



SPECIAL REPORT

Thematic report: People who inject drugs

Monitoring implementation of the Dublin Declaration on
Partnership to Fight HIV/AIDS in Europe and Central Asia:
2012 progress

ECDC SPECIAL REPORT

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Monitoring Implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report



This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: <http://www.ecdc.europa.eu/> under the health topic HIV/AIDS. ECDC gratefully acknowledges technical input and review of this thematic report by experts at the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) including Lucas George Wiessing, Dagmar Hedrich, Julian Vicente, Roland Simon, Ilze Jekabsone, Linda Montanari, Andre Noor, Klaudia Palczak, and Alessandro Pirona

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Abbreviations

ART	Antiretroviral therapy
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GARP	Global AIDS Response Progress reporting
HIV	Human immunodeficiency virus
IDU	Injecting drug user
MSM	Men who have sex with men
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
OST	Opioid substitution therapy
PWID	People who inject drugs
STI	Sexually transmitted infections
TB	Tuberculosis
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization
USAID	United States Agency for International Development

Executive summary

Key messages

- People who inject drugs (PWID) are a key population at increased risk of HIV throughout Europe and Central Asia.
- In many countries of the region there are HIV epidemics among PWID.
- In some countries, rates of HIV infection among PWID have been low. However, there is a risk of HIV outbreaks among PWID in these countries if HIV is introduced and HIV prevention programmes are inadequate.
- Many countries of the region have demonstrated that effective HIV prevention programmes, such as the provision of sterile injecting equipment and opioid substitution therapy (OST), can both prevent and reduce HIV transmission among PWID. In these countries, HIV transmission through injecting drug use is largely controlled.
- In countries without effective, high-coverage, HIV prevention programmes for PWID, there is the risk of outbreaks occurring even if HIV prevalence among PWID is currently low. Detecting such outbreaks requires a combination of surveillance methods.
- Many EU/EFTA countries have successfully implemented moderate to high-coverage HIV prevention programmes for PWID. This includes making sterile injecting equipment widely available through different channels, including needle and syringe programmes, pharmacies and dispensing machines. Programmes in these countries have succeeded in distributing 100–200 syringes annually to each person who injects drugs. These programmes also provide OST to more than 30% of problem opiate users.
- The situation is very different outside the EU/EFTA and in a minority of EU countries. The introduction of needle and syringe programmes and OST occurred later than in most EU countries, in a difficult political environment and requiring external financing. As a result, coverage of needle and syringe programmes remains low in these countries and coverage of OST remains very low.
- It is essential that needle and syringe and opioid substitution programmes are scaled-up in all countries of the region.
- In low- and middle-income countries of the region, the establishment of programmes has been dependent on external sources of financing, particularly from the Global Fund. If such funding ends and is not replaced with domestic funding, there is a significant risk that such programmes will suddenly come to an end, as reported in Romania. This also bears a significant risk for other countries in the region. It is important that these essential HIV prevention programmes are financed in a sustainable manner across all countries of the region.
- In the absence of effective HIV programmes for PWID on an appropriate scale, there is a high risk of on-going HIV transmission among PWID and/or HIV outbreaks occurring among them.

Background

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations which emphasise HIV as an important political priority for the countries of Europe and central Asia.

Monitoring of progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society in August 2008. In late 2007, the European Commission requested ECDC to monitor the declaration on a more systematic, on-going basis. ECDC produced its first progress report in 2010. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten topical reports.

Method

All 55 countries were requested to submit data regarding their national responses to HIV (see Annex 1 for a list of the 55 countries). For this round of reporting, the process was further harmonised with Global AIDS Response Progress reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the background and methods report.

This report reflects indicators included in Global AIDS Response Progress reporting (GARP), which are linked to targets in the 2011 Political Declaration¹. Countries reported data on HIV prevalence, HIV testing, use of condoms and of sterile injecting equipment. Data reported by countries in 2012 and 2010 is included in the tables annexed to this report. The report also reflects information drawn from country narrative reports to UNAIDS, and government and civil society responses to the UNAIDS National Commitments and Policy Instrument (NCPI), and the European supplement to the NCPI about prevent policies, strategies and programmes for key populations.

One challenge facing HIV prevention programmes for PWID is how to measure their coverage and scale. Previously, UNAIDS recommended a composite UNGASS indicator which measured whether a person had received a condom and injecting equipment during the last year and whether they knew where to get an HIV test. Since the 2010 Dublin reporting round this indicator has been reviewed and removed from the set of indicators now being used for Global AIDS Response Progress reporting. It has been replaced by an indicator which measures the number of syringes distributed per person who injects drugs per year by needle and syringe programmes. Such a change has long been suggested by the advisory group of the Dublin reporting process. However, other relevant coverage indicators suggested by the advisory group and currently tracked in Europe, such as the proportion of problem opiate users receiving substitution therapy, have not yet been incorporated into the indicator set for Global AIDS Response progress reporting.

There are a few questions within the National Commitment and Policies Instrument (NCPI) in which PWID are considered as one of affected key populations. Countries were asked to respond to these questions. Qualitative material from this and other sources has been included in this report on an illustrative basis.

EMCDDA also produced country data sheets for a total of 29 countries. These sheets drew on data held by EMCDDA based on reports submitted by the network of national focal points (Reitox). This included data on the number of syringes distributed to PWID; reported condom use among PWID; safe injecting practices among PWID; rates of HIV testing among PWID; HIV prevalence among PWID and the scale of OST. Data from these sheets has been included in this report.

In the European supplement to NCPI, countries were invited to submit information not yet reported to EMCDDA or UNAIDS and to submit any additional information considered relevant. A number of countries did so, particularly through their narrative reports.

One challenge faced is that there is no easy way of tracking HIV incidence among PWID. HIV prevalence is used to provide some insight into the extent of on-going HIV transmission among PWID in the region. However, it has limitations because it is not only affected by the number of people acquiring HIV infection but also by other factors, such as the increased survival rate of people living with HIV. Other proxies of HIV incidence among PWID have been proposed, such as the number of new cases of HIV among PWID and/or HIV prevalence among young people (<25) who inject drugs. However, each of these proxies of HIV incidence has its own limitations. Case reported data is only a reasonable proxy of HIV incidence if rates of diagnosis are high, diagnosis occurs promptly and under-reporting and reporting delays are limited. HIV prevalence among young people can be used as a proxy of HIV incidence if it can be assumed that young people are a reasonable proxy for new injectors. This is not the case in all countries. HIV prevalence among new injectors would be a better proxy of HIV incidence but few countries have such data.

There is a great deal of variation in the type of data reported between and within countries. Surveys may have been conducted in various ways and/or in different locations. Countries may have used different methods to calculate the same indicator. Countries may have used varying methods to calculate population size which is used as a denominator, (e.g. to calculate the number of syringes distributed per person who injects drugs.) In addition, there may be variation in what countries include in the numerator for this indicator (e.g. whether or not syringes sold as well as syringes distributed for free through pharmacies are included.) Consequently, caution should be exercised in making comparisons between countries or within a country over time.

This report is divided into two main parts. The first part considers the HIV situation affecting PWID in Europe and Central Asia. The second part considers the nature of HIV responses for PWID in the countries of Europe and Central Asia. The report then draws a number of conclusions, considers progress since the last round of Dublin reporting and presents a summary of issues for further action.

¹ Political declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. UNAIDS 2011. Available at: http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf

Introduction

Injecting drug use has been recognised as a major driver of HIV epidemics across Europe and central Asia. Many countries have documented high rates of HIV prevalence among PWID. However, there is evidence that the role of injecting drug use in national epidemics has declined in many countries in the western part of the region. This is probably as a result of the introduction of effective harm reduction programmes but also due to a reduction in injecting drug use in some countries. Nevertheless, injecting drug use still appears to be a major driver of HIV epidemics in many countries, particularly in the eastern part of the region, where harm reduction programmes have been implemented more slowly.

Box 1. HIV prevalence and prevention coverage among PWID in EU/EFTA countries

HIV prevalence among PWID is high (>5%) in a number of EU/EFTA countries including countries in the south and west of the region (e.g. France, Italy, Spain, and Greece) and in the east (Bulgaria, Estonia, Latvia and Poland). HIV prevalence among PWID in Bulgaria was reported to have risen from 3.4% in 2006 to 7.1% in 2009, while in Greece it increased from 0.8% in 2010 to 8.5% (in Athens) in 2011.

However, HIV prevalence among PWID is low (<1%) or moderate (1–5%) in most EU/EFTA countries, including Belgium, Denmark, Finland, Germany, Luxembourg, the Netherlands, Norway, Sweden and the United Kingdom in the north of the region and Austria, Cyprus, the Czech Republic, Hungary, Malta, Romania, Slovakia and Slovenia in the centre and the south (see Figure 1).

HIV prevalence is stable or declining in a number of EU/EFTA countries including Finland, Germany and Sweden (see Box 2)

However, there are reported HIV outbreaks among PWID in a few EU countries, including Greece and Romania. Reported HIV prevalence among PWID in Bulgaria is rapidly increasing.

Coverage of needle and syringe programmes in most EU/EFTA countries is moderate (100–200 syringes per person who injects drugs) to high (>200 syringes per person who injects drugs). This is in marked contrast to non-EU/EFTA countries (see Figure 2).

However, in a small number of EU/EFTA countries coverage of needle and syringe programmes is low. In some countries (e.g. Switzerland and Sweden) this may be because coverage of other programmes (e.g. OST) is very high. However, in other countries, it appears that coverage is low because the programmes are not yet well-established or sufficiently expanded (e.g. Bulgaria, Greece, Latvia, Lithuania and Romania).

Low coverage of harm reduction programmes, such as needle and syringe programmes, has been identified as a key factor in recent HIV outbreaks among PWID in Greece and Romania. The level of coverage of harm reduction programmes in Romania is reported to have declined after cessation of Global Fund financing because alternative sources of funding have not been found for these programmes.

OST coverage is good in many EU/EFTA countries. More than half of problem opiate users are reported to receive OST in Cyprus, Czech Republic, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Spain, Sweden and the UK. This situation is in marked contrast to non-EU/EFTA countries (see Figure 3).

However, OST coverage is low in a small number of EU countries, including Estonia, Greece (Athens), Latvia, Lithuania, Poland and Slovakia.

Overall, rates of HIV testing are high in EU/EFTA countries among PWID but they are low in some countries including Hungary, Malta, Poland and Romania.

Reported rates of condom use among PWID are low in EU/EFTA countries. However, rates are reported to have risen between the two rounds of Dublin reporting in some countries, including Bulgaria and Romania.

Reported rates of using sterile injecting equipment among PWID are high in EU/EFTA countries. Rates are reported to have risen between the two rounds of Dublin reporting in some countries, including Bulgaria and Estonia.

HIV and PWID

Current situation

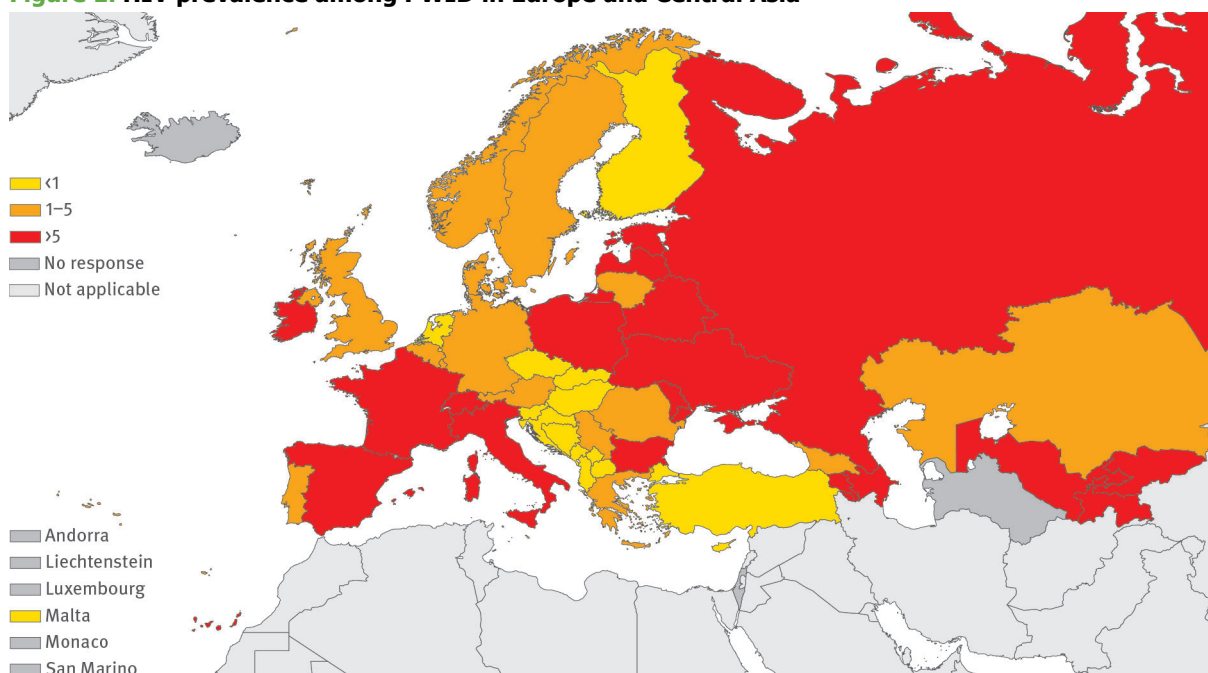
HIV prevalence among PWID is high in many countries of the region.

Most of the countries in the European and Central Asian region (48, 87%) reported HIV prevalence among PWID in at least one of the last two rounds of Dublin reporting (see Figure 1 and Annex 2).

Many countries (19) report high HIV prevalence among PWID (i.e. over 5%). These include countries in south west Europe, such as France, Italy, Spain and recently Greece where a sharp increase in the HIV prevalence among PWID was observed between 2010 (0.8%) and 2011 (8.5% in Athens). Although Portugal would previously have been in this group, national HIV prevalence among PWID was reported to have fallen to 4.9% in 2010.

