

The lighthouse concept –

How harm reduction
organisations can make
the difference



Colophon

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The need for **scaling-up** harm reduction

The effectiveness of harm reduction approaches in reducing morbidity and mortality among people who use drugs (PWUD) is well documented and this includes the impact that such approaches have in the prevention of hepatitis C virus (HCV) transmission. Modelling studies by the World Health Organization (WHO) have demonstrated that full implementation and coverage of harm reduction programmes would achieve a reduction of HCV incidence by approximately 80%.

The principles of harm reduction are based on a trustful, non-judgmental and people and needs-centred approach have conferred such interventions with the capacity to be highly effective in engaging people who use drugs (PWUD) in care and treatment and, even more so, to offer treatment on-the-spot.

A combination of integrated interventions in low-threshold settings, such as syringe distribution programmes, opioid agonist therapy (OAT), access to heroin-assisted treatment (HAT) and community-based, peer-led harm reduction programmes, are not only cost-effective regarding HCV prevention, but also ensure that marginalised populations stay connected to services for which they are in dire need.

The aim of Correlation – European Harm Reduction Network (C-EHRN) is to identify and promote good practice examples in the field and to offer service providers, social and health professionals and policy makers relevant information with which to encourage the development of new interventions for people who use drugs, or to improve existing services.

C-EHRN Workshop at the **INHSU** conference in Glasgow, Scotland:



Boosting communities and increasing impact: the need for scaling-up community-based HCV prevention, treatment and linkage to care services for People Who Use Drugs. Date: Friday 21 October 2022.

During the International Network on Health and Hepatitis in Substance Users (INHSU) meeting in October 2022, C-EHRN organised a workshop about the up-scaling of community-based responses to HCV prevention, treatment and linkage to care services for people who inject drugs.

Summary of the discussion

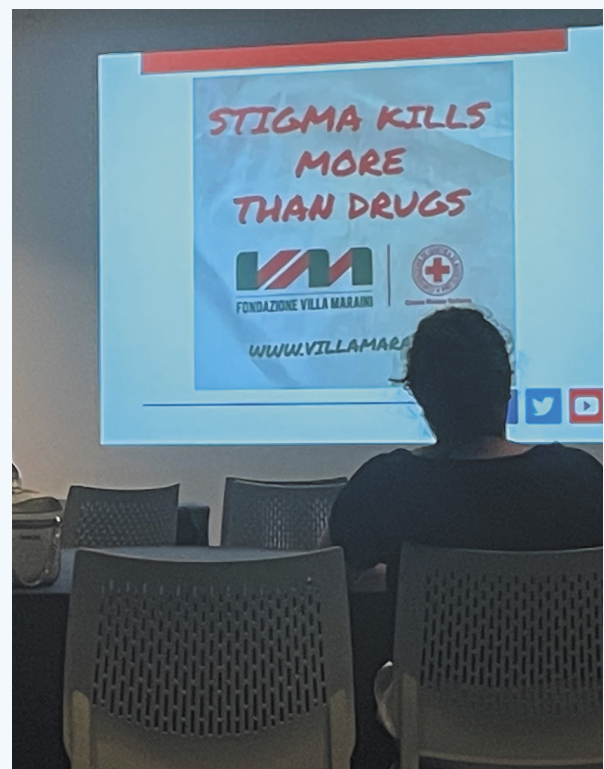
Presentations by the Free Clinic in Belgium, Společnost Podane Ruce in Czechia and Fondazione Villa Maraini in Italy outlined the key role of peer workers undertaking outreach and at drop-in centres to support rapid HCV testing and linkage to treatment, primarily at government hospitals.

A roundtable discussion of all participants highlighted the need for medical training programmes to include harm reduction and, ideally, to provide internships to work with civil society organisations implementing community services for vulnerable people. Peers also need to be aware of the ser-

vice delivery constraints faced by medical staff. Also stressed was the effective use of all harm reduction services – especially needle/syringe programmes (NSP), opioid agonist therapy (OAT) and counselling - as a gateway to rapid HCV testing and assisted referral to treatment, as needed. Telehealth can also be used – as it was during COVID-19 lockdowns – to link individuals with medical staff.

