



Models of good practice to enhance infectious diseases care cascade among people who inject drugs: A qualitative study of interventions implemented in European settings

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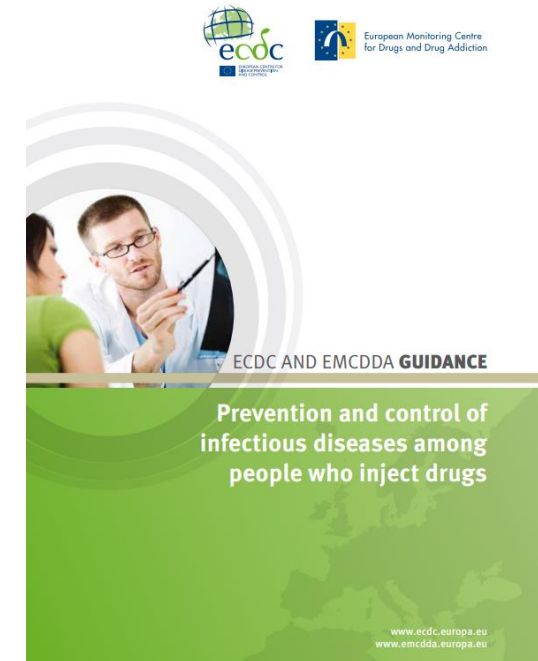
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Gesundheit Österreich
GmbH ● ● ●

Background

- In the framework of ECDC&EMCDDA Guidance (2011) update (in press)
- **Models of good practice (MoGPs)** collection commissioned by ECDC to GOEG that
 - aims to support the guidance update process by identifying MoGPs that can improve **community-based testing, linkage to care** and **adherence to treatment** for infectious diseases among PWID
- Infections of interest: HBV, HCV, HIV/AIDS, TB
- Geographical coverage
 - EU/EEA and the UK, ENP area and Western Balkans

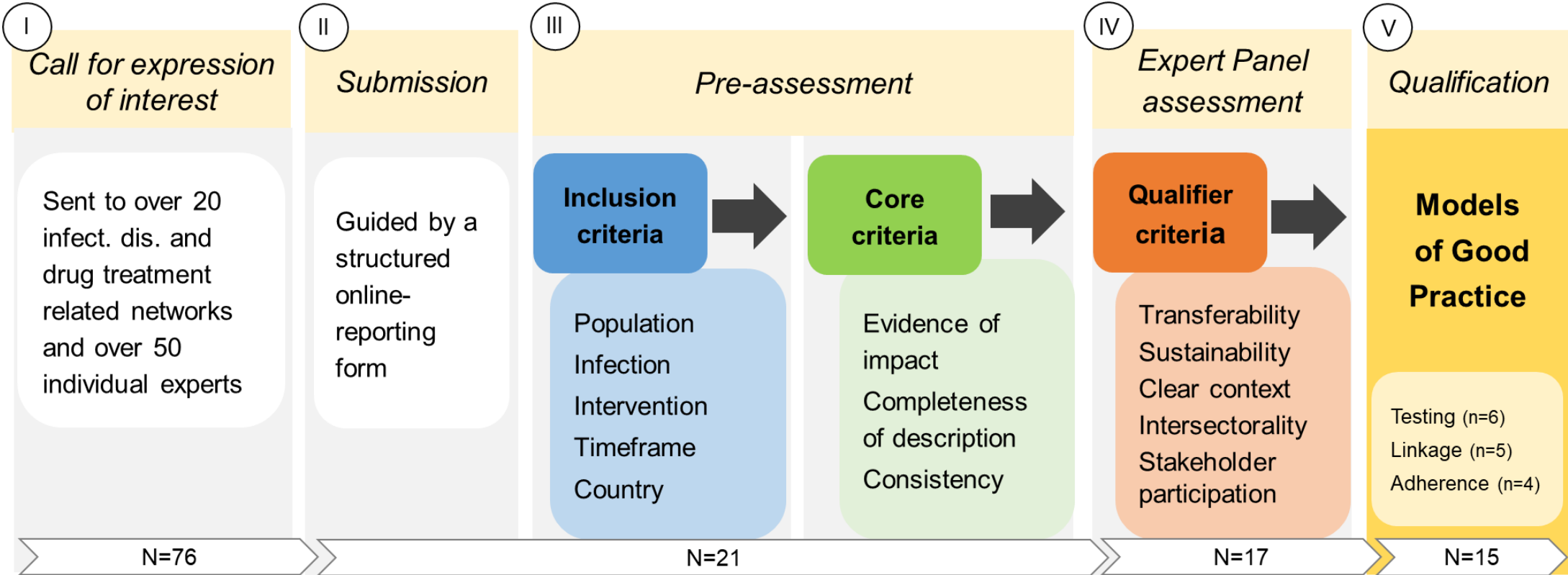


MoGP = (a package of) interventions with proven effectiveness in certain settings + likely replicable and sustainable in other settings or countries

