



European Monitoring Centre
for Drugs and Drug Addiction



Final Draft MEETING REPORT

2nd meeting on detecting and responding to outbreaks of HIV among people who inject drugs

12 October 2012, EMCDDA, Lisbon, Portugal

1. Introduction and objectives

A risk assessment performed in November 2011 by the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) documented an increase in newly detected HIV cases among people who inject drugs (PWIDs) ⁽¹⁾ in Greece and Romania ⁽²⁾.

Further analysis of HIV surveillance, prevalence and response data indicated that several additional countries reported increased HIV incidence or prevalence and/or increased hepatitis C virus (HCV) infection prevalence among PWIDs. Besides in Greece and Romania, this was the case in Austria, Bulgaria, Cyprus, Italy, Luxembourg and Lithuania. In a total of four countries (Austria, Greece, Hungary and Romania) recent changes in injecting patterns were reported, with more frequent injecting or increased stimulant injecting. In addition to Greece and Romania, coverage of effective prevention services, such as needle and syringe programmes and/or opioid substitution treatment were reported as being low in Croatia, Cyprus, Hungary, Latvia, Poland and Slovakia.

Observed increases in HIV transmission among people who inject drugs in Europe are of concern, because HIV transmission can spread very rapidly among injecting populations. Since effective measures to prevent and control infectious diseases among PWIDs exist ⁽³⁾, important prevention opportunities may be missed.

In order to share most recent information on developments and best practice experiences on monitoring and responding to the risk of HIV among PWIDs, the ECDC, together with the EMCDDA, organised an

⁽¹⁾ See list of acronyms at the end of the document.

⁽²⁾ Joint ECDC and EMCDDA rapid risk assessment: HIV in injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania. (2012). Available at: http://ecdc.europa.eu/en/publications/Publications/120112_TER_Joint-EMCDDA-and-ECDC-rapid-risk-assessment-HIV-IDU.pdf and <http://www.emcdda.europa.eu/publications/joint-publications/hiv-in-injecting-drug-users-2011>

⁽³⁾ ECDC–EMCDDA guidance: Prevention and control of infectious diseases among people who inject drugs. Stockholm: ECDC; 2011.

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expert meeting in March 2012 in Tallinn, Estonia ⁽⁴⁾, attended by national HIV surveillance and prevention contact points as well as representatives of national drug monitoring focal points.

For continued follow-up on this topic, this 2nd joint expert meeting on '**Detecting and responding to outbreaks of HIV among people who inject drugs**' was jointly organised by the agencies on 12 October 2012 at the EMCDDA in Lisbon, Portugal (see agenda in Annex I), back-to-back with the EMCDDA annual expert meeting on Drug-Related Infectious Diseases (DRID).

Objectives

The meeting aimed at providing a forum for information exchange between countries concerned by HIV outbreaks among people who inject drugs, and countries where there is a potential risk for such outbreaks, in order to strengthen countries' monitoring and prevention capacity. Experts from the Reitox national focal points and the national HIV surveillance and prevention contact points of Austria, Bulgaria, Estonia, Greece, Hungary, Italy, Latvia, Lithuania and Romania, technical staff from the EMCDDA and ECDC and prevention experts from Finland, Portugal, Spain and from the UK as well as representatives of the EU Civil Society Forum attended the meeting. The list of participants is included in Annex II.

Lucas Wiessing (EMCDDA) and Marita van de Laar (ECDC) opened the meeting and welcomed participants on behalf of both agencies. This was followed by a short presentation recalling the main results of the 2011 risk assessment and the outcomes of the previous meeting in Tallinn, and presenting the specific objectives of the meeting, which were ⁽⁵⁾:

1. To review the current epidemiological situation of HIV among people who inject drugs;
2. To assess the potential risk for acceleration of HIV transmission due to inadequate coverage and integration of prevention services and/or changing drug use patterns among people who inject drugs;
3. To examine progress on collaboration between sectors at national level in the countries concerned.

Updates on the situation regarding current HIV outbreaks in Greece and Romania were followed by seven shorter country presentations, addressing recent developments in three broad areas, namely: HIV surveillance and monitoring; effective interventions and their integration to maximise efficacy; and the collaboration between public health and drugs authorities.

⁽⁴⁾ Meeting on: 'Detecting and responding to outbreaks of HIV among people who inject drugs: Best practices in HIV prevention and control'. Report available at: <http://ecdc.europa.eu/en/publications/Publications/MER-IDU-outbreaks.pdf>

⁽⁵⁾ All presentations are available at <http://www.emcdda.europa.eu/html.cfm/index195202EN.html>.

2. Update on the country situation in Greece and Romania

Greece ⁽⁶⁾

Situation with regard to new HIV infections (general trends and trends among people who inject drugs (PWID))

The most recent data and analysis indicate that the HIV outbreak in Greece is continuing and injecting drug users are the most affected group. Between 2010 and 2011, the number of reported HIV cases increased by 58 % (from 609 cases in 2010 to 963 cases in 2011). The number of notifications accelerated in 2012 when 768 new HIV cases were reported in the first eight months alone. In these reports, received between January to August 2012, injecting drug users (IDUs) were the main transmission group (314 cases; 41 %). The majority (79 %) of IDU-related cases were male, 56 % were between 25 and 34 years old and 66 % of Greek origin. For comparison, among all HIV cases in the IDU transmission group reported in 2011, similar proportions were male (81 %) and between 25 and 34 years old (52 %), but 81 % were of Greek descent.

Before 2010, and based on routine diagnostic testing of PWIDs accessing treatment for drug-related problems (including low-threshold agencies), the prevalence of HIV among this group ranged from 0.5 % to 2.0 %, depending on population and year of testing, which is low compared to prevalence rates observed in other EU/EEA countries. In 2011, HIV prevalence sharply increased, ranging between 3.7 % and 5.6 %, depending on the source of data. In 2012, one Athens-based institution (MAVY-OKANA) reported a HIV prevalence rate of 8.4 % among 2 250 tested PWIDs (189 HIV positive cases). A breakdown of 2012 data by month suggested a sustained transmission among PWID, with prevalence rates among those tested in most months above 5 % and in some months reaching 10 %.

Levels of hepatitis C virus infection in PWID can be interpreted as an indicator of injecting risk behaviour. In Greece, HCV prevalence among PWID accessing treatment services has been consistently high, with an increasing trend at national level (2002 – 62 %; 2011 – 69 %), and particularly in Athens (2001 – 66 %; 2011 – 77 %). Between 2010 and 2011, significant increases have been detected in HCV prevalence in the subgroup of 'new' injectors (injecting history of less than 2 years) in Athens (2011 – 77 %) suggesting increasing levels of injecting risk behaviour.

Results of behavioural surveillance: drug use patterns, risk behaviour, prevalence

An analysis of drug use patterns and risk behaviours among about 3 000 PWIDs entering treatment in 2008 and in 2011 in Athens, based on TDI monitoring, documented that while the same proportion of clients reported injecting as the main route of administration, there were less who reported opioid use and current ⁽⁷⁾ injecting in 2011. The use of cocaine/crack also increased.

While the overall proportion of clients reporting current sharing of injecting equipment remained unchanged, analyses of the subgroups of 'new injectors' (< 2 years) and 'young injectors' (< 25 years) showed increases of this risk behaviour from 2008 and 2011.

Furthermore, studies among samples of the 'out-of treatment' IDU population in Athens document increases in reported use of crack/cocaine as well as of other stimulants in addition to increases in current injecting and current sharing of injecting equipment.

⁽⁶⁾ In preparation for the meeting, an update on the recent HIV outbreak among drug injectors in Greece was commissioned and was published on the EMCDDA website in November 2012 (<http://www.emcdda.europa.eu/publications/ad-hoc/2012/greece-hiv-update>). Furthermore, a risk assessment on Greece was published as an ECDC technical report on World Aids Day (1.12.2012), and can be downloaded here: <http://www.ecdc.europa.eu/en/publications/publications/20121130-risk-assessment-hiv-in-greece.pdf>.

⁽⁷⁾ The term 'current' refers to the last month (4 weeks).

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Response: intervention policies and coverage

Since 2011, drug treatment in Greece has been significantly expanded. In August 2012, the national treatment provider OKANA reported a total of 7 620 opioid users in opioid substitution treatment, which represents an increase of 35 % compared to August 2011, when just 5 659 clients were receiving this treatment. Since August 2011, 27 new hospital-based OST units have been launched, primarily in Athens and Thessaloniki. The mean waiting time for OST in Athens was brought down from 7 years in August 2011 to 4 years in August 2012 and is reported to have been virtually eliminated in Thessaloniki. In Athens, where problem opioid use (POU) prevalence is highest, the coverage of OST was significantly expanded from 21 % of estimated POUs receiving the treatment in 2010 to 35 % of them in August 2012.

During 2011 and 2012, needle and syringe programmes (NSP) at a fixed site (MAVY-OKANA) as well as mobile outreach teams from OKANA in collaboration with a number of non-governmental organisations (NGOs) and with KEELPNO have increased their efforts to respond to the HIV outbreak (e.g. street work, syringe- and injecting kit- distribution, leaflets and rapid testing), resulting in an increase in the number of syringes distributed/exchanged (total in 2011 – 119 397 syringes; until August 2012 – 127 313 syringes) ⁽⁸⁾.

However, syringe provision is still restricted to Athens, and the coverage of the few available programmes is limited. Based on the estimated number of PWIDs in Athens, 43 syringes were given out per person in 2011; until August 2012 this rate had only slightly increased to 45 syringes. The number of individual PWIDs using the NSPs to obtain syringes and kits is not known.

Other information, e.g. drug markets, heroin availability; 'new' drugs

In the beginning of 2011, Athens outreach street workers notified the EMCDDA Early Warning System (EWS) of an allegedly 'dangerous' (based on accounts of drug users) substance called SISA, which is primarily smoked and less commonly injected.

In response, the General Chemical State Laboratory verified through the analysis of samples of the drug seized on the illegal market that it is a methamphetamine-type drug. Furthermore, KETHEA-EXELIXIS (low-threshold service with a street work programme in Athens) surveyed active users who were either reached by street-work in the open drug scenes or approached by the EXELIXIS low-threshold facility about this substance. Respondents confirmed that SISA was widely available, at relatively reasonable prices and widely used in downtown Athens. SISA was evaluated as highly toxic with severe side effects such as aggression and psychotic symptoms.

Information was shared that a new study using respondent-driven-sampling ('Aristotle') was launched and is expected to reach large numbers of PWIDs offering HIV testing, which promises further insight into the trend of the epidemic.

The discussion addressed the following issues:

- the involvement of general practitioners in the provision of OST, and of pharmacies in the distribution of syringes to drug users are politically difficult to achieve, although the use of existing infrastructures would be important for reaching a sufficient scale of interventions;
- OST guidelines and quality assurance are needed;
- training of staff involved should accompany the scaling up process;
- cross-agency collaboration has improved through better networking between state and NGO sector, but coordination of the response should be strengthened.

⁽⁸⁾ These numbers do not include syringes which may have reached PWID through other interventions targeted at vulnerable groups in Athens.

Romania ⁽⁹⁾

Situation with regard to new HIV infections (general trends and trends among PWID)

While between 2007 and 2008, between 3 and 5 new cases of HIV infections among PWID were reported annually, the number of new infections in this transmission group increased to 12 in 2010 and to 129 in 2011. In the first six months of 2012, 102 new cases were reported.

Cases reported in 2012 (first 6 months) were mostly from Bucharest and its surroundings (93 out of 102 cases), mostly males (83 out of 102 cases), and between 20 and 34 years old.

Routine monitoring performed at registration for drug treatment services indicated also an increase in HIV positive cases among tested PWID (1.1 % (2/182) in 2008, 3.3 % (11/329) in 2009 and 4.2 % (12/288) in 2010) and (11.6 %, 25/934) in 2011.

According to the provisional unpublished data of the 2012 BSS (Behavioural Surveillance Survey), HIV prevalence among PWID increased to approximately 50 % in 2012.

Results of behavioural surveillance: drug use patterns, risk behaviour, prevalence

A study conducted by the Romanian Harm Reduction Network and UNICEF among intensive users of so-called 'legal highs' (identified as amphetamines) revealed a high frequency of injecting (5 to 6 times per day) among this group. A behavioural survey conducted by the NGO ARAS among 100 users of NSPs showed that the sharing of syringes and other paraphernalia is common among them and that the stimulants are injected alone or in combination with opioids. The majority of those surveyed had never been tested for HIV and other infectious diseases.

Response: intervention policies and coverage

Of the 100 NSP clients surveyed by ARAS, only 4 were currently in opioid substitution treatment, and 36 had never started any drug treatment in their life. Just under a half (48 %) wanted to engage with addiction treatment, while 31 % of respondents were not motivated to enter treatment or were not sure. Among the reasons given for being out of treatment, 13 % stated that this was because they did not have health insurance to cover treatment cost and 60 % claimed other reasons, including not currently having ID documents (16 %) or financial reasons (14 %).

In the first semester of 2012, at least 700 drug users undertook rapid HIV tests and 82 ELISA tests were performed. Following the end of external funding by the GFATM at the end of 2009, syringe provision in Bucharest dropped from 95 per IDU ⁽¹⁰⁾ in 2009 to 51 in 2010. Public budgets and an EU grant have now allowed more syringes to be purchased, so it is hoped to reach 2009 numbers again in 2012. However, according to national experts, this would still be far from the 400 syringes/user/year considered to be necessary to stop the outbreak. A new drop-in centre was opened by a non-governmental organisation which provides needle exchange, HIV and hepatitis testing services 2 days per week, reaching 40 clients per day. Still, there are many limits in the response to the HIV outbreak among PWID, as there are insufficient financial resources and the new national HIV prevention strategy (2011–15) is yet to be approved. This lack of funding has an impact on the provision of the whole range of services that are recommended to prevent and control infectious diseases among people who inject drugs.

The discussion addressed the current challenges, which include: removal of legal barriers to treatment (i.e. ID requirement); improved access and quality of drug treatment; development of treatment regimens for stimulant dependence, increased HIV testing uptake, and development of drug consumption rooms. Several new studies are underway, including a sero-behavioural survey and a study on HIV genotyping and drug resistance. Cross-agency collaboration is expected to improve following a 1st national conference on drug addiction in October 2012. The need for Romanian

⁽⁹⁾ In preparation for the meeting, an update on the recent HIV outbreak among drug injectors in Romania was commissioned and was published on the EMCDDA website in October 2012 (<http://www.emcdda.europa.eu/publications/ad-hoc/2012/romania-hiv-update>).

⁽¹⁰⁾ The estimated size of the IDU population in Bucharest in 2010 was 18 136 (CI: 16 343 – 19 464).

authorities to scale up their efforts to stop the outbreak, together with the European agencies, was recognised.

3. Short updates on country situations

Bulgaria

The total number of newly diagnosed HIV infections among PWIDs in Bulgaria increased from 7 cases in 2004 to 74 in 2009; in 2010, 56 cases were reported. The total reported number of new HIV notifications in the country between January and September 2012 was 124, and included 33 cases among PWIDs, which represents 27 % of all notifications during this period. The proportion of transmission route injecting among all newly notified cases, which was over 40 % in 2008 and 2009, has shown a gradual decrease already in 2010 and 2011, which seems to continue in 2012.

The most recent national PDU estimate (2010) is of approximately 32 000, of which 27 000 are opioid users. The most recent estimate of PWIDs (2011) is 19 000 at national level and 11 000 in the capital, Sofia.

Results of integrated biological and behavioural surveys carried out in 2006–09 under the programme 'Prevention and Control of HIV/AIDS', financed by Global Fund (GFATM) show high prevalence of HCV (> 60 %) and increases in HIV prevalence among PWID over this period from 4% to 7%, with rates among young injectors (< 25 years) increasing up to 10 % in 2009. Latest data on diagnostic testing in Sofia, provided by the National Centre for Addictions (NCA), indicate an increase in HIV prevalence among PWIDs from 2.1 % (2010) to 2.8 % (2011). While HIV prevalence among young injectors (< 25 years) increased from 3 % to 6 % in the same period, HCV prevalence rates among this population were 66 % in 2010 and 52 % in 2011.

With regard to drug use patterns there is an increasing level of polydrug use. Risk behaviour is frequent with daily injecting and needle and other paraphernalia sharing reported by more than 40 % of the sample (Behavioural surveillance performed by the National Centre of Addictions).

Regarding responses: national policies regarding the prevention of drugs and regarding HIV are in place. Syringes can be obtained free-of-charge from NSP and are part of a package of HIV prevention services, provided by NGO networks, across the country. At national level, the number of syringes distributed per estimated PWID per year ranges from 34 to 36 syringes. Among the subgroup of PWIDs reached by HIV prevention programmes funded by the Global Fund, 84 syringes are given out per year, which implies that coverage is very low among the remaining group of PWIDs.

Although drug treatment programmes are available across the country, the coverage of the target population with OST is low: approximately 20 % of POUs are estimated in July 2012 (Source: NCA) to receive this treatment. However, there are no programmes in prisons and the coverage of rehabilitation and social reintegration programmes is low. The adoption of new medical standard for substitution maintenance treatment in June 2012 gives a therapeutic alternative for the problem opioid users between 16 and 18 years of age. Buprenorphine is used for treatment of HIV-positive or high-risk persons under 18 years of age.

Testing for infectious diseases is also provided free of charge and anonymously; coverage of testing in prisons is high. Treatment of HIV and TB treatment are free of charge and case management is provided by NGOs. Among new cases enrolled in HIV care, PWIDs now represent 59 % (2011). There are currently legal obstacles for HCV treatment of PWID in OST and consequently HCV treatment has low coverage, also due to costs.

Perceived changes in the drug market are a decrease in heroin availability, the emergence of amphetamines, synthetic cannabinoids and cathinones as well as phenethylamines – drugs that have traditionally not been available. An increase in stimulant injecting was reported.

Between 2009 and 2012, funding for prevention of HIV and drug prevention has increased. However, the country will face a main challenge in the near future to provide sustainability to existing responses

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after funding by GFATM will end in 2014. The active involvement of municipalities is required to achieve this. The lack of funds will challenge HIV surveillance and monitoring activities and can also affect the collaboration between HIV- and drug-related monitoring.

Hungary

In Hungary, no cases of HIV among PWIDs have been notified as yet (according to data from a national seroprevalence survey in 2006–11 and routine testing programme 2010–11 data). While the seroprevalence survey documents no significant change in HCV prevalence (24 % in 2011) among PWIDs, the rate among the subgroup of non-opioid injectors (amphetamines and new psychoactive substances, primarily cathinones) increased significantly from 16 % in 2009 to 30 % in 2011. Routine testing in drug treatment centres and NSPs in 5 Hungarian cities furthermore documents a strong increase in HCV prevalence among young injectors: from 16 % in 2010 to 36 % in 2011. Indicators of risk behaviour (syringe/equipment sharing, frequency of injecting) also show increases.

In Hungary there has been no official national strategy on drugs and on HIV/AIDS since 2011. It is reported that 23 % of the estimated POU population (N= 3 130; range 2 780–3 480) are in OST and that 114 syringes per estimated PWID (N= 5 699) are distributed per year (2011). Syringe demand is however estimated to be high, as injection frequencies can rise up to 20/day, in particular among those injecting new psychoactive substances/cathinones. According to the latest national sero-prevalence survey, only 23 % of all PWIDs report having been tested for HIV in the last 12 months.

While there is an increasing demand for services at drug treatment centres and NSPs, financial resources are decreasing. Due to financial restrictions, the current distribution of syringes is limited and considered insufficient; one programme closed temporarily, opening hours also had to be limited. Restrictions in coverage of the costs of OST by the National Health Insurance Fund limit access of opioid users to such treatment. There is a lack of information about new psychoactive substances that makes the development of relevant health promotion information difficult; the substances seem to be changing rapidly in the market. The use of new psychoactive substances (primarily cathinones) poses several challenges to treatment services: as these are 'new' drugs, there is a lack of best practice and guidance regarding treatment. Due to rapidly developing physical and psychological consequences, users enter treatment, but retention is low.

Experts confirmed that collaboration between NGOs and GOs (the Reitox NFP) has improved in the context of assessing risks for HIV outbreaks among PWIDs in Hungary.

Points raised as remaining challenges for Hungary were:

- the requirement to have a valid health insurance for all those who want to start infectious diseases treatment, clients need to have a valid health insurance, which limits access to this treatment by PWIDs; and
- the fact that in 2012 no national HIV/HCV seroprevalence survey will be carried out and that it is unknown whether such a survey will be funded in 2013;
- finally, after 2012, the future of the routine testing programme is not certain.

Latvia

In the period January to September 2012, a total of 70 new cases among PWID was reported. Monthly numbers ranged between 5 and 11 new HIV notifications among PWID. The total number of HIV cases for the same period was 243. During the same period of the previous year, 67 notifications among PWIDs had been registered and the total number of HIV cases had been 206.

HIV and HCV prevalence among PWID were 10 % and 59 % respectively, based on routine testing data (within 18 low-threshold centres), in 2011 as well as in the first half of 2012. In 2012, similar prevalence figures were reported for HCV (58 %), based on a sample of 117 female sex workers (81 females had a drug injection experience ever in lifetime, 52 females had injected within last month); and higher prevalence (22 %) for HIV among the same sample.

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Based on behavioural surveillance, the proportion of users injecting opioids as a primary drug has been on the decrease since 2008 (42 %) reaching 36 % in 2010. During the same period, injecting of amphetamines has increased substantially (2008 – 45 %; 2010 – 53 %).

With regard to injecting and sexual risk behaviours (e.g. needle sharing, sharing of other paraphernalia, daily injecting, etc.), 16 % were reported to have shared a syringe or needle during the past 6 months (2010), 24 % in 2009; 32 % had used someone else's injecting paraphernalia (2010) (unchanged since 2009); the reported use of condom during the last intercourse had increased between 2007 (45 %) and 2010 (55 %).

Of an estimated 10 169 POU, about 2.3 % (237 individuals) are engaged in opioid substitution treatment (193 methadone, 44 buprenorphine). This figure places Latvia at the bottom of the list of European countries with regard to OST coverage. OST programmes are established in 10 sites across the country. Since 2012, prison OST programmes have been feasible from a legal point of view and their implementation is planned.

NSPs are available in 18 sites in Latvia and on average ten syringes and 2 condoms were distributed per estimated PWID per half year (January to June) in 2011 and 2012.

Regarding HIV testing coverage, 44 % of the target population reported to have been tested in the last year and 72 % during their lifetime (RDS 2007 data). There are six infectologists outside the capital Riga who can prescribe ART, but coverage outside the city is low. Reorganisation of surveillance structures has led to an increase in the number of cases with 'unknown' transmission mode.

Although most of the interventions recommended for preventing and controlling infections among PWIDs are reported to be available, coverage is low and scaling up relatively slow, hampered by insufficient funding and barriers at policy level; in particular, the level of provision of OST is low. Due to the fact that a financial contribution to HCV medications is required, the uptake of this treatment is low. There is a lack of commitment to funding the implementation of the recommended prevention measures at municipal level and HBV/HAV vaccinations are not routinely provided to the target group. However, since 2012, OST can be provided to prisoners and furthermore, coordination between service providers is reported to have improved.

Lithuania

According to the Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania (National HIV/AIDS database), 166 new HIV cases were diagnosed in 2011. Among these new cases, 86 (51.8 %) were reported to have been infected with HIV by injecting drugs. As of September 2012, the total number of HIV notifications in that year was at 102, and of these 43 individuals were infected with HIV by using injecting drugs (between 1 and 17 new case registrations per month). Data from a behavioural surveillance were not available but were expected to be available in January 2013.

The latest available estimation of PDU was about 6 000 individuals (2007). Data on the proportion of opioid users receiving OST and on the proportion tested for HIV in the last 12 months were not available. The number of syringes distributed per estimated PWID per year was 45.

Regarding relevant policies, there are a *National Program on Drug Control and Prevention of Drug Addiction (2010–16)* and a *National Program on HIV/AIDS/STI Prevention and Control (2010–12)* in place.

As of 1 January 2011, OST was applied in 19 units; 11 harm reduction services and 5 regional centres for the treatment of drug dependence operate in the country.

Testing and targeted delivery of services was identified as an area with challenges for implementation. There is a Ministry of Health Order on HIV testing. However, lack of financial resources hampers suitable implementation of the Order. Although mobile clinics have been set up to deliver targeted interventions, the coverage of these remains insufficient to meet the needs of the target group and a lack of political commitment at municipal level has been identified.

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Estonia

Between January and September 2012, 244 newly diagnosed cases of HIV were reported. Data were not yet available on HIV among PWID for 2012.

In 2004, the number of PWIDs in Estonia was estimated to be 13 886 (95 % CI 8 132–34 443), which translates into a national HIV prevalence rate of 2.4 % (95 % CI 1.4–5.9 %) among people aged 15–44 years.

Based on a cross-sectional study, HIV prevalence levels of 44 % were found among PWID in Narva, the third largest city in Estonia. In 2008, the HIV prevalence among 'new' injectors (<3 years) was 50 %, while research on amphetamine injectors showed 26 % and among fentanyl injectors a staggering 62 %. In the same study, a HCV prevalence rate among PWIDs in Narva of 64 % was found. Behavioural surveillance data from Narva indicate that 24 % of PWID report opioids (fentanyl) as their primary drug; and 71 % stimulants. Regarding risk behaviours, 24 % reported to have shared injecting paraphernalia in the last 4 weeks (needle/syringe, front/back loading, cooker, filter/cotton, container); 62 % reported to have had sexual intercourse with their primary partner and 10 % with an occasional sexual partner in the last 4 weeks. A condom was never used in the last 4 weeks for 18 % with occasional partners and 50 % for primary partners. PWID reported having on average had 3 sexual partners during the past 12 months.

Focusing on infection prevention interventions, in 2011 there were a total of 154 745 reported visits to NSPs; 2 130 306 syringes distributed; and a total of 717 OST clients.

Estonia has a National HIV and AIDS strategy since 2006 and until 2015. Weaknesses identified with regard to intervention services include the quality of support services at NSPs and of drug dependence treatment. Furthermore, while the coverage of testing for infectious diseases is estimated to meet the needs of the target population and treatment for HIV and TB is implemented, treatment for HCV is currently unavailable. Vaccinations are routinely only offered to children.

Austria

Between January and July 2012, 151 new cases of HIV were reported in Austria, of which 14 were PWIDs. While the number of infections among MSM shows an increasing trend, drug-related infections declined between 1985 and 1997, and - following an increase between 1999 and 2003 - have been falling again since. The HIV prevalence among PWID is low (with 6 000–8 000 PWIDs in Vienna and 15 000–17 000 PWIDs among 30 000–34 000 PDUs/POUs estimated nationwide, 2011): available rates are between 0 % and 4 %. As there is no adequate monitoring of HCV prevalence in Austria, trends regarding this infection are less clear. However, available sources show stable but very high rates of infection ranging between 60 % and 70 %. A local increase of HCV infection among young PWIDs in one province was reported linked to mephedrone injecting. However, no overall expansion of the problem could be confirmed and there was no detectable increase among young or new injectors. Hepatitis B infections among clients of the main low-threshold centre in Vienna (Ganslwirt) have increased in the past two years and reached 30 % in 2011.

Polydrug use is very common among clients in outpatient/inpatient and in substitution treatment (89 %) and includes the misuse of slow-release morphine (a medication used in OST in Austria), the misuse of which is widespread. No recent changes in risk behaviour or socio-demographic risk factors are reported.

Between 50 % and 60 % of the estimated number of POUs in the country receive OST; and around 5 million syringes were given out in 2011, which translates into more than 300 syringes per estimated PWID.

While the key interventions OST and NSP show good coverage across Austria, the targeted delivery of services and the provision of integrated services are rare: only one institution, located in the centre of Vienna, provides the recommended range of integrated services.

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The main weaknesses identified in Austria are: the variable level of coverage of NSP within the territory, that HBV vaccination is only provided in some and not all facilities, and that infectious disease testing is not systematic. There is also a lack of information about HCV treatment.

Prevention funding did not change between 2009 and 2012, but treatment funding is expected to decrease in the future. No changes took place in the drug market. The use of new psychoactive substances in recreational settings, in particular the use of mephedrone, seems to have decreased: only 29 clients entering treatment declared mephedrone as their primary drug. Increases in stimulant injecting were not observed; however, near the border to the Czech Republic, problems with pervitin use persist.

Improving HCV monitoring and ensuring the quality of treatment services under lower budgets were identified as the main challenges. There is also a need to direct more activities to the prevention of drug-related deaths.

Italy

In 2011, the estimated number of PDUs in Italy was about 330 000, of whom 193 000 were dependent on opioids. The Italian treatment monitoring system documents more than 172 000 clients entering drug treatment in 2011, the majority being male heroin users, and about one in five clients is treated for the first time in life.

The proportion of PWIDs among those newly diagnosed with HIV has been continuously decreasing since the beginning of monitoring in 1987 until 2009. However, the percentage of individuals tested at addiction services (*SerT*) for HIV, HCV and HBV has declined: while in 2000, about 40% of all *SerT*-clients were tested for HIV, this rate had dropped to 30.5 % in 2011.

