

Behavioural data Hungary

DRID expert meeting

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Anna Tarján

Hungarian Reitox National Focal Point



Drog, Adat, Döntés

History of Behavioural data collection (2008 – 2015)

National HIV/HCV serobehavioural survey series (2006-2015)

(National Centre for Epidemiology + HU NFP; 600-700 PWID/year)

- Same recruitment and data collection methodology each year (incentive to participate)
- PWIDs were tested (DBS) and interviewed in NSPs and DTC (3 months/study year)
- Sample size/site was proportionally adjusted to PWID client number
- Test result + questionnaire were linked by anonymous unique identification code

No previous national practice (only 1-2 local, small ad hoc studies) → it was based on EMCDDA tools (ST9 P3/DRID Protocol 2006/ DRID Guidance module 2013) completed with country-specific items

2008

- Base questionnaire (age, gender, years of injecting; primary substance - closed)
- Core behavioural items (syringe sharing.; equipment sharing – last 4 weeks)

2009

- Base questionnaire (2008 + last time of injection – to select current)
- Core behavioural items (2008 + HIV/HCV testing uptake last year)

2011

- Base questionnaire (2009 + primary substance – open category)
- Core behavioural items (2009+ syringe sharing → receptive and distributive sharing)

History of Behavioural data collection (2008 – 2015)

No national survey in 2012 – 2013

Longer version of the behavioural module was pre-tested and improved during the regional HIV/HCV testing programme at NSPs (2011-2013)

2014-2015

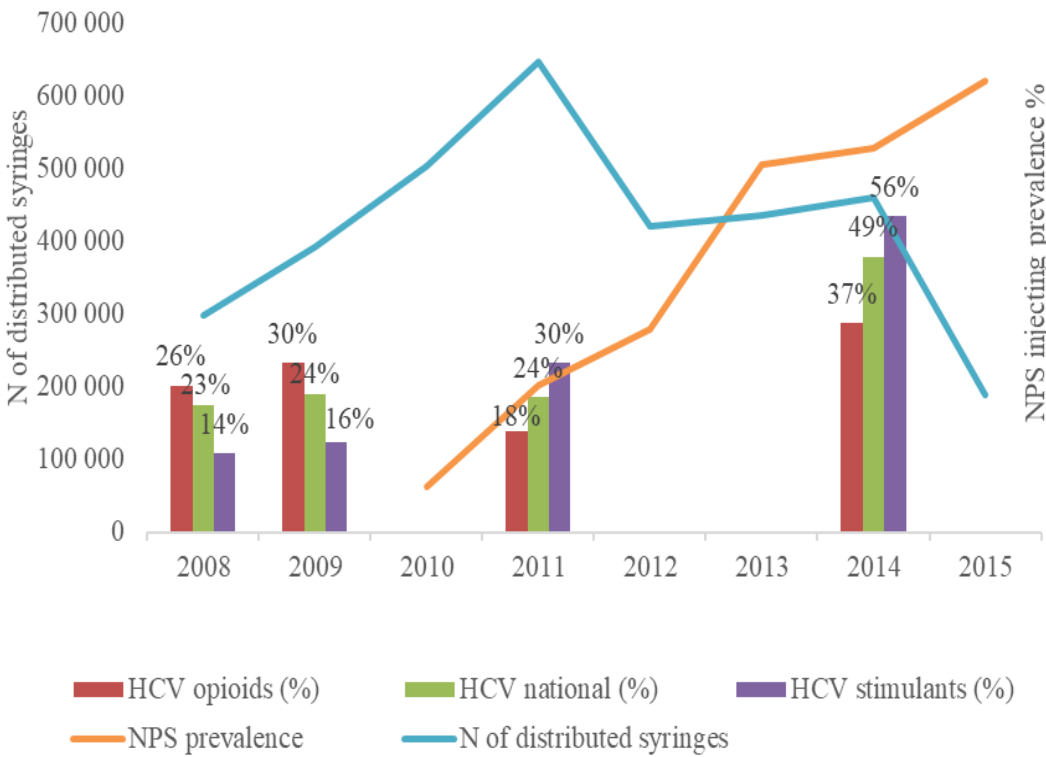
- Base + core behavioural items (as in 2011) +
- Injecting frequency (last 4 weeks)
- Sterile syringe at last injection
- N of sterile syringes obtained (last 4 weeks)
- N of sexual partners (last year)
- N of (receptive) injecting partners (last 4 weeks)
- N of reuses of the last syringe
- Condom use (last 4 weeks*)
- Sex work (last 4 weeks*)
- OST (last 4 weeks)
- Prison (ever)
- Homelessness (last year)
- Place of birth
- Injecting episodes per day (NPS!)
- N of NSPs visited (4 weeks)
- Syringe purchase in pharmacies (4 weeks)

