PENINGTON INSTITUTE

Fourth National HCV Strategy 2014 – 2017

2 May 2014

Penington Institute Comments

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General comments:

- Strategy needs a severe edit.
- Terminology: use safer in relation to sexual and injecting practices, as no prevention measure is 100% safe.
- Note that ensuring the safety of the blood supply is not mentioned in the strategy.
- Note that the strategy gives insufficient commitment to enabling far greater numbers of injecting drug users, and former injecting drug users, to access forthcoming hepatitis C treatment drugs. Such a commitment should be explicit in the strategy, and should also make reference to enabling prisoners to also access the forthcoming treatments.
- The strategy should include greater emphasis on the role staffed and skilled needle and syringe programs will need to play in educating people at risk of hepatitis C, or have hepatitis C, about opportunities to access hepatitis C treatments including the forthcoming treatment drugs.
- The strategy makes insufficient reference to the need to have controlled in-prison needle and syringe programs. The strategy should be revised to support in-prison needle and syringe programs.
- The strategy makes no mention of pharmacy-based needle and syringe provision. Such mention should be included, and be included with regards to informing people about current and future treatment options.
- There should be clear encouragement for each state and territory opioid substitution therapy program to include in their guidelines instructions for prescribing doctors to discuss hepatitis C prevention and treatment with patients during mandated regular consultations.

Introduction

5th paragraph: The Fourth National Hepatitis C Strategy sets the direction for coordinated action over the next four years to achieve the targets of reducing the incidence of new hepatitis C infections by 50 per cent and increasing the number of people on treatment.

Having a target with no measurement i.e. increasing the number of people on treatment undermines the ability of the strategy to achieve its goal. Penington Institute suggests that a measurable target be included in the strategy.

6th paragraph: The Strategy's priority actions include increasing access to NSPs and use of safe injecting equipment, promoting increased testing and high quality support at the time of diagnosis, shifting the focus of treatment to primary care settings, reducing stigma and discrimination and developing evidence-based public health responses.

Penington Institute suggests that the priority action "access to NSPs and use of safe injecting equipment" be expanded to include access to opioid substitution therapy, or that a separate priority action be included in the strategy: access to opioid substitution therapy.

7th paragraph: Surveillance data indicates that prevalence and incidence of hepatitis C has been decreasing. This statement should be referenced.

8th paragraph: Increasing the role and capacity of the primary care sector to manage hepatitis C and provide services to most at risk populations is critical to ensuring Australia is well placed to harness the full potential of new treatments.

- Add 'health' after 'primary'.
- Penington Institute would like to stress that strengthening the primary health care sector, in particular needle and syringe programmes, is essential for achieving these outcomes, in particular providing information, generating demand for services, retention in care, and trying to reengage people lost to follow up.

4. Goal, indicators and targets

4.3 Targets

2. Increase the number of people receiving antiviral treatment each year.

While Penington Institute is notes the statement:

> Less than 2% of the 230,000 people estimated to have chronic hepatitis C are currently on treatment(6). While it is not appropriate for everyone who has chronic hepatitis C to be on treatment, achieving the goals of the strategy requires an increase in the proportion who do receive treatment. The focus of this strategy is on improving treatment uptake with a view to reviewing the target in light of advances in treatment options anticipated during the strategy's lifetime.:

The lack of a measurable target is of concern. The recent WHO Guidelines a strong recommendation, based on moderate quality of evidence, that all adults and children with chronic HCV infection, including people who inject drugs, should be assessed for antiviral treatment as well as recommendations on treatment with pegylated interferon and ribavirin, telaprevir or boceprevir, sofosbuvir and simeprevir[1]. Penington Institute would strongly support the addition of a percentage-based target against which progress could be measured for target 2.

4.4 Indicators

There are limitations in the ability to measure progress against many of the objectives and targets, both in the robustness of the available indicators and in some cases the lack of available data or appropriate methodology.

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[1] WHO (2014). Guidelines for the screening, care and treatment of persons with hepatitis C infection. http://www.who.int/hiv/pub/hepatitis/hepatitis-c-guidelines/en/

For clarity it would be useful to outline which indicators are not robust, and for which there is a lack of data or methodological issues. A comments column could be added to the table.

5. Guiding principles underpinning Australia's Response

Harm reduction: Harm reduction approaches underpin effective measures to prevent transmission of HIV and hepatitis C, including needle and syringe programs and drug treatment programs.