Study purpose and aims

- To add **practice-based evidence** derived from interventions implemented in real-life settings and with a documented impact
 - Building upon our previously published literature review (Schwarz et al., 2022)
⇒ limited evidence on interventions implemented in European settings
- **Research questions**
 - **Q1:** Which **interventions** were employed in the MoGPs by stage of the care cascade and what are the **main implementation characteristics?**
 - **Q2:** Which were the overarching **enabling factors** inherent in implemented interventions?

Collection and selection of models of good practice



Data analysis

(1) Qualitative analysis of MoGPs to answer 1st research question

- Structural characteristics: Country, geographical coverage, infection targeted, settings and interventions implemented within the MoGPs
- In-depth analysis of the interventions employed within the MoGPs for every stage of the care cascade

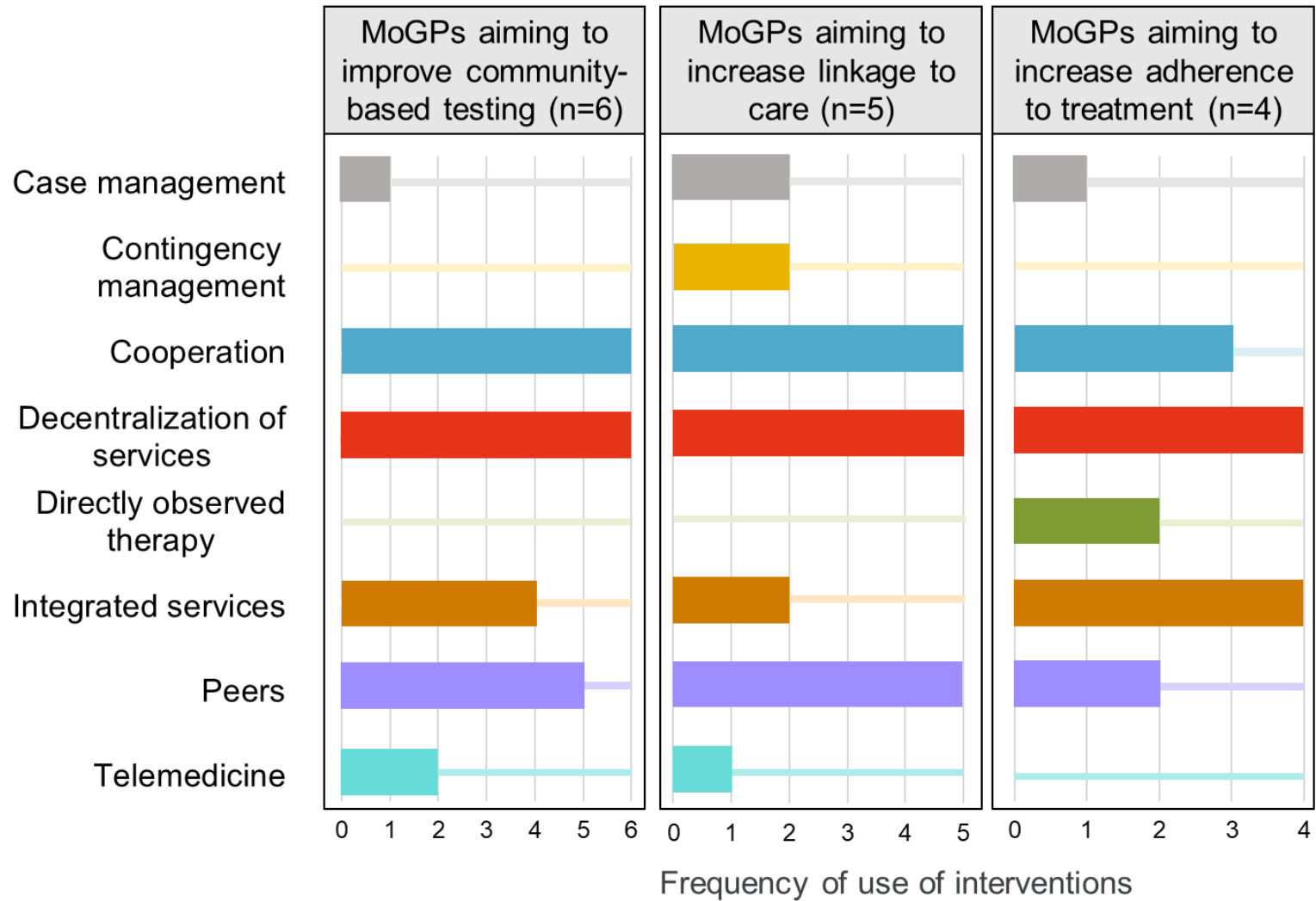
(2) Synthesis of **enabling factors** aiming to answer 2nd research question

