EASL Policy statement:

Drug use and the global hepatitis C elimination goal

Prof. Mojca Matičič, MD, PhD
University Medical Centre Ljubljana; Faculty of Medicine, University of Ljubljana
Slovenia

EASL Policy and Public Health Committee

Civil Society Forum, September 15, 2020

EASL
European Association for the Study of the Liver

Our mission

EASL's mission is to be the Home of Hepatology so that all who are involved with treating liver disease can realise their full potential to cure and prevent it. The purpose of the association is to promote communication between European workers interested in the liver and its disorders

…and MORE

The strategic directions

SCIENCE

To be a key facilitator of excellence in liver research and liver-related innovation

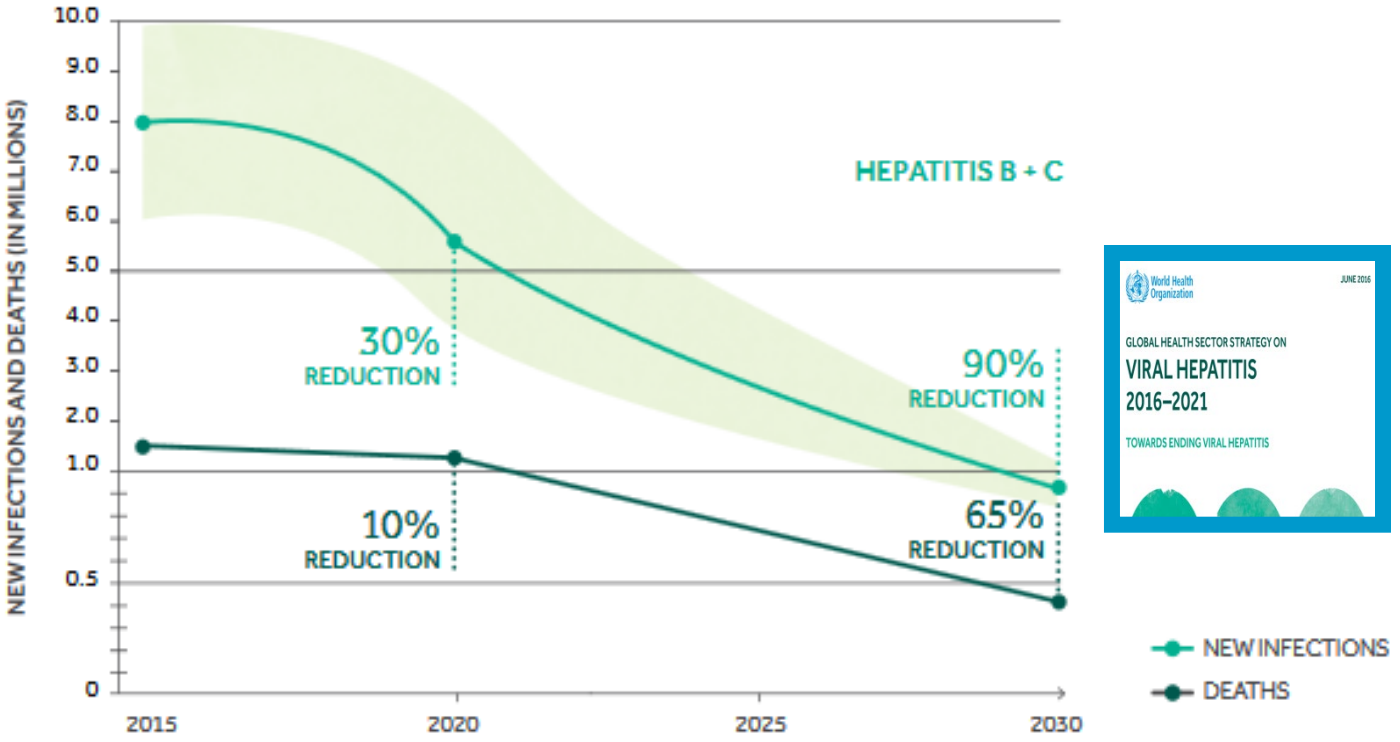
EDUCATION

To be the prime resource for liver-related education and professional development of Health Care Professionals at all layers in the health care system as well as patients