- Suggest to add at end of sentence; including primary health care, opioid substitution therapy and safe injecting rooms/sites. Further, given that the primary health needs of people who use drugs are extremely neglected these should be comprehensively addressed as part of hepatitis C prevention, and as part of broader efforts for preventing transmission of blood borne viruses and sexually transmitted infections.

Partnerships: recognition that those living with, and at risk of, infection are experts in their own experience and are therefore best placed to inform efforts that address their own education and support needs.

- Suggest to delete 'those' and insert 'people'.

6. Priority populations

Given that the strategy states on page 5 that: Recently, sexual transmission of hepatitis C among HIV-positive men who have sex with men has also been reported (18,19); and

On page 17: There is a growing number of people with HIV and hepatitis C co-infection. Around 30% of those who had recently acquired hepatitis C were also HIV positive, and 15% of new hepatitis C infections were attributed to male-to-male sexual activity (48,49).

- Penington Institute would request that this population be included as a priority population or at a minimum in the Appendix on Priority Populations.

Also, given that the strategy states on page 12: The drug of choice is also changing, with the injection of crystal methamphetamine and steroids creating new groups at risk of hepatitis C and thus new target groups.

- Penington Institute would request that these populations be included in the Appendix on Priority Populations.

7. Priority areas for action

1st paragraph: In Australia, most hepatitis C transmission occurs through unsafe injecting drug use practices. Effective prevention interventions can reduce hepatitis C transmission and the subsequent impact of infection on both individuals and the community.

Penington Institute would request that:

- 'and evidence-based' be inserted after 'Effective'.
- after 'intervention' insert: such as primary health care, needle and syringe programmes, access to opioid substitution therapy, and safe injecting rooms/sites.
- Suggest for clarity for the reader that at the end of the first paragraph that the six priority areas for action be listed.

1st paragraph: A combination of strategies is required to successfully minimise hepatitis C transmission.

- Penington Institute would request the addition of: Further, given that the primary health needs of people who use drugs are extremely neglected these should be comprehensively addressed as part of hepatitis C prevention, and as part of broader efforts for preventing transmission of blood borne viruses and sexually transmitted infections.

4th paragraph: This demand will continue to increase as new therapies become more widely available and the collaborative engagement of the workforce in a multidisciplinary pathway to care for people with hepatitis C will become increasingly important.

- Penington Institute suggest to add: and will require significant investment in workforce development and retention, particularly in the community-based and primary health care sectors.

7.1 Prevent

Priority actions Increase access and availability of sterile injecting equipment among people who inject drugs.

- Penington Institute strongly supports this priority action, noting that increased access and availability of sterile injecting equipment among people who inject drugs aligns with the National Needle and Syringe Programs Strategic Framework 2010-2014[2], which includes among its Key Result Areas to increase the availability of needle and syringe equipment by increasing NSP hours and sites. This includes needle dispensing machines and less restrictive policies in relation to the amounts and range of injecting equipment available at NSPs.

2nd paragraph: Prevention of hepatitis C transmission requires a combination of harm reduction strategies.

- Penington Institute requests the addition of: in particular, primary health care, needle and syringe programmes, opioid substitution therapy and safe injecting rooms/sites.
- Penington Institute suggests that innovative prevention of transmission of HCV and other blood borne viruses interventions need to be trialled such as prevention of transition to injecting, especially in relation to the use of amphetamine type stimulants.

3rd paragraph: Barriers to the access and safe use of injecting equipment in Australia include limited afterhours service availability, geographic access and stigma and discrimination towards people who inject drugs experience in accessing health services and some NSP services.

Penington Institute suggests:

- Add comma after geographic access.
- Include people in incarceration.

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2 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

Furthermore, the lack of NSP services in many rural areas while mentioned should be discussed in more detail, particularly in relation to services availability for Aboriginal and Torres Strait Islander people and other people in remote settings.

5th paragraph: Strengthening peer networks to provide education programs and information on prevention is an effective way to increase accessibility to NSP services.

- This statement needs to be referenced.

6th paragraph, reference 29. Add WHO. Evidence for action series. Technical papers and policy briefs on HIV/AIDS and injecting drug users. http://www.who.int/hiv/pub/idu/evidence_for_action/en/

8th paragraph: Health promotion, education and awareness activities, which include up to date information about hepatitis C, transmission risk and prevention strategies (including NSPs) are essential.

- Add 'and OST' after NSPs.

10th paragraph: There is a significantly higher rate of diagnosis of hepatitis C among Aboriginal and Torres Strait Islander people who inject or have injected drugs, with the rate of hepatitis C infection among indigenous injecting drug use being between 3 and 13 times higher than non-indigenous IDU population (NCHECR).