A decrease in HIV prevalence among *SerT*-clients was noted: while in 2000 15.8% of those tested were HIV positive, in 2011 the rate was 8.3 % in 2011 (estimate, based on preliminary data). Analysing this trend among clients returning to drug treatment by gender, HIV prevalence among women decreased from 26.0 % in the year 2000 to about 12.9 % in 2011 and among men from 16.7 % to 8.1 % in the same period (rates for 2011 are estimated, based on preliminary data from the Ministry of Health).

However, among new treatment clients, a trend towards an increased prevalence of HIV infection was observed starting from 2009. Latest data show that only about 20% of 33 679 clients entering drug treatment for the first time in life in 2011 (4 517 women and 29 162 men) were screened for HIV. Among the 990 women tested, 86 (8.7 %) were found positive and among the 6 164 men, 340 tested positive (5.5 %) – up from about 2-3% of those tested in 2009. The increase started earlier and was more marked among women. Considering the fact that first-time clients report lower rates of injecting than those who return to treatment, the role of sexual transmission is being explored.

A decrease of availability of heroin on the drug market has been observed, and new substances have been spotted through the early warning system, including synthetic cathinones, phenethylamines, synthetic cannabinoids and other molecules, including piperazines, tryptamines, PCP-derivatives and ketamine. No changes regarding the injecting of stimulants have been observed.

Challenges: a new information system, based on individual client data (*SIND*) has been approved for use in drug addiction facilities and is being implemented progressively. The national policy on drugs in Italy focuses more on prevention and reduction of chronic drug misuse rather than on harm reduction, and the response to preventing infections among PWIDs is predominantly based on OST, detoxification and psychosocial interventions, rather than on other measures.

Expert presentations

H. Barros presented: HIV incidence in drug users — a cohort study in Portugal.

In Portugal, the HIV epidemic has been driven by injecting drug use. However, since the year 2000, there was a clear decrease in the number of diagnosed cases, which followed a similar pace among male and female PWID. Portugal remains among the countries with the highest incidence of HIV infection among this specific population and a study among a large sample of former or current injectors in contact with health and social care services (including for OST), showed incidence rates of 3.2 per 1 000 person-years among male and 6.8 among females. PWIDs who reported to inject in the previous month had a HIV incidence rate of 9.0 per 1 000 person-years (vs. 3.4 among those who didn't). In addition, a cohort study among drug users from the North and the Centre of the country allowed high levels of sharing of injection material and inconsistent condom use even among HIV-positive people to be documented, which draws attention to the continuing vulnerability of this group, in particular if support structures and actions fail.

4. Discussion

The final open discussion on ways to improve the responses to the situation of HIV among PWID, risk indicators, support to countries from ECDC and EMCDDA was focused around four main topics: i) progress in cross-sectional collaboration; ii) priorities in surveillance and research and data quality; iii) identifying and removing obstacles to an adequate response, and iv) translating guidance into national and local policies.

1. *Progress in cross-sector collaboration:* Four countries (Greece, Hungary, Latvia and Romania) reported increased collaboration and mutual support between different public health stakeholders at national level, including improved networking with NGOs, collaboration at national and municipal levels, and between drugs monitoring and infections surveillance agencies, to improve the response to HIV among PWIDs.

2. *Priorities in surveillance/research and data quality:* The emergence of new psychoactive drugs, especially new groups of injecting users with high frequency of injecting was reported or confirmed by experts from Bulgaria, Estonia, Greece, Hungary, Italy, Latvia and Romania. New risks may arise if the groups of non-opioid injectors grow. Switches from opioid injecting to stimulant injecting had been observed, with increasing frequency of injecting linked to stimulant injecting. It will be important to continue active surveillance of these changes, both within these countries and others in the EU, to determine whether this is an EU-wide issue. Causes for and response to these changes should be addressed as research priorities at national and EU level. Data comparability was another topic of extended discussion given the limited number of data sources and the variability of research approaches and sampling across countries. However, experts stated that data was mostly comparable across time for individual countries. They also noted the usefulness of international inter-sector meetings. It was expressed that this meeting had stimulated new ideas for data analysis and that the use of the reporting template provided by the organisers had made more visible gaps in data collection that should be closed. Additionally, the meeting made it possible to acknowledge similar trends and problems that a number of countries are facing, for instance, the increasing consumption of new stimulants. This was a useful and efficient way to recognise what is being done, what can be learnt from other countries' experiences, and inspire opportunities for scaling up the response in countries.

3. *Identifying and removing obstacles to an adequate response:* Low intervention coverage was primarily seen as linked to a lack of national and international funding. In the context of an international economic crisis, concern was raised by the experts from Greece, Hungary and Romania that this may jeopardise the scaling up of preventive interventions. While over the past three years prevention funding had increased in Bulgaria, Estonia and Italy, it had remained unchanged in Latvia, Lithuania and Austria and had declined in Romania. Knowledge-sharing on funding applications was suggested; including the European Union funding sources for research projects or pilot studies, typically when involving partners from different countries. Regarding the reduction of costs for sterile injecting equipment, a request to

2nd meeting on detecting and responding to outbreaks of HIV among PWID

the pharmaceutical industry for support, either through donations or by lowering prices, suggested by the representative of the EU Civil Society Forum, was discussed.

4. *Translating guidance into national and local policies:* While experience in many countries shows that the use of the existing health infrastructure (e.g. primary health care networks, office-based general practitioners, pharmacies) is essential for bringing interventions to scale, this was considered difficult in the socio-cultural context and health system environment of some countries, e.g. Greece. Interventions in the prison setting, which were addressed in the discussion, were considered to be limited⁽¹¹⁾. With regard to obtaining the expected outcomes of recommended measures for prevention and control of infections, the quality of interventions should be assessed. Improving the quality of opioid substitution treatment was identified as a field where EMCDDA should provide more support in the future. Furthermore, there is a need for exchanging good practice and developing guidance regarding responses to new psychoactive substances as it was felt especially by Estonian, Hungarian and Romanian experts that the traditional treatment on offer did not meet the needs of the drug users. Experts underlined that syringe distribution, which is a low-cost intervention, should be scaled up as integrated part of a broader response strategy.

4. Conclusions and way forward

Roland Simon and Marita van de Laar closed the meeting, summarising the main achievements and way forward.

The main purpose of this joint meeting was to continue the information exchange between countries to support the response to HIV outbreaks in Greece and Romania, and to assess any potential acceleration of HIV infections among PWIDs in other countries identified to be at potential risk.

Both Greece and Romania continue to show a worrying development, and despite many efforts, particularly in Greece, the epidemiological trend continues unchanged. Although positive changes in the intervention field (in particular increasing availability of OST and NSP) have been documented, achieving adequate levels of coverage is an issue demanding further attention and continued follow-up in both countries.

Besides experts from Greece and Romania, the meeting brought together experts from Bulgaria, Hungary, Latvia, Lithuania, Estonia and Austria - a group of countries found to be at potential risk of HIV outbreak, due to recent changes in the type of drugs used and in drug injecting patterns; and due to low prevention coverage.

Recent epidemiological developments among specific subgroups in some countries gave rise to concern and should be further monitored and analysed.

In all countries, monitoring and surveillance should remain a priority to achieve a better understanding of the risk behaviours of drug users and to understand the dynamics involved in the observed changes; a further equal priority is the improvement of the prevention response in all countries concerned, ideally even before outbreaks occur.

The agencies will collaborate during the first quarter of 2013 to update their joint 2011 European risk assessment on HIV in PWID. A pre-filled survey with the most recent HIV case report data and most recent information on relevant drug-related epidemiological and response indicators will be circulated among ECDC and EMCDDA focal points, and countries will be asked to provide additional or more recent information. An EU/EEA-wide assessment of current HIV outbreaks and of the potential risks for further outbreaks will be published in 2013 with a focus on the countries that were assessed as 'at risk' in 2012. Two further follow-up meetings are jointly planned for 2013.

¹¹ See also: EMCDDA (2012) Selected Issue on Prisons and drugs in Europe: the problem and the responses, EMCDDA: Lisbon. Available at: <http://www.emcdda.europa.eu/publications/selected-issues/prison>

2nd meeting on detecting and responding to outbreaks of HIV among PWID

List of acronyms

ARAS – Romanian Association Against AIDS
DRID – Drug-Related Infectious Diseases
ECDC – European Centre for Disease Prevention and Control
ELISA – Enzyme-linked immunosorbent assay (Test to detect HIV infection)
EMCDDA – European Monitoring Centre for Drugs and Drug Addiction
EU/EEA – European Union/European Economic Area
GFATM – Global Fund AIDS, Tuberculosis and Malaria
HBV – Hepatitis B virus
HCV – Hepatitis C virus
HIV – Human Immunodeficiency virus
KEELPNO – Hellenic Centre for Disease Prevention and Control
NGO – Non-governmental organisation
GO – Governmental organisation
NFP – National Focal Point
NSP – Needle and syringe programme
OST – Opioid substitution treatment
PDU – Problem drug use(r)
POU – Problem opioid use(r)
PWID – People who inject drugs/person who injects drugs
Reitox network – European information network on drugs and drug addiction (based on the French acronym for *Réseau Européen d'Information sur les Drogues et les Toxicomanies*)

2nd meeting on detecting and responding to outbreaks of HIV among PWID

ANNEX I – Agenda

Date: October 12th 2012

Venue: EMCDDA, Cais do Sodré, Lisbon - Portugal

	<i>Chairs: Lucas Wiessing and Marita van de Laar</i>
9:00-9:30	Welcome and introductions
9:30-11:00	<p>Update on country situation in Greece and Romania, using common slides template:</p> <ol style="list-style-type: none">Situation with regard to new HIV infections (general trends and among IDUs)Results of behavioural surveillance: drug use patterns, risk behaviour, prevalencesResponse: intervention policies and coverage: Needle and syringe exchange programmes, core-indicators % of estimated POUs in substitution treatment, number of syringes per estimated injector per yearInformation on drug markets: e.g. heroin availability; drugs that are 'new' in the market, esp. methamphetamines (based on seizures data, qualitative research); <p>Greece: One combined presentation of 30 minutes, followed by 15 minutes discussion Romania: One combined presentation of 30 minutes, followed by 15 minutes discussion</p>
10:30-11:00	Coffee break
11:00-13:00	<p>Short updates on country situations (10 min. each) , using common slides template</p> <p>Bulgaria Hungary Lithuania Estonia</p>
13:00-14:00	Lunch
	<i>Afternoon session</i>
14:00-16:00	<p><i>Chairs: Dagmar Hedrich and Anastasia Pharris</i></p> <p>Short updates on country situations (10 min. each) , using common slides template</p> <p>Austria Italy Henrique Barros 'HIV incidence in Portuguese people who inject drugs: a cohort study'</p> <p>Discussion: Ways to improve the response to the situation of HIV among IDU, risk indicators, support to countries from ECDC and the EMCDDA</p> <ol style="list-style-type: none">Which priorities in HIV surveillance?Translating guidance into policies: national and local levelIdentifying and removing obstacles to adequate treatment and harm reduction responsesCollaboration public health and drugs authorities via ECDC/EMCDDA National Focal Points
16:00-16:30	Coffee/tea break
16:30-17:00	Summary and way forward: Roland Simon and Marita van de Laar
17:00	Departure

ANNEX II – Final list of participants

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2nd meeting on detecting and responding to outbreaks of HIV among PWID

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2nd meeting on detecting and responding to outbreaks of HIV among PWID

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HIV outbreak in IDUs in Greece

Update on situation and responses

Anastasios Fotiou, REITOX Focal Point-Greece

Foteini Giannou, Office of HIV and STIs, Hellenic Centre for Disease Control and Prevention

Litsa Lagakos, Organisation Against Drugs

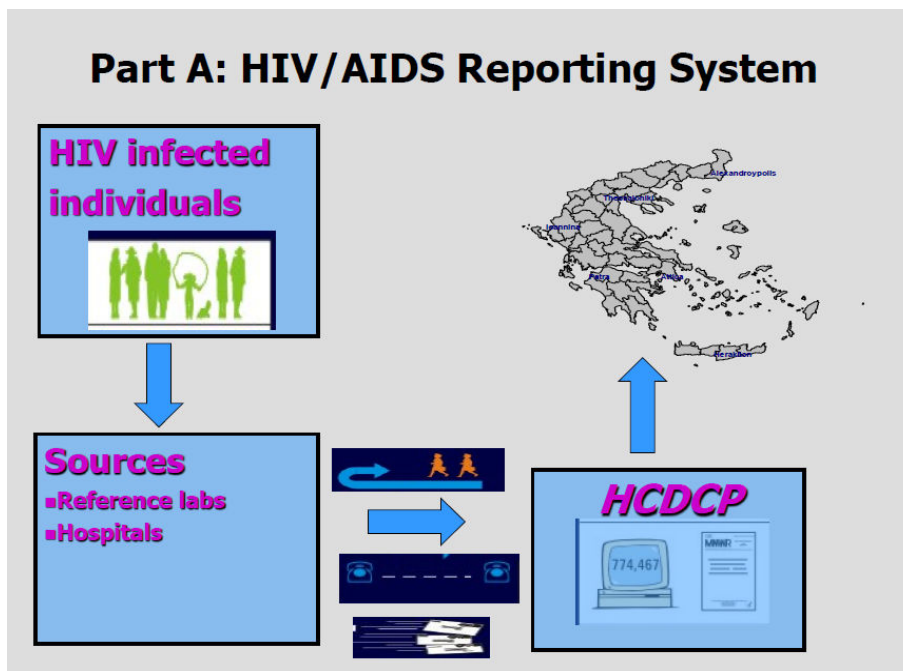
2nd Meeting on Detecting and responding to outbreaks of HIV among people who inject drugs

12th October 2012

EMCDDA, Lisbon, Portugal

The epidemiology of HIV infection in Greece
HIV/AIDS reporting system

Part A: HIV/AIDS Reporting System

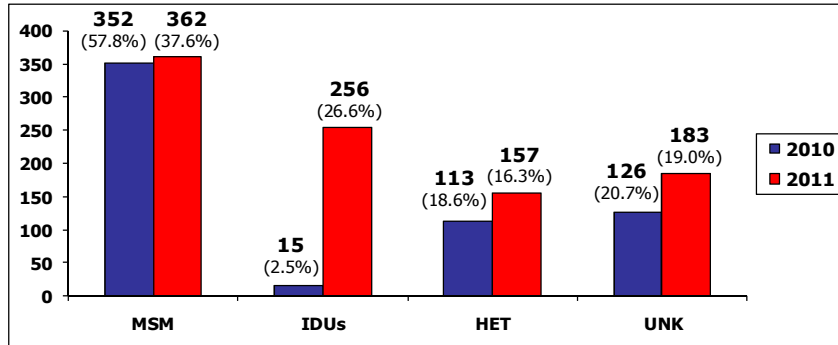


HIV/AIDS reporting system

- Initiation of AIDS reporting: 1984
- Initiation of HIV reporting: 1998
- First AIDS diagnosis: 1981
- Number of reported HIV+ cases: 12,269
- Number of AIDS diagnoses: 3,343
- Number of deaths: 2,196

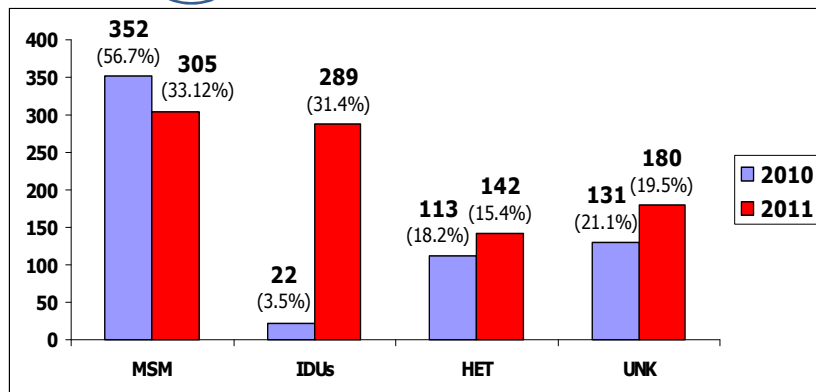
2011 – Reported HIV cases

- **2011:** 963
- **2010:** 609
- **Increase:** 58%



2011 – Diagnosed HIV cases

- **2011:** 921
- **2010:** 621
- **Increase:** 48%



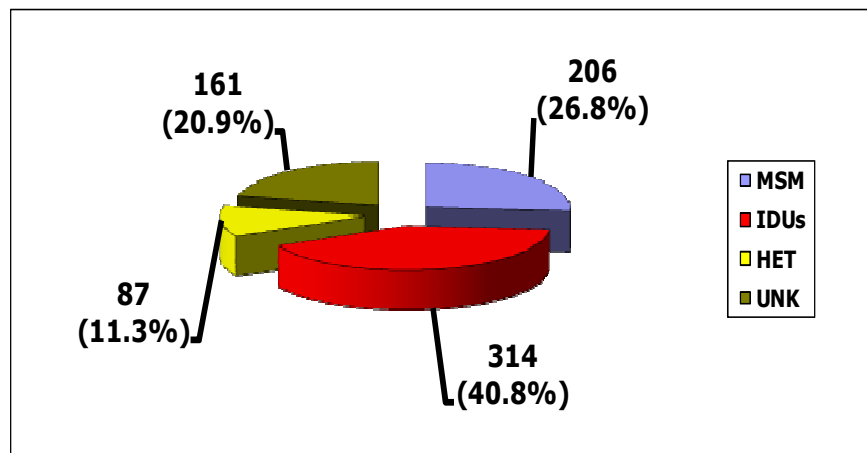
2012 - HIV cases

Jan-Aug 2011: 634 HIV reports, males 546 (86%)

Jan-Aug 2012: 768 HIV reports, males 636 (83%);

The outbreak is continuing in 2012...

Jan-Aug 2012 - HIV reports by transmission group



Jan-Aug of 2012 and of 2011
HIV reports and transmission routes

	2012	2011	Change
MSM	206	242	-
IDUs	314	161	+
HET	87	111	-
UNK	161	118	+
Total	768	632	+

Jan-Aug 2012 and 2011 (year)
HIV reports in IDUs by sex

Sex	2012	2011
Males	249 (79%)	208 (81.2%)
Females	65 (21%)	48 (18.8%)
Total	314	256

Jan-Aug 2012 and 2011 (year)
HIV reports in IDUs by age-group

Age-group	2012	2011
<25	26 (8.4%)	26 (10.2%)
25-34	173 (55.6%)	134 (52.3%)
>=35	112 (36%)	96 (37.5%)
Total	311	256

Jan-Aug 2012 and 2011 (year)
HIV reports in IDUs by nationality

Nationality	2012	2011
Greek	207 (66.0%)	207 (80.9%)
Non-Greek	67 (21.3%) ←	42 (16.4%)
Unknown	40 (12.7%)	7 (2.7%)
Total	314	256

IDUs Reported During 2011-2012

- ❖ 57% have visited an IDC or an outpatient clinic, at least once
- ❖ 35% have started ART

ART Initiations by Transmission Group and Year

TRANSMISSION GROUP	2008	2009	2010	2011	2012
IDUs	8 (2%)	8 (2%)	14 (3%)	71 (11%)	128 (29%)
MSM	261 (57%)	272 (58%)	364 (68%)	360 (58%)	183 (42%)
HETEROSEXUALS	143 (31%)	118 (25%)	108 (20%)	141 (23%)	90 (20%)
OTHER/UNKNOWN	45 (10%)	70 (15%)	50 (9%)	54 (9%)	39 (9%)
TOTAL	457	468	536	626	440

CD4 cell count* by the year of diagnosis and the probable transmission group

*available for 3,639 cases

	2009	2010	2011	2012
MSM	374 (252-554) (n=115)	415 (224-586) (n=121)	364 (190-563) (n=221)	386 (184-580) (n=147)
IDUs	93 (22-472) (n=3)	573 (449-658) (n=6)	351 (185-633) (n=163)	215 (98-427) (n=112)
HET	199 (59-402) (n=34)	272 (54-417) (n=43)	211 (77-351) (n=102)	185 (45-301) (n=65)
UNDETERMINED	502 (293-653) (n=12)	565 (436-759) (n=16)	402 (209-661) (n=30)	80 (19-291) (n=20)
ALL	361 (141-541) (n=165)	398 (196-583) (n=186)	323 (165-561) (n=517)	265 (101-471) (n=344)

Conclusions (part I - HIV/AIDS reporting system)

- The HIV outbreak persists into 2012
- In 2012, IDUs have become the most affected population

The epidemiology of HIV infection in IDUs 2nd generation data

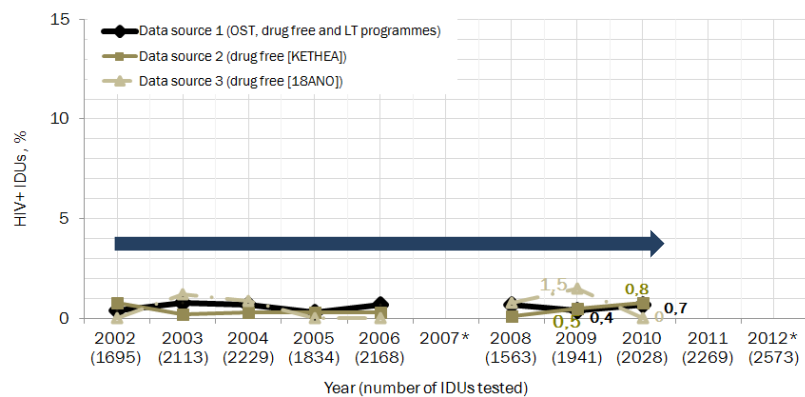
Data: sero-behavioural
Studies : routine diagnostic testing; RDS
Settings: treatment services (incl. LT)
System: DRID, TDI (NFP) ; 'Aristotle',*

*Collaborative study by Organisation Against Drugs, University of Athens and HCDCP

How was the HIV situation in IDUs?

Low HIV prevalence in IDUs until 2010

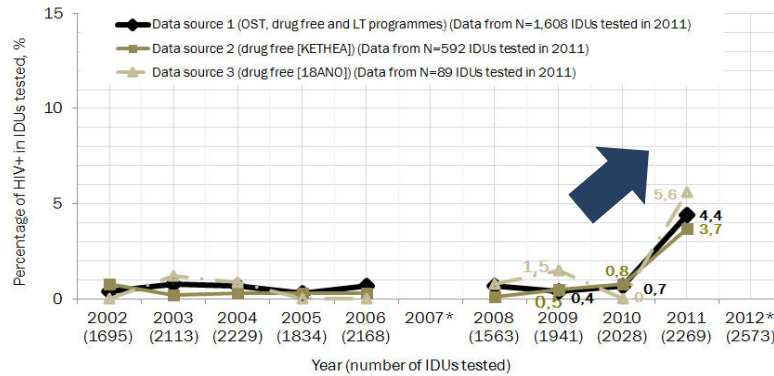
Figure. Prevalence of HIV in IDUs tested, by source reporting to the Greek FP (2002-2010)



When has the situation been changed?

Sharp increases in the prevalence of HIV among IDUs in 2011

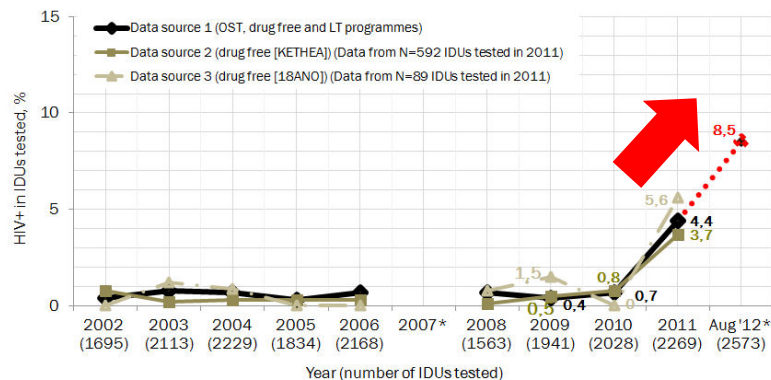
Figure. Prevalence of HIV in IDUs tested, by source reporting to the Greek FP (2002-2011)



How is the situation now?

8.5% HIV prevalence in Athens in 2012 (data as of Sep '12; 1 source*)

Figure. Prevalence of HIV in IDUs tested, by source reporting to the Greek FP (2002-2011)



*MAVY-OKANA, routine testing, N of tests in 2012 (Sep '12) n=2 573

Is HIV prevalence different in out-of-treatment populations?

One in every 4 IDUs tested (by EIA) in 'Aristotle' RDS study was found with antibodies to HIV-1 (tests n=1 000)

'Aristotle': Sero-behavioural study (RDS) and prevention intervention in Athens*

Primary aims:

Screen IDUs for anti-HIV in Athens Metropolitan Area

Provide the WHO/UNODC/UNAIDS prevention, treatment and care package

Decrease the incidence of HIV-1 among IDUs

Secondary aims:

Describe phylogenetic and social networks

Increase linkage and retention to care of IDUs

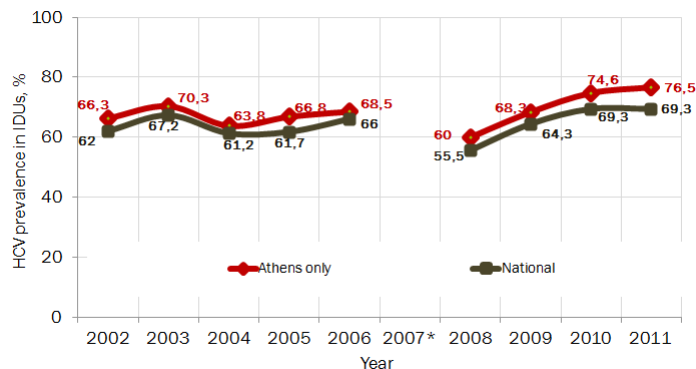
Provide an estimate of HIV prevalence among IDUs

*Collaborative study by Organisation Against Drugs, University of Athens and HCDCP

How has the situation been with HCV?

Consistently high HCV prevalence in IDUs, even higher in Athens, with an increasing trend in the last decade

Figure. HCV infection in IDUs tested within the drug treatment system nationwide and in Athens 2002-2011)

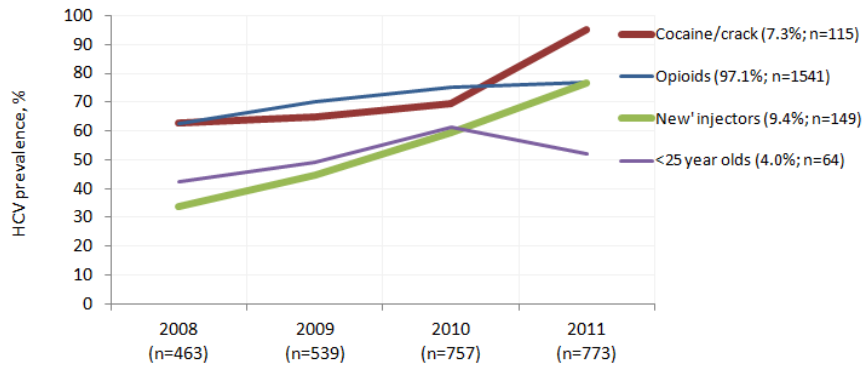


DRID data, 2002-2012 (national; 1 source; OST, drug free, LTs; n=773 in 2011)

How about HCV in IDU subgroups in Athens?

Significant increases of HCV prevalence in 'new' injectors and cocaine/crack users in 2011

Figure. Trends in the prevalence of HCV antibody in IDU subgroups in Athens



DRID Athens data, 2008-2011

Behavioural surveillance

Have drug use patterns of IDUs in Athens been changed?

Data: TDI; Athens only; IDUs; 2008 and 2011 (n~3 000)

Aim: Examine changes in IDU risk behaviours between 2008 and 2011

- injection (as main route of administration)
- frequent use (>2 days a week)
- current injecting
- current sharing of syringes
- opioids (primary substance)
- cocaine/crack (primary or secondary)
- stimulants (other) (primary or secondary)

Have drug use patterns of IDUs in Athens been changed?

- Injection (main route): No changes (26% in 2011)
- Frequent use (primary): decreased in almost all groups, also among *users reporting injection as main route* (85% in 2011). Among IDU subgroups, decreases concerned only *drug-free entries* and in those *homeless or with unstable accommodation*
- Current injecting: decreased, but **increased in the out-of-treatment population** (from 53% to 61% in 2011)
- Current sharing: no changes, but **increased in 'new'** (14% => 32%) and **'young' injectors** (31% => 47%)

Have drug use patterns of IDUs in Athens been changed? *cont.*

- Opioids: decreased in *all groups* (76% in *all demands*, 90% in *out-of-treatment population*)

However,

- cocaine/crack: **increased in all groups** (from 26% to 36% in *all demands*, from 24% to 40% in *out-of-treatment population* as either primary or secondary)
- stimulants other than cocaine/crack: no changes in *all demands* and in *all IDU sub-groups*, **but increases in the out-of-treatment population** (2% => 6%)

Headline points from 2nd generation sero-behavioural data

- High HIV prevalence persists into 2012
- A 'local' (Athens) outbreak
- Widespread HCV infection in *cocaine* – and 'new' *injectors* in Athens: early signs for an HIV outbreak
- *Current injecting* and *sharing* increased in the out-of-treatment IDU samples in Athens



Drug markets

Have there been any changes in the drug markets?

