



# Annual Report **2016/17**

# The Board of the International Network on Hepatitis in Substance Users (INHSU) is pleased to present the Annual Report for the year ended 30 June 2017.

This Report provides a comprehensive review of INHSU's performance in relation to its strategic goals, as supported by its membership.

We hope that this report highlights INHSU's commitment to scientific knowledge exchange, knowledge translation, and advocacy on hepatitis C prevention and care for people who use drugs.

We are grateful for the combined efforts of all of our members, collaborators and steering committee participants whose work reflects a vibrant and dedicated network.

We would like to extend particular thanks to the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) who have provided organization and governance support to the network, led the development of the HCV Education Program, and managed the production of the INHSU Symposium since 2015. INHSU has enjoyed a history of strong collaboration with ASHM and we appreciate their guidance and support.

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INHSU would also like to thank its members, the International Education Steering Committee, the in-country working groups, course faculty and steering committees, all those who participated actively in the educational program, the Symposium Organizing and Program Committee, all collaborating partners, and all those committed to improving health care for people who use drugs.

# About INHSU

## Brief History

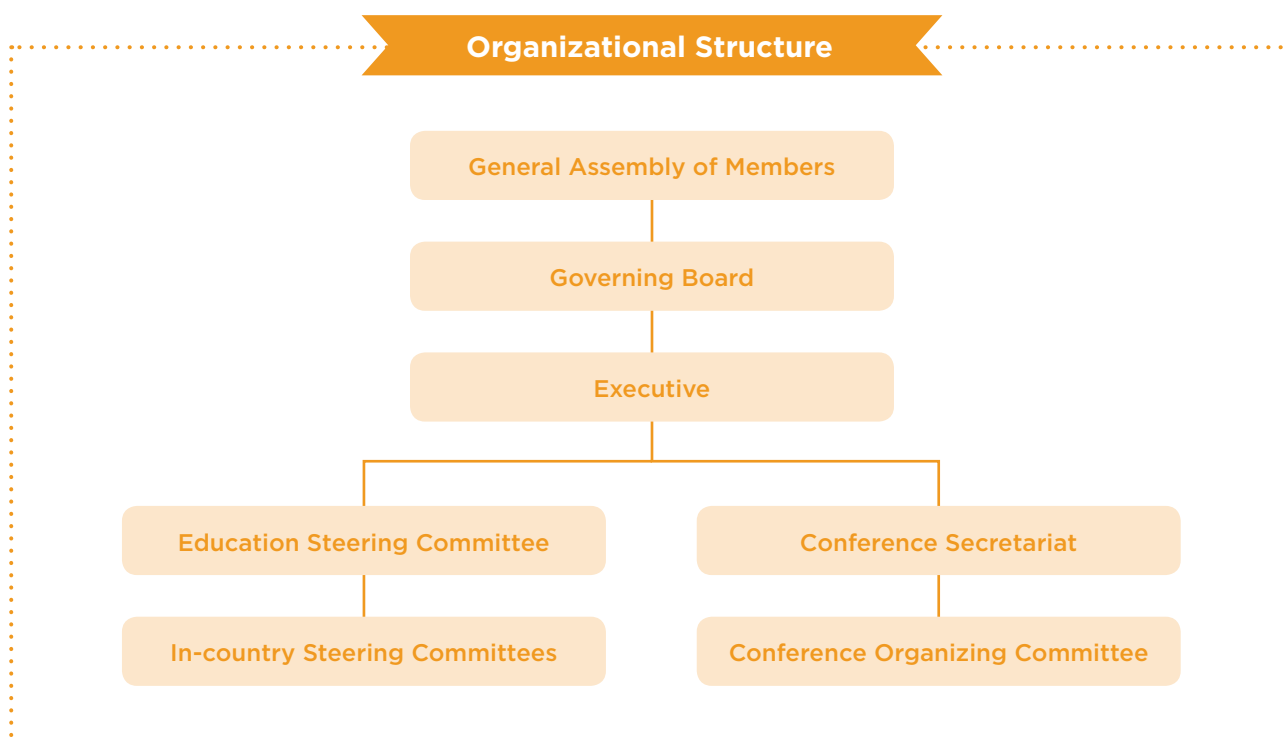
The International Network on Hepatitis in Substance Users (INHSU) is an international, not-for-profit, member-based organization.

