Identification and optimisation of evidence-based HCV prevention in Europe for young drug users at risk

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Report on WP 3

Overview on implemented HCV prevention programmes in selected European regions

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### Abbreviations

<table>
<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>DCR</td>
<td>Drug Consumption Room</td>
</tr>
<tr>
<td>DPIP</td>
<td>Drug Prevention and Information Programme</td>
</tr>
<tr>
<td>EMCDDA</td>
<td>European Monitoring Centre for Drugs and Drug Addiction</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HAV</td>
<td>Hepatitis A Virus</td>
</tr>
<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
</tr>
<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle and Syringe Programme</td>
</tr>
<tr>
<td>OST</td>
<td>Opioid Substitution Treatment</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction (for the diagnosis of the virus type)</td>
</tr>
<tr>
<td>RNA</td>
<td>Ribonucleic Acid (to determine the viral load)</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
</tbody>
</table>
1 Objectives

The European project on prevention of hepatitis C among young drug users at risk is a trans-national project, funded by the Drug Prevention and Information programme (DPIP) of the DG Justice of the European Commission. The project started at 1st of January 2010 and has an overall duration of 24 months.

With regard to the DPIP priorities defined for 2008/2009 the European project will contribute to the exchange of information and good practice related to the prevention of viral infections among young drug users at risk for acquiring blood-borne diseases. Main objective of the project is to improve HCV prevention for young, not infected drug users in Europe. Closely related to this aim is the overall objective to contribute to the further development of innovative prevention approaches to reduce new infections with hepatitis C among vulnerable groups of drug users.

In response to the DPIP priorities there will be six different methodological activities implemented during the project period. These activities cover the compilation of international evidence on effective hepatitis prevention, the identification of national guidelines or standards in the European Member States\(^1\), the empirical evaluation of existing hepatitis C prevention programmes, national conferences and recommendations to optimise HCV prevention in harm-reduction.

This report provides an overview on HCV prevention programmes which are implemented in selected European regions. Main objective of systematic overview is to compile information of the types of drug services which had been implemented either in the European cities or region in order to prevent the infection with hepatitis C. The driving question behind is: What concepts have been developed to address the issue of HCV or blood-borne diseases and how is the utilisation of the implemented services?

\(^1\) A report on identified national policies, guidelines and standards for HCV prevention in the 27 European Member States and Norway is available as PDF at: http://www.zis-hamburg.de/projekte/projektdetails/HCV-prevention-in-Europe-for-young-drug-users.
There are already overviews on the national availability of harm-reduction interventions existing in the European Member States (Trimbos instituut 2006; Aceijas, Hickman et al. 2007; Rhodes and Hedrich 2010). However, these overviews do not provide details on local availability, concepts and utilisation of interventions in the field of HCV prevention for drug users at risk. Against this background it has been decided that it would be worth to collect more detailed information on HCV prevention for drug users in selected cities or regions. Accordingly the overview on implemented services for the prevention of infections with hepatitis C covers the European cities Amsterdam, Athens, Barcelona (and the rest of Catalonia), Hamburg, and Vilnius. The mapping of the local and regional implementation of HCV prevention programmes will complement the information available on a European level.

The inventory of the type of implemented drug services targeting at the prevention of HCV infections will allow identifying similarities and differences between the selected European metropolises. Furthermore, the overview enables to discover potential gaps in the provision of interventions for the prevention of hepatitis C targeting at drug users. It also enables to assess the types of implemented programmes in relation to scientific evidence and guidelines on HCV prevention.

2 Methods for the local inventory of implemented HCV prevention

For the local inventory of implemented HCV prevention programmes all drug services and harm reduction services are considered which address drug users and exist in the respective five European metropolis or regions (Amsterdam, Athens, Barcelona and Catalonia, Hamburg and Vilnius). If information is available, prisons are also included in the overview.

In detail the following drug services surveyed for implemented HCV prevention:

- Outpatient services: harm reduction programmes, outpatient treatment centres, substitution maintenance treatment
- Inpatient services: detoxification, therapeutic communities, drug therapy
- Prisons
- Further relevant services offering HCV prevention in the city or region

The overview results in a comprehensive description of current HCV prevention programmes available in the five different European cities. Accordingly, the present report is a compilation of the five regional overviews on implemented HCV prevention programmes. The regional
reports will be distributed to representatives of social and health policy and to the professionals of the local drug services in the respective European cities or regions.

The inventory of implemented HCV prevention in the regions allows on the one hand identifying differences in the local policy as concerns dealing with infectious diseases among drug users. On the other hand gaps in the provision of HCV prevention will emerge. The results of the inventory will be discussed on local conferences. In addition the results built the basis for selecting local drug services and harm reduction programmes which will be evaluated more in detail.

2.1 Questionnaire used for the overview

In order to collect information on implemented HCV prevention programmes systematically, a short questionnaire\(^2\) has been developed in continuous communication among the project partners. The questionnaire consists of three pages and four different topics.

These topics are:

- Type of interventions for HCV prevention implemented in the facility, and those interventions offered on a regular basis (question of sustainability)
- Availability of a specific strategy or procedure for the prevention of hepatitis C
- The client groups served
- Utilisation of specific prevention programmes such as testing for HCV

The questionnaire has been translated into the national languages and allows to be filled in electronically. It has been applied to collect information on implemented HCV prevention from local drug services, harm reduction programmes and prisons. For this purpose stakeholders (such as manager, director or medical staff) of these services and institutions have been contacted – either personally, via telephone call or by electronic media – and requested to fill in the questionnaire. In addition, the stakeholders were asked to provide written materials such as their concept and annual reports.

\(^2\) The questionnaire is available as download at: http://www.zis-hamburg.de/uploads/tx_userzis/Questionnaire_on_implemented_HCV_programmes_final.pdf
2.2 Results based on responses of local experts

Data on implemented services for HCV prevention were collected from different drug service providers and partly from prisons. In the respective European cities the collection of information on HCV prevention was done in the following period:

- Amsterdam, Netherlands in the period from August 2010 to November 2010,
- Athens, Greece from June 2010 to August 2010,
- Hamburg, Germany from August 2010 to October 2010,
- Barcelona, Catalonia between September 2010 and November 2010, and in
- Vilnius, Lithuania from May 2011 to June 2011.

A number of local experts from drug services and prisons have been contacted in order to gain information about the HCV prevention activities implemented on a local level (table 1).

**Table 1: Number of drug services /prisons contacted and questionnaires received**

<table>
<thead>
<tr>
<th>Services contacted</th>
<th>Questionnaires received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amsterdam, Netherlands</td>
<td>18</td>
</tr>
<tr>
<td>Athens, Greece</td>
<td>5</td>
</tr>
<tr>
<td>Catalonia, Spain</td>
<td>110</td>
</tr>
<tr>
<td>Hamburg, Germany</td>
<td>25</td>
</tr>
<tr>
<td>Vilnius, Lithuania</td>
<td>25</td>
</tr>
</tbody>
</table>

In each partner organisation the information on HCV prevention was collected in a slightly different way. In Catalonia the overview was intended to cover all existing drug services and prisons. Here altogether 110 questionnaires were sent by email, directed to 64 outpatient drug treatment centres, 18 Therapeutic Communities, 18 harm reduction services, and to 10 prisons. In sum, 64 of the contacted services responded and filled in the questionnaire which translates in 58 % reply. Similarly in Lithuania, a nationwide overview on HCV prevention was attempted by contacting all drug services and prisons existing in Lithuania. Here, 12 questionnaires were filled by 11 different organizations, including one medical unit of a prison. Along with the distribution of the questionnaires, in Lithuania 15 telephone interviews were conducted either to receive more detailed information about the prevention programmes and/or to clarify the information provided in the questionnaires.
In Amsterdam, Athens and Hamburg the overview is limited to the local area. In Amsterdam, experts were first approached by email in order to inform them about the aim of the overview. Afterwards the experts were interviewed by phone, and the questionnaire was used as an interview guideline. Only two out of the 12 responding services filled in the questionnaire themselves. In Athens, previously phone calls were made before sending the questionnaires to the local experts. Finally in Hamburg, the questionnaire with information about aims of the overview was directly sent to the experts. All existing drug services and prison administrations had been contacted, however, none of the prisons responded.
3 Overview on interventions for HCV prevention provided to drug users in five European regions

In this chapter it is presented, which types of services for HCV prevention exist in the regions of Amsterdam, Athens, Hamburg, Catalonia (Spain) and Lithuania. As mentioned before, the basis of the respective regional overviews is very different as these

- focus on the city region in Amsterdam, Athens and Hamburg,
- comprise numerous community drug services and prison services of the autonomous region of Catalonia in Spain, and
- consider nationwide drug services and HIV services available in Lithuania.

The regional overviews on implemented HCV prevention are summarised separately for each city and regions respectively. Each regional overview follows the same structure, and starts with an introduction providing details on services contacted and approaches used for the overview. The second chapter highlights if there is a specific strategy or procedure for implementing HCV prevention. The third chapter describes the different types of interventions implemented for HCV prevention, and if these interventions are offered on a regular basis. The different types of HCV-prevention services are allocated to four categories: a) specific interventions for HCV prevention such as testing, b) harm reduction interventions such as needle and syringe provision, c) information and education, and d) training and qualification of staff in providing HCV prevention. The following chapter provides information on the client groups addressed by the services implemented. Finally conclusions are drawn on the results achieved by the regional overview.

3.1 Amsterdam, Netherlands

3.1.1 Introduction

For the overview on HCV prevention targeted at drug users, the address book of the Mainline Foundation was searched for contacts to drug services in Amsterdam. In addition, the digital address guide of City Council of Amsterdam was consulted, using the search terms ‘opvang verslaafden’ (shelter addicts) or ‘verslavingszorg’ (addiction care) (www.amsterdam.nl/algemene_onderdelen/functies/adressengids?popup=true). The services found by screening the City Council were checked at Amsterdam’s Social Map

On basis of the search only those services were chosen which address drug users as a specific target group. Accordingly altogether 18 drug services and public health services existing in Amsterdam were contacted. The services contacted include

- harm reduction services such as consumption rooms, drop-in centres, night shelters and needle and syringe exchange services,
- drug treatment programmes such as detoxification, inpatient and outpatient psychosocial treatment, substitution maintenance treatment,
- treatment programmes for people living with HIV/AIDS
- harm reduction education

These organisations were informed about the aim of the European project and the objectives of the overview in particular via email in July 2010. The email also asked for the permission to call the services by phone for interviewing them. From the initial phone calls with the services it turned out that three out of the 18 services seem not to offer any HCV prevention activity; this was the case for the judicial addiction treatment from Inforsa and probably for the two day activity services3). Furthermore in case of another three service providers – detoxification, assisted living and prison service – contacting via emails and phone calls failed.

With the remaining 12 service providers phone interviews were conducted, starting in August 2010. The structured questionnaire (see annex 1) was used as a guideline for the phone interviews. Sometimes the contact person asked to get the questionnaire before the interview takes place. All experts that were interviewed received a report of the interview with the filled questionnaire for a final check.

3.1.2 Procedures to implement HCV prevention

In the Netherlands, there is no systematic monitoring of the prevalence of hepatitis C among (intravenous) drug users. However, the prevalence of chronic hepatitis C infections among drug users is high. In the Netherlands, the prevalence of hepatitis C infection among intravenous drug users varies up to 70% to 80%, depending on the duration of intravenous drug use. Among not injecting drug users the HCV prevalence is much lower with 10-15% (RIVM 2009).

3 Day activity services are provided by the Regenbooggroep. However, no information was available if HCV prevention is offered in the day activity services.
In several Dutch cities, drug users are tested for an infection with HCV in addiction care centres. One of these testing programmes is located in Amsterdam and called “the Dutch-C project”. The main responsibility to prevent hepatitis C is placed on the public health services. In the Dutch law “wet Publieke gezondheid” is stated that local governments are responsible to control and prevent infectious diseases, and the public health services have to execute this task.

The national drug policy aims at harm reduction, education, prevention and treatment in order to reduce drug-related risks for the drug users, their environment and the society. Along with needle and syringe exchange programmes substitution maintenance treatment is available in most Dutch cities. Research in the Netherlands has shown that a daily methadone dose of at least 60 mg and the termination of injecting drug use/exchange of all used syringes decreases the risk of drug-related infectious diseases (Trimbos-Instituut 2009).

In the Netherlands, the issue of HCV prevention is considered in a number of guidelines. In 1997 the Dutch Ministry of Health, Wellbeing and Sport (VWS) asked the Health Council for their advice on the HCV screening of risk groups. The advice resulted in a guideline for hepatitis C, which was published and updated in 2009 (RIVM 2009). This guideline includes information on ways of transmitting a HCV infection, diagnosing, treatment, and primary prevention. The paragraph of prevention contains information of advises that can be given to patients who are infected to prevent further spreading. Furthermore, the Dutch College of General Practitioners developed a practical guideline on “viral hepatitis and other liver diseases” (Bouma, van Geldrop et al. 2008). This guideline provides advice on the diagnosis and management of viral hepatitis A, B and C and other liver diseases. There is another guideline on the risk of hepatitis C transmission through needle stick injuries which explains how to prevent these injuries and how to react after such an accident (RIVM 2007).