EMCDDA ST9 P3
additional/optional
items

Nationally added
items

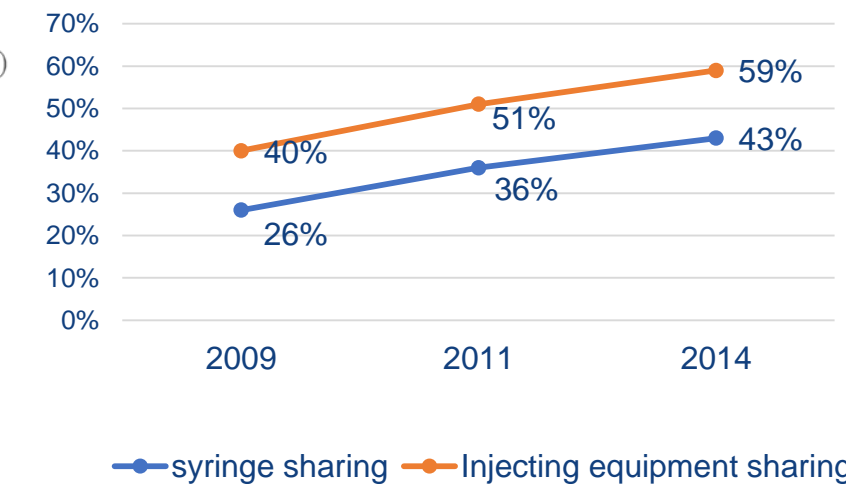
Importance of behavioural data collection (2008 – 2015)

After 2010 in HU it was extremely important in order to understand consequences of increasing NPS (synthetic cathinones) injecting + decreasing NSP and reasons for increasing HCV



The impact of the spread of NPS injecting (among all NSP clients) and the decrease in the number of distributed syringes on HCV prevalence by primary injected drug type (national HIV/HCV serobehavioural survey, ever injectors) (2008-2015)

Source: Tarján 2018

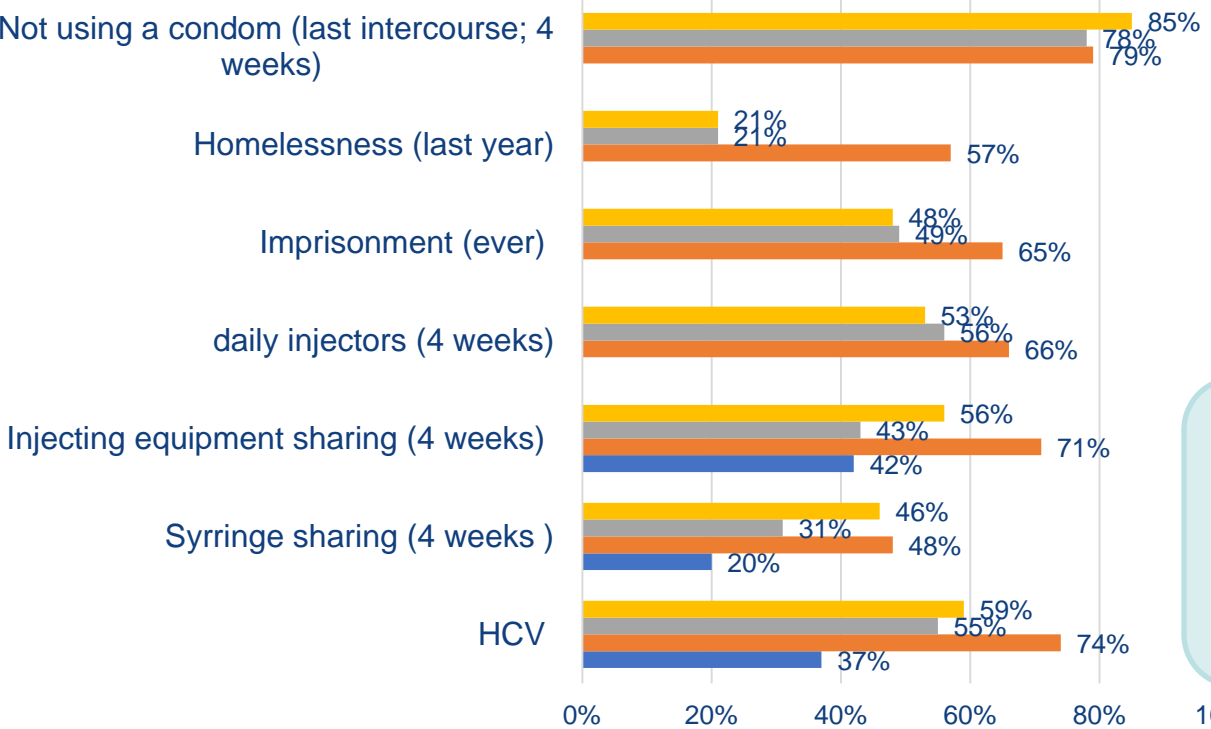
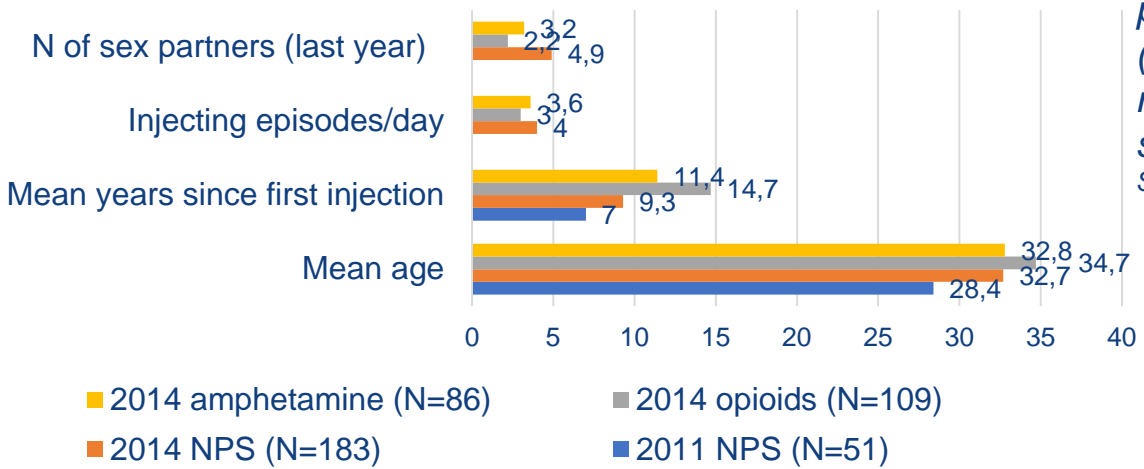