Based in Switzerland, INHSU is governed by members from 23 countries around the world. For more information regarding the governing board and member locations, see pages 5-7.

The organization was conceptualized by Philip Bruggman, Markus Backmund and Geert Robays who organized the first INHSU symposium in Zürich, Switzerland, in 2009. This was followed by another meeting in Brussels, Belgium, in 2011, Munich, Germany, in 2013 and Sydney, Australia, in 2015. In 2016, INHSU moved to an annual symposium to keep pace with the rapid development of new therapies and the 2016 symposium was held in Oslo, Norway.

In 2015, Jason Grebely was nominated as President of INHSU and the Board of Directors was broadened to include representation from Australasia, North America and Europe.

At this time, INHSU also established strategic goals and instituted membership, allowing the wider community working in or affected by hepatitis C and drug use to help shape the organization.



## The Year Ahead

INHSU aims to increase its contribution to global advocacy work and education delivery focused on promoting hepatitis C prevention, linkage to care and treatment for people who use drugs.

As a relatively young organization, with a small executive team, INHSU will strive to build capacity within the organization to increase its output.

Integral to the INHSU mission is an understanding that the network must carefully consult and collaborate with stakeholders; explain the rationale behind decisions; articulate how they fit within the global drive to eliminate hepatitis C; how they focus on the core mission of providing equitable care for people who use drugs; and how we will continue to work with practitioners and the affected community to ensure projects appropriately meet the needs of the sector.

# Vision, Purpose, Values

## Objectives

- Support and facilitate scientific exchange and dissemination of knowledge
- Strive to educate international health professionals, researchers, community organizations, people who use drugs and policy makers on hepatitis C prevention, screening, linkage to care, and treatment among people who use drugs
- Seek to collaborate with other societies, government organizations, professional associations, community members, institutions and individuals to advocate for hepatitis C prevention and care among people who use drugs

### Vision

**All people have access to high quality, compassionate, and equitable health care.**

## Purpose

To create a global network that works with local partners to support health care workers, policy makers, researchers and people who use drugs to increase hepatitis C prevention and care among people who use drugs.

### Values

**1**

#### **Integrity**

We act with trustworthiness, honesty and fairness.

**2**

#### **Excellence and Innovation**

We encourage new ways of thinking and strive to reflect best practice in all we do.

**3**

#### **Respect**

We value the input of all of those working in or affected by hepatitis and/or drug use.

We believe that better decisions are made when all perspectives are shared and respected.