In addition, many countries in the east of the region report high HIV prevalence among PWID. These countries include Armenia, Azerbaijan, Belarus, Estonia, Kyrgyzstan, Latvia, Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan. Poland also has high HIV prevalence among PWID. Moreover, it is of concern that reported HIV prevalence among PWID in Bulgaria rose from 3.4% in 2006 to 7.1% in 2009.

Figure 1. HIV prevalence among PWID in Europe and Central Asia²



Nevertheless, many countries of the region have maintained low to moderate HIV prevalence among PWID.

Many countries of the region report that HIV prevalence among PWID is either low (1% or less) or moderate (1–5%). These include a number of countries in the north of the region such as Belgium, Denmark, Finland, Germany, Luxembourg, the Netherlands, Norway, Sweden and the United Kingdom. They also include countries in the centre and south of the region, such as Albania, Austria, Cyprus, the Czech Republic, Hungary, Malta, Romania, Slovakia, Turkey and all countries of the former Yugoslavia, namely Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Kosovo³, Montenegro, Serbia and Slovenia.

In most countries of the region, HIV prevalence among PWID is stable or declining.

It was possible to look at broad trends in HIV prevalence over time among PWID in the 39 countries that reported data in both this and the previous round of Dublin reporting (see Annex 1). In almost all cases (34; 90%), HIV prevalence was either stable or declining, examples being Finland, Germany and Sweden. There were, however, a

² As indicated in two rounds of Dublin reporting (see Annex 1)

³ In accordance with UN Security Council Resolution 1244 (1999)

few exceptions including Armenia, Bulgaria, Georgia and Kyrgyzstan. A number of countries commented in their narrative reports on the reasons for stable or declining HIV prevalence among PWID (see Box 2).

Box 2. Explanations for stable or declining HIV prevalence in country narrative reports for Global AIDS Response progress reporting

In Finland, effective prevention measures are credited with having kept HIV infections associated with injection use at a low level following the HIV epidemic at the turn of the millennium.

In Germany, the number of newly-diagnosed HIV infections among PWID has been steadily declining since 1997, particularly in urban areas. The reason given for this decline is that sterile injection equipment is widely and easily available in Germany through pharmacies and needle exchange programmes. Substitution therapy is offered to every person in need and is covered by health insurance. The majority of HIV-infected PWID participate in drug substitution schemes.

In Sweden, fewer HIV infections were reported among PWID in 2010/2011 than in 2008/9. Although needle-syringe programmes only reach some Swedish PWID, the report concluded that the programme in Skåne county had had a positive impact in preventing new HIV cases in the region.

In Ukraine, the reported decrease in the development of the HIV epidemic was attributed to implementation of a series of comprehensive activities aimed to curb HIV, particularly among PWID.

However, national HIV prevalence may not reflect localised outbreaks.

Consequently, figures should be interpreted with caution because average, national HIV prevalence figures may mask localised HIV outbreaks among PWID. For example, although national HIV prevalence among PWID in Greece remained stable between 2006 and 2010, the country reported an HIV outbreak among PWID in Athens in 2011⁴. The number of HIV diagnoses in the transmission category injecting drug use in Greece was reported to be fifteen times higher in 2011 than in 2010. Contributing factors to the outbreak were possible changes in drug use patterns combined with low coverage of OST and needle and syringe programmes. Similarly, reported HIV prevalence among PWID in Bulgaria is rapidly increasing. It is therefore important to include regional and local breakdowns of national prevalence data and to have timely, routine, monitoring in place.

In 2011, EMCDDA produced a report which raised concerns about outbreaks and the risk of further outbreaks in other countries, including Bulgaria, Estonia, Lithuania and Romania⁵. In November 2011, ECDC and EMCDDA conducted a joint risk assessment in Greece and Romania⁶. This risk assessment concluded that there had been a real increase in HIV transmission among PWID in both countries. It also noted a temporal association between the increases and low levels of HIV prevention services in these countries. The report recommended an increased focus on prevention measures, such as needle and syringe programmes and OST.

Reported data clearly shows that some locations in a country are more affected than others.

National level figures of HIV prevalence do not capture significant regional variations in prevalence within individual countries. However, many countries do have HIV prevalence data for PWID in their different regions. In reporting to the Dublin monitoring process, several countries noted that HIV prevalence is higher in some regions than in others. Examples include the Narva region of Estonia; Klaipeda in Lithuania; Bucharest and Ilfov counties in Romania; and London in the UK (see Annex 2). In Italy, there is reported to be a north/south gradient related to HIV prevalence⁷. In Ukraine, there is a marked difference in levels of HIV prevalence between Zakarpattia region in the west of the country, and Dnipropetrovsk in the east. Regions particularly affected by HIV in Ukraine include Mykolayiv, Odessa, Donetsk, Kyiv and Kirovograd.

⁴ Malliori, M., Terzidou, M., Paraskevis, D. and Hatzakis, A. (2011) *HIV/AIDS among IDUs in Greece: Report of a Recent Outbreak and Initial Response Policies* Available from http://www.emcdda.europa.eu/attachements.cfm/att_184346_EN_HIV_greek_report-1.pdf accessed on 17 September 2012

⁵ EMCDDA (2011) *Risks of HIV Outbreaks among Drug Injectors*. Available from: <http://www.emcdda.europa.eu/publications/drugnet/online/2011/76/article8> accessed on 17 September 2012

⁶ EMCDDA and ECDC (2011) *Joint EMCDDA and ECDC Rapid Risk Assessment: HIV in Injecting Drug Users in the EU/EFTA, following a Reported Increase of Cases in Greece and Romania*. Available from: http://www.emcdda.europa.eu/attachements.cfm/att_146511_EN_emcdda-ecdc-2012-riskassessment.pdf accessed on 17 September 2012

⁷ Canoni, L., Regine, V., Salfa, M.C., Nicoletti, G., Canuzzi, P., Magliochetti, N., Rezza, G. and Suligoj, B. (2009) *Prevalence and Correlates of Infection with Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus among Drug Users in Italy: A Cross-sectional Study* Scandinavian Journal of Infectious Diseases DOI: 10.1080/00365540902946528

Some countries reported an increasing number of HIV infections among people of other nationalities who inject drugs. For example, in Finland, there were eight new HIV diagnoses among PWID in 2010. Of these, six were non-Finnish nationals. In Germany, the proportion of drug users originating from eastern Europe has increased and most of them have an ethnic German background.

In general, HIV prevalence is higher in older PWID.

Seventeen countries provided data for HIV prevalence among PWID disaggregated by age. In almost all (15; 88%), HIV prevalence was higher among those aged over 25 years than in those under 25. In Kazakhstan, the figures were similar. In Bulgaria, reported HIV prevalence among PWID was higher among those under 25 than among those over 25.

It has been suggested to the Dublin advisory group that HIV prevalence among young PWID could be a better proxy of HIV incidence than HIV prevalence overall. This is based on the assumption that young PWID have been injecting for less time than older PWID. If this is the case, higher prevalence among young PWID, as is the case in Bulgaria, could be a sign of increasing HIV transmission. However, as noted earlier, even PWID aged under 25 may have injected for many years and thus this increased transmission may not be recent. It is more useful to follow prevalence in new PWID (those who have been injecting for less than two years).

There are fewer women who inject drugs than men; HIV prevalence among men and women varies markedly between countries.

Overall, most of the PWID tested for HIV are men. The percentage of women among PWID tested for HIV ranges from 1.9% in Azerbaijan to 32% in Latvia. In four countries (Armenia, Azerbaijan, Georgia and Tajikistan), the proportion of women among PWID tested for HIV was less than 10%. In eight countries (Belarus, Estonia, Latvia, Serbia, Spain, Switzerland, Ukraine and the UK) the proportion of women among PWID tested for HIV was more than 20%.

In ten countries, reported HIV prevalence was higher among women than among men, while in eight countries, it was lower (see Annex 2).

HIV responses for PWID in countries of the region

Several countries reported that HIV services for PWID are an important part of the national response to HIV.

Civil society respondents in almost all countries reported that OST (88%) and needle/syringe exchange (88%) were included in the national HIV policy/strategy.

Armenia commented that harm reduction and substitution treatment programmes have been developed based on international best practices. Estonia reported a range of programmes focused on PWID and their sexual partners, including information, education and communication activities; condom distribution; syringe exchange; opioid substitution treatment and testing for HIV and STI. In Kosovo⁸, the HIV strategic plan provides for a range of services for PWID including information, education and communication activities; voluntary counselling and testing; peer education, outreach services and provision of condoms and/or clean syringes. In Romania, services for PWID are reported to include OST and needle/syringe exchange.

Countries highlighted achievements relating to such programmes in a number of areas:

- Provision of government financing to HIV-related programmes for PWID, including financing needle exchange programmes in Belgium. In Georgia, the civil society respondent reported that previously harm reduction programmes were funded only by external donors. However, over the last few years, government has begun funding substitution therapy. As a result, the provision of OST has expanded to the regions. The government has also provided more funding for drug dependence treatment. In Iceland, the civil society respondent reported that the Directorate of Health has supported the Red Cross in buying single-use needles for their needle and syringe service in Reykjavik. In Lithuania, municipalities have begun financing harm reduction centres and government finances annual HIV and hepatitis testing for patients receiving substitution therapy.
- Provision of HIV prevention programmes for PWID (e.g. in Greece through mobile medical units and increased streetwork campaigns in Athens). Ukraine regarded the identification of a minimum service package for PWID as an achievement.
- Provision of harm reduction services, including needle and syringe programmes (e.g. in Bosnia and Herzegovina). In Azerbaijan, the civil society respondent commented that the number of harm reduction programmes had expanded from 14 to 34, provided through 32 NGOs in 24 regions. In Iceland, needle exchange services are provided by a minibus service in the capital city five days per week. In Greece the number of syringes exchanged/distributed to PWID in Athens was doubled in 2011 compared to 2010, and further increases were reported in 2012. Moldova highlighted the provision of harm reduction programmes for PWID as an achievement of its national HIV response and recognised the role played by NGOs in providing these services. Romania also recognised the important role played by civil society in providing harm reduction services. Slovakia identified needle and syringe exchange as a key element of care provided on the streets for PWID. In Tajikistan, needle and syringe programmes operate at 28 sites.
- Provision of OST (e.g. in Armenia and Moldova). Romania reported that it had increased the number of methadone substitution treatment centres. In Greece, the number of opioid substitution treatment sites increased from 25 to 52 between August 2011 and August 2012. In Tajikistan, substitution therapy is provided to 191 people at three sites. In Ukraine, substitution therapy is provided to more than 6 000 people at 145 sites.
- Establishment of centres for 'drug-addicted' people (e.g. in Slovakia).
- Establishment of organisations managed by people who use drugs (e.g. Club Svitanok and the associations of substitution therapy clients and their parents in Ukraine).

Overall, almost all (95%) government respondents considered that harm reduction services for PWID were available for the majority of people who needed them. However, this figure was less than three quarters (73%) for civil society respondents.

Some countries, particularly many of those in the EU/EFTA, have achieved high coverage of essential HIV prevention programmes for PWID, such as needle and syringe distribution.

Most countries of the region have some quantitative data available for the number of syringes distributed to PWID (see Annex 3). Over the two rounds of Dublin reporting, 44 countries (80%) submitted such data in at least one of the rounds (20 countries submitted in 2010, 43 in 2012). Overall, EU/EFTA countries were more likely to report on this indicator than non-EU/EFTA countries (81% vs. 75%). However, the number of non-EU/EFTA countries reporting on this indicator rose from five (21%) in the last round of reporting to 24 (75%) in this round.

⁸ In accordance with UN Security Council Resolution 1244 (1999)

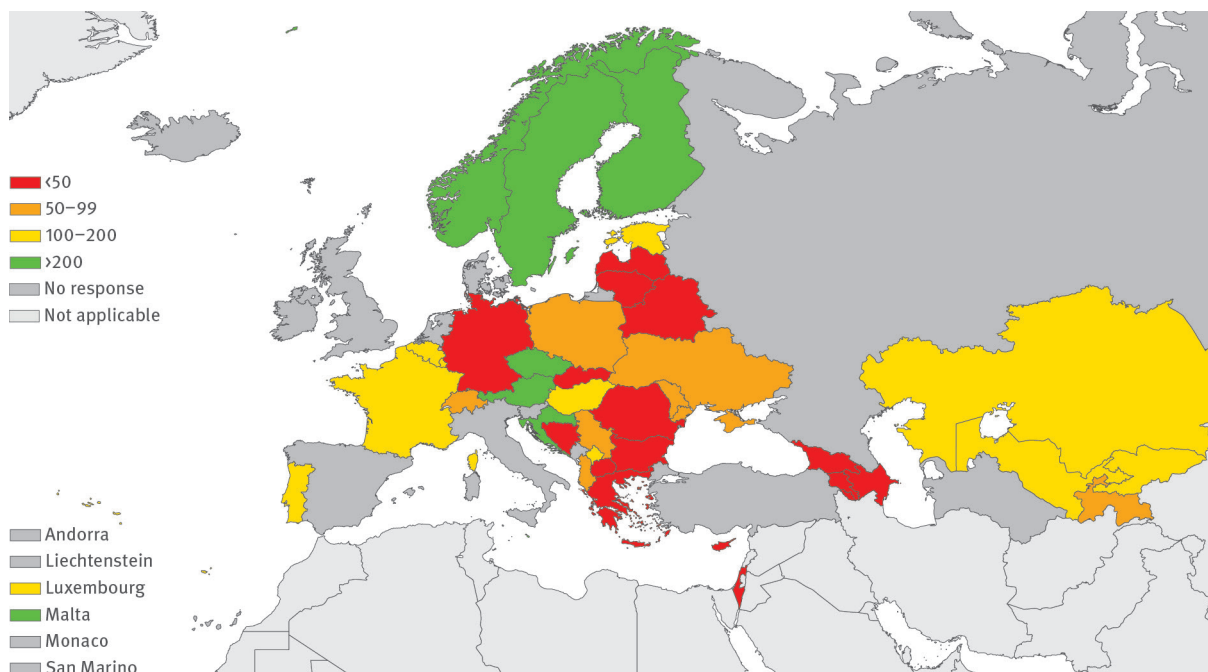
For the purpose of this report, coverage is considered 'high' when more than 200 syringes are distributed per person who injects drugs per year⁹; 'moderate' when 100–200 syringes are distributed per person per year; 'low' when 50–100 syringes are distributed per person per year and 'very low' when <50 syringes are distributed per person per year (see Figure 2).