Prevalence of syringe sharing and injecting equipment sharing in the last 4 weeks among current injectors participating in the national HIV/HCV serobehavioural survey series (2009-2014)

Source: Tarján 2018

Importance of behavioural data collection (2011-2014)

HCV prevalence and risk factors by primary injected drug among PWID (current) participating in the national HIV/HCV sero-behavioural survey series (2011-2014)
 Source: Tarjan et al. 2017.



Mainly all risk behaviours and risk factors were significantly higher among NPS injectors in 2014

HCV + syringe and equipment sharing doubled among NPS injectors 2011-14



Understanding patterns and elevated risks of NPS injecting
 (2015: 80% of NSP clients; ~ 5400 current NPS injectors)

2018: New bio-behavioural survey

The national seroprevalence survey series was not continued after 2015 (no financing; comparability problems)

HU is part of HA-REACT WP4: HIV/HCV rapid testing for PWID at mainly NSPs + behavioural questionnaire (developed by NFP HU + ex NCE), 5 of 7 regions covered

NPS (synthetic cathinone) injecting is still dominating, however....:

Recent research results + new trends among PWID (Péterfi et al. 2017; Tarján et al. 2017; NSP data; TDI data; Kaló et al. 2018):

- high rates of imprisonment among PWID (above 50% since 2014)
- NPS use (inc. injecting) widespread in marginalised groups (homeless; segregated areas)
- methadone injecting (found in syringes, prevalence?, probably as secondary injected drug)
- PWID – more hidden, more difficult to reach (due to increasing presence of police + closing of further NSPs + capacity problem at NSPs mainly in Bp.)
- Increasing synthetic cannabinoid use (smoking) - periodic or permanent shift
- Increasing inhaling (foil) of injectable substances →
- a part of primary injectors are becoming polydrug users with switching routes of administr.

2018

- 2014/2015 questionnaire revised +
- primary substance + primary route of administration
- primary + secondary injected drug
- Among ever prisoners: injecting + inj. equipment sharing in prison
- New testing sites in Bp due to low client numbers in NSPs - homeless shelters (outreached by NSP staff)
- time of recording the questionnaire = time of test results received

Thank you for your attention!

tarjan.anna@nefi.hu

www.drogfokuszpont.hu

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