- Reductions in heroin availability

No clear evidence

- Low heroin purity

Clear evidence: increased quantities of adulterated heroin seized by the police; 10-15% at trafficking level and 5% at user level (*Chem. State Lab.*)

- New stimulants (methamphetamines)

Clear evidence: e.g. 'SISA'

[Drug users => streetwork => **EWS** <= Chem. State Labor.; interviews]

SISA: Methamphetamine in crystal form; in reasonable prices; severe side effects (aggression, psychotic symptoms, emaciation etc.

Associated with risky injecting behaviours even if only smoked



Interventions

Has the country responded?

1. **OST and injecting equipment**
2. **antiviral treatment for HIV positive IDUs**
3. raise awareness among IDUs and professionals
4. increase access to testing
5. reach vulnerable groups via targeted interventions
6. improve epidemiological and behavioural surveillance
7. increase inter-organisational cooperation

Has antiviral treat. for HIV+ IDUs been increased?

Practically yes; however there is no sufficient data about levels of uptake and adherence to treatment

Has health promotion been increased?

Practically yes; however there is no sufficient data about the number of IDUs (or professionals) informed or about the content of the information disseminated (effectiveness)

Has testing been increased?

Yes; credits to all services/professionals involved and to NGOs

Have vulnerable groups been reached?

Yes; credits to all, however, access to treatment remains an issue

Has surveillance been advanced?

Yes; credits also to EMCDDA; ECDC; inter. experts; other countries

Has inter-organisational cooperation been advanced?

Yes

Trends in OST (1/2)

OKANA data

Since Aug '11, 27 new OST units have been launched, primarily in Athens and Thessaloniki (in hospitals)

In Aug' 12: 7620 were in OST, 2000 more than in Aug '11 (+35% : 27% in Athens and 64% in Thessaloniki)

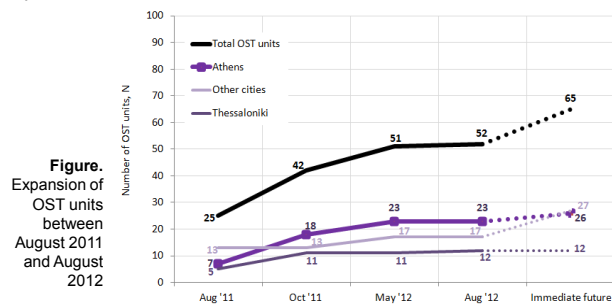


Figure. Expansion of OST units between August 2011 and August 2012

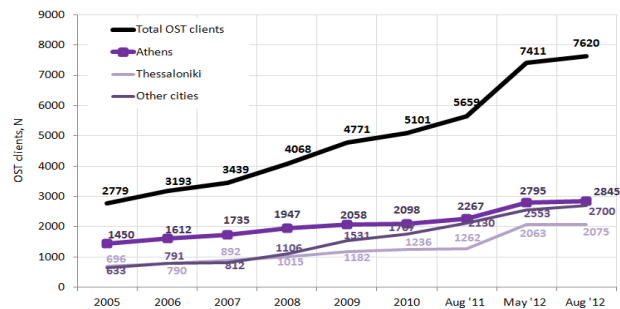


Figure. Number of individuals receiving OST in a given day of the year/month (2005-August 2012)

Trends in OST (2/2)

OKANA data

Reduction of the mean time for entry in OST in Athens (from 7y in Aug '11 to 4y in Aug '12); almost eliminated in Thessaloniki

43% decrease in the number of POUs lining up for OST since Aug '11, especially in Thessaloniki (30% in Athens)

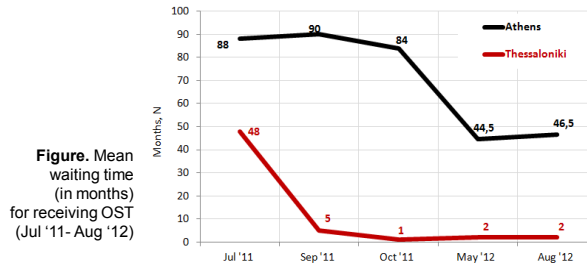
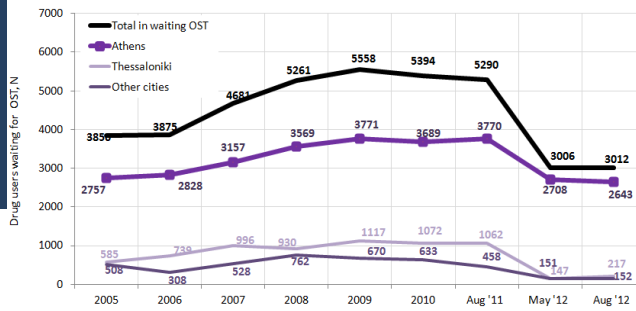


Figure. Number of applicants on waiting list for OST in a given day of the year/month (2005- August 2012)

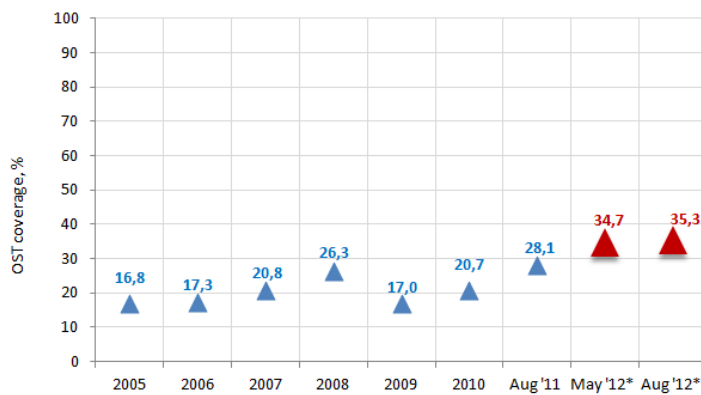


Trends in OST coverage

PDU and OKANA data

OST coverage improves: from 20% in 2010, to 28% in 2011, and ≈35% in Aug '12

Figure. OST coverage in Athens (percentage of PDU in Athens offered OST)

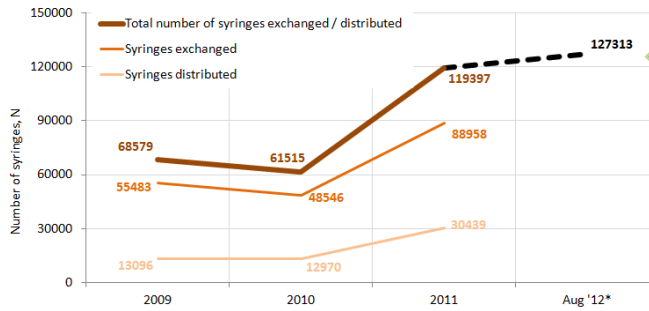


Trends in NSP

PDU and NSP data

In 2011 and 2012 NSP programs proliferated (primarily through the interventions run by OKANA)

Figure. Number of syringes exchanged/distributed to IDUs (2009-2012)



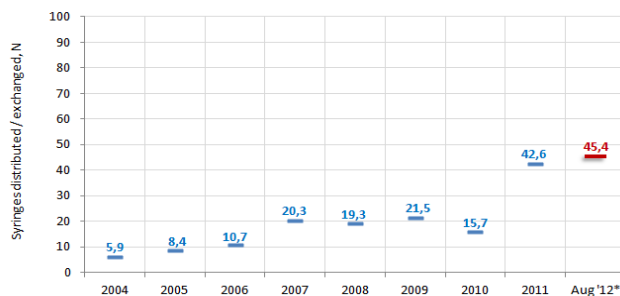
This number excludes syringes which have potentially reached IDUs through interventions targeting vulnerable groups in Athens

Trends in NSP coverage

PDU and NSP data

NSP has been restricted to Athens only (a NSP program is about to be launched in Thessaloniki), while also their coverage remains low. No data are available about the number of IDUs receiving syringes and kits.

Figure. NSP coverage in Athens (number of syringes available per IDU per year)



Estimations do not take into account syringes that have potentially reached IDUs through interventions targeting vulnerable groups in Athens

An overall assessment of the HIN outbreak...

Strengths	Weaknesses
Local, concentrated outbreak (Athens)	Low coverage of OST and NSP
Concentration of services (Athens)	Unknown levels of treatment uptake
Dynamism in OST and NSP programs	Lack of recourses (human, economic)
Extensive NGO contribution	Lack of data on key indicators
International guidance	No databasing culture in treatment services
	Community reaction to OST units
Opportunities	Threats
Rationalise services	Economic crisis and further budgetary cuts
Change IDUs' health risk attitudes	Deteriorating socio-economic conditions
Change attitudes towards harm reduction	New substances
Advance data collection and analysis	Stigma and exclusion of vulnerable groups
Improve inter-organizational cooperation	
Look at more vulnerable groups	

Thank you

Acknowledgements

to all collaborating persons and institutions and especially to data providers



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: ROMANIA

Adrian Abagiu* & Andrei Botescu**

*Romanian Association Against AIDS (ARAS) and National Institute for Infectious Diseases-INBI

**Romanian National Focal Point on Drugs and Drug Addiction - RNFP

Lisbon, 12th October 2012

Epidemiological update

MINISTRY OF HEALTH
 NATIONAL INSTITUTE OF INFECTIOUS DISEASES "PROF.DR.MATEI BALȘ"
 Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania
 GENERAL DATA AT **30 June 2012**

<i>TOTAL HIV/AIDS CASES (CUMULATIVE 1985-2011)</i>	17.819
<i>OUT OF WHICH:</i>	
HIV/AIDS CASES at children (0-14 years at diagnosis date)	9.886
HIV/AIDS CASES at adults (> 14 years at diagnosis date)	7.933
<i>Total no. of AIDS deaths</i>	6.023
Out of records HIV/AIDS children + adults	607
<i>NUMBER OF PLWHA (people living with HIV/AIDS)</i>	11.189
<i>TOTAL AIDS CASES (CUMULATIVE 1985-2012)</i>	12.649
AIDS Cases at children (0-14 years at diagnosis date)	7.970
AIDS Cases at adults (> 14 years at diagnosis date)	4.679
<i>TOTAL HIV CASES (CUMULATIVE 1992-2012)</i>	5.170
HIV Cases at children (0-14 years at diagnosis date)	1.916
HIV Cases at adults (> 14 years at diagnosis date)	3.254
<i>NEW HIV/AIDS CASES, diagnosed during 01.01 – 31.12.2011</i>	313
<i>NEW HIV NOTIFIED CASES</i>	205
<i>NEW AIDS NOTIFIED CASES</i>	108
<i>NUMBER OF DEATHS IN 2011 (01.01 – 31.12.2011)</i>	195

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Balș"

Epidemiological update(2)

MINISTRY OF HEALTH
NATIONAL INSTITUTE OF INFECTIOUS DISEASES "PROF.DR.MATEI BALȘ"
Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania
GENERAL DATA AT 30.06.2012

<i>Patients in active records HIV+AIDS</i>	9475
<i>Children (0-14 years*)</i>	237
<i>Adults(> 14 years*)</i>	9238
<i>Patients with ARV treatment</i>	7.652
<i>Children (0-14 years*)</i>	188
<i>Adults (> 14 years*)</i>	7464
Persons who received ARV prophylaxis in 2012	495
Persons who discontinued the ARV treatment in 2012	330

*current age

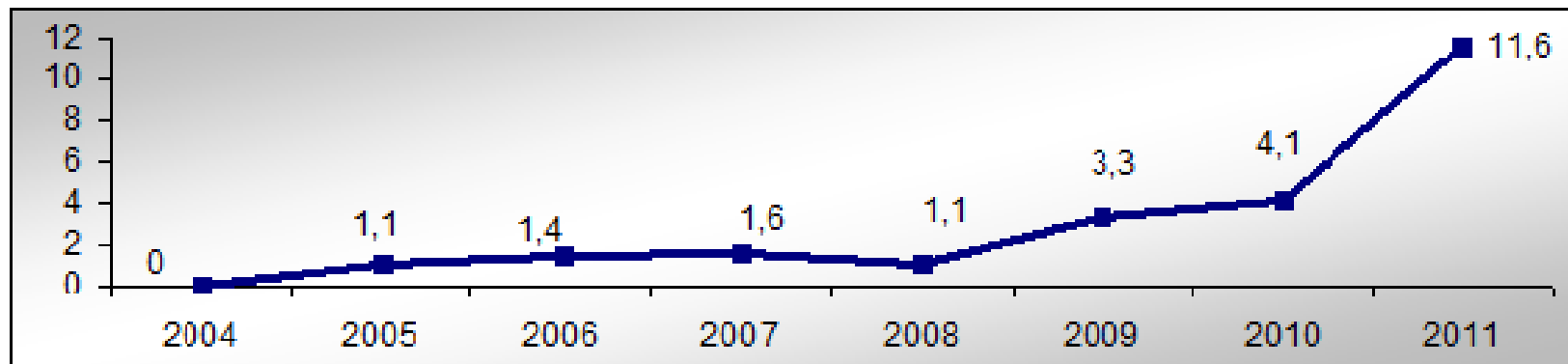
Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Balș"

Epidemiological update(13)

Description of the outbreak

- While reporting three to five new HIV+ IDU's cases annually from 2007 to 2009, HIV infections among IDUs increased to 12 cases in 2010 and to 129 in 2011 followed by 102 new cases until the end of June 2012.
- Cases reported in 2012 (first 6 months) were also mostly from Bucharest and surroundings (93 out of 102 cases), mostly males (83 out of 102 cases), and between 20 and 34 years old.
- Routine monitoring performed at registration for drug treatment services indicated also an increase in HIV positive cases among IDUs tested (1.1% (2/182) in 2008, 3.3% (11/329) in 2009 and 4.2% (12/288) in 2010) and (11.6%, 25/934) in 2011.

•



Epidemiological update(3)

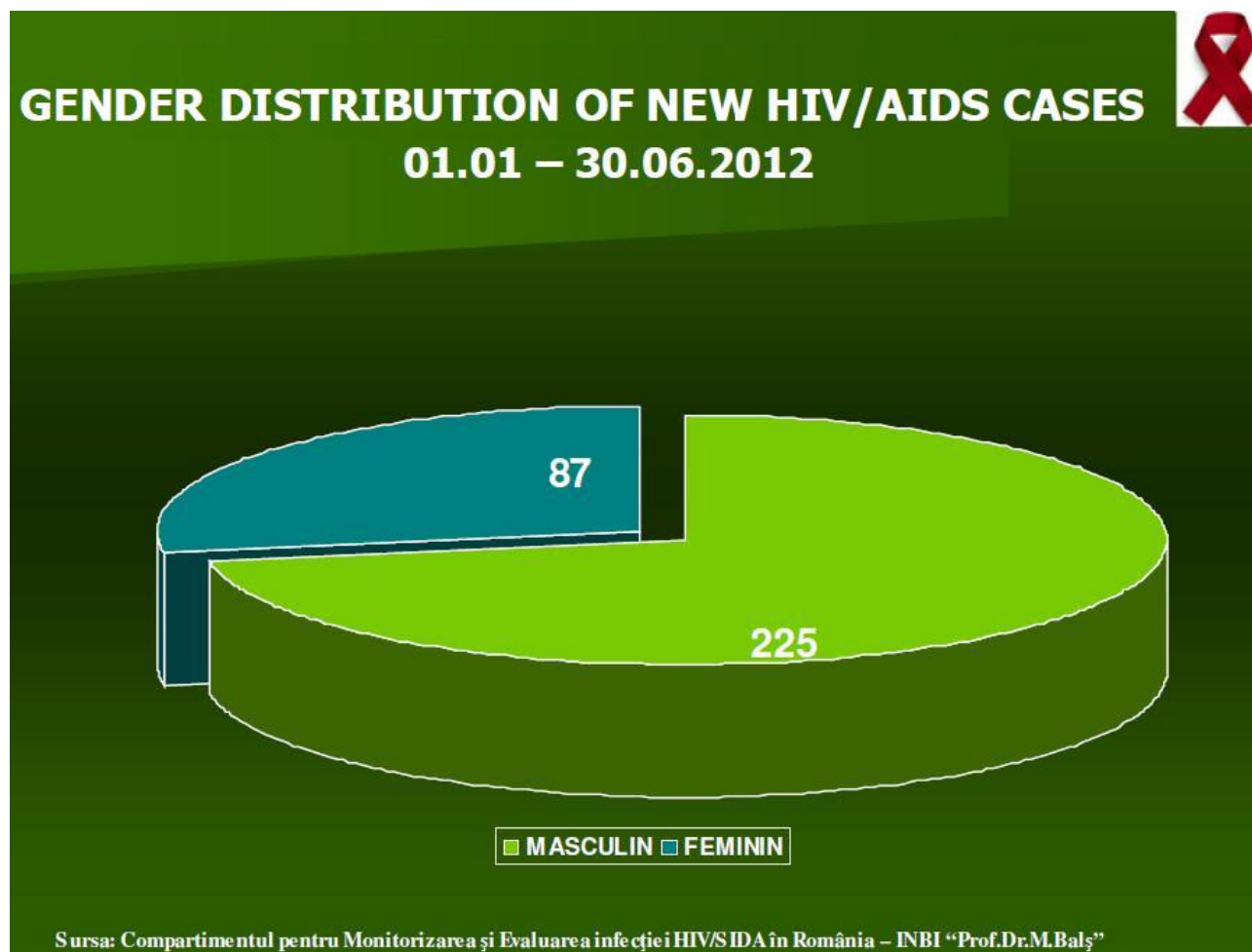
2007-2012 trends in HIV transmission path

Transmission path	31 Dec 2007*	31 Dec 2008*	31 Dec 2009*	31 Dec 2010*	31 Dec 2011*	30 Jun 2012*
Vertical	8 (2%)	11 (2%)	20 (4%)	24 (5%)	21 (3%)	9 (3%)
MSM	14 (3%)	40 (8%)	44 (9%)	59 (11%)	93 (14%)	37 (12%)
IDU	4 (1%)	3 (1%)	7 (1,5%)	14 (3%)	129 (19%)	102 (31%)
Heterosexual	351 (78%)	395 (76%)	382 (77%)	389 (75%)	422 (61%)	151 (48%)
Unknown	67 (15%)	70 (13%)	42 (8,5%)	31 (6%)	23 (3%)	18 (6%)
Total	444	519	495	517	688	313

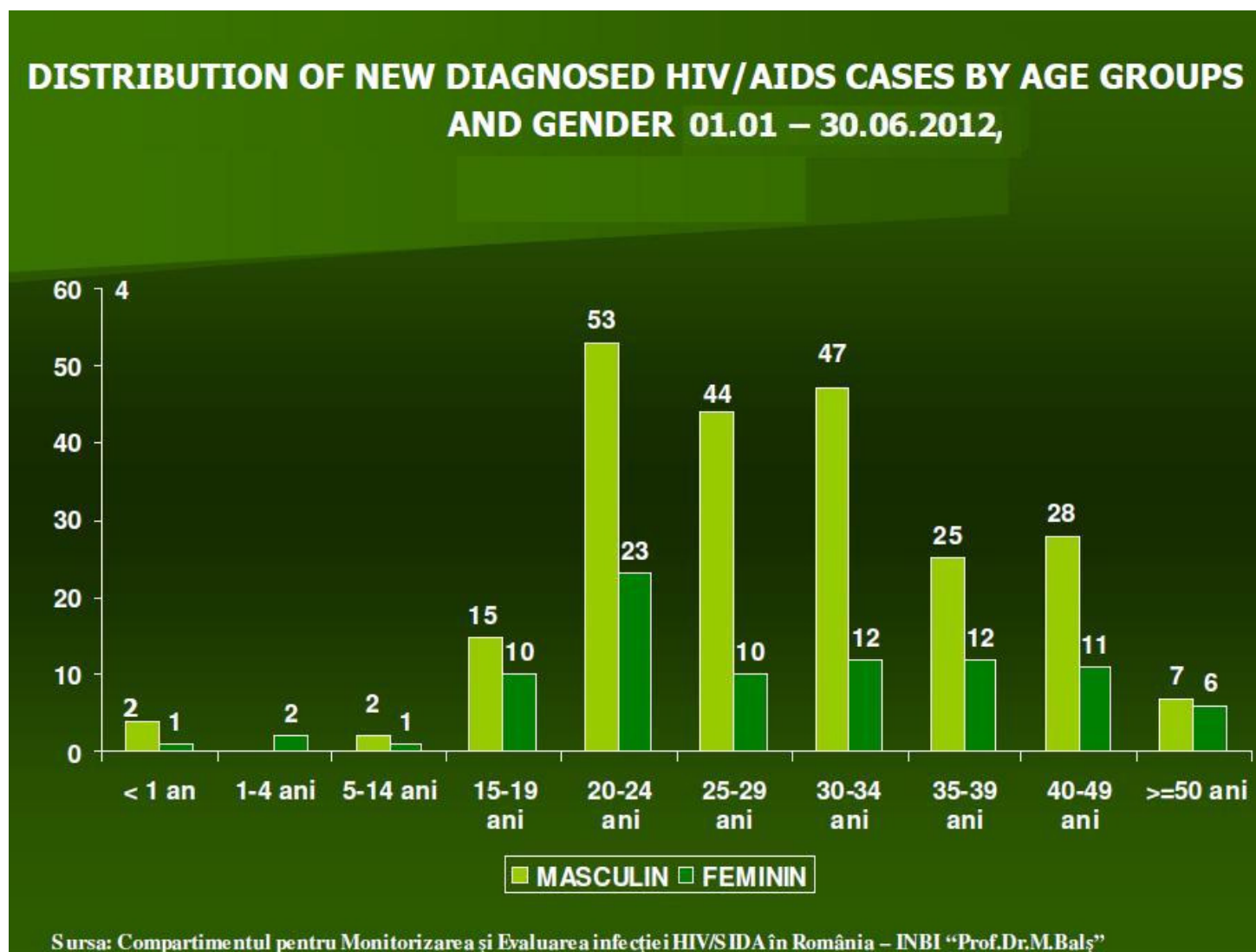
*new registered cases

Source: Compartment for Monitoring and Evaluation of HIV/AIDS Infection in Romania INBI "Prof.Dr.M.Bals"

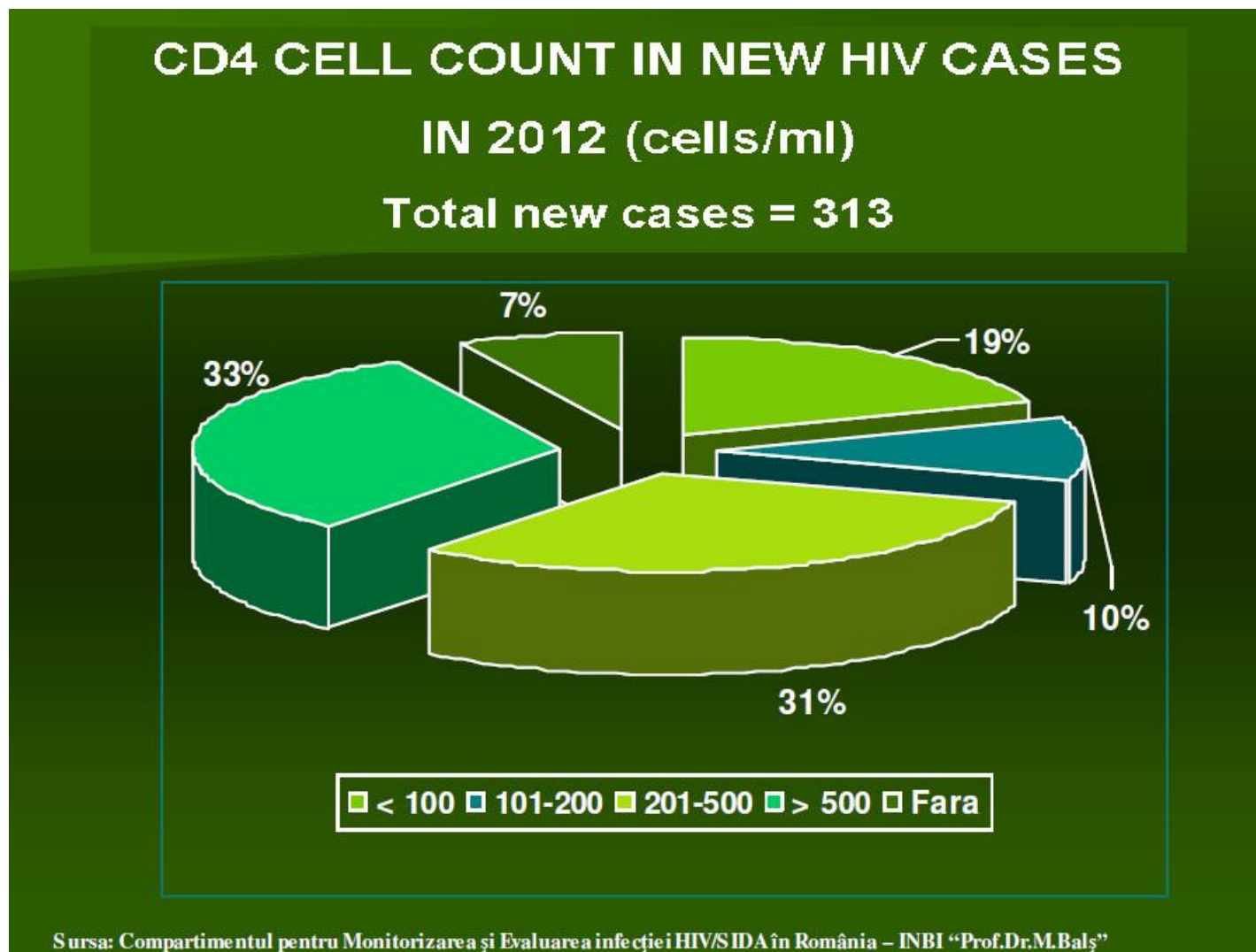
Epidemiological update(4)



Epidemiological update(5)

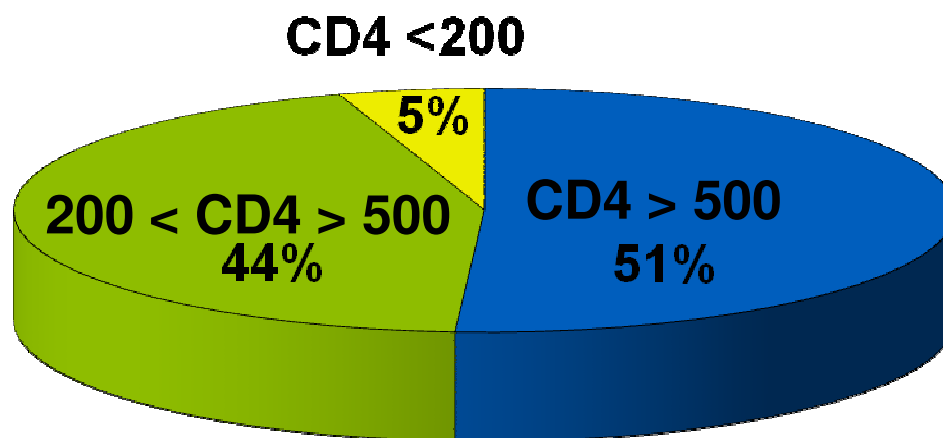


Epidemiological update(6)



Epidemiological update(7)

CD4 at Diagnostic time



Epidemiological update(8)

AGE DISTRIBUTION IN NEW HIV CASES IN IDU's 01.01.- 30.06.2012

Grupa de vârstă	Masculin	Feminin	Total
15-19 ani	7	2	9
20-24 ani	18	5	23
25-29 ani	21	2	23
30-34 ani	20	4	24
35-39 ani	12	4	16
40-49 ani	4	2	6
≥50	1		1
Total	83	19	102

Epidemiological update(9)

DISTRIBUTION BY COUNTY IN NEW HIV CASES IN IDU's 01.01.- 30.06.2012

Județ	Masculin	Feminin	Total
București	73	16	89
Bacău		1	1
Călărași	2		2
Galați	1		1
Ilfov	3	1	4
Prahova	1		1
Teleorman	1	1	2
Vaslui	2		2
Total	83	19	102

Epidemiological update(10)

DISTRIBUTION BY COUNTY IN NEW HIV CASES IN IDU's 01.01.- 30.06.2012

Județ	Masculin	Feminin	Total
București	73	16	89
Bacău		1	1
Călărași	2		2
Galați	1		1
Ilfov	3	1	4
Prahova	1		1
Teleorman	1	1	2
Vaslui	2		2
Total	83	19	102

Epidemiological update(11)

HBV,HCV and SYPHILLIS IN NEW HIV CASES IN IDU's 01.01.- 30.06.2012

Tstat pentru	Numar pacienți testați	%
AgHBs	15	15%
VHC	93	91% (99%)
AgHBs + VHC	13	13% (11%)
Sifilis	14	10% (6%)

Behavioural surveillance

- A study performed among “legal highs” intensive users (at least four times per month), made by the Romanian Harm Reduction Network and UNICEF in Sept. 2011 showed that 25% of the selected sample (120) declared they inject NPS. The new substances are abused all over the country but injecting NPS use is focalised mainly in Bucharest.
- Another important aspect is the injecting pattern which for stimulants involves injecting 6-10 times / day comparing with 3-5 times / day for opiates. The tolerance is rapidly increasing as there are cases that they need a new dose after 30 minutes.
- Most of the IDU of NPS interviewed in the current study (8 in 10) declared they shared used syringes and half of them declared they do not use condoms.
- Half of the NPS IDU”s declared the encountered local infections or gangrene.