The drug policy in Amsterdam is directed to a decrease of the percentage of young people using cannabis and to limiting the risky use of recreational drugs. Special attention is drawn to boys, young people form ethnic minorities, early school leavers and on nightlife visitors, including young tourists (Gemeente Amsterdam 2007). For drug addicts, the Amsterdam policy consists in an integrated approach to reduce public annoyance and criminality on the one hand, and to offer care on the other hand, if necessary with pressure (Gemeente Amsterdam 2006).
3.1.3  Types of interventions implemented for HCV prevention

a) Specific interventions for HCV prevention

In Amsterdam, mainly the public health services offer specific interventions for HCV prevention. Along with other people drug users are offered vaccinations for hepatitis A and B on a regular basis. As well drug users are offered screening for blood-borne diseases and STD’s on regular basis. The screening is provided within the context of pre- and post-test counselling. The public health services offer a consultation hour for those in HCV treatment which has the advantage that patients could ask questions concerning their HCV treatment without having to go downtown to the hospital. Treatment for a HCV infection is provided by the hepatitis C treatment unit, which is done in cooperation with the Amsterdam Medical Centre. In general, there are guidelines for the HCV treatment which are followed. However, each hospital providing HCV treatment has its own guideline.

Three departments of the Jellinek Clinic (Sarphatistraat, Vlaardingelaan and Obrechtstraat) regularly offer vaccination for hepatitis B and testing for hepatitis C to people at risk. Testing for hepatitis is bound to pre- and post-test counselling. In case of a positive HCV test, treatment is offered in cooperation with a hospital.

In Amsterdam, there is one nursing home, called Flevohuis, for people infected with HIV and / or HCV. Currently no intravenous drug users belong to the clients. Clients of the nursing home are offered inpatient psychosocial treatment and vaccination for hepatitis A and B. Since most of the clients are already tested for blood-borne diseases, HCV testing is not offered regularly. Pre- and post-test counselling is provided by an internist. The staff of the nursing home advises clients in safer use and safer sex, and informs them about transmission and prevention of hepatitis C infections on a structural basis. Written materials, available in Dutch and in English, are used for prevention messages. If necessary, a translator is consulted, who is either a specialist from the public health service or a specialist in addiction care.

One department of the public health service is responsible for research of infectious diseases. In this function they have to carry out a cohort study on the prevalence of HCV and HIV among drug users. This department takes also care for vaccinations, counselling, testing and treatment of hepatitis C. At present the department is piloting testing for HCV and treatment in prison.
b) Harm Reduction services

In Amsterdam, a number of organisations provide harm reduction to drug users. The following table presents an overview on the number of organisations and the type of harm reduction services offered.

**Table 2: Organisations providing harm reduction services in Amsterdam**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Type of harm reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 organisations</td>
<td>NSP¹</td>
</tr>
<tr>
<td>2 organisations (Regenbooggroep and HVO Querido)</td>
<td>6 consumption rooms</td>
</tr>
<tr>
<td>Public health service</td>
<td>Methadone and heroin maintenance in combination with outpatient psychosocial treatment</td>
</tr>
<tr>
<td>Department social and psychological health care (MGGZ)</td>
<td>Medical care</td>
</tr>
<tr>
<td></td>
<td>NSP</td>
</tr>
<tr>
<td>1 organisation</td>
<td>Substitution maintenance combined with outpatient psychosocial treatment</td>
</tr>
<tr>
<td>3 private clinics</td>
<td>Inpatient detoxification</td>
</tr>
<tr>
<td>1 public organisation</td>
<td>Inpatient detoxification</td>
</tr>
<tr>
<td>3 organisations</td>
<td>Night shelter for homeless drug users</td>
</tr>
<tr>
<td>3 organisations for assisted living (Salvation Army, HVO Querido and Stichting Volksbond)</td>
<td>Social support, day activity programmes</td>
</tr>
<tr>
<td></td>
<td>NSP as drug use is tolerated</td>
</tr>
<tr>
<td></td>
<td>2 organisations run consumption rooms</td>
</tr>
</tbody>
</table>

¹ All organisations offering NSP follow the national guideline for “needle stick injuries”.

Among the organisations providing harm reduction services the attention for HCV prevention differs. The prevention of infectious diseases including HCV is a specific target of the consumption rooms, such as Amoc, a special consumption room of the Regenbooggroep in Amsterdam, where injectors and smokers consume in the same room. Furthermore two organisations for assisted living, the Salvation Army and HVO Querido, provide services for HCV prevention. Both organisations offer low-threshold services. All organisations mentioned offer their clients vaccination for hepatitis A and B. When clients are advised to get tested for HCV, they are referred to the public health service. In addition these organisations educate their clients about the risk of an infection with HCV and strategies to prevent an infection.
For instance, in the location of Amoc professionals of the public health service give advice on infection diseases and offers vaccinations to male sex workers during a consultation hour every three weeks. Amoc also make use of education materials, like placemats to educate drug users in safe injecting. Sometimes clients are advised participate in a workshop on safe injecting provided by Mainline Foundation. New injectors are supervised by staff as they have to prove they can handle stress and know how to inject as save as possible. Long term injectors are given information about safe use in case their veins start to collapse or they begin to inject in more dangerous regions of their body. Sometimes the staff forbids these clients to inject.

New clients of the Salvation Army are informed about transmission and prevention of infection diseases by a nurse of the Salvation Army or a professional from the public health service. During this consultation HCV is one of the subjects discussed. In general, the type of information and service provided is tailored to the regulations of the houses (is drug use tolerated or not) and the target group (e.g. female house). In houses where drug use is allowed, syringe exchange is offered. The organisation HVO Querido provides NSP and advises on safer use, safer sex and hygiene. However, they do not educate their clients in the correct handling of drug use equipment.

The Mainline Foundation carries out outreach work at places where drug users meet such as consumption rooms, methadone maintenance treatment, in prison and on the street. The outreach workers of Mainline distribute clean injecting materials and safe smoking materials (foil, screens) to drug users contacted on the streets.

Prevention of hepatitis C is addressed in consumption rooms, NSPs and partly as well in assisted living. Among providers of drug treatment attention for HCV prevention appears to be different. Within the Jellinek clinic in Amsterdam, the two departments Vlaardingenaan and Sarphatistraat provide screening and treatment for hepatitis C. The day activity organisations Streetcornerwork and Jellinek Activering as well as two private detoxification clinics do not address the prevention of an infection with HCV in a systematic way. Most of the clients in detoxification are alcohol users or cocaine sniffers which both are not regarded as a risk group for HCV infections. On demand the clinics offer pre-test counselling and testing. However, in the drug care centres mentioned above an in the two detoxification clinics clients at risk of being infected with hepatitis C are requested to consult either their GP or the public health service.
c) Information and education

A number of service providers in Amsterdam offer written information on transmission and prevention of HCV. The Jellinek departments Vlaardingenaan and Sarphatistraat offer written information on a regular basis. These information materials are only available in Dutch. Different to the Jellinek departments the organisation Salvation Army use written information on risks and prevention of infection with HCV which are available in different languages such as in Dutch, English, French, Turkish and Arabian. For people with low abilities to read, a power point presentation with pictures has been made in order to support the oral explanation. Partly group education is offered addressing HCV. Also HVO Querido and Amoc use written materials, available in Dutch and English. Since the target group of Amoc is drug users from all over Europe, often materials are used from Correlation or are ordered from British organisations or other foreign organisations.

The Mainline Foundation as a harm reduction education organisation develops materials on how to contact drug users and start conversation about harm reduction behaviour. The Foundation has developed several education materials to inform drug users about the risks of hepatitis C infection, the routes of transmission, HCV-testing and treatment. Furthermore the Mainline Foundation has created a board game for hepatitis C education which is called Russian Roulette. The game was part of a national campaign to raise the awareness for HCV among risk groups. There is also a newsletter published targeting at people infected with HCV, and there are several articles in the magazine Mainline discussing the topic of an infection with hepatitis C. These materials, available in Dutch, are used in the outreach work of Mainline, but they are also available for other organisations.

Form the interviews with other drug services in Amsterdam it became clear that they on the one hand often provide advice and education for HCV prevention; on the other hand they consider information and education as the main tasks of the public health service. The public health services use written materials of Mainline and their own organisation to inform drug users in personal discussion about the risks of an infection with hepatitis C. One task of the department for social and psychological health care of the public health service is to promote the prevention of infectious diseases. With this aim group education is offered for drug users working at a care farm or living in shelter homes. However, the group education does not take place on a regular basis.
d) Training and qualification of staff in providing HCV prevention

Several organisations stated that their staff attends regular training on issues concerning HCV. This is the case for the staff of the Jellinek substitution maintenance treatment, the staff of the nursing home, and the staff of the Salvation Army. As regards the Salvation Army it remains unclear if only the nurses or all staff members are trained. Training of the Amoc staff is focussed on dealing with risks but not specifically on HCV or other blood-borne diseases. The Mainline Foundation offers training on HCV to professionals working with drug users.

The nurses of the Salvation Army work according to a protocol on the prevention of infectious diseases, including HCV. Amoc applies a protocol for needle stick injuries, which is also used for other blood contacts like biting or knife incidents. To reduce risks of virus transmission laundry and dishes are washed at 60ºC or more, and spoons and trays are disinfected every week.

3.1.4 Client groups addressed

Most of the service providers in Amsterdam are not targeting at a specific group of drug users. The nursing home Flevohuis serves people infected with HIV and/ or HCV; this includes a variety of clients such as opiate addicts, cocaine users, injecting drug users, young drug users, women and migrants. The same is the case for the public health service, Salvation Army, Mainline and the Jellinek departments.

Some organisations are directed to specific client groups. For instance, in the private clinic of Jellinek most clients are cannabis users or cocaine sniffers. Jellinek is hardly visited by immigrants in need for treatment, and HVO Querido is not contacted by young drug users. Amoc focuses on European long-term drug users, living in Amsterdam. This includes also young drug users, who are most often from Eastern Europe and borne between 1985 and 1990. Drug users below the age of 18 are not permitted to access Amoc.

In the Netherlands, there are not many new drug injectors. Consequently none of the drug services in Amsterdam has developed activities to reach new injectors as those being younger than 25 or injecting less than two years. The public health services carried out a pilot to reach ‘difficult to reach’ drug users. The research department also tries to reach new drug users and new injectors for their research cohort. The Salvation Army runs specific houses for young people, in these houses drug use is not allowed. Mainline visits care boards for young people during their outreach work.
3.1.5 Utilisation of HCV prevention programmes

_Jellinek_ drug treatment, the MGGZ department of the public health service, and the outreach work of Mainline are utilised by about 1,000 clients each per year (see table 3). Out of the 1,500 outreach contacts of Mainline in 2009 about one third included discussion on HCV.

Some organisations such as the Salvation Army and HVO Querido do not provide information on the number of clients making use of their assisted living. The questionnaire asked for the number of testing and referrals for antiviral treatment. However, in Amsterdam most organisations do not know how many clients have been tested for blood-borne diseases and how many HCV-positive clients have been referred to HCV treatment.

**Table 3: Number of clients utilising specific services in Amsterdam per year**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jellinek drug treatment</td>
<td></td>
</tr>
<tr>
<td>Vlaardingenlaan (methadone maintenance treatment)</td>
<td>200</td>
</tr>
<tr>
<td>Sarphatistraat</td>
<td>250</td>
</tr>
<tr>
<td>Obrechtstraat</td>
<td>1,000</td>
</tr>
<tr>
<td>Public health service MGGZ</td>
<td>1,500</td>
</tr>
<tr>
<td>Flevohuis nursing home</td>
<td>15 per month</td>
</tr>
<tr>
<td>Mainline outreach work (including prison)</td>
<td>1,000 contacts</td>
</tr>
<tr>
<td>Amoc consumption room</td>
<td>90 unique clients have a pass to visit the consumption room</td>
</tr>
</tbody>
</table>

All clients of the public health service MGGZ are offered a test for blood-borne diseases, including HCV-testing twice a year. About 15% of the MGGZ clients are infected with HCV. However, the number of clients being tested and the number of HCV-positive clients referred to HCV treatment in 2009 is unknown.

