



# Good practice examples

of **hepatitis C** interventions by organisations providing harm reduction services in Europe

 **Correlation**  
European Harm Reduction Network



# Colophon

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This publication was compiled based on a questionnaire completed by, and interviews conducted with, representatives of the organisations selected as examples of good practice.

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Eberhard Schatz

On behalf of the Correlation team



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# Introduction

To reach the ambitious targets to eliminate hepatitis C, community centres, harm reduction and low threshold services have a crucial role to play in linking potential patients to testing and treatment and – even more so – to TREAT patients on-the-spot.

In 2018, C-EHRN collected the experiences of 90 organisations from all over Europe related to their viral Hepatitis C activities.

The examples presented here were chosen by a review committee based on a questionnaire and an interview conducted by C-EHRN with selected respondents. This selection does not aim to put forward a 'gold standard' for harm reduction service providers in Europe, nor is it an inclusive sample of existing models.

It does provide, however, an insight into how organisations offering harm reduction services respond to the threat of viral hepatitis C in different settings, with different resources and in different legal and political contexts.

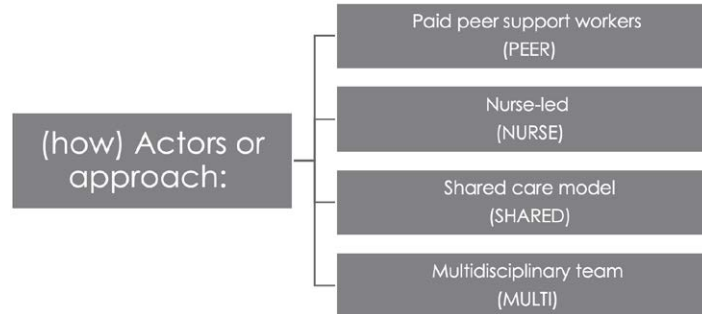
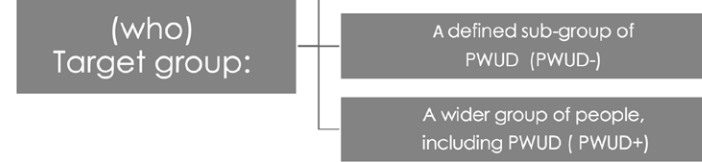
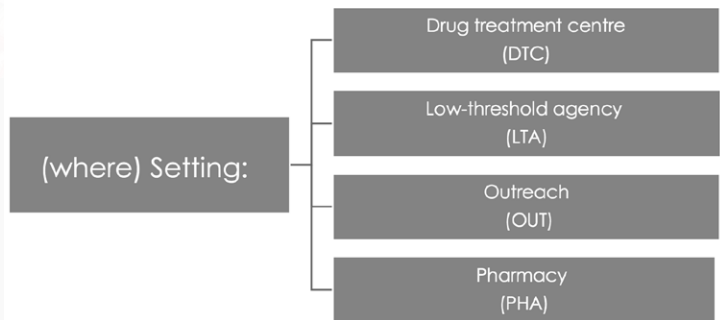
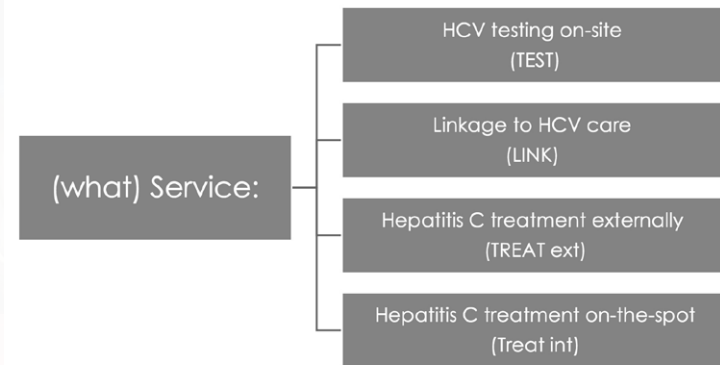
You can find an overview of all respondents and an analysis and findings of those organisations included in this booklet at <https://www.hepatitis-c-initiative.eu/good-practice/>

**Keywords:** Keywords have been added to every example to highlight the specific competence of the organization.

**TAGS:** Every example includes tags to categorise the setting in which they are operating.

In presenting the examples, the **What – Where – Who – How** template for Good Practice descriptions has been followed.

*Adapted from EMCDDA: Hepatitis C: new models of care for drugs services, 2019*



**WHAT:** the service is: HCV testing and/or HCV linkage to care and/or hepatitis C treatment uptake. In the case of testing, type of test or diagnostic platform used may also be specified.

**WHERE** - the setting where the service is delivered: Types of settings are outreach (OUT); low-threshold agency (LTA); drug treatment centre (DTC); prison (PRI); pharmacy (PHA); or other (OTH). The low-threshold agencies included here are understood to be harm reduction service providers.

**WHO:** the general target group in this collection of case studies are people who inject drugs (PWID). However, if the model of care addresses a sub-group (e.g. homeless PWID) or a wider group (e.g. PWUD; or 'all clients of a low-threshold agency', or 'marginalised communities in a specific geographical area') is targeted, this is earmarked as well.

**HOW:** describes the overall approach to the provision of the service and important actors involved. This includes the description of the professional profile(s) beyond the drug-related service provider that are required to deliver or lead the service (peers; nurses; hepatologists) and any indication of the level of integration of delivery of the hepatitis-related services (e.g. shared care arrangements with tertiary care; in a shared-care partnership with hepatology or gastroenterology units of local hospitals; with hepatologists who prescribe and supervise the HCV treatment accessible during dedicated hours, present via outreach or on call).



Keywords: HCV network | cooperation with pharmacies | 'directly observed therapy' | 'bring your friends'.



## Where - Services provided:

needle and syringe exchange; opioid substitution therapy (OST); drop-in centre; outreach/street-work; mobile unit; pharmacies; socio-economic support facilities.

## Who - Target groups:

people who use drugs (PWUD); people who inject drugs (PWID); migrants (documented and undocumented); people experiencing homelessness.

## How - Team composition:

social workers; nurses; medical doctors; hepatologists; art therapists; psychoanalysts; psychotherapists.

## What:

**Background**  
Suchthilfe Wien is a low-threshold service provider for people who use drugs (PWUD), based in Vienna, Austria. It has all the infrastructure needed to provide comprehensive care for this group: a day centre, an emergency shelter, a syringe exchange programme and an outpatient clinic with drug dependence specialists, psychiatrists, nurses, social workers, HIV specialists and hepatologists.

In order to succeed with the treatment of chronic hepatitis C among people who inject drugs (PWID), Suchthilfe Wien developed a new 'therapy setting'. Clients are given the possibility of ingesting their OST medication together with their antiviral therapy at the same place and time. To implement this approach, the Wilhelminen Hospital and Suchthilfe Wien merged into a large hepatologic centre (the 'Vienna HCV network').

**Awareness and Prevention**  
Clients visiting Suchthilfe Wien can benefit from hepatitis-related handout materials and other relevant information and clarifications during its opening hours. In addition, there are special events, such as 'Liver Days', which seek to raise awareness and to offer basic education to their clients.

The Staff has team meetings and education workshops and trainings to discuss new information and treatments.

**Testing**  
Clients are briefed by a local team on the possibilities of HCV testing and, afterwards, about treatment options. Using an HCV antibody saliva test, they can determine a person's HCV status on-the-spot. In the case of a positive HCV-AK test result, a blood test can be immediately undertaken.

The result is available in 60 minutes and an appointment is made for further clarification and subsequent treatment at the Wilhelminen Hospital or at the Suchthilfe Wien. Both facilities have dedicated staff for testing and pre- and post-test counselling.

Hepatitis B and C testing for staff is regularly available on-site at Suchthilfe Wien as well as hepatitis A and B vaccination.

**Treatment and care**  
With their 'directly observed therapy' for chronic hepatitis C (patients receiving antiviral treatment together with OAT under direct observation of a pharmacist, physician or nurse on a daily basis) at a pharmacy or low-threshold institution, chronic hepatitis C can be cured within a group of difficult-to-treat patients who are unlikely to be successfully treated in other environments. For the 'directly observed therapy' of OAT and DDA, cooperation with pharmacies is very important. Currently, more than 50 pharmacies in Vienna and the surrounding areas are partners of the Vienna HCV network.

Patients are provided with pre- and post-test counselling in terms of a talk with a nurse or a medical doctor where they are informed before, during and after the therapy about safer drug use and prevention of reinfection. Patients can also benefit from disease self-management and liver health monitoring.