ADVOCACY

To be the advocate of the highest standards of hepatology care for patients

WHO strategy towards elimination of viral hepatitis as a public health threat

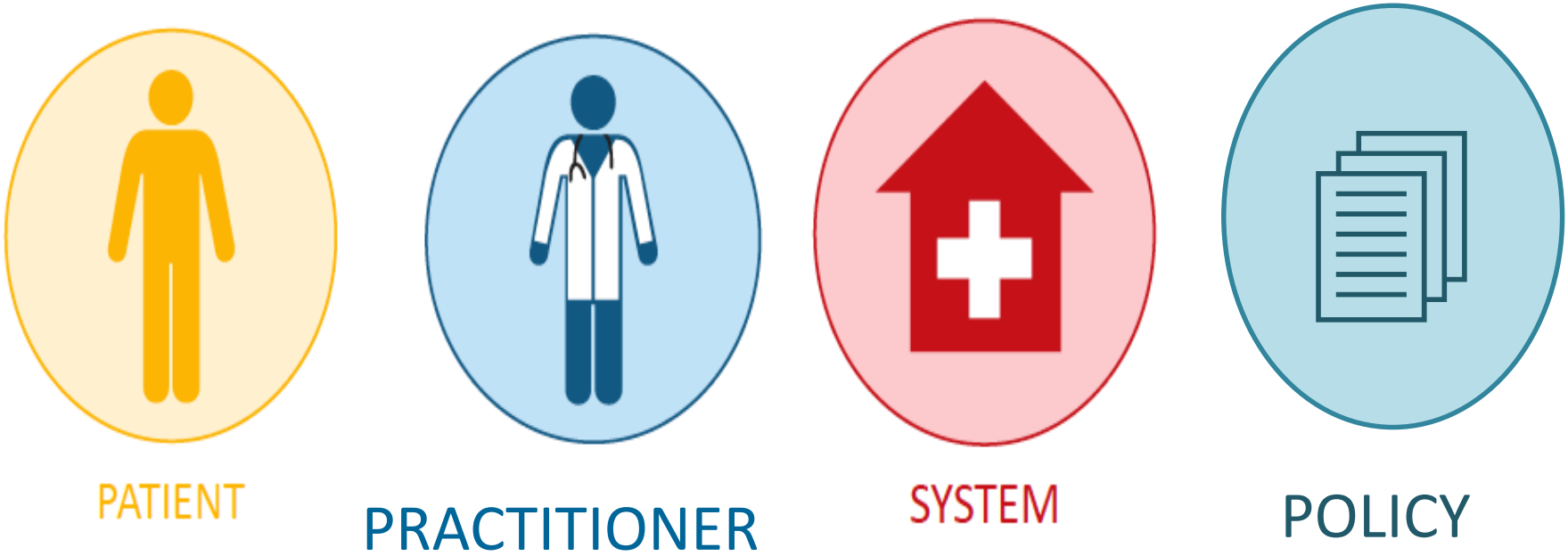


Targets for reducing new cases of infection and deaths from chronic hepatitis B and C by 2030

WHO. Global Health Sector on Viral Hepatitis. Available at: http//apps.who.int/gb/ebwha/pdf_files/WHA69/A69_32-en.pdf?ua=1