Owing to endemic stigmatisation of vulnerable people and the relatively limited number of HCV treatment sites in most countries, advocacy is needed – focused at legislators/regulators - to decentralise treatment access through more flexible approaches. Also needed are systematic HCV prevention efforts, including the prevention of reinfection. Trained peers also need to be paid properly for the skills that they provide. This is especially notable with task-shifting to non-medical personnel for the delivery of many aspects of HCV prevention and testing and, potentially, treatment. In doing so, task-shifting will free-up considerable time for doctors to focus on more complex cases rather than routine prescribing. Good cooperation with local law enforcement helps to facilitate access by vulnerable people to harm reduction services, including HCV testing and treatment. Organisations establishing HCV interventions for vulnerable people should talk with agencies already providing such services elsewhere as well as viewing web content – such as by C-EHRN – on how to establish services and to ask vulnerable people what they want and how they would like to receive such a service rather

than making uninformed assumptions. A baseline assessment of HCV testing and treatment coverage in a community at the beginning of service provision will also aid in calculating change and impact over time.



The **BOOST** project

In 2023, C-EHRN will start to implement the European Union (EU) co-financed BOOST project, aiming to strengthen and support community-based and community-led harm organisations in providing high-quality communicable disease services to people who use drugs. These include the scaling-up of good practices in communicable disease awareness, prevention, screening/testing and linkage to care, delivered as an integrated part of people-centred harm reduction interventions. The project consortium includes, among others, the Eurasian Harm Reduction Association (EHRA) and the European Network of People Who Use Drugs (EuroNPUD).



The project is based on four areas of activity:

INFORM:

collection of information and data on community-based services for PWUD

IMPROVE:

organisation of capacity building in the field of communicable disease

SUPPORT:

enhancing scale-up of integrated community-based good practices

CONNECT&ACT:

consolidating PWUD networks and consolidating PWUD networks and fostering advocacy interventions

Boosting harm reduction practices and knowledge

One important objective within the project aims to scale-up the implementation of effective and people-centred HBV/HCV and HIV community-based services for People Who Use Drugs. A selected number of community-based harm reduction organisations will be supported in developing communicable disease action plans, based on existing models of good practice, while adapted to local needs, conditions and circumstances.

The project focuses on supporting integrated interventions, including community-based voluntary testing and linkage to treatment. This process will be supported by organisations with a high level of experience – the ‘Lighthouses’.

The Lighthouses play a crucial role in boosting and scaling-up the implementation of effective community-based interventions and good practices in at least 16 European organisations. Lighthouses will provide support through training, mentorship and a structures approach, taking into account the local situation, existing practices, needs, barriers and legal frameworks. Throughout the project the Lighthouse Organisations will support their mentees in developing, implementing, monitoring and evaluating their individual communicable disease action plans (CDAPs).

The BOOST project



The Lighthouses: examples in harm reduction for an integrated HIV/HCV approach





Free Clinic, Belgium

Where: services provided

Low-threshold drug service and counseling; opioid substitution therapy; drop-in centre; outreach/street-work; activation; C-Buddy; case management for people who use drugs who have children.

Who: target groups

People who use drugs or inject drugs; sex workers; men-who-have-sex-with-men (MSM); young people at risk; females who use drugs; people experiencing homelessness.

How: team composition

Social workers; peer workers (paid and volunteer); nurses; hepatitis reference nurse; medical doctors; GIG (Health Promotion in Injecting Drug Use) - needle exchange coordination Antwerp; GIG coordinator in the Flemish part of Belgium; and strong cooperation with a local hepatologist.



What:

Background

Free Clinic is a harm reduction service provider based in Antwerp, Belgium, since 1975. In 2009, they started to develop a complete peer involvement system specifically to support (ex) people who use drugs following Hepatitis C treatment. Specifically, thanks to this programme, and their whole array of services in general, Free Clinic has been able to provide support along the whole care continuum, bridging in this way the limited access to conventional health care that is experienced by people who use drugs.

Although Free Clinic started by specifically targeting the most marginalised groups, over the years they have broadened their focus, such as to people who use amphetamines, a specific target group who, at present, are insufficiently supported within the scope of social and/or harm reduction services.