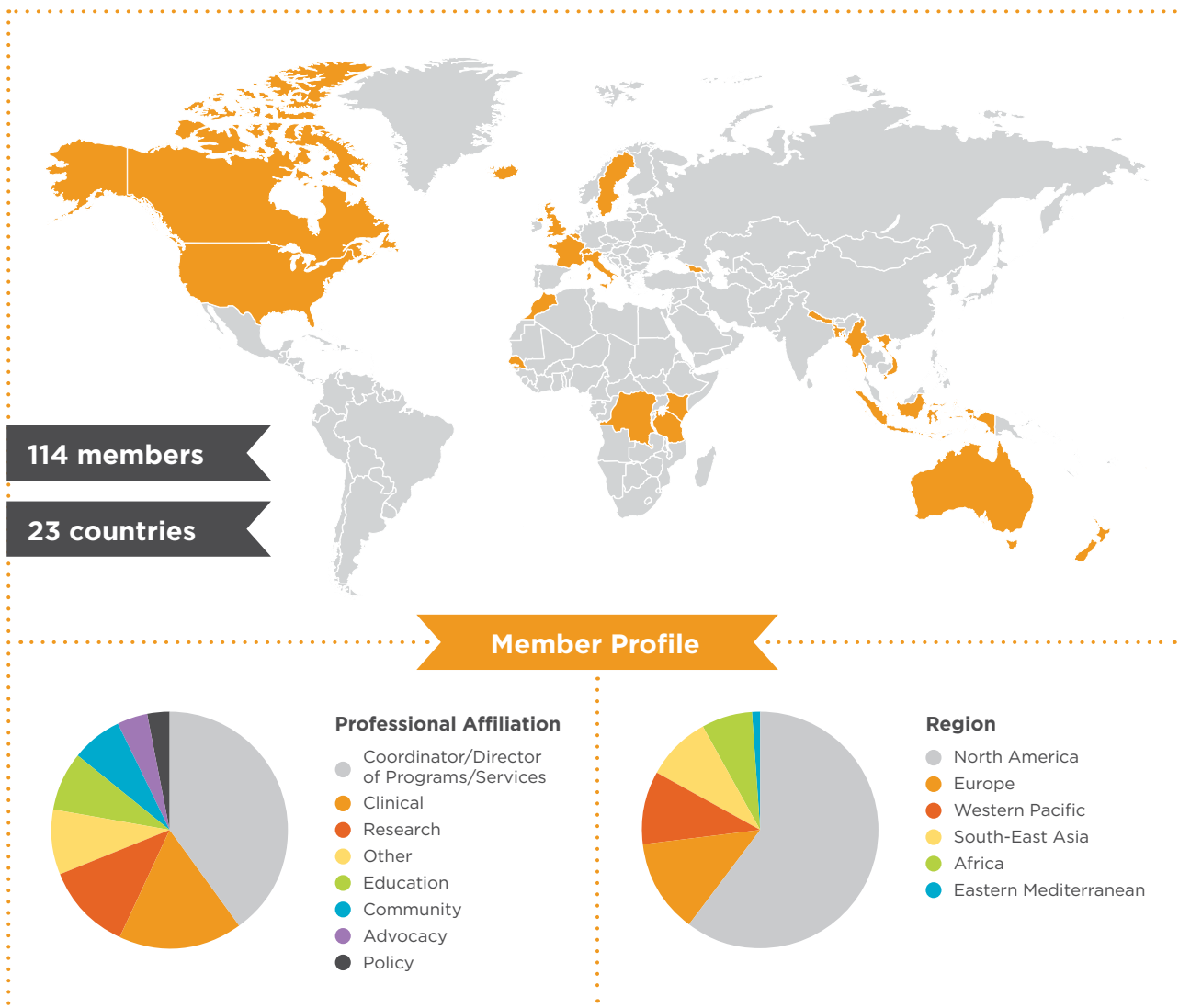
**4**

#### **Collaboration**

We value collaboration with other agencies and partners in our community.

We understand that we can accomplish more when we work together to develop complimentary initiatives and resources.

# Membership



## Member Benefits

Members pay an annual fee of €50. Community workers, students, people living with hepatitis C or consumers can benefit from a discounted rate of €20.

- Contribute to INHSU governance by voting at the General Assembly of Members and standing for election
- Receive a quarterly member newsletter
- Be able to contribute to the Annual Conference by participating in committees or reviewing abstracts
- Be able to suggest activities to the Board and bring forward projects in which INHSU might engage

## Member Engagement

We are looking to ways of increasing engagement with our membership and will be seeking member suggestions and guidance for INHSU's direction.

Watch out for the member survey coming soon...



# Board of Directors

The role and responsibility of the INHSU Board is to ensure the functions of the Network are performed efficiently and with maximum benefit to members and the communities we represent.



The Kirby Institute,  
UNSW, Australia

**Jason Grebely (President)** is an Associate Professor and NHRMC Career Development Fellow in the Viral Hepatitis Clinical Program at the Kirby Institute, UNSW Australia.

Jason's research has contributed to understanding the epidemiology and natural history of HCV; evidence supporting the care of HCV among PWUD; the development of international recommendations for the management of HCV among PWUD; and has informed state-based, national, and international strategies for viral hepatitis.



Praxiszentrum im Tal  
Munich, Germany

**Markus Backmund** is a Professor at LMU Munich, Germany.

He has been conducting clinical research with PWUD and HCV infection and other medical consequences of drug use since 1991. He has long advocated for providing HCV treatment to PWUD. He established a new department of Addiction Medicine at hospital Klinikum Schwabing in Munich. He also established the outpatient treatment centre Praxiszentrum im Tal in Munich (PIT). He is head of the PIT and he also is chair of the German Society of Addiction Medicine (Deutsche Gesellschaft für Suchtmedizin; DGS). He is a founding member of INHSU.