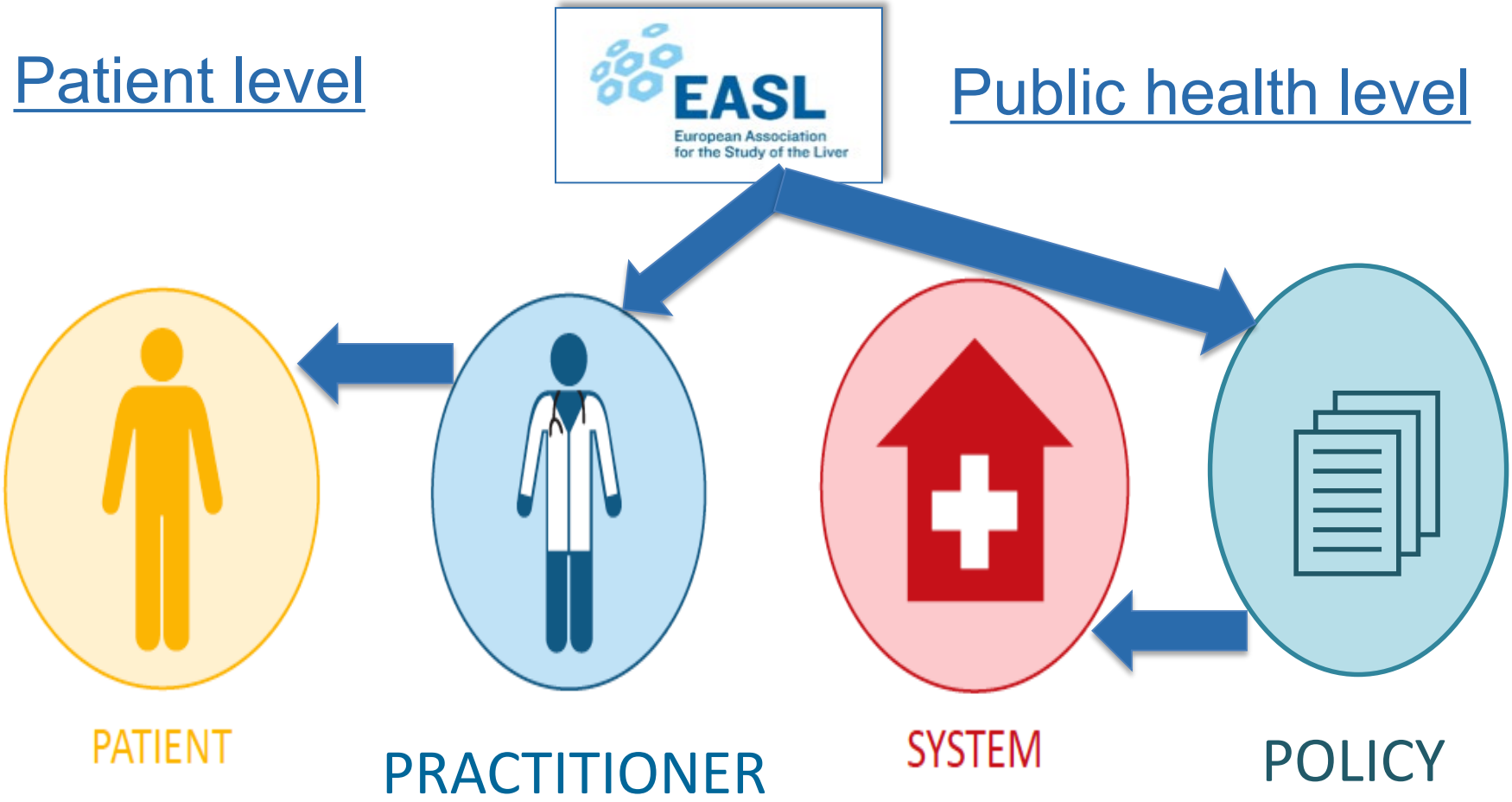
EASL Hepatitis strategies in the framework of **elimination of viral hepatitis** as a public health treat

EASL
European Association for the Study of the Liver



Lazarus JV, et al. BMC Infect Dis 2014;14(Suppl 6):S16; Grebely J, et al. J Infect Dis 2013;207:S19–25;
Harris M, Rhodes T. Harm Reduct J 2013;10:7; Papatheodoridis GV, et al. Liver Int 2014;34:1452–63

EASL Hepatitis strategies in the framework of **elimination of viral hepatitis** as a public health treat



In april 2019:

Position statement on elimination of hepatitis C

Key messages

EASL recommends that:

- All European countries develop a comprehensive hepatitis C national strategy or action plan to: increase awareness throughout the population and to ensure appropriate preventive measures; offer testing; provide linkage to care, treatment and follow-up ofpatientsin line with the *WHO Global Health Sector Strategy on Viral Hepatitis*and the WHO Action Plan for the health sector response to viral hepatitis in the WHO European Region (2017);
- All European countries adopt EASL recommendations on the management of hepatitis C, where it is stated that every hepatitis C patientshould be considered for treatment, and that treatment should be initiated with DAAs;
- DAAs be globally available at reasonable prices, to avoid any further reimbursement restrictions, and to allow governments to implement a comprehensive elimination strategy.