Awareness & Prevention

Free Clinic awareness and prevention campaigns are extended to every centre in Antwerp that offers services to people who use drugs and who are in need of HCV support or guidance. For example, 'swab2know' is an annual campaign organised in cooperation with ZNA, the hepatology unit at a large community hospital in Antwerp.

The information methods used by Free Clinic include handouts and printed materials, media content – such as movies, documentaries, pictures, etc. – as well as counseling and internal and external educative sessions, such as workshops and trainings.

The Free Clinic team includes a Hepatitis C nurse and a medical doctor and arrange special trainings and materials for their staff.

Testing

Free Clinic offers testing onsite for both their staff and their clients. For their staff, the organisation provides HCV and hepatitis B virus (HBV) testing as well as vaccinations for Hepatitis A and B. For their clients, Free Clinic employs a rapid diagnostic test, venipuncture, PCR and RNA tests, and HCV core antigen assay. Adding to this, HIV, STI and HBV tests can be offered on request.

Complementing these regular activities, Free Clinic participates in the European HIV/HCV Testing Week and organises an awareness week at their needle exchange programme, offering their clients a quick test (finger prick). Considering that Free Clinic is able to do PCR tests on-the-spot, Fibroscan-elastography (through referral to ZNA) is also an available service for their clients.

Pre- and post-test counseling is carried out by counselors, nurses, medical doctors and/or peer workers. Although Free Clinic does follow a protocol for this activity, counseling is carried out using general written guidelines.

Treatment and Care

For people with an active Hepatitis C infection, Free Clinic provides support by offering treatment both on-site and externally, and through self-management support. Although Free Clinic does not have a signed referral agreement with a local hospital or medical facility, the organisation is fully integrated within the cascade of care. This collaboration is structured under the so-called 'Antwerp



Model', meaning that Hepatitis C services do not occur 'under one roof'. For example, there is a free consultation at a hospital with a Hepatologist once a week; this is an 8-minute walk from the Free Clinic; no appointments have to be made.

Challenges

The organisation requires more staff, funding for equipment and services, and more opportunities to hire, train and support peer workers to match the demand.

Advocacy, Sustainability and Transferability

From 2016 onwards, Free Clinic received financial support from the Flemish Government. Nowadays, the organisation is sustainable and structurally sound with funding until 2023.

Free Clinic is actively involved in stakeholder collaboration and discussions on drug user health. The organisation is also active in advocating on drug policy, both at the local and national levels.

Supporting their development and efficiency, Free Clinic monitors and evaluates the knowledge and skills of its staff, volunteers and peers in a systematic and documented way. Their HCV programme has an evaluation system, including an annual monitoring report to government using an anonymous and encrypted client registry, including contact data, date of screening and start of treatment.

Recommendations

To other service providers aiming to implement and/or improve HCV programmes, Free Clinic recommends building a team with as many skills and backgrounds as possible, with enough determination to implement the activities despite potential difficulties. A strategy to achieve this should be built through relations and links with other organisational experts in other disciplines and areas.

<https://free-clinic.be>





Podané ruce, Czechia

Where – Services provided:

Needle and syringe exchange; opioid substitution therapy (OST); drop-in centre for drug and alcohol users; outreach/street-work; prison work; treatment; therapeutic communities; aftercare; psychiatric out-patients care; work with families, partners, gamblers; case management; online counselling; prevention.

Who – Target groups:

People who use drugs or inject drugs; sex workers; men-who-have-sex-with-men (MSM); young people at risk; females who use drugs and have with children; people experiencing homelessness; people who experience problematic alcohol use.

How – Team composition:

Social workers; peer workers (paid); medical doctors; nurses; infectiologist; psychologist; psychotherapists; psychiatrist; drug dependence specialist.



What:

Background

Podane ruce has been working to prevent and reduce the harm caused by substance misuse and dependence to individuals and communities since 1991. With some 250 staff across 50 centres, the organisation helps over 10,000 people per year with various dependence-related problems, be it drugs, alcohol or gambling.