As part of the treatment, there is a 'bring your friends' policy. An attempt is made to persuade all patients to motivate, or bring along, their friends with whom they consume drugs.

**Challenges**  
Staff of Suchthilfe Wien need additional training, including educational materials. There is also a need to hire, train and support peer workers who, at present, are not properly incorporated within the programme. There is also a need for the medical sector in general to change its attitude towards the provision of services for people who use drugs.

The organisation believes that from a policy perspective, there would be great benefit from allowing general practitioners to prescribe treatment rather than only hepatologists.

**Advocacy, Sustainability and Transferability**  
Suchthilfe Wien has sustainable and ongoing hepatitis-related activities with regular funding. The therapy, as well as the tests, are paid for by the respective health insurance companies (as part of the patient's social insurance).

The screening programme can serve as a pioneering project for similar settings.

Due to the pioneering and successful role that the programme has had in the treatment of PWID under the 'Vienna HCV network', many similar treatment options for people who inject drugs with chronic hepatitis C have been created in Austria.

**Recommendations**  
According to Suchthilfe Wien, the close cooperation of the two specialised institutions, Suchthilfe Wien (in the field of drug dependence) and the Wilhelminen Hospital, together with OST, considerably increases adherence to therapy and is considered to be a relevant factor for the treatment of an otherwise non-participative treatment group. Thus, it is recommended to implement a similar system in other countries.

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# Belgium Free Clinic

Tags: TEST | REAT | LTA | OUT | PWUD+ | PEER | NURSE | Shared

Keywords: Treatment on site | case management | paid peer workers 'C-Buddy' | advocacy on drug policy



## Where - Services provided:

low-threshold drug service and counselling; opioid substitution therapy; drop-in centre; outreach/street-work; work activation; C-Buddy; case management for PWUD with children.

## Who - Target groups:

people who use drugs or inject drugs (PWUD); sex workers; men-who-have-sex-with-men (MSM); young people at risk; female PWUD; people experiencing homelessness.

## How - Team composition:

social workers; peer workers (paid and volunteer); nurses; hepatitis reference nurse; medical doctors; GIG (Health Promotion in Injecting Drug use) - needle exchange coordination Antwerp; GIG coordinator Flemish part of Belgium (strong cooperation with local hepatologist).



## What:

### Background

Free Clinic is a harm reduction service provider based in Antwerp, Belgium since 1975. In 2009, they started to develop a complete peer involvement system specifically to support former and current people who use drugs (PWUD) following Hepatitis C treatment. Specifically, thanks to this programme, and their entire array of services in general, Free Clinic has been able to provide support along the whole care continuum, thereby bridging the limited access to conventional health care that is experienced by PWUD.

Although Free Clinic started by specifically targeting most marginalised groups, over the years they have broadened their focus, e.g. to people who use amphetamines, a specific target group who, at present, are insufficiently supported within the scope of social and/or harm reduction services.

### Awareness and Prevention

Free Clinic awareness and prevention campaigns are extended to every centre in Antwerp, offering services to PWUD who are in need of HCV support or guidance. For example, the swab2know is an annual campaign organised in cooperation with ZNA, the hepatology unit at a large community hospital in Antwerp.

The information methods used by Free Clinic include handouts / printed materials, media content – such as movies, documentaries, pictures, etc. – as well as counselling plus internal and external educative sessions, such as workshops and trainings.

The Free Clinic team includes a Hepatitis C nurse and a medical doctor who arrange special trainings and materials for their staff.

### Testing

Free Clinic offers onsite testing for both staff and clients. For staff, the organisation provides HCV and HBV testing as well as vaccinations for Hepatitis A and B. For clients, Free Clinic employs a rapid diagnostic test, venipuncture, PCR and RNA test, and HCV core antigen assay. Adding to this, HIV, STI and HBV tests can be offered upon request.

Complementing these regular activities, Free Clinic participates in the European HIV/HCV Testing Week and organises an awareness week at their needle exchange programme, offering clients a quick test (finger prick). Considering that Free Clinic is able to do PCR on-the-spot, Fibroscan-elastography (referral to ZNA) is also an available service for their clients.

Pre- and post-test counseling is carried out by counselors, nurses, medical doctors and/or peer workers. Although Free Clinic follows a protocol for this activity, counseling is carried out using general written guidelines.

### Treatment and care

For people with an active Hepatitis C infection, Free Clinic provides support through both on-site treatment and externally, and through self-management support. Although Free Clinic does not have a signed referral agreement with a local hospital or medical facility, the organisation is fully integrated within the cascade of care. This collaboration is structured under the so-called Antwerp Model, meaning that Hepatitis C services do not occur 'under one roof'. For example, a free consultation is available at the hospital with the Hepatologist once a week (an 8-minute walk from Free Clinic); no appointments have to be made.

### Challenges

The organisation requires additional staff, funding for equipment and services, and greater opportunities to hire, train and support peer workers to match demand for services.

### Advocacy, Sustainability and Transferability

Since 2016, Free Clinic has received financial support from the Flemish Government. Currently, the organisation is sustainable and structurally sound with funding until 2023.

Free Clinic is actively involved in stakeholder collaboration and discussions on drug user health. The organisation is also active in advocating on drug policy, both at the local and national levels.

Supporting their development and efficiency, Free Clinic monitors and evaluates the knowledge and skills of its staff, volunteers and peers in a systematic and documented way. Their HCV programme has an evaluation system, including an annual monitoring report to government using an anonymous and encrypted client registry, including contact data, date of screening and start of treatment.

### Recommendations

For other service providers aiming to implement and/or improve HCV programmes, Free Clinic recommends building a team with as many skills and backgrounds as possible, with enough determination to implement the activities despite potential difficulties. A strategy to achieve this should be built through relations and links with other organisational experts in a range of disciplines.



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Keywords: Mobile unit & community based testing | peer workers | no need for abstinence | advocacy on access to treatment and against stigma policy

## Where - Services provided:

low-threshold drug services and counseling; opioid substitution therapy; drop-in centre; outreach/street-work; mobile unit; prison work; treatment; therapeutic communities; aftercare; OST; ambulances for work with families, partners, gamblers; social business enterprise; case management; online counselling.

## Who - Target groups:

people who use drugs or inject drugs; sex workers; men-who-have-sex-with-men (MSM); people experiencing homelessness.

## How - Team composition:

social workers; peer workers (paid); medical doctors; nurses; hepatologist; psychologist; psychotherapists; psychiatrist; addictologists.



## What:

### Background

Sananim is a harm reduction and treatment service provider established in 1990 after the 'Velvet Revolution' in Prague, Czechia (Czech Republic). From its start, the organisation has focused on harm reduction services, following successful models from countries such as Switzerland and the Netherlands.

Aware of the direct linkage between drug consumption and the transmission of infectious diseases, Sananim started implementing HCV activities within their harm reduction services during the drug consumption boom in Czechoslovakia. Thanks to those timely efforts, an epidemic of infectious diseases was avoided.

Sananim now offers a comprehensive programme of services. Their HCV activities are articulated in outreach programmes, mobile units and a drop-in centre. Through them, people who use drugs (PWUD) have access to sterile needle/syringe programmes (NSP), testing, basic medical care, treatment, education and information. Sananim also has a training programme for peers and hires peers as staff members.

Sananim services mostly target PWUD of which one-third are women. The organisation also offers services to other related groups, such as men-who-have-sex-with-men (MSM), sex workers, the Roma population, and other ethnic minorities. In the near Futures, they aim to increase their services to different hidden groups and try to raise awareness of non-substance-related dependence issues such as gambling, gaming and sex.

### Awareness and Prevention

Sananim staff start conversations with clients about different HCV prevention practices, emphasising how HCV and infectious diseases can spread through the sharing of contaminated injection equipment. They raise awareness by distributing materials on harm reduction, organising trainings and informative campaigns.

In order to assure good quality services, Sananim employs medical staff who test the competences of newcomers and, later, offer them a detailed course of instruction. Moreover, they arrange special trainings and materials for staff and organise team meetings to discuss new developments and treatments.

### Testing

Each test is run in accordance with national Czech standards – pre/post-test counselling, testing, linkage to care, education, explanation and clarification of the prevention, treatment and retreatment, reinfection and to reduce and eliminate testing and treatment barriers.

Onsite testing is provided through capillary blood sampling which was chosen due to its low cost. In Czechia, community-based testing is allowed without the involvement of medical staff. External to Sananim, it is possible to have venepuncture, PCR, RNA, HCV core antigen assay and Fibroscan-elastography. In the case whereby a client tests positive, Sananim helps the client to get a confirmatory test with an external medical institution.

