Why access to integrated viral hepatitis and harm reduction services is critical for People who use drugs – Aditia Taslim, International Network of People who Use Drugs (INPUD)

Hello everyone, my name is Aditia I am the Advocacy Officer of the International Network of People who Use Drugs (INPUD).

Almost 20 years ago, in 2004, I was diagnosed with Hepatitis C. Soon later, the following year, I was tested positive for HIV. Similar to most of other people's experience, I was devastated, in denial, angry and I had only one thought, to end my life. However, in between those turbulences of my life, there was one message that continued ringing so loudly in my head. The doctor who was looking after me said this, "I am not too concern with your HIV. Your CD4 count is high, and if we can keep it as high as this as long as we can, you will be alright. However, it is not HIV that is going to kill you. It's your Hepatitis C".

At that time, there was very limited option of Hepatitis C treatment, and it was also ridiculously expensive with very small chance of success. Today, Hepatitis C is curable, but why is it my story is still experienced by most people who use drugs, and that people are dying from a curable disease.

Despite the availability of the new generation pan-genotypic Direct Acting Antivirals (DAA) with a high cure rate, good tolerability, low pill burden, less drug interactions and significantly less side-effects than previous therapies, significant ongoing problems and barriers to this treatment remain in many contexts, including cost, delays, stigma and discrimination and lack of political will.

INPUD's conducted a values and preference study for people who use drugs in accessing HIV, Hepatitis and STI services, despite the consensus and strong preference for this treatment, our community still faces delays for up to three months to get the medication, including an endless list of pre-treatment blood tests – leading to many people withdrawing from accessing the service all together. In some context, HCV DAA is only offered to people who use drugs who are HIV positive. And in some countries, this treatment is simple not available, or even when it is available, drug use is used as an eligibility criteria – leaving out people who are still actively using drugs, including a case where people had to be off of Methadone, forcing abstinence from drugs with a consequences of not being treated for any potential risk of re-infection.

Recently, there is much talk about enabling environment, peer-led responses, community-led responses, decriminalisation and eliminating stigma and discrimination. However, how such change will be realised when we are still yet to see comprehensive access to well-accepted, cost-effective, evidence-based HIV and HCV prevention and treatment interventions among people who use drugs.

It is critical to have clear definition of what is meant by behavioural interventions especially in the context of health education and counselling interventions to HIV and viral Hepatitis among people who use drugs – we also need to invest in different models of service delivery – there is no one size fits all – our study showed that peer navigators and drug user-led responses impact on initiation and retention in treatment and prevention programmes. We

need to maximise the use of new technology including underutilised health technologies – INPUD is currently working with a consortium led by MdM under the UNITAID grant to create a simplified testing care model for Hepatitis C diagnosis and to reduce the number of lost to follow up.

To effectively integrate viral Hepatitis and harm reduction services, we need to dismantle the structural barriers, including behavioural interventions that are aiming towards abstinence and social control. Stigma, discrimination and judgment are also among the most common barriers that people who use drugs face when accessing viral Hepatitis and harm reduction services. Some people referred to being treated like a child, seen as irresponsible, and judged as not caring about their health or cannot be trusted to adhere to the medication.

Integration of viral Hepatitis and harm reductions services will only be successful if the primary focus is on ensuring genuine person-centered care approaches. This means that the design, development, and delivery of all interventions and approaches should be driven by what works best for and is most acceptable to people who use drugs. With that said, INPUD's perspective providing person-centered care is inextricably linked to peer-based and drug user-led approaches due to the critical role that peer workers plan in reaching people and supporting them to access services. Peer-led responses and community-mobilisation are fundamental to ensuring that the design, development, and delivery of intervention align with community and individual needs and priorities.

Realising the right to health for people who use drugs will require not only the removal of harmful and punitive laws, policies and practices; but also, the appropriate funding and scale-up of drug user-led interventions and services that properly recognise the value of peer-led interventions. Until we properly value the expertise and values and preference of people who use drugs, criminalisation, stigma and discrimination will continue to fundamentally erode the health, rights, and dignity of people who use drugs globally.