_Flevohuis_ estimated that 80% of their clients are infected with HCV. _Jellinek Obrechtstraat_ estimated that about 100 clients have been tested for blood borne diseases in 2009, including HCV. In _Jellinek Sarphatistraat_ about 70 clients have been tested for blood-borne diseases. In _Jellinek Vlaardingenlaan_ the number of clients having been tested for HCV during a regular check up is unknown, but about 40 clients were tested during the national HCV campaign in 2009. Approximately 0.3% of all clients of the _Obrechtstraat_ and 30% of the clients of the _Sarphatistraat_ are known to be infected with HCV. Out of the clients who were tested positive...
for HCV, three clients from Obrechtstraat, 20 from Sarphatistraat and 14 clients from Vlaardingenlaan were referred to HCV treatment in 2009.

3.1.6 Conclusion

In the Netherlands there is an explicit harm reduction policy. Accordingly harm reductions services are widely available in Amsterdam and other cities. In addition there are Dutch guidelines for the prevention of hepatitis C infection, for needle-stick injuries, diagnosis, prevention and treatment. With regard to HCV prevention a number of drug services existing in Amsterdam offer pre- and post-test counselling, testing, consumption rooms, needle and syringe exchange and substitution maintenance treatment. Written materials, often also available in other languages than Dutch, are used to support oral information and education of risks of becoming infected with HCV and strategies to prevent HCV infections. Partly staff of drug services is specifically trained in HCV issues.

Despite the low prevalence of drug injecting in the Netherlands, the proportion of HCV infections among clients of some drug services is still high with up to 80%. On the other hand HCV infections in client are estimated to vary between 15-30%.

In conclusion, there are many initiatives to address HCV prevention. At the same time there is only limited knowledge on the number of clients tested for HCV, and the number of HCV-positive clients referred to treatment. Monitoring of HCV testing and test results seems to need improvement.

3.2 Athens, Greece

3.2.1 Introduction

In order to provide an overview on available services for HCV prevention in Athens questionnaires were distributed to all drug and prevention services available in Athens region. The services were initially approached by phone and afterwards the questionnaires were sent. In total, five questionnaires were completed; three questionnaires were completed by services which aim at the prevention and control of HCV and are targeted to general population and minorities at risk, but not specifically to IDUs. The three services are the Hellenic Centre for diseases prevention and control, PRAKSIS, and Doctors of the World. Two further questionnaires were filled by drug services which specifically address problem drug users. These services are the Therapy Centre for Dependent Individuals - KETHEA and the Organization
against Drugs - OKANA). In addition to the information provided through the questionnaires, national strategic reports were used to describe general prevention guidelines.

In Greece, HCV prevention is mainly offered through organisations which target at special populations at risk such as IDUs, immigrants, prostitutes etc. Prevention includes information, education, laboratory testing and outreach work. As far as problem drug users are concerned, HCV prevention is performed through specialised low-threshold services and harm reduction interventions. Although a number of prevention services is already offered, it seems to be essential to extend these services in number and geographically. Extending prevention services is important to raise awareness for the prevalence of HCV infections among IDUs and to motivate them to get tested and to seek for primary health care. Availability of surveillance data and epidemiological studies could also be useful in order to promote evidence based public health policy.

3.2.2 Procedures to implement HCV prevention

In Greece, the prevention and control of HCV is carried out mainly by public health services aiming specifically at the problematic drug use population. In addition, non-governmental organisations play an important role in HCV prevention actions and initiatives. The services adjust their programmes to national strategies.

The national strategy for the HCV prevention is outlined in the National Action Plan 2008-2012 for the prevention of infectious diseases (MOHSS 2008a). The strategy’s principle components are primary prevention, early detection and surveillance, systematic analysis of data for policy making, assessment of structures, proposals for health policy proposals and effective treatment. In terms of epidemiology the national strategy aims at the

- development and expansion of surveillance systems on infectious diseases in order to collect timely and accurate information for immediate intervention and reduction of outbreaks,
- systematic monitoring of temporal trends and geographical diversification of infectious diseases, and
- detection of groups who are most at risk of infectious diseases.

The Action Plan highlights the role of the European Union and World Health Organization (WHO) in preventing and controlling HCV infections. The European Union sets the action framework and the guidelines for public health, and the WHO has a leading role as concerns international activities in the field of prevention of infectious diseases, including HCV.
In addition to the National Action Plan for the prevention of infectious diseases, there is also the National Action Plan on Drugs 2008–2012 (MOHSS 2008b) which refers to actions for HCV prevention. Among others, the national drug action plan promotes prevention and awareness programmes targeted at socially vulnerable groups (HIV/AIDS positive individuals, sex workers, prisoners). With respect to the aim of reducing the incidence and prevalence of infectious diseases, the main objectives of the prevention and awareness programmes are:

- Extensive delivery of information on early intervention services, therapy and rehabilitation in order to increase accessibility,
- Strengthening of local support networks and mobilisation of volunteers to promote prevention,
- Supporting harm reduction practices (safer use, needle exchange programmes) through the use of information material and through implementing interventions by street work.

### 3.2.3 Types of interventions implemented for HCV prevention

In Greece, interventions for HCV prevention are implemented through national organisations, NGOs and other institutions. Most often these organisations address special populations, such as problem drug users, immigrants, and sex worker. As concerns HCV prevention usually educational material, blood testing and sterile injection equipment and condoms are provided.

Specific interventions for the prevention of hepatitis C are offered by national and international organisations. Marginalised individuals, including drug users, are often contacted by mobile units, streetwork or outreach work. Harm-reduction services are provided partly by these organisations and partly by specialised drug treatment providers. However, harm reduction is still limited as such services only operate in Attica and Thessaloniki. Consequently a significant number of harm reduction interventions is implemented by mobile units in area where no such services exist. Besides there are limited and irregular activities to deliver information on general health issues and safe drug use in prison settings.

a) Specific interventions for HCV prevention

In the region of Athens there are three specific organisations providing services for the prevention and control of hepatitis C infections; the Hellenic Centre for diseases prevention and control, the NGO PRAKSIS and Médecines Du Monde. These services are targeting at general population and in general at minorities at risk.

The independent *Hellenic Centre for diseases prevention and control (HCDCP/KEELPNO)* is mainly responsible for the surveillance and control of infectious diseases in Greece. The cen-
Public health activities are implemented for immigrants, refugees and other minority groups, and include medical treatment, health education and psychosocial support.

Within the **HCDCP**, there is the **Office of Viral Hepatitis** which collaborates with a Scientific Commission of Viral Hepatitis. The Office is responsible for implementing the National Programme for Viral Hepatitis Prevention. It also ensures the implementation of the National Programme on Immunization in Greece which includes the distribution of vaccines and the reporting on vaccine-related safety issues. In Greece, the vaccination for hepatitis B is obligatory for all neonates since the 1st January 1998. In general, the main tasks of the Office comprise epidemiological monitoring, primary and secondary prevention, health education, and the improvement of appropriate counselling, diagnosis and medical treatment for hepatitis infections. As concerns HCV prevention the function of the Office is to identify, and screen persons at risk for HCV infection, to establish outreach and community-based programmes for these persons and to provide guidelines. A clinical guideline for the medical management of infected individuals has been developed as well as a guideline for health care workers on procedures to prevent the transmission of new HBV and HCV to their patients. The Office also developed several recommendations – for the treatment of hepatitis B and C, for hepatitis B vaccination, for Health Care Workers exposed to the risk of an infection with hepatitis B and C. In addition, the Office is responsible for the coordination of the nationwide “HepNet Greece” study which is a large nationwide retrospective-prospective study that started in 2003 and involves patients with chronic HBV and HCV.

**PRAKSIS** is a non-governmental organisation aiming at the development and implementation of humanitarian and medical action programmes. The NGO does not focus specifically on the prevention of hepatitis, but infectious diseases are addressed in general. In this respect **PRAKSIS** promotes the immediate and free medical and pharmaceutical care (prevention, treatment, education etc.) for individuals and groups regardless of their race, nationality, age, religion or political beliefs. Services such as psychosocial support and legal support are offered to socially excluded individuals who do not have access to health and social services.

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4 For more information – in Greek language – about the HCDCP see: [www.keelpno.gr/articles/topic/?id=610](http://www.keelpno.gr/articles/topic/?id=610)

5 Information on the NGO is available on the following website: [www.praksis.gr/default.asp?pid=1&la=2](http://www.praksis.gr/default.asp?pid=1&la=2).
such as homeless, street children, refugees/ asylum seekers, migrants, and ex-prisoners. PRAKSIS works in collaboration with other NGOs and local authorities in order to establish dialogue with the community and governmental bodies.

In Greece, the international NGO Médecins Du Monde offers assistance to populations at risk (MDM 2010). In Athens, its activities include the programmes “Open Polyclinic” and “Streets of Athens” which are addressed to vulnerable groups or groups exposed to infections with HIV and HCV. Volunteer doctors and nurses provide free medical care and counselling to individuals with limited or no access to the public health services. The mobile unit “Streets of Athens” is a programme designed to reduce the transmission viral hepatitis infections and HIV / AIDS. For this purpose primary medical care and psychosocial counselling is offered to drug addicts, homeless, young prostitutes and to all other persons in need.

b) Harm Reduction services

Harm reduction services are mostly provided by specialised low-threshold services, but also in drug-free treatment and substitution treatment programmes. The services are in line with the National Drug Strategy and with standards for HCV prevention. Main objectives of harm reduction services are to reduce the incidence of infectious diseases, to protect the health of drug users and to connect them to treatment services.

However, specialised harm reduction services only exist in Attica and Thessaloniki; there is no availability for other regions in Greece. Consequently a significant number of harm reduction interventions are implemented by mobile units where no low-threshold services exist so far. Low-threshold services usually needle and syringe exchange programmes, testing and vaccination for blood-borne diseases. One example for a mobile unit is the “Streets of Athens” run by the Médecins Du Monde. The unit offers primary medical care and psychosocial support. Medical care is focused on blood tests for viral hepatitis and HIV / AIDS, and on information regarding screening and treatment of infectious diseases and strategies to prevent an infection. Psychosocial support aims at encouraging the motivation to undergo drug treatment. The services are provided by trained health professionals, who offer their services on a voluntary basis. They also distribute syringes and condoms to drug users.

In Athens, there are two organisations providing specific services to problem drug users. One organisation is KETHEA (Therapy Centre for Dependent Individuals) and OKANA (Organisation against Drugs). Both organisations are primarily offering drug treatment but are also providing harm reduction services.
KETHEA runs an outpatient drug-free treatment programme for adult drug users⁶ and a Psychodiagnostic Centre which is part of the drug treatment programme. As regards the prevention of infectious diseases, the centre offers its services in cooperation with the Hellenic Centre for diseases prevention and control. Harm reduction is provided through low-threshold units, such as KETHEA EXELIXIS⁷ and NOSTOS. Harm reduction from EXELIXIS includes physical and mental diagnostic, first aid, dental care, and referrals to medical examinations. In addition, streetwork is carried out which focuses on motivating drug users for treatment and on promoting safer use and safer sex. During streetwork injecting equipment and condoms are distributed. NOSTOS is a low-threshold counselling unit located in a rebuilt railway wagon. The unit addresses different groups of drug users, such as occasional drug users, drug users with high-risk behaviour, young offenders, immigrants, homeless etc. Depending on the individual need, the services offered range from counselling, information on health issues to the preparation for the therapeutic community. NOSTOS is also engaged in streetwork in order to promote safer drug use.

OKANA mainly provides substitution treatment, but has implemented interventions for the prevention of infectious diseases for drug users who either approach the substitution treatment or the emergency access unit or who are contacted through the outreach work programmes. In particular, the emergency unit and the drug care unit of OKANA offer a range of harm reduction services. The Unit for Emergency Assistance and Support⁸ addresses the immediate health needs of drug users and aims at the prevention of blood-borne diseases. In order to provide primary health care to drug users, the Unit is equipped with a specialised clinic for pathological, dental, and microbiological examinations. In terms of HCV prevention, the unit promotes awareness for health risks through individual counselling and testing for hepatitis and HIV. In addition, needles and syringes are exchanged. The Drug Addicts Care Facility⁹ addresses drug users who do not attend any treatment programme. For the prevention of hepatitis C several activities are carried out. At entry clients are screened for HCV, and those being HCV positive are monitored. On weekly basis awareness groups take place which in-

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⁷ KETHEA EXELIXIS is an outpatient drug-free treatment programme. Within the programme there are low-threshold providing harm reduction services to adult drug users, especially to those being homeless, migrants, sex workers etc. Through the Psychodiagnostic Centre, which is a low-threshold unit, EXELIXIS provides harm reduction services including physical and mental diagnostic, first aid, dental care, and referrals to medical examinations for infectious diseases, such as HCV. In addition, streetwork is carried out which focuses on motivating drug users for treatment and on promoting safer use and safer sex.
⁸ Further information on the emergency unit can be found online in Greek language: www.okana.gr/node/144
⁹ Information on the Drugs Addicts Care Facility is available online in Greek language: http://www.okana.gr/node/128
volves three to five drug users and which aim at changing attitudes and beliefs towards their health. The Drug Addicts Care Facility carries out streetwork and outreach work. Within the streetwork activities sterile injecting equipment is distributed and information on hepatitis C is given. Outreach work is targeted at marginalised clients who are excluded from health services. The clients are accompanied by staff in order to access emergency units of hospitals and to conduct blood tests. In acute phases the clients are visited to provide emotional support.

c) Information and education

Information is provided through a variety of educational materials and through media such as radio and television spots, print and electronic media. The NGO PRAKSIS distributes cards and posters on a nationwide scale and disseminate information on infectious diseases – mainly on hepatitis B - in nationwide television and radio spots. Educational material is usually culturally and linguistically adjusted to the needs of migrants. For instance, the Office of Viral Hepatitis uses material in six languages for the education of the public and persons of risk for a HCV infection. The material is free and provides information on the transmission of hepatitis B and C and the necessity for testing and medical evaluation. The Office also provides teachers with recommendations on how to prevent the transmission of HBV and HCV in schools. In addition, guidelines have been developed for Health Care Workers on subject of how to prevent the transmission of HBV and HCV to their patients.