Behavioural surveillance (2)

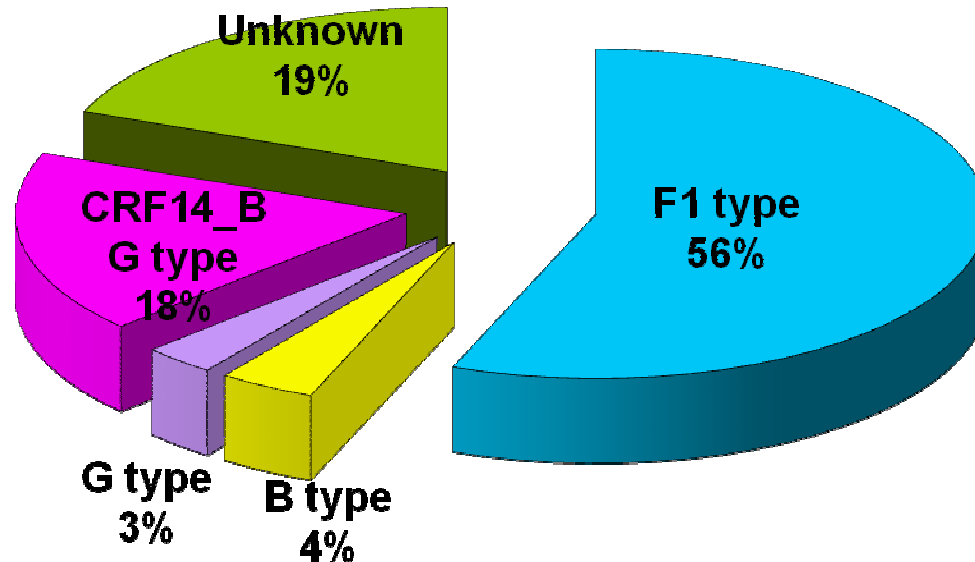
- data from 2 cross-sectional studies done by ARAS and by INBI

INBI

- 85 patients 11.2011 – 31.07.2012
- 66 men 13 women
- median age 29 (16-42)
- 100% heterosexuals ?
- 28% with stable sexual partner
- 26% with kids
- education : 4 grades (25%), 8 grades(63 %), high school (11%)
- **31% in prison**
- viral load genotyping, resistance, CD4 count, HVC, HVB, syphilis
- traveling abroad, at risk behaviors

Behavioural surveillance (3)

Genotype distribution

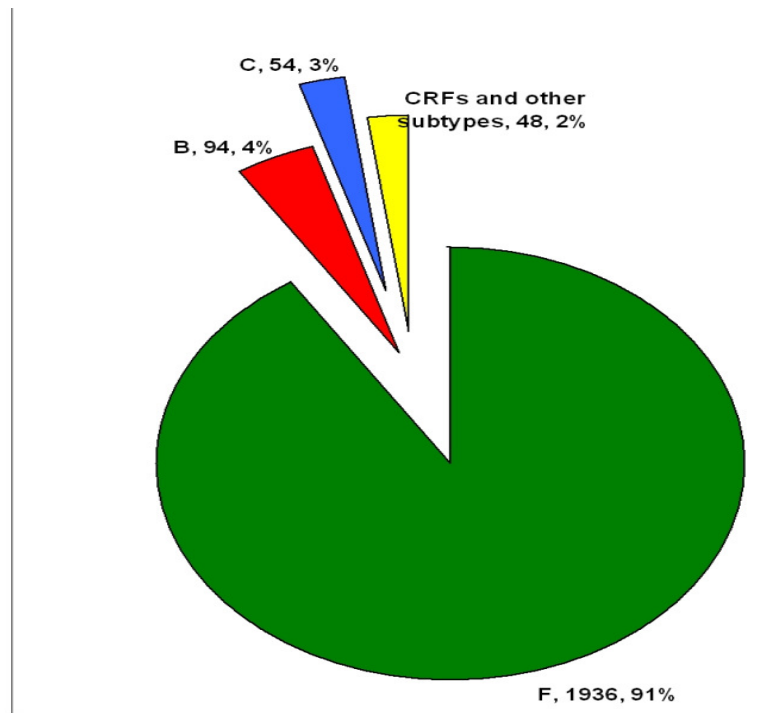


CRF14_BG was first identified in 1990 in Portugal, then spread through IDU's to Spain and then to rest of Europe.

Profile:

- has mostly CXCR4 profile
- induces a more rapid disease progression

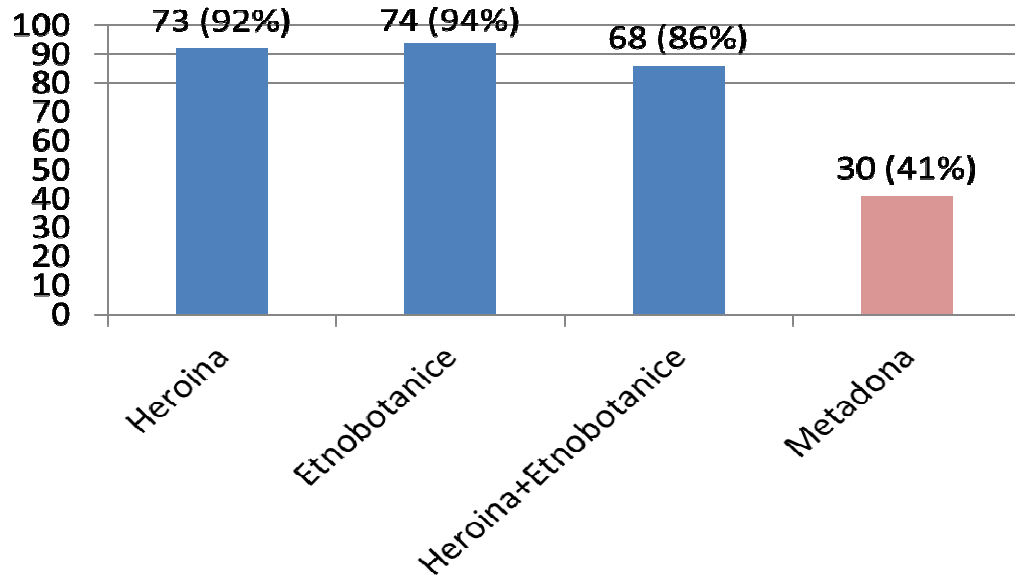
HIV-1 sub-type distribution in HIV patients in Romania 2003-2011



- 2132 HIV + patients
- HIV 1 subtype:
 - F1- 1936 (91%)
 - B- 54 (3%)
 - C- 54 (3%)
 - CRF among others subtypes 48 (2%)

Paraschiv S et al.; *Recombination analysis for subtyping unclassified HIV-1 isolates in Romania.*
Therapeutics, Pharmacology ad Clinical Toxicology

Behavioural surveillance (4)



IV used drugs history

Relapse after methadone N (%)	Active use N (%)
64 (80%)	40 (51%)

	Length of use (years) Median (interval)
Heroin	10 (1995-2010)
Legal highs	1 (0-3)
Methadone	0.5 (0.02-7)

Behavioural surveillance (5)

- **Actual profile of IDU's in Romania**
- **young male**
- **using heroin ~ 10 years and new “legal highs” since ~ 1 year**
- **having HCV co-infection**
- **having recent HIV infection related to “legal highs” use**
- **having 25% chance of bacterial endocarditis on right valves**
- **having 20% chance of CRF_BG type, that involves rapid HIV progression compared to F1**

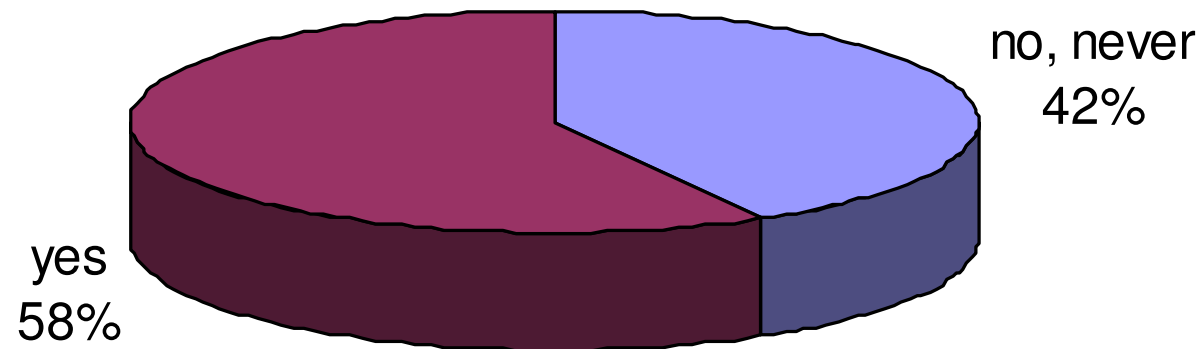
Behavioural surveillance (6)

ARAS

- 100 clients from NEP July - 2012
- 20 items questionnaire
- 82 men 17 women
- median age 28 (16-46)
- 8,1 years of drug use
- **96% injecting every day**
- **87% sharing needles or equipment**
- **82% injecting stimulants** alone or with heroine (or methadone!)

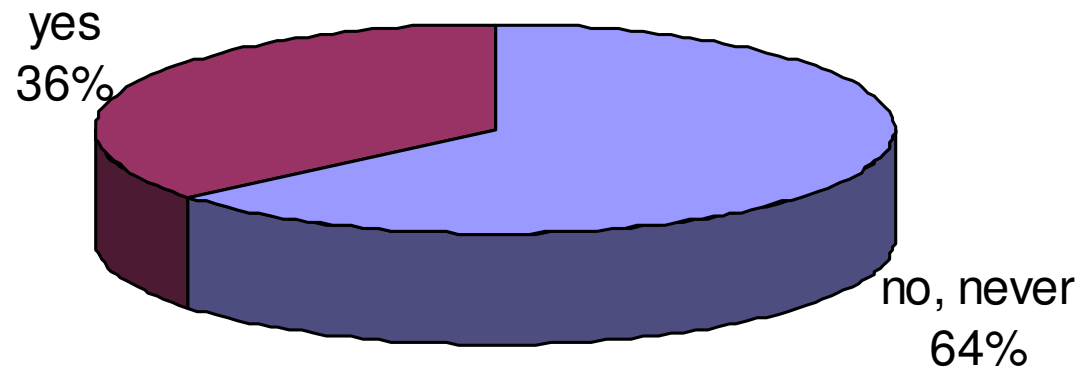
8. Have you ever test yourself on HCV, HIV?

Test HCV, HIV



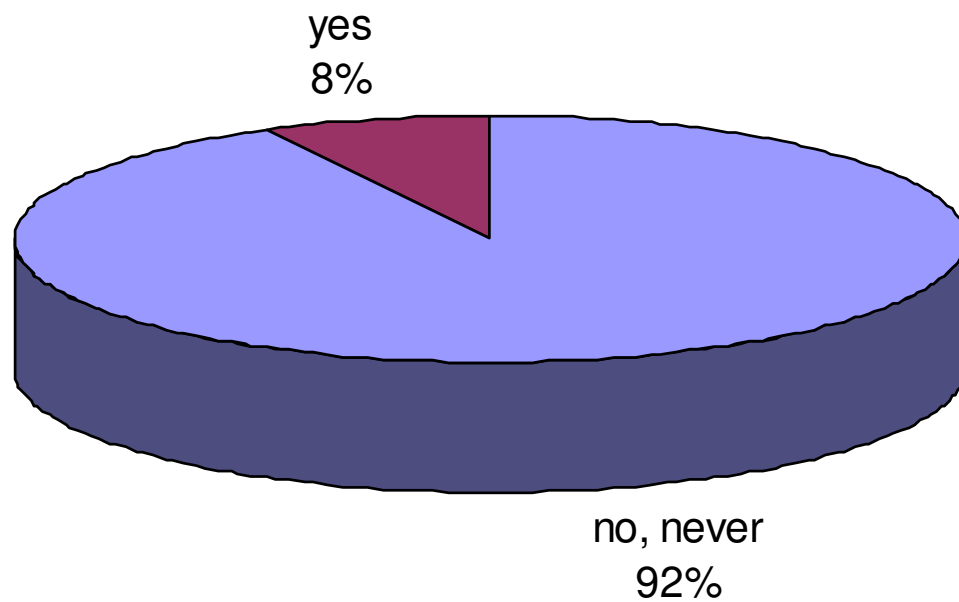
9. Have you ever tried any medically supervised treatment?

Medically supervised treatment



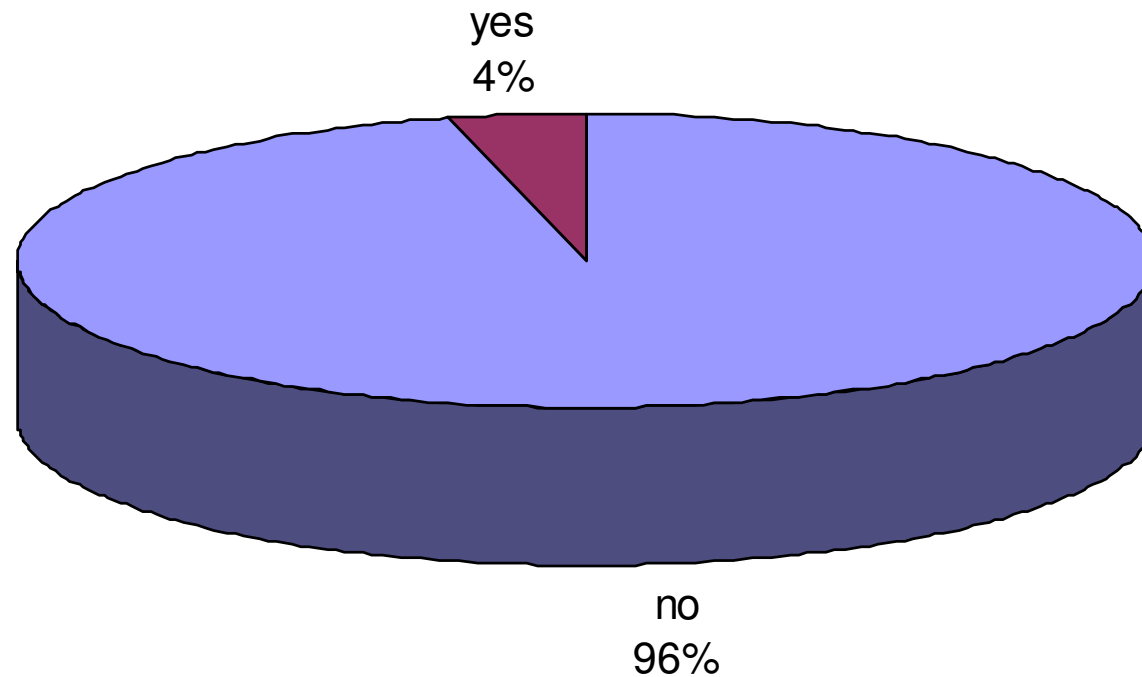
10. Have you ever applied for any medically supervised treatment?

Applied for treatment (n=64 never treated)



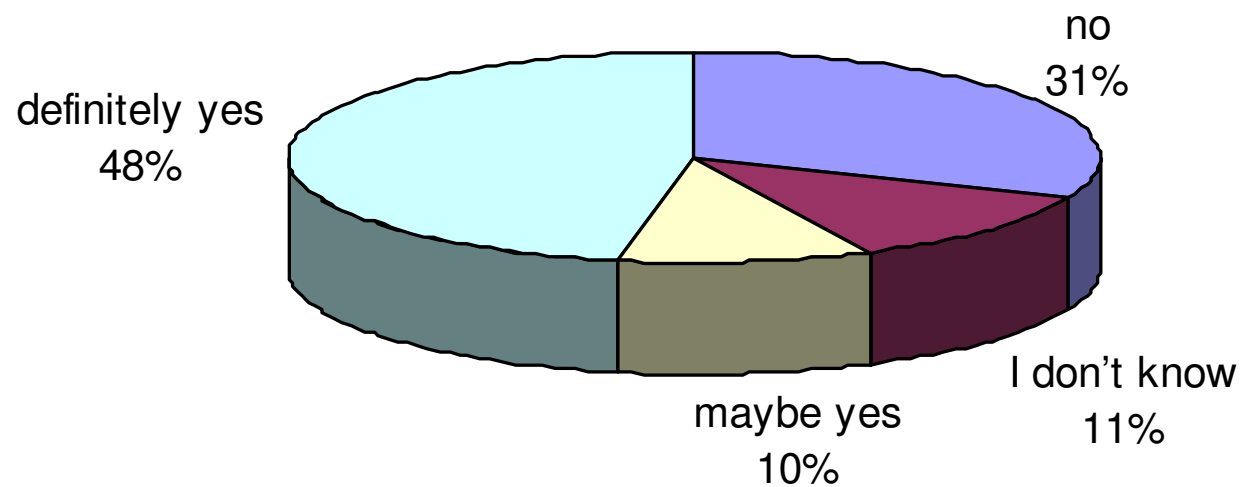
11. Are you currently under any type of medically supervised treatment?

Currently under medically supervised treatment (n=100)



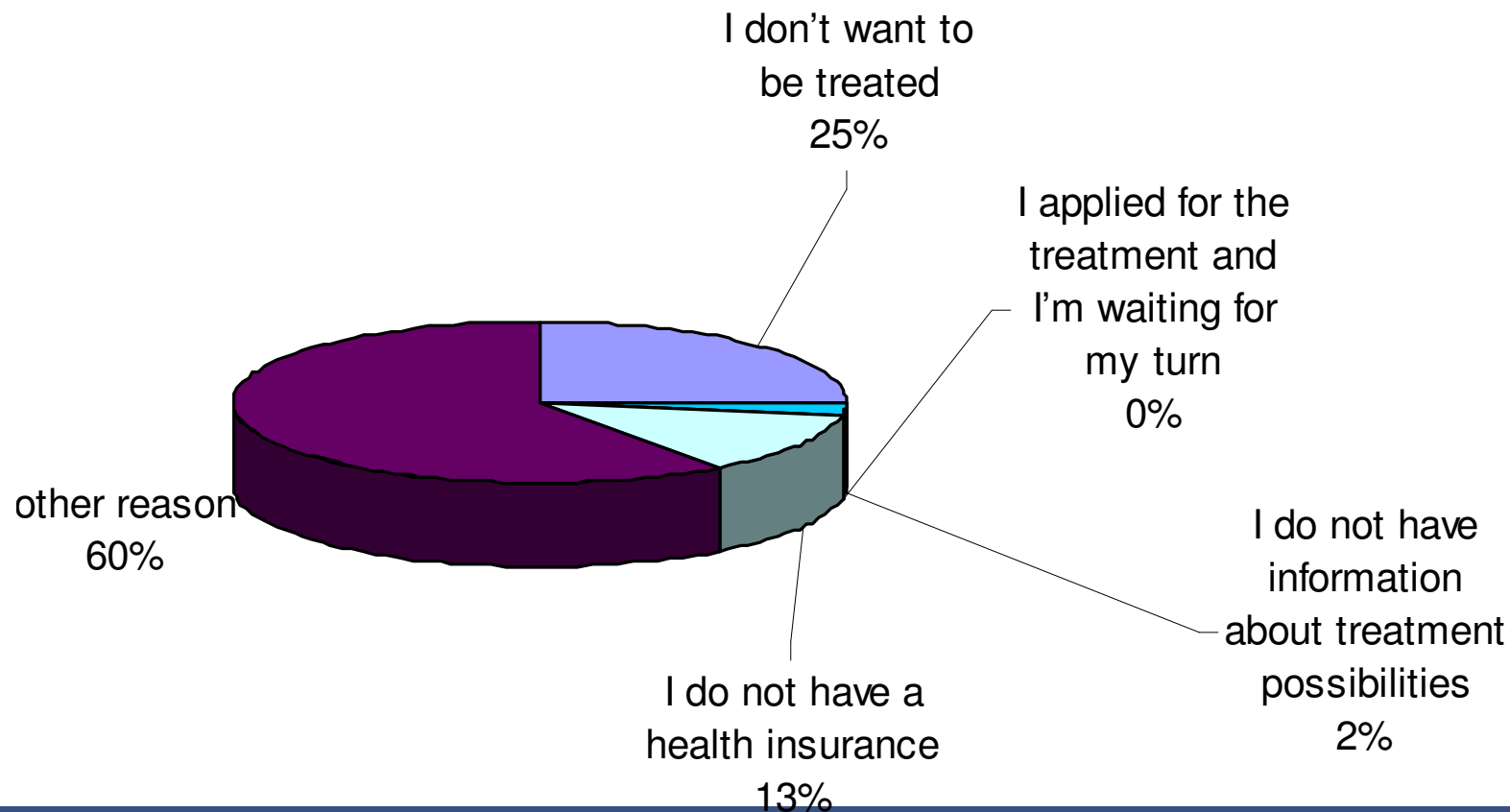
12. If you are not under treatment, would you like to treat your addiction?

Willingness to treat addiction (n=96)



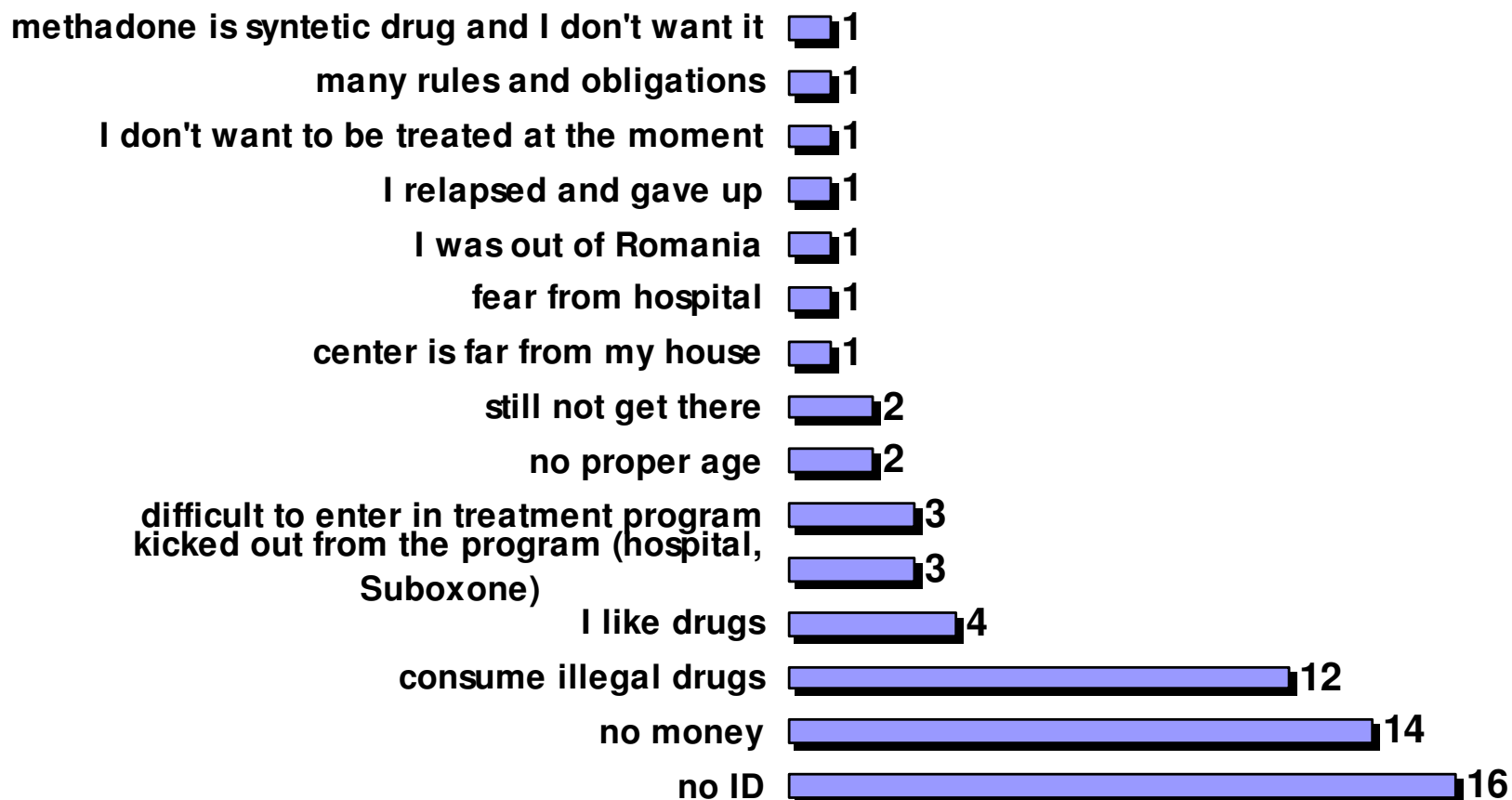
13. If you are not under treatment what is the reason?

Reasons of not being on treatment



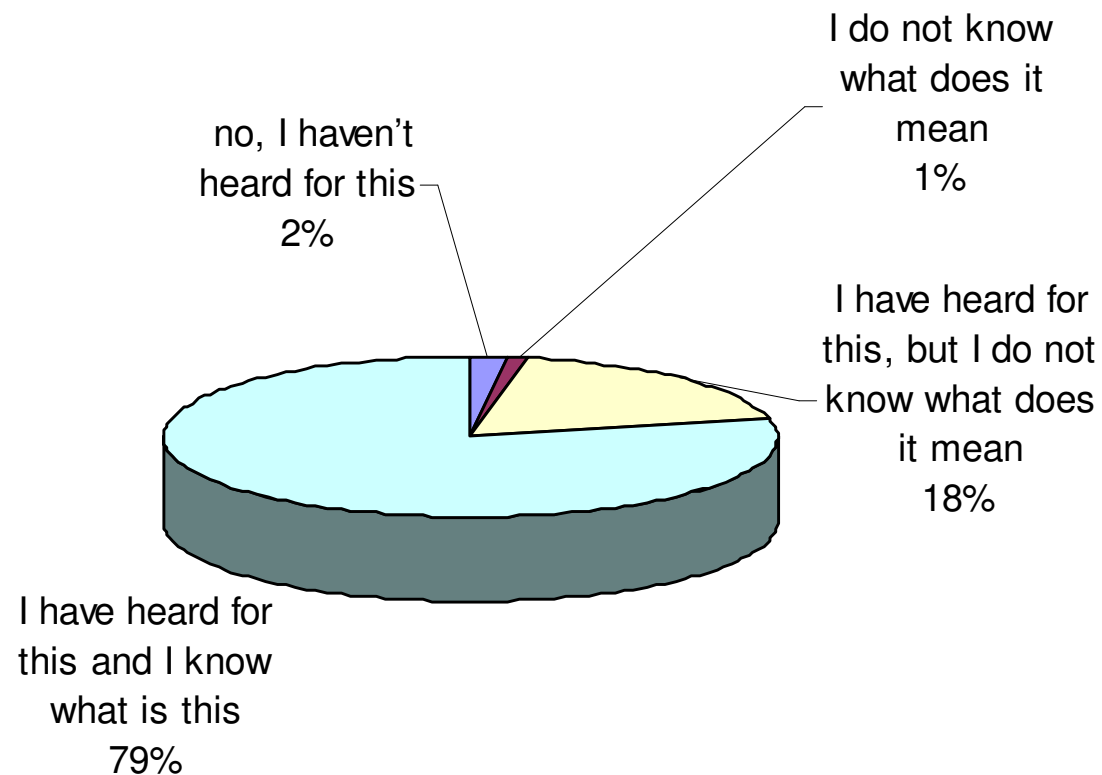
13a. Other reasons for not being in treatment

Other reasons for not being in treatment



14. Have you ever heard about substitution treatment?

Substitution treatment awareness



Conclusions

- Population accessing Needle Exchange Programs – 82% male
- 42% of total number of users is over 30 years old, but 9% is less than 19 years old
- 43% started to use/inject illegal opioides drugs more than 10 years ago
 - 3% in age of 9-14 years
 - 10% in age 14-20 years
- **96% inject drug every day**
- **87% shared injecting equipment**
- 42% never done any HCV or HIV test
- **64%** never tried any medically supervised treatment
- out of those who never tried any medically supervised treatment **92%** never applied for such a treatment



Conclusions cont'd

- currently only **4%** under some type of medically supervised treatment
- out of those who are not under treatment **48%** would definitely like to get in treatment but 31% would not like to be treated
- when asking for Reasons of not being on treatment: 25% do not want to be treated, 13% do not have health insurance, 60% have different reasons where the most common are: they do not have ID, money and because they use illegal drugs they can not be treated
- **79%** have heard about substitution therapy and know what this is



Recommendations

- users population definitely need to be **educated**
- despite the fact that some are not qualified for treatment because they do not have ID, majority of them either don't know about treatment options, how to get it and what benefits they can get of it either don't want to be treated because of lack of knowledge
- doctors population needs to be better **educated** and accept harm reduction approach (patients kicked out of treatment because they use illegal drugs)



PWID population size estimates

Population size estimates in:	PWID (Capital)	PWID (National)	PDUs	POUs
Number:	at least 18,000 (~25,000)	at least 20,000 (~27,000)	~20,000	At least 18% from PWID (3600)
Year: 2012				
Source: ☹️ estimates				

Interventions

Coverage

- in 2011 there were 105 HIV ELISA tests done in referred IDU's and 41 tested positive
- in the first 6 month of 2012 we have done 82 tests and 42 were positive
- but there are at least 700 rapid tests done annually in drug users

Policies

- response to the HIV outbreak among IDUs has been limited due to lack of finances and lack of an approved national HIV prevention strategy.