Several countries reported that their programmes have moderate or high coverage - i.e. they distribute more than 100 syringes per year per person who injects drugs (see Annex 3 and Figure 2). These countries are mainly located in the EU/EFTA and include Austria, Belgium, the Czech Republic, Estonia, Finland, France, Hungary, Luxembourg, Malta, Norway, Portugal and Spain. Similar figures are reported from Sweden for the county of Skåne, where syringe distribution programmes operate (see Box 2). However, it is not mandatory for regional government bodies to provide needle exchange programmes in Sweden so their availability is inconsistent across different regions.

A small number of countries outside the EU/EFTA also report moderate or high levels of coverage. These include Croatia, Kosovo¹⁰ and three central Asian countries – Kazakhstan, Kyrgyzstan and Uzbekistan.

Many of these countries provided qualitative information about the types of services they provide which enable them to achieve high levels of coverage (see Box 3). Austria and Finland stressed the important role played by NGOs in the provision of HIV services for PWID. In the Netherlands, the government provides funding to the HIV prevention services of a number of NGOs, including Mainline, an NGO for people who use drugs. However, the Czech Republic commented that financial problems limited the availability of its needle and syringe programmes.

Figure 2. Reported number of syringes distributed per person who injects drugs per year in Europe and Central Asia¹¹



⁹ Based on estimates of the prevalence of problem drug use (rate per 1 000 population aged 15 to 64 years): <http://www.emcdda.europa.eu/stats12/pdufig1a>

¹⁰ In accordance with UN Security Council Resolution 1244 (1999)

¹¹ As indicated in two rounds of Dublin reporting (see Annex 2)

Box 3. Examples of approaches in EU countries to providing HIV prevention services, including needle and syringe programmes, for PWID

In Estonia, the first syringe exchange programmes were established in 1997. In 2001, services were expanded to the north east of Estonia. Syringe exchange coverage increased greatly as a result of Global Fund support from 2004 to 2007. In 2006, three low threshold centres were established in Tallinn, Kohtla-Järva and Paide. The number of syringe exchange programmes rose from 13 in 2002 to 36 in 2010. Services are concentrated in the most affected regions of Estonia – Ida Virumaa and Tallinn.

In Finland, municipalities are required to provide health counselling for PWID. Health counselling services include exchange of injecting equipment. In 2011, there were around 30 health counselling centres in 23 towns. Although most municipalities purchase these services from NGOs, there are moves to integrate them into regular municipal health services. All centres exchange injecting equipment and provide information, condoms and lubricants. Some centres also offer HIV and hepatitis testing; medical consultation; meals; showers; clean clothes and immunisations.

In Poland, the exchange of needles and syringes has been practiced since 1991. In 1996, this approach was approved by governmental bodies and social organisations and became widespread.

In Sweden, PWID are recognised as a key population at risk of HIV and are offered a range of services including HIV testing and counselling and provision of OST. However, official needle-syringe programmes are currently only available in one county, Skåne. It is estimated that around 28–37% of people who inject drugs in Skåne participate in the programme and, in 2011, they received an average of 214 needles and syringes each. The Swedish Institute for Communicable Disease Control (SMI) is currently developing a national action plan for HIV prevention among PWID. A 2011 study showed that county medical officers have a positive attitude towards needle-syringe programmes. In 2010, a new needle-syringe programme was launched in Helsingborg municipality. In addition, a political majority decision was taken at both county council and municipality level to start a needle-syringe programme in Stockholm in 2012.

Coverage of needle and syringe programmes is low in many countries outside the EU.

Some of the countries in which coverage of needle and syringe programmes remains low include Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Georgia, Moldova, Serbia, Tajikistan and Ukraine (see Annex 3 and Figure 2). In many cases needle and syringe programmes were introduced later in non-EU countries than in EU countries and their introduction has been difficult. For example, in Azerbaijan, challenges were reported in terms of collecting used syringes. Concerns were also expressed about the lack of agreed national standards for the provision of harm reduction services. In Bosnia and Herzegovina, it was reported to have been difficult to implement needle and syringe programmes because injecting drug use is illegal. In the former Yugoslav Republic of Macedonia, the main problem was public pressure and disagreement on the location of new service sites. In Montenegro, it was reported that a lack of understanding of harm reduction programmes among key government staff was continuing to hinder their introduction. It was also noted that criminalisation of injecting drug use makes it difficult to reach most-at-risk groups and prevents them from accessing HIV information and services. In Ukraine, it was reported that restrictive rules about the collection of used needles and syringes had a negative influence on programmes in 2011. However, some progress is being made and in many cases this has been possible because of Global Fund financing (see Box 4).

Coverage of needle and syringe programmes is also very low in a minority of EU countries.

Countries with very low coverage of needle and syringe programmes are vulnerable to HIV outbreaks among PWID. Some of countries in this situation include Bulgaria, Greece, Latvia, Lithuania and Romania (see Annex 3 and Figure 2). Low coverage of essential HIV programmes has been identified by ECDC, EMCDDA and the countries themselves as a potential risk for HIV outbreaks among PWID.

Some countries are taking action to seek to improve the coverage of these prevention programmes. Bulgaria has been using Global Fund resources over a number of years to improve the coverage of harm reduction services for PWID. Currently, more than 50 NGOs are providing HIV services, including ten which focus on PWID. Services are provided through mobile medical units, low threshold centres and outreach activities in ten cities. Authorities in Greece responded promptly to the HIV outbreak among PWID in Athens. Actions included the introduction of mobile medical units, the scaling up of needle and syringe provision and the opening of additional opioid substitution units. In Slovakia, civil society organisations are reported to be active in HIV prevention programmes. For example, the NGO Odysseus provides services to PWID and to street sex workers.

However, in Romania, access to harm reduction programmes for groups vulnerable to HIV infection was reported to have decreased in 2011, following the closure of Global Fund-financed activities in mid-2010. More than half of the service providers were reported to have closed their operations due to lack of funds. As a result, it was estimated that by the end of 2011, only around 30% of PWID had access to needle and syringe programmes and less than 10% had access to substitution therapy. Despite representations to the Ministry of Health and relevant municipalities, it was reported that no funds had been allocated for prevention programmes among vulnerable groups. There is a possibility that some money may be made available for these programmes from the EU structural funds for Romania for 2007–13.

Box 4. Examples of approaches in non-EU countries to providing HIV prevention services, including needle and syringe programmes, for PWID

In Albania, a grant from the Global Fund between 2007 and 2012 was used to expand existing harm reduction programmes and establish new ones. There are now four such programmes for PWID in the country.

Bosnia and Herzegovina is also using a Global Fund grant to improve harm reduction services. However, this has proved challenging because of the difficult legal environment. Approval has to be given on a case-by-case basis. Several NGOs have introduced needle/syringe distribution and collection of used needles/syringes in drop-in centres with some success. In 2009, a new strategy was adopted which aims to provide a legal framework for the implementation of harm reduction activities in Bosnia and Herzegovina.

In the former Yugoslav Republic of Macedonia, significant achievements were reported in 2010–12 as a result of Global Fund financing. By the end of 2010, a total of 13 harm reduction services were in operation. A key feature of these programmes is the involvement of former drug users.

In Georgia, the United States Agency for International Development (USAID) has been supporting HIV prevention among high-risk groups, including PWID, through the Georgia HIV Prevention Project since 2010. The aim of the project is to increase the coverage of HIV prevention interventions for PWID. Specified interventions include seeking to reduce stigma and discrimination and to increase testing for HIV and hepatitis. Since 2004, Georgia has been using Global Fund resources to scale up its national response to HIV, including increasing the coverage and quality of preventive interventions focused on PWID and improving coverage of OST and psychosocial support for PWID.

In Moldova, needle exchange programmes have been part of the national strategy for prevention of HIV since 2000. Between 2003 and 2006, harm reduction services were expanded using Global Fund resources. Currently, needles and syringes are distributed at 23 locations. Other services are also provided. Needle and syringe exchange programmes also serve as an entry point for OST. Although needle and syringe programmes are available on both banks of the Dniester River, the number of syringes distributed per person is much higher (81) on the right side of the river than on the left (12).

In Montenegro, over the past five years, government and NGOs have used resources from the Global Fund and other donors to intensify HIV interventions among key populations, including PWID. Needle exchange programmes now operate in four towns as part of an essential package of HIV intervention measures including harm reduction services, condoms, HIV testing and counselling and referral for treatment, care and support.

In Serbia, drop-in centres for key populations have been established. Initially, community outreach needle exchange programmes were established in Belgrade in 2003 via the HIV Prevention among Vulnerable Population Initiative (HPVPI), supported by the UK Department for International Development (DFID). Similar programmes were established through the same project in Nis and Novi Sad in 2004. More recently, a programme was established in Kragujevac as part of the HIV project supported by the Global Fund. Within these programmes, needle exchange is provided as part of an essential package of HIV interventions including information; peer education and communication activities; condom distribution; voluntary and anonymous HIV testing and counselling; other support activities and referral to other relevant health or social services.

In Ukraine, as of January 2012, there were 1 667 sites for needle and syringe exchange throughout the country. These sites include pharmacies providing syringes free of charge. More than 80 NGOs are involved in providing HIV services to PWID in Ukraine.

Negative public attitudes towards harm reduction services are not only problematic in non-EU countries, but they are also an issue in some EU countries. For example, one reason for the difficulty in securing funding for these services in Romania is that they remain 'debated and disputed' in political circles and in the mass media.

Coverage of needle and syringe programmes may appear low in some countries because of high coverage of other activities.

Although the number of syringes distributed annually per person who injects drugs is a useful measure of the coverage of needle and syringe programmes, it does not provide, in isolation, a full picture of HIV prevention services for PWID. For example, the number may be low in some countries, such as Germany, where most

syringes and needles for PWID are not distributed through formal programmes but are sold through pharmacies. Some countries, for example France, collect data about the number of needles and syringes distributed through different channels. In 2008, it was estimated that, in France, 9.5 million syringes were sold through pharmacies, 3.3 million were distributed through harm reduction programmes and one million were distributed through dispensing machines (see Box 5).

In addition, figures for the number of syringes distributed annually per person who injects drugs may be low in some countries (e.g. Switzerland) that have high coverage rates for OST.

Box 5. Channels for distribution of needs and syringes in France

Sterile injecting equipment is distributed to PWID through a variety of different channels. These include:

- Harm reduction support centres (CAARUDs) – in 2010, there were 135 CAARUDs throughout France. These are medico-social centres funded by the French social security system. They operate in various places with diverse methods including a drop-in facility (95%); street teams (66%); services in squats (47%); mobile teams (40%); work on the party scene (39%) and work in prisons (28%). The CAARUDs saw 48 000 people in 2008. Services include providing assistance with hygiene and first-aid care; offering health education promotion activities; helping people get access to social services and substitution therapy; following-up on administrative and legal procedures and seeking out urgent accommodation. In 2008, the CAARUDs distributed 2.3 million syringe units and 753 000 kits containing two syringes per kit. They also distributed 1.1 million filters and the same number of 'cookers'; two million alcohol wipes; 782 000 condoms and 292 000 units of gel.
- Pharmacies – based on 2003 data, most pharmacists report providing equipment to drug users, particularly in cities. However, the role of pharmacists remains limited to distributing syringes and providing substitution medicines. In 2008, the number of syringes dispensed by pharmacies was 9.5 million. Based on a national survey in 2010, 48% of the retail pharmacies surveyed reported providing information on preventing infectious diseases and 41.5% stated having syringe retrieval services.
- Dispensing machines are estimated to provide around 10% of the syringes sold or distributed in France. A key feature of these machines is that they are available 24 hours per day, seven days per week. Services are also anonymous. In 2007, there were 255 prevention kit distribution outlets and 224 syringe collection points.

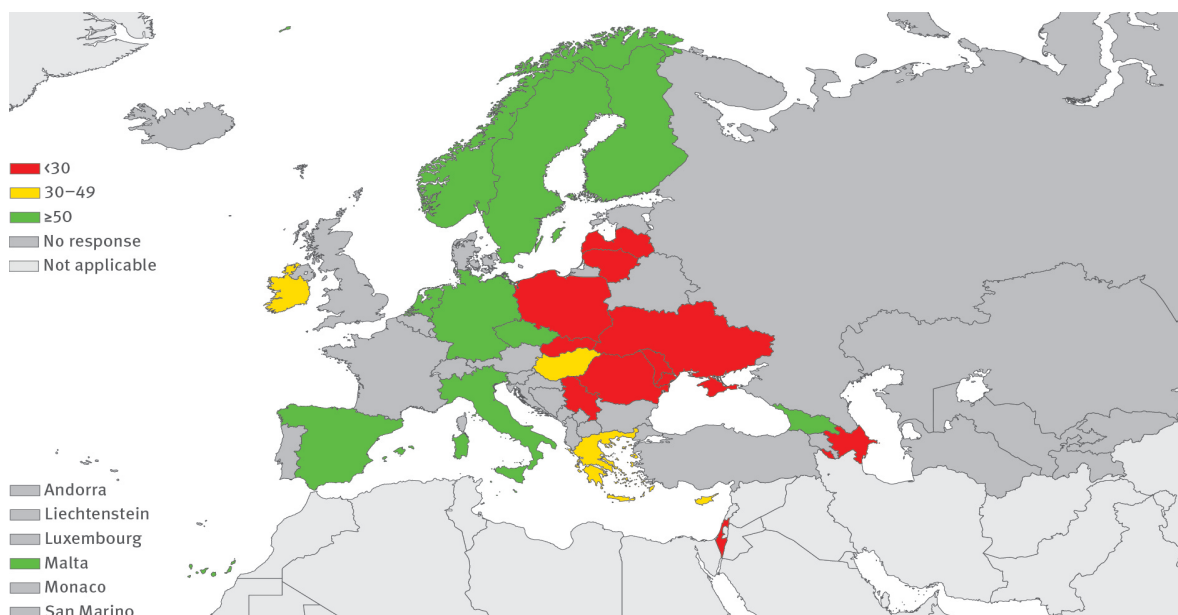
Coverage of OST is good in many EU/EFTA countries but low in a few EU/EFTA countries.

