

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

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Background

People who inject drugs (PWID) remain a key risk group for hepatitis C virus infection (HCV) with national prevalence estimates ranging from 13.8% (Malta) to 84.3% (Portugal) in Europe.

To reach the global and European elimination goals, HCV testing and treatment of PWID is required at larger scale. To address this, an initiative to promote HCV testing in drug treatment settings across Europe is being piloted by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Methods

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

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

Results

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

	Epidemiological Situation	Legal Framework	Society Level / Discrimination	Organisation of Testing & Treatment on National Level
System Level	<ul style="list-style-type: none"> - Lack of national HCV strategic planning - Lack of evaluation and monitoring of indicators of national HCV plans - Lack of HCV incidence data among PWID - Lack of HCV prevalence data among PWID 	<ul style="list-style-type: none"> - No national policy in place for unrestricted access to HCV DAA treatment - No national policy in place for treatment of HCV in current PWID - Prohibition and criminalisation of drug use - No government funding available for HCV screening and /or treatment - No national screening strategy in place for HCV testing of PWID 	<ul style="list-style-type: none"> - Stigma and discrimination against people with HCV - Stigma and discrimination against PWID - Restriction to access to services due to disease status - Breach of confidentiality – (link to other systems, e.g. tax office systems) 	<ul style="list-style-type: none"> - HCV testing not free of charge - Testing for HCV is not provided by OST services or other drugs services - No targeted programmes implemented for HCV testing of PWID - HCV treatment provision only by approved centres/ not decentralised - Medical staff required for HCV testing
Provider Level	Internal Barriers		External Barriers	
	<ul style="list-style-type: none"> - Low level of knowledge of HCV among staff in drug services - Low level of knowledge of HCV among staff in OST services - Scared of stigmatising client when asking about HCV - Assumption by staff: HCV testing is too complicated 	<ul style="list-style-type: none"> - HCV treatment not offered if current drug use - Not perceived as the area of responsibility of the staff in drug treatment services – medical vs. social counselling - Staff not up-to-date on new developments in HCV testing and treatment 	<ul style="list-style-type: none"> - Insufficient staff available to offer and provide HCV testing services - High fluctuation of staff in drug services - Insufficiently provided with information materials - Lack of time to offer and provide HCV testing - High proportion of immigrant PWID (language barriers) - Cost of HCV testing not budgeted for 	<ul style="list-style-type: none"> - Lack of available funding and equipment to offer and perform HCV testing services - No existing collaboration with laboratories for confirmatory HCV testing - Point-of-care (POC) HCV testing not available in drug services - Lack of referral pathways to HCV care and treatment
Client Level	Knowledge	Access	Stigma	Consequences of positive test result
	<ul style="list-style-type: none"> - Missing knowledge of HCV and current treatment options - Myths on HCV (“My HCV is encapsulated”) - Fear that drawing blood will damage veins 	<ul style="list-style-type: none"> - The service is too far away (location) and/or the opening hours do not fit client - It takes too long time to get tested - Language barrier - Lack of/poor available transportation to the service - Two step testing (HCV serology and HCV RNA) - HCV services restricted to those in addiction care 	<ul style="list-style-type: none"> - Fear of stigma if tested positive and stigma/shame of using drugs - Negative experiences with health care personnel/stigmatised when tested for HCV 	<ul style="list-style-type: none"> - Fear of losing custody of children (to child services) - No HCV treatment available if tested positive - Fear of HCV testing/knowing results - Fear of deportation (for migrants) - Fear of HCV treatment side effects
	Perception of HCV		Competing problems	
	<ul style="list-style-type: none"> - Perceive risk of HCV as low and not as serious as HIV - Cultural attitudes towards infection/no need to avoid infection 		<ul style="list-style-type: none"> - Other health problems (e.g. mental health problems) - Lack of sufficient food, housing and/or financial resources 	

Conclusion

Identifying and tackling barriers and stigma is key in increasing access to HCV testing for PWID.

Removal of some barriers may require changes to wider national health and legal systems, while others can be solved by implementing simple regulations or change in practice and by increasing knowledge among staff and clients.