Service provision

- NAA has purchased 145,000 syringes which were distributed through outreach services; and funding is available to purchase 800 000 more. ARAS through an EU financed GRANT was able to buy for 2011 and 2012 900,000 syringes, thus we will be able to equal the number of syringes provided in 2009, doubling the numbers from 2010 and 2011

Interventions (2)

- Organise a national coordination meeting, including all relevant stakeholders and actors within Romania and international experts – **The First National Conference on Addiction will be held on 19-20 October 2012.**
- Approve the national HIV prevention strategy 2011-2015 (Ministry of Health) – **still ongoing**
- Improve harm reduction services: OST coverage and NSP coverage
NAA together with Carusel developed a Outreach Center in a hot area 'Ferentari' called CARACUDA. The center is open 2 days a week and offers:
 - Needle exchange**
 - HIV, HBV, and HCV testing**
 - Basic medical assistance**
 - Specialised Treatment refferall****The centre has about 40 unique clients per day**
- Plan and carry out behavioral surveillance (including HIV surveillance) to better target and evaluate interventions.



Interventions (3)

- Apply for international funding to support NSP and other prevention programmes
- Improve syringe sales at pharmacies – **it is better, but many IDU's can't afford them**
- Increase HIV screening among IDUs – **it is ongoing**
- Identify and apply effective treatment for stimulant-dependent persons
- Work on defining the population (size) of opiate users



Self-assessing preventive intervention situation (I)

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	partly	Several NGO's with experience in the field	Lack of funding
VACCINATION HBV, HAV, tetanus etc.	Partly ~200/y		Lack of funding
DRUG DEPENDENCE TREATMENT – OST etc	partly	Accepted by clients	Few OST treatment centers Few centers for stimulant addiction
TESTING HIV,HCV,HBV, TB etc	partly	We have found the outbreak in an early stage by routine monitoring	Lack of founding for efficient Rapid interventions
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc.	partly	Well implemented and financed for HIV	Problems with financing treatment for HCV, HBV, TB

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
HEALTH PROMOTION safer injecting behaviour; sexual health etc	yes	Experienced NGO's	Lack of funding
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	yes	Local treatment and outreach centers in hot areas	Not covering the demand
IMPLEMENTED IN COMBINATION?	yes	At least half of the capital centers are integrated (Including doctors, psychologists, social workers)	Not covering the demand

Prevention funding

How did prevention funding change between 2009 to 2012?

- 1) for HIV: **Decrease**
- 2) for PWID: **Decrease**

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?

- it is possible (hospitals have restant payments since Jan-March 2012)
- but we hope for an increase as soon as the National HIV strategy is approved

What are the main funding sources for prevention programmes?

- State budget trough Ministry of Health and National Antidrug Agency
- External donors – EU Stuctural Funds, Global Fund, UN Funds – through NGO's

Drug markets

Are there any changes in heroin availability in your country?

No change in size, but in distribution

Are there any evidence of “new” drugs entering the market, especially methamphetamines?

- New Psychoactive Substances. Most of them are synthetic cathinones and derivatives and MDPV. Commercial names: Magic, Pure by Magic, Sahara, Blur and Flash Power
- The retail network was reduced by joint authorities efforts from over 400 stores (online and offline to less than 40). About 49 substances have been put under control. Still new substances are emerging.

Is there an observed change in injecting stimulant use?

- No Change since our meeting in Tallinn, but large increase since 2010, from 5-10% to aprox 70% who use either heroin mixed with NPS or NPS alone
- The retail market for NPS moved mainly online and in private networks since the legal actions performed in 2011

Main challenges

Surveillance and monitoring:

A new Serobehavioural study is ongoing. Up until now half of the sample interviewed is HIV+

Harm reduction:

Lack of funding for needle exchange programmes

Drug treatment for PWID:

Waiting lists for treatment on substitution.

Experimental methadone substitution for NPS.

Lack of treatment approaches for stimulant addiction

Heroin addiction is replaced by NPS addiction

Collaboration between public health and drug authorities:

- some initial steps

Conclusions

The HIV/AIDS HIV spread among IDU's in Romania need to be followed closely both by Romanian authorities and the European and Global public health entities.

Both the Global Found Programme and UNODC programme have had a crucial role in creating a national network of harm reduction services in Romania, focused mostly on Bucharest, the city with most of the problematic drug use.

NAA and the Ministry of Health have built up a drug treatment network which is competitive although sub financed.

However these efforts were not enough to safeguard the IDU' population from exposure to HIV/AIDS and other infectious diseases like HVC.

Since 2011 the cases of HIV/AIDS+ among IDU's have been steadily growing and the peak of this trend is far from being foreseen. This may cause soon a very dangerous public health problem as HIV+ can be spread rapidly to other risk categories like CSW or MSM or to the close peers of the infected persons.



Conclusions

Romanian authorities together with the European and International counterparts and public health structures need to scale up their efforts in order to stop this outbreak. More targeted financing and training for the available harm reduction structures is needed.

A more clear picture of the situation will be available two ongoing studies will publish final results: the new BSS 2012 performed by ANA together with RAA and Carusel and the study on genotype and resistance performed by the molecular epidemiology laboratory of INBI.

More research is needed to understand the demographic and behavioural characteristics of the new IDU HIV+ cases in order to adapt better the preventive measures.



Thank you!



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: Bulgaria

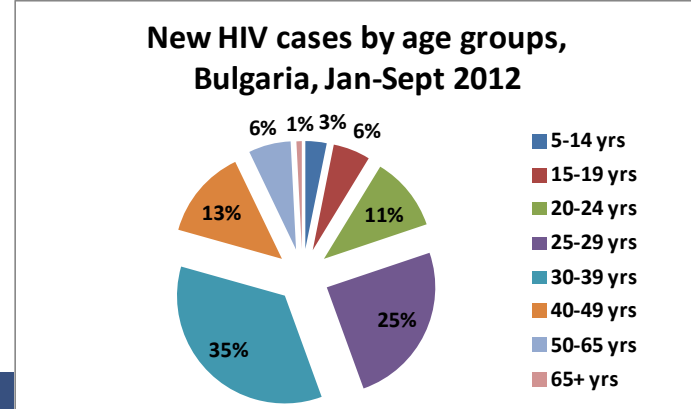
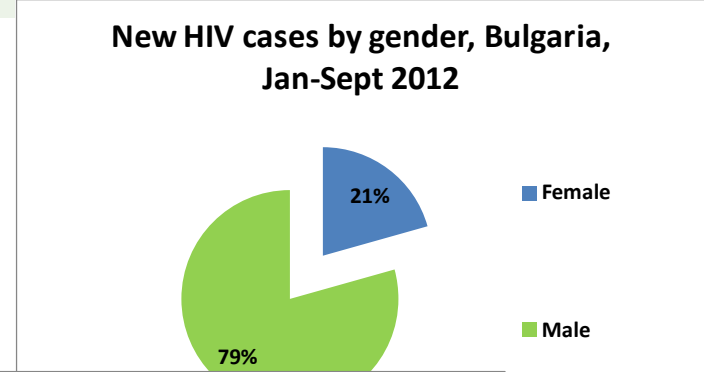
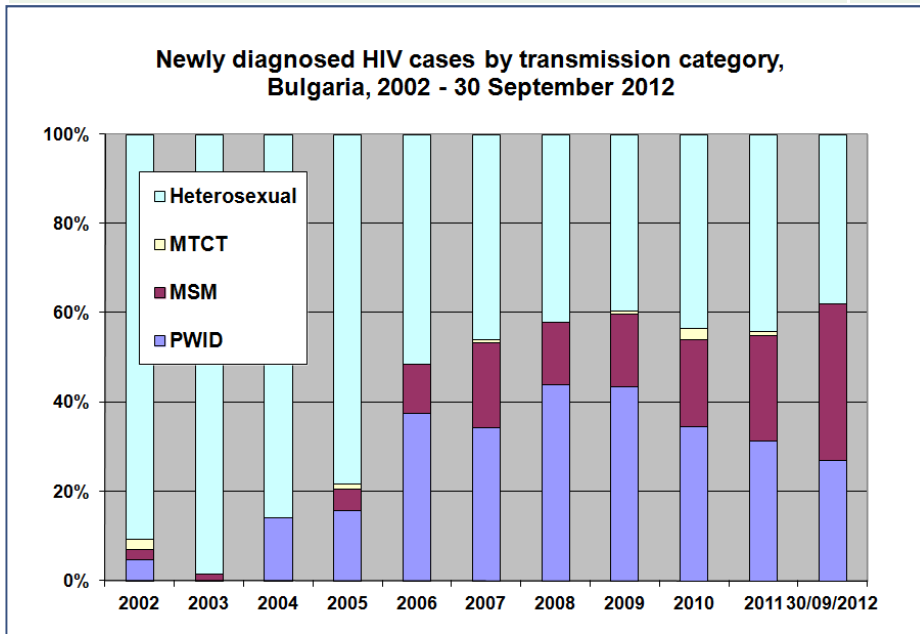
Lisbon, 12th October 2012

Varleva T.^{1,2}, Yakimova Ts.¹, Bogdanova V.², Vassilev M.²

1. Ministry of Health; 2. National Centre for Addictions

Epidemiological update

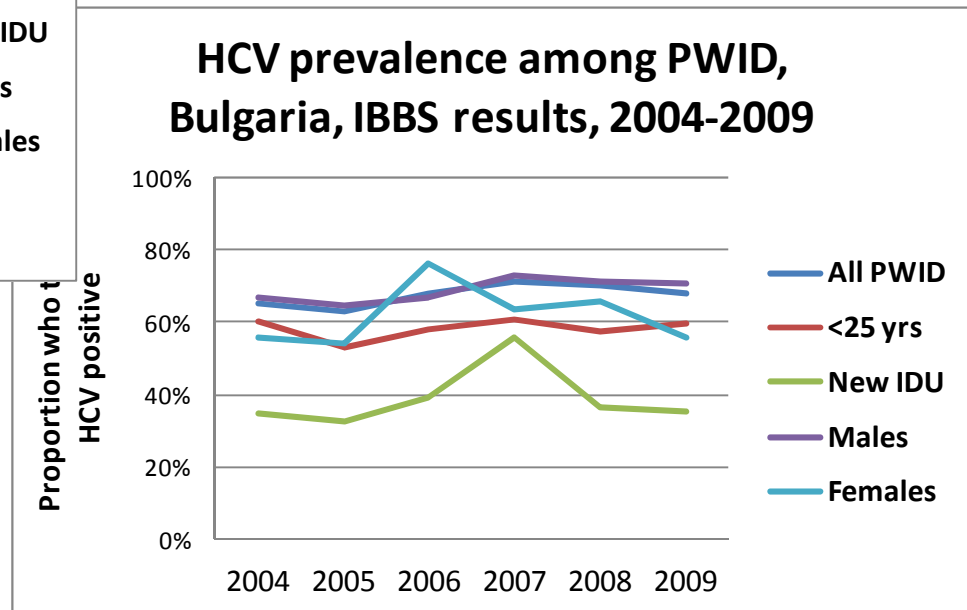
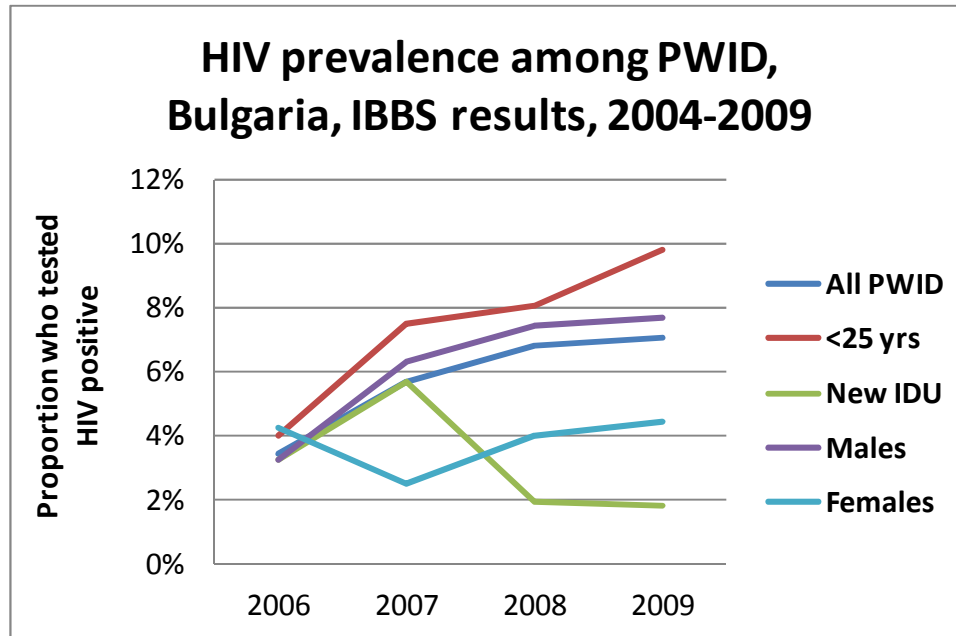
	Total reported Jan to Sept 2012
Number of newly diagnosed HIV cases in total	124
Number of newly diagnosed HIV cases in people who inject drugs (PWID)	33 (27%)



Data source: Ministry of Health, 2012

Epidemiological update

HIV and HCV prevalence trends among PWID – IBBS results



Data source: Program “Prevention and Control of HIV/AIDS”, financed by GFATM

Epidemiological update

HIV and HCV prevalence trends among PWID - diagnostic testing

Trends in HIV prevalence among PWID in Sofia*

Sofia	2010	2011
overall	2.15%	2.8%
in young PWID (<25)	3.10%	6.12%
in new PWID (inj.<2 yrs)	Not available	Not available
gender	M: 53.84%; F: 46.15%	M: 65.62%; F: 34.38%

Trends in HCV prevalence among PWID in Sofia*

Sofia	2010	2011
overall		67.84%
in young PWID (<25)	65.72%	52.05%
in new PWID (inj.<2 yrs)	Not available	Not available
gender		M: 67.49%; F: 32.51%

*Data source: National Centre for Addictions, 2012

Behavioural surveillance (June-August 2012)

Drug use patterns

- 81.2% used heroin last year; 67.7% used heroin last 4 weeks;
- 42.4% used amphetamines last year; 28.7% used amphetamines last 4 weeks;
10.8% used cocaine last year; 4.3% used cocaine last 4 weeks;
3.8% used other stimulants last year; 1.1% used other stimulants last 4 weeks;
- 67.1% used methadone last year; 59.3% used methadone last 4 weeks;

Risk behaviour

- 44% daily injected last 4 weeks; 48.2% injected with a used needle/syringe last 4 weeks; 48.2% used other paraphernalia last 4 weeks; 0.1% shared with 4 partners the last used needle/syringe last time;
- 9% sex work last 4 weeks; 44.6% used condom last intercourse, no data number of partners

Sociodemographic risk factors

- age: 29.44 years (mean); 30 years (mode); gender: 77.9% M, 22.1% F
- education: 46.4% secondary education; 36.5% primary education; 9.8% without primary education;
- 4% homelessness; 1.6% born outside country; no data ever in prison

PWID population size estimates

6

Population size estimates in:	PWID (Capital)	PWID (National)	PDU _s	POU _s
Number:	≈ 11 000	≈ 19 000	≈ 32 000	≈ 27 000
Year:	2011	2011	2010	2010
Source:	NFP - TDI (CR)	NFP - TDI (CR)	NFP - CR	NFP - CR

Legal basis related to drug use programmes

Drugs and Precursors Control Act of 2009

National Strategy to Combat Drug Addictions (2009-2013)

Ministry of Health Ordinance № 24 of 31 October 2000 on the
on the Terms and Conditions for Operating Drug
Substitution and Maintenance Programmes (currently revised)

Ministry of Health Ordinance №7 of 7 September 2011 on the
Terms and Conditions for Implementing Drug Use Harm
Reduction Programmes

BUT 2004 amendment of the Penal Code criminalizing the
possession of 'single dose' (currently inactive)



Legal basis related to HIV prevention and control programmes

National Programme for Prevention and Control of HIV and STIs (2008-2015)

Ministry of Health Ordinance №47 of 29 Dec 2009 on the Terms and Conditions for HIV Testing, Case Registration and Reporting

Ministry of Health and Ministry of Justice Joint Order regulating the provision of HIV Testing and Counselling in Prisons (biannual since 2007)



Drug Treatment Programs as entry point for harm reduction and HIV prevention

Map of drug treatment opportunities in Bulgaria



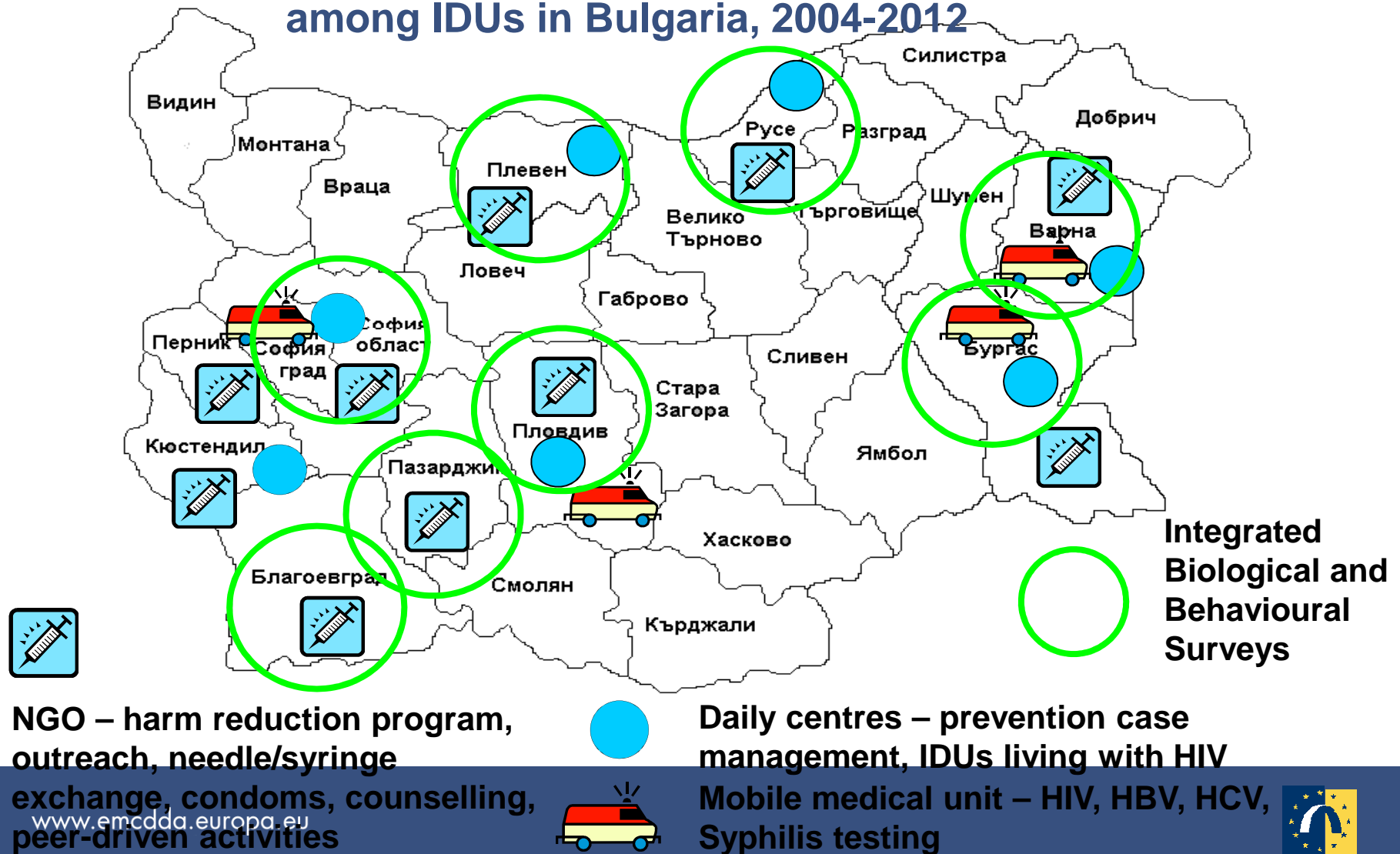
BULGARIA
NFP NATIONAL FOCAL POINT ON
DRUGS AND DRUG ADDICTIONS

Drug dependence treatment (state and municipal funding):
12 state psychiatric hospitals;
12 regional psychiatric centres,
14 psychiatric wards of multi-profiled hospitals
5 psychiatric clinics at university hospitals

30 Opioid Substitution Programs in 2012 (32 in 2011)
12 Rehabilitation programs

Ministry of Health
Program “Prevention and Control of HIV/AIDS in Bulgaria”, funded by the Global Fund to Fight AIDS, TB and Malaria

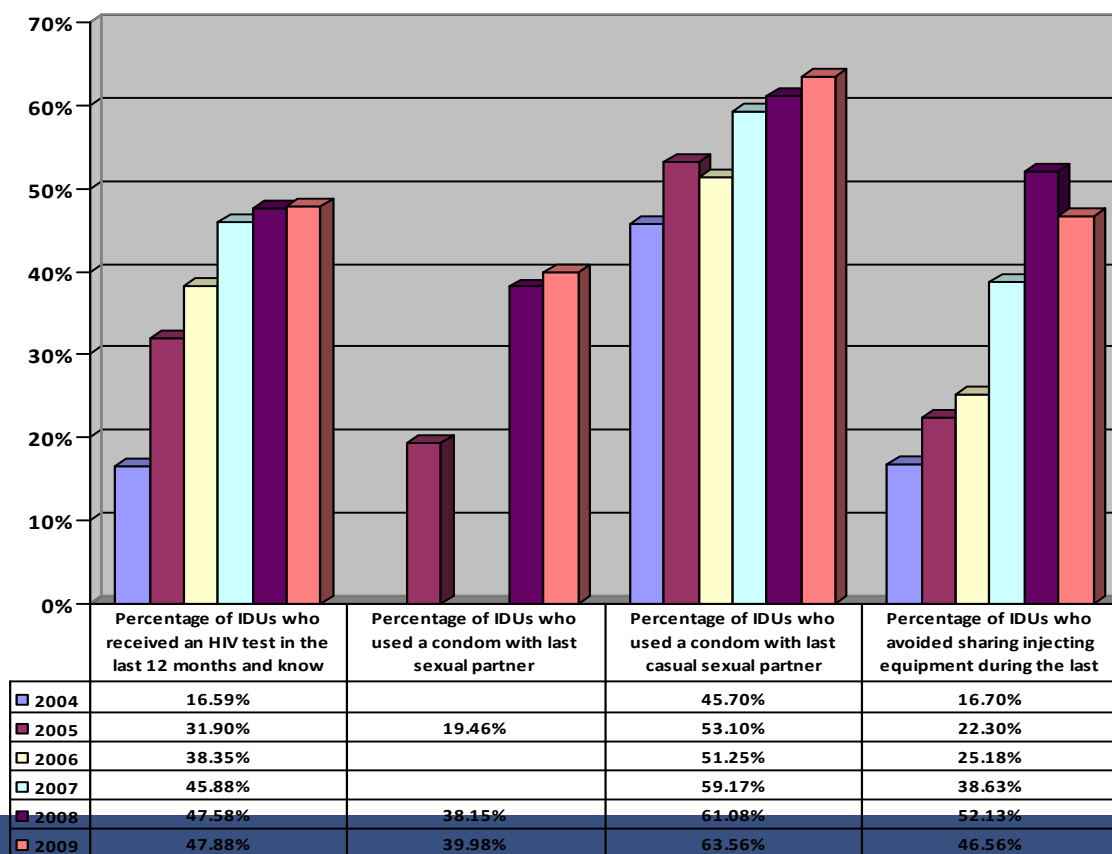
Mapping HIV prevention and surveillance activities among IDUs in Bulgaria, 2004-2012



Interventions - Coverage

- % of estimated POUs in opioid substitution treatment - ~20% (Jul12, NCA)
- % of new HIV cases enrolled in HIV care – 59% (2011)
- Number of syringes distributed per estimated PWID per year – 34-36 per estimated PWID; 84 per PWID reached with HIV prevention program

IBBS among people who inject drugs, Bulgaria, 2004-2009



Self-assessing preventive intervention situation (I)

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	Partly	Free-of-charge and in a package of HIV prevention services, provided by NGO networks	Not allowed in prisons; Need of sustainable financing after the Global Fund grant ending 2014; pharmacies
VACCINATION HBV, HAV, tetanus etc.	Partly	HBV vaccination of newborns since 1992	
DRUG DEPENDENCE TREATMENT – OST etc	Partly	Quality assurance; programs providing psychological support	No programs in prisons; low coverage of rehabilitation and social reintegration programs
TESTING HIV,HCV,HBV, TB etc	Yes	Free-of-charge and anonymous; efficient in case finding; high coverage in prisons	Need of sustainable financing of prevention and care services after the Global Fund grant

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	Partly	Free-of-charge HIV and TB treatment; case management provided by NGOs	Legal obstacles for HCV treatment of PWID in OST; costly and low coverage
HEALTH PROMOTION safer injecting behaviour; sexual health etc	Yes	Standardized; provided by a network of NGOs	
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	Yes	National HIV/STI Program – principles of strategic planning and program adaptation	
IMPLEMENTED IN COMBINATION?	Yes	Harm reduction as a nationwide policy since 2004 with GF funds	

Prevention funding

How did prevention funding change between 2009 to 2012?

1) for HIV: **Increase** No Change Decrease

2) for PWID: **Increase** No Change Decrease

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?

- National Anti-Drug Strategy – state funding increase for HR programmes, for example, overdose prevention
- National HIV/STI Program – state funding increase for HIV testing and ARV treatment; need of sustainability of HIV prevention funding after the Global Funded Program “Prevention and Control of HIV/AIDS”, which is decreasing and active involvement of municipalities

Are there any changes in heroin availability in your country?

Increase No Change **Decrease** ✓

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)

- Methamphetamines and LSD, which have not been in the past among the traditional substances in the Bulgarian drug market;
- New substances from the category of “legal highs”, mainly synthetic cannabinoids and cathinones, as well as phenethylamines

Is there an observed change in injecting stimulant use?

Increase ✓ No Change Decrease

Main challenges

Surveillance and monitoring:

- Sustainability of HIV surveillance and monitoring activities after the Global Fund-funded program - databases; increased collaboration between drug and drug addictions and HIV monitoring;

Harm reduction:

- Ordinance №7 entered in force last year (7 September 2011) along with Methodological Guidelines (January 2012)

Drug treatment for PWID:

- Established new Medical Standard in Psychiatry that regulates treatment for children between 15 and 18 years of age
- Buprenorphine treatment has started within the substitution programs

Collaboration between public health and drug authorities:

Thank you!