Arud Centres for Addiction  
Medicine, Switzerland

**Philip Bruggmann** is an Internal Medicine Specialist and has been Head of Internal Medicine at Arud in Zürich, Switzerland since 2003. Arud runs 4 outpatient clinics for addiction medicine that provide an interdisciplinary care setting with substitution treatment, psychiatric and psychosocial therapy, and a full range of hepatitis and HIV care. Philip serves as head of the executive board of Swiss Experts in Viral Hepatitis (SEVHep). In this function he leads the project of the Swiss Hepatitis Strategy. He is a founding member and former president of INHSU.

Philip is also a Privatdozent at the University of Zürich, where his main research focus is hepatitis C care for people who use drugs.



University of  
Montreal, Canada

**Julie Bruneau** is a Professor in the Department of Family and Emergency Medicine at Université de Montréal. She is currently Head of the Primary Care Department at the Centre Hospitalier de l'Université de Montréal (CHUM).

She is the principal investigator of HEPACO, an ongoing cohort of HCV-seronegative injectors followed to identify factors associated with HCV transmission. Over the past 20 years, her research contributed to a better understanding of factors impeding and facilitating harm reduction efforts, such as syringe exchange and Opioid Agonist Therapy (OAT) among persons who use drugs.

She is recognized as a leader in addiction medicine in Canada, and was central in the development of the Opiate Agonist Treatment (OST) and Syringe Distribution Program networks in Quebec. At the CHUM, she implemented what became the largest academic mental health and addiction medicine facility in the province, where she is still practicing. Julie also established a multidisciplinary program for HCV treatment of active and recent injectors, and has clinical experience in the management of HCV among active drug users.



Akershus University  
Hospital, Norway

**Olav Dalgard** is a Consultant and Professor at Akershus University Hospital and the University of Oslo, Norway.

Olav's research has focused on hepatitis C in PWUD and has included both clinical and epidemiological work; shortened interferon based treatment in genotype 2/3 infection, side effects to interferon treatment, treatment to PWUD, prevalence of HCV, natural history of HCV infection in PWUD and reinfection after successful HCV treatment. He has published 44 peer-reviewed publications. He has initiated low threshold HCV clinics in Norway and is a consultant for these clinics.



The Kirby Institute,  
UNSW, Australia

**Gregory Dore** is the Head of the Viral Hepatitis Clinical Research Program at the Kirby Institute, UNSW Australia, and an Infectious Diseases Physician at St Vincent's Hospital, Sydney, Australia.

He has been involved in viral hepatitis and HIV epidemiological and clinical research, clinical care and public health policy for 20 years. He has developed extensive national and international collaborations, and is internationally recognized in the areas of natural history of acute and chronic HCV infection, and therapeutic strategies for acute and chronic HCV infection, particularly among people who use drugs.

He established the St Vincent's Hospital viral hepatitis service in 1999, and has led its development into one of the leading national and international hepatitis C treatment services, with a particular focus on marginalized populations including people who use drugs and homeless persons.



University of Bristol,  
United Kingdom

**Matt Hickman** is a Professor in Public Health and Epidemiology at University of Bristol, and Honorary Public Health Consultant at Bristol City Council and Public Health England. He is the director of NIHR Health Protection Research Unit on Evaluation of Interventions, and a member and co-investigator of NIHR School of Public Health Research.

His research programme focuses on epidemiology and public health consequences of drug use – including adolescent substance use, and epidemiology and prevention of HCV and drug related mortality. He is also the deputy regional editor of *Addiction* and a member of the Scientific Committee of European Monitoring Centre on Drugs and Drug Addiction and WHO Technical Advisory Group on alcohol and drug epidemiology.



Montefiore Medical  
Center, United States

**Alain Litwin** is a Professor of Medicine and Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine and Montefiore Medical Center.

He is board certified in internal medicine and addiction medicine, and has been providing medical care to people who use drugs with complex social, psychiatric and medical needs within an integrated primary care and methadone maintenance treatment program since 2000. As HCV Medical Director at Einstein's Division of Substance Abuse (DoSA), he developed a comprehensive on-site HCV treatment program and peer educator program to improve medical care of HCV-infected people who use drugs. Dr. Litwin's research is focused on developing and studying models of HCV care, and on advocating for increasing access to effective care for all HCV-infected patients.



Ziekenhuis Oost Limburg,  
Genk, Belgium

**Geert Robaey** is a Gastroenterologist with a special interest in hepatology at Ziekenhuis Oost Limburg, Genk, Belgium. He is a Professor of Medicine at Hasselt University and has a consultancy at the Department of Gastroenterology and Hepatology at the University Hospitals of UZLeuven. He leads a hepatitis research program at Hasselt University and coordinates a clinical research network on the treatment of HCV infection in Belgium.