The drug treatment provider KETHEA and OKANA deliver health education to different target groups and organise seminars on health issues such as infectious diseases.

The Psychodiagnostic Centre of KETHEA organises seminars to the clients of the therapeutic communities on safer drug use and protection against infectious diseases. In coordination with the drug treatment programme EN DRASI the Centre carries out health education to prisoners who are drug users and imprisoned in the three prisons of Athens. Health education includes information on health consequences of drug use, the prevention of infectious diseases, and on available treatment programmes. Beside distribution of information material to drug users and the general population OKANA organises information groups to drug users. One of the groups is for 8 to 10 patients in substitution treatment and carried out in cooperation with specialised staff such as nurses and physicians. Another group is on safer use which takes place once a week and is attended by three to five drug users. This group is informed about the routes of transmission of infectious diseases, including hepatitis C. In addition the group members are motivated to make use of individual care by their personal adviser.
d) Training and qualification of staff in providing HCV prevention

Training and qualification is provided by the *Office of Viral Hepatitis*. The Office delivers training programmes on how to improve the identification of persons at risk for HCV infection and on procedures to ensure appropriate counselling, diagnosis, medical management, and treatment for viral hepatitis. Target group for the training are professionals of health care and staff of community outreach for IDUs. In addition, the Office carries out conferences on topic of hepatitis B and hepatitis C.

### 3.2.4 Client groups addressed

A wide variety of clients groups is addressed by the services providing HCV prevention. To the client groups belong different subgroups of drug users such as drug user with high risk behaviour, IDUs, young drug users and clients of drug treatment, and migrants, young sex workers, prisoners and the general population.

### 3.2.5 Utilisation of HCV prevention programmes

As far as the utilisation of HCV prevention services is concerned, data are provided by separate the drug service providers KETHEA and OKANA and by Médecins Du Monde.

*Médecins Du Monde* addresses drug addicts, homeless, young sex worker, migrants and other persons in need. In 2009, altogether 2,798 individuals made use of their services. Among them 46 individuals were tested for blood-borne diseases, and 17 were tested HCV positive. *KETHEA’s Psychodiagnostic Centre* provides services on average to 45 drug addicted clients per month. In 2009, a total of 1,200 clients received interventions by the Centre.

*OKANA* provided details on the utilisation of their harm reduction services which are delivered by the Unit for Emergency Assistance and Support and through streetwork (table 4).
Table 4: Number of clients using harm reduction in 2009 provided by OKANA, Greece

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical services (clinic)</td>
<td>314</td>
<td>280</td>
<td>309</td>
<td>233</td>
<td>241</td>
<td>264</td>
<td>264</td>
<td>219</td>
<td>366</td>
<td>376</td>
<td>284</td>
<td>231</td>
</tr>
<tr>
<td>Nursing service (NSP)</td>
<td>39</td>
<td>39</td>
<td>46</td>
<td>67</td>
<td>115</td>
<td>108</td>
<td>132</td>
<td>69</td>
<td>98</td>
<td>86</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Social service</td>
<td>7</td>
<td>8</td>
<td>14</td>
<td>18</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>12</td>
<td>17</td>
<td>18</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Street work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of drug users contacted</td>
<td>170</td>
<td>336</td>
<td>345</td>
<td>165</td>
<td>233</td>
<td>330</td>
<td>441</td>
<td>0</td>
<td>234</td>
<td>319</td>
<td>300</td>
<td>230</td>
</tr>
<tr>
<td>Those being HCV positive</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>11</td>
<td>0</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

It is estimated that approximately 95% of drug users who made use of the Emergency Unit were tested for blood-borne viruses. In 2009, altogether 1,580 individual clients were tested for blood-borne diseases, and 1,114 of them turned out to be HCV positive. This corresponds to 70.5% of the tested clients.

3.2.6 Conclusion

Prevention of hepatitis C is predominately offered through organisations that mainly target special populations at risk for HCV infection like IDUs, migrants, and sex workers. Health services addressed to the prison population are rather limited and only consist of occasional information and the dissemination of printed material.

Relevant programmes and interventions for HCV prevention are based on National Action Plan (2008-2012) for the prevention of infectious diseases, which incorporates standards for HCV prevention. The HCV prevention strategy most often includes educational activities, blood testing and outreach work. For problem drug users HCV prevention is on the one hand provided through specialized low-threshold services. On the other hand harm reduction is implemented as part of drug-free treatment and substitution treatment programmes. Most of harm reduction services are concentrated in the area of Athens/Attica, and thus coverage of the rest of the country is attempted mainly through outreach work of mobile units. In the light of the low coverage of harm reduction, it seems to be essential to extent harm reduction services numerically and geographically. In particular, prisoners are disadvantaged and at great risk for infection. Accordingly there is the need to further develop and implement harm reduction within prison settings.
In general, it is important to raise awareness for risks of a HCV infection among IDUs. In terms of prevention a first important step is to increase testing for HCV. Besides, the availability of surveillance data and epidemiological studies could contribute to an evidence based public health policy. Similarly, the exchange of expertise on HCV prevention among different countries might promote the implementation of HCV prevention activities. The development of a guide on good practices could be useful in order to further improve the development of innovative and holistic approaches for the prevention of blood-borne diseases, and for HCV in particular.

3.3 Barcelona and the rest of Catalonia, Spain

3.3.1 Introduction

To collect the information on implemented HCV prevention programmes a total of 110 questionnaires were sent to services in the region of Catalonia. The questionnaires were distributed by email between September and November 2010 to 64 to outpatient drug treatment centres (ODTC), 18 Therapeutic Communities (TC), 18 harm reduction services (HRS), and to 10 prisons. A reminding email was sent a month later and those who had not replied were contact by telephone one to three times.

After this procedure, information was provided by 64 centres, and this corresponds to a response rate of 58%. Among those centres which filled in the questionnaire there were 36 outpatient drug treatment centres (56% response), 11 Therapeutic Communities (61% response), 10 harm reduction services (56% response) and 7 prisons (70% response).

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10 Outpatient drug treatment centres provide either drug-free treatment or substitution treatment. A few of them include some harm reduction activities such as syringe exchange.

11 Therapeutic Communities are residential centres for drug rehabilitation where patients stay between 6 and 12 months. Some provide rehabilitation for patients on methadone but most are abstinence-oriented.

12 Harm reduction centres can be fixed services, mobile units and outreach teams.

13 Include all prisons in Catalonia including a prison for adolescents between the age of 16 and 18, but not juvenile detention centres for these below the age of 16.
In the overview all types of centres from the Catalan Drug Care Centres Network are covered. Prevention of HCV infections might be implemented also in some youth centres dealing with youth at risk such as juvenile detention centres and youth community centres. However, these youth centres have not been asked to participate.

3.3.2 Procedures to implement HCV prevention

Table 5: Type of services implemented in all Catalanian centres – according to the questionnaire (n=64)

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substitution maintenance treatment</td>
<td>64,1</td>
</tr>
<tr>
<td>Outpatient psychosocial treatment</td>
<td>57,8</td>
</tr>
<tr>
<td>Detoxification</td>
<td>54,7</td>
</tr>
<tr>
<td>Low threshold</td>
<td>37,5</td>
</tr>
<tr>
<td>Other</td>
<td>28,1</td>
</tr>
<tr>
<td>Inpatient psychosocial treatment</td>
<td>21,9</td>
</tr>
<tr>
<td>Prisons</td>
<td>17,2</td>
</tr>
<tr>
<td>Consumption rooms</td>
<td>9,4</td>
</tr>
</tbody>
</table>

Substitution maintenance treatment, detoxification and outpatient psychosocial treatment are the services most offered in ODTC. Outpatient drug treatment centres are the centres which
offer quite different kind of services. On the other hand, no more than 30 % of the HRS providers offer consumption rooms and none of them provides substitution treatment. Nowadays many TCs provide treatment with methadone, but this is not reflected in their answers. Probably they did not make use of the multiple answer option in the questionnaire. The same appears with prisons: two of the prisons have implemented TC, and all prisons regularly provide detoxification and psychosocial treatment (figure 2).

**Figure 2: Catalan services which have implemented HCV programmes by type of centre (n=64)**

With respect to specific strategies or procedures to implement HCV prevention the questionnaires show that 54.7 % of the centres stated to have a strategy for HCV prevention (n=35), 67.2 % reported to have a strategy for HCV screening (n=43), and 50 % confirmed to have a strategy on HCV treatment (n=32). The majority of the centres (76.6 %) refer their HCV-positive clients to specialised treatment (n=49). Furthermore six out of the 64 centres (9.4 %) reported to have implemented approaches to reach new injectors (figure 3).
More than 60% of the HRS, TC and prisons implemented strategies to prevent an infection with HCV. Screening for HCV is most often implemented in ODTC and prisons. In particular, most prisons reported to have established specific strategies for HCV treatment. Unlike HRS, more than 70% of ODTC, TC and prisons refer their HCV-positive clients to specialised HCV treatment.

Among the outpatient drug services less than 50% have set up a strategy for HCV prevention. Of the harm reduction services no more than 30% offer blood tests. In addition, HRS did not
plan to provide access to HCV treatment, meaning that their clients who are active drug users are not considered for referrals to HCV treatment. One of the most important target groups for HCV prevention are new injectors. However, this risk group is not specifically targeted by any of the centres surveyed in the overview (figure 4).

3.3.3 Types of interventions implemented for HCV prevention

a) Specific interventions for HCV prevention

With regard to specific interventions for HCV prevention, the results from the questionnaires show that 76.6 % offers HCV testing (n=49), 68.8 % offer pre- and post-test counselling (n=44), and 70.3% provide vaccination for HAV and HBV (n=45) (figure 5).

Figure 5: Percentage of Catalan centres which have implemented interventions on hepatitis C

Among all types of centres, HRS and TCs are those which implemented vaccination, counselling for testing and HCV testing on a low level, while prisons represent the institutions where most of these interventions are implemented. Thus, vaccination for HAV and HBV and HCV testing is implemented in all prisons. On the opposite, less than 40 % of HRS provide testing for HCV and vaccination for hepatitis A and B (figure 6).
b) Harm Reduction services

Of the responding Catalan centres altogether 64.1% provide needle and syringe exchange (n=41). The figure highlights that NSP is mostly provided by harm reduction services, followed by outpatient drug services and prisons. In Catalonia, needle and syringe exchange is offered in five out of seven responding prisons. Out of the ODTCs about one quarter does not offer needle and syringe exchange.

Figure 7: Percentage of Catalan centres offering NSP
Among the 41 centres offering NSP 75.6 % also distribute alcohol swabs, 41.5 % distribute filters and 53.1 % sterile water. As can be seen from the results, not all NSPs offer these paraphernalia. Taking into account that sharing of these tools is associated with a higher risk of an infection with HCV, distribution of this injecting equipment needs to be improved.

**Figure 8: Percentage of Catalan centres with NSP which offer additional injecting equipment**

![Percentage of Catalan centres with NSP which offer additional injecting equipment](image)

C) Information and education

With regard to HCV prevention and education the responses from the questionnaire show that 93.8 % of the 64 centres provide interventions aiming at strengthening blood awareness. Furthermore 68.8 % of the centres inform their clients on risks related to tattoo and piercing. 62.5 % of the centres (n=40) use written information on risks and prevention of infections with HCV, and 26.6 % of the centres (n=17) make use of other media such as board games, DVDs etc. for information on and prevention of HCV infections. Almost 40 % of the centres do not use educational material to support information on HCV prevention (figure 9).
If focusing on the types of centres that provide education and information on HCV prevention the following emerges from the responses: the highest percentage for providing information on the risks related to tattoo and piercing and on strengthening blood awareness was found in prisons. At the same time prison make less use of other media. HRS more often distribute written material to support information on HCV prevention, while TCs and ODTCs turned out to be the services which seldom use written information. In general, there is a lack of educational material which is interactive and visual (figure 10).

