



European Monitoring Centre
for Drugs and Drug Addiction

Challenges in earlier HIV testing and care among people who use drugs

HIV in Europe, Copenhagen, 2012

Roland Simon, EMCDDA

Overview

Early testing: why is it important?

Situation in Europe

How to further improve

Outlook

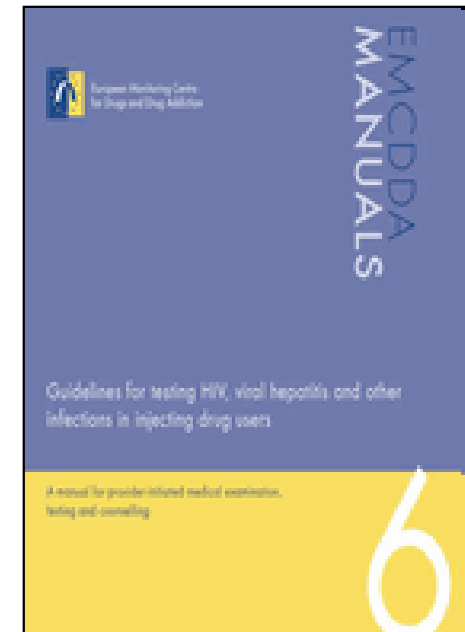


Recent publications

ECDC and EMCDDA (2011)
Guidance on Prevention and control of infectious diseases among people who inject drugs



EMCDDA (2010)
Guidelines for testing HIV, viral hepatitis and other infections in injecting drug users



HIV Testing: Why is it important?

- Based on expert opinion and studies, partly supported through evidence from review of reviews
- Important opportunity to counsel and educate people about preventing (if tested negative)
- Helps to avoid onwards transmission (if tested positive)
- Early care for HIV and possible co-infections
- Likely to be cost-effective in all European settings to test



HIV Testing: And why early?

- Reduce time under increased risk for disease progression
- Increase effectiveness and lower costs of interventions (1)
- Risk-reduction counselling can result in reductions in risk behaviours – which should happen as early as possible (2)
- Increase life expectancy (3)

- A practical recommendation by ECDC and EMCDDA (2011)
Tests should be offered IDUs up to once or twice yearly