- This is in fact reference 28.

11th paragraph: There is also significant support for the use of peer education in these communities, with evidence that Aboriginal and Torres Strait Islander people prefer obtaining injecting equipment from known friends and others (31).

- The reference is to a study in East Sydney and the text should reflect this. Either provide references concerning acceptability of peer educators in remote areas or clarify that more research on this service modality is required.

12th paragraph: Specific strategies include ensuring the consistent provision of bleach, prophylactics and lubricant, and enabling the sterilisation of barbering and tattooing equipment in order to strengthen hepatitis C and blood borne virus prevention and promote public health more generally.

- See WHO. Evidence for action series. Technical papers and policy briefs on HIV/AIDS and injecting drug users. http://www.who.int/hiv/pub/idu/evidence_for_action/en/
- In particular paper on prisons which discusses evidence concerning the efficacy of bleach.
- Given the evidence, Penington Institute strongly supports the inclusion of effective, evidenced harm reduction interventions, namely needle and syringe programmes and access to opioid substitution therapy, in custodial settings. It is therefore strongly recommended that specific mention be made in support of the objective of each state and jurisdiction implementing in-prison controlled needle and syringe programs.

7.2 Test

4th paragraph: As people who inject drugs are less likely to access regular care, onsite access to vaccination and testing at these services would be advantageous.

- There is no HCV vaccination. Suggest to delete unless HPV, HAV and HBV vaccinations are meant. If so, please clarify.

5th paragraph: National guidance should be updated to include information on the frequency of hepatitis C testing for individuals who continue to have exposure risk.

- Penington Institute suggests for clarity that 'for individuals who continue to have exposure risk.' Be deleted and 'priority populations' be added.

6th paragraph: The role of peer educators and counsellors trained to undertake hepatitis C tests in helping to increase testing rates will be further explored. Such a service should be linked into peer-based drug user organisations, community health services/centres/hospitals and especially the NSPs.

- Penington Institute supports this proposal; however, this would require investment in drug user organisations, community health services and NSPs; all of which are currently underfunded. It would also require professionalization of the NSP workforce with pre- and in-service training and support.

7.3 Management, Care, Support

2nd paragraph: Hepatitis C care plans must address monitoring and treatment options, including anticipated changes in these options, and co-morbidities such as mental health conditions, bleeding disorders, and hepatitis B and HIV co-infection risks.

- Suggest to amend last phrase to: and hepatitis B and HIV co-infection(s) or risks thereof.

4th paragraph: People must be given the opportunity to relink in with the health sector, and take advantage of these new treatments as appropriate.

- Delete: 'to relink in with' and add 'to reengage with'.

4th paragraph: Community based organisations and peer groups have an important role.

- Add: to play in this process. However, the must be appropriately supported to do so.
- Add: needle and syringe programs.

7th paragraph: Improvements in accessibility for priority populations and increased demand generated by these treatments may be partially addressed by expanding options for hepatitis C diagnosis and management to include sites such as drug treatment services and NSPs.

- Penington Institute supports this proposal in principle; however, this would require significant investment in primary health care and NSPs; which are currently underfunded, underdeveloped and under skilled. There are no consistent minimum data sets, no service need or demand management mapping, and no national minimum training requirements or qualifications with only isolated examples of services providing access to any services beyond clean injecting equipment. The result being that the primary health needs of clients are

neglected. Expanding options for hepatitis C diagnosis and management within primary health care settings and NSPs would require professionalization of the workforce with pre- and in-service training and support, and would have wide reaching implications for the sector.

7th paragraph: When barriers are systematically addressed within a supportive environment, HCV assessment and treatment among people who inject drugs can be very successful (ag,ah,ai,at,au).

- Provide references.

9th paragraph: Models of care for hepatitis C should continue to consider how all aspects of care and support can be incorporated. In addition to primary and specialist health care, drug and alcohol services and community health services have an important role to play.

- Suggest to add: but must be adequately resourced to do so.
- Penington Institute suggests that the strategy should take into account that a very large proportion clients of NSPs are HCV-positive and as such people who use drugs should be considered a population needing chronic health care management including education about HCV and other blood borne viruses.

11th paragraph: While hepatitis C treatment services are available for prisoners in some custodial settings, they are not consistently available nationally. Continuity of care for people in custodial settings can be challenging as hepatitis C treatment for prisoners requires coordination between justice and health systems.