**Figure 10: Education and prevention on HCV by types of Catalan centres**
Along with information and education further prevention activities have been reported. These include

- Advice on safer use and safer sex,
- Education for hygiene as regards for e.g. hand washing, and
- Education in the correct handling of alcohol sponges and other drug use equipment.

Harm reduction activities such as advice on safer use and safer sex are implemented in 87.5% of the centres. Education for hygiene such as hand washing is even more widespread and provided in 89.1% of the centres. Education in the correct handling of drug use equipment is provided in 70.3% of the centres (figure 11).

**Figure 11: Percentage of other education and prevention activities in Catalonia**

Almost all types of centres provide education in safer use and safer sex, in the correct handling of drug use equipment, and for hygiene. However, in TCs and ODTCs these activities are less common. This is especially the case for the education in the correct handling of alcohol swabs and injection equipment which is an important component of HCV prevention (figure 12).
d) Training and qualification of staff in providing HCV prevention

Among the 64 centres more than half (51.6%) provides training on HCV prevention for their staff. While this is in particular the case for staff in TCs, prisons and harm reductions services, only slightly more than one third of the staff of ODTCs is trained in HCV. In view of this result training in HCV prevention needs to be more supported for staff of outpatient treatment services (figure 13).

Figure 13: Percentage of Catalan centres offering training for their staff
3.3.4 Client groups addressed

The 64 Catalan centres which have filled in the questionnaire most often address opiate users: this is the case in 95.8 % of the centres. The second group most often targeted by the services are both injecting drug users (93.8 %) and stimulant drug users (93.8 %).

Table 6: Client group addressed in Catalan services

<table>
<thead>
<tr>
<th>Client group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiate users</td>
<td>95.3</td>
</tr>
<tr>
<td>Injecting drug users</td>
<td>93.8</td>
</tr>
<tr>
<td>Stimulant users</td>
<td>93.8</td>
</tr>
<tr>
<td>Migrants</td>
<td>85.9</td>
</tr>
<tr>
<td>Women</td>
<td>84.4</td>
</tr>
<tr>
<td>Cannabis users</td>
<td>81.3</td>
</tr>
<tr>
<td>Young drug users</td>
<td>78.1</td>
</tr>
</tbody>
</table>

Almost 60 % of the centres in Catalonia provide their services to all types of different client groups, including women, migrants and young drug users. However, young drug users are less served in prisons and TCs. Therapeutic Communities are less attended by migrants.
### Figure 14: Distribution of client group addressed by the different types of Catalan centres

<table>
<thead>
<tr>
<th>Group</th>
<th>PRISON</th>
<th>HRS</th>
<th>TC</th>
<th>ODTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migrants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulant Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injecting Drug Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiate Users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3.3.5 Utilisation of HCV prevention programmes

In the number of drug users utilising at least one of the drug services there is a considerable range (table 6), depending of the type of centre. In 2009, up to 180 clients made use of outpatient drug services and TCs, and more than 2,800 drug users have utilised harm reduction services. Testing of drug users varies significantly between the services. The same occurs for the number of clients tested positive for HCV. In general, with exception in prison testing in community drug services is low if this is offered at all.
Table 7: Catalan centres and HCV prevention services used by the clients in 2009

<table>
<thead>
<tr>
<th></th>
<th>ODTC</th>
<th>HRS</th>
<th>TC</th>
<th>Prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users tested for HCV</td>
<td>10 - 250</td>
<td>0 - 75</td>
<td>17 - 202</td>
<td>234 - 1.206</td>
</tr>
<tr>
<td>% of HCV-positive drug users</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Database</td>
<td>6 - 20</td>
<td>-</td>
<td>-</td>
<td>0,6 - 27</td>
</tr>
<tr>
<td>Estimated</td>
<td>3 - 60</td>
<td>26 - 70</td>
<td>10 - 40</td>
<td>-</td>
</tr>
<tr>
<td>Clients referred to HCV treatment</td>
<td>10 - 78</td>
<td>0</td>
<td>0 - 100</td>
<td>0 - 58</td>
</tr>
</tbody>
</table>

3.3.6 Conclusion

In general, the overview shows that all the centres surveyed have implemented interventions for HCV prevention. However, about 55 % of the centres have established a specific HCV prevention strategy, and about 67 % have a specific strategy for HCV screening. The strategies applied for HCV prevention and screening vary considerably between and within the different types of centres. In the light of this result, there is a need of a more intensive and harmonised response to the reduction of HCV infections.

One result of the overview is to underline the importance of focussing HCV prevention activities more on young drug users. This client group is less considered in practice: only about 9 % of the participating centres have a strategy to reach new injectors and young drug users.

3.4 Hamburg, Germany

3.4.1 Introduction

For the overview on HCV prevention implemented in Hamburg, first of all a list of existing low-threshold services and outpatient and inpatient treatment centres was compiled. In Hamburg, a wide range of different services is available for drug users covering harm reduction services, consumption rooms, women only drop-in facilities, maintenance treatment, detoxification, counselling, long-term and short-term abstinence-oriented treatment and assisted living. In sum, 25 organisations have been addressed with four of them being prisons. In each of the organisations the responsible staff such as the manager or director has been contacted via email. The general aims of the project and the specific objective of the overview on imple-
mented HCV prevention have been described and the questionnaire was attached to the mail for electronic response.

During the period of two months (August 2010 to October 2010), in total 11 questionnaires have been filled. Responses have been received by

- two women services,
- two low-threshold services,
- two units for substitution maintenance treatment,
- two providers for outpatient psychosocial treatment
- one provider offering counselling in prisons,
- one provider of inpatient psychosocial treatment, and
- one provider offering both outpatient and inpatient psychosocial treatment.

The overview is based on the responses of the 11 organisations given to the structured questionnaire. It has to be mentioned that none of the prisons answered to the request for information on HCV prevention.

3.4.2 Procedures to implement HCV prevention

In Germany there are different procedures to implement HCV prevention. On a national level the framework for the drug policy is determined since the year 1992 by the national drug commissioner. The drug commissioner is authorized by the respective party in power and located in the Ministry of Health. As Germany has 16 federal states, each federal government decide upon the content and basic principles of the drug policy in their federal state.

The main responsibility of the national drug commissioner is to represent the national drug policy and to coordinate the different groups of stakeholders being involved in implementing the policy. For this purpose the drug commissioner nominated an advisory board (“Sucht-und Drogenrat”) which consists of experts from research, policy, administration, and of providers of health care facilities. The advisory board gives recommendations for the development of further approaches to drugs problems and the improvement of prevention and treatment. The national drug policy is outlined in the National Drugs Action Plan 2003 (“Aktionsplan Drogen und Sucht”) (Die Drogenbeauftragte der Bundesregierung 2003), and in an almost yearly report on the current size and trends of the drugs problem and on actions implemented to address these problems (Die Drogenbeauftragte der Bundesregierung 2011).

The national drug policy is enabled to define the general framework by, for instance, the revision of a statute or amendments to the drug law. However, the federal states decide upon the execution of the national drug policy, including the law, content and concepts. Accordingly the
implementation of the drug policy and drug care differs partly much between the 16 federal states.

As regards the implementation of hepatitis C, the Ministry of Health can transfer its position by funding pilot projects. In this respect a national pilot programme on “early intervention as strategy for hepatitis C prevention” has been funded. The pilot stated in 2008 for a period of three years and has been conducted in Berlin by the NGO Fixpunkt e.V. which provides consumption rooms. Main objectives of the pilot project, which has been evaluated by the Hamburg Centre of Interdisciplinary Addiction Research, was to develop brief interventions on HCV prevention and to prove their feasibility and acceptance among drug users visiting the consumption room (Die Drogenbeauftragte der Bundesregierung 2011).

With regard to hepatitis C another nationwide project has to be mentioned. Initiated by the German AIDS Foundation (Deutsche AIDS-Hilfe e.V.), data on testing for viral hepatitis and HIV, and on vaccination for hepatitis A and B was collected in 2008 among 534 people in OST in 18 cities across Germany. The aim of the study was to obtain information about the coverage of testing and vaccination among drug users being in substitution treatment. The results show that 57 % of respondents indicated that they had not been tested for hepatitis C at any time during substitution treatment. Only 26% of respondents reported that they had been tested every 6 to 12 months, which is in line with recommendations for testing. The majority of the respondents reported not having been vaccinated; approximately two thirds have not been vaccinated for hepatitis B and over 70 % had not been vaccinated for hepatitis A (Die Drogenbeauftragte der Bundesregierung 2011).

3.4.3 Types of interventions implemented for HCV prevention

In Germany, interventions for HCV prevention are implemented on regional level through specialised community drug services, which are predominately NGOs. Depending on the type of interventions offered, the drug services either address specific populations such as opiate addicts (like OST) or women drug users or are targeted at all problem drug users (like harm reduction services).

Specific interventions for the prevention of hepatitis C are offered by specialised drug treatment providers as well as by harm reduction services. In terms of HCV prevention usually sterile injection equipment, information and education on safer use, and partly testing for viral hepatitis and HIV is provided. Hamburg is one of the German cities where a well established and differentiated drug care system exists which is easily accessible for drug users in need. There are different treatment options ranging from outpatient to inpatient psychosocial treat-
ment, outpatient and inpatient detoxification, substitution therapy with methadone, buphrenorphine and diamorphine, and a number of harm reduction services. In Hamburg, there are five drug consumption rooms with one of them being for women only (Deutsche Aids-Hilfe e.V. and Akzept e.V. 2011).

The overview on HCV prevention implemented in Hamburg is based on the response of 11 different specialised drug services. With regard to the type of services offered, these drug services cover five harm reduction interventions, three drug consumption rooms, four outpatient and two inpatient drug treatment programmes, two substitution treatment units and one unit for detoxification.

a) Specific interventions for HCV prevention

With regard to specific interventions for the prevention of hepatitis C the questionnaire has asked if the drug services have implemented a strategy to address the risk of infections with HCV. All but one of the 11 drug services stated to have implemented a specific strategy for HCV prevention (figure 15). Furthermore seven drug services confirmed to refer their HCV-positive clients regularly to specialised institutions or medical specialists for HCV treatment. To have a strategy for HCV screening was stated by six out of the 11 drug services. Thus, screening for a viral infection with hepatitis C is only implemented in about half of the drug services providing information for the overview. Finally, no more than three service providers approved to undertake activities in order to reach new injectors like those being below the age of 25 or having injected less than two years. Approaches to reach new injectors show one of the substitution treatment units, one inpatient psychosocial treatment programme and a women specific low-threshold service which is specifically designed for the target group of young female drug users who engage in sex work.
Testing for hepatitis C is one of the most important interventions in terms of HCV prevention. The results from the questionnaire indicate that testing for hepatitis C is offered in six of the responding drug services (figure 16). This result is in line with the number of drug services that have implemented a strategy for HCV screening. In consideration of “best practice” testing should always been combined with pre- and post-test counselling. Counselling before and
after testing for HCV is provided by seven drug services, meaning that one service offers pre-
and post-test counselling despite not carrying out blood tests on-site. This is the case for a
low-threshold women only service addressing adult female drug users. Vaccination for hepatic-
tis B and A is quite frequently available, and is implemented in eight of the 11 drug services.
The same appears for interventions to strengthen blood awareness.

In case that one or more of the specific interventions for HCV prevention are implemented, the
interventions are usually offered on a regular basis.

b) Harm Reduction services

In Hamburg, harm reduction services are not limited to low-threshold facilities. In fact, specific
interventions to reduce drug-related harm are implemented in almost all types of drug ser-
dices. Accordingly advice on safer use and safer sex is provided in all but one drug services.
Advice on safer use and safer sex does not appear to be part of the services offered to pris-
oners by a community counselling agency. However, in particular advice on safer use is given
directly to drug users when visiting a consumption room. In this setting risk behaviour be-
comes visible, and messages on how to prevent harmful drug taking are connected to individ-
ual risk behaviour.

Needle and syringe exchange is implemented in six drug services, of which four are low-
threshold services and three of them are running consumption rooms. Besides NSP is also
implemented in a substitution treatment unit and in a drug treatment facility which offers low-
threshold services, outpatient psychosocial treatment and detoxification. Five of the facilities
offering NSP distribute as well sterile alcohol swabs and sterile water. Sterile filters for prepar-
ing the drug is less common and only provided by three low-threshold drug services.

c) Information and education

In most of the specialised drug services in Hamburg information and education concerning
health behaviour are offered (figure 17). Their clients are educated regularly in strategies to
prevent blood-borne diseases through explaining rules for hygiene such as effective hand
washing and through messages on how to prevent viral infections in specific setting such as
prisons. In prisons, information and education about risks and prevention of infectious dis-
eases are not implemented on a regular basis. According to the statement by the community
counselling agency the prison medical unit is responsible for education and testing of prison-
ers and also for the HCV treatment if indicated. Within the external counselling service discussion about infectious diseases only take place on demand of the prisoners.