EASL
The Home of Hepatology

Eliminating Hepatitis C – An Action Plan

Globally, there are an estimated 71 million people actively infected with HCV, and 11-14 million of these reside in Europe

EASL Recommends:

1. Increasing awareness amongst HCPs, patients, policy-makers, the media and the public (especially high risk groups), whilst combating the stigma and discrimination that is associated with HCV infection
2. Implementing harm reduction strategies, such as access to opioid substitution therapy, safe injecting equipment for drug users and safe sex education
3. Making DAAs available at reasonable prices, to avoid any further reimbursement restrictions and to allow governments to implement a comprehensive elimination strategy
4. Improving access to treatment and care by increasing the number of authorised prescribers, promoting telemedicine and by increasing input from AHPs during and after treatment
5. Treating every Hepatitis C patient at the earliest opportunity, especially those at high risk
6. Providing rapid testing, in all relevant settings, with priority given to high-risk persons

EASL/ILC 2019. Vienna, April 14, 2019.

EASL
European Association for the Study of the Liver

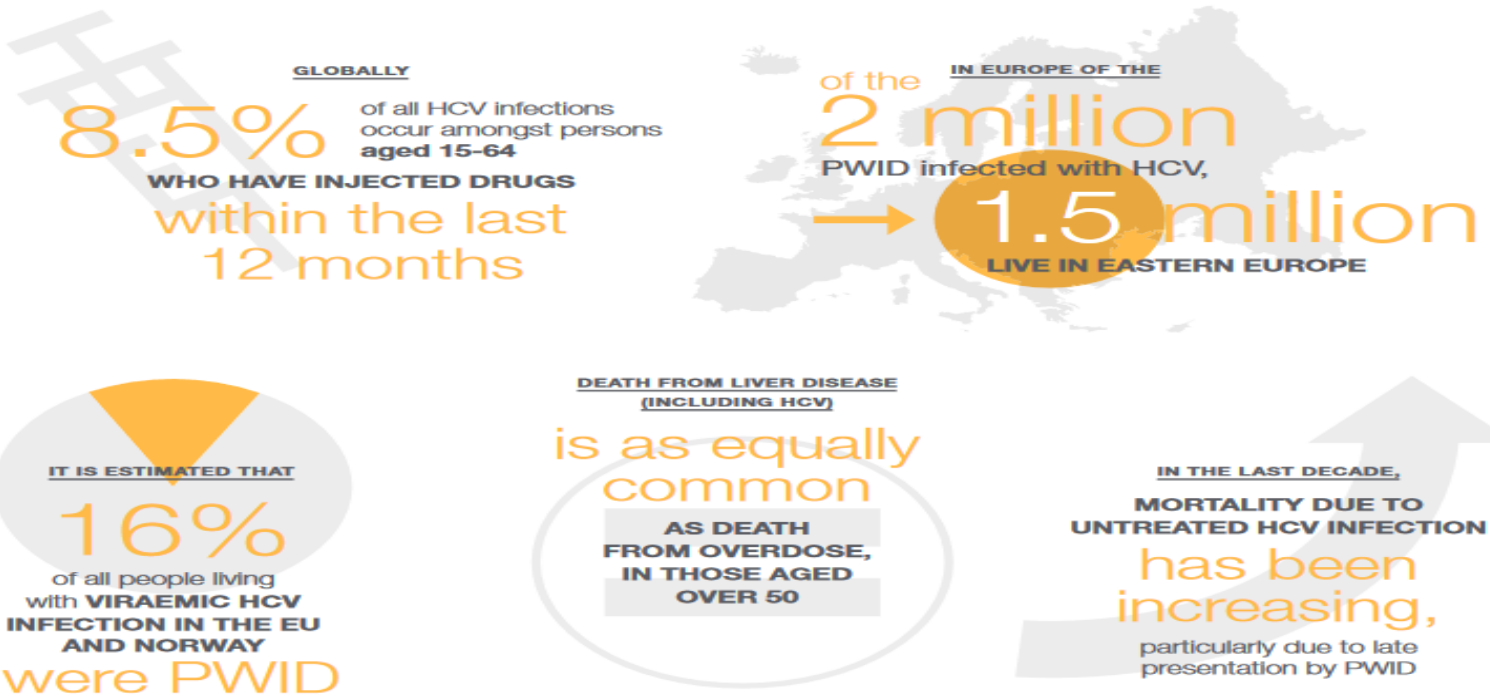
In August 2020

Policy statement:
Drug use and the global hepatitis C elimination goal

EASL/ILC 2020. Digital, August 27, 2020.