Many EU/EFTA countries report high coverage levels for OST with more than 50% of problem opiate users receiving this (see Figure 3). These countries include Cyprus, Czech Republic, Germany, Hungary, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Spain, Sweden and the UK (see Annex 4).

Several countries with significant HIV epidemics among PWID (e.g. Estonia, Latvia and Lithuania) and countries experiencing outbreaks among PWID, including Greece have relatively low coverage of OST. Other EU countries with low coverage of OST include Poland and Slovakia (see Box 6).

Coverage of OST outside EU/EFTA countries is very low.

In marked contrast, availability of data on the coverage of OST outside the EU/EFTA is limited. Within the EU/EFTA, countries report on this indicator to the EMCDDA. However, this indicator was not included in the Global AIDS Response progress reporting set by UNAIDS. Nevertheless, a number of countries outside of the EU/EFTA do have relevant data and reported this through their narrative reports and through the European supplement to the NCPI (see Figure 3, Box 6 and Annex 4). With few exceptions, such as Georgia, the reported coverage of substitution therapy is very low. For example, reported levels of coverage were <1% in Azerbaijan, 2.7% in Ukraine, 4.1% in Moldova and 5.8% in Serbia. The civil society respondent from Kazakhstan stated that OST needed to be expanded beyond pilot projects. The civil society respondent from Montenegro commented that targets for OST had not been reached. The civil society respondent from Tajikistan commented that there needed to be active implementation of substitution therapy for PWID.

Figure 3. Percentage of problem opiate users receiving OST in Europe and central Asia¹²**Box 6. OST: EU and non EU examples**

In Bulgaria, Global Fund resources have been used to provide more accessible OST for PWID.

In Greece, authorities have responded to the recent HIV outbreak among PWID by seeking to scale up provision of OST with the opening of 28 new opioid substitution units in public hospitals across Greece, including 16 in the greater Athens area. Nevertheless, there are still waiting lists for PWID wishing to access treatment.

In Poland, substitution therapy with methadone has been available since 1997, including in the prison service. Priority for therapy is given to people infected with HIV.

In Romania, coverage of OST remains low, particularly in Ilfov county.

In the former Yugoslav Republic of Macedonia, by the end of 2011, 12 centres had been established for the prevention and treatment of drug abuse. These services are provided through cooperation between the Ministry of Health, the Ministry of Labour and Social Policy, NGOs and faith-based organisations. There are plans to establish an additional treatment centre in Skopje but it has proved difficult to identify and agree on a location for the new centre.

In Moldova, OST was incorporated into the national strategy for HIV prevention in 2005. In 2008, Moldova developed a protocol for OST based on WHO principles. OST is provided in both community and prison settings and there is reported to be close collaboration between the two sectors. OST is available to people irrespective of their HIV status.

In Montenegro, methadone maintenance programmes are available in Podgorica and since 2010/11 also in Berane and Kotor.

In Serbia, methadone maintenance treatment has been decentralised with the support of the Global Fund. Methadone is now provided in eight primary healthcare centres and also in secondary and tertiary facilities. At the end of 2011, methadone maintenance therapy was being provided in 26 public healthcare facilities in Serbia. Since March 2010, buprenorphine has also been registered for use. Treatment of substance use disorders is financed through social and health insurance.

In Ukraine, substitution maintenance therapy was being provided to 6 632 people at the start of 2012. Most (5 828) receive methadone while a small number (828) receive buprenorphine. Substitution therapy is available in 133 healthcare establishments in 27 regions of Ukraine. Almost 45% of those receiving substitution therapy are HIV-infected and almost 1 000 are also receiving ART. More than 30 NGOs provide psychosocial support to those receiving substitution therapy. There are now 34 integrated care centres which allow coordinated treatment of drug addiction, TB and HIV. Benefits of the NGO psychosocial support have been seen through people receiving substitution therapy taking up employment or studies, renewing their social relationships and reducing their involvement in crime.

¹² As indicated in two rounds of Dublin reporting (see Annex 3)

Most countries report moderate to high levels of HIV testing among PWID.

Many countries reported the proportion of PWID who had had an HIV test in the last 12 months and knew the result (see Annex 5)¹³.

For the purposes of this report, countries were considered to have moderate levels of HIV testing among PWID if 30–60% of them reported having had an HIV test in the last 12 months. Such countries included Albania, Belarus, Belgium, Bulgaria, Croatia, Czech Republic, Estonia, Germany, Greece, Italy, Kosovo¹⁴, Kyrgyzstan, Moldova, Russian Federation, Serbia, Sweden, Switzerland, Tajikistan and Ukraine. Factors associated with HIV testing in Italy included being older than 35 years; foreign nationality; residing in central Italy; drug use for over two years and having undergone both pharmacological and psychological treatment¹⁵.

Countries with higher levels of HIV testing (>60%) among PWID included those with good coverage of HIV services for this population, such as needle and syringe programmes and OST. These countries include Finland, Luxembourg, the Netherlands, Portugal, Spain and the UK.

Countries with high levels of HIV testing among PWID also included those with more limited HIV services for PWID, such as Kazakhstan, Latvia and Lithuania. It is unlikely that PWID in these two groups of countries will experience the same benefits from high rates of HIV testing.

Countries with low (<30%) levels of HIV testing among PWID included Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Hungary, Malta, Montenegro, Poland, Romania, Turkey and Uzbekistan. In some countries, for example, Estonia and Sweden, there was considerable fluctuation in the reported rates of HIV testing among PWID between this and the previous round of Dublin reporting.

There are difficulties in interpreting data on rates of HIV testing among PWID. This is partly because it is unclear, in general, how frequent HIV testing should be among PWID. In addition, there are specific issues in countries with very high rates of HIV prevalence among PWID, such as Estonia. If most of these people know their status, there is no need for them to repeat the HIV test. As a result, overall rates of HIV testing among PWID may be low although rates of HIV testing among those who previously tested negative or do not know their status may be high¹⁶.

Reported rates of condom use among PWID are relatively low in EU/EFTA countries.

In most countries across the region, reported condom use by PWID during their most recent sex ranges from 30–50% (see Annex 6). A few countries reported rates of condom use below 30%, including Azerbaijan, Croatia, Czech Republic, Georgia, Hungary, Lithuania and the UK¹⁷. Countries reporting rates of condom use above 50% among PWID during their most recent sex include Belarus, the former Yugoslav Republic of Macedonia, Latvia, Romania, Spain and Turkey.

There have been positive trends in condom use in some countries.

A number of countries reported higher rates of condom use among PWID in this round of Dublin reporting than in the previous round. These countries include Bosnia and Herzegovina, Bulgaria, the former Yugoslav Republic of Macedonia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Romania, Tajikistan, Turkey and Uzbekistan. However, there were decreases in rates in Armenia, Azerbaijan, Estonia, Georgia, Moldova and Ukraine. The positive trend in Bulgaria is part of a broader trend in behavioural indicators among PWID from 2004 to 2009

There are higher rates of condom use among young PWID.

Many countries reported higher rates of condom use among those aged under 25 years who inject drugs than among those aged over 25. These countries included Bosnia and Herzegovina, Bulgaria, Estonia, Germany, Kazakhstan, Kyrgyzstan, Latvia, Tajikistan, Ukraine and Uzbekistan. However, higher rates of condom use among those aged over 25 who inject drugs were reported in Armenia and Kosovo¹⁸. Reported rates of condom use were higher among women who injected drugs than among men in a number of countries, including Armenia,

¹³ In some cases, countries reported different measures. For example, Spain reported the percentage of people who inject drugs ever tested for HIV while Romania reported the percentage (100%) of people who inject drugs tested for HIV during a surveillance study.

¹⁴ In accordance with UN Security Council Resolution 1244 (1999)

¹⁵ Canoni, L., Federico, B., Capelli, G., Regine, V., Salfa, M.C., Nicoletti, G., Canuzzi, P., Magliochetti, N., Rezza, G. and Suligoj, B. (2009) Few Italian Drug Users Undergo HIV Testing AIDS Behav 15:711-717

¹⁶ More details from Estonia are available in Annex 4.

¹⁷ In the case of the United Kingdom, the question asked related to always using a condom and not only condom use at last sex.

¹⁸⁻²⁰ In accordance with UN Security Council Resolution 1244 (1999)

Azerbaijan, Bulgaria, Hungary, Kosovo¹⁹, Latvia, Tajikistan and Uzbekistan. The reverse situation, with lower rates of condom use among women who injected drugs than among men, was seen in Bosnia and Herzegovina, Estonia, the former Yugoslav Republic of Macedonia, Germany, Kazakhstan, Kyrgyzstan and Switzerland.

Reported use of sterile injecting equipment among PWID is relatively high.

In many countries across the region, self-reported use of sterile injecting equipment at the time of the last injection was high (>85%). These countries include Armenia, Belarus, Bulgaria, Estonia, the former Yugoslav Republic of Macedonia, Kosovo²⁰, Latvia, Moldova, Montenegro, Switzerland and Ukraine.

Reported use of sterile injecting equipment among PWID has increased in a number of countries.

Reported use of sterile injecting equipment at the time of the most recent injection rose between the two rounds of Dublin reporting in Azerbaijan, Bosnia and Herzegovina, Bulgaria, Estonia, the former Yugoslav Republic of Macedonia, Kazakhstan, Moldova, Tajikistan, Ukraine and Uzbekistan. On the other hand, it decreased in a small number of countries including Armenia, Georgia, Kyrgyzstan and Romania. The positive trend in Bulgaria is part of a broader trend in behavioural indicators among PWID from 2004 to 2009.

Ensuring use of sterile injecting equipment is complex and goes beyond sterile syringes.

Sharing behaviour among PWID is complex and involves much more than sharing syringes. Data from a study in Spain showed that although rates of sharing or receiving syringes were relatively low (19–22%), sharing through front/backloading (50%) or sharing other injecting equipment (54%) was much more common. Similarly, France reported that while most drug users had adopted the concept of not sharing syringes, the same did not apply to other equipment. In a 2008 study, although less than 10% of people reported sharing syringes, one quarter (25%) reported having shared some type of injecting equipment including syringes, spoons, filters and rinse/injection water.

Antiretroviral therapy for HIV is readily available to PWID in most countries of the region but there are still challenges.

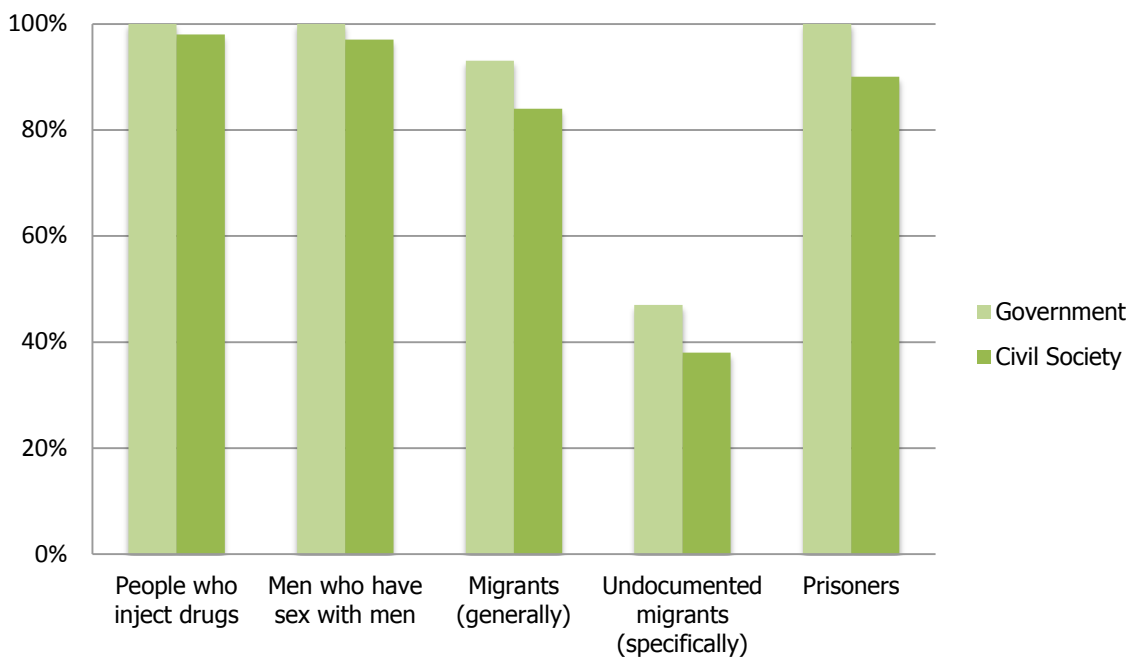
Countries identified a number of populations that face difficulties in accessing HIV treatment and care. These included PWID. Problems for PWID accessing HIV treatment and care were reported in Belarus, Estonia, Greece, Italy, Lithuania, Portugal, Romania, Slovakia, Spain, Sweden²¹, Tajikistan and Ukraine. In some countries (e.g. Armenia, Belarus, Croatia, Georgia and Ukraine), the criminalisation of drug use and drug possession is seen as an obstacle to delivery of HIV and drug treatment programmes. The requirement for drug users to be officially registered is reported as an obstacle to delivering services in Lithuania. In Estonia, 30–50% of PWID lack health insurance. In Sweden, civil society reported that it was more difficult for PWID to access HIV treatment, care and support services outside the main urban centres.