Sananim offers regular HCV and HBV testing and HBV vaccination to its staff and it participates in the European HIV/HCV Testing Week.

### Treatment and care

Following a confirmatory test, the client is directed to a consultation with a hepatologist who can prescribe treatment on site or externally. During DAA treatment, the client does not need to abstain from drug and/or alcohol use although disease self-management support is provided by the organisation, such as diet and nutrition. Sananim provides pre- and post-test

counseling based on a specific protocol, including a talk with a counselor, nurse or a medical doctor.

Each case is supported, if necessary, through a contract between Sananim, the client and Hepatology Centres that includes treatment cooperation, mandatory visits of the centre and consultation with a hepatologist and drug dispensing.

### Challenges

Additional resources are required to hire, train and support peer staff and to pay for equipment and routine service provision. Attitudinal changes within the medical profession, and changes in national level policies, are required to facilitate harm reduction service implementation.

Sananim would also like to use the new detection systems which enable automatic, fully integrated molecular testing to test difficult-to-reach patients and shorten the time to therapy as much as possible.

### Advocacy, Sustainability and Transferability

Sananim is involved in various advocacy campaigns. They have been successful in advocating for the treatment of PWUD through influencing a proposal by health authorities to deny treatment for active drug users. Currently, they are actively working to overcome the stigmatisation of PWUD, specifically PWUD living with hepatitis.

### Recommendations

Sananim states that the key to their success lies in their ability to reach hidden communities and to continuously search for new users for their services. They believe that to effectively help a person, an integrated approach to support is required.

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Keywords: Treatment on site | mobile HCV testing and elastography | drug consumption room



## Where - Services provided:

low-threshold drug service and counselling; needle and syringe exchange; opioid substitution therapy (OST); drug consumption room (DCR); outreach/street-work; mobile unit; prison work.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; homeless; (un)documented migrants. experiencing homelessness.

## How - Team composition:

social workers; peer workers (paid and volunteer); medical doctors; nurses; hepatologist; art therapist; security guard.

## What:

### Background

Gaia is a harm reduction service provider based in Paris, France. Their facilities welcome all populations including people who use drugs, the homeless, sex workers, documented or undocumented migrants, and people in other precarious situations. The programme started at the beginning of the 1990's as part of the NGO 'Doctors of the World' and became independent in 2005. A quarter of their clients come from Eastern Europe and there has been an increase in clients coming from India.

In 2011, Gaia was the first organization in Paris to use a mobile Fibroscan; the mobile unit, and the low-threshold drug service, started offering rapid HCV testing in 2013.

### Awareness and Prevention

Gaia organises HCV and HIV testing weeks in its different services and a specific HCV testing week in at its drug consumption room (DCR) three times per year.

They have informative handouts but, due to the large number of clients, they face difficulties in reaching everyone. They also provide counselling on hepatitis-related issues and organise internal and external education sessions, workshops and trainings for staff as well as clients and their partners.

Some of Gaia's previous clients have become staff members and volunteer peers. However, peer involvement is now active in supporting the DCR rather than HCV activities.

### Testing

Community-based testing without a medical doctor or qualified nurse is allowed in France. Through all Gaia services (mobile unit, DCR, OST), clients can benefit from Fibroscan testing, HCV, HBV and HIV rapid blood tests. Dried blood spot is performed by a professional when a rapid test is positive with the results communicated to the client by a doctor.

After being trained in advance by its medical staff, the Gaia team performs testing by themselves and are also helped by partners who prepare clients in advance (e.g. information about HCV, HBV). A special mandatory training is required by the authorities for performing such rapid tests.

Staff are regularly tested for HCV and HBV extern to Gaia and are offered vaccinations for hepatitis A and B.

### Treatment and care

Treatment can be administrated both externally and on site (at the DCR or at the low-threshold OST unit). Gaia offers disease self-management support and liver health monitoring/assessment. Overall, there is no specific protocol used for pre- and post-test counselling as mandatory training is required by the authorities and all staff are trained externally or internally in counselling skills.

Although more than 10 hepatologist hospital services have been mobilised by regional health authorities under a 'HCV Cascade of Care' programme, the cascade of care only functions well if a client has access to social security services. Consequently, Gaia has staff who primarily help clients to gain access to such social services.

### Challenges

The main challenge facing Gaia is funding. For example, if a client tests positive from a rapid test, it is important to confirm the result with a RNA test which is not easy to access.

To reduce the long waiting times between testing and receiving test results, Gaia's nurse who is assigned to its mobile unit is part of a medical network in the vicinity of the partner premises that supports the delivery of the test result to the client and their linkage to care, such as a local hepatologist or local hospital. Currently, Gaia is seeking authorisation to implement a Test & Treat service.

### Advocacy, Sustainability and Transferability

Gaia is not directly involved in advocacy as such, but rather through its partners. However, they do participate in daily meetings with important governmental stakeholders concerning political and financial support, both of which are currently insufficient.

In terms of monitoring and evaluation, Gaia has put in place software to register clients. Registration is based on the surname of the client and their date of birth as well as health-related information, including HCV, HIV, HBV testing. The database is not accessible to other organisations or actors; however, an annual report is sent to local health stakeholders. Qualitative studies of Gaia services, cooperation, etc., are conducted as part of evaluation activities.

### Recommendations

Gaia's strength comes from their ability to involve many different partners together to fight the same problem with common resources. Rather than having competitive relationships with a limited budget, Gaia has a collaborative approach through the sharing of information and knowledge and in conducting common trainings that tackle common problems, all of which improves the cascade of care and makes services more accessible for clients.

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# Germany Integrative Drogenhilfe

Tags: LINK | LTA | PWUD+ | MULTI

Keywords: Co-operation (HCV-/HIV-testing, treatment) and drug screening | drug consumption room  
short educational interventions | advocacy for harm reduction and drug policy

integrative **drogenhilfe e.V.**

## Where - Services provided:

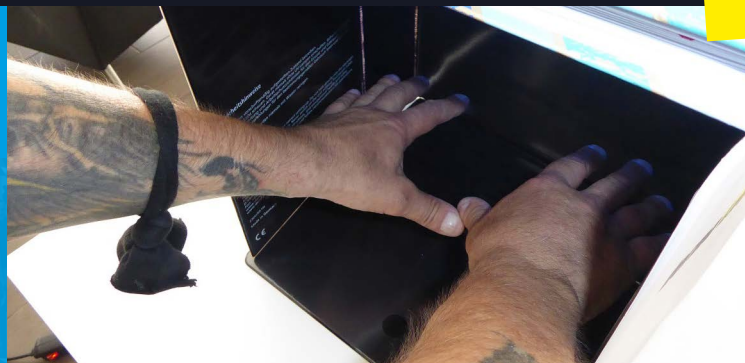
low-threshold addiction care services and counseling; needle and syringe programme (NPS) and 1 consumption equipment vending machine; opioid substitution therapy (OST); 2 drop-in centres; 1 shelter; 2 safer injection sites (365 days p.a.); outreach/street-work; 2 mobile units (shuttle-service).

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; people experiencing homelessness.

## How - Team composition:

social workers; educators; instructors, students; administrators, housekeepers and cleaning staff.



## What:

### Background

Integrative Drogenhilfe e.V. is a harm reduction service provider, established in 1986 in Frankfurt, Germany. They have a shelter for homeless PWUD/PWID, a highly frequented supervised injection site (DCR) in the Frankfurt Red Light district, a drop-in centre with an affiliated substitution centre in the inner city and a further facility called "Eastside" that provides a mix of services including counselling, a DCR, a shelter with approximately 100 beds, and training, amongst other interventions.

The main target group of Integrative Drogenhilfe e.V. are PWUD/PWID, mainly heroin and crack cocaine users with the majority being male. Their main HCV programme began in 2016 as a result of a study that showed a large increase in the number of people suffering from HCV in Frankfurt as well as some other problems including the frequent re-sharing of injection equipment and the limited knowledge of safe injection practices.

Although somewhat infrequent, services are also used by men-having-sex-with-men (MSM), sex workers and migrant drug users as they have very limited access to the German social welfare system.

### Awareness and Prevention

Integrative Drogenhilfe e.V. invests a lot of its resources in building a well-educated team who are capable of informing clients in detail about hepatitis, from the theoretical perspective to the epidemiological aspects and from transmission to treatment.

In addition to the usual handout materials and the organisation of an annual Hepatitis Week, short face-to-face interactions keep clients updated. The organisation's specialties are the so-called 'short interventions', such as the special games developed to make education interactive. For example, clients are asked 1-2 true or false questions ("Is HCV spread by sharing spoons?") before entering the safer injection site and they receive feedback directly.