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: Hungary

Lisbon, 12th October 2012

Epidemiological update

HIV notifications in PWID

	Total reported Jan to March 2012
Number of HIV cases in total	50
Number of HIV in PWID	0

2009 – 2011: Total reported: 484 cases; PWID: 0 cases

Epidemiological update

HIV and HCV prevalence trends among PWID

Trends in HIV prevalence among PWID

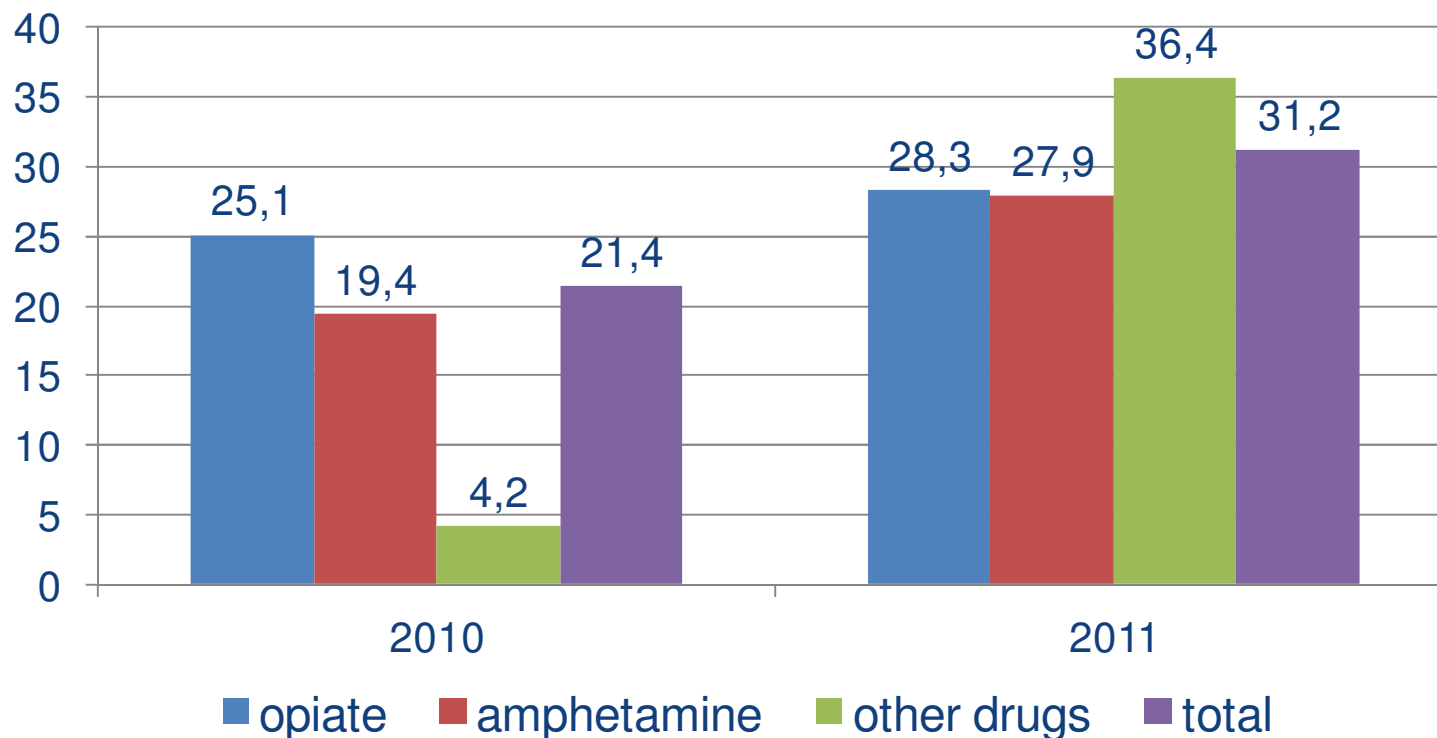
no HIV among PWID (national seroprevalence survey 2006 – 2011, routine testing programme 2010-2011)

Trends in HCV prevalence among PWID (national SP survey)

	2006	2007	2008	2009	2011
Total	28,9%	25,73%	22,62%	24,44%	24,08%
Under 25	28,9%	22,94%	19,83%	17,48%	19,49%
New PWID	0%	8,43%	6,98%	8,82%	10,45%
Non – opioid injectors	7,7%	21,19%	14,20%	16,34%	30,15%
Opioid injectors	32,3%	27,46%	25,82%	29,51%	18,04%
Male	28,9%	25,06%	21,51%	22,78%	21,82%
Female	31,7%	27,74%	25,45%	29,24%	30,00%

HCV prevalence (%) by primarily injected drug

Routine testing in 5 cities among IDUs in DTCs and NSPs



HCV increasing among young IDUs: 16%→36%

Behavioural surveillance

Drug use patterns

National SP survey:

	2006	2007	2008	2009	2011
Opioids	86,4%	72,3%	72,1%	61,9%	50,0%
Drugs other than opioids	13,6%	27,7%	27,9%	38,1%	50,0%

Routine DT:

	Opioids	Amphetamine	Cocaine	Other
2010	60,1%	29,9%	2,3%	7,7%
2011	26,9%	33,3%	0,0%	39,8%

40% amphetamines
5% mephedrone
3% MDPV

NSP client data:

	2009	2010	2011
Heroin	56%	47%	24%
Amphetamine	39%	45%	41%
Cocaine	1%	0%	1%
Other	4%	8%	34%

% in „other“:
40% MDPV
26% methadone
17% mephedrone
7% 4-MEC

Risk behaviour

National SP survey (2009- 2011): syringe sharing: 26% →36%

equipment sharing: 40% →51%

Routine DT (2010-2011): IDUs injecting several times a day: 17% → 29%

IDUs received a used syringe from 2 or more: 13% → 20%

PWID population size estimates

Population size estimates in:	PWID (Capital)	PWID (National)	PDU _s	POU _s
Number:		5699		3130 (2780-3480)
Year:		2008-2009		2007-2008
Source:		2010 NR; Horváth and Bozsonyi 2010		2010 NR; Horváth and Bozsonyi 2010

Interventions

Coverage

23% of estimated POUs in OST in 2011 (! POU estimation refers to 2007/08)

114 syringes distributed / estimated PWID in 2011 (! PWID estimation for 2008/09)

! Injection times are more frequent regarding NPS (can be 10-20 times per day)

23% tested for HIV in the last 12 months (results of national SP survey)

Policies

no official, accepted Drugs and AIDS strategies yet, since 2011

Service provision

NSP, OST, HIV/HBV/HCV testing at NSPs and DTCs - as the main intervention components to prevent infectious diseases

Self-assessing preventive intervention situation (I)

8

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	Yes	Good geographical coverage	limited financial resources in 2011- 2012 ↔increased demand Limits in service provision Not available in prison
VACCINATION	Yes (HBV; tetanus)	Universal vaccination	
DRUG DEPENDENCE TREATMENT – OST etc	Yes		funding of OST limits access to treatment Implementation in prison: officially since 2001, however it was only provided in a few isolated cases since then.
TESTING HIV,HCV,HBV, TB etc	Yes: HIV/HBV/HCV: National seroprevalence survey (2006- 2011) at NSPs and DTCs Routine diagnostic testing at NSPs and DTCs (2010-2012) Voluntary, confidential testing at HIV counseling centres; STD clinics TB – voluntary; compulsory in certain age-group, risk group	National SP survey : good geographical coverage, Testing on-site at NSPs and DTCs – increased testing uptake at other testing sites: HIV/HCV for IDUs – free of charge	At testing sites (other than NSPs and DTCs) - low testing uptake among IDUs
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	Yes	free (in case of settled health insurance) -	HBV/HCV: no access for current drug users (3 month abstinence is required), OST allowed, referral problems

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
HEALTH PROMOTION safer injecting behaviour; sexual health etc	partly		Not in a standardized way, varies by service providers. Lack of information on new substances injected and on consequences at service providers – difficult to provide harm reduction information
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	partly	Minors access to NSPs – issue highlighted in the National Guidelines for NSPs Street outreach and mobile (bus) NSPs	
IMPLEMENTED IN COMBINATION?	Partly, e.g.: OST + testing NSP + testing	Increased testing uptake	

Prevention funding

How did prevention funding change between 2009 to 2012?

1) for HIV: Increase No Change Decrease X

2) for PWID: Increase No Change Decrease X

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years? -

What are the main funding sources for prevention programmes?

NSPs: state-financed (ministry responsible for social affairs):

normative financing for operation costs (contracts for 3 years, 2009 – 2011; 2012 – 2015) + project financing for improvements

HIV prevention: state-financed (ministry responsible for health)

National AIDS Committee; „Public Health Programme”

Drug markets

11

Are there any changes in heroin availability in your country?

Increase No Change Decrease X

Are there any evidence of “new” drugs entering the market, especially methamphetamines?

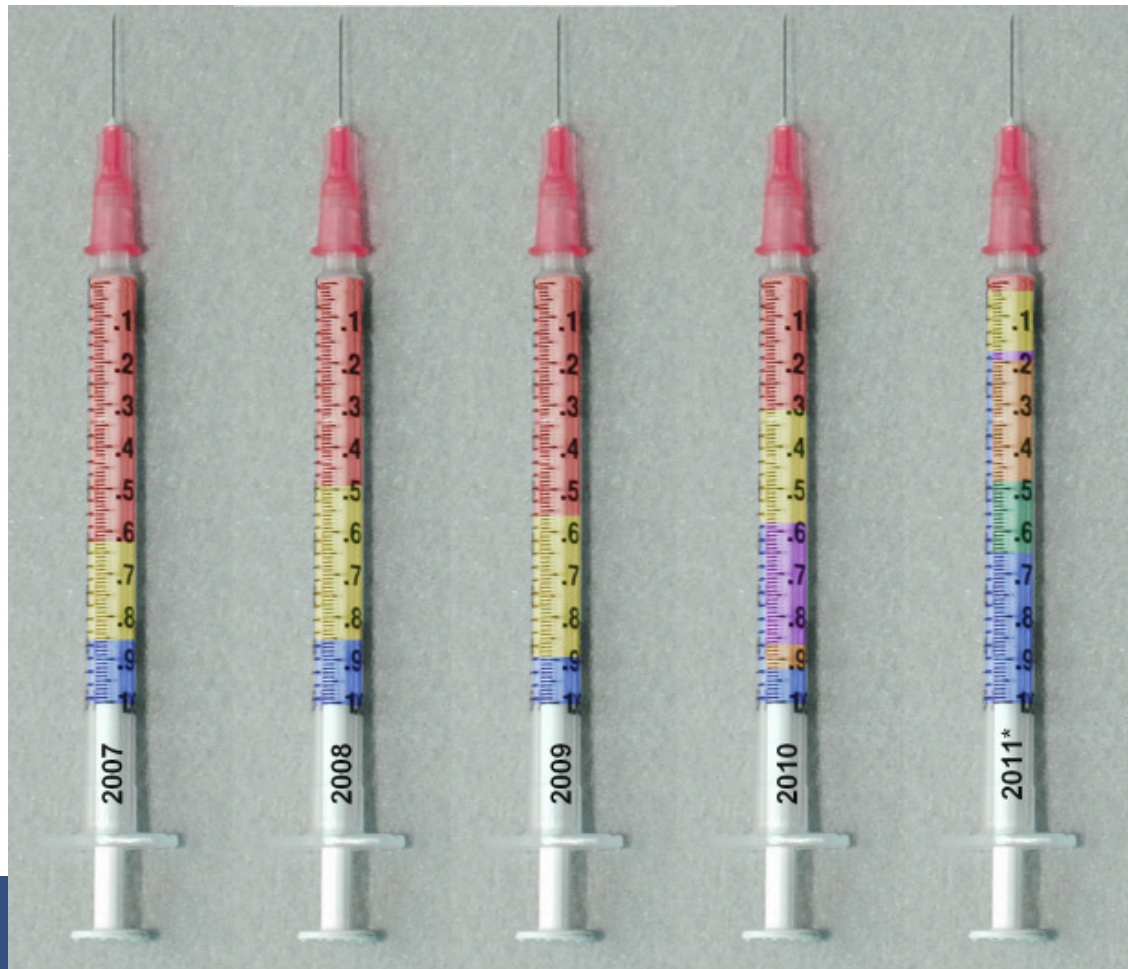
Yes, not methamphetamines but synthetic cathinones and synthetic cannabinoids

Is there an observed change in injecting stimulant use?

Increase X No Change Decrease

Drug markets: seizure data 2007 - 2011 substances detected in syringes + filters

(N=100-230 injecting equipment / year)



- Heroin
- Amphetamine
- Mephedrone
- MDPV
- 4-MEC
- Other

Source: Institute for Forensic Sciences



Main challenges

Surveillance and monitoring:

No national HIV/HBV/HCV seroprevalence survey in 2012, 2013?

Routine testing programme project financed between 2010- 2012, future?

Harm reduction:

limited financial resources of NSPs, restrictions in N of distributed syringes/equipments, opening hours, programs closed temporarily

↔ increased demand for sterile injecting equipments

NSPs: Strong cooperation and advocacy to change the situation

Drug treatment for PWID:

the injecting (and also non injecting) use of new psychoactive substances (primarily cathinones) pose several challenges to treatment services:

- new drugs – no available best practice, guidance (treatment protocols)
- rapidly developing treatment demand due to physical and psychological consequences while low level of motivation to remain in treatment

Thank you!

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European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: LATVIA



Lisbon, 12th October 2012

Epidemiological update

HIV notifications in PWID

2012	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total reported Jan to Sept 2012
Number of HIV cases in total	28	23	29	28	30	32	28	29	16	243
Number of HIV in PWID	8	6	11	6	10	9	8	5	7	70

2011	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total reported Jan to Sept 2011
Number of HIV cases in total	15	23	29	25	29	28	22	22	13	206
Number of HIV in PWID	3	6	10	13	8	9	6	6	6	67

Comments: in 2012 many cases with unknown mode of transmission!

Epidemiological update

HIV and HCV prevalence trends among PWID

Routine testing (18 LTCs)

Year	Number of HIV tests performed for IDU	Positive HIV findings	Number of HCV tests performed for IDU	Positive HCV findings
2009	1238	P=8.8%	192	P=36.0%
2010	1114	71 / P=6.4%	294	160 / P=54.4%
2011	779	79 / P=10.1%	515	305 / P=59.2%
2012 (I-VI)	345	33 / P=9.6%	238	140 / P=58.8%

Studies on HIV and Hepatitis C prevalence among PWID in Latvia

Year	Sample characteristic	Sample size	% HIV	% HCV	Project
2007	PWID (RDS)	407	22.6 (n=92)	74.2 (n=302)	ENCAP
2009	PWID clients of LTC in Ventspils	195	29.2 (serological) 3.8 (self-reported)	-	UNODC Local (Ventspils LTC for IDU)
2011 (Riga)	Female - commercial sex workers	117 (75,3% -ID last year)	22.2 (n=26)	58.1 (n=68)	BORDER-NETWORK



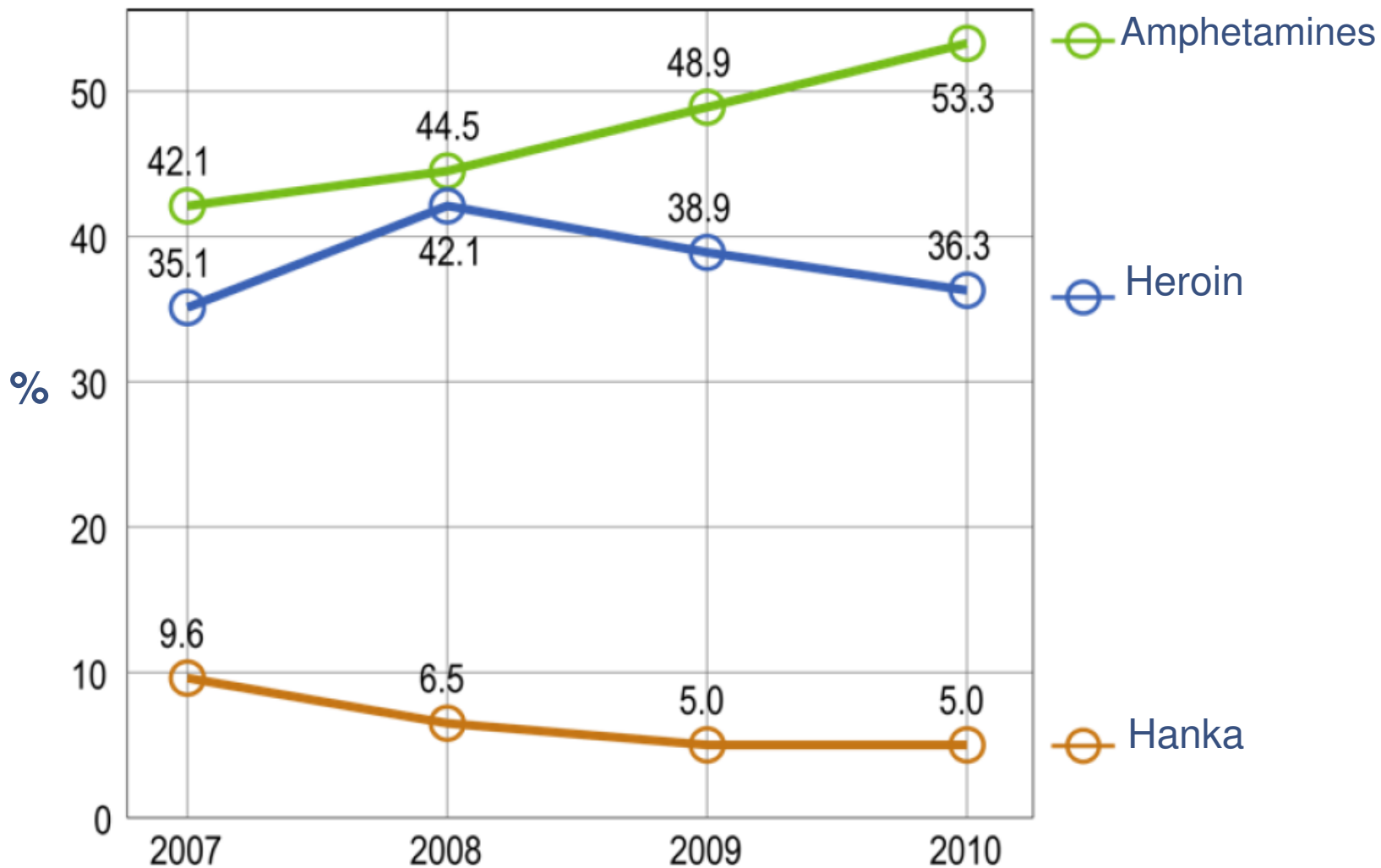
Behavioural surveillance

Drug use patterns

- % using opioids as primary drug
- % using stimulants (including use of non-injected stimulants among PWID)
- other (e.g. use of street methadone)

(See the next slide!)

Primary drug injected within last 12 months



Source: Trapencieris, Snikere, Kaupe, 2011

Behavioural surveillance (II)

7

Risk behaviour

- injecting risks (needle sharing, sharing other paraphernalia, daily injecting etc.)

* 16% shared a syringe or needle during the past 6 months (2010), 24% in 2009

* 32% used other injecting paraphernalia (2010) – remained unchanged since 2009

- sexual risks (sex work, condom use last intercourse, number of partners etc.)

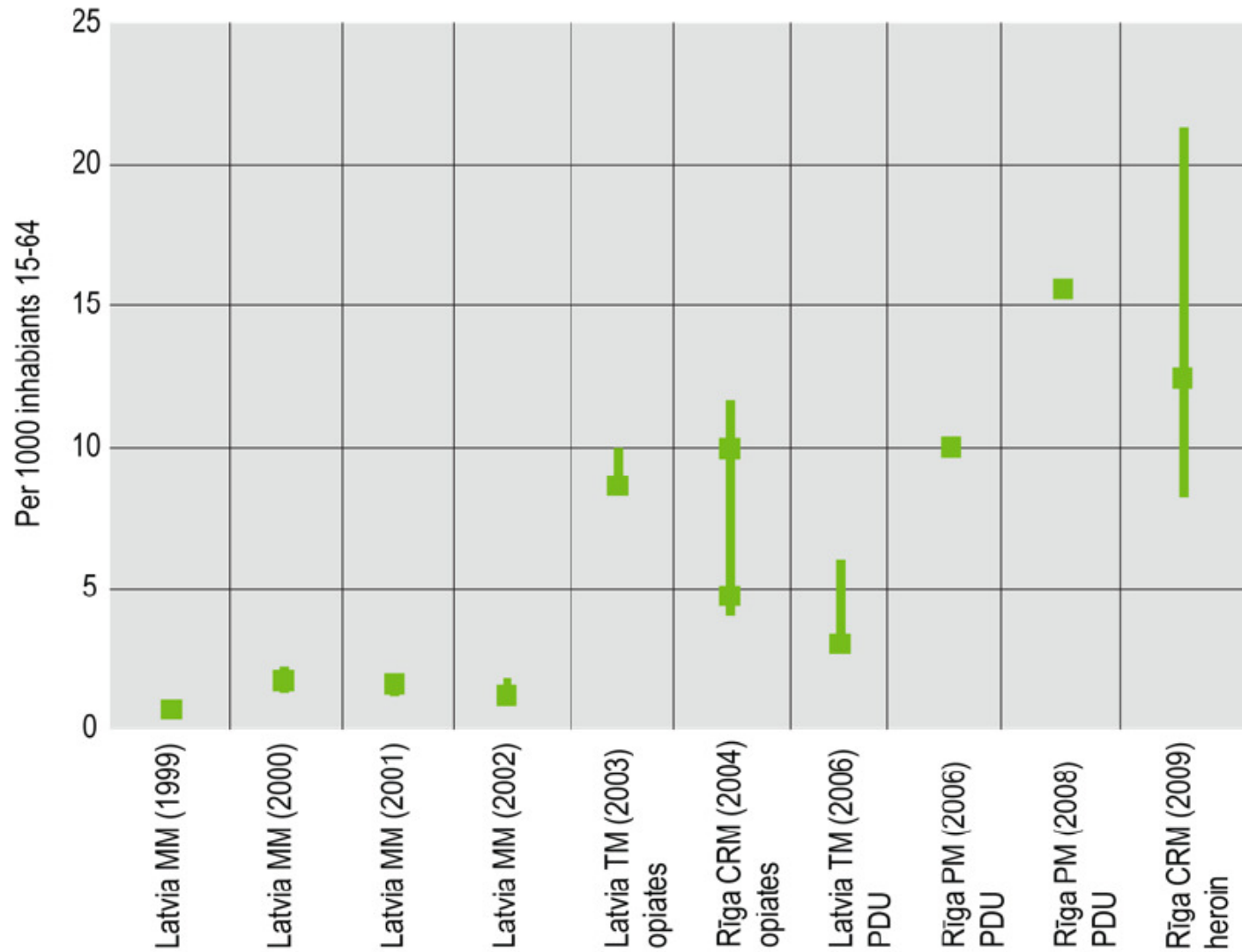
* Condom use during the last act of sexual intercourse - 45% in 2007, 49% in 2008, 46% in 2009, and 55% in 2010

PWID population size estimates

8

Population size estimates in:	PWID (Capital)	PWID (National)	PDU's	POUs
Number:	-	-	18,888	10,169 5,912 (capital Riga)
Year:	-	-	2010	2010
Source:	-	-	Source: Trapencieris, 2010	Source: Trapencieris, 2010

Number of problem drug users as estimated by various methods in Latvia, per 1000 population aged 15-64



Source: Trapencieris, 2010

Interventions

10

Coverage

- % of estimated POUs in opioid substitution treatment
~2.3% or 237 patients (193 methadone, 44 buprenorphine) - the lowest number among the EU Member States (2010)
(!!! but the everyday clients ~100)
- % of POUs / PWID reporting OST in last 4 weeks
3 PWID were treated in the last month – (out of 499) (2010, cohort study)
- Number of syringes distributed per estimated PWID per $\frac{1}{2}$ year:
9.98 in 2011 (Jan-June); 10.3 in 2012 (Jan-June)
- Number of condoms distributed per estimated PWID per $\frac{1}{2}$ year:
2 in 2011 (Jan-June); 1.9 in 2012 (Jan-June)

Interventions (II)

Coverage

- % tested for HIV in the last 12 months (excluding known positives)
44% last year (72% lifetime) (RDS, 2007)

	Ever tested		Recently tested*		Those indicating positive infection status**		
	HIV	Hepatitis B and C	HIV	Hepatitis B and C	HIV	Hepatitis B	Hepatitis C
2007	87	70	67	52	20	22	53
2008	89	74	75	62	18	17	61
2009	96	86	70	46	18	16	66
2010	98	89	72	41	22	11	63

Source: Trapencieris, Snižere and Kaupe 2011

Policies

- methadone in prison (since 2012). In Oct 2012 - 7 clients receiving MMT in prisons.

Service provision

- OST – 10 sites (+ prisons in the future)
- NEP – 18 sites
- HAART – 6 infectologists outside the capital since 2010 (but low coverage)

Self-assessing preventive intervention situation (I)

13

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	Yes	Territorial coverage, state funding, political documents	Coverage, outreach work, not always client-oriented (volume of syringes etc.)
VACCINATION HBV, HAV, tetanus etc.	No	(tetanus free of charge for every person with ID)	-
DRUG DEPENDENCE TREATMENT – OST etc	Yes	State funding (MMT), political documents, no waiting lists, no centralization, prisons	Coverage, misconceptions
TESTING HIV, HCV, HBV, TB etc	Yes	Free of charge, rapid tests, TB patients screened for HIV and vice versa	Coverage, no TB testing in LTCs
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	Yes	HIV, TB – 100% covered (free of charge for patient)	HCV – 75% covered, HAART expensive, very low coverage (~10% of PLHIV), initiation criteria (<200 CD4 cells)

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
HEALTH PROMOTION safer injecting behaviour; sexual health etc.	Yes	State funding, political documents (e.g. condoms)	Coverage
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	Partly	Territorial coverage	Premises, working hours not always appropriate
IMPLEMENTED IN COMBINATION?	Partly	2 sites NEP + OST 1 site NEP + DOTS	HAART, DOTS, OST – no one point care

Prevention funding

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How did prevention funding change between 2009 to 2012?

- 1) for HIV: Increase No Change Decrease
- 2) for PWID: Increase No Change Decrease

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?

- No talks about reductions and no talks about increase.

What are the main funding sources for prevention programmes?

- Government + municipalities + NGOs (projects)

Drug markets

Are there any changes in heroin availability in your country?

Increase No Change Decrease

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)

- The number of seizures of **methamphetamine continues to grow**, but the number of **amphetamine** seizures and quantity seized **continues to decrease**.
- «**new drugs**» - the seizures recorded most often are for the synthetic cannabinoids and cathinones. In 2010 a total of 24.5 kg of substances from the cathinone group were seized, of which mephedrone and fluoromethcathinone were the most common.

Is there an observed change in injecting stimulant use?

Increase No Change Decrease

Main challenges

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Surveillance and monitoring:

- prevalence data – on/off studies, regularity, comparability
- notifications – unknown mode of transmission

Harm reduction:

- coverage, effectiveness/quality, projects (additional funding), outreach work

Drug treatment for PWID:

- coverage (OST) + quality + client-oriented
- services for amphetamine users (evidence based?)
- «empty» places in rehab centers (lack of information?) – only for youngsters

Collaboration between public health and drug authorities:

- Since April 1st, 2012 – one institution (Centre for Disease Prevention and Control of Latvia)
- One point care (HAART, DOTS, OST)
- MoH grants for NGOs
- PWID community empowerment, financial mechanisms
- LTCs + infectologists; addiction treatment sites + infectologists

Thank you!

Experts involved in preparation of the presentation:

- **Ingrida Sniedze**, head, HIV/AIDS, STD and TB Risk Analysis and Prevention Unit, Centre for Disease Prevention and Control of Latvia
- **Agnese Freimane**, public health analyst, HIV/AIDS, STD and TB Risk Analysis and Prevention Unit, Centre for Disease Prevention and Control of Latvia
- **Marcis Trapencieris**, researcher, Department of Addiction Disorders Risk Analysis, Centre for Disease Prevention and Control of Latvia
- **Anda Karnite**, lecturer, Department of Public Health and Epidemiology, Riga Stradins University



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: Lithuania

Lisbon, 12th October 201

Epidemiological update

HIV notifications in PWID

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total reported Jan to Sept 2012
Number of HIV cases in total	2	5	8	11	32	19	13	12	102
Number of HIV in PWID	1	1	1	6	17	7	6	4	43

In 2011, 166 new HIV cases were diagnosed (respectively in 2010 – 153, 2009 – 180, in 2008 – 95, in 2007 – 106, in 2006 – 100, in 2005 – 120).

Comments: *Data source: Centre for Communicable Diseases and AIDS at the Ministry of Health of the Republic of Lithuania. Data is from National HIV/AIDS database.*

Epidemiological update (2011)

Proportion: HIV in IDU /all cases HIV

- overall, and if available: **51,8 % (86/166) by mode of transmission**
- **5/86** in young PWID (<25)
- in new PWID (injecting < 2 years) **not available**
- other breakdown if relevant (e.g. stimulant injectors, gender, in OST...) **not available**

Proportion: HVC in IDU /all cases HVC

- overall, and if available: **4/43 (acute HVC)**
- **3/4** in young PWID (<25)
- in new PWID (injecting < 2 years) **not available**
- other breakdown if relevant (e.g. stimulant injectors, gender, in OST...) **not available**

Behavioural surveillance

- *Not available for 2010-2011*
- *Data will be available in 2013 January (new data collecting system are introduced)*

PWID population size estimates

5

Population size estimates in:	PWID (Local)	PWID (National)	PDU _s	PDU _s
Number:	3200	-	4300	~ 6000
Year:	2006	-	2006	2007
Source:	Estimation was carried out by Dr. Gordon Hay, as part of the UNODC Project <i>HIV/AIDS prevention and care among injecting drug users (IDUs) and in prison settings in Estonia, Latvia and Lithuania</i> , in 2007	-	Estimation was carried out by Dr. Gordon Hay, as part of the UNODC Project <i>HIV/AIDS prevention and care among injecting drug users (IDUs) and in prison settings in Estonia, Latvia and Lithuania</i> , in 2007	Estimation was carried out by Audrone Astrauskiene, Valerij Dobrovolskij and Rimantas Stukas

Interventions

Coverage

- % of estimated POUs in opioid substitution treatment **No data**
- % of POUs / PWID reporting OST in last 4 weeks **No data**
- Number of syringes distributed per estimated PWID per year **45**
- Number of syringes PWID report they obtained for personal use **No data**
- % tested for HIV in the last 12 months (excluding known positives) **No data**

Policies

- *National Program on Drug Control and Prevention of Drug Addiction 2010–2016*
- *National Program on HIV/AIDS/STI Prevention and Control 2010-2012*

Service provision

- As of January 1, 2011, substitution treatment was applied in 19 units.
11 harm reduction services, 5 regional Drug dependent centers

Self-assessing preventive intervention situation (I)

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	Yes	11 harm reduction services	Not enough coverage in all country regions
VACCINATION HBV, HAV, tetanus etc.	Yes	HBV - Infants and 12 years old children are vaccinated	No targetted action programs on hepatitis for injection drug users HAV – voluntary vaccination, not for free
DRUG DEPENDENCE TREATMENT – OST etc	Yes	Free treatment All drug dependent patients are insured by National Health Insurance Fund (OST are compensated by NHIF)	
TESTING HIV,HCV,HBV, TB etc	Partly	National MON order on HIV testing exist	Lack of financial resources for hepatitis testing
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	Yes	Treatment are available for all who needed according National treatment algorithms	IDUs adherence of treatment

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
HEALTH PROMOTION safer injecting behaviour; sexual health etc	Yes		
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	Partly	Mobile clinics	Not enough coverage in all country regions Lack of political commitment in municipality level
IMPLEMENTED IN COMBINATION?	Yes		

Prevention funding

How did prevention funding change between 2009 to 2012?