Azerbaijan, Moldova and Ukraine commented on the positive value of substitution therapy in supporting PWID receiving antiretroviral therapy (ART). Estonia reported providing ART as directly observed treatment for those on substitution therapy. Countries reporting challenges in delivering adequate OST on a nationwide scale included Romania and Ukraine. Ukraine commented specifically on the lack of social support for people receiving OST.

Most respondents from both government and civil society concluded that ART is readily available for PWID (see Figure 4). However, Kyrgyzstan reported data that ART coverage among PWID may be lower than among other people. In addition, rates of late diagnosis appear to be higher among PWID in Armenia, Belgium, France, Italy and the Netherlands.

²¹ The civil society respondent from Sweden commented: 'In our experience the following populations find it more difficult to access HIV treatment, care and support: people living outside of urban areas who find it difficult to get their medication from the local pharmacy due to fear of stigma and discrimination; MSM who live outside of the urban areas and lack access to clinics that specialise in MSM may also find it difficult to access support and care that meets their needs. This is also true of transgender people, immigrants and IDUs.' In commenting on this point, the Swedish government respondent noted that 'all people living in Sweden diagnosed with HIV have equal access to ART. The Swedish government has reported that all patients eligible for ART receive treatment. The few patients not receiving treatment (about 50 out of 6 000 people living with a diagnosed HIV infection in Sweden), mainly IDUs, are patients who either do not want treatment or have other medical reasons for not receiving ART.'

Figure 4. Percentage of responding countries reporting that antiretroviral therapy is available for specific sub-populations



A number of countries reported initiatives to improve and support delivery of antiretroviral therapy to PWID. For example, in Belarus, NGOs provide support to PWID in prisons.

Several countries identified barriers and obstacles to the provision of HIV services to PWID.

These include:

- A negative legal and policy environment. The civil society respondent from Belarus noted that there was a need to change the law to allow alternative punishments for PWID. The civil society respondent from Georgia commented that restrictive legislation on drug abuse remains a key policy challenge. The civil society respondent in Ukraine commented that there are a number of regulations hampering the application of policies, for example related to minimum residual amounts of drug substances.
- The lack of a clear legal framework for the provision of some HIV services, such as needle and syringe programmes (e.g. in Georgia).
- Fear among PWID, meaning they are hidden from service providers (e.g. in Georgia).
- Limited availability of drug addiction treatment services (e.g. in Georgia).

Discussion and conclusions

Overall, PWID are a key population at increased risk of HIV throughout the countries of Europe and Central Asia. In many countries of the region, there are already established HIV epidemics among PWID. In others, rates of HIV infection among PWID have been low.

However, there is a risk of HIV outbreaks among PWID in such countries if HIV is introduced and HIV prevention programmes are inadequate. Movement of people between countries within the region, changes in injecting prevalence or frequency and increased sharing of syringes can all increase the risk of HIV being introduced into countries with low rates of HIV infection among PWID. In countries with effective HIV programmes for PWID (e.g. Finland and Germany), this has not resulted in HIV outbreaks among PWID. However, outbreaks may occur if coverage of effective programmes is inadequate. This appears to have been the case with the recent documented outbreaks in Greece and Romania²².

Many countries within the region have effective HIV prevention programmes, including the provision of sterile injecting equipment and OST and as a result they have been able to prevent and/or reduce HIV transmission among PWID. In these countries, HIV transmission through injecting drug use is largely controlled and it is likely this will remain the case, provided that such programmes continue to be delivered on a sufficient scale.

However, in countries without effective, high-coverage, HIV prevention programmes for PWID, there is always the risk of outbreaks occurring, even if HIV prevalence among PWID is currently low. In order to detect such outbreaks, a wide range of surveillance measures are required which go beyond simply monitoring national HIV prevalence among PWID.

Many EU/EFTA countries have successfully implemented high-coverage HIV prevention programmes for PWID. This includes making sterile injecting equipment widely available through different channels including needle and syringe programmes, pharmacies and dispensing machines. Programmes in such countries have succeeded in achieving moderate-to-high levels of coverage, distributing more than 100–200 syringes annually to each person who injects drugs and providing OST to more than 30% of problem opiate users.

However, the situation is very different outside the EU/EFTA and in a minority of EU countries where the introduction of needle and syringe programmes and OST occurred later, required external financing and often took place against the background of political and environmental barriers. As a result, coverage of needle and syringe programmes has been low and coverage of OST has been very low. In the absence of effective HIV programmes for PWID on a sufficient scale, there is a risk of ongoing HIV transmission among PWID and/or HIV outbreaks occurring among this population.

It is therefore essential that these programmes are established and delivered at sufficient scale across all countries of the region. It is also important that they are financed in a sustainable manner. Although the Global Fund has provided extensive support to the establishment of these services in many countries, problems have occurred. For example in Romania, where such funding has been discontinued and alternative funding is not in place.

The availability of data regarding coverage of HIV prevention programmes for PWID across the region is improving. The decision by UNAIDS to replace the old composite UNGASS indicator in the indicator set for Global AIDS Response Progress Reporting is extremely welcome. The inclusion of the EMCDDA indicator which measures the number of syringes distributed per person is highly relevant for the region. However, the GARP indicator set does not yet include a similar indicator of OST coverage, although this is tracked within the EU/EFTA through reporting to EMCDDA. Many other countries in the region also have such data and reported it during this round of Dublin reporting.

²² EMCDDA ECDC Joint Rapid Risk Assessment. HIV among injecting drug users in the EU/EEA, following a reported increase of cases in Greece and Romania (2012). Available from: http://ecdc.europa.eu/en/publications/publications/120112_ter_joint-emcdda-and-ecdc-rapid-risk-assessment-hiv-idu.pdf

In 2010, the ECDC report on monitoring the implementation of the Dublin Declaration identified a number of key issues needing further action. Progress on addressing these is summarised below.

Issue identified as needing further action in previous report	Progress (shading indicates amount of progress since last reporting round; ranked from limited to good)			Comment
<p>There is a need for all countries of the region to scale up the provision of HIV programmes for PWIDs to at least the levels currently recommended by WHO. In particular, this should include ensuring the provision of sterile injecting equipment, such as needles and syringes, at a sufficient level, i.e. greater than 200 needles/syringes per PWID per year. It should also include ensuring that opioid substitution treatment is provided to a high proportion (at least 30–40%) of opioid-using PWID.</p>	Limited progress			<p>In general, there is evidence of increasing programmatic scale across the region. Many EU/EFTA countries are providing programmes at this scale. However, this is not the case in most countries outside the EU and also in a significant minority of EU countries.</p>
<p>There is a need to improve the rate of adoption of systematic estimation of the size of injecting drug user populations using the methodology recommended by EMCDDA.</p>	Limited progress		Good Good progress	<p>The availability of data relating to population size estimates has improved</p>
<p>There is a need to improve the coverage and representativeness of HIV prevalence estimation studies in the countries of the region.</p>	Limited progress		Good	<p>The availability of data relating to HIV prevalence among PWID has improved.</p>
<p>Access to ART and HIV voluntary counselling and testing among PWID needs to be improved, both in community settings and attached to addiction and other health services.</p>	Limited progress		Good Good progress	<p>Levels of HIV testing and counselling are moderate to high in most countries of the region</p>
<p>There is a need for HIV prevention programmes among PWID to ensure adequate focus on preventing sexual transmission of HIV, including through the provision of condoms and promotion of their use by PWIDs and their sexual partners.</p>	Limited progress		Good progress	<p>Most prevention programmes for PWID include the distribution of condoms. However, reported condom use remains relatively low.</p>
<p>There is a need to replace the current composite UNGASS indicator for measuring HIV programme coverage among PWIDs with more relevant indicators such as the number of needles/syringes distributed per person injecting drugs; the proportion of PWIDs receiving OST; and the proportion of HIV-positive PWIDs receiving ART.</p>	Limited progress		Good progress	<p>The old composite UNGASS indicator was replaced with a measure of the number of needles/syringes distributed per person who injects drugs. However, no measure of OST coverage was included in the Global AIDS Response Progress reporting set.</p>

Issues needing further action:

- There remains a need for countries of Europe and central Asia to continue to scale up effective HIV prevention programmes for people who inject drugs, particularly the provision of sterile injecting equipment and OST.
- Countries should strive to identify and minimise legal barriers that hamper the provision of effective and high-coverage services for PWIDs.
- Countries of the region should seek to prevent HIV outbreaks among people who inject drugs by ensuring they are providing effective, high-coverage HIV prevention programmes. Countries should also remain vigilant to detect and address any HIV outbreaks which may occur.
- Steps are needed to ensure that HIV prevention programmes for people who inject drugs are funded in a sustainable manner across all countries of the region.
- A regional monitoring process should be established to allow consistent reporting of relevant coverage indicators for HIV prevention programmes among people who inject drugs. This should include not only monitoring the number of syringes distributed annually per person but also the proportion of problem opioid users receiving OST.

Annex 1. Countries included in Dublin Declaration monitoring

No.	Country	No.	Country	No.	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russian Federation
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo ²³	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	the former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		

²³ In accordance with UN Security Council Resolution 1244 (1999)

Annex 2. HIV prevalence among PWID in Europe and Central Asia

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
Albania			No data	0.5%	2011	Source: GARP reporting 2012
Andorra			No data			No data
Armenia	6.8%	2007	Source: UNGASS 2008	8.9% ²⁴	2010	Source: GARP reporting 2012. Higher rate among seven women (14.3%) than 263 men (8.8%). Higher rate among >25 years (9.4%) than among<25 (0%). Number of <25 years = 14
Austria			No data	0.7–5.3%	2010	Source: EMCDDA. Two national studies – both with data for 2009 and 2010. Study AT0002 – 11.8% of 76 in 2009 and 5.3% of 75 in 2010. Study AT0007 – 1.9% of 424 in 2009 and 0.7% of 411 in 2010. Source: GARP reporting 2012 - country narrative report: 1.16% of PWID are positive (1.34% males; 0.65% females)
Azerbaijan	13%	2003	Source: UNGASS 2008	9.5%	2011	Source: GARP reporting 2012. Lower rate among 23 women (0%) than 1 177 men (9.7%). Higher rate among >25 years (10.4%) than among<25 (1.7%). Number of <25 years = 120. In commenting on the report, Azerbaijan expressed the view that it would be more appropriate to compare 2011 survey data with survey data from 2007–8 reported to UNGASS in 2010. Reasons for this were that the 2007–8 surveys were more inclusive than those conducted in 2003–4 and they were conducted in the same regions as those in 2011. In 2007–8, the HIV prevalence among PWID was 10.3%.
Belarus			No data	17.1%	2011	Source: GARP reporting 2012. Higher rate among 91 women (20.9%) than 219 men (15.5%). Higher rate among >25 years (18.8%) than among<25 (6.8%). Number of <25 years = 44.
Belgium	3.7%	2007	Among 54 PWIDs in the Flemish community. In 2006, 2.9% of 68 PWIDs in the Flemish community and 5.7% of 336 in Antwerp. Data based on diagnostic testing at three drug treatment centres/low threshold services. Source: EMCDDA	3.4–6.0%	2010	Source: EMCDDA. Sub-national studies. Study BE0004 – 3.4% of 29 in the Flemish community. Study BE0010 – 5.3% of 282 in Antwerp and 6.0% of 83 in Walloon region (latter figure based on self-reported status data).
Bosnia and Herzegovina	0.1%	2006	Source: UNGASS 2008	0.4%	2009	Source: GARP reporting 2012.
Bulgaria	3.4%	2006	Source: UNGASS 2008. Other evidence: 0% among 613 PWIDs (based on diagnostic testing in national study of six prisons); 0.8% of 487 in 2006 and 1.5% of 676 in 2007 at five sites in Sofia (drug treatment centres, needle exchanges, low threshold services, HIV testing centres) Source: EMCDDA	7.1%	2009	Source: GARP reporting 2012. Lower rate among 249 women (4.4%) than 1 124 men (7.7%). Lower rate among >25 (5.7%) than among<25 (9.8%). Number of <25 years = 469.
Croatia	0.6%	2006	Source: UNGASS 2008. Other evidence: 2008 study states that PWIDs account for 8.2% of reported HIV cases, with prevalence among PWIDs stable at around 1% for last 20 years Source:			No data