For team members, Integrative Drogenhilfe e.V. uses handout materials, organises internal team meetings to discuss new information and treatments and also provides internal and external education workshops and trainings.

Furthermore, Integrative Drogenhilfe e.V. has in place a special 'hygiene protocol' to prevent the transmission of blood-borne viruses.

### Testing

At present, the organisation does not provide on-site testing. However, Integrative Drogenhilfe e.V. cooperates with other medical authorities which do provide such services. There is a shuttle bus operating between its premises which facilitates access by clients to such testing facilities.

Staff are also regularly tested for HCV and can receive vaccinations for hepatitis A and B.

### Treatment and care

In the case of a positive diagnosis, Integrative Drogenhilfe e.V. supports the client with referral to external services. Testing, vaccination and other medical treatment is offered in cooperation with Malteser Werke (addiction medicine). Through this cooperation, clients receive counselling services and assistance during treatment, including on-site prescriptions.

Access to treatment is difficult for clients with no health insurance. In such cases, the organisation refers clients without insurance to special services. Overall, the clients of Integrative Drogenhilfe e.V.

benefit from a full cascade of care. All necessary healthcare services are accessible, and all service providers co-operate with each other in the best interests of the client.

### Challenges

As time passes, Integrative Drogenhilfe e.V. is interested in making both testing and treatment available on-site as this would increase the willingness and opportunity of its clients to participate.

### Advocacy, Sustainability and Transferability

Integrative Drogenhilfe e.V. is a very active player in terms of advocating for harm reduction services and the needs of PWUD/PWID. The organisation is involved in local/regional and national stakeholder collaboration/discussions on drug user health as well as policy advocacy at the local/national level for harm reduction, HCV and drug policy. For example, they participate in high level meetings with local stakeholders and their position and opinions are heard at the regional level.

The organisation uses a monitoring tool to register clients according to their identity, but no personal data is shared with any institution. The data is made anonymous for use only by researchers.

### Recommendations

Integrative Drogenhilfe e.V. is successful as a result of its attention towards time management. They analyse risk in advance before taking action and never stop seeking to improve and develop its services. Simple changes in rules and conditions of all Integrative Drogenhilfe e.V. services have led to changes in the behaviour of clients, such as washing hands when entering and leaving a drug consumption room.

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## Where - Services provided:

low-threshold drug services and counseling; distribution of needles and syringes, drop-in centres; outreach street work; mobile units, including mobile drug consumption facilities.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); men having-sex-with-men (MSM); (undocumented) migrants; people experiencing homelessness.

## How - Team composition:

Social workers; nurses; (migrant) peer workers; volunteers.



## What:

### Background

Fixpunkt e.V. is a harm reduction service established 1989 in Berlin, Germany, which provides large scale harm reduction services including needle/syringe distribution, counselling, a drop-in centre, a drug consumption room (DCR) and outreach activities, including a mobile DCR, and other services. Fixpunkt e.V. is a shareholder in Fixpunkt GmbH which runs two drop-in centres with integrated DCRs, low threshold employment and training facilities as well as community-oriented outreach activities.

Staff of Fixpunkt e.V. include community workers (peers) from Zambia, Kenya, Pakistan and Syria and from Russian- and Arabic-speaking minorities who utilise their special expertise, such as their cultural sensitivity, language and background. Fixpunkt e.V. also has a specialised community worker in support of men-who-have-sex-with-men (MSM) engaged in chemsex practices.

At the beginning of the 1990's, Fixpunkt e.V. started their hepatitis-related activities which were included in an HIV prevention programme.

### Awareness and Prevention

Fixpunkt e.V. has direct, informative communication with their clients as well as using typical harm reduction handout materials and pre- and post-test counseling (following a specific protocol). Team members are specially trained to explain the precautionary measures and risk of HCV during the time a client is using other services, such receiving sterile syringes or the DCR. Discussions start about HCV and the client is informed of how to protect themselves against it, including how to use drugs safely and, if necessary, where to seek medical care.

Besides written materials and internal team meetings, Fixpunkt e.V. arranges annual mandatory trainings on basic HCV literacy for their staff and a short, yet intensive, drug counselling course for newcomers.

Each Fixpunkt site occasionally organises special events such as highlighting short interventions, special hepatitis related issues, poster presentations and information materials, giving incentives and promoting messages. They have also implemented pre- and post-test counseling by a counselor, nurse or medical doctor as well as a hygiene protocol for their staff and clients to prevent the transmission of blood-borne viruses.

### Testing

At Fixpunkt, a person can get HIV, STI, Hepatitis B and C testing and Hepatitis A and B vaccination, rapid HCV diagnostic tests, venipuncture, RNA and HCV core antigen assay by qualified staff and supervised by a doctor and, if required, laboratory testing. Fibroscan elastography can be accessed externally and completely anonymously.

Staff can also get tested on-site for Hepatitis B and C and vaccinated against Hepatitis A and B which is regularly offered by a specialised occupational physician.

### Treatment and care

Since treatment in community settings is not currently allowed in Germany, Fixpunkt refers clients to external medical doctors specialised in infection and drug dependence medicine, depending on the situation. They offer disease self-management support, such as alcohol consumption and diet, etc. They have a good, close partnership within their network, including health care specialists and institutions, organisations, local authorities and other political and administrative bodies.

### Challenges

Additional resources are needed in order to meet demand, such as the possibility to enable treatment within their facilities.

A further challenge has been clients without health insurance. Fixpunkt e.V. has begun offering services to

such clients and is also advocating for their access to treatment.

The most important challenge facing Fixpunkt e.V. is to gain specific approval to provide on-site services. A further challenge is to hire, train and support qualified staff because whilst they have the sufficient means, the majority of medical professionals have a negative attitude towards the provision of services for people who use drugs (PWUD).

### Advocacy, Sustainability and Transferability

Fixpunkt e.V. is highly involved in advocacy activities at every level; from local health authorities to government representatives, mainly in Berlin, a city with a fast-track HCV AIDS elimination initiative.

They operate under the strategy and goals of the mayor of Berlin and strictly adhere to WHO guidelines. Thus, they have sufficient political and financial support and direct contact with high-level politicians responsible for health issues and who follow the impact of harm reduction services. They have agreements and development plans and are also directly accountable for their actions.

### Recommendations

According to Fixpunkt e.V., success comes through strong political and administrative support, a clear strategy and a political framework under which the organisation can operate and function well. The organisation is stable and has a developed network to identify relevant stakeholders and to create the required impact as a common force.

Finally, to be effective, an organisation such as Fixpunkt e.V. requires a dedicated and committed staff.

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# Georgia New Vector

Tags: TEST int | LINK | TREAT int ext | LTA | PWUD+ | PEER | NURSE | MULTI



Keywords: Treatment on site | mobile ambulatory unit | Drug users organization | advocacy for human rights

## Where - Services provided:

distribution of needles and syringes, drug use paraphernalia, condoms; drop-in centre; outreach/street-work; mobile unit.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); young people at risk; sex workers; men-who-have-sex-with-men (MSM); people living with HIV.

## How - Team composition:

social workers; peer workers (paid and volunteer); medical doctors; nurses; hepatitis reference nurse; hepatologist; art therapist; security guard.



## What:

### Background

New Vector (established in 2006) is the first ever drug user organisation in Georgia. It offers harm reduction services to people who use drugs (PWUD) including sex workers, men-who-have-sex-with-men (MSM) and people living with HIV and also provides educational opportunities to marginalised people. New Vector staff include peer workers, both paid and voluntary.

As the government funded health security is insufficient for vulnerable people, New Vector provides such people with different testing opportunities and medical care, including dental treatment and psychological support. Their clients can visit a wide range of specialised health care professionals and get proper consultations.

The main goal of New Vector is to diversify and be able to offer a variety of services in addition to their existing on-site interventions as well as outreach work and a mobile ambulatory unit and to involve the entire population in its endeavours.

### Awareness and Prevention

New Vector has its own ways of raising awareness about hepatitis and informing its clients about HCV, including campaigns on hepatitis awareness for their target groups.

On World Hepatitis Day, New Vector organises information campaigns with volunteers and staff distributing flyers, posters and t-shirts with relevant messages. They also provide free testing on-the-spot for everyone. Their mission is to remind the government and people that individuals living with HCV need to be included in special treatment programmes.