Why focus on drug use to eliminate hepatitis C?

WHO has set a goal of eliminating the hepatitis C virus (HCV) by 2030 but the achievement of this goal is challenged by people who inject drugs (PWID), who account for most of the new cases of HCV infection in high income countries.



EASL/ILC 2020. Digital, August 27, 2020.

Current care for hepatitis C in PWID

Treatment with **direct acting antivirals (DAA)** works very well in PWID and evidence already exists that broad accessibility to DAA can lower the HCV prevalence among PWID.

Combination of **OST** and **high-coverage needle and syringe exchange programmes** can reduce HCV incidence by more than 70%.

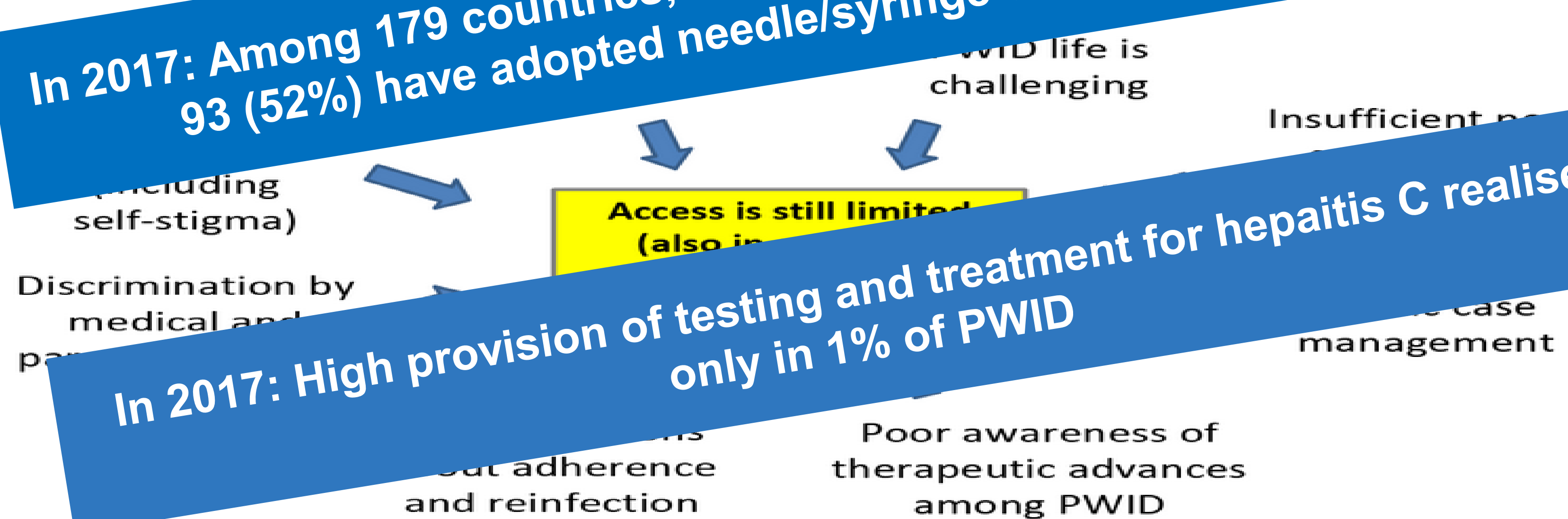
Testing and treatment for hepatitis C among PWID globally remain suboptimal, and comprehensive harm reduction services are not in place for most PWID worldwide.

Current care for hepatitis C in PWID

Treatment with **direct acting antivirals (DAA)** works very well in PWID and evidence already exists that broad accessibility to DAA can lower the HCV prevalence among PWID

Combination of **OST** and **high-coverage** …

In 2017: Among 179 countries, only 86 (48%) have implemented OST and 93 (52%) have adopted needle/syringe exchange programs.