In 1991, Podane ruce began offering confidential testing for Hepatitis B and C, HIV and sexually transmitted diseases to clients, mainly people who inject drugs, in cooperation with the Regional Public Health Authority in Brno and link to treatment options and local hospitals. In 2001, the organisation opened its first on-site testing point at the Brno drop-in centre. Since then, it has developed a continuum of care system for those testing positive and, since 2017, has included the support of a team of trained peers to accompany clients through the treatment process. Pre- and post-counselling is an integral part of the system. In 2022, Podane ruce also opened up a medical clinic with a doctor (general practitioner) that offers other medical services to clients, thereby bridging the access gap that people who use drugs often face when accessing health care

Awareness & Prevention

The awareness and prevention programmes of Podane ruce extend to every centre via a number of channels. In 2001, Podane ruce launched a confidential online "counselling room" (www.extc.cz) that contains not only up-to-date information on drug trends, but also information on where to get tested for HCV, HBV, HIV and other diseases. Queries received are treated confidentially and replied to by a team of professional therapists and a psychologist. Furthermore, staff have a wide array of regularly updated printed materials with relevant information for clients, informing them of the different testing and treatment options. A medical doctor and a team of nurses are available to visit

the centres, support staff and inform clients. In 2021, a mobile phone app was launched aimed at people without a home and managed by a peer worker which offers information on many issues, from where to find shelter, to where to get tested for infectious diseases. Since 2022, Russian and Ukrainian medical students have joined the team. In the last quarter of 2022, an epidemiologist doctor and nurse will join the medical clinic to further support the HCV care continuum.

Testing

Podane ruce offers on-site testing for all its clients at 20 of the organisations' centres covering three regions of the country. HBV, HCV, HIV and sexual disease testing are all conducted in a confidential manner, with follow-up and linkage to care made available to clients. Other services include drop-in centres; a therapeutic community; substitution treatment centres; a programme working with those in conflict with the law; as well as a wet centre and mobile units, all of which offer testing, as well as pre- and post-test counselling to clients on a voluntary basis.



The testing is conducted using mainly finger prick rapid tests and saliva tests (Oraquick). HCV RNA nucleic acid testing is also used for confirmation of diagnosis using a Cepheid (GeneXpert) machine. Testing for all the mentioned infectious diseases is offered to staff, especially to those who come into close contact with potentially infected clients.

Treatment & Care

Treatment is provided externally through general hospitals in major cities (Brno, Olomouc, Znojmo, etc.) with which Podane ruce has a long term established partnership. Two specialist doctors in Brno also provide treatment in a smooth and rapid manner, which is essential for people who use drugs who have an active HCV infection. Peers are engaged to accompany the client through the treatment process which seems to be working well and has increased the number of people agreeing to receive treatment. After treatment has been completed, follow-up is undertaken at Podane ruce's centres by a medical specialist.

Challenges

The continuous reluctance of people who use drugs who test positive to undergo treatment is by far the greatest challenge. Despite the many efforts undertaken in terms of signing referral agreements with some hospitals and with doctors, the number remains low. This is mainly due to the stigma that still very much dominates society against people who use drugs which is very much evident within the medical profession. A change in national policies is required, as well as additional financial resources to train and to retain peer workers and to efficiently engage them in the treatment and care process and follow-up.

Advocacy, Sustainability and Transferability

In order to transfer its know-how, Podane ruce runs a training institute aimed at developing and building the capacity of people engaged in helping professionals. This allows for a transfer of knowledge to other organisations and to also monitor and build the knowledge and skills of its staff and peers.

Recommendations

Further follow-up of people coming out of treatment is required. In order to reduce barriers to testing and prevention services for HCV for hard-to-reach drug users, and to facilitate and increase their access to treatment options, it is essential to consider feasible innovative alternatives and to incorporate them into the harm reduction network. One such alternative could be Drug Consumption Rooms (DCRs) which are still to be seen in Czechia. Repeated studies point to DCRs as an efficient and cost-effective space for the provision of HCV-related services, screening and referral to follow-up treatment.

<http://www.podaneruce.cz>



FONDAZIONE VILLA MARAINI



Croce Rossa Italiana

Villa Maraini, Italy



Where – Services provided:

Low-threshold services for people who use drugs; outreach/street unit and overdose interventions; medical service for opioid substitution therapy; therapeutic communities.