Early testing: The situation in Europe

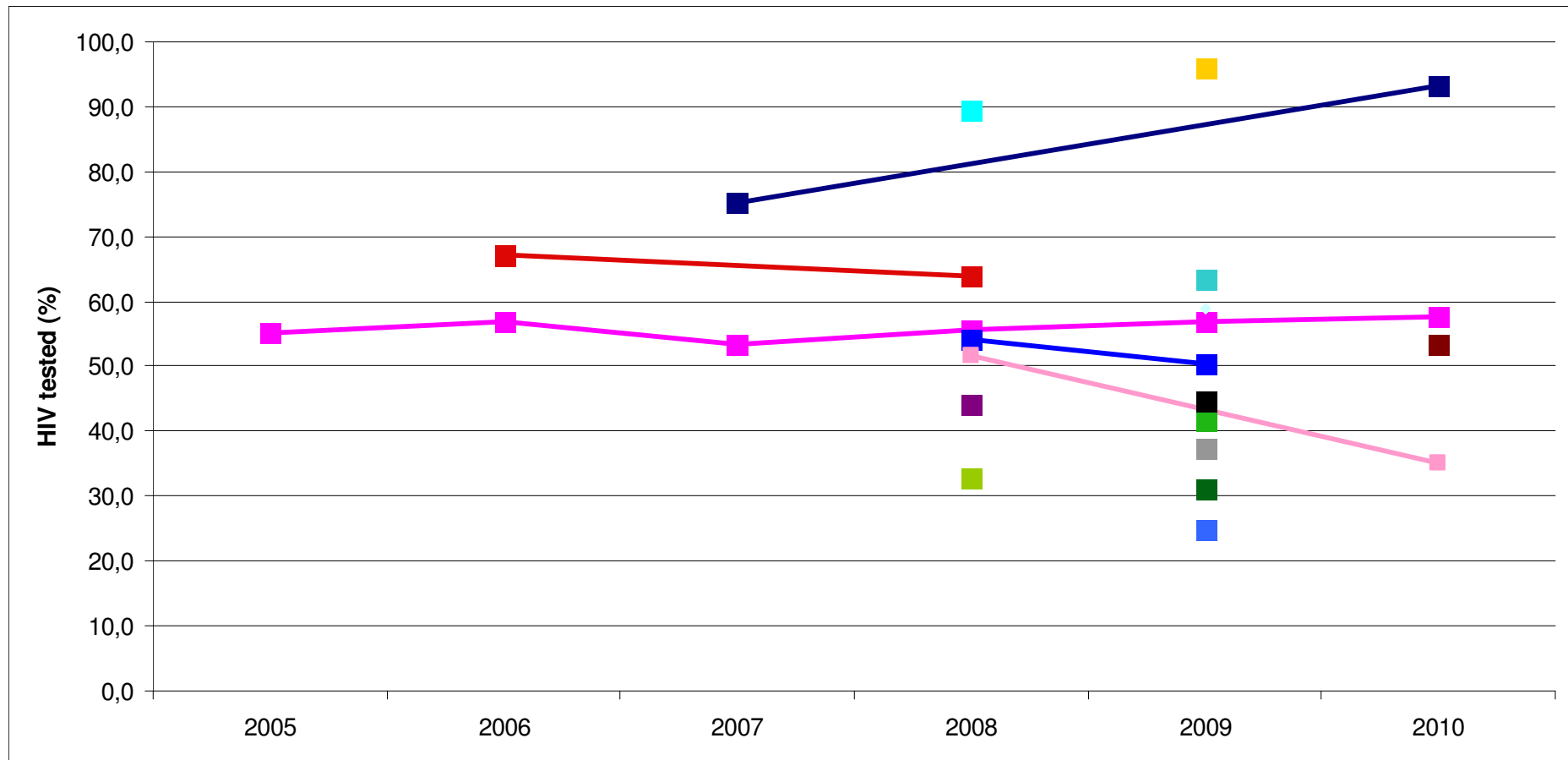
No representative data on testing delay available

Proxy for testing within 6 months:

- Self-reported or recorded test uptake in the last 12 months amongst IDUs
- Persons tested positive with high CD4 – national studies

