



BERLIN MANIFESTO

Hepatitis C: Access to Prevention, Testing, Treatment and Care for People who Use Drugs

Hepatitis C is a Major Global Public Health Problem!

THE TIME TO ACT IS NOW!

HEPATITIS C STATISTICS AND POLICY FACTS:

- 150 million people worldwide are living with chronic hepatitis C virus (HCV), of those infected, nine million are living in the European region ^{1,2}.
- The burden of HCV is concentrated among people who inject drugs (PWID) in Europe, with HCV antibody prevalence ranging from 21% in Finland to over 90% in Estonia ³. The World Health Organization (WHO) has identified people who inject drugs as a key target group for HCV prevention and treatment ⁴.
- In January 2014, the first all oral HCV treatments providing cure rates of up to 98% in clinical trials were approved by the European Commission ⁵.
- In spite of European guidelines recommending treatment access ¹⁵ people who use drugs still face considerable barriers to, and are frequently denied, access to the newly approved HCV treatment regimens ⁶.
- The scale-up of HCV treatment access to people who inject drugs has the potential to significantly reduce the number of new infections and the prevalence in the population, acting as an effective preventative measure ⁷.

Major European and international agencies working in, or involved with health and drugs, such as WHO, UNODC, UNAIDS, EMCDDA and ECDC consider viral hepatitis, especially among people who inject drugs, a serious public health problem.

At present policies responding to HCV are inconsistent, or non-existent across Europe 8. The broad range of issues pertaining to HCV have not been thoroughly included in European and/or national policies, or comprehensively dealt with among designated stakeholders. HCV prevention, screening, early diagnosis, and treatment among people who inject drugs have been proven to be both effective and cost effective 9. Research exploring the values and preferences of people who inject drugs with regards to HCV treatment has found that concerns about side effects; limited HCV knowledge; rationed treatment expectations; experiences of treatment refusal due to drug use; stigma and discrimination within healthcare settings; and difficulties associated with hospital systems pose significant hurdles for HCV treatment, access and uptake 10.

Presently, public awareness, surveillance systems, availability of HCV prevention and harm reduction based interventions remain inconsistent throughout Europe. Access to screening and diagnosis services are not available to people who use drugs in every country. Importantly there has been little attention to addressing the stigma and discrimination faced by people who use drugs and even higher among people who inject; this is a major barrier to accessing services and requires urgent remedial action if effective HCV policy and programming is to be implemented 11. The time to foster a unified global response to the hepatitis C epidemic is now!

THE TIME TO ACT IS NOW!

- **Develop Targeted HCV Strategies and Action Plans**

We strongly recommend the development and implementation of European and national HCV strategies and action plans that include appropriate funded multidisciplinary approaches for HCV prevention and control among communities engaged in high-risk behaviours including people who inject drugs, in line with the 2014 WHO resolution WHA67.6 OP1(1) 12.

Action Required: Policy-makers, NGOs/service providers, representatives from at high-risk populations, such as organisations of people who use drugs, and workers in the health care, social and justice sectors, must collaborate (at European and national levels) for the development of comprehensive HCV strategic plans and service recommendations. Public funding must be allocated for the development, implementation and evaluation of effective HCV strategic planning and services 13.

- **Provide Access to HCV Testing, Treatment and Care Services**

We strongly recommend the provision of low threshold and community based HCV testing (voluntary, confidential and free of charge) and referral to affordable and high quality treatment (interferon free) and care for HCV. Provision of HCV testing and treatment uptake among PUD in low threshold settings has been proven to be effective and cost-effective 14. Despite issues of limited access, newly approved HCV treatments, direct acting anti-virals (DAAs), have shown to be effective and well adhered among people who use drugs in recent studies 6.