Geert's research contributed to the evidence supporting the care for HCV among PWUD, the development of the INHSU recommendations and EASL clinical practice guidelines regarding the management of HCV in PWUD and national, European and international policies for screening and treatment of HCV in PWUD. He is a founding member and former treasurer of INHSU.



Médecins Sans  
Frontières, New York

**Tracy Swan** has been involved with HIV-related work since 1990 and hepatitis C work since 1998. Since then, she has worked at community health centers, hospitals, syringe exchange and addiction treatment programs, correctional facilities and homeless shelters.

These experiences informed her work as the Hepatitis/HIV Project Director at Treatment Action Group (TAG), where she combined her passion for social justice with her interest in research and policy from 2003 until 2016. During that time, she served as a community representative to the AIDS Clinical Trials Group and the US FDA Antiviral Advisory Committee. She has worked with allies around the world to advocate for evidence-based policies to create and broaden access to affordable, high-quality HCV information, prevention, diagnostics, care and treatment for people who use and inject drugs.

# Financial Summary

## Completion of Annual Financial Statements

On 11 August 2017, the Executive Board approved the signing of the 2016/17 Financial Statements as prepared by independent auditors.

## Financial Outcome 2016/17

INHSU operated within its total sources of funds and revenue for the 2016/17 financial year

### Sources of Funds 2016/17

€73,344

Allocated through Symposium revenue

€312,356

From industry to support the education program

€3,910

From membership revenue

€31,450

From industry to support the Change Project



## The Year Ahead

One of the challenges confronting the network is seeking funding in order to continue to deliver education services. INHSU will be pursuing diverse funding models and is looking for ways to expand their education offering to include new regions and the broader workforce working in primary care and drug health.



# INHSU Symposium

INHSU is focused on providing high-quality programming, state-of-the-art research and content from a varied and international panel of speakers.

## 2016 Symposium: Oslo, Norway



**151** abstracts submitted



**65** speakers



**6** workshops



**75** posters



**410** attendees



**28** scholarships

### Delegate Profile

Top 5 professional affiliations:

1. Medical Specialist: Infectious Disease
2. Research: Epidemiology / Public Health
3. Pharmaceutical
4. Community (person who uses drugs, person living with HCV)
5. Drug and alcohol clinician / case worker / program manager

### 35 Countries Represented

Australia	Indonesia	Russia
Austria	Ireland	Serbia
Belgium	Italy	Slovenia
Canada	Kuwait	Spain
Czech Republic	Montenegro	Sweden
Denmark	Myanmar	Switzerland
Finland	Nepal	Thailand
France	Netherlands	Ukraine
Georgia	New Zealand	United Kingdom
Germany	Norway	United States
Greece	Poland	Vietnam
Iceland	Portugal	

**98%**

of delegates surveyed would apply what they learnt at the Symposium to their work practices



5th International Symposium on Hepatitis Care in Substance Users • Oslo • 7 - 9 September 2016 • [www.inhsu2016.com](http://www.inhsu2016.com)

# Hepatitis C Education Program

## Overview

In 2016, INHSU collaborated with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the Kirby Institute at the UNSW, Sydney to develop a hepatitis C education program designed for clinicians working in primary care and drug and alcohol settings or with people who use drugs.