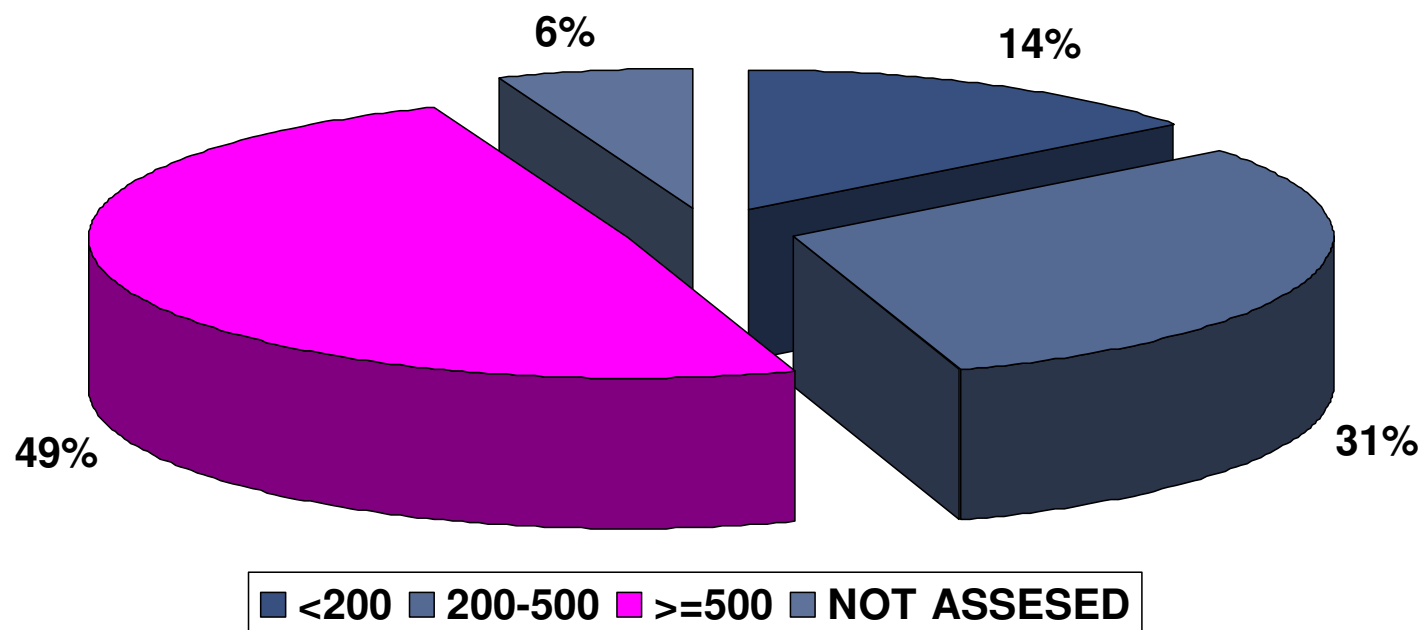


HIV test uptake in the last 12 months amongst IDUs (Different settings, 10 EU Member States)



Source: EMCDDA Annual data collection 2012, preliminary data

CD4 count in new IDUs' HIV/AIDS cases, diagnosed in 2011 (cel/mmc) Romania



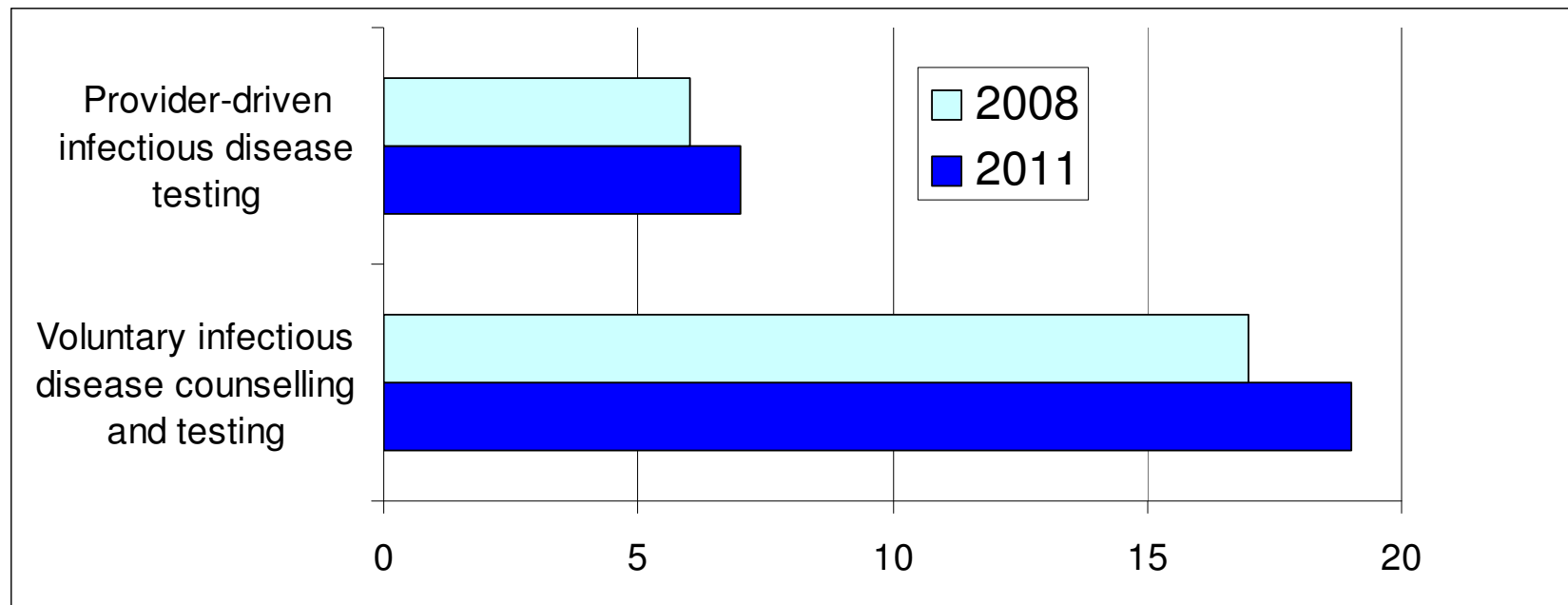
Source: Mariana Mărdărescu (2012) HIV outbreaks in people who inject drugs in Romania (2012)