Action required: Implementation of comprehensive national policies to fund and support integrated and accessible programs for HCV testing and treatment, offered in non-traditional and low threshold community-based settings 15. Central to the success of this approach is the involvement of people who use and inject

drugs and their organisations in every aspect of HCV prevention, treatment and care planning, noting that “evidence showed that interventions delivered by peers were effective in reducing transmission of viral hepatitis” (p.9) ¹⁶. Consensus agreements must be made among pharmaceutical companies and EU member states to reduce prices of new medications to allow the scale-up of treatment, thereby allowing for equitable access to affordable treatments.

- **Scale-up Harm Reduction, evidence and Community-Based Programs**

We strongly recommend the scale-up of harm reduction, NPS and community-based programs ensuring high quality, effective and sustainable coverage. Research has shown that a combination of integrated interventions in low threshold settings such as NSPs, opioid substitution therapy (OST), access to medicalised heroin and community based, peer led harm reduction programs are not only cost effective regarding HCV prevention, but also ensure that marginalised populations stay connected to direly needed services ¹⁷. Moreover, considering the easier transmission of HCV when compared to HIV, it is crucial to ensure higher quality standards for harm reduction services, in order to prevent HCV.

Action required: Implementation of comprehensive, integrated and high qualified harm reduction based HCV prevention services, involving members of the most affected community, that include evidence based interventions, and OST in low threshold settings. The establishment of policies that ensure appropriate financial resources are made available for capacity building, and the empowerment of organisations of people who inject drugs, and provision of prevention interventions recommended by WHO.

- **Decriminalize People Who Use Drugs**

We strongly recommend all EU member states to adopt laws that decriminalize people who use drugs and prosecute human rights violations that threaten access to, or deny, essential life saving services, such as NSP, harm reduction and treatment services. In many countries, members of law enforcement have been responsible for confiscating drug injection supplies and sterile syringes intended to prevent the transmission of HCV and HIV. Numerous studies show that such actions are responsible for increasing injection risk behaviours and countless numbers of entirely preventable HCV infections ¹⁸.

Action required: Drug policies and laws that criminalize possession of drugs, as well as sterile injection equipment obtained at NSPs, must be reformed or removed to stop the marginalization of people who use drugs and to guarantee free access to essential health services, including harm reduction, HCV/HIV prevention and treatment programs. National governments should adopt new drug policies based on a human rights approach fighting against the stigma and discrimination that denies access to HCV treatment to people who use drugs or who are on opiate substitution therapy (OST).

- **Meaningful inclusion of People who Inject Drugs and their organisations**

We strongly recommend meaningful involvement of communities living with the highest risk of HCV, namely people who use or have used drugs, in all levels of HCV policy development, including the development and provision of harm reduction, HCV prevention, treatment and care services. The involvement of most affected communities is critically important for the development of successful and effective policies and services. Peer based HCV prevention programs and interventions have been proven most effective in reducing transmission of viral hepatitis and HIV ^{19, 20}.

Action Required: European policies and member states policies must include mandates that require the involvement and representation of high-risk communities in decision-making processes related to HCV policies and services. EU and national support must be provided to ensure implementation and sustainability of peer-led HCV services, and consequently must fund drug user led organisations to provide peer to peer education, and low threshold harm reduction services.

- **Increase Health and HCV Literacy**

We strongly recommend the development and implementation of standardized training for healthcare workers and for people who use drugs on HCV prevention, treatment updates and drug use issues. Evidence suggests that healthcare workers and people who inject drugs often lack sufficient health literacy on hepatitis, which negatively influences decisions regarding appropriate prevention and treatment options 21, 22.

Action Required: The development and implementation of EU and nationally supported training programs on HCV and drug use for healthcare workers (including Nurses and GPs) and people who use or inject drugs. People who inject drugs and their organisations must be at the centre of health and HCV literacy measures. Dedicated funding must be allocated for the development of interventions that will improve the knowledge and skill level regarding HCV treatment and drug use/user cultural issues among healthcare professionals, including specialists such as hepatologists and gastroenterologists. Peer based organisations of people who inject and use drugs must be funded to produce and provide education and training, addressing gaps in knowledge among healthcare workers and peers in regard to cultural and specific needs of people who use drugs to ensure beneficial health outcomes.

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