In 2017: High provision of testing and treatment for hepaitis C realised only in 1% of PWID

Testing and treatment for hepatitis C among PWID globally remain suboptimal, and comprehensive harm reduction services are not in place for most PWID worldwide.

The drug use policies across Europe

European countries:
- have laws that criminalize the possession and distribution of drugs
- their policies differ regarding offences and penalties

Policies and laws prohibiting illegal drugs
represent a central role in shaping health outcomes among PWID.

HIV infection in PWID:
Criminalisation has a negative effect on HIV prevention and treatment. – particularly in relation to decreased needle/syringe distribution, increased syringe sharing, increased HIV burden among PWID.

HCV infection in PWID:
Lack of appropriate access to HCV care is predominantly driven by political resistance to harm reduction services, as well as laws and policies which criminalize drug use, drug possession and PWID themselves.

EASL/ILC 2020. Digital, August 27, 2020.

Punishment is NOT a public health strategy

Drug use policy
is in many ways a direct barrier to achieving the goal of HCV elimination :

- Prohibiting the possession of drug paraphernalia hinders harm reduction service delivery and uptake
- Many national laws impose severe custodial sentences for minor, non-violent drug offenses, such as drug use and possession
- As a result, PWID are frequently imprisoned or detained, without access to prevention and other harm reduction services, and often forced to interrupt ongoing HCV treatment
- Laws criminalising drug use reinforce stigmatisation and discrimination of PWID

EASL/ILC 2020. Digital, August 27, 2020.

A time to change the drug use policy

In the last decade there has been an increasing debate over a change in policy for non-medical drugs.

The terminology covering this particular area is not very precise; the following distinctions seem to be of crucial importance: **decriminalisation, depenalisation, legislation and regulation**

To provide an enabling environment for PWID to access hepatitis C testing and treatment, **a change in drug use policies is needed** which can address the barriers that hinder harm reduction services from reaching those that need them.

For that purpose, implementation of **public health and human rights-oriented drug policies** would be more appropriate than enforcing criminal sanctions against PWID.

EASL/ILC 2020. Digital, August 27, 2020.

Decriminalisation of drug use in the context of HCV elimination

EASL
European Association for the Study of the Liver

The decriminalisation of the consumption, purchase and possession of or personal consumption of plants, substances or preparations, not exceeding the amount for individual consumption during a certain period of time.