In addition, its specially trained team arranges face-to-face, on-site meetings on different occasions and their clients benefit from an extensive awareness campaign on New Vector social media channels, their website and newsletter. They also have a rich base of handout materials which are distributed on-site and during outreach work. Staff of New Vector are kept informed through internal and external education workshops and trainings.

### Testing

New Vector provide Fibrosan, dried blood spot and venepuncture testing as well as a Rapid Test that is followed by laboratory confirmation tests, all on-site. Additionally, a client can, if required, get PCR, RNA and HCV core antigen assay externally. In the case of a positive confirmation, the client immediately receives a unique number and, later, treatment.

If a further medical specialist consultation is required, the client may go to another clinic and receive the prescribed medication at New Vector. Pre- and post-test counselling is available to clients with a specially trained counsellor who follows a defined protocol.

### Treatment and care

The relationship between New Vector and its partners is well structured and the referral system in Georgia also works very well. For example, whilst F1 and F2 stage HCV level clients are treated on-site, other stages can be redirected to partner clinics. This transfer takes place effectively without bureaucratic excesses but is, however, still complicated. Therefore, New Vector aims to eventually offer all services under the same roof.

### Challenges

New Vector is faced with a tough and challenging government policy, specifically on drugs. They have a large network of volunteers and would like to diversify their available HCV testing methods but funding is a challenge as government resources are very limited and results-driven while the Global Fund, as important as it is, will cease activities in Georgia, leaving a huge problem behind.

Additionally, despite offering treatment on-site, there are various clients that must travel from other locations to access treatment. Therefore, developments concerning these issues are very much needed.

### Advocacy, Sustainability and Transferability

Ten years ago, treatment was very expensive and almost impossible to access. Its long waiting list, specifically on-site, motivated patients to organise advocacy activities to get on-site testing and treatment.

Two years ago, the patient community also started to fiercely advocate for the hepatitis elimination programme. Despite the country's strict drug policy, changes were made, human rights started to be respected and the government began to be responsive. Currently, New Vector is a member of the Global Fund's Country Coordination Mechanism (CCM) as well as a member of the State Commission on Hepatitis C, participating in the decision-making process. Whilst the organisation is funded for the next couple of years, there are doubts about its longer-term sustainability.

Clients are anonymously registered by New Vector using a special protocol. After registration, clients receive a unique number for further communication. The collected data is only shared with partner clinics for statistical and research purposes.

### Recommendations

New Vector states that the most important aspect of a programme is to have motivated patients and to adopt the right strategy. The sharing of information and knowledge and in conducting common trainings that tackle common problems, all of which improves the cascade of care and makes services more accessible for clients.

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Keywords: Vast network of hepatologists & network of collaboration | prison work | patient association | advocacy for evidence-base policies



## Where - Services provided:

screening; psychological support; linkage to care; drop-in centre; outreach/street-work; mobile unit; prison work.

## Who - Target groups:

liver patients; people who use drugs (PWUD) or inject drugs (PWID); people in prisons; Roma; migrants.

## How - Team composition:

project coordinators; peer workers (paid and volunteer); communications officer; fundraiser; psychologist; secretariat.

## What:

### Background

Prometheus is the first association of liver patients in Greece, based in Athens and founded in 2012. From the beginning, they have adopted an holistic approach and operating through a harm reduction framework. They are committed to providing information about hepatitis, offering general and psychological support to PWUD and liver patients, reducing associated stigma and organising regular advocacy activities to promote patient rights at administrative and political levels.

A significant impetus for the organisation has been collaboration with the ARISTOTLE HCV/HIV programme. This community-based, fast-track, seek-test-treat programme aims to reduce the transmission of HCV/HIV and to enhance access to treatment with an holistic package of screening and linkage to care for PWID living with HCV and HIV in Athens.

### Awareness and Prevention

Besides contributing to international campaigns such as World Hepatitis Day, European Testing Week, International NASH Day, and the NOhep movement, the organisation is active through their website, social media accounts and the press and also in public spaces – such as advertisements in subways, at bus stops – as well as on television.

Their actions include meetings/conferences in which new information and developments regarding access to treatment are discussed as well as harm reduction policies. When it comes to their staff members, Prometheus organises specific meetings and trainings to build their capacity and knowledge.

### Testing

Prometheus offers on-site hepatitis B and C testing on a regular basis. The main methods employed by the organisation include dried blood spot testing (finger prick) at Athens and Thessaloniki "Checkpoint" (a structure of 'Positive Voice') , antiHCV, PCR, RNA, HCV core antigen assay, and liver elastography (fibrosan) testing in prisons and other settings (e.g. ARISTOTLE, as well as fibrosan screening in hepatology clinics. The tests are confirmed within a vast network of hepatologists to ensure that if a person is positively diagnosed, s/he can be properly linked to health care.

Complementing the testing activities, Prometheus provides pre- and post-test counselling. This activity is carried out by certified counselors who follow a protocol. Importantly, peer workers are also involved in these activities. The organisation conducts interventions in prison settings - in which the PWID population is over-represented - together with partners of the ARISTOTLE HCV/HIV initiative'.

### Treatment and care

Prometheus successfully collaborates with other stakeholders. For example, their free liver elastography programme is entitled "I Deserve to Know" with approximately 11,000 tests conducted across Greece, in addition to collaboration with the ARISTOTELIS HCV/HIV programme.

Support is provided by Prometheus for people with chronic HCV infection by enabling access to HCV treatment. In addition, their beneficiaries can receive disease self-management support (e.g. alcohol consumption, healthy diet, etc.) and liver health monitoring/assessment (e.g. Fibrosan, blood test).

The success of their treatment and care services is built upon a strong network of collaborators. Beside working with other NGO's and scientific associations, the organisation has a formal referral agreement with local hospitals and medical facilities.

### Challenges

Although the organisation is fully equipped to deliver an holistic hepatitis programme, Prometheus still requires further funding for equipment and services. As a means

towards overcoming this barrier, they recently focused on acquiring private funds and grants, both nationally and internationally. Ensuring such economic sustainability will give Prometheus the opportunity to hire, train and support more peer workers as this is a priority investment of the organisation.

### Advocacy, Sustainability and Transferability

Prometheus monitors and evaluates the impact of its harm reduction work and participates in stakeholder collaboration and discussions on drug user health, as well as the development of drug policy advocacy activities at the local and national level. Building upon the results generated by their projects, the organisation aims to make an impact through evidence-based good practices.

In addition, Prometheus has organised - in collaboration with Positive Voice and the National and Kapodistrian University of Athens - a high-level meeting aimed at improving harm reduction coverage and policies at a national level.

In addition to this policy dialogue, Prometheus has been actively raising awareness through press releases and by publishing articles. As a result of the collective effort, on 7th March 2019, the Greek Parliament endorsed the opening of drug consumption rooms (DCR's).

### Recommendations

The success of Prometheus is built upon their collaboration network. Additionally, it is important to highlight how their monitoring activities – conducted both internally and externally - allows the organisation to remain up-to-date with local, national and global trends and supports its evidence-based advocacy activities. conducting common trainings that tackle common problems, all of which improves the cascade of care and makes services more accessible for clients.

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## Where - Services provided:

low-threshold drug service and counselling; distribution of needles and syringes; opioid substitution therapy (OST); drop-in centre; drug consumption room (DCR).

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; documented migrants; people experiencing homelessness.

## How - Team composition:

social workers; medical doctors; hepatologist; nurses.



## What:

### Background

Emergis (established in 1978) is an institution working in the field of mental healthcare based in the Netherlands. Every year, Emergis treats more than 13,000 people with various problems: psychiatric disorders; drug dependence; problems with living and working; domestic violence, amongst others. Emergis has a special department called Huiskamerproject Drugsgebruikers (HKPD), supporting people who use hard drugs and working on hepatitis-related activities.

Even though their main target groups are people who use/inject drugs, sex workers, documented migrants, and people who experience homelessness, they welcome everyone, regardless of their situation. However, for a person to access HKPD services, and specifically hepatitis, there are some conditions that must be met. For example, a client must have a valid proof of identity and health insurance and be a resident of the municipality of Walcheren. If the person does not have health insurance, sometimes HKPD staff can assist them in getting such support afterwards.

Their HCV-related activities started in 2016-17 alongside those of the health authorities and are provided mainly through the methadone substitution programme and only on-site. Even though their multi-professional team is responsible for the hepatitis programme, its main activities are run by medically qualified personnel, including nurses and hepatologists.

### Awareness and Prevention

HKPD informs its clients through various distribution materials and face-to-face conversations during which they have found the majority of its clients to be generally knowledgeable about hepatitis, which makes their work smoother and faster. Sometimes, and only on a voluntary basis, they also involve peers. Its team is regularly provided with information materials and they organise team meetings to discuss new information and treatments.