²⁴ The percentages given do not tally with the numerators and denominators provided. The percentages cited here relate to the numerators and denominators provided.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
			Croatian National Institute of Public Health 2008. Studies in 2006 and 2007 (including specific prevalence studies in prisons nationally and at various locations in Rijeka, Split and Zagreb) reported 0% prevalence; one specific prevalence study conducted on the streets in Zagreb, Rijeka, Split, Zadar, Slavonski Brod, Osijek and Dubrovnik found prevalence of 0.6% among 323 PWIDs. Source: EMCDDA			
Cyprus	0–2%	2007	Two studies in 2007: 0% of 102 (based on diagnostic testing in 18 drug treatment centres) and 2% of 252 (based on self-reported test results in 32 drug treatment centres). Figure for 2006 was 0% of 96 in two studies using the same method. Source: EMCDDA	0%	2010	Source: GARP reporting 2012. Testing of 117 injecting drug users in treatment. Also Source: EMCDDA. Annual data from 2005–2010 for self-reported and HIV Ab data. Sample size ranges from 89–252. Prevalence ranges from 0–2.0%.
Czech Republic	0.2%	2007	Based on diagnostic testing, 0% of 412, 0% of 728 and 0.1% of 994 in 2006 in 3 national studies (data from 11 drug treatment centres and low threshold services; data from drug treatment centres, needle exchanges, GPs, STI clinics, other hospitals or clinics, prisons and HIV testing centres; data from 36 needle exchanges and low threshold centres). In 2007, 0.2% of 1 376 (second method) and 0.2% of 609 (third method). Source: EMCDDA. Other evidence: 0.07% (1 of 1 363 PWIDs tested at National Reference Laboratory on AIDS) Prague; 0.13% (one of 762 tested by harm reduction programmes); 0.64% (15 of 2 332, based on self-reported HIV status by PWIDs on TDI register). Prevalence of HIV among PWIDs has remained below 1% between 1996 and 2008.	0.2%	2010/2011	Source: GARP reporting 2012. Additional source: EMCDDA. Annual data from 2005–2010 for self-reported data. Sample size ranges from 1905–2865. Prevalence ranges from 0.2–0.6%. Also two studies (CZ0001 and CZ0007) with Ab data. Sample size ranges from 609–1376. Prevalence ranges from 0.1–0.2%.
Denmark	2.1%	2006	Of 188 nationally; data based on a specific prevalence study using unlinked anonymous testing among overdose deaths at five sites. Source: EMCDDA	<5%		Source: GARP reporting 2012. Estimate.
Estonia ²⁵	62.1%	2005	Source: UNGASS 2008. Other evidence: 56.6% of 325 in Tallinn in 2007, based on street-based, respondent-driven sampling; 54.3% of 350 in Tallinn and 89.9% of 99 in Kohtla-Jarve in 2005, based on diagnostic testing in one low threshold service. Source: EMCDDA	52.4%	2010	Source: GARP reporting 2012. RDS study in Narva. Higher rate among 85 women (54.1%) than 266 men (51.9%). Higher rate among >25 years (56.1%) than among <25 (36.4%). Number of <25 years = 66.
Finland	1.4%	2007	Source: UNGASS 2008. Other evidence: 0.2% in 1 486 PWIDs in 2006 (based on diagnostic testing at 21 needle exchange sites) and 0.2% of 1 316 PWIDs in 2006 and 0.1% of 1 363 in 2007 (based on diagnostic testing in 29 prisons). Also in 2007, 0.6% of 1 560 PWIDs (based on diagnostic testing at seven needle exchanges in Helsinki, Espoo, Vantaa and Tampere); 1.3% of 722	0.7%	2009	Source: GARP reporting 2012.

²⁵ Data indicated in the two rounds of Dublin reporting applies to different cities and is therefore not directly comparable.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
			in prevalence study conducted in 10 needle exchanges in Helsinki, Vantaa, Espoo, Turku, Tampere, Lahti, Homeenlinna, Kuopio, Forssa and Lohja.			
The former Yugoslav Republic of Macedonia	0.8%	2006	Source: UNGASS 2008	0%	2010	Source: GARP reporting 2012. Sample size 406.
France	5.1–8%	2006	Two studies in five cities in 2006: 5.1% in 256 (based on self-reported test results at needle exchanges, low threshold services and on the streets) and 8% of 342 PWIDs (based on specific prevalence study using unlinked anonymous testing in needle exchanges, low threshold services and on the streets). Source: EMCDDA The Coquelicot survey among 1 462 people who had ever injected or snorted drugs showed an HIV prevalence of 10.8%.	7.2%	2010	No data reported to GARP but the Coquelicot survey was repeated in 2011 with data expected in late 2012. Source EMCDDA. Self-reported data from those attending treatment centres available annually from 2005 to 2010. Sample size varies from 6 691–12 096. Prevalence rates range from 7.2–9.3%. Also reports of ENa-CAARUD survey from 2008 and 2006, PRELUD survey in 2006 and Coquelicot survey in 2004. The ENa-CAARUD survey was conducted among 3 138 users at 122 centres. Self-reported rates of HIV were 7.3% in 2006 and 6.3% in 2008. The PRELUD survey was conducted at five of nine low-threshold centres. HIV prevalence reported as 8.5%.
Georgia	0%	2006	Source: UNGASS 2008	3.9%	2011	Source: GARP reporting 2012. Lower rate among 96 women (2.1%) than 4 736 men (4.0%). Higher rate among 4 212 >25 (4.4%) than among 620<25 (0.3%).
Germany	3.4%	2007	HIV prevalence among PWIDs nationally 3.4% of 1 394 in 2007, 2.9% of 1 296 in 2006 and 5.3% of 1 326 in 2005 (based on diagnostic testing of overdose deaths) ²⁶ . Different studies show that HIV prevalence in PWIDs has remained stable in recent years. Source: EMCDDA	3.9%	2011	Source: GARP reporting 2012. RDS study in Berlin. Higher rate among 62 women (8.1%) than 274 men (2.9%). Higher rate among >25 years (4.3%) than among<25 years (0%). Number of <25 years = 30.
Greece	0.7%	2006	Source: UNGASS 2009. Other evidence: national prevalence of 0.3% of 761 and 0.7% of 1 259 in 2006 (based on diagnostic testing in 18 drug treatment centres and low threshold services, and in 19 drug treatment centres, low threshold services, public health laboratories and other hospitals); prevalence sub-nationally, based on diagnostic testing at various locations, ranged from 0% to 1.9% (in Crete). Source: EMCDDA	3.7%–4.4% (7.5%–8.1% in Athens)	2011	Source: Greek REITOX Focal Point of the EMCDDA. Notes: This information is based on the implementation of the Drug-related Infectious Diseases Indicator (DRID) of the EMCDDA. Data refer to mostly PWIDs accessing drug treatment including low threshold settings. Two national studies done in 2011 with sample sizes 592 and 1 557 found HIV prevalence of 3.7% and 4.4%, respectively. Two Athens-based studies in 2011 with sample sizes 294 and 793 found HIV prevalence of 7.5% and 8.1%, respectively. Note that according to preliminary data from a 2012 sero-behavioural study in Athens involving about 1 400 PWID (using RDS) the HIV prevalence is estimated to range between 15% and 19%.

²⁶ In Germany, data on clinical staging and CD4 cell count at time of HIV diagnosis suggest that PWIDs and MSM are the two groups with the earliest HIV diagnosis. Study results from HIV incidence testing March 2008–February 2009 reveal 37% of recent HIV infections (<six months) in newly HIV-diagnosed PWIDs.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
Hungary	0%	2006	Source: UNGASS 2008. Other evidence: 0% in two samples of 69 and 300 in 2006 (based on diagnostic testing at four public health laboratories, and a specific prevalence study conducted at 15 drug treatment centres and needle exchanges); 0% of 567 in 2007 using the second method. Source: EMCDDA	0%	2011	Source: GARP reporting 2012. 0 positive of 666 tested. Source: EMCDDA. Sub-national survey in six counties. Sample size 311. HIV prevalence 0.
Iceland			No data			No data
Ireland	12.5%	2003	Prevalence among 64 PWIDs in Dublin (based on specific prevalence in study conducted at one drug treatment centre). Source: EMCDDA. In Ireland it is estimated that approximately one in 10 PWIDs has HIV.			No data.
Israel			No data			No data
Italy	11.9%	2007	Prevalence in PWIDs nationally 11.9% of 67 776 (12.1% of 67 300 in 2006) based on diagnostic testing in 515 drug treatment centres. Source: EMCDDA. Other evidence: 19% of 1 917 PWIDs surveyed in 205 and 2007. Source: Regine et al, SISMEC Conference 2009	11.2%	2010	Source: GARP reporting 2012. Source: EMCDDA. Annual national data from 2005–2010. Sample sizes 59 584–68 032. HIV prevalence declined from 13.8% in 2005 to 11.1% in 2010. Source: Dublin Declaration reporting 2012: correlates with HIV infection status including age; geographical area, employment status; and injecting use. Camoni et al., <i>Prevalence and correlates of infection with human immunodeficiency virus, hepatitis B virus, and hepatitis C virus among drug users in Italy: A cross-sectional study</i> Scandinavian Journal of Infectious Diseases
Kazakhstan	3.4% ²⁷	2006	Source: UNGASS 2008	3.8%	2011	Source: GARP reporting 2012. Higher rate among 821 women (4.6%) than 4 009 men (3.6%). Similar rate among 4 311 >25 years (3.8%) as among 519<25 years (3.9%).
Kosovo ²⁸			No data	0%	2011	Source: GARP reporting 2012. Sample of 200.
Kyrgyzstan	0–8.3%	2008	<25 years: male 4.9%, female 0%; >25 years male 7.8%, female 8.3%. Source Epidemiological surveillance 2008.	14.6%	2010	Source: GARP reporting 2012. No data for 2011 because of lack of reagents. Lower rate among 157 women (4.5%) than 773 men (16.7%). Higher rate among 844 >25 years (15.3%) than among 86<25 years (8.1%).
Latvia	22.5%	2007	Source: UNGASS 2008. Other evidence: Prevalence nationally in 2003 6.6% of 987 and 9.7% of 93 in two studies (the first based on diagnostic testing in drug treatment centres and other hospitals and clinics, the second on diagnostic testing in drug treatment centres) and 22% of 205 in Riga and Tukums (specific prevalence study conducted in needle exchanges and on the streets). Source: EMCDDA	11.2%	2011	Source: GARP reporting 2012. Higher rate among 204 women (12.8%) than 437 men (10.5%). Higher rate among 467 >25 years (13.1%) than among 172 <25 years (5.8%). Source: EMCDDA. Annual self-reported data for six cities from 2006–2010. Sample sizes 346–526. HIV prevalence 15.3%–23.2%. Also Ab data for national study in 2009 and 2010 – HIV prevalence 8.8% in 2009 and 6.3% in 2010. Also two sub-national studies in 2010. HIV prevalence in three cities

²⁷ The figure provided in the UNAIDS Report on the Global AIDS Epidemic was 7.4% and this was the figure cited in the previous round of Dublin reporting. However, in commenting on this report, Kazakhstan indicated that this was a misprint. The correct figure reported in the country report to UNAIDS was said to be 3.4%.

²⁸ In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
						was 6.1% and 2.9% in Riga.
Liechtenstein			No data			No data
Lithuania	9.7%	2007	Source: UNGASS 2008. Other evidence: Most recent national study in 2003 found prevalence of 2.4% in 1 112 PWIDs (based on diagnostic testing in drug treatment centres, needle exchanges and other hospitals and clinics). Prevalence in 2006 in Vilnius was 1.9% of 799, 9.7% of 320 and 0.6% of 522 in three studies (based on diagnostic testing in 15 HIV testing centres, a specific prevalence study at one needle exchange and one HIV testing centre, and on diagnostic testing at one needle exchange/low threshold service); prevalence in Alytus was 1.3% of 78 (based on diagnostic testing in one needle exchange/low threshold service) and in Klaipeda 3.6% of 56 (no methodological information available). Source: EMCDDA	4.2%	2010	Source: GARP reporting 2012. Source: EMCDDA. Also sub-national data from six sites – Alytus, Druskininkai, Kaunas, Klaipeda, Vilnius and Visaginas. Sample size from 14 to 215. HIV prevalence from 0% in Visaginas to 21.4% in Klaipeda.
Luxembourg	3.5%	2007	Prevalence nationally 3.5% of 250 in 2007, 2.8% of 254 in 2006 (based on self-reported test results at eight drug treatment centres). Source: EMCDDA	2.4%	2010	Source: GARP reporting 2012 and EMCDDA.
Malta	0%	2006	0% of 175 (based on diagnostic testing at one drug treatment centre). Source: EMCDDA			No data reported to GARP reporting. Source: EMCDDA. National data annually from 2007–2010. Sample size 92–232. HIV prevalence 0–0.4%.
Moldova	17.5%	2007	Source: UNGASS 2008	16.4%	2009	No new data in GARP reporting. HIV prevalence among PWIDs is 16.4% (in Chisinau), data from IBBS 2009, reported in UNGASS 2010. Next survey due 2012.
Monaco			No data			No data
Montenegro			No data	0.3%	2011	Source: GARP reporting 2012
Netherlands	1.8%	2007	Prevalence of 1.8% in 56 PWIDs in Amsterdam in 2007 (based on diagnostic testing in five drug treatment centres); 9.5% of 452 PWIDs in Rotterdam in 2002 (based on a specific prevalence study conducted in drug treatment centres and on the streets). Source: EMCDDA	0%	2010	Source: GARP reporting 2012. Data for Rotterdam from 2002 – prevalence of 10.2%. Denominator taken as 423. Source: EMCDDA. Two sub-national surveys in 2010 in Amsterdam and Rotterdam. Sample size – 25 and 42. No HIV positives detected.
Norway	2.9%	2007	National data based on specific prevalence studies at 14 drug treatment centres found prevalence of 3.2% of 3 349 in 2006 and 2.9% of 3 669 in 2007. Data from Oslo based on specific prevalence studies at 10 needle exchanges and low threshold services found prevalence of 1.3% of 228 in 2006 and 0% of 222 in 2007. Source: EMCDDA.	2.4%	2010	Source: EMCDDA. National data from 2007–2010. Sample sizes 3 669–4544. HIV prevalence 2.4–2.9%.
Poland	11.4%	2007	Prevalence nationally 8.9% of 910 in 2006 and 11.4% of 1 064 in 2007 (based on diagnostic testing in public health laboratories and HIV testing centres). Specific prevalence study in 2004 in eight drug treatment centres, low threshold services and prisons found prevalence 2.4% of 82 in Warminsko-Mazurskie, 31.5% of 178 in	6.8%	2010	Source: EMCDDA. National data from 2005–2010. Sample sizes 657–1350. HIV prevalence 5.5–11.4%.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
Portugal	9.1–19.9%	2007	Wroclaw, 29.5% of 88 in Lubuskie. Source: EMCDDA 10.9% of 1 520 in 2006 and 9.1% of 1 845 in 2007 (based on diagnostic testing in 78 outpatient drug treatment centres); 20.2% of 946 in 2006 and 19.9% of 933 in 2007 (based on diagnostic testing in 156 drug-free drug treatment centres); 16.1% of 4 126 in 2006 and 15.6% of 4 232 in 2007 (based on diagnostic testing in 73 inpatient therapeutic communities). Source: EMCDDA	4.9%	2010	Source: EMCDDA. National data from 2010. Sample size 1 679. HIV prevalence 4.9%.
Romania	1.6%	2007	Prevalence in PWIDs in Bucharest 1.4% of 138 in 2006, 1.6% of 304 in 2007 (based on diagnostic testing in two drug treatment centres); 0.8% of 121 in 2007 (diagnostic testing in one drug treatment centre). Source: EMCDDA	1.0%	2010	Source: GARP reporting 2012. Source: EMCDDA. National data for 2008–2010. Sample sizes 182–329. HIV prevalence 1.1% in 2008, 3.3% in 2009 and 4.2% in 2010.
Russia	10.3%	2006	Source: UNGASS 2008			No data
San Marino			No data			No data
Serbia	0.3–4.7%	2008	Unadjusted prevalence 4.7% Belgrade, 0.3% Novi Sad, 1.6% Nis (sample size 320 per city). Source: MOH Bio-Behavioural Surveillance 2008.	2.4%	2010	Source: GARP reporting 2012. Higher rate among 84 women (4.8%) than 287 men (1.7%). Higher rate among 314 >25 years (2.6%) as among 57 <25 years (1.8%). Data relates only to Belgrade, although the survey was also conducted in Nis in 2010. Also, we have disaggregated data by sex and age for all relevant indicators at all surveyed cities in 2010 as well as in 2008. Data source for 2008 and 2010 IBBS surveys among key MARPs are MoH and IPH of Serbia.
Slovakia	0%	2007	0% of 88 in 2007 and 0% of 79 in 2006 in Bratislava (based on diagnostic testing in one treatment centre). Data not collected using EMCDDA or UNGASS method. There are estimated to be between 3 000 and 12 000 PWIDs in Slovakia; four HIV-positive PWIDs were identified in 2007 and 2008. Source: EMCDDA	0.3%	2010	Source: EMCDDA. National data available – sample size 371. HIV prevalence 0.3%. Also data from sample of 63 in Bratislava – HIV prevalence 1.6%.
Slovenia	0%	2007	Source: UNGASS 2008. Other evidence: Nationally 0% of 263 in 2006, 0% of 287 in 2007 (based on diagnostic testing in 18 drug treatment centres); also 0% in Ljubljana and Koper in 2006 and 2007 (based on specific prevalence studies using unlinked anonymous testing from three sites - drug treatment centres, needle exchanges and low threshold centres; sample size 162 in 2006, 174 in 2007). Source: EMCDDA	0.4%	2010	Source: EMCDDA. National data available annually from 2005–2010. Sample size 259–401. HIV prevalence 0–1.2%.
Spain	36.4–39.7%	2006	Prevalence in two national studies 36.4% of 9 068 (based on diagnostic testing in 497 drug treatment centres) and 39.7% of 1 194 (based on self-reported results in 66 prisons). Source: EMCDDA. Other evidence: 17.8% in 2005. Source: UNGASS 2008	16.4%	2010	Source: GARP reporting 2012. Data arising from a network of 20 HIV/STI clinics located in Spain's most populated cities. Lower rate among 31 women (12.9%) than 103 men (17.5%). Higher rate among >25 (18.3%) than among <25 years (0%). Number of <25 years = 14. Also Source: EMCDDA. Annual data from 2005–2009 for Ab data. Sample size ranges from 6 991–9 068. Prevalence ranges from 32.3–36.4%.
Sweden	5.1%	2007	Source: UNGASS 2008. Other evidence: HIV prevalence of 1.3% of 152 in 2006, 0% of 129 in 2007 (based on a combination of	4.6%	2010	Source: GARP reporting 2012. Lower rate among 24 women (0%) than 152 men (5.3%).

