

Gesundheit Österreich  
GmbH ● ● ●



European Monitoring Centre  
for Drugs and Drug Addiction

# The evidence base: Improving the cascade of care for HCV among PWID

Tanja Schwarz (Gesundheit Österreich, AT)

# Background & Aim

ECDC/EMCDDA stakeholders survey in 2018:

- Linkage to care and adherence to treatment  $\Rightarrow$  priority areas for inclusion in the updated guidance

Systematic review commissioned by ECDC to GOEG that:

- **Aims** to support the guidance update process by **identifying interventions** that can improve HCV **linkage to care** and **adherence to DAA treatment** among PWID

Part of a larger review on hepatitis B and C, HIV, and tuberculosis

- Considerably larger body of evidence identified for HCV

# PICO

## Population

PWID or  $\geq 50\%$  of study sample composed of people who reported ever injection drug use *or* people receiving OAT; with chronic HCV infection

## Intervention

Intervention(s) aimed at improving engagement at any (or combination) of the following stages along the HCV care cascade:  
a) linkage to care – defined as clinical assessment of HCV infection/liver disease  
b) adherence to treatment (regimens combining interferon/DAA or DAA only)

## Comparator

RCTs: Participants **receiving care as usual or routine care** as defined by study authors;  
Non-randomized studies: before and after intervention comparison

## Outcomes

- a) For linkage to care:
- % study population that came in contact with a care provider i.e., **“visit”** and/or,
  - % study population initiating HCV treatment i.e., **“treatment initiation”** as defined by the study authors
- b) For adherence to treatment:
- % study population **adherent** to HCV treatment and/or **completing** HCV treatment
  - **SVR12 or SVR24**

# Information sources and eligibility criteria

## Databases

- PubMed, EMBASE, PsycINFO, Clinical Trials Registry, CDSR

## Time period

- From 01/01/2011 to 08/07/2020

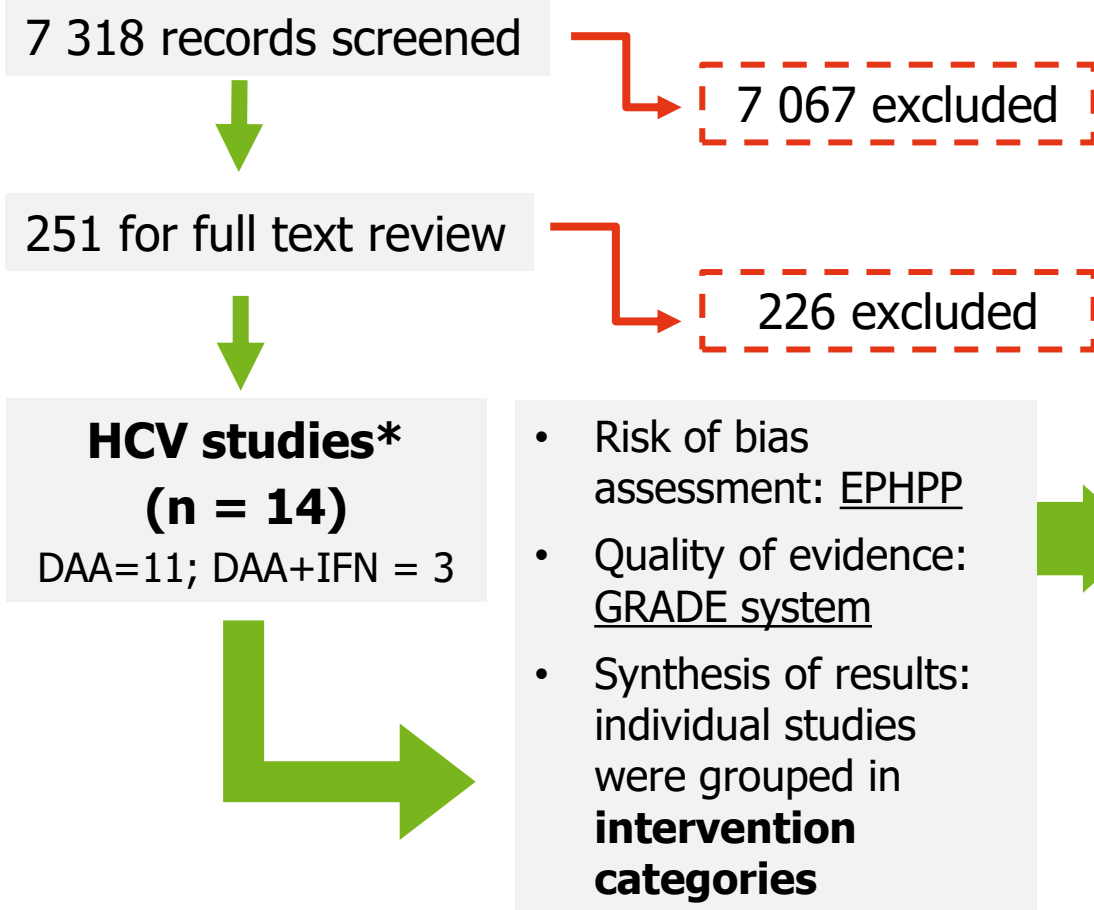
## Geographical considerations

- EU/EEA/EFTA countries, EU candidate countries, the UK, US, Canada, Australia and NZ

## Exclusion of

- Non-peer-reviewed scientific articles or conference abstracts, study protocols, review articles including systematic reviews and non-comparative studies

# Results



## Expert Panel

### Before the meeting:

- **Evidence to Decision tables** were developed and submitted to the experts
- Summary of Expert's feedback and comments on recommendation