### Testing

HKPD uses anti-body screening as its primary testing method while also providing venepuncture testing, PCR, RNA, and HCV core antigen test.

HKPD offers external hepatitis testing for staff on a regular basis, including hepatitis A and B vaccination.

### Treatment and care

If a test is positive, and after being directed to the hospital, the client is confirmed to be infected with HCV and the hospital doctor prescribes treatment with the latest DAA medication. During treatment, HKPD medical staff assist clients, provide disease self-management support and liver health monitoring, and nurses help clients in getting prescribed medication on time as well as prescription renewal. Treatment can be administered both externally and on-site.

HKPD has dedicated staff (a nurse and medical doctor) for testing and pre- and post-test counselling and follows an internal protocol; clients can also have discussions with a peer.

HKPD is well integrated within the cascade of care for hepatitis patients in their city and region. When the organisation refers patients to external medical services, their first point of contact is a specialist nurse at the hospital. According to HKPD, their clients have access to all available and necessary services at this point.

### Challenges

A couple of years ago, HKPD was offering Hepatitis B vaccination which is no longer accessible due to changes in health policy. Also, several target groups have experienced problems in accessing services. HKPD also needs better administrative support. For example, at present, the organisation is paying for screening which should be covered by health insurance companies.

### Advocacy, Sustainability and Transferability

HKPD does not participate in any advocacy activities, as Emergis, the larger organisation, is involved in such work. Despite the challenges, HKPD gets support from the local health and political authorities. They greatly value their collaboration with the local hospital, which is happy to assist clients and, as a result, simplifies the process. The programme has secure funding and there are no factors that could likely have a negative influence upon their activities.

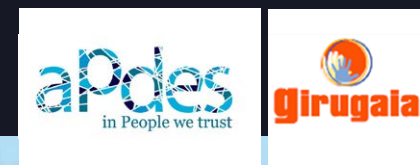
HKPD has a monitoring system that includes data that identifies clients which is accessible by local health authorities. They are fully equipped to deliver comprehensive hepatitis services that match the current requirements and do not need additional resources.

### Recommendations

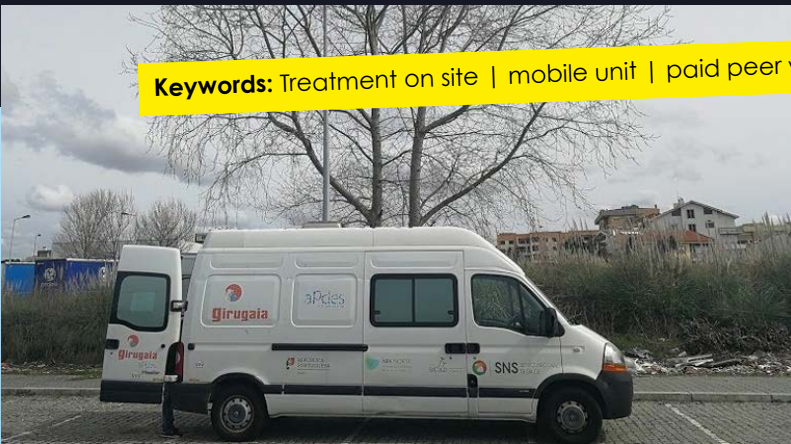
HKPD has explicitly mentioned that its most crucial success factor is its good collaboration with local stakeholders. Such partnerships help an organisation to offer its services faster and more effectively while losing no time on administrative issues but focusing on health service delivery.

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Keywords: Treatment on site | mobile unit | paid peer workers, cooperation with drug users union | advocacy at local and national level



## Where - Services provided:

low-threshold drug service and counselling; opioid substitution therapy (OST); outreach/street-work; mobile unit.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); documented and undocumented migrants; people experiencing homelessness.

## How - Team composition:

social workers; peer workers (paid); medical doctors; nurses.



## What:

### Background

APDES is a community-based organisation based in Porto, Portugal. The goal of APDES is to promote health and to advocate for the rights of sex workers, people who use drugs (PWUD) and other vulnerable groups, as well as their communities, through projects designed with such groups that guarantee the well-being and health of participants. Specifically, APDES seeks to decrease the risks associated with drug use and sexual activity at the individual and community level through adequate interventions and to research more effective ways to protect such marginalised people.

APDES has sustainable and ongoing hepatitis-related activities through regular funding and has staff, including peer workers, dedicated to the delivery of testing as well as pre- and post-test counselling.

A close partner is CASO, a drug user union. Peer involvement, paid and active since 2009, has played a crucial role in proving the positive effects of treatment and in creating the atmosphere of 'one of us advocating among physicians'.

### Awareness and Prevention

APDES promotes most of its HCV activities through its mobile unit, GIRUGaia, an outreach team that works with PWUD and has daily contact with them. It includes an open space for welcoming clients and to facilitate the delivery of specific health education about HCV and other infectious diseases. APDES also actively promotes campaigns, such as World Hepatitis Day, to raise awareness among its clients and their partners. Since December 2016, GIRUGaia has been implementing a project to promote knowledge and sensitise drug users and marginalised populations of the importance of HCV medical treatment whilst also

contributing to the epidemiological knowledge on HCV and raising awareness among healthcare professionals. Staff are regularly informed about new developments regarding blood borne infectious diseases through information materials, team meetings, as well as internal and external educational workshops and trainings.

### Testing

GIRUGaia offers on-site HIV, HCV, HBV and syphilis testing and counseling, including rapid diagnostic tests, dried blood spot, venipuncture, and external HCV core antigen assay as well as fibroscan-elastography. Two GIRUGaia staff, a nurse and a harm reduction worker, conduct the tests.

During pre-test counselling, staff talk about drug use and sexual practices and the specific risk situations that require a test to be undertaken as well as infectious diseases and their early symptoms and the referral process. In the case of a positive result, the staff member informs the client about the referral process and specific treatments. If the test result is negative, the staff member talks with the client about risk practices, safer drug consumption and sexual practices as well as the necessity for regular testing.

### Treatment and care

Clients of APDES can access HCV treatment on-site and externally. They can also benefit from disease self-management support and liver health monitoring and assessment.

Clients can receive daily treatment in the Combined Therapy Programme on-site, enabling HIV and tuberculosis treatment and psychiatric medicines to be dispensed at the same time at GirUGaia. If a client wishes to be enrolled in opioid substitution therapy (OST), the team can integrate the client at that precise moment with a maximum dose of 30 milligrams and without a medical appointment.

### Challenges

Overall, APDES is equipped to deliver comprehensive hepatitis services but additional resources are necessary to meet the requirements of the existing demand for services. For example, the organisation requires more staff, more educational and training materials and more

funds to purchase equipment and to run services as well as a change in national level policies to facilitate the services offered to clients.

A change in the attitude of the medical sector is also sought. As an illustration, GIRUGaia has a small group of clients who do not want to commit to the HCV treatment process because it can start only after a regular medical appointment at the hospital. This situation would change if the hospital facilitated its services on the street, almost like the GIRUGaia mobile unit.

### Advocacy, Sustainability and Transferability

APDES promotes awareness-raising campaigns among its clients, in online social networks, and on the street, advocating for the rights of PWUD and, in particular, on health questions and human rights.

It participates in meetings at the local and national level to influence the political and administrative agenda to promote these rights and access to the most effective treatment. It also attends health congresses, advocating for its target groups, discussing their unique needs and concerns. Since 2015, as a result of joint efforts, HCV treatment has become easier to access by PWUD.

APDES funding is project-based and requires new proposal submissions every 20 to 24 months. Once a project is approved, a new cycle begins.

### Recommendations

The success of the APDES programme relies on the excellent and trusting relationship between their staff and clients, together with the joint promotion of therapeutic approaches it has with its partners as well as the financially remunerated peer involvement. Their ability to quickly integrate new clients without the need for medical approval was recognised in 2014 as a good practice by the World Health Organization (WHO) as was the therapeutic combined programme.

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Keywords: Special unit in hospital | Children day care & Roma people | case management | advocacy for drug consumption rooms



## Where - Services provided:

low-threshold drug service and counselling; outreach\street work; mobile unit.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); young people at-risk; people experiencing homelessness; people living with HIV, HCV, HBV and TB.

## How - Team composition:

social workers; peer workers (volunteer); medical doctors; psychotherapist; communication and fundraising coordinator.