1) for HIV: Increase No Change Decrease

2) for PWID: Increase No Change Decrease

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?

- No

What are the main funding sources for prevention programmes?

- National budget

Are there any changes in heroin availability in your country?

Increase No Change Decrease

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)

•No

Is there an observed change in injecting stimulant use?

Increase No Change Decrease

Main challenges

Surveillance and monitoring:

- “refresh” sentinel surveillance system in country
- assess number of IDU

Harm reduction:

- lack of political commitment in municipality level

Drug treatment for PWID:

- to enlarge drug dependents treatment

Collaboration between public health and drug authorities:

- improve collaboration between public health and decision makers to insure better coordination and service provision

Thank you!



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: ESTONIA
Katri Abel-Ollo

Lisbon, 12th October 201

Epidemiological update

HIV notifications in PWID

	Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Total reported Jan to Sept 2012
Number of HIV cases in total	34	27	31	27	26	27	27	16	244
Number of HIV in PWID									*

Comments: The data on transmission route of infection for 2012 will be available next year.

Epidemiological update

HIV and HCV prevalence trends among PWID

Trends in HIV prevalence among PWID

- According to 2010 study HIV prevalence was 43,9% in Narva. (EPP)
- According Uusküla et al. 2008 study HIV prevalence among new PWID (injecting < 3 years) was 50% (compared long-term injectors 55.6%)
- According to Talu et al. 2010 fentanyl users HIV prevalence among fentanyl users was 62% and among amphetamine users were 26%.

Trends in HCV prevalence among PWID

According to 2010 study HIV prevalence was 63,5% in Narva (EPP).

Behavioural surveillance

Drug use patterns

- 23,6% using opioids as primary drug
- 70,5% using stimulants
- 5.9% other (poppy, cocaine, other)

Risk behaviour

- 24% of IDUs had shared injecting paraphernalia in last 4 weeks (needle/syringe, front/back loading, cooker, filter/cotton, container)
- In last 4 weeks 62% of IDUs have had sexual intercourse with primary partner and 10% with occasional sexual partner. Condom was never in use (vaginal intercourse) in last 4 weeks for 18% with occasional partners and 50% for primary partners. The mean number of sexual partners of IDUs was 2.9.

Sociodemographic risk factors

- 75% male, mean age 29 years old, mostly primary and vocational education.
- 93% Russian speaking, 3% lives in shelter or social welfare house, 38% had been in prison in lifetime.

Source: 2010 Narva IDU risk behaviour and infection disease prevalence study

www.emcdda.europa.eu



PWID population size estimates

Population size estimates in:	PWID (Capital)	PWID (National)	PDU _s	POU _s
Number:		13,886 (95% confidence interval (CI) 8,132-34,443)	-	-
Year:		2004	-	-
Source:		Uusküla et al, 2007	-	-

Interventions

Coverage:

- There were totally 154 745 visits to the NEP in 2011
- 2 130 306 syringes were distributed
- 493 065 condoms were distributed
- At the end of 2011 there were 717 OST clients

Policies

„National HIV and AIDS strategy for the years 2006-2015“

Self-assessing preventive intervention situation (I)

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	YES	Coverage	Quality of support services, only needles and syringes
VACCINATION HBV, HAV, tetanus etc.	NO	Only for newborns and children	
DRUG DEPENDENCE TREATMENT – OST etc	YES for opioid users, VERY LIMITED for amphetamine users		Low quality
TESTING HIV,HCV,HBV, TB etc	YES	Good coverage	
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	YES for HIV and TB		HBV and HCV treatment missing

Prevention funding

How did prevention funding change between 2009 to 2012?

1) for HIV: Increase No Change Decrease

2) for PWID: Increase No Change Decrease

Do you anticipate reductions in funding for HIV prevention among PWID in the coming 2 years?

-No, rather increase

What are the main funding sources for prevention programmes?

- Governmental resources

Drug markets

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Are there any changes in heroin availability in your country?

Increase **No Change X** Decrease

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)

More and more new psychoactive substances are coming to Estonia in past years.

Is there an observed change in injecting stimulant use?

Increase X No Change Decrease

Main Challenges:

Surveillance and monitoring:

- HIV notifications – unknown mode of transmission

Harm reduction:

- safer injecting services and overdose prevention needed

Drug treatment for PWID:

- lack of amphetamine treatment possibilities



European Monitoring Centre
for Drugs and Drug Addiction



2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: AUSTRIA

Lisbon, 12th October 201

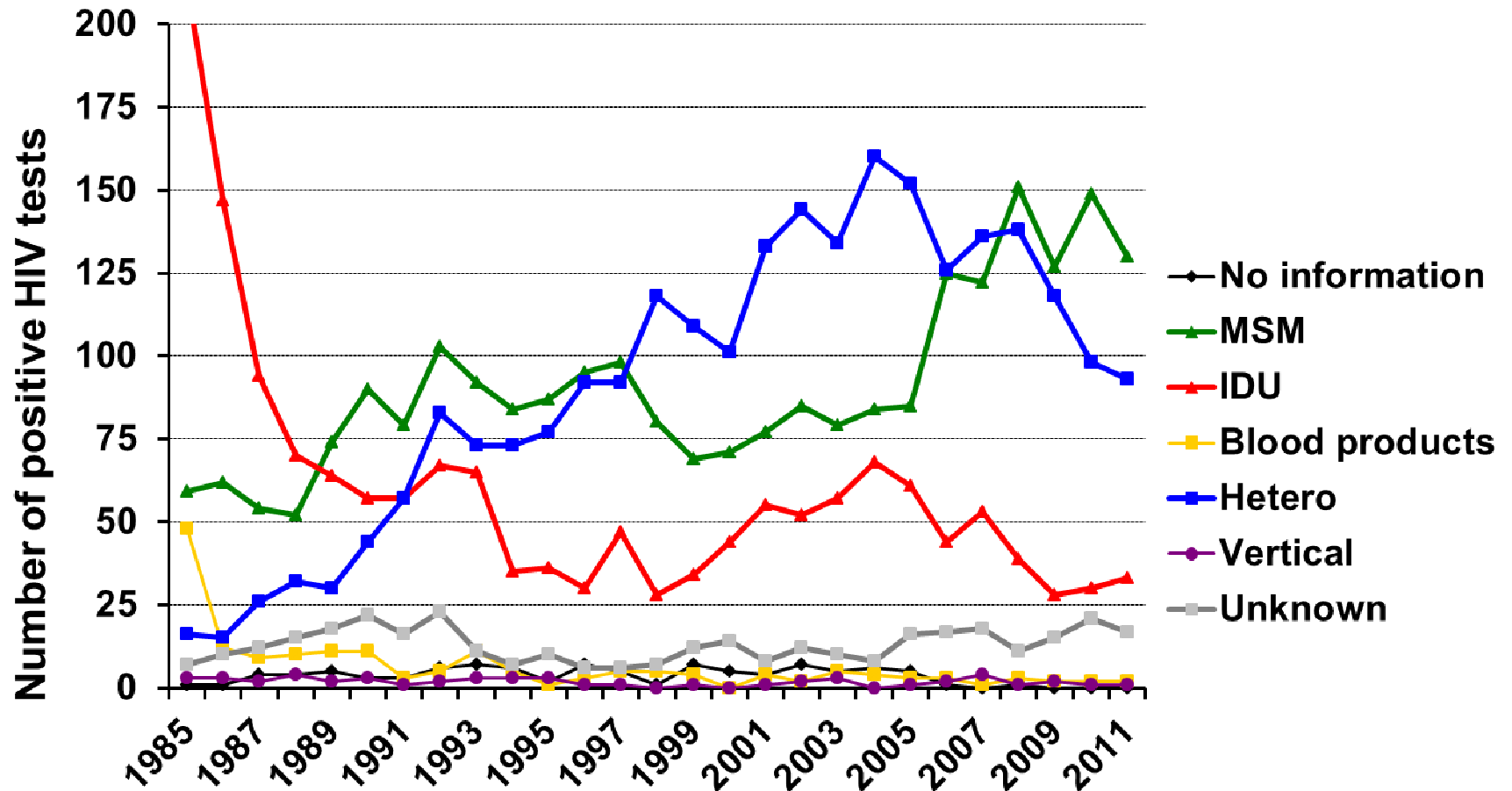
Epidemiological update

HIV notifications in PWID

	Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Total reported Jan to Sept 2012
Number of HIV cases in total									
Number of HIV in PWID									

Comments: **No detail information but from; January till July 2012 overall 151 cases, 14 of them via IDU (AHIVCOS)**

AHIVCOS – Way of infection



Epidemiological update

HIV and HCV prevalence trends among PWID

Trends in HIV prevalence among PWID

Stable situation – low prevalence 0 to a maximum of 4 % in all sources of data available

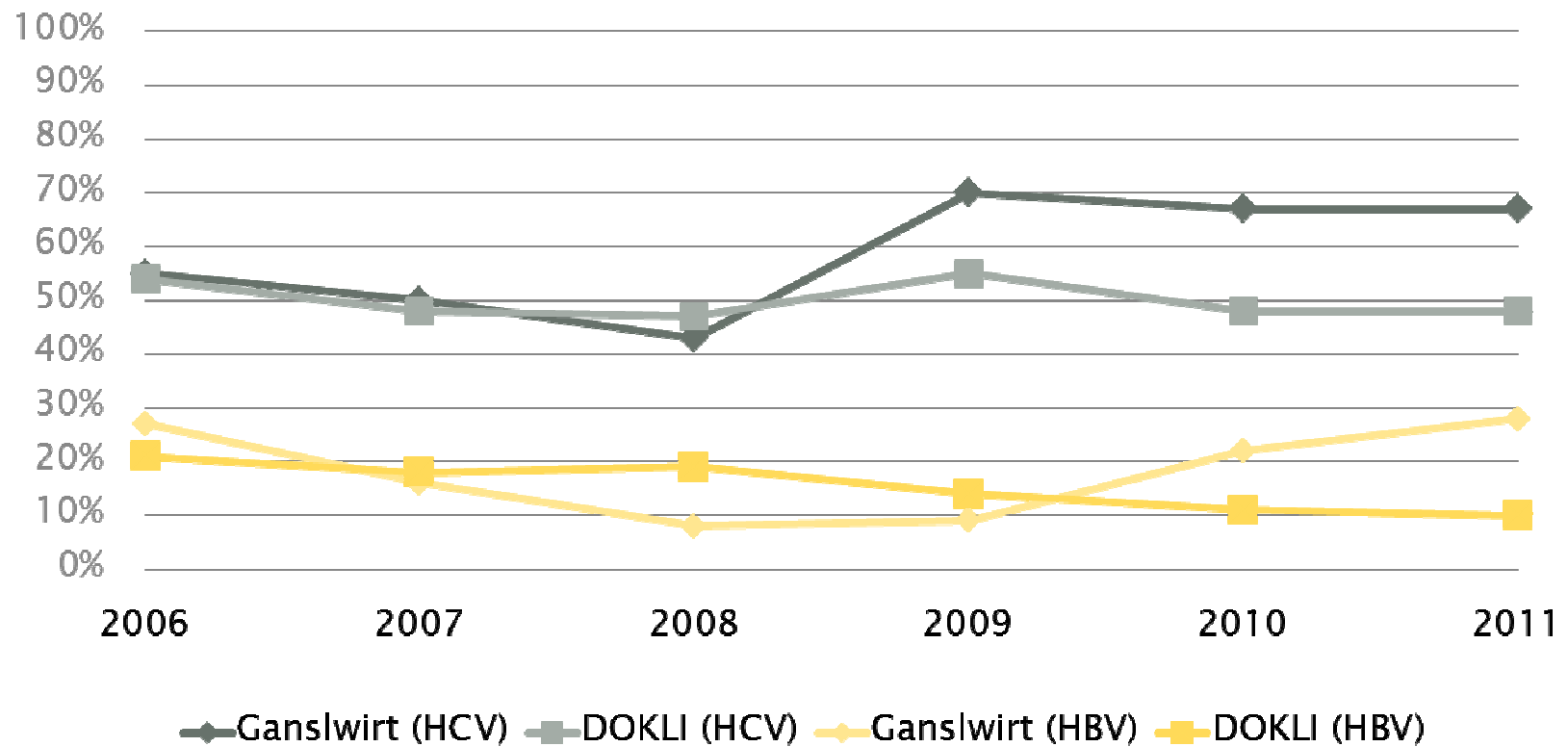
Trends in HCV prevalence among PWID

Stable/unclear situation because there is no adequate monitoring of HCV in Austria – some sources show very high prevalence of 60% to 70%

There was a local increase among young IDUs in one province (mephedrone)

In general no detectable increase in the group of young / fresh injectors

HCV-Prevalence



Behavioural surveillance

Drug use patterns

89 % of clients in outpatient/inpatient and in substitution treatment are (poly-) drugusers including opioids – misuse of slow release morphine (=substitution substance) is widespread.

Risk behaviour

No information on changes

Sociodemographic risk factors

No information on changes

PWID population size estimates

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Population size estimates in:	PWID (Capital)	PWID (National)	PDU _s	POU _s
Number:	6.000 to 8.000	15.000 to 17.000	30.000 to 34.000	30.000 to 34.000
Year:	2011	2011	2011	2011
Source:	Expert opinion	Expert opinion	CRC	CRC

Interventions

Coverage

- 50 to 60% of estimated POUs in opioid substitution treatment
- 300 syringes distributed per estimated PWID per year (5 Millions)

Policies

“centralistic” approach in Vienna in harm reduction might be a problem

Self-assessing preventive intervention situation (I)

Key Intervention ECDC / EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
INJECTION EQUIPMENT Provision and legal access	yes	High numbers	Coverage differs
VACCINATION HBV, HAV, tetanus etc.	partly		HBV in some facilities only
DRUG DEPENDENCE TREATMENT – OST etc	yes	High coverage	
TESTING HIV,HCV,HBV, TB etc	partly		Not systematic
INFECTIOUS DISEASE TREATMENT HIV, HCV, HBV, TB etc	not known/ partly	Good for HIV	HCV not really known

Self-assessing preventive intervention situation (II)

Key Intervention ECDC/EMCDDA	Implemented? (Yes/No/partly)	STRENGTH	WEAKNESS
HEALTH PROMOTION safer injecting behaviour; sexual health etc	partly	Good coverage	No/low peer involvement
TARGETED DELIVERY OF SERVICES organised and delivered according to user needs and local conditions	partly	Good coverage	No/low peer involvement
IMPLEMENTED IN COMBINATION?	partly	Good coverage	No/low peer involvement

Prevention funding

How did prevention funding change between 2009 to 2012?

1) for HIV: Increase No Change Decrease

2) for PWID: Increase No Change Decrease

Some decrease of funding in the field of drug treatment

Are there any changes in heroin availability in your country?

Increase No Change Decrease

Are there any evidence of “new” drugs entering the market, especially methamphetamines?

Use of “new psychoactive substances” in recreational settings, mephedrone went down (just 29 clients with primary drug mephedron in treatment), some local problems with pervitin near the border to the Czech Republic

Is there an observed change in injecting stimulant use?

Increase No Change Decrease

Main challenges

Surveillance and monitoring:

Strong need for improvement in the field of HCV, in the field of HIV the monitoring is quite good via the AHIVCOS study

Estimation of number of IDUs

Harm reduction:

There is a need for harm reduction measures to prevent drug related deaths

Drug treatment for PWID:

- Ensure quality with lower budgets

Thank you!



European Monitoring Centre
for Drugs and Drug Addiction

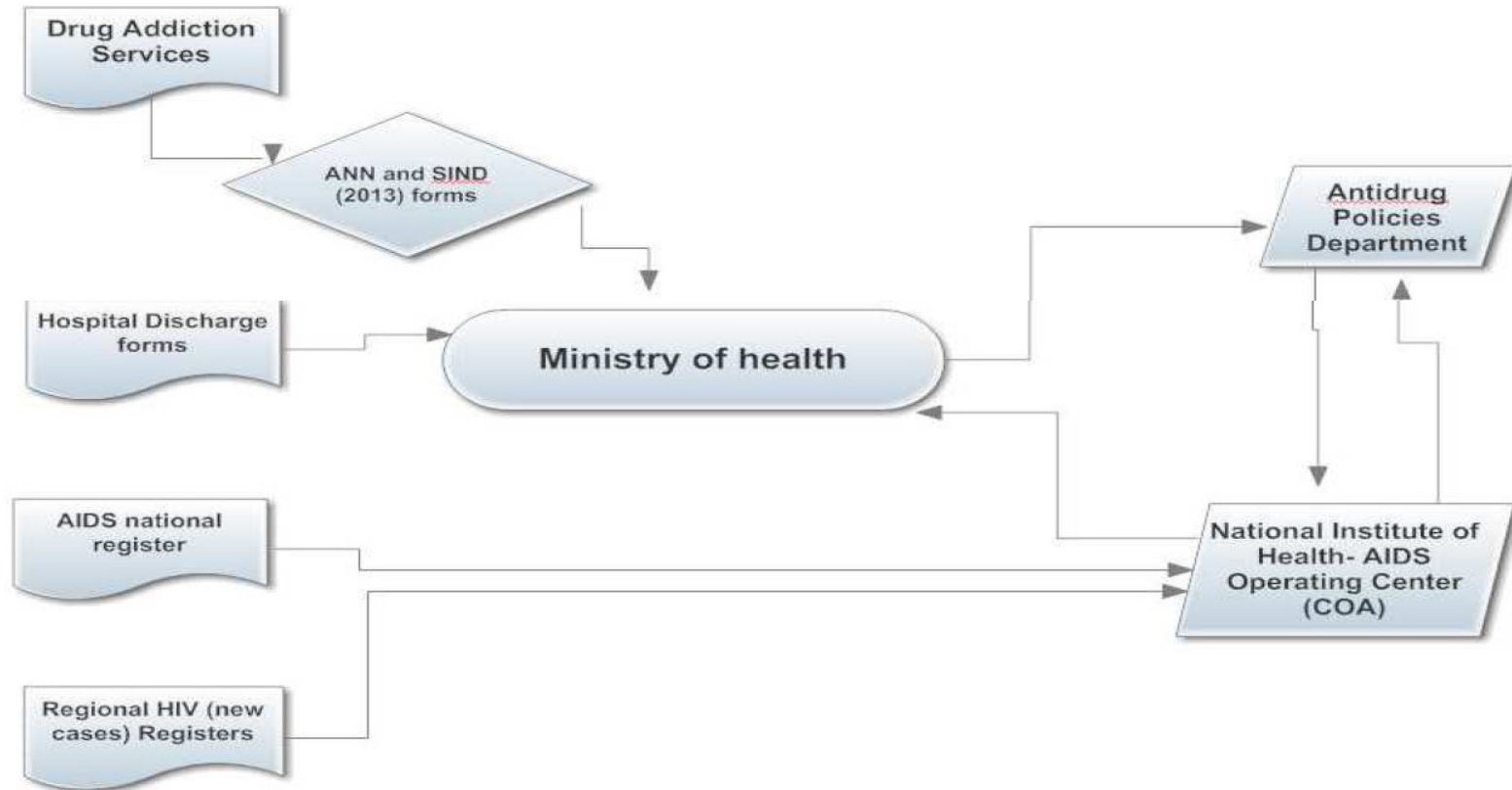


2nd Meeting on detecting and responding to outbreaks of HIV among PWID

Update on country situation: *Italy*

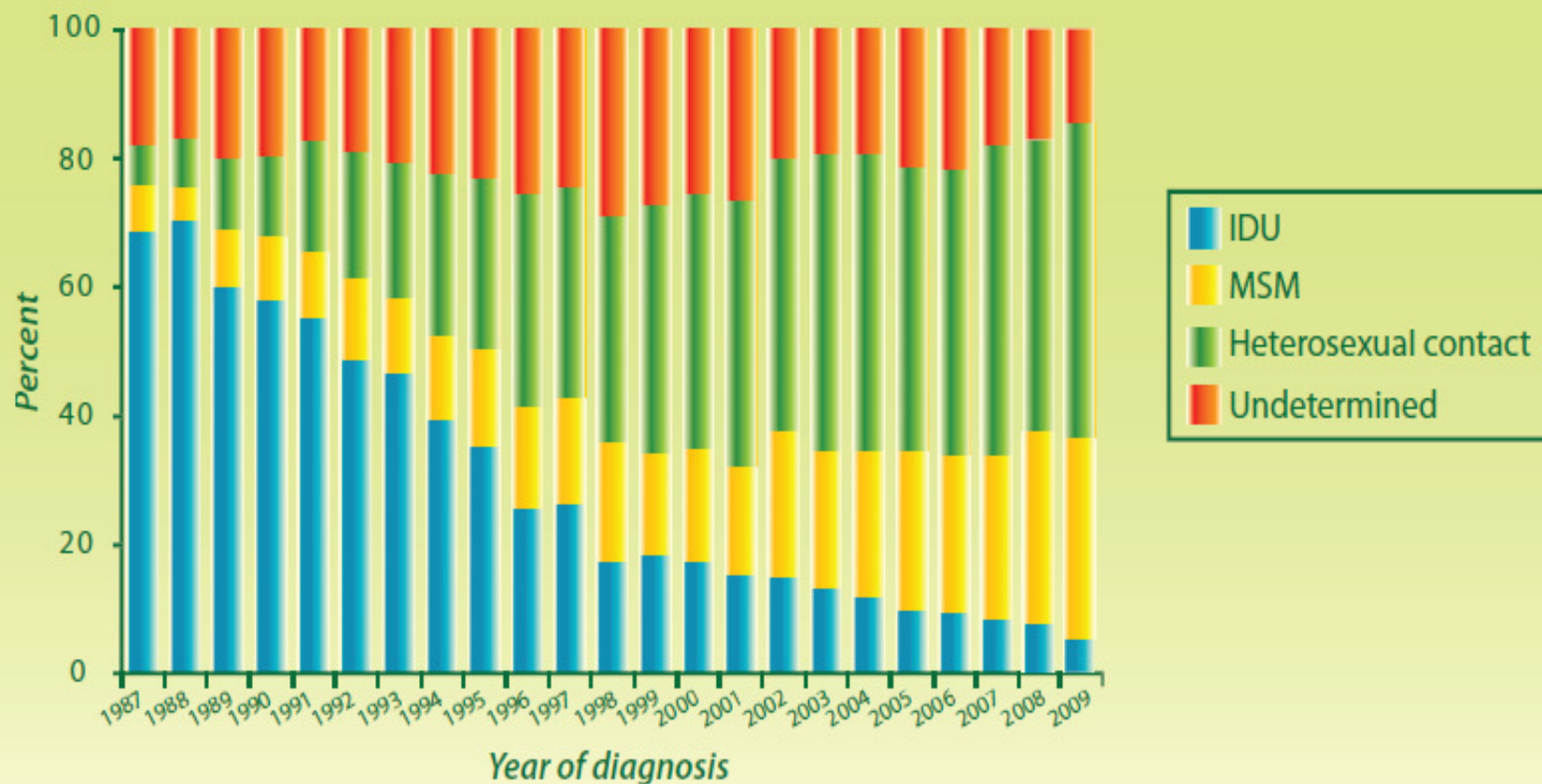
Lisbon, 12th October 2012

Information flow concerning drug related Infectious Diseases (HIV, HCV, HBV)

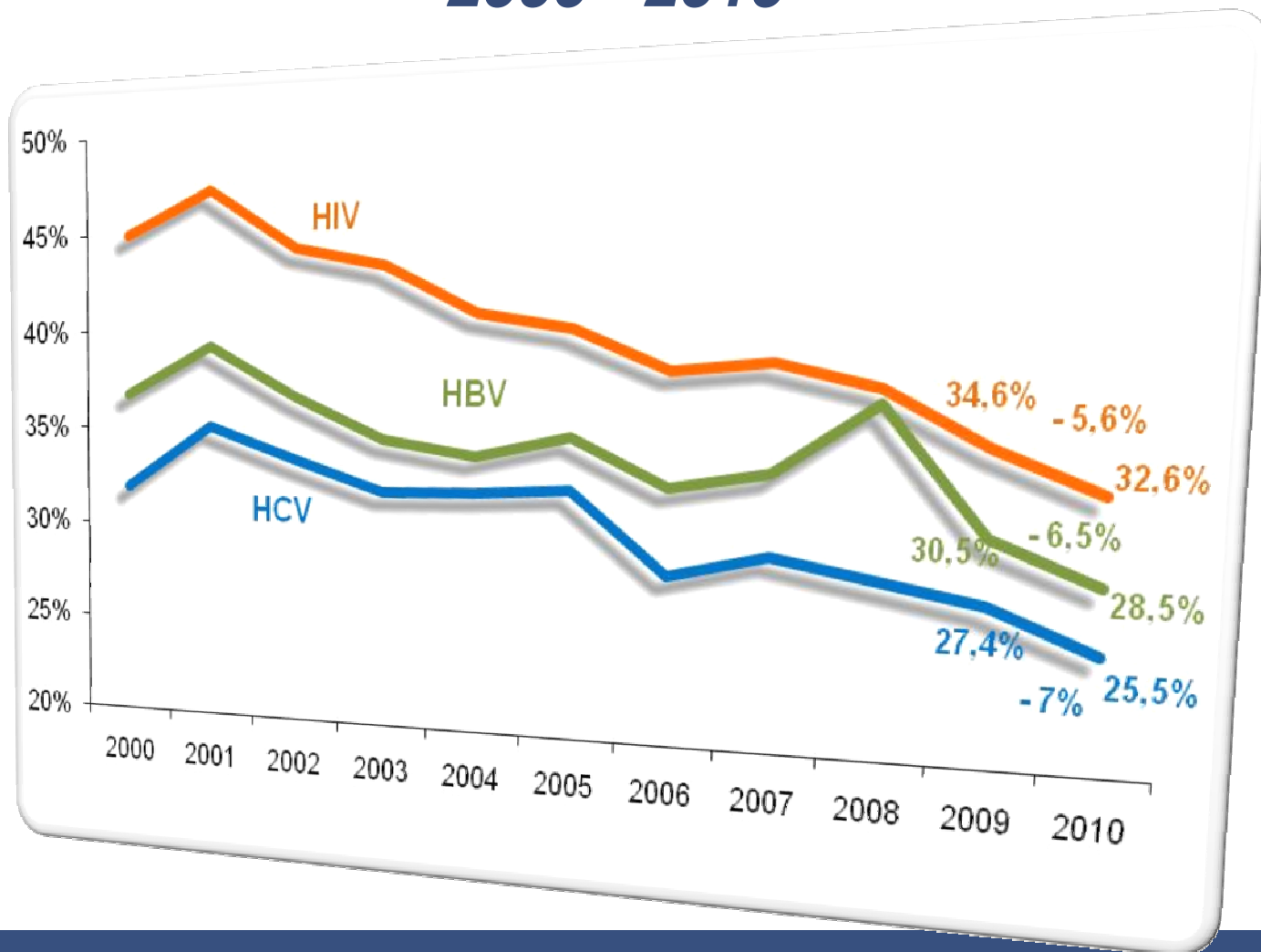


Percent distribution of new HIV diagnoses, by exposure category and year of diagnosis