Who – Target groups:

People who use drugs or inject drugs; sex workers; men-who-have-sex-with-men (MSM) and other LGBT; young people at risk; and people experiencing homelessness.

How – Team composition:

Social workers; peer workers (paid and volunteer); medical doctors; and counselors/psychologists.



What:

Background

Villa Maraini Foundation is a drug treatment centre based in Rome, Italy. Founded by Dr. Massimo Barra in 1976, it offers a wide range of services and programmes for people who use and/or inject drugs and other vulnerable groups (sex workers, LGBT, migrants, homeless) with the objective to provide multi-disciplinary therapeutic interventions adapted to the different needs and situations of clients. The services are articulated at different threshold levels: low, medium and high, depending on the motivation of the client towards treatment; but they are all linked and interconnected as part of an integrated and comprehensive system of care whose ultimate goal is not only reducing the harm caused by drug abuse, but curing the client of his/her/their own dependence.

Since 1992, Villa Maraini has provided a service for the prevention, treatment and care of HIV. Over the years, it has expanded its activities with a focus also on Hepatitis C and other infectious diseases.

Awareness & Prevention

Since 2016, Villa Maraini has been implementing the campaign "Meet, Test & Treat", aimed at raising awareness and promoting access to testing for HIV and HCV among most-at-risk groups such

as PWIDs, sex workers, MSM and LGBT communities, migrants. The campaign is carried out through the mobile street unit, reaching different places of the city of Rome to

offer free-of charge counseling and testing for HIV and HCV, as well as informative materials about the two infections. In cooperation with the Italian Red Cross, the campaign has been enlarged also to other regions of the country.

In addition, Villa Maraini organizes training and informative sessions on substance abuse and infectious diseases for its staff and volunteers, as well as for other public and private organizations.

Testing

Villa Maraini offers free-of-charge testing for HIV and HCV combined with pre- and post-test counseling to all its clients and staff. The testing is provided both on-site in the Villa Maraini medical centre and on-the-street through the mobile Street Unit. It consists of rapid diagnostic tests for HIV and HCV antibody detection on whole blood obtained by finger prick; in case of positive results, the person is immediately referred to an infectious diseases clinic for confirmatory testing and treatment.

The testing is combined with a risk assessment questionnaire which serves to identify main risk factors and behaviours and collects relevant epidemiological data about the two infections. The team carrying out testing and counseling is composed of medical doctors, counselors, psychologists and peer workers.

Treatment and care

In case of a preliminary positive result to a rapid test for HIV and/or HCV, the client receives informative and supportive counseling and is immediately referred and linked to clinical centres for confirmatory testing and treatment. The access to diagnosis and treatment is ensured by the “fast track” referral system established with the Department for Infectious Diseases of the Hospital Tor Vergata and Hospital Policlinico I in Rome. The Villa Maraini staff take care of contacting the hospital and scheduling an appointment for the confirmatory testing. A transport and accompanying service to the health facility is provided for people with high social marginality who are unable to reach the clinical centre independently. In the case of migrants without the necessary documentation to access the public health service, an

accompanying service is offered at the relevant public offices for obtaining the necessary documents for access to care and treatment.

Follow-up monitoring, adherence to treatment and post-treatment evaluation are regularly conducted by the medical staff of Villa Maraini through individual counseling and medical check-up, as well as through the exchange of information with the infectious disease centres providing treatment and care.

Challenges

The offer of rapid testing in outreach contexts has been proven to be a winning approach in terms of diagnosis for out-of-care people who inject drugs who would have never otherwise have approached the hospital system. The main chal-



challenge remains the linkage to care because the collaboration between civil society organisations (CSOs) and public health services is not always easy and smooth. Therefore, the process of accessing care should be remodeled through the decentralisation of services for the prevention, testing and treatment of HIV and HCV.

In terms of our organisation, the main challenge remains the lack of funding for staff, equipment and services. Having adequate financial resources will allow the improvement and enlargement of testing activities, thus detecting more cases and linkage to care and treatment for more clients.