## What:

### Background

Carousel (established in 2011) is a social and harm reduction service provider in Bucharest, Romania. It offers low-threshold drug services and counselling including the distribution of needles/syringes, drug use paraphernalia and condoms, as well as outreach activities and street work. They also run a fully functional day-care facility with a capacity for 10-15 children whose parents are drug users, sex workers or have a difficult social background.

Among its clients, Carousel aims to also add lesbian, gay, bisexual, transgender and queer (LGBTQ) communities who are very much hidden, underserved and still highly stigmatised.

Initially, Carousel staff noticed that marginalised people with infectious diseases needed careful guidance to health care services in order to maximise good experience and to build trust in those services. Therefore, inside a hospital for infectious diseases, Carousel opened a special centre called 'Gore', named after a former drug user and peer who helped Carousel to reach out to people in need. This special centre is now a focal point as it makes the workflow less complicated while referring clients.

### Awareness and Prevention

Clients and staff members of Carousel are kept informed through forums, trainings and international events to gain wider knowledge of harm reduction and viral hepatitis. Carousel also organises local trainings for professionals and the community, occasionally with guest speakers from international stakeholders and good practice implementers.

Carousel provides handout materials but in limited numbers because a valuable, informative flyer is not beneficial for most of their under-educated target group; consequently, resources are

expended on campaigns including trainings, information sessions, case studies and face-to-face meetings. Together with a couple of local artists, Carousel creates and publishes viral hepatitis-related comics as informative illustrations to reach their target group.

Their actions include meetings/conferences in which new information and developments regarding access to treatment are discussed as well as harm reduction policies. When it comes to their staff members, Prometheus organises specific meetings and trainings to build their capacity and knowledge.

### Testing

Carousel participates in the European HIV/HCV testing week. It offers regular testing opportunities for its team and clients on-site. Carousel uses three types of rapid testing: Hepatitis B, C and HIV. Whilst Western European harm reduction providers use the latest generation testing equipment, Carousel can only provide older equipment, bought from a local distributor and diagnoses are undertaken through the services of a hospital laboratory. Carousel try to thoroughly follow-up with their clients' testing and, if necessary, provide treatment at the only health care provider, a Romanian hospital.

Clients can also benefit from pre- and post-test counselling with a counsellor who follows a protocol.

### Treatment and care

If a test is confirmed positive by the laboratory, Carousel conducts intensive case management, meaning that a staff member makes sure that the client receives treatment and will not drop out halfway through the treatment course.

Carousel has also started paying for very expensive health insurance for their most vulnerable clients when they do not have such coverage and, therefore, have no access to care and treatment. All the steps of the cascade are relatively accessible for everyone; with a smooth transition from testing to treatment, and a healthy relationship between referring actors involved. Carousel's clients receive a coded number during registration which follows a certain protocol and is anonymous. Only when a client is referred to the hospital is their identity required.

### Challenges

Even though Carousel focuses a lot on engaging community members in their work, they still have no peer involvement from people who actively inject drugs. They have meetings with users which hopefully will spread the word through the community and raise awareness.

Another challenge for both Carousel and Romania in general, is methadone substitution treatment because there are only 1,000 places for about 20,000 estimated active opioid users.

There is need of more trained staff, equipment and educational materials. There is also a need to change national level policies to facilitate the activities of harm reduction services and the provision of services to clients.

### Advocacy, Sustainability and Transferability

Romanian national institutions have a superior attitude towards harm reduction projects although Carousel has managed to build co-operation and to be considered as a partner. For example, to improve its relationship with the police, Carousel conducts trainings for the police in how to deal with PWUD.

Carousel has managed to reach the Romanian Parliament with a proposal to change national drug legislation to allow drug consumption rooms (DCR's) to be opened in Bucharest. However, this process is currently blocked due to administrative procedures.

### Recommendations

Carousel has a strong, dedicated and professional team that is devoted to its work, an important factor in its success. Even though there is a lack of funding, and some staff have had to leave as a result, having a good team is crucial. In addition, continuity is required to build trust with clients and to actively listen to people and treat everyone equally; feedback from clients is also viewed as very helpful in developing good collaboration.

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# Spain RED CROSS

Tags: TEST | LINK | TREAT ext | LTA | PWUD | NURSE | MULTI

Keywords: Treatment on-site | drug consumption room | Hepatitis ambassador | prison work | short-cut route for insurance

## Where - Services provided:

low-threshold drug service and counselling; opioid substitution therapy (OST); drug consumption room (DCR); drop-in centre; laundry room, nursery and space to access supplemental food.

## Who - Target groups:

people who use drugs (PWUD) or injected drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); people experiencing homelessness.

## How - Team composition:

social workers; nurses; medical doctor; psychologists; social educators; psychiatrist; lawyer; administrative worker; a director; hepatitis reference nurse; hepatologist.



## What:

### Background

The CAS/ARD Lluís Companys of Red Cross Barcelona Hepatitis C programme is part of a more extensive plan for people who use drugs (PWUD) in Barcelona. The primary stakeholders within the programme are the Government of Catalonia; Subdirecció General de Drogodependències de la Generalitat de Catalunya; an important local hospital, Hospital Clínic de Barcelona; and the Red Cross. For PWUD who have not been attending other social security services, the Hospital Clínic and the administration of Catalunya formed a pilot department to help those people in need. The department provides drug substitution treatment with methadone and Red Cross Barcelona has a medical centre open to everyone as well as harm reduction services available for PWUD and for those experiencing homelessness.

The main difference between the Red Cross programme and others is that their clients can get complete HCV care on-site.

### Awareness and Prevention

All Red Cross clients and staff have access to information and education about HCV through handout materials, educational workshops, and face-to-face meetings, including with an 'hepatitis ambassador'. Staff try to carefully prevent infection and, more specifically, co-infection between their clients and the drug using community. Before treatment, every client follows an individual HCV information session with a nurse in addition to the Red Cross 2 programme which assists PWUD living with HIV.

### Testing

Red Cross Barcelona offers regular testing for staff and clients on-site. Every client has the opportunity to take a venipuncture test and HCV core antigen assay. If a person tests positive, a staff member makes an appointment with a nurse from the hospital in Barcelona for a confirmatory test and also for further assistance in accessing treatment.

Clients can benefit from a pre- and post-test counselling with a counselor, nurse or a medical doctor.

### Treatment and care

When clients receive confirmation of a positive test result, they sign a treatment agreement and, later, do a fibroscan to assess their condition. Medical staff test the client not only for HCV but also for HIV and cirrhosis, among other conditions. After diagnosis and the prescribing of treatment, a staff member offers the client a pill box with the required pills to be taken regularly.

During treatment, there is no need to be abstinent from drug consumption, including alcohol, which allows the Red Cross to attract clients into treatment. However, if treatment is sought by an individual without going through the Red Cross, the individual must fulfill the one primary criteria, which is to stop using drugs and alcohol.

Clients must have public health insurance to benefit from treatment. In case they do not have such insurance, they can get coverage on-site through a short-cut route.

### Challenges

The main challenge is to finalise the pilot version of the programme and make it accessible to everyone.

Overall, there is a need in the national treatment guidelines to encourage HCV community testing

and HCV treatment for PWUD. The attitude of the medical sector has also to change with regards to providing services for drug users and with regard to the harm reduction approach and services.

### Advocacy, Sustainability and Transferability

The Red Cross does not have any advocacy activities itself as it is only a pilot programme; but it is very much involved in the local administrative developments on behalf of the current programme which is regarded as successful. Overall, the organisation does not advocate solely for PWUD and harm reduction since its focus is much wider, encompassing any person in a vulnerable situation.

The programme closely monitors clients by registering them in a database. The registries are shared with different stakeholders and for various purposes. Firstly, because the programme is currently a pilot, the data is only used for pilot purposes. Secondly, if a client is arrested or is put in jail, a special note in the database enables follow-up for uninterrupted treatment. Finally, the data is also used for research purposes to help other organisations and researchers to learn about the impact of the programme.

### Recommendations

The strongest aspect of this programme is its complete focus on PWUD. Everybody treats clients with a very human attitude, allows them to speak up and have a say, and makes them feel that they are heard by staff.

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Keywords: All services under one roof & cooperative agreements | paid peer workers & peer2 peer education | advocacy for decriminalization of drug use



## Where - Services provided:

psychotherapy; mental healthcare; primary care; HIV and HCV care; opioid substitution therapy (OST); low-threshold drug services; counseling; distribution of needles and syringes, drug use paraphernalia and condoms.

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); HIV-positive men-who-have-sex-with-men (MSM).

