Hepatitis C

The definitions of terminology used in this section:

- **HCV treatment**: treatment with the new drugs, direct-acting antivirals (DAAs)
- "**People who inject drugs**" (PWID) include all the subgroups, if not stated otherwise:
  - currently active injectors,
  - former/current injectors on opioid substitution treatment (OST)
  - occasionally injecting drugs,
  - no more injecting drugs,
  - former injectors: no more injecting drugs and not on OST,
  - ever injectors: all mentioned above.

Changes in National Legislation

With the following questions, we want to assess the impact of national strategies or guidelines on the accessibility to testing and treatment for people who use injectable drugs (PWID). We want the viewpoint of services working with people who use drugs.

*Please check the EMCDDA collected Hepatitis C (HCV) country related information:*

1. Is the EMCDDA information in the summary of your country up to date, or did anything changed recently regarding new or updated hepatitis C strategies, guidelines etc.?
   - ☐ I don't know
   - ☐ The information given is still valid
   - ☐ The information needs to be updated → Please specify below the updates needed and, if possible, provide a link to any updated document you have:

2. Which guidelines for HCV testing and treatment of people who inject drugs (PWID) are used in your country?
   - ☐ I don't know → Please go to question 5
   - ☐ No guidelines available → Please go to question 5
   - ☐ EASL guidelines
   - ☐ National guidelines with PWID included
   - ☐ Separate national guidelines for PWID
Other guidelines (i.e. WHO) → Please provide the name of the guideline below:

3. Do you think these guidelines impact accessibility to testing and HCV treatment of people who inject drugs (PWID) in your city?

☐ Yes – positively → Please check below how (check all that apply):
  ☐ better access to CSO services
  ☐ better access to specialised HCV services
  ☐ better access to HCV information and counselling
  ☐ better access to HCV testing
  ☐ better access to HCV treatment
  ☐ other - specify:

☐ Yes – negatively → Please check below how (check all that apply):
  ☐ HCV testing is not possible outside the healthcare system
  ☐ HCV treatment is not possible outside the specialised healthcare system
  ☐ HCV treatment is prescribed only by specialists
  ☐ other - specify:

☐ No → Is there a mismatch between the guidelines and real-life situations? Please explain:

☐ No

4. Is there any vital issue missing in those guidelines? Do you have other comments on the guidelines and their implementation?

With the following questions, we want to assess if there are still barriers to testing and treatment of people who inject drugs (PWID) in your city:

5. Are the new drugs for the treatment of hepatitis C (direct-acting antivirals, DAAs) accessible in your city?

☐ Not accessible
☐ Yes, with no restrictions
☐ Yes, with restrictions → Please answer below (check all that apply):

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☐ restrictions to fibrosis stage
☐ accessible only for F4 (cirrhosis)
☐ accessible only for F3 and F4
☐ accessible only for F2, F3, F4
☐ accessible for F1, F2, F3, F4
☐ other – specify:

☐ restrictions to injecting drug use
☐ accessible for former injecting drug users
☐ accessible for drug users on opioid substitution treatment
☐ accessible for currently active drug injectors
☐ accessible for all ever injectors
☐ other – specify:

☐ other restrictions – specify:

6. In case the guidelines allow the use of direct-acting antivirals (DAAs) for people who inject drugs (PWID), are they applicable to:
☐ Persons on opioid substitution treatment (OST)
☐ Persons who currently actively inject drugs
☐ Former injecting drug users, no more injecting and not on OST
☐ Persons who ever injected drugs
☐ Not allowed for any subgroup of people who inject drugs

7. In practice, in your city, are the direct-acting antivirals (DAAs) used according to the official policy?
☐ Yes
☐ No → Please specify the main differences/points of divergence:

8. Is treatment with the new drugs for hepatitis C (DAAs) reimbursed in your city?
☐ Not reimbursed
☐ Yes - with no limitations
☐ Yes – with limitations → Please specify the limitations to reimbursement:
9. Do you have any other comment on the policy or the restrictions to HCV management in practice?


Changes in the Continuum-Of-Care

The good functioning of the continuum-of-care, including low threshold and harm reduction services, is increasingly essential for the accessibility and the impact of HCV testing and treatment. With the following questions, we want to know how the continuum-of-care is functioning in your city.

10. Where can PWID be tested for HCV using point-of-care quick antibody testing (detection of anti-HCV in oral swab or finger prick)?
   - At Gastroenterology Clinics
   - At Infectious Disease Clinics
   - At Drug Treatment Clinics
   - At Harm Reduction Services or Community Centers
   - At General practitioners
   - At pharmacies
   - At prisons
   - Self testing
   - Other → Please specify

11. Where can PWID perform a confirmatory blood testing for HCV RNA?
   - At Gastroenterology Clinics
   - At Infectious Disease Clinics
   - At Drug Treatment Centers
   - At Harm Reduction Services or Community Centers
   - At General practitioners
   - At pharmacies
   - At prisons
   - Other → Please specify
12. Where can HCV-infected PWID perform non-invasive diagnostic procedure for the evaluation of the stage of disease (i.e. Fibroscan®)?

☐ At Gastroenterology Clinics  
☐ At Infectious Disease Clinics  
☐ At Drug Treatment Centers  
☐ At Harm Reduction Services or Community Centers  
☐ At General practitioners  
☐ At prisons  
☐ Other → Please specify

13. In case the direct acting antivirals (DAAs) are accessible for people who inject drugs (PWID), where are they treated for hepatitis C?

☐ At Gastroenterology Clinics  
☐ At Infectious Disease Clinics  
☐ At Drug Treatment Clinics  
☐ At Harm Reduction Services or Community Centers  
☐ At General practitioners  
☐ At pharmacists  
☐ In prisons  
☐ Other → Please specify

14. Who can legally prescribe direct acting antivirals (DAAs)?

☐ Specialists of gastroenterology/hepatology  
☐ Infectious Diseases specialists  
☐ General practitioners  
☐ Pharmacists  
☐ Nurses  
☐ Other → Please specify

15. Is linkage-to-care for people who inject drugs (PWID) achieved by a written protocol/guidelines? (think of an agreed protocol to refer clients e.g. from a HR service to other treatment and care).

☐ Yes  
☐ No
16. Compared to 2018, in 2019 have service providers for people who inject drugs (PWID) in your city invested attention to the following?

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<thead>
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<th>Yes, it remained the same</th>
<th>Yes, and it was better</th>
<th>Yes, but it was worse</th>
<th>No, they didn't invest on it</th>
<th>I don't know</th>
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<tr>
<td>HCV Awareness Campaigns</td>
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<td>Testing on own location</td>
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17. Compared to 2018, in 2019, did the coordination between health care providers (GPs, clinics) and social service providers (like NGOs, HR services) regarding HCV change?

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<th>Yes, and it was worse</th>
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<td>Communication</td>
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<td>Service Provision</td>
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18. If organised drug user groups exist in your city, are they active for (political) awareness in regard to HCV?

☐ Not to my knowledge

☐ Yes, → Please tell us more details:

19. Are there limitations for the harm reduction organisations in addressing HCV in your city?

☐ Not to my knowledge

☐ Yes, → Please tell us which limitations you see:

☐ The weakness of harm reduction services

☐ Lack of funding

☐ Lack of staff

☐ Lack of knowledge

☐ Lack of recognition

☐ Lack of political support

☐ Lack of integration with the healthcare system
20. Would you like to add any other information or comment on the management of HCV in your city?