Early testing amongst early presenters and others: The situation in some EU Member States (IDU in bold)

	Early tests	Late tests	CD4 cells/mm ³
Denmark 1995-2009 (1)	49%	51%	<350
Germany (FD) 2001-2010 (2)	42%	58%	<350
Italy 2002-2006 (3)	61%	39%	<200/AIDS
Romania 2012 (4)	91%	9%	<200
UK 1996 – 1999 (5)	71%	38%	<200
2006 – 2008	88%	12%	



Changes in the national policies in the priority responses to prevent infectious diseases among drug users



Source: EMCDDA Structured Questionnaire on 'Prevention and Reduction of Health-Related Harm associated with drug use' (SQ 23/29), submitted by NFPs in 2008 and 2011.

Early testing: The situation in Europe

Based on limited data the picture seems to be as follows:

- Not more than 60% of the target group seems to be tested within 12 months in most countries
- Up to 60% of the tested population is not in an early stage
- But: there might be a positive trend

- Limitation: Not all of these data refer specifically to IDUs



How to further improve: Make access easier

- Providing point-of-care tests (POCT) in outreach settings can increase the uptake of HIV tests, usually with the help of rapid HIV tests
- In Finnish point-of-care (PoC) rapid HIV testing programs rapid HIV tests (finger prick, result within 15 minutes) were well accepted among personnel and clients
- Limitations: lower sensitivity, confirmation by serological tests needed (Patel et al 2012)



How to further improve: Reduce barriers

- Address stigma of drug users by education and information of professionals, policy makers, public
- Raise awareness testing among specialised and non-specialised drug service providers, collaboration with/ referral to drug specialists
- Combine testing offer with low-threshold drug services – needle and syringe programmes , substitution treatment etc. (1)
- Pre-test counselling should address fear of learning test results and rapid testing should be considered (2,3)



How to further improve: Increase frequency

- Incorporate improvement of testing coverage in IDUs in EU and national AIDS and Drugs Action Plans, as a separate and specific action point
- Make tests every 6 – 12 months the rule, also in prisons
- Cover costs (e.g. national health insurance, national budget drug services, prison budgets etc.)



How to further improve: Focus on risk groups

- Provider initiated, voluntary, confidential testing allows focussed approach
 - Late tests more frequently found for persons who are (2,3)
 - Male
 - Above 50 years
 - Migrants
- Special focus on this target group needed



Outlook

- To increase the percentage of early testing also amongst IDUs, regular tests at annual or semi-annual basis should be the objective
- Multiple approaches needed
 - Policy and care providers have to understand situation and needs
 - Ongoing funding required
 - Rapid tests should be used, validation needed
 - Provider initiated, voluntary, confidential testing can help to be more focussed
 - POCT are promising approaches
- ECDC and EMCDDA guidance aims to support implementing this approach



Thanks to Dagmar Hedrich, Lucas Wiessing, Alessandra Bo
for their support preparing this presentation

Thank you for your attention

More information can be found at

www.emcdda.europa.eu

