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.
expert meeting in March 2012 in Tallinn, Estonia (\(^1\)), 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.

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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-OIKANA) 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 (6) 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) The term ‘current’ refers to the last month (4 weeks).
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 POU's 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 month 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
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 (amphetamine 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 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.
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
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.

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)
ANNEX I – Agenda

Date: October 12th 2012
Venue: EMCDDA, Cais do Sodré, Lisbon - Portugal

Chairs: Lucas Wiessing and Marita van de Laar

9:00-9:30 Welcome and introductions

9:30-11:00 Update on country situation in Greece and Romania, using common slides template:
   a. Situation with regard to new HIV infections (general trends and among IDUs)
   b. Results of behavioural surveillance: drug use patterns, risk behaviour, prevalences
   c. Response: intervention policies and coverage: Needle and syringe exchange programmes, core-indicators % of estimated POUs in substitution treatment, number of syringes per estimated injector per year
   d. Information on drug markets: e.g. heroin availability; drugs that are ‘new’ in the market, esp. methamphetamines (based on seizures data, qualitative research);

   Greece: One combined presentation of 30 minutes, followed by 15 minutes discussion
   Romania: One combined presentation of 30 minutes, followed by 15 minutes discussion

10:30-11:00 Coffee break

11:00-13:00 Short updates on country situations (10 min. each), using common slides template

Bulgaria
Hungary
Lithuania
Estonia

13:00-14:00 Lunch

Afternoon session
Chairs: Dagmar Hedrich and Anastasia Pharris

14:00-16:00 Short updates on country situations (10 min. each), using common slides template

Austria
Italy
Henrique Barros ‘HIV incidence in Portuguese people who inject drugs: a cohort study’

Discussion: Ways to improve the response to the situation of HIV among IDU, risk indicators, support to countries from ECDC and the EMCDDA
   1. Which priorities in HIV surveillance?
   2. Translating guidance into policies: national and local level
   3. Identifying and removing obstacles to adequate treatment and harm reduction responses
   4. Collaboration 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

<table>
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