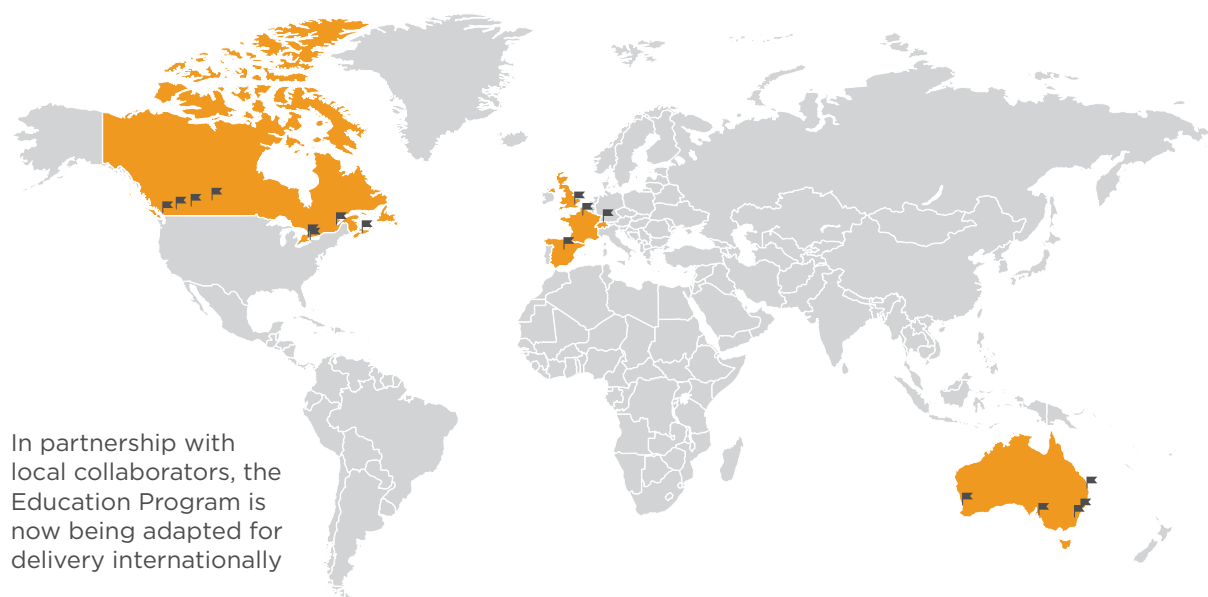
### The education program consists of:

- 2 hour online learning module
- 6 hour highly interactive face-to-face workshop
- Tailored capacity strengthening toolkit, including local resources and guidelines

## Education Program Goals

- increase linkage to care for people who use drugs
- increase confidence testing for HCV
- increase confidence prescribing DAA therapy for HCV
- increase awareness of harm reduction and prevention

### International Roll-out



**TARGET: 850 practitioners trained across Australia, Canada, UK, Spain, Switzerland, France by June 2018**

## Education Initiatives

In addition to the in-depth Education Program described above, INHSU is committed to getting HCV on the agenda at other international conferences as a way of engaging the broader healthcare workforce.

### This year we held the following education sessions:

- 'HCV in Drug and Alcohol Setting Education Workshop' adjacent to the International Society for Addiction Medicine - Montreal, November 2016
- Joint EASL/INHSU Workshop 'Enhancing HCV Prevention and Care Among People Who Use Drugs' at the International Liver Congress - Amsterdam, April 2017
- 'HCV Satellite Symposium' at the 25th International Harm Reduction Conference - Montreal, May 2017

# Advocacy and Research

## Publications

### Recommendations for HCV prevention, care and treatment

At an exciting time in the field of HCV, greater focus needs to be given to strategies that address HCV infection among people who use drugs. INHSU has published two papers in The International Journal of Drug Policy focusing on recommendations for expanding access to prevention, care and treatment of hepatitis C virus infection among PWUD. Both papers highlight the following key issues in order to strengthen a framework for enhanced HCV care:

- HCV testing, linkage to care and treatment is low among PWUD
- New interferon-free HCV therapies have the potential to enhance HCV care
- HCV treatment is safe and effective among PWUD
- HCV testing, linkage to care and treatment should be offered to all PWUD
- Care should be offered in partnership with the affected community and with a commitment to tackling stigma and discrimination associated with injecting drug use and HCV

### Editorial on DAA restrictions

Grounded in our commitment to ensuring all people have access to high quality, compassionate and equitable health care, INHSU submitted an editorial to the Journal of Hepatology questioning whether it is fair to exclude people who use drugs or alcohol from access to hepatitis C treatment. The article argues that there is no good ethical or health based evidence for such discriminations. Nor do the restrictions make clinical, public health or health economic sense. The article strongly recommends that all restrictions on access to HCV treatments based on drug or alcohol use or opioid substitution treatment be removed.

### Awareness Campaign

THE  
**CHANGE**  
PROJECT

The Change Project is a global awareness raising project that aims to enhance access to care for people with hepatitis C infection.

The project is a collaboration between INHSU and the Digital Clinic centred around disseminating patient stories from around the world.

A follow up project 'The Change Project: Access for All' is currently underway.



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