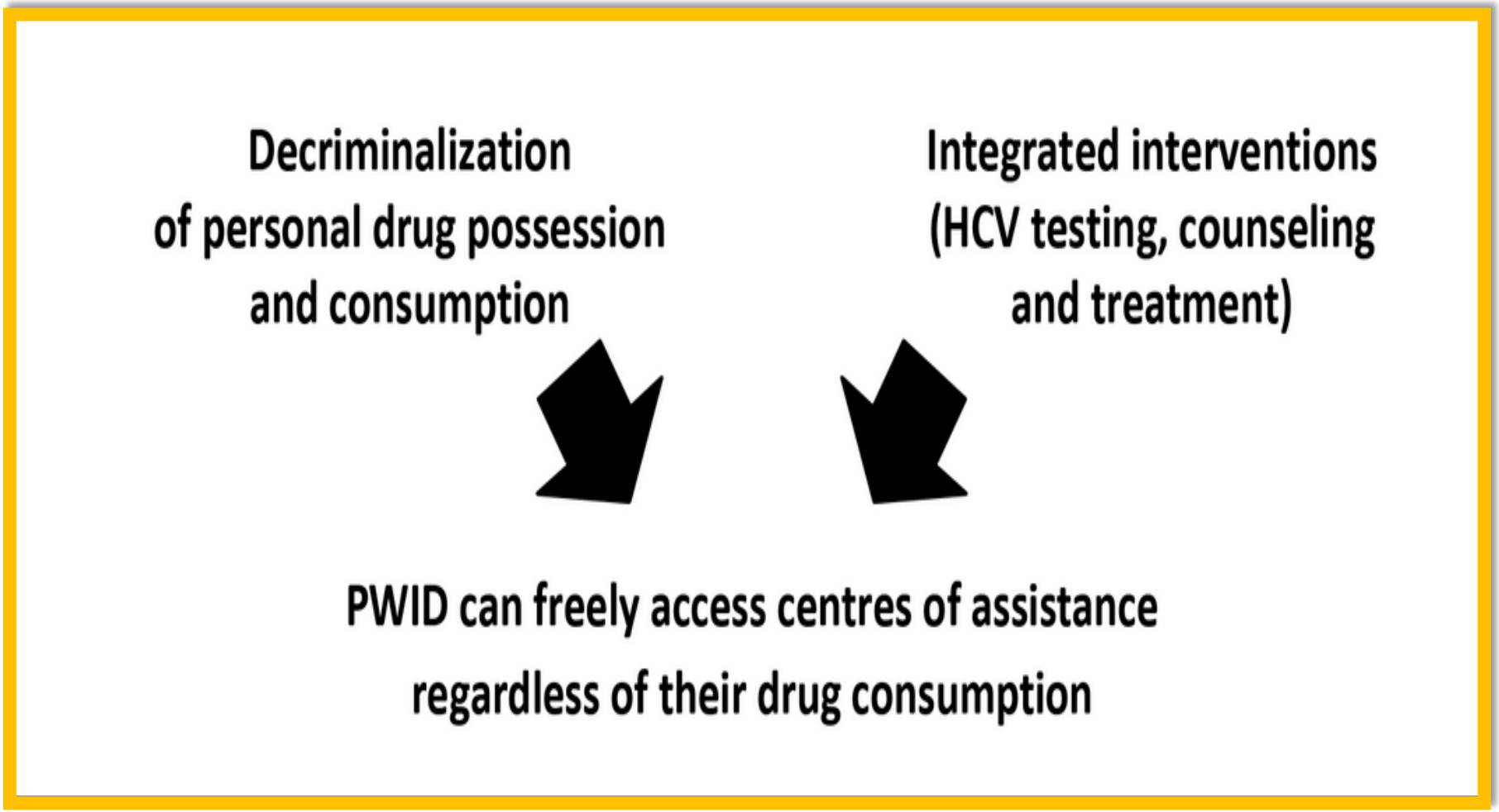
Such decriminalisation of personal consumption restores the right to health and social reintegration of a drug user.

However, decriminalisation by itself brings about **only a reduction in punishment and not a public health response**.

EASL/ILC 2020. Digital, August 27, 2020.

To eliminate HCV in PWID, combining activities is required

EASL
European Association for the Study of the Liver



EASL/ILC 2020. Digital, August 27, 2020.

A change in drug policies across the world

International Drug Policy Consortium (IDPC) report from January 2020:

there were **29 countries and 49 jurisdictions** across the world that have adopted some form of decriminalisation for drug use and possession for personal use

EASL/ILC 2020. Digital, August 27, 2020.

A good practice example

PORTUGAL

became the first country in the world
to decriminalise minor drug offences.

In 2000, due to losing the fight against drug overdose deaths and the rising prevalence of HIV/AIDS,
the country **started an experiment** to
decriminalise use and possession for personal use of all drugs and putting the focus on a public health approach to illegal drug use and on treating addiction.

The need for harm reduction responses was systematically assessed and activities were scaled up where needed.

EASL/ILC 2020. Digital, August 27, 2020.