Advocacy, Sustainability and Transferability

Villa Maraini is actively involved in advocacy and collaboration with the main stakeholders concerning drug policy and drug-related health issues. It is member of the National Expert Group on HIV as well as of various national and international networks on HIV and HCV. Recently, Villa Maraini participated in the development of the National Plan of Action on Drugs of the National Department for Drug policy, advocating for an increase in community-based testing services, as well as for better training of health professionals on drug dependence and anti-stigma approaches towards people who use drugs to improve access to public health services.

Recommendations

For other service providers aiming to implement and/or improve HIV and HCV programmes, Villa Maraini recommends facilitating access to screening for people who are most marginalised and 'out-of-care'. The winning approach is to offer counseling and rapid testing in outreach settings, at meetings and by reaching people where they are.

Moreover, it is important to build a multi-disciplinary team composed of health professionals, social workers and peers, creating an empathetic and trustful environment for people who are afraid, or skeptical, of the public health system.

www.villamaraini.it

FONDAZIONE VILLA MARAINI



A-Clinic Foundation, Finland

Where – Services provided:

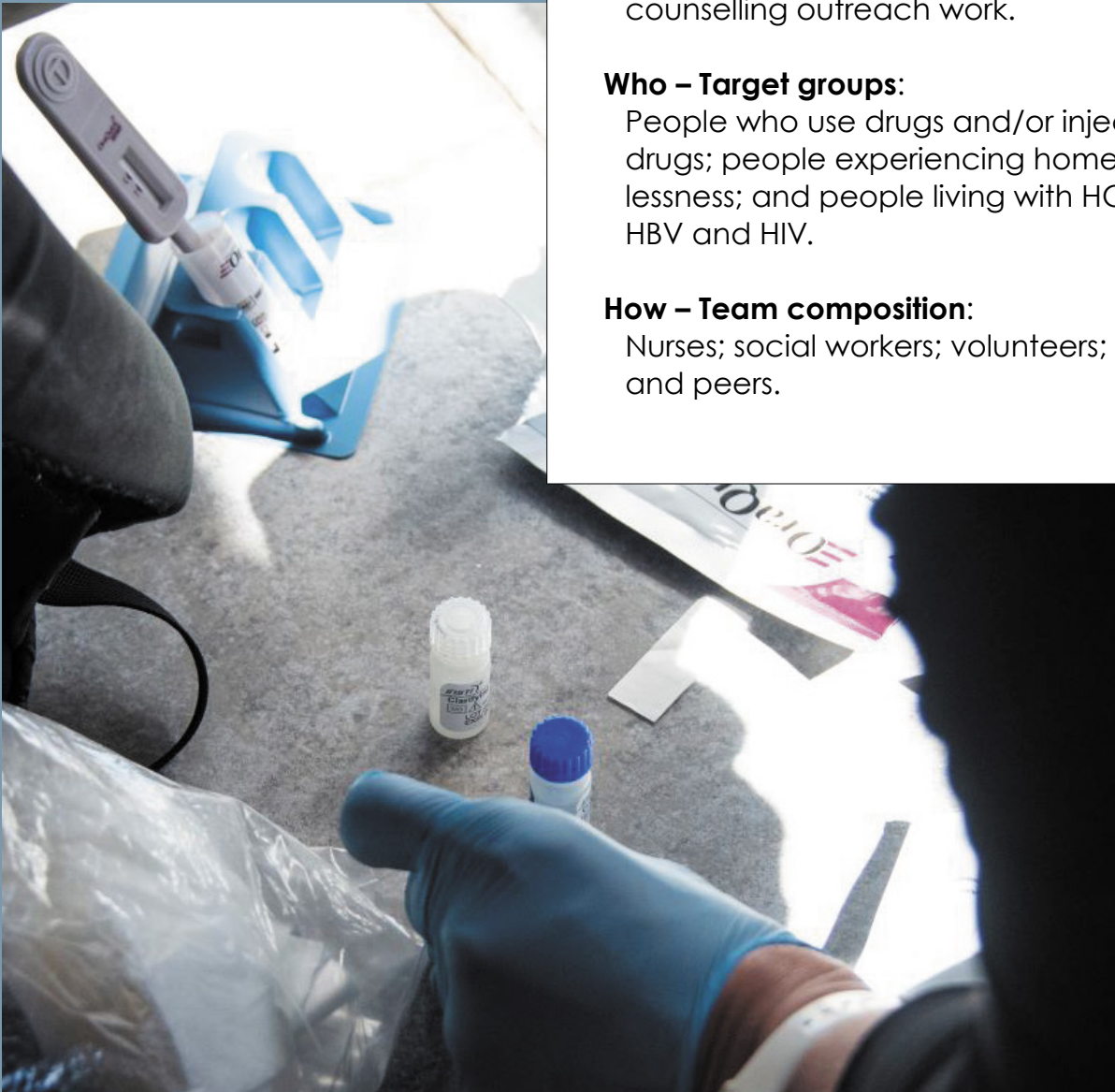
Low-threshold drug service and counselling outreach work.