- Extracted from narratives of selected 15 MoGPs as reported by the submitters
- Clustered for each stage of care cascade

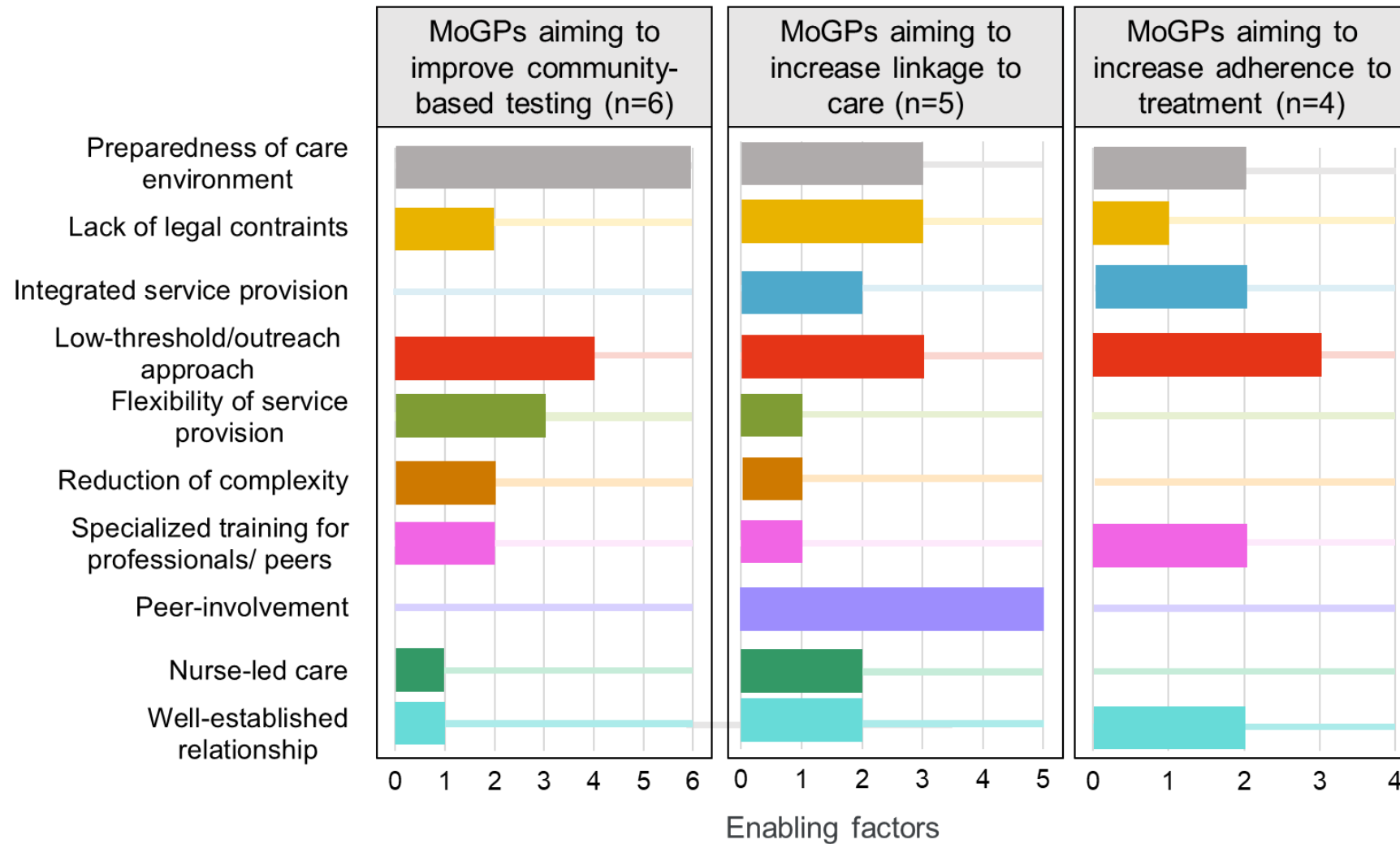
Results

- 15 Models of Good Practice, implemented under 10 framework programmes
 - Most addressing several infections and several stages of the care cascade
- **Wide geographical coverage**
 - Norway, Portugal, Republic of Moldova, Spain and the UK and EU-wide HepCare project (Ireland, Romania, Spain, the UK)
- **Variety of settings**
 - Most interventions were implemented in more than one setting
 - (Low-threshold) harm reduction services, outreach programmes, outpatient drug-addiction treatment centres, OAT setting, prison, pharmacies

Results: Type of interventions identified



Results: Factors acting as enablers of interventions



Take-home messages (1/4)

Identified interventions have been designed to address the **unique patient-, provider-, and systems-level barriers**

Combination interventions and involvement of **multiple sectors of service provision** are successful for multiple infectious diseases



Take-home messages (2/4)

Care structures and pathways should be

- **simplified**
 - through reducing complex pathways
- **based on cooperation**
 - within facility or external
- **multidisciplinary**
 - by comprising different professionals



Take-home messages (3/4)

Pre-conditions that influence the success of interventions include

- **Policy-level commitment**
 - from local/national authorities and no syst. barriers
- **Preparedness** of care structures
 - sensitised providers and existing collaborations
- Consideration of **social determinants**
 - on patient and provider side to meet needs

Take-home messages (4/4)

In peer-reviewed literature, information on success factor and enablers of interventions is **often limited**

⇒ Call for more qualitative research on **implementation practices and experiences** supporting the improvement of PWID inclusion in infectious disease treatment care cascade



You might also like ...