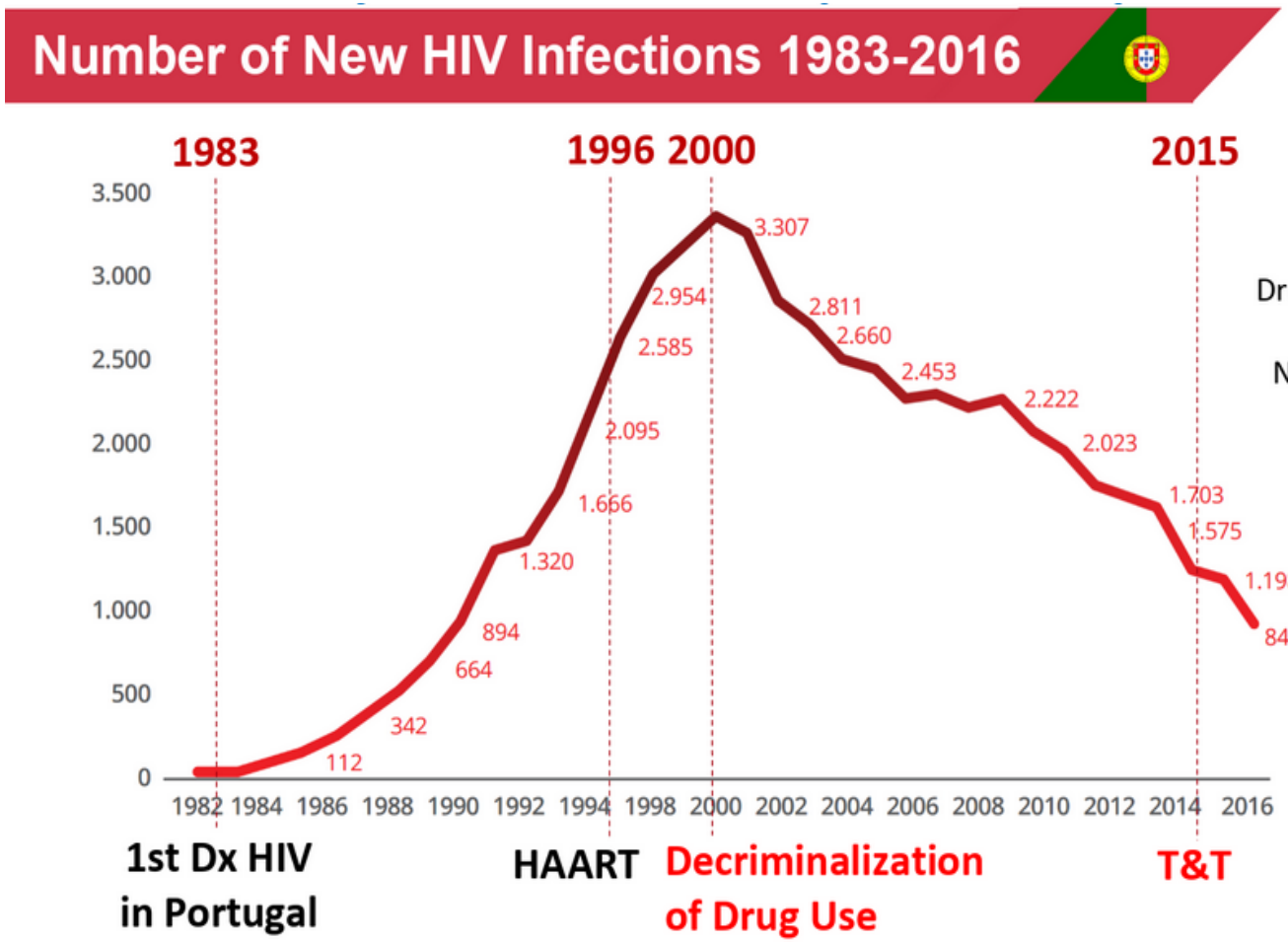
A good practice example

PORTUGAL

Contrarily to predictions,
the Portuguese decriminalisation **did not** lead to
major increase in drug use.

Moreover, evidence indicates **reductions in**:
- problematic drug use
- drug-related harms
- criminal justice overcrowding

The HIV story underlines the importance of preventive measures



Drug use-related deaths (2001-2008) **-84%**

New drug use-related HIV diagnoses (2000-2008) **-75%**

In 2017, **only 2.2%** of new HIV infections were related to drug use

@RBaptistaLeite

EASL
The Home of Hepatology

POLICY STATEMENT

Drug use and the global hepatitis C elimination goal

A time for change - EASL call to action

In order to achieve the 2030 WHO viral hepatitis elimination goals, EASL recommends:

that all barriers to the uptake of healthcare services by PWID be removed by changing policies and discrimination that hinder access. This includes the decriminalisation of minor, non-violent drug offences and the adoption of an approach based on public health promotion, respect for human rights and evidence.

www.easl.eu

EASL/ILC 2020. Digital, August 27, 2020.