**Figure 17: Number of Hamburg drug services providing information and education (n=11)**

Almost all drug services distribute written information on risks and prevention of infections with hepatitis C. In the majority of these cases the written information are available in different languages to address different groups of clients. Apart from the German language the information on HCV is most often available in Turkish and Russian language, but in single drug services also in English, Spanish and Arab.

Six out of the 11 drug services stated to use in addition other media to inform their clients about risks and prevention of infections with hepatitis C. Which kind of media is used, remains unclear as this was not specified in the questionnaire. Only one of the women only services stated to regularly carry out weeks focussed on a specific topic and competitions with thematic questions.

Less widespread is the education of the clients in the correct handling of alcohol sponges and other drug use equipment. Such education is only implemented in five drug services which are predominately low-threshold services.
d) Training and qualification of staff in providing HCV prevention

In eight drug services the staff is trained in providing information on HCV prevention. In seven of these services training takes place regularly. However, the requirement for specific training depends on the function of the staff as well as of the already available qualification. Usually the drug services are operated by a multidisciplinary team consisting of social workers, psychologists, nurses, doctors etc. Staff members working in the consumption rooms are trained on a regular basis in order to update or improve their knowledge on safer use and drug-related emergency cases. On the opposite physicians or medical staff working in OST or in low-threshold services are already skilled in the issue of blood-borne infections. However, the information provided in the questionnaires clearly indicates that regular trainings of the staff is on the agenda of the drug services.

3.4.4 Client groups addressed

Most of the drug services address a variety of drug users which is that their services are accessible for all drug users independently from age, gender and ethnicity. There are some exceptions: a) Drug consumption rooms address predominantly adult drug users even though in Hamburg minors are allowed utilise drug consumption rooms under certain conditions. b) Two drug services are only accessible for women drug users.

However, opiate addicts are the population addressed by all drug services. Second most often problem drug users are targeted who use cocaine, crack or amphetamine or who inject drugs. Cannabis users are addressed by five out of 11 drug services. Cannabis users are no target group in low-threshold services but in outpatient and inpatient psychosocial treatment units.

3.4.5 Utilisation of HCV prevention programmes

With regard to the utilisation of HCV prevention programmes it has to be mentioned that many drug services did not provide information about the number of clients tested for HCV despite offering testing (table 8). In addition, most of the drug services do not have data on the proportion of their clients being infected with hepatitis C. If information on this proportion is provided, the given percentage of HCV-positive clients is predominately based upon estimation. Likewise in most of the drug services it seems to be unclear how many of the infected clients are referred to HCV treatment. In sum, no more than three drug services provided details on the utilisation of HCV prevention which are based on data. This is the case for the two units for opioid substitution therapy and a provider of outpatient and inpatient psychosocial treatment. The data provided by these the drug treatment services indicate that testing for HCV is widely
offered and used by a considerable number of their clients. According to the test results 50-80 % of the clients are infected with hepatitis C. The number of these clients being referred to HCV treatment differs; while in one of the OST units half of the clients infected with HCV are sent to HCV treatment, in the other OST unit no more than every fifth HCV-positive client is referred to HCV treatment.

### Table 8: Number of clients utilising drug services in 2009 in Hamburg

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of clients</th>
<th>Individual clients tested for HCV</th>
<th>Per cent of clients being HCV-positive</th>
<th>Clients referred to HCV treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>OST (two different units)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First unit</td>
<td>400 per month</td>
<td>100</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>Second unit</td>
<td>400 per month</td>
<td>70</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Low-threshold services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drob Inn</td>
<td>500 per month</td>
<td>No information</td>
<td>60</td>
<td>-</td>
</tr>
<tr>
<td>Stay Alive</td>
<td>250 per month</td>
<td>No information</td>
<td>60</td>
<td>-</td>
</tr>
<tr>
<td>Ragazza</td>
<td>No information</td>
<td>21</td>
<td>65</td>
<td>-</td>
</tr>
<tr>
<td>Sperrgebiet</td>
<td>184 per year</td>
<td>No testing</td>
<td>About 40%</td>
<td>-</td>
</tr>
<tr>
<td>Outpatient psychosocial treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viva Wandsbek</td>
<td>323 per year</td>
<td>No information</td>
<td>60</td>
<td>-</td>
</tr>
<tr>
<td>JHJ</td>
<td>200 per year</td>
<td>200</td>
<td>80</td>
<td>25</td>
</tr>
<tr>
<td>Inpatient psychosocial treatment</td>
<td>80</td>
<td>No information</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

In a recent study the utilisation of drug services and the risk behaviour of drug users was investigated in 13 German cities which operate a consumption room (Thane, Wickert et al. 2011). Based on 791 standardised interviews with drug users the results show that risk behaviour is highly prevalent among drug users with almost 14 % sharing needles and syringes and 60 % sharing their crack pipe. The majority of the drug users made use of drug services regularly several times per week (73 %). In particular low-threshold services, consumption rooms and NSP services are utilised.
3.4.6 Conclusion

Similarly to the Netherlands and Spain, in Germany harm reduction interventions are implemented to a large extent. Harm reduction services being necessary for the prevention of blood-borne diseases such as testing, consumption rooms, needle and syringe exchange and opioid substitution treatment are widely available in German cities. Education in safer use and hygiene is an integral part of harm reduction. Most drug services also use written material to support information on risks for viral infections, and often the material is available in other languages than German.

However, the proportion of HCV infections among drug users utilising the Hamburg drug services still high with up to 80%. This figure clearly indicates the need to improve prevention for hepatitis C. Among the 11 drug services, which responded to the questionnaire, only six services provide testing for HCV, including pre- and post-test counselling. Furthermore seven drug services stated to refer HCV-positive clients to specialised HCV treatment. At the same time there is only limited knowledge on the number of clients tested for HCV, and the number of HCV-positive clients referred to treatment. In view of the lack of data, both testing for hepatitis C as well as monitoring of HCV testing and test results need to be improved.

3.5 Vilnius, Lithuania

3.5.1 Introduction

This report is the outcome of information collected to describe which HCV specific interventions are implemented in the major cities of Lithuania, Vilnius, Klaipeda, Kaunas and Panevezys. The information was collected by using the short questionnaire which was developed by the project partners and translated into Lithuanian language. Between May and June 2011 the questionnaire was distributed nationwide to - in total - 25 drug services, harm reduction services and prisons existing in Lithuania. It was intended to include both services for drug users and all prison existing in Lithuania. However, 12 responses from 11 organisations were received. The Vilnius Center for Addictive Disorders filled two questionnaires, one related to substitution treatment and one related to the low-threshold services. Among the 11 organisations, there are nine organisations providing low-threshold services, five offer detoxification, four provide inpatient and outpatient services, including substitution treatment and psycho-social treatment. One response was received from the medical unit of the prison Panevezys Correctional Home, and one response was received by an organisation specially designed for female sex workers.
In detail, the following organisations filled the questionnaire:
- Vilnius, Kalipeda and Panevezys Center for Addictive Disorders
- Kaunas Center for Social Services
- Klaipeda Mental Health Center
- Association of HIV Affected Women and their Families
- Panevezys Correctional Home (prison)
- Charity Foundation Vilties Svyturys
- Lithuanian Red Cross Alytus Unit
- Mazeikiai Nakvynes namai (shelter for homeless people)

In addition 15 telephone interviews were conducted which are either to receive more detailed information about the prevention programmes and/or to clarify information provided in the questionnaires or to fill in the questionnaire directly on the phone.

Along with the questionnaire the services were asked to provide written concepts and reports, but no reports were received. Some of the informants provided internet addresses of the documents that are publicly available, and these documents (reports, conference papers or legal documents) were considered for this report.

3.5.2 Procedures to implement HCV prevention

The Lithuanian policy of harm reduction is declared in the newly adopted National Programme on Drug Control and Prevention of Drug Addiction 2010-2016 that was adopted by the Lithuanian Parliament (Seimas) in 2010. The programme prioritises four areas: demand reduction, among children and youth in particular; supply reduction; cooperation and coordination; IT and scientific research. Although there is no special emphasis related to harm reduction, one of the objective of the National Programme is to “improve health care and social services programmes designed to reduce drug use and risky behaviour related to adverse medical, social, economic, legal consequences of the public and to the person, the quality and accessibility.” Accordingly, evaluation criteria for this objective are the prevalence of communicable diseases (HIV/AIDS, viral hepatitis B and C) among drug users and the number of drug users tested for these diseases. At the national level there is a legal framework and basis in Lithuania to develop harm reduction services in the municipalities.

The harm reduction measures are regulated in the Act of the Lithuanian Minister of Health (2006.07.05 N. V-584). This legal act regulates the provision of low-threshold services and determines the mandatory list of harm reduction measures such as needle and syringe exchange, distribution of sterile swabs and condoms, health training and education, information
and psychosocial support. Along with needle and syringe exchange programmes substitution maintenance treatment is available in the main cities of Lithuania. These programmes are regulated by National Programme for the Diseases of Addiction Treatment 2009-2012 (Act of the Lithuanian Minister of Health 2008.12.31 N. V-1288) and financed by the health insurance fund. Most of the harm reduction services in Lithuania are public services which are usually attached to the Centers of Dependent Diseases or the Centres of Mental Health. There are only few non-governmental organisations such as Demetra, an organisation for HIV and AIDS affected women and their relatives, which provide services for sex workers.

In Lithuania, there is no systematic monitoring of the prevalence of hepatitis C among (intravenous) drug users. However, the prevalence of chronic hepatitis C infections among drug users is high. In 2009, the Lithuanian AIDS centre conducted a research by analysing the blood of drug users in the three capital of the Baltic states – Lithuania, Latvia and Estonia (ENCCA 2009). The results showed that the prevalence of hepatitis C infection among intravenous drug users is the highest in Vilnius with up to 95%, compared to 74% in Riga and 93% in Tallinn. The high prevalence of HCV infections found in Vilnius was partly related to the longer duration of intravenous drug use in the Lithuanian drug users. Furthermore the research revealed that in Vilnius 90% of the IDUs reported testing for HCV while this was the case for 65% in Tallinn and 52% in Riga.

3.5.3 Types of interventions implemented for HCV prevention

a) Specific interventions for HCV prevention

In Lithuania, the Centers for Addictive Disorders operate in the five major cities – Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys. Beside others, these centres have the specific task to provide services such as testing and prevention of hepatitis C infections for drug users. The public Center for Infectious Diseases and AIDS (ULAC) is mainly responsible for the surveillance and monitoring of infectious diseases in Lithuania. The centre is located in Vilnius and operates under the supervision of the Ministry of Health, and in close collaboration with all existing public health authorities.

Out of the 11 organisations which responded to the questionnaire none stated to have implemented a specific strategy for HCV prevention. However, seven organisations confirmed to refer their HCV-positive clients regularly to specialised institutions or medical specialists for HCV treatment. Furthermore six organisations stated to have a strategy for HCV screening. Thus, screening for a viral infection with hepatitis C is only implemented in about half of the drug services providing information for the overview. Finally, no more than three service pro-
providers approved to undertake activities in order to reach new injectors like those being below the age of 25 or having injected less than two years. Approaches to reach new injectors show one of the substitution treatment units, one inpatient psychosocial treatment programme and a women specific low-threshold service which is specifically designed for the target group of young female drug users who engage in sex work.

b) Harm Reduction services

In Lithuania, there are three main centers which offer harm reduction services: the Vilnius Center for Addictive Disorders, the Klaipédą Center for Addictive Disorders, and the Kaunas Center for Addictive Disorders. Together with some mobile low-threshold units and non-governmental organisations these centres offer low-threshold services and substitution maintenance treatment. Opiate substitution treatment is currently available in five Lithuanian cities; in the Centres for Addictive Disorders in Vilnius, Kaunas, Klaipeda and Panevezys, in four Mental Health Centres in Vilnius and in one Mental Health Centres in Druskininkai. In addition, detoxification as well as outpatient and inpatient psychosocial treatment is provided.

In 2008, there were 14 low-threshold units which operated in ten cities in Lithuania, but some of them were closed because of lack of funding. At present there are in sum 11 low-threshold centers available operating in six cities in Lithuania (Alytus, Druskininkai, Kaunas, Klaipeda, Mazeikiai, Vilnius). The main services of these centres include NSP, distribution of disinfectants and condoms, health education, voluntary counselling and testing, social support and information on available testing and treatment. Since 2001, a mobile outreach unit is run by the Vilnius Centre for Addictive Disorders. The mobile unit is located in an area where drug users, sex workers and Roma minorities meet.