### 2-days virtual meeting (3-4 hours discussion each day)

During the meeting, the Expert Panel members

- examined the evidence gathered and the identified gaps
- discussed the evidence tables and the draft recommendations (including practice considerations);
- commented and formulated expert opinions, suggested revisions/edits; and
- gave direction for final recommendations

\*six HCV studies reporting interventions in interferon only era were excluded

# Results

	Contingency management <sup>⊕</sup> Not sign.	Telemedicine <sup>⊕</sup> Not sign.	Peer interventions <sup>⊕</sup> Not sign.	Directly observed therapy (DOT) <sup>±</sup> Not sign.
<b>Settings</b>	<ul style="list-style-type: none"> <li>NSPs, other service providers for PWID</li> </ul>	<ul style="list-style-type: none"> <li>Limited/remote access to healthcare</li> <li>Prisons</li> <li>Drug treatment centres</li> </ul>	<ul style="list-style-type: none"> <li>Closed informal social networks</li> <li>High stigma</li> </ul>	<ul style="list-style-type: none"> <li>Close to daily lives of PWID, e.g., pharmacy, NSP, OAT, DCR, emergency centres, prisons</li> </ul>
<b>PWID sub-populations (where specified)</b>	<ul style="list-style-type: none"> <li>Vulnerable groups (incentives may reduce barriers)</li> </ul>	<ul style="list-style-type: none"> <li>Marginalised PWID</li> </ul>	<ul style="list-style-type: none"> <li>Hidden and hard to reach PWID (e.g., foreigners, migrants, illiterates)</li> </ul>	
<b>Practice considerations</b>	<ul style="list-style-type: none"> <li>In addition to peer-lead interventions, harm-reduction, OAT, NSP education, community campaigns etc.</li> <li><b>Consider legal framework</b></li> <li><b>Avoid inequalities</b></li> </ul>	<ul style="list-style-type: none"> <li>More effective for <u>adherence to treatment (SVR)</u> than linkage to care</li> <li>Can be challenged by lack of equipment</li> <li><b>COVID-19 context!</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Training of peers as pre-condition</b></li> <li>Raise awareness on peer work</li> <li>Consider legal framework</li> </ul>	<ul style="list-style-type: none"> <li>Enable link to specialised HCV care</li> <li>Consider healthcare system characteristics and legal requirements</li> <li><u>DOT should not be a condition to receive DAA</u></li> <li>Linking DOT with OAT can be a major success factor</li> </ul>

Outcome indicators for *linkage to care* - visit, treatment initiation and *adherence to treatment* - treatment adherence, treatment completion, SRV12  
Comparator - usual care (for most, hospital)

# Results

	<b>Opioid agonist treatment</b> $\pm$ Not sign.	<b>Primary care</b> $\oplus$ Sign.	<b>Integrated services and case management</b> $\oplus$ Sign.
<b>Practice considerations</b>	<ul style="list-style-type: none"> <li>OAT not directly impacted treatment completion, SVR12 or safety - OAT should therefore <u>not be a barrier/prerequisite</u> to treatment access</li> <li>Integration OAT &amp; HCV treatment beneficial; <b>OAT provides a fixed setting, regular meeting point during therapy.</b></li> <li>High benefits for PWID with underlying psychiatric comorbidities.</li> </ul>	<p>Familiar environment, easy to access, <u>however</u>, consider organisation of healthcare system e.g.,</p> <ul style="list-style-type: none"> <li>GPs offer DAA &amp; OAT?</li> <li>GPs trained and allowed to prescribe DAA?</li> <li>GPs perform first pre-treatment visit and handle complex patients (comorbidities)?</li> </ul>	<p>Integrated care approach combining:</p> <ul style="list-style-type: none"> <li>addiction,</li> <li>infectious diseases,</li> <li>mental health therapy,</li> </ul> <p><b>could increase accessibility and facilitate treatment success</b> by covering various needs of PWID population.</p> <p>High benefits for PWID with underlying comorbidities.</p> <ul style="list-style-type: none"> <li>Between: harm reduction services, mobile units and HCV care providers,</li> <li>Preferably located in same geographic area,</li> <li>Should <b>reduce barriers by actively accompanying clients in the referral to other services.</b></li> <li>Cooperation between drug addiction services and institutions providing treatment</li> </ul>

Outcome indicators for *linkage to care* - visit, treatment initiation and *adherence to treatment* - treatment adherence, treatment completion, SRV12  
 Comparator - usual care (for most, hospital)

# Conclusions

Low to moderate quality evidence that integrated, people-centered approaches may improve engagement

Critical success factors for interventions:

- Implemented in settings close to target population (e.g., harm reduction services, OAT)
- Adequate funding and coverage
- Recent drug use should not be an exclusion criteria for DAA treatment
- Testing and treatment free of costs for PWID
- Interventions tailored to and integrated in existing national strategies



To improve the HCV cascade of care among PWID, interventions should be implemented **in combination** with harm reduction services, drug treatment and **considering the healthcare system characteristics and legal framework.**



# Contact

Gesundheit Österreich  
GmbH



European Monitoring Centre  
for Drugs and Drug Addiction

## Tanja Schwarz

### Gesundheit Österreich GmbH

Austrian National Public Health Institute

Dept. Addiction Competence Centre

Stubenring 6, 1010 Vienna, Austria

**T:** +43 1 515 61-225

**E:** [tanja.schwarz@goeg.at](mailto:tanja.schwarz@goeg.at)

[www.goeg.at](http://www.goeg.at)

Schwarz, Tanja, Horváth, Ilonka, Fenz, Lydia, Schmutterer, Irene, Rosian-Schikuta, Ingrid & Mårdh, Otilia (2022). Interventions to increase linkage to care and adherence to treatment for hepatitis C among people who inject drugs: A systematic review and practical considerations from an expert panel consultation. *The International Journal of Drug Policy*, 102, 103588

