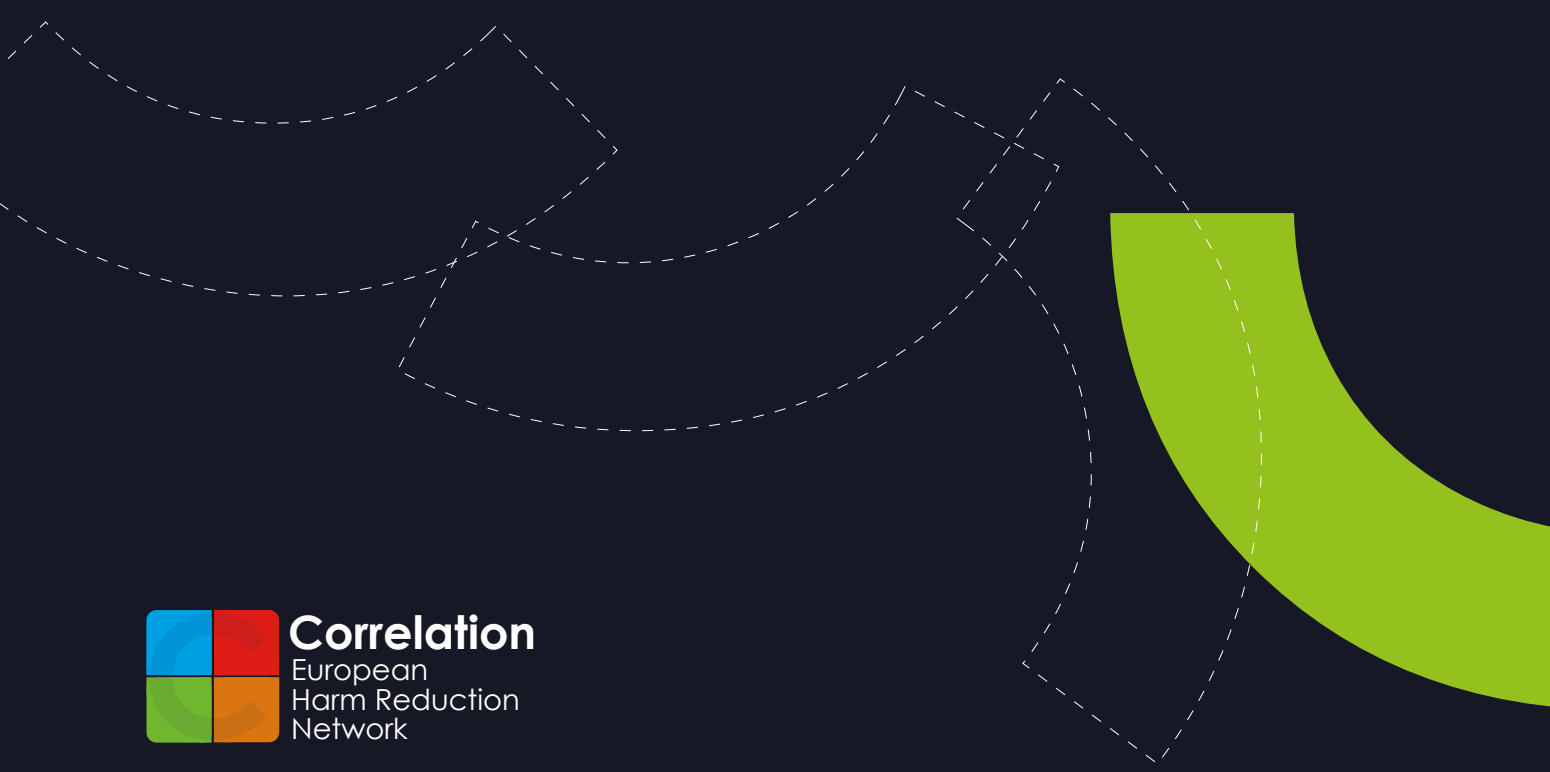
## Conclusions

Our results show that PWID are still in an unequal position in different European countries, regions and cities, and often deprived of proper HCV interventions. The main barriers to address HCV among PWID include a lack of funding, knowledge, awareness, dedicated health workers, political support in general, as well as weakness of CSOs and legal barriers. In order to achieve the 2030 HCV elimination goals set forth by WHO Europe, a radical change in HCV response is needed in many of the European countries investigated in this C-EHRN survey though the increase in attention to HCV reported in the last year is encouraging. National treatment guidelines that specifically address recommendations

for treating PWID, unrestricted access to DAA treatment, improvements in the continuum-of-care and single site testing and treatment services including harm reduction organisations, all need to be further developed and adopted. Involving all stakeholders in the monitoring and reporting of national responses for HCV would be a significant step forward towards the goal elimination of HCV as a public health threat by 2030 within Europe.



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