- Penington Institute suggests that the strategy should take into account that people who use drugs are disproportionately represented among the incarcerated population and that many are HCV-positive. As such this population should be considered as one needing coordinated chronic health care management both while incarcerated and upon release.
- Specific reference should be made to provision of hepatitis C treatment to prisoners "equal" (note: not "equivalent") to that which is available in the community, including access for forthcoming treatment drugs.

7.4 Workforce

Priority actions: Enhance the capacity of education and service providers to engage with people with or at risk of hepatitis C infection and provide targeted education and health promotion interventions.

Penington Institute strongly supports this priority action and notes in the context of NSPs its alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[3], which includes among its Key Result Areas (KRAs) to:

- develop national standards to guide NSP practice for future implementation;
- develop and implement a nationally consistent training model for NSP workers;
- strengthen the evidence base for peer education; and that
- NSPs should offer referral to other appropriate health and welfare services.

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3 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

2nd paragraph: Increased awareness, knowledge and confidence with hepatitis C services are essential. Professional education and continuing development programs should support these developments by improving awareness of testing, monitoring, managing and treating hepatitis C. To support this, the focus on continuing development must also be increased among health care professionals, community-based organisations and peer based programs.

- Penington Institute suggests in addition to the professionalization of NSP staff that the issue of NSP locations and physical infrastructure also be addressed as part of building workforce capacity.

4th paragraph: People with hepatitis C from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, and young people have special needs in relation to accessing hepatitis C treatment and care.

- Suggest to include: people who inject drugs, people in incarceration and men who have sex with men.

7.5 Removing barriers

Priority actions Identify and work to address legal barriers to evidence-based prevention activities across jurisdictions.

Penington Institute strongly supports this priority action, noting its alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[4], which includes among its Key Result Areas to increase the availability of needle and syringe equipment by increasing NSP hours and sites. This includes needle dispensing machines and less restrictive policies in relation to the amounts and range of injecting equipment available at NSPs

5th paragraph: While the position of injecting drug use remains so highly stigmatised, there is a need to provide users with a range of options to accessing injecting equipment to respect and facilitate people's preferences for access.

- Penington Institute supports this proposition, particularly in relation to increasing the coverage and accessibility of NSPs nationwide, particularly in remote areas, as well as the expanding the number of primary health care and safe injecting sites.

7.6 Surveillance, monitoring, research and evaluation

Priority Actions:

- Develop appropriate evidence-based public health responses and evaluate the impact of these programs on the increasing incidence of morbidity and mortality due to hepatitis C
- Promote balance in research to take account of social, behavioural, epidemiological and clinical research to better inform all aspects of the response

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4 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf

- Evaluate health promotion, testing, treatment, care, support and education and awareness programs and activities to ensure they are effective

Penington Institute strongly supports these priority actions and notes their alignment with the National Needle and Syringe Programs Strategic Framework 2010-2014[5], which includes among its KRAs to:

- improve data collection and reporting systems which will allow a better understanding of who is accessing NSPs and the gaps in current NSP service delivery;
- strengthen the evidence base for peer education; and
- regularly assess the effectiveness of NSPs through evaluation of the direct and indirect effects of NSPs and their impact on the prevention of drug related harm.

7.6.1 Surveillance and monitoring

Importantly, several indicators rely on denominator data derived from modelling which has significant limitations.

- For clarity, please specify which indicators.

The Australian Needle and Syringe Program Survey currently provides valuable annual estimations of point prevalence to monitor changes over time in patterns of HCV (and HIV) antibody prevalence and risk behaviours among NSP clients. There is significant benefit in improving annual incidence measures of HCV through prioritising testing and reporting on HCV-RNA as part of this programme.

- Penington Institute strongly supports this.

7.6.2 Research and evaluation

Future research should be linked to the needs of affected communities, particularly people who inject or have injected illicit drugs.

- Penington Institute would also support more research into people who use steroids as well as stimulants and their role in HCV transmission.

Appendix - Priority Populations

People who inject drugs: Concerns about admitting to illegal injecting drug use.

- Suggest to add 'or legal' after illegal

People in custodial Settings Low rates of hepatitis C testing uptake among prisoners at reception105 and limited uptake of best practice testing algorithms have the potential to contribute to transmissions and act as barriers to appropriate care.

- Reference 105 does not exist.

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5 https://www.health.gov.au/internet/main/publishing.nsf/Content/775BC0C9246B864ACA257BF000195991/$File/frame.pdf