Source: ISS, COA



% Individuals tested in addiction services: 2000 - 2010



Epidemiological update

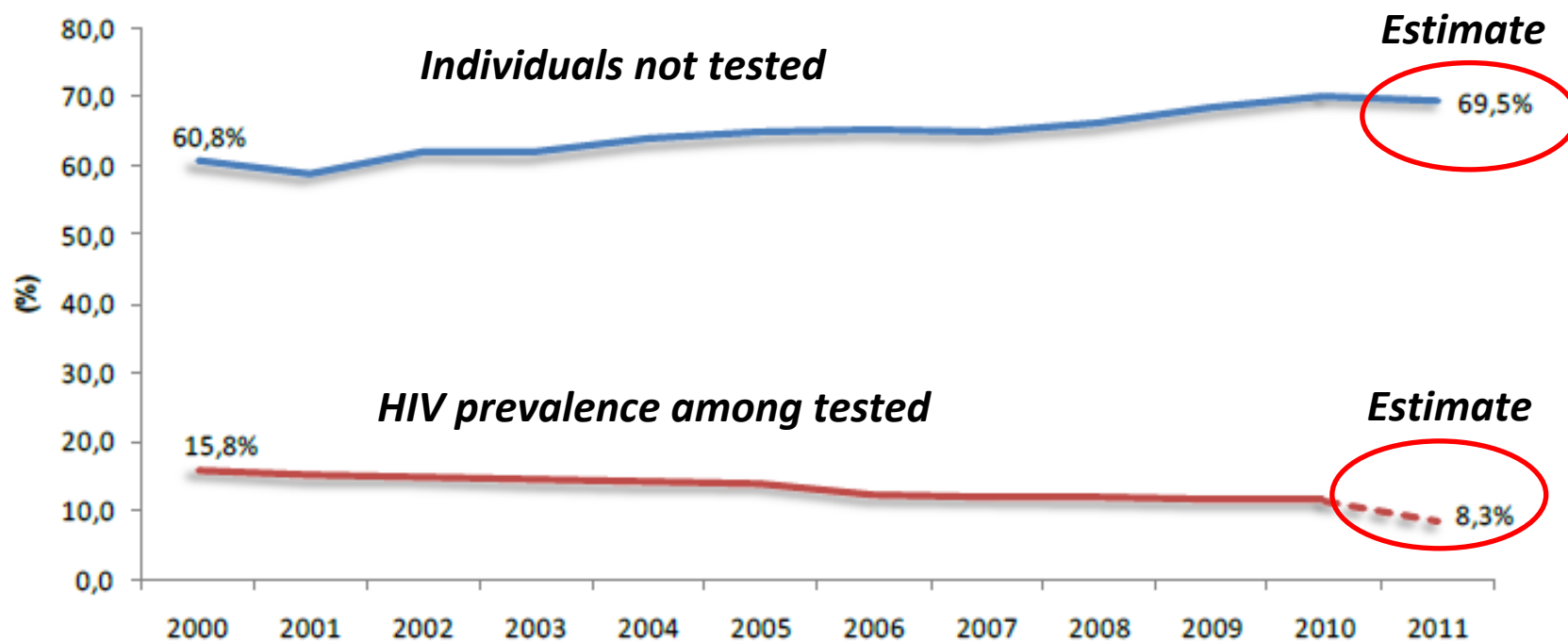
HIV notifications in PWID

	Jan	Feb	Mar	Apr	May	Jun	Jul	Sep	Total reported Jan to Sept 2012
Number of HIV cases in total									
Number of HIV in PWID									

Comments: ***2012 data not yet available***

Epidemiological Update

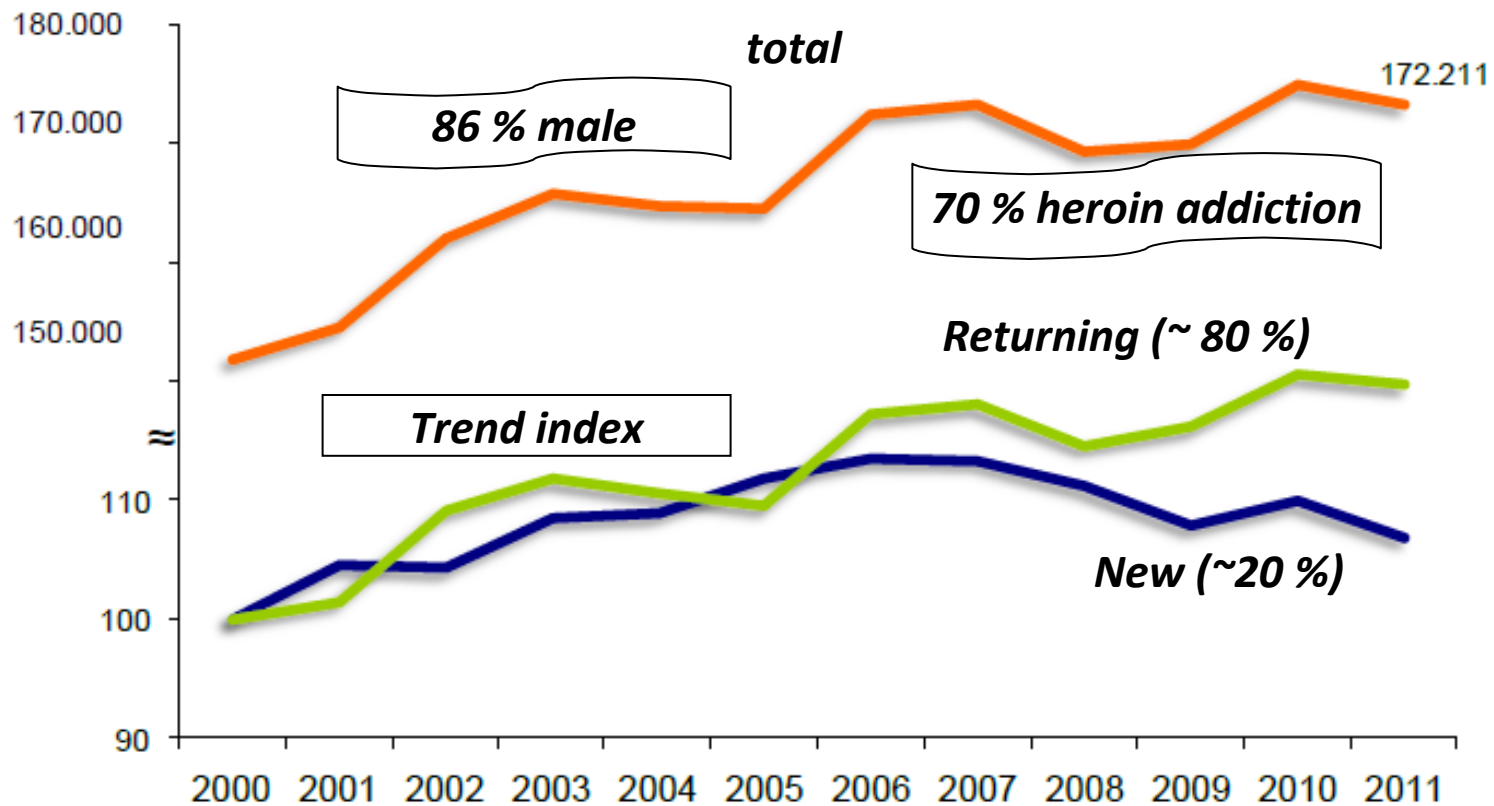
Prevalence of HIV infection and rates of individuals not screened for HIV in DA services: 2000-2011



Source: Ministry of Health

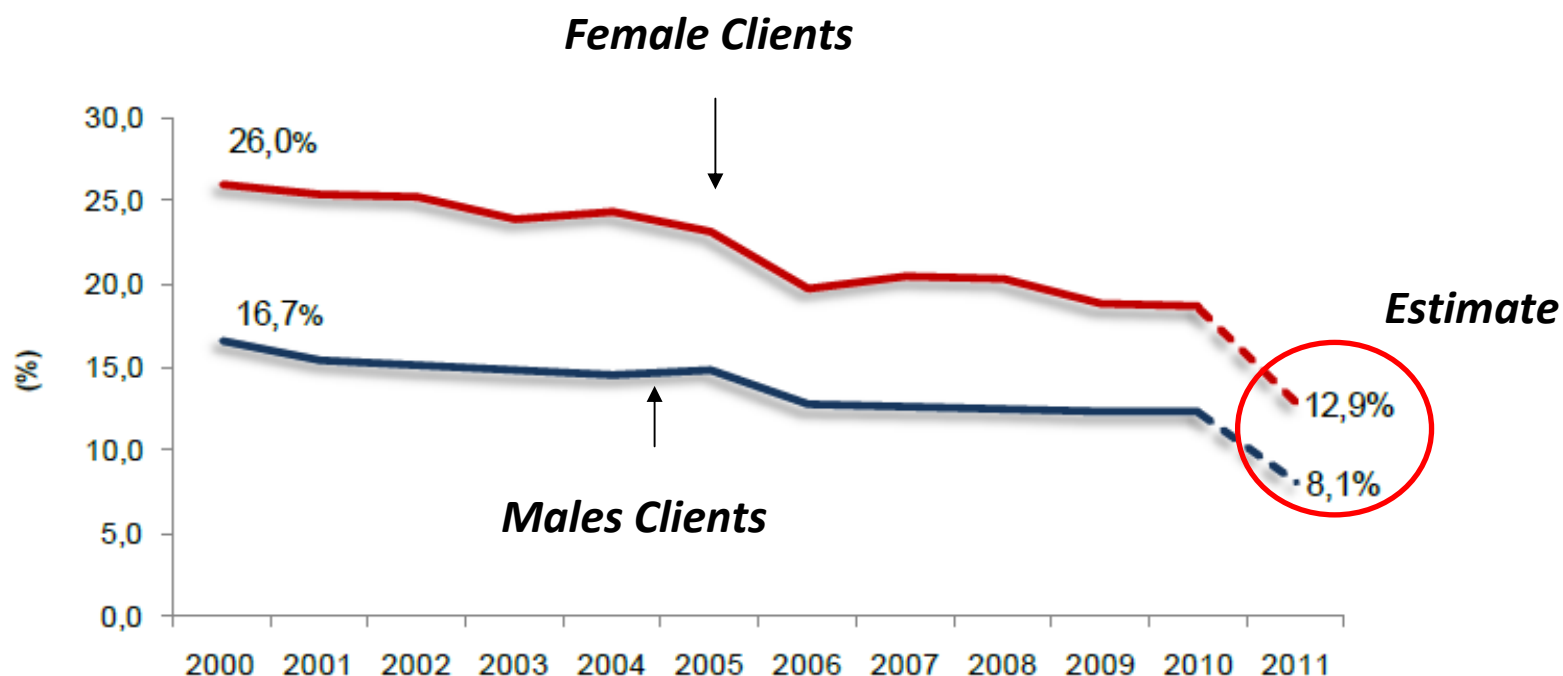


Individuals entering treatment with the DA services: 2000-2011 (Annual Report to Parliament, 2012)



Epidemiological Update

Prevalence of HIV infection among returning DA services clients

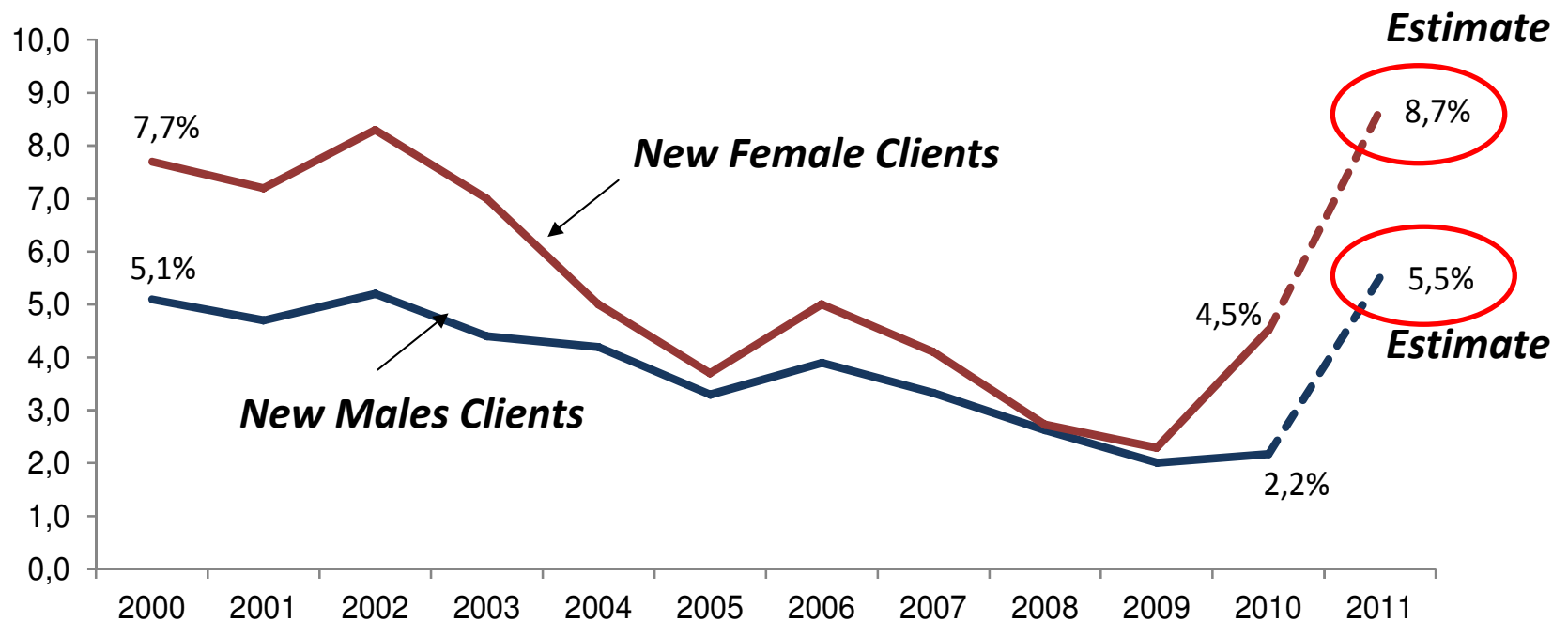


Source: Ministry of Health



Epidemiological Update

Prevalence of HIV infection among first-time DA services clients



Source: Ministry of Health



Drug markets

Are there any changes in heroin availability in your country?

Increase No Change Decrease

Are there any evidence of “new” drugs entering the market, especially methamphetamines? (based on seizure data and/or qualitative data)

•The Italian Early Alert System reports in the last years:

•61 Synthetic Cannabinoids

•35 Synthetic Cathinones

•42 Phenethylamines

•80 Molecules, including piperazines, tryptamines, PCP-derivatives, ketamine.

Is there an observed change in injecting stimulant use?

Increase No Change Decrease

Main challenges

Surveillance and monitoring:

A new information system based on individual data (SIND) of patients in DA departments has been approved and is progressively implemented

Harm reduction:

The national policy on drugs in Italy focuses more on prevention and reduction of chronic drug misuse, rather than harm reduction.

Drug treatment for PWID:

- **OST, detoxification, psychosocial interventions**

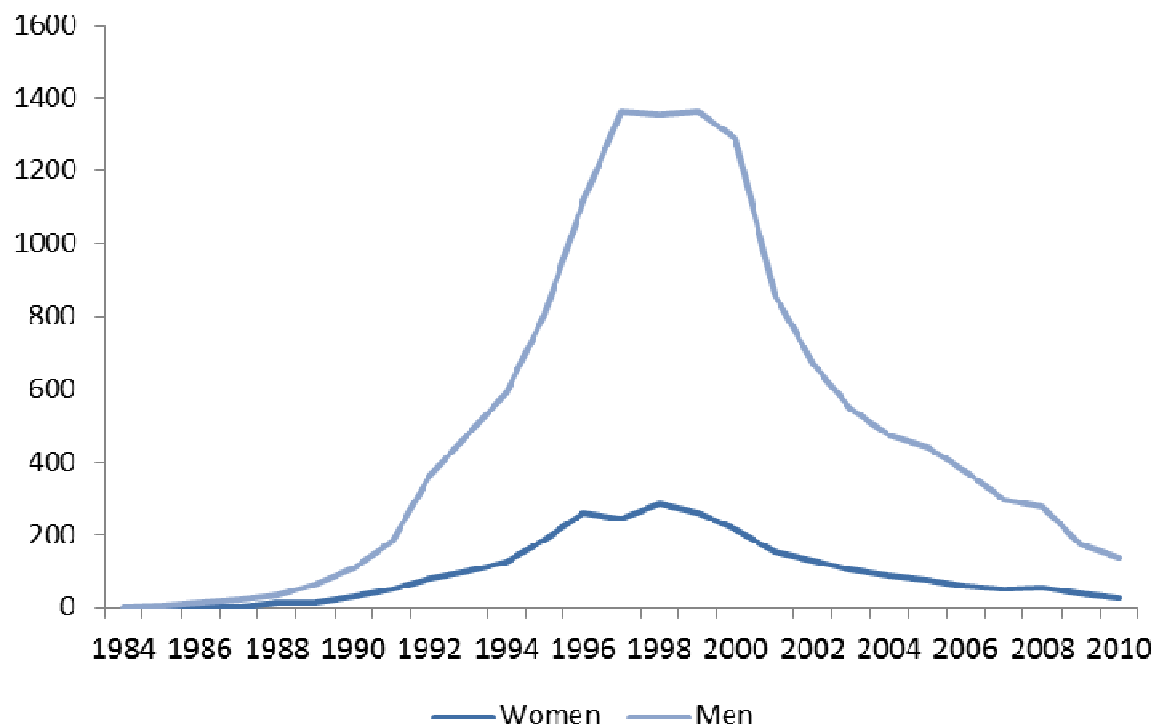
Collaboration between public health and drug authorities:

- **Presidency of the Council of Ministers, Department of antidrug policies Politiche Antidroga & Ministry of Health**

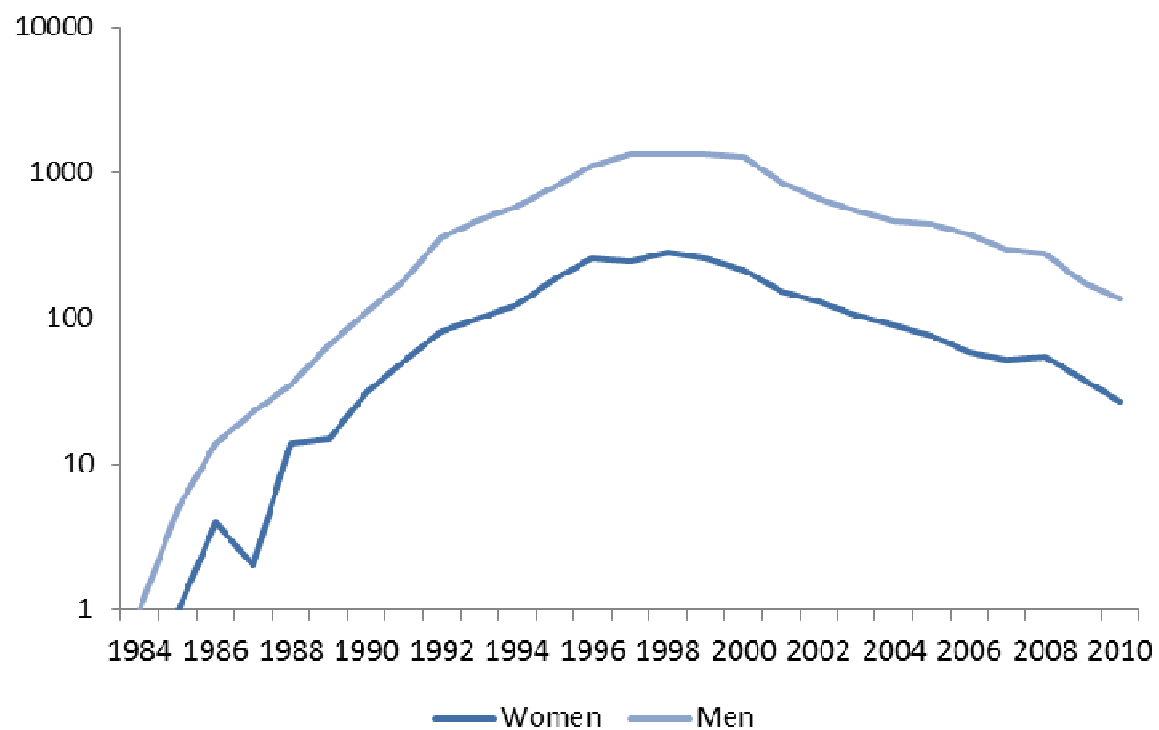
Thank you!

HIV INCIDENCE IN DRUG USERS A COHORT STUDY IN PORTUGAL

HIV DIAGNOSIS (IDUs) - PORTUGAL



HIV DIAGNOSIS (IDUs) - PORTUGAL



Prevalence of HIV infection among Drug Users (2007-09)

Sex	Total		ID Users		Non- ID Users	
	N	Number of HIV infections (%)*	N	Number of HIV infections (%)*	N	Number of HIV infections (%)*
Female	3 418	365 (10,7)	1 802	290 (16,1)	1 616	75 (4,6)
Male	17 108	1 448 (8,5)	10 021	1 345 (13,4)	7 087	103 (1,4)

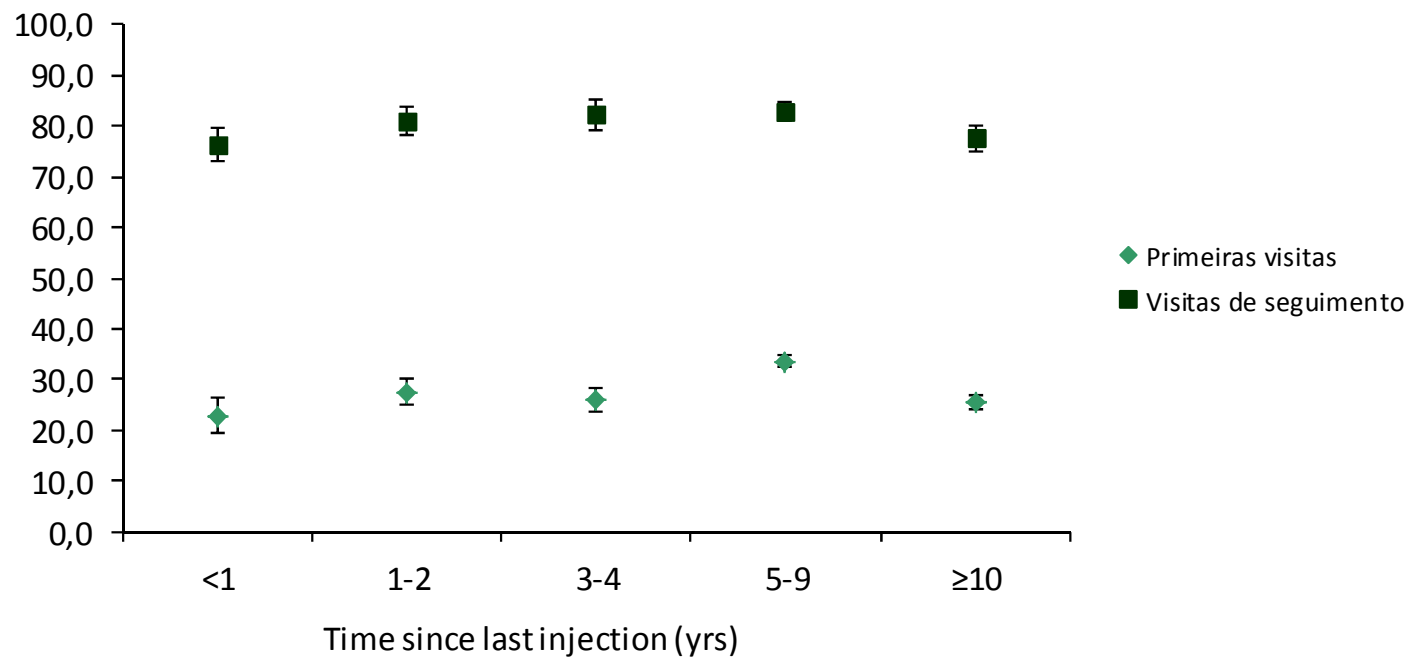
* Comprise cases previously diagnosed + cases detected using rapid test screening

Prevalence of HIV infection among Drug Users (2007-09)

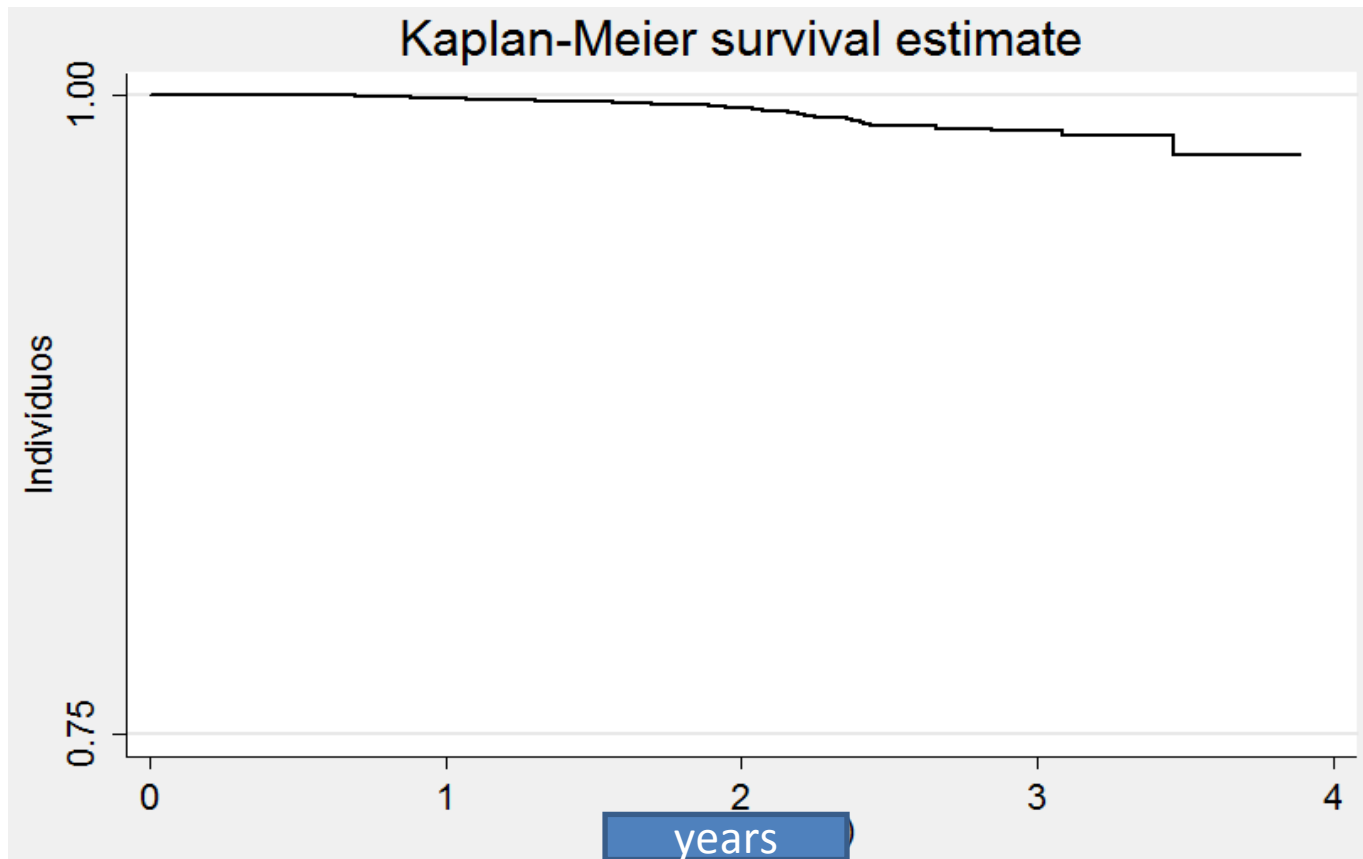
Type of visit	Total		ID Users		Non- ID Users	
	N	Number of HIV infections (%)*	N	Number of HIV infections (%)*	N	Number of HIV infections (%)*
First	4 065	234 (5,8)	1 532	200 (13,0)	2 533	34 (1,3)
Follow-up	17 015	1 620 (9,5)	10 610	1 470 (13,8)	6 405	150 (2,3)

* Comprise cases previously diagnosed + cases detected using rapid test screening

Proportion of PWID aware of HIV serum status



Incidence of HIV among drug users (n=6754)



Incidence of HIV among drug users - Portugal

	New cases	Time at risk (p-yrs.)	Incidence /1000 p-yrs.	95% CI	HR	95%CI
Total	54	14185	3.8	2.9-5.0		
Sex						
Male	38	11834	3.2	2.3-4.4	1	
Female	16	2344	6.8	3.9-11.1	2.1	1.2-3.7
PWID						
Yes	47	9371	5.0	3.7-6.7	1	
No	5	4348	1.2	0.4-2.7	0.2	0.1-0.6
Injected past month						
Yes	22	2437	9.0	5.7-13.7	1	
No	21	6098	3.4	2.1-5.3	2.6*	1.4-4.7
Age (yrs)						
≤ 29	18	3349	5.4	3.2-8.5	1	
30-39	29	6982	4.2	2.8-6.0	0.8	0.4-1.4
≥ 40	7	3854	1.8	0.7-3.7	0.4	0.1-0.8
First visit						
Yes	12	2345	5.1	2.6-8.9		
No	34	11481	3.0	2.1-4.1	0.5	0.3-1.0

DRUG USERS COHORT – North & Center PORTUGAL

		HIV +	HIV -
Total (n, %)		83 (100)	223 (100)
Age (mean, sd)		39 (7)	37 (8)
Sex (Male)		68 (82)	190 (85)
Drug Injection			
Ever			
	Yes	73 (88)	138 (62)
	No	9 (11)	82 (37)
	Missing	1 (1.2)	3 (1.4)
Injection (last 6 months)			
	Yes	29 (35)	40 (18)
	No	54 (65)	183 (82)
Type of drug injected			
Heroin			
	Yes	10 (12)	21 (9.4)
	No	70 (84)	196 (88)
	Missing	3 (3.6)	6 (2.7)
Cocaine			
	Yes	13 (16)	14 (6.3)
	No	68 (82)	201 (90)
	Missing	2 (2.4)	8 (3.6)
Cocaine + Heroin			
	Yes	7 (8.4)	9 (4.04)
	No	72 (87)	204 (91)
	Missing	4 (4.8)	10 (4.5)