ECDC/EMCDDA Shared session ⇒ Prevention and control of HCV and HIV among people who inject drugs in 2022 and beyond: new evidence and key recommendations within the updated public health guidance ECDC/EMCDDA

Chairs: Otilia Mardh, ECDC (Sweden) and Thomas Seyler, EMCDDA (Portugal)

TOMORROW Thursday, 20 October

11.15 - 12.10

Room: *Lomond Auditorium*

11.15 - 12.15	Prevention and control of HCV and HIV among people who inject drugs in 2022 and beyond: new evidence and key recommendations within the updated public health guidance ECDC/EMCDDA Room: Lomond Auditorium Chairs: Otilia Mardh, ECDC, Sweden and Thomas Seyler, EMCDDA, Portugal
11.15 - 11.25	Summary of the updated guidance Otilia Mardh, ECDC, Sweden, and Thomas Seyler, EMCDDA, Portugal
11.25 - 11.35	The evidence base: Effectiveness of drug treatment, NSP and DCRs for the prevention of HCV, HIV and injecting risk behaviour among PWID Norah Palmateer, Public Health Scotland, UK
11.35 - 11.45	The evidence base: Review of mathematical modelling studies of OST and NSP for preventing HCV transmission Lara Gordon, University of Bristol, UK
11.45 - 11.55	The evidence base: Improving the cascade of care for HCV among PWID Tanja Schwartz, Addiction Competence Centre, Austrian National Public Health Institute, Austria
11.55 - 12.10	Panel Discussion: From guidance recommendations to practice

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Disclosure of Interest

There are no conflicts of interest to declare.



References

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 on Drug Policy*, 102, 103588. <https://doi.org/10.1016/j.drugpo.2022.103588>

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ECDC (2022). Models of good practice for community-based testing, linkage to care and adherence to treatment for hepatitis B and C, HIV and tuberculosis and for health promotion interventions to prevent infections among people who inject drugs. Stockholm: ECDC (in press)

ECDC/EMCDDA (2011). Prevention and control of infectious diseases among people who inject drugs. Stockholm: ECDC