In Lithuania, public funding is rather low and depends on the municipal governments, meaning that the budget for funding drug services varies every year. Accordingly many low-threshold services receive financial support from international organisations such as UNODC in order to guarantee the services for their clients. For instance, in 2009 funding of UNODC for needle syringe programmes in Lithuania covered 50 % of the costs, and was equal to the funding received from the municipal governments (52.000 EUR) (Rotberga, Šķiliņa et al. 2010).
c) Information and education

A number of service providers in Vilnius offer written information on transmission and prevention of HCV. Mostly this information is available in Lithuanian language. Only a few organisations stated to have information material available in Russian language. The written information is distributed free of charge and provide education on the transmission of hepatitis B and C, and the necessity for testing and medical evaluation. In addition, information is given in low-threshold services, and existing health and social services.

d) Training and qualification of staff in providing HCV prevention

In eleven organisations the staff is trained in providing information on HCV prevention. In eight of them training takes place regularly. However, the requirement for specific training depends on the function of the staff as well as of qualification already available.

3.5.4 Client groups addressed

A wide variety of clients groups is addressed by the services providing HCV prevention. To the client groups belong different subgroups of drug users such as drug user with high risk behaviour, IDUs, young drug users and clients of drug treatment, and migrants, young sex workers, prisoners and the general population.

3.5.5 Utilisation of HCV prevention programme

The distribution of needles and syringes by drug services can be regarded as an important measure to prevent the transmission of blood-borne diseases. In Lithuania, 187,227 syringes had been provided in 2007, while in 2009 the number of provided syringes was 242,890 (Database of Drug Control Department under the Government of the Republic of Lithuania). Thus, there is a considerable increase in the utilisation of NSP in Lithuania. At the same time the data of the Drug Control Department indicate a decrease in the number of clients utilising low-threshold drug services. For instance, in the Vilnius Center for Addictive Disorders – which is the biggest one in Lithuania – the number of clients decreased from 2004 to 2010 from 19,053 to 11,043.

Based on the responses to the questionnaire it could be stated that in most organisations less than 10 % of yearly clients have been tested for blood-borne diseases. However, some of the organisations like Vilnius Center for Addictive Disorders do record the number of clients tested and referred to treatment in case of a positive test result.
Table 9: Number of clients utilising specific services in Lithuania in 2009

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of clients per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vilnius Center for Addictive Disorders</td>
<td>1,000</td>
</tr>
<tr>
<td>Lithuanian Red Cross – Alytus Unit</td>
<td>250</td>
</tr>
<tr>
<td>Mažeikių nakvynės namai (shelter for homeless)</td>
<td>100</td>
</tr>
<tr>
<td>Kaunas Center for Addictive Disorders</td>
<td>597</td>
</tr>
<tr>
<td>Klaipėda Center for Addictive Disorders</td>
<td>720</td>
</tr>
<tr>
<td>Panevėžys Center for Addictive Disorders</td>
<td>50 per month</td>
</tr>
<tr>
<td>Kaunas City Social Services Center</td>
<td>40 per month</td>
</tr>
<tr>
<td>Klaipeda Mental Health Center (Mobile)</td>
<td>700</td>
</tr>
<tr>
<td>Panevezys Correctional Home (Women Prison)</td>
<td>50 per month</td>
</tr>
<tr>
<td>Association of HIV affected women and their family</td>
<td>220</td>
</tr>
<tr>
<td>Labdaros ir paramos fondas “Vilties švyturys”</td>
<td>210 per month</td>
</tr>
</tbody>
</table>

The Vilnius Center for Addictive Disorders is utilised by about 1,000 clients each per year (see table 9). According to their records about 80% of the tested clients were diagnosed with HCV. The Klaipėda Center for Addictive Disorders estimated that 79% of their clients are infected with hepatitis C, and that about 105 clients have been tested for blood borne diseases in 2009, including HCV. In the Kaunas Center for Addictive Disorders the number of clients who were tested for HCV during a regular check up is unknown. However, about 60 clients were tested during the national HCV campaign in 2009. Approximately 7.7% of all clients of the Panevezys women prison and 9% of the clients of the Mazeikiu service are known to be infected with HCV. Out of the clients who were tested positive for HCV, six clients from Lithuanian Red Cross Alytus, five clients from Klaipėda Center for Addictive Disorders, and 947 women prisoners from the Panevežys prison were referred to HCV treatment in 2009.

3.5.5 Conclusion

Due to the harm reduction policy in Lithuania, harm reduction services are widely available in the main cities. At a national level the Ministry of Health has enacted regulations for harm reduction services, the prevention of hepatitis C infection, for needle-stick injuries, diagnosis, prevention and treatment. However, many harm reduction services depend on the finance from municipal government and their understanding of the problem related to drug use and hepatitis C. With regard to HCV prevention in major cities of Lithuania existing drug services offer pre- and post-test counselling, testing for blood-borne diseases, needle and syringe ex-
change and substitution maintenance treatment. Written materials, mostly only available in Lithuanian language, are used to support oral information and education on risks of becoming infected with HCV and strategies to prevent HCV infections. Partly staff of drug services is specifically trained in HCV issues. However, the proportion of HCV infections among clients of some drug services is still high with up to 80-90%. At the same time there is only limited knowledge on the number of clients tested for HCV, and the number of HCV-positive clients referred to treatment. Monitoring of HCV testing and test results seems to need improvement.

4 Summary of main results

Around the world most infections with hepatitis C occur through unsafe injecting drug use. In Europe, between 40% and up to 90% of the IDUs are infected with HVC, depending on the respective country and drug using population. Within the European Union around one million people who injected drugs are estimated to live with HCV. Reviews showed that there are further independent factors for transmission of HCV which include a history of imprisonment, history of needle or other paraphernalia sharing and poly-drug use, in particular using heroin and cocaine together (Wright and Tompkins 2006; Schulte, Stöver et al. 2008). As regards the age, the literature is not consistent. While some studies report that a HCV infection is more likely at a younger age, others report an older age as risk factor (Wright and Tompkins 2006; Home Office 2009).

However, in view of the high prevalence of HCV infection among injecting drug users HCV prevention is a major health concern. Accordingly, part of the European project aimed at gaining knowledge about the different types of services implemented to prevent infections with hepatitis C. For this purpose a questionnaire was developed and distributed to local or regional drug services and partly to prisons as well. During the period from June 2010 to June 2011 experts from harm reduction programmes, outpatient treatment centres, substitution maintenance treatment, detoxification, therapeutic communities, drug therapy and prisons had been contacted on a local level in Amsterdam, Athens and Hamburg, on a regional level in Catalonia, and on a national level in Lithuania. Altogether 183 experts had been contacted with 110 experts being from Catalonia. In total, 104 experts responded to the questionnaire:

14 The estimation is given on the EMCDDA website: http://www.emcdda.europa.eu/topics/hepatitis [accessed on 1st November 2011].
Among these

- 64 experts were from Catalonia,
- respectively 12 experts were from Amsterdam and Lithuania,
- 11 experts were from Hamburg, and
- 5 experts were from Athens.

Based on the responses of the experts, the implementation of HCV prevention in the five European regions appears as follows:

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**Amsterdam, Netherlands**

In the Netherlands, the issue of HCV prevention is considered in a number of guidelines; there is one guideline on the risk of hepatitis C transmission through needlestick injuries (2007), a guideline on diagnosis and management of viral hepatitis and other liver diseases (2008), and a guideline on diagnosing, treatment, and primary prevention of HCV (2009).

- In Amsterdam, the main responsibility to prevent hepatitis C is placed on the public health services, which offer vaccinations for hepatitis A and B and screening for blood-borne diseases and STDs on regular basis.
- Treatment for HCV infection is provided in cooperation with the Amsterdam Medical Centre by a specialised hepatitis C treatment unit. HCV treatment is delivered by following clinical guidelines for this kind of treatment.

In the Netherlands harm reduction is widely implemented, and accordingly needle and syringe exchange programmes, opioid substitution treatment and consumption rooms are available in most Dutch cities.

- In Amsterdam, there are eight drug consumption rooms and prevention of hepatitis C is addressed here through providing advice on infectious diseases and safe drug use. Furthermore NSP is one measure to contribute to HCV prevention. A number of service providers in Amsterdam offer written information on the transmission and prevention and prevention of HCV, HCV-testing and treatment. The written information is often available in other languages than Dutch.
- Several organisations from Amsterdam stated that their staff attends regular trainings on issues concerning HCV.

Due to the explicit harm reduction policy in the Netherlands there are many initiatives aiming at the prevention of hepatitis C. Nevertheless, a number of drug services providers still has no clear picture of the number of clients being tested for HCV and the number of HCV-positive clients referred to HCV treatment.
Athens, Greece

In Greece, there is a national strategy for the prevention of hepatitis C which is outlined in the National Action Plan for the Prevention of Infectious Diseases 2008-2012. This Action Plan includes tasks related to systematic monitoring and the geographical diversification of infectious diseases.

On a national level there is the independent Hellenic Centre for diseases prevention and control which operates an Office of Viral Hepatitis. This Office is responsible for implementing the National Programme for Viral Hepatitis Prevention, and the programme includes counselling, diagnosis and medical treatment for hepatitis infection. For instance, since January 1st 1998 the vaccination for hepatitis B is obligatory for all neonates.

- In Greece, the prevention and control of HCV is carried out mainly by public health services which target special populations at risk such as IDUs and sex workers.
- As far as problem drug users are concerned, HCV prevention is provided through specialised low-threshold services, mobile units, streetwork or outreach work. With regard to prevention activities, usually blood testing and sterile injection equipment, condoms and educational material are provided.
- Educational material on the transmission of hepatitis B and C and the necessity for testing is typically adjusted to the needs of migrants. The Office of Viral Hepatitis uses material in six languages for the education of the public and persons at risk of a HCV infection.
- Training and qualification is provided by the Office of Viral Hepatitis. The Office delivers training programmes on how to improve the identification of persons at risk of HCV infection and on procedures to ensure appropriate counselling, diagnosis, medical management, and treatment for viral hepatitis.

In general, there is still a low coverage of harm reduction in Greece. Currently harm reduction is limited to the regions of Attica and Thessaloniki, and for this reason there is the need to extend these services in number and geographically.
Catalonia and Barcelona, Spain

The results of the overview on implemented HCV prevention in Catalonia cover 36 outpatient drug treatment centres, 11 Therapeutic Communities, 10 harm reduction services and 7 prisons.

- 35 of the responding drug services and prisons stated to have a strategy for HCV prevention (55%), 43 reported to have a strategy for HCV screening (67%), and 32 confirmed to have a strategy on HCV treatment (50%). The majority of the drug services and prisons refer their HCV-positive clients to specialised treatment (77%). In general, prevention for hepatitis C is most often implemented in outpatient drug treatment services and in prisons.

- In 49 drug services and prisons HCV testing is offered (77%), and 44 services provide pre- and post-test counselling (69%). In total, 45 services provide vaccination for HAV and HBV (70%). Testing for hepatitis C and vaccination for HAV and HBV is implemented in all prisons. On the other hand, less than 40% of the harm reduction services offer blood testing and provide vaccination for hepatitis A and B. In addition, these services do not refer active drug users to HCV treatment.

- Provision of sterile injecting equipment is highly available and mostly provided by harm reduction services. In five out of seven responding prisons NSP is implemented. Along with needles and syringes 76% of the drug services and prisons also distribute alcohol swabs, 42% distribute filters and 53% sterile water.

- Almost all respondents stated to provide interventions aiming at strengthening blood awareness. Blood awareness is mediated through education for hygiene such as hand washing (89%) and in the correct handling of the drug use equipment (70%).

- Among the 64 drug services and prisons more than half provide training on HCV prevention for their staff (52%).

In Catalonia, harm reduction services such as NSP and substitution treatment are widely implemented, including in prisons. The same is the case for HCV testing and referral to treatment. However, strategies applied for HCV prevention and screening vary considerably between and within the different types of centres. In order to improve HCV prevention there is a need of a more intensive and harmonised response to the challenge of reducing new infections with hepatitis C.
Hamburg, Germany

In Germany, there is no national policy related to the prevention of HCV. A recent national guideline on the management of HCV infections is in place which recommends HCV testing for risk groups (Sarrazin, Berg et al. 2010). However, due to the lack of a national strategy on HCV prevention, the Ministry of Health is funding pilot projects on this topic. In this respect a 3-year pilot on “early intervention as a strategy for hepatitis C prevention” has been funded. The pilot, which started in 2008, was conducted by the NGO Fixpunkt e.V. in Berlin and evaluated by the Hamburg Centre for Interdisciplinary Addiction Research.15

Harm reduction services such as NSP, drug consumption rooms, opioid maintenance treatment and testing for blood-borne diseases are implemented in most of the German cities, and availability is especially high in the metropolises like Hamburg and Frankfurt. Due to the federal structure of Germany, interventions for HCV prevention are implemented on a regional level through specialised community drug services, which are predominately NGOs.