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV prevalence	Year	Comment	HIV prevalence	Year	Comment
			diagnostic testing and specific prevalence studies at two prisons in Gothenburg); 6.1% of 375 in 2006 and 8.4% of 345 in 2007 (based on specific prevalence studies at six sites in Stockholm including prisons, drug treatment centres and other hospitals and clinics); and 5.4% of 203 in 2007 (based on diagnostic testing in 207 sites in low threshold centres and on the street in Stockholm county). Source: EMCDDA			
Switzerland	10.9%	2006	Source: UNGASS 2008	7.3%	2011	Source: GARP reporting 2012. Higher rate among 147 women (9.5%) than 549 men (6.7%). Higher rate among >25 years (7.4%) than among <25 years (6.3%). Number of <25 years = 48
Tajikistan	23.5%	2006	Source: UNGASS 2008	16.3%	2010	Source: GARP reporting 2012. Higher rate among 91 women (18.7%) than 1 564 men (16.1%). Higher rate among 1 522 >25 (16.6%) than among 133 <25 (12.0%).
Turkey	0%	2004	0% of 38 (based on diagnostic testing in drug treatment centres) ²⁹ . Source: EMCDDA	0.5%	2010	Source: EMCDDA. National survey. Sample 644. Prevalence 0.5%
Turkmenistan			No data			No data
Ukraine ³⁰	61.2%	2006	Source: UNGASS 2008	21.5%	2011	Source: GARP reporting 2012. Higher rate among 2 491 women (23.6%) than 6 578 men (20.8%). Higher rate among 7 557 >25 years (24.4%) than among 1 512 <25 years (7.1%).
United Kingdom	0.5–1.8%	2007	England and Wales: 1.3% of 3 075 in 2006, 1.1% of 3 415 in 2007 (based on specific prevalence studies using unlinked anonymous testing at 58 sites including drug treatment centres, needle exchanges, low threshold services and primary care providers). Disaggregated data available for London and outside London. Scotland: 0.8% of 2 142 in 2006, 0.5% of 2 098 in 2007 (based on diagnostic testing conducted at 15 public health laboratories). Specific data available for Dundee, Edinburgh and Glasgow. Northern Ireland: 1.8% of 164 in 2006, 1.8% of 165 in 2007 (based on specific prevalence studies using unlinked anonymous testing at drug treatment centres, needle exchanges, low threshold services and primary care providers)	1.0%	2010	Source: GARP reporting 2012. Lower rate among 790 women (0.8%) than 2 435 men (1.1%). Higher rate among 2 812 >25 years (1.1%) than among 341 <25 years (0.6%). Source: EMCDDA. Annual figures from 2005–2009 for England and Wales disaggregated to London and outside London. Sample in London ranged from 418 to 628 with an HIV prevalence from 3.2–4.3%. Sample outside London ranged from 2400–2821 with an HIV prevalence of 0.5–1.2%.
Uzbekistan	12.9%	2007	Male PWIDs 12.5%, female PWIDs 15.6%; <25 years 10.9%, >25 years 13.1%. Source: DHS 2007. Other evidence: 17.9% in 2005. Source: UNGASS 2008	8.5%	2011	Source: GARP reporting 2012. Higher rate among 627 women (9.6%) than 4 974 men (8.3%). Higher rate among 5 122 >25 years (8.8%) than among 479 <25 years (5.6%).

²⁹ Turkey commented that an estimated 3.95% of reported HIV cases are in PWIDs, 91.72% of which are male and 8.27% female

³⁰ Data indicated in the two rounds of Dublin reporting applies to different cities and is therefore not directly comparable.

Annex 3. Number of syringes distributed per person who injects drugs in Europe and Central Asia³¹

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
Albania			No data	90	2011	Source: GARP reporting 2012: Data reported by the NEP in Tirana. Number of PWIDs participating in harm reduction programmes – 4 103, September 2011
Andorra			No data			No data
Armenia			No data	28	2011	Source: GARP reporting 2012: Programmatic data
Austria			No data	267	Not stated	Source: GARP reporting 2012 – country narrative report. Source: EMCDDA: 4 143 571 syringes distributed in 2010.
Azerbaijan	15–23	2008	Mean number of sterile needles in the last four weeks. Number of syringes distributed: 315 144	49	2011	Source: GARP reporting 2012: The denominator is the number of PWID that were officially registered at the National Addiction Centre of Azerbaijan on 01/01/2012. Source: Dublin Declaration reporting 2012: The proportion of injecting drug users who are regularly covered by needle exchange programmes in 2010 – 2 074 (14.6% of the officially registered PWIDs in the country), 2011 – 7 290 (47.6% of the officially registered PWIDs. The number of syringes distributed among PWIDs (received by them): 2010 – 101 587, in 2011 – 749 131.
Belarus			No data	48	2011	
Belgium		2007	Distributed 600 000 syringes to 17 000 contacts. Number of unique individuals not tracked because of concerns over anonymity.	177	2010	Source: GARP reporting 2012: Number of syringes distributed in past 12 months by NSPs: during 2010: In FR community: 335 480, in FL community: 571 743; total: 907 223. Reference/source for needle syringe programme: EMCDDA Statistical bulletin table HSR 5 Provision of Needle and Syringe Programmes Number of PWIDs: estimates of current injectors not available. Number of persons ever having injected estimated at 5 125 in 2010. Reference/source for PWID estimate: EMCDDA Statistical Bulletin Table PDU 1 part ii: Estimates of prevalence of problem drug use at national level: part ii Injecting drug users.
Bosnia and Herzegovina	43	2008	46 459 syringes distributed	26	2011	Source: GARP reporting 2012: Data represented is non-cumulative and represents data for the second half of 2011. The percentage is based on calculation from total number of PWIDs and number of syringes distributed in the second half of 2011 and does not represent exact number of syringes
Bulgaria			No data	34	2010	Source: GARP reporting 2012: Data on the number of syringes distributed is collected through the online database for NGO sub-recipients of Program 'Prevention and Control of HIV/AIDS', financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Reported data refers to the number of safe injecting packages distributed, including a syringe, two needles and other necessary injecting paraphernalia. Data on the estimated number of PWIDs in the country refers to the number of injecting opioid drug users as reported by the National Focal Point on

³¹ Please note that countries have used different methods to calculate the denominator. Some estimate the total number of PWID in the country. Others use the total number of PWID that receive services. For this reason, data needs to be interpreted with extreme caution.

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
						Drugs and Drug Addictions
Croatia	5–150	2008	Coverage is measured through monthly reports from five NGOs implementing harm reduction programmes on the number of clients, number of needles and syringes and educational material distributed. In 2008, these five NGOs served a total of 4 590 clients and distributed a total of 38 423 condoms, 687 530 needles and 256 096 syringes as well as 13 963 educational materials.	248	2011	Source: GARP reporting 2012: 620 433. Data obtained through reports from an NGO implementing harm reduction activities to the Monitoring and Evaluation unit of the Croatian National Institute of Public Health on a monthly basis These activities were conducted by five NGOs conducting needle exchange programmes in the following areas: the towns of Rijeka, Split, Zagreb, Nova gradiška and Zadar and their surroundings. The outreach points held by particular NGOs vary, some having up to 35 points where they distribute needles. The total number of PWIDs in all NGOs together per month is around 2500. Source: EMCDDA: In 2010, the total number of syringes distributed was 281 953. Using the 2008 central estimate of PWIDs (3 257), the number of syringes per person injecting drugs = 87.
Cyprus			No data	0.4	2010-11	Source: GARP reporting 2012: Information provided by the Cyprus NFP to the EMCDDA through standard Table No 10 on syringe availability. Number of PWIDs refers to opioid and cocaine users currently injecting (30 days prior to treatment demand) Estimation based on 2008–2010 average (estimation method: truncated poisson based on treatment demand data) Updated by UNAIDS on 8 June 2012 following country communication.
Czech Republic	200	2008	In 2008, 4.6 million syringes distributed through needle exchange programmes for 22 300 clients (2.5 times increase compared with 2003) and 1.5 million through pharmacies. National survey of 712 PWIDs in 2003 reported mean of 80 sterile syringes from needle exchange programmes and pharmacies in the last month.	202	2010	Source: GARP reporting 2012: 24 500 PWIDs are in contact with low-threshold and health facilities; estimated number of PWIDs is 37 200. Source: EMCDDA: In 2010, the total number of syringes distributed was 4 946 743 and the 2010 central estimate of PWIDs was 37 200. The number of syringes per person injecting drugs = 133.
Denmark			No data			Source: EMCDDA: The number of drug abusers with access to clean equipment is high in Denmark. The reason is that all the major municipalities with a relatively large number of drug abusers provide clean injecting equipment. The dispensing of clean injecting equipment is typically carried out via drug abuse centres, the local pharmacies, drop-in centres/shelters or shelter rooms. In a few places, vending machines have been installed where the drug abusers can pick up their syringes and needles. The municipalities are not obliged to hand out clean injecting equipment according to the law. Nevertheless, most municipalities have introduced this practice.
Estonia	175	2008	Visited syringe exchange in last four weeks: 64% in Tallinn, 75% in Kohtla-Järve (regions with the most PWIDs). Proportion whose main source of syringes in last four weeks was syringe exchange 48% in Tallinn, 65% in Kohtla-Järve. Proportion visiting syringe exchange at least once in three months 66–76%; visiting at least twice in three months 40–46%. Sources: RDS study 2007; syringe exchange data in second quarter of 2008.	153	2011	Source: GARP reporting 2012: Denominator - estimated number of PWID using capture-recapture method (Ref: Uusküla et al. <i>Estimating injection drug use prevalence using state-wide administrative data sources</i> : Estonia, 2004. Addiction Research and Theory, 2007, 4:411–424.) Numerator - programmatic data from syringe exchange programs from 2011 (National Institute for Health Development, 2012) Source: EMCDDA: In 2010, the total number of syringes distributed was 2 403 480 and the 2004 central estimate of PWIDs was 13 886. The number of syringes per