Who – Target groups:

People who use drugs and/or inject drugs; people experiencing homelessness; and people living with HCV, HBV and HIV.

How – Team composition:

Nurses; social workers; volunteers; and peers.



What:

Background

A-Clinic Foundation (ACF), founded in 1955, is a non-profit and non-governmental organisation in Finland. ACF has more than twenty national and international projects, with seven of them focusing on harm reduction and functioning on a face-to-face and/or online basis. The main goal is to prevent and reduce substance use and social and health related issues, but also to support the inclusion of vulnerable individuals. In practice, ACF's work includes HCV and HIV testing; social services; needle and syringe programmes; housing support and survival-oriented services for the homeless. ACF aims to improve the status of those who are suffering from substance use issues as well as their loved ones.

Awareness and Prevention

The harm reduction work of ACF is not limited to substance users. Professional experts, peer workers and volunteers actively promote their work in social media, the press and on television, as well as in many open and public events, such as in libraries.

On a weekly basis, volunteers in three cities in Finland are interacting with substance users and homeless people and provide food, clothes and hygiene kits. Volunteers are also cleaning streets, parks and public toilets of used needles and syringes.

Testing

HCV and HIV testing undertaken by ACT is not limited to people who use drugs, but is also directed at those who inject performance and image enhancing drugs, which is rare in the EU. ACF offers rapid HCV and HIV tests in three cities of Finland (Helsinki, Tampere and Oulu). If the rapid test is positive, the client is guided and/or escorted to health care services.

Treatment and care

ACF conduct around 2,000 tests annually in the three cities. The face-to-face work on-the-streets includes guidance and evaluation of the health risks of injecting, such as infections, and providing clean syringes and needles. In severe cases, people who use drugs are guided to the emergency unit of the city.

Treatment and care services are also provided by phone and by the encrypted WickrMe application. ACF also publishes a nationwide list of the health advisory centres where people who use drugs can collect clean needles and syringes and undertake HCV and HIV tests.

ACF is working together with other stakeholders, such as the Finnish Institute for Health and Welfare and the Finnish Kidney and Liver Association, to receive the latest information about the treatment and care of HCV and HIV.



Challenges

One of the biggest challenges is to provide HCV and HIV testing and other services nationwide. This requires additional funding for personnel, equipment and service provision.

Advocacy, Sustainability and Transferability

ACF aims to secure the quality of their harm reduction work by focusing on monitoring and evaluating all activities delivered in different harm reduction projects. One of the most important factors is to work together with authorities and other organisations from the harm reduction sector.

ACF is sensing new trends and information about harm reduction-related topics and generating new national or international projects from the most relevant topics.

Recommendations

One of the most important factors in harm reduction work is collaboration with various stakeholders, including the general public. Harm reduction workers need supervision of their daily work to recover from face-to-face and/or online meetings on challenging topics.



<https://a-klinik-kasaatio.fi/>



C-EHRN envisions a fair and more inclusive Europe, in which people who use drugs, including other related vulnerable and marginalized people, have equal and universal access to health and social services without being discriminated against and stigmatized.

We advocate for a harm reduction approach that is based on solid evidence and on human rights principles, and addresses both health and social aspects of drug use.