- In Hamburg, all but one of the responding 11 drug services stated to have implemented a specific strategy for HCV prevention. Six of the services confirmed to have a strategy for HCV screening, and seven services reported to refer their HCV-positive clients regularly to HCV treatment. However, referral to HCV treatment is mainly provided by the opioid substitution treatment units.

- While testing for hepatitis C is offered in six drug services, vaccination for hepatitis B and A is more frequently available and is implemented in eight of the responding drug services.

- HCV prevention usually is provided through OST, NSP, and drug consumption rooms. In Hamburg, there are five drug consumption rooms with one of them being for women only. Needle and syringe exchange often includes the distribution of alcohol swabs and sterile water as well. In three low-threshold drug services also sterile filters are provided.

- Advice on safer use and safer sex is provided in all but one of the 11 drug services. In most of the drug services information and education concerning health behaviour is offered, and often the written information is available in further languages other than German.

- In eight drug services the staff is trained in providing information on HCV prevention. In seven of these services training takes place regularly.

Similarly to the Netherlands and Spain, in Germany harm reduction interventions are implemented to a large extent. However, in particular in low-threshold services there is a limited knowledge on the number of clients tested for HCV, and the number of HCV-positive clients referred to treatment. Thus, both testing for hepatitis C and monitoring of the test results need to be improved.

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15 The evaluation report is available in German language at: www.zis-hamburg.de/publikationen/2011/.
Vilnius, Lithuania

In Lithuania, the main responsibility for the surveillance and monitoring of infectious diseases is placed on the public Centre for Infectious Diseases and AIDS (ULAC). The centre is located in Vilnius and operates under the supervision of the Ministry of Health.

HCV prevention for drug users is addressed by the Centres for Addictive Disorders which operate in the five major cities of Lithuania. The Centres offer pre- and post-test counselling, testing for blood-borne diseases, needle and syringe exchange and substitution maintenance treatment.

- Out of the responding 11 organisations (including one prison) none stated to have implemented a specific strategy for HCV prevention. However, seven organisations confirmed to refer their HCV-positive clients regularly to specialised HCV treatment. Furthermore, six organisations stated to have a strategy for HCV screening. Thus, screening for a viral infection with hepatitis C is only implemented in about half of the organisations providing information for the overview.

- At present there are 11 low-threshold services in Lithuania operating in six cities. These centres provide needle and syringe exchange, distribution of sterile swabs and condoms, health training and education, information and psychosocial support. Opiate substitution treatment is currently available in five Lithuanian cities.

- Written materials, mostly only available in Lithuanian language, are used to support oral information and education on risks of HCV-infections and prevention strategies.

- All 11 organisations reported that the staff is trained in providing information on HCV prevention.

In Lithuania, there is no systematic monitoring of the prevalence of hepatitis C among (intravenous) drug users.
The overview shows that in all five European cities and regions three key harm reduction interventions have been implemented to reduce the transmission of blood-borne diseases such as hepatitis C; needle and syringe programmes (NSPs), testing for HCV and opioid substitution treatment (OST).

Needle and syringe exchange aims to decrease the spread of blood-borne diseases by reducing the sharing of injecting equipment. Sharing is known to be the major reason for an infection with HCV. NSP exist in all EU Member States, and are most often provided in specialised drugs agencies. In addition, seven countries offer syringe machines, and in five EU countries syringe exchanges have been established in prisons (EMCDDA 2010).

To increase the number of drug users who are diagnosed for HCV, testing is offered either in public health services or in harm reduction services and drug treatment programmes. However, the overview indicates that testing for HCV and other blood-borne diseases is not offered systematically in most of the five European regions – with exception of Catalonia.

With regard to HCV prevention, opioid substitution treatment aims to reduce risk behaviour by supporting drug users either to quit injecting drug use or to reduce the frequency of drug injecting. According to an EMCDDA survey OST is available to at least half of the opioid users in 16 European countries. It is estimated that in a further ten countries substitution treatment is only available to a minority of opioid users, as for instance drug-free options are the preferred form of treatment, especially for younger drug users, or because access to substitution treatment is difficult (EMCDDA 2010).

Among the regions overviewed, harm reduction is widely available in the Netherlands, Germany and Spain, but rather low in Lithuania and Greece. In the Netherlands, Germany and Spain drug consumptions rooms (DCR) are regarded to contribute to the prevention of infectious diseases. DCRs allow a consumption of drugs under hygienic and low-risk conditions. In Europe, the number of countries operating drug consumption rooms recently has been increased. In addition to Germany, Netherlands and Spain drug consumption rooms are available in Switzerland, Luxembourg, Norway, and since September 2011 in Copenhagen, Denmark.

One important result of the overview among the five European regions is that HCV is not addressed specifically but as part of the blood-borne diseases which are in general intended to be reduced by harm reduction measures. In addition, even though a number of drug services offers testing for HCV, there is only limited knowledge on the number of clients tested and, in
particular, on the number of HCV-positive clients referred to specialised treatment. Consequently, monitoring of HCV testing and test results seems to need explicit improvement.

5 Conclusions

Since the mid eighties there have been constant public AIDS awareness campaigns along with the establishment of alliances such as UNAIDS. The campaigns and alliances have contributed effectively to the considerable decrease of HIV among drug users and other risk groups. While in most EU countries HIV-infections in drug users are low, the same does not apply to infections with hepatitis C. The prevalence of HCV infections among drug injectors is still high, demonstrating that HIV prevention does not have an impact on the reduction of other blood-borne diseases. In fact, the persistently high number of drug injectors infected with hepatitis C represents a serious public health problem.

The high prevalence of HCV infections among drug injectors is partly attributed to the virus being more infectious than the HI virus. Hepatitis C can not only be transmitted by sharing needles and syringes, but also by sharing paraphernalia such filters, water and spoons/’cookers’ In addition, many of those infected with hepatitis C are not aware of their infection as often clinical symptoms do not appear. If not diagnosed, the hepatitis C infection is left untreated and this leads to a chronic infection in about 80% of the cases (Schulte, Stöver et al. 2008; Grebely and Dore 2011; Hagan, Pouget et al. 2011).

The overview on implementation of HCV prevention in the five European regions (Amsterdam, Athens, Catalonia, Hamburg and Lithuania) allows the identification of gaps in the provision of interventions for HCV prevention. First of all, the overview showed that in all regions approaches such as NSP, opiod substitution treatment, awareness for risks related to HCV infection and oral and written messages are the most available elements of HCV prevention. There are also services in place which deliver testing and access to HCV treatment. However, the practice of testing drug users varies significantly between the different types of drug services, and depends on the clients utilising the services. In general, rates of testing and diagnosis for hepatitis C appear still to be insufficient as in particular drug users in low-threshold services often are undiagnosed.

Testing is an important measure for prevention as testing provides the opportunity for health education within the pre- and post-test counselling. Furthermore, testing is necessary to determine if someone has developed a chronic hepatitis C, and to improve access to HCV
treatment. Based on the overview testing is often either offered in public health services (Amsterdam, Athens), in drug treatment programmes (Hamburg and Catalonia) or in prisons. Low-threshold services are in contact with a highly problematic group of drug users, and thus these services represent a good opportunity for the prevention of infectious diseases through safer use education, vaccination, and also testing.

Apart from the need to extend testing, access to treatment has to be promoted and expanded. Referral to treatment still appears to be rather low, in particular for the group of active drug users. This group is often explicitly excluded from treatment in many national guidelines for the management of HCV treatment. In case of a positive hepatitis C test it is necessary to offer drug users further assessment. After diagnosis drug users must be enabled to make informed choices, and if appropriate they have to be provided access to antiviral treatment (Wright and Tompkins 2006).

One objective of the overview was to assess the types of implemented programmes in relation to scientific evidence for HCV prevention. On basis of systematic reviews it can be concluded that needle exchange programmes as well as methadone maintenance treatment have a limited effect on reducing HCV incidence, but are not effective in reducing the HCV prevalence. Also drug consumption rooms do not seem to be effective in decreasing the HCV prevalence; however there is still not enough research on the effects of this harm reduction service (Wright and Tompkins 2006; Schulte, Stöver et al. 2008; Hagan, Pouget et al. 2011). The recent review of Hagan et al. (2011) shows that single interventions such as NSP, DCR, drug treatment and individual behavioural interventions in general only have marginal effects on the prevention of an infection with hepatitis C. In the light of limited evidence found for single interventions, all reviews came to the conclusion that comprehensive harm reduction measures are most effective in protecting IDUs from HCV infection. Combined interventions targeting at safe drug use patterns and the reduction of drug injection such as NSP, DCR, OST, and counselling and health education are regarded as most effective in reducing HCV infection. According to Hagan et al. (2011) such combined interventions reduced the risk of HCV seroconversion by 75 %.

To combine key interventions is also the rationale of a recent guidance on the prevention of infectious diseases among IDUs, published by the European Centre for Disease Prevention (ECDC) and Control and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (ECDC and EMCDDA 2011). However, to be effective in reducing the HCV prevalence among IDUs the coverage level of the single interventions must be sufficient. As regards NSP, access to sterile injecting equipments needs to be ensured on a 24 hour basis, and considerably more prison-based NSPs need to be implemented in Europe. As present there is a
limited coverage of DCR, and those DCRs existing have limited opening hours along with restrictions on accessing these services (e.g. those in substitution treatment, adolescent drug users). OST has to provide the optimal dose adjusted to the individual. In addition substitution treatment offers excellent opportunities to provide prevention, testing and treatment of an infection with hepatitis C.

Research demonstrated that among other factors an infection with HCV is closely associated with young IDUs, recent initiation to injecting, imprisonment, injecting networks and borrowing injecting equipment (Grebely and Dore 2011). The high risk of HCV among younger and recent IDUs indicates a narrow window for prevention. According to Grebely and Dore (2011) the median time to acquire a HCV infection is three years after initiating drug injecting.

“A robust response to the global health problem of HCV will require provision of new interventions. Behavioural interventions; distribution of bleach disinfectant; other injecting paraphernalia alongside sterile needle distribution; and evaluation of drug consumption rooms merit further expansion internationally and research activity to contribute to the emerging evidence base” (Wright and Tompkins 2006).
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Annex 1: Questionnaire on implemented services for the prevention of hepatitis C

European research project on HCV prevention for drug users

Inventory of implemented services for the prevention of hepatitis C among drug users

Please tick those answers that apply in your facility

Date (DD/MM/YY)

City

Name of facility

Type of Service

- Low threshold
- Substitution maintenance treatment
- Outpatient psychosocial treatment
- Prisons
- Other type of service, which

- Consumption rooms
- Detoxification
- Inpatient psychosocial treatment

Which of the interventions are implemented in your facility?

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Is the service offered on a regular basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination for hepatitis B and A</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Pre- and post-test counselling</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Syringe exchange</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Testing for hepatitis C</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Advice on safer use and safer sex</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Education for hygiene as regards for e.g. hand washing</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Information on risks through tattoo and piercing</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Strengthen blood awareness</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Education in the correct handling of alcohol sponges and other drug use equipment</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Prevention messages addressing specific settings such as prisons</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

ZiS-Hamburg
European research project on HCV prevention for drug users

Inventory

Which of the interventions are implemented in your facility? Is the service offered on a regular basis

- Written information on risks and prevention of infections with HCV
  - Yes
  - No

- Is this written information available in different languages?
  - Yes
  - No

If yes which languages

- Other media on risks and prevention of infections with HCV (i.e. board game, DVD, external outreach workers)
  - Yes
  - No

If these media available in different languages?

- Are there any other services provided?
  - Yes
  - No

If yes which other services

- Training for employees
  - Yes
  - No

- Are there any information missing
  - Yes
  - No

If yes which ones

Does your facility have a specific strategy or procedure for HCV prevention?

- Strategy on Hepatitis C prevention
  - Yes
  - No

- Strategy on Hepatitis C screening
  - Yes
  - No

- Strategy on Hepatitis C treatment
  - Yes
  - No

- Are there specific activities to reach new injectors (under 25 years or less than two years of injecting)
  - Yes
  - No

- Do you refer HCV positive clients regularly to specialised HCV treatment?
  - Yes
  - No

Which client groups are served?

- Opiate addicts
- IDUs
- Cannabis users
- Crack, cocaine and/or amphetamine users
- Young drug users
- Women
- Migrants

- ZSiS-Hamburg
### Inventory

**Utilisation of the programs**

- How many clients make use of your services? per month or per year
- How many individual clients have been tested for blood-borne diseases in 2009?
- How many individual clients have been tested for hepatitis C in 2009?
- What proportion of your clients is infected with HCV? % [ ] on basis of data or [ ] estimated
- How many HCV positive clients have been referred to HCV treatment in 2009?