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
						person injecting drugs = 173.
Finland	222	2007	PWIDs in Finland inject mostly amphetamines and buprenorphine. Health promotion and harm reduction services reach approximately 60% of PWIDs nationally, a higher proportion in Helsinki. There are more than 30 Low Threshold Health Service Centres (LTHSCs); services are available in most towns with a population > 50 000. In addition, services are provided by mobile LTHSC units. In 2007, LTHSCs reached 12 624 clients and distributed > 2.6 million syringes. Pharmacies sold > 600 000 syringes, mostly to PWIDs. Number of syringes distributed/PWID/year was between 20 and 310 (average 222).	202	2010	Source: GARP reporting 2012: Data collected from LTHSC. Additional 500 000 needles and syringes are sold by pharmacies. Source: Dublin Declaration reporting 2012: proportion of PWIDs reached by needle and syringe programmes – 70%. Number of syringes distributed to PWID – 3 400 000.
The former Yugoslav Republic of Macedonia			Preventive activities for PWIDs include harm reduction and needle exchange (HR/NE) implemented by NGOs, and harm reduction and drug substitution (HR/DS) implemented by healthcare facilities. There are 15 HR/NE sites covering 5 438 clients and 10 HR/DS centres providing services to 2 575 clients. Both programmes, in addition to providing sterile injecting equipment and methadone, offer medical, legal and social assistance, psychosocial support and distribute condoms and IEC materials.	23	2010	Source: GARP reporting 2012: RDS survey
France		2004	No data	170	2008/9	Source: EMCDDA: In 2008, the total number of syringes distributed was 13 800 000 and the 2009 central estimate of PWIDs was 81 000. The number of syringes per person injecting drugs = 170. Source: GARP reporting 2012: Based on 2006 estimates, there were 74 000 heroin users and 210 000 to 250 000 problem drug users. 145 000 people are reported to receive OST. All doctors can prescribe methadone and buprenorphine. All pharmacies can sell syringes and prevention kits.
Georgia			No data	22	2011	Source: GARP reporting 2012: The data are aggregated according to databases that each ten centres produces and delivers to a programme director. Number of syringes distributed among PWIDs by NSP programs includes numbers of the following materials: needles and syringes (total number 848 680) and 'butterflies' (total number 56 528).
Germany		2007	Data is only available for use of syringe vending machines. In 2007, 500 000 packages were sold via 120 of the 170 vending machines. No data is available on how many PWIDs are reached by needle and syringe programmes, but the harm reduction system is well developed and most PWIDs are reached by the existing programmes.	21-30	2010	Source: GARP reporting 2012: Since NSP are only one of several sources for needles and syringes for PWIDs in Germany, this indicator may not be appropriate to measure whether PWIDs have been reached by prevention programmes. According to data reported to EMCDDA from Germany, 2 364 314 syringes have been distributed by NSP in 2010. The estimated number of PWIDs is approximately 100 000. (78 000–110 500). Source: Dublin Declaration reporting 2012: From a pilot study in Berlin for which 340 PWIDs were recruited using RDS we have information on the following aspects: 1. Perceived accessibility of sterile needles and syringes in the previous 12 months

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
						(no/difficult access: 7%) 2. Number of sterile needles and syringes used in the previous 30 days Generally, however, there is no nationwide data on these items. We do not even know exactly how many NSPs exist in Germany. A recent project on this topic identified ~187 addiction treatment centres with NSP and ~165 syringe vending machines, but could not collect data from all these facilities. The majority of those treatment centres providing data reported that they do not collect person-related data when distributing syringes. Thus, they cannot provide data on the proportion of people who are regularly reached. As only a small proportion of treatment centres with NSP were questioned and there is no information on pharmacies, there exists no information on the overall number of syringes distributed to PWIDs. Also, there is no specific data on the proportion of injectors among those in OST.
Greece			No data	15 (42 in Athens)	2011	Source: Greek REITOX Focal Point of the EMCDDA; EMCDDA Statistical Bulletin Table PDU 1 part ii: Estimates of prevalence of problem drug use at national level: PART II Injecting drug users. Comment: The number of the syringes exchanged/distributed results from the data collected through the Greek REITOX Focal Point's 'Harm Reduction Questionnaire'. The problem drug use estimation is based on problem drug use indicator of the EMCDDA and refers to current injectors (method: capture-recapture). Needle and syringe programmes in Greece operate in Athens only. Note that due to the further scaling up of the needle and syringe programme in Greece in 2012, the NSP coverage figure is expected to be higher for 2012.
Hungary	76	2008	18 organisations operated needle exchange programmes, four in Budapest.	114	2011	Source: EMCDDA: In 2010, the total number of syringes distributed was 504 251 and the 2008/9 central estimate of PWIDs was 5 699. The number of syringes per injecting drug user = 89.
Iceland			No data			No data
Ireland			No data			No data
Israel			Needle exchange centres in five cities, run by social workers and ex-PWIDs, provide information about safe injecting and safe sex, distribute sterile needles and syringes and condoms, and offer social and health care. Clinics treated 1 700 PWIDs in 2008 and distributed 25 000 condoms and 100 000 syringes, mainly in Tel Aviv.	13	2010	Source: GARP reporting 2012 Source: Dublin Declaration reporting 2012: In the past four years, some 4 000 PWIDs have attended one of the five SEP centres funded and supervised by the Department of TB and AIDS and the Israeli Anti-Drug Authority. Each visitor receives an average of 15 syringes per visit to the SEP centre. The SEP centres also offer STI testing and counselling, refreshments, condoms, clothes and showers. The SEP programme is currently being evaluated.
Italy			No data			Source: GARP reporting 2012: Reference/source for PWID estimates: EMCDDA Statistical Bulletin Table PDU 1 part ii: Estimates of prevalence of problem drug use at national level: part ii Injecting drug users. Reference/source for needle syringe programme: EMCDDA Statistical Bulletin Table HSR 5 Provision of Needle and Syringe Programmes 'HIV infection and Injecting Drug Users (IDU): a pilot study based on the European

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
						Centre for Disease Prevention and Control (ECDC) indicators' is a pilot study finalised to the definition of some monitoring parameters, such as access to prevention programs; access to correct information about HIV; percentage of condom use; percentage of access to the test; proportion of recent infections among new HIV diagnoses and evaluation of circulating HIV subtypes. Source: Dublin Declaration reporting 2012: Programmes for the exchange of syringes among PWID do exist, but they are limited.
Kazakhstan			No data	154	2011	Source: GARP reporting 2012: Data source: Monitoring needle exchange programmes. Estimates of the size: As of 2011 the estimated number of injecting drug users (those who injected drugs in the last 12 months) was 123 640 people (confidence intervals 100 000 to 150 000).
Kosovo ³²			No data	160	2011	Source: GARP reporting 2012
Kyrgyzstan			No data	151	2011	Source: GARP reporting 2012: Report of the National Centre for Addiction
Latvia			No data	19	2011	Source: GARP reporting 2012: Denominator: This estimate covers year 2008. Four source capture-recapture method was used and number of heroin users in Riga, 2008 was estimated as 5 912 (95% CI 3913–10164). By taking into account the national drug situation (e.g. the vast majority of problem drug users in Latvia are injecting drug users, a large proportion of users are amphetamine injectors, a proportion live outside the city of Riga), a central estimate was extrapolated. The suggested number of problem opiate and/or amphetamine users in Latvia would be around 18 000, of which 12 000 are heroin users. Some other extrapolation from this figure suggested the number of PDUs in Latvia might be in the range of 19 000–24 000. Source/method: Den: Centre of Health Economics (CHE) (2010). 2010 National Report (2009 data) to the EMCDDA by the Reitox National Focal Point. Latvia: new developments, trends and in-depth information on selected issues. Riga: The Centre of Health Economics. Numerator: method- Infectology Centre of Latvia. Data collected from Low Threshold Centre (LTC) network (18 LTCs in Latvia managed by ICL). There are no other NSP service providers in Latvia except for those included in LTCs network. Source: EMCDDA: Number of syringes distributed in 2010 = 310 774.
Liechtenstein			No data			No data
Lithuania			No data	32	2010	Source: GARP reporting 2012: The number of PWIDs used to calculate the indicator is the number of cases of mental and behavioural disorders caused by use of narcotic and psychotropic substances reported by the healthcare institutions up to 2010. Source: EMCDDA: Number of syringes distributed in 2010 =192 350.
Luxembourg	175	2008	Number of syringes distributed in 2008: 259 607. Estimated	124	2011	Source: GARP 2012 reporting: Primary sources: syringe counts by Ministry of

³² In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
			PWID population – 1 480.			Health, number of IV drug users: Origer A. <i>Prevalence of Problem Drug Use and Injecting Drug Use in Luxembourg: A Longitudinal and Methodological Perspective</i> . Eur Addict Res. 2012, 18: 288-296.
Malta			Syringe distribution is available for all PWIDs from government pharmacies.	302	2010	Source: GARP reporting 2012 Source: EMCDDA: Number of syringes distributed in 2010 =321 361
Moldova			No data	58	2011	Source: GARP reporting 2012: Numerator: number of syringes distributed on both banks of Dniester River. NSP offer services to both rural and urban population. Denominator: Size estimates were made separately for major cities and for the right and left banks (Transnistria) of the Dniester River. In the Republic of Moldova, available data allowed estimates using multiplier, nomination technique, and network scale-up methods Source: Dublin Declaration reporting 2012: During 2011, a total of 1 827 859 syringes were distributed in the framework of risk reduction programmes through needle exchange points. The data for 2010 was reported in the previous UA report Source: GARP reporting 2012 – country narrative report: indicator value for the right bank of the Dniester River is 81 syringes per user per year, while for the left bank it represents 12 syringes per user per year, the coverage being significantly lower on the left bank than on the right bank of the Dniester River.
Monaco			No data			No data
Montenegro			No data			Source: Dublin Declaration reporting 2012: 525 new PWIDs have been covered by preventive services (outreach, drop-in centre, VCT) during 2011. Two NGOs are providing HIV prevention interventions including needle and syringe exchange. Number of distributed syringes during 2011 was 24 822. Number of distributed needles during 2011 was 28 583.
Netherlands			Data on the number of needles/syringes distributed to PWIDs is only available for Amsterdam and Rotterdam. The number of needles/syringes distributed has declined in recent years, although there was an unexplained increase in 2008, when 184 800 were distributed in Amsterdam and 260 000 in Rotterdam. There are no data on the number of PWIDs in these cities (estimated number of problem drug users [PDU] including PWIDs will be available in 2010). The most recent data is for 2001: 33 500 PDU (range 24 000–48 000). The number of injectors among PDU is unclear, although in 2007 9% of opiate clients in addiction care were known to be injectors and, in 2004, 20% of participants in the Amsterdam Cohort Studies among drug users had injected drugs in the last year. Based on this, there were an estimated 3 100 injecting drug users (range 2 200–4 300) in 2005.			No data

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
Norway		2007	An estimated 3.3 million syringes distributed annually (does not include all municipalities with syringe distribution programmes). Limited data on HIV programme coverage for PWIDs. Estimated number of PWIDs 8 400–11 700	254	2010	Source: GARP reporting 2012: Source: Norwegian Institute for Alcohol and Drug Research (SIRUS)
Poland			In 2008, the National Bureau for Drug Prevention commissioned 15 harm reduction programme for drug users, implemented in nine cities in venues attended by users who are not motivated to take up treatment. Needle exchange data shows that 254 053 needles and 261 249 syringes were distributed annually (126 435 needles and 148 584 syringes were returned.)	78	2010	Source: GARP reporting 2012: 219 856 needles, 157 168 syringes were distributed in 10 programmes in 2010. A total of 2 022 clients contacted. That equals 78 syringes per person. There are few cases of HIV infections among intravenous drug users in Poland. Source: EMCDDA. In 2010, 175 902 syringes were distributed. In the reporting year, the National Bureau for Drug Prevention co-financed 15 health and social harm reduction programmes for drug-dependent clients unmotivated to enter treatment, including prisons and remand centres (no injecting equipment exchange as it is prohibited) and at the drug and HIV/AIDS ward of an infectious disease hospital. The National Bureau co-financed eight outreach-based harm reduction programmes. Needles and syringes were also exchanged in all drop-in centres in Poland (five operational in 2010) and two night shelters for drug users (National Bureau for Drug Prevention, 2011). The above programmes included the total of 5 463 clients. 242 114 needles and 175 902 syringes were distributed or exchanged. Source: Dublin Declaration reporting 2012: Proportion of PWID is unknown. There is no estimation of number of problem PWIDs so the ratio cannot be calculated. Number of clients in needle and syringes exchange programmes is 2 022 (data year 2010). (source: http://www.cinn.gov.pl/portal?id=15&res_id=383108 , p.115). In Poland 219 856 needles and 157 168 syringes were distributed. Number of syringes obtained is unknown. (year 2010). (source: http://www.cinn.gov.pl/portal?id=15&res_id=383108).
Portugal		2008	Data for the number of syringes exchanged is as follows: 2 845 031 in 2005, 2 591 150 in 2006, 2 313 180 in 2007 and 2 449 351 in 2008.	84-169	2010	Source: EMCDDA. In 2010, 1 845 560 syringes were distributed. In 2005, the estimated number of PWIDs was 10 950 to 21 900.
Romania		2008	Mean of 2 400 syringes based on number received at a single visit multiplied by 30 days in survey of 125 PWIDs in Bucharest. Source: EMCDDA. Other evidence: Programme monitoring data shows 4 434 PWIDs reached by drop in and outreach services in 2007, 451 091 syringes distributed during the first three quarters of 2007. Source: UNGASS Country Progress Report 2008.	49	2011	Source: GARP reporting 2012: The multiplier resulted from the 'Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users in Bucharest - Behavioural Surveillance Survey 201062' carried out by UNODC Romania in partnership with the National Anti-Drug Agency and was used to estimate the problem drug use prevalence in 2010. Benchmark: beneficiaries of syringe exchange programmes Case definition – injecting drug use; age group: 18–49 years, Bucharest. The analysis of the data resulted from the 'Behavioural and serologic survey on HIV, hepatitis B and C prevalence among injecting drug users in Bucharest - Behavioural Surveillance Survey 2010'. This indicated that 48.95% (0.4895; 