## How - Team composition:

psychiatrists; psychotherapists; medical doctors; infectious disease specialist; nurses; social workers; peer workers (paid).

## What:

### Background

Arud was founded in Zurich, Switzerland, in 1991 by a group of people interested in harm reduction services. The association was in response to the continuously open drug scene in the city where people who used drugs (PWUD) had no access to sterile needles and syringes and there was no opioid substitution therapy (OST) available.

Arud was a pioneering organisation when it started with its low-threshold methadone programme in 1992. In the following years, OST was extended to include diacetylmorphine and further substitutes. The provision of sterile needles and syringes as well as basic medical care for PWUD has been part of their service from the outset. HIV and HCV care services were naturally included as a large part of Arud's patients were affected by these diseases. Today, Arud treats every kind of dependency disorder and is the leading out-patient clinic for dependence medicine in Switzerland.

Together with a partner organization, they also provide health services with a special focus on STIs for men-who-have-sex-with-men (MSM). Arud researches the outcomes of their services through scientific studies.

### Awareness and Prevention

To raise awareness of HCV among patients, Arud generates print and video materials with informative, face-to-face discussions conducted by their (paid) peer team. The Arud team, including specially trained hepatitis nurses, has hepatitis trainings at least once per year to provide patients with basic, up-to-date information. Arud also applies a specific 'hygiene protocol' for staff and clients.

ARUD organises, and participates in, the promotion of awareness and testing campaigns together with their partners such as 'Swiss Hepatitis' and 'INHSU'; it also participates in World Hepatitis Day and is member of the World Hepatitis Alliance.

### Testing

On-site, Arud uses a normal blood test, which is sent to a laboratory (e.g. HCV RNA) and runs its own pharmacy to provide the necessary medicines based on patient prescriptions. Patients can also benefit from testing methods such as venipuncture by highly experienced staff. Arud also provides patients with pre- and post-counselling, including talks with a nurse, medical doctor or a peer worker.

The Arud peer workers offer free, anonymous and rapid testing on-site and while on outreach and team members also visit partner organisations such as drug consumption rooms (DCR's) to conduct rapid HCV testing and elastography examination.

Every patient at Arud has a personal file, similar to a hospital or a GP facility, and once agreed individually, their data can be used for research purposes.

### Treatment and care

During treatment, every patient is supported by a staff member. However, the less aware a patient is of hepatitis, the harder it is to reach them with the proper treatment. Peer-to-peer education is in place to address this challenge. Under Arud's package of services, clients can get treatment on-site. It also offers disease self-management support and liver health monitoring and assessment.

Arud has beneficial cooperative agreements with several stakeholders in their region. They work with opioid substitution patients with a special focus on viral hepatitis C while including all their patients in the National Swiss Hepatitis Cohort. They are also members of the Swiss Hepatitis C strategy network which comprises all stakeholders responsible for hepatitis services.

### Challenges

A key challenge for Arud is identifying and understanding the difficulties faced by migrants. Arud would like to improve its ability to make contact with this target group and be able to include them in the programme and offer them services.

Another challenge is the implementation of on-site HCV RNA testing due to the high level of regulations by Swiss authorities for PCR testing outside of accredited labs.

### Advocacy, Sustainability and Transferability

Arud is targeting its advocacy at the political level to decriminalise drug use and reduce repression in this field. Arud's main political demand is market regulation for all psychoactive substances. The criminalisation of drug use is also one of the biggest barriers to HCV care. In addition, Arud supports the activities of Swiss Hepatitis to integrate viral hepatitis into the national HIV/STI programme. They have close contact with national health authorities, local politicians and stakeholders while also working with local media outlets to raise awareness and to support advocacy activities.

Arud is mainly financed through the health insurance of its patients. Health insurance is mandatory in Switzerland and paid by social welfare for those who cannot afford it.

### Recommendations

Arud believes in the importance and effectiveness of offering services to PWUD under one roof in order to provide an holistic, low-threshold and patient-centred service where patients are treated as equals without prejudice.

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## Where - Services provided:

needles and syringes exchange, drop-in centre; opioid substitution therapy (OST).

## Who - Target groups:

people who use drugs (PWUD) or inject drugs (PWID); sex workers; men-who-have-sex-with-men (MSM); young people at-risk; people experiencing homelessness.

## How - Team composition:

peer workers; volunteers; nurses; hepatitis reference nurse.

## What:

### Background

Hillcrest Futures is a harm reduction service provider based in Dundee and contracted by the National Health Service (NHS) in the Tayside region of Scotland and includes a needle exchange service and drop-in service.

Hillcrest Futures includes women-only groups with female staff, focusing on women involved in commercial sexual exploitation or at-risk of domestic abuse. It runs clinics targeted at steroid users, offering liver function tests to support their engagement. Hillcrest Futures welcomes anyone who needs their services, such as under-represented groups, including people from black and minority ethnic populations.

NHS Tayside and the University of Dundee approached Hillcrest Futures for support in their research study on eradicating viral hepatitis C in PWID through utilising their effective relationships with service users and in encouraging them to be tested for HCV as well as HBV and HIV. They tested a high number of people with Dry Blood Spot Tests (DBST) and supported their access to treatment throughout the study which proved that their outreach work in homeless hostels and local pharmacies had increased the number of tests conducted and participants accessing treatment.

### Awareness and Prevention

Senior support workers of Hillcrest Futures regularly provide BBV awareness training for external agencies who may have contact with people who inject drugs (PWID) and promote dry blood spot tests during engagement in hostels through brief interventions that lead to the uptake of tests. They also attend well-being events in community settings and prisons, promoting BBV services and awareness. The involvement of senior support workers who have actual lived experience works very well



and is based on their skills, knowledge and level of confidence.

Hillcrest Futures regularly hands out educational materials and information folders to staff and clients and organise viral hepatitis awareness campaigns such as the 'BIG C Event' with partners including the NHS and the Hepatitis C Trust.

### Testing

Dry blood spot testing is always offered by Hillcrest Futures to their clients unless a client has previously had an HCV infection. If so, an IV blood test is carried out by BBV nurses based on the drop-in service where venepuncture, PCR, RNA, and Fibroscan testing are also available. If the result is positive for HCV, a specialist BBV nurse discusses the treatment options and starts the process of gaining the client's consent for treatment. A full blood sample is then taken from the client to determine the strain of the virus.

Hillcrest Futures has no specific counselling protocol. However, clients are given emotional support and are closely monitored by their specialist nurse. Those at Stage 3 have a one-hour meeting with study staff every two weeks and, together, they complete a booklet consisting of reminder strategies for taking their medication. A medical doctor might also hold further talks.

### Treatment and care

Treatment is provided through the mainstream NHS service which operates out of the same premises as the needle exchange. The partnership works very well, with people who test positive for HCV moving seamlessly into treatment.

Hillcrest Futures initially identifies individuals at risk of HCV and with chronic HCV because an individual being tested and diagnosed within the service can be linked to care immediately after their eligibility for treatment is checked. Accordingly, the client adheres to the treatment process through regular contact with staff and receives an Ensure protein drink as an incentive while collecting their medication. The provision of protein drinks promotes good health and encourages individuals to go to appointments and

to undertake the final blood test to determine viral clearance.

### Challenges

Although their hepatitis services are fully equipped and match current requirements, Hillcrest Futures requires additional funding to improve equipment and services with more educational and training materials for staff and more informative content for clients.

In addition, Hillcrest Futures would like to offer supervised drug consumption rooms (DCR's) for safer injecting, to prevent overdose and to reduce the spread of blood-borne diseases while allowing more clients to have access to their services. A further challenge is to identify and access hidden populations, such as steroid users and those who may have injected in the past but are no longer in services.

### Advocacy, Sustainability and Transferability

Hillcrest Futures has recently benefited from the positive engagement with, and the full support of, the Dundee Member of the Scottish Parliament (MSP) whose visit to the service resulted in the Scottish Government launching its new Scottish Drug and Alcohol Strategy at Hillcrest Futures. Their funding is secured every 4 years through a competitive tendering process, and the benefits of their services are well understood and represented at the political level.

### Recommendations

All factors, including Dry Blood Spot Testing and treatment of HCV, as well as the prevention of BBVs, are targeted at vulnerable people and those with a chaotic lifestyle, including support to PWID through the distribution of sterile injecting equipment and related paraphernalia.

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Find a more detailed description of the examples and an overall analysis at <https://www.hepatitis-c-initiative.eu/index.php/good-practice/>

We will add more examples to the website in upcoming years. Please contact [administration@correlation-net.org](mailto:administration@correlation-net.org) if you would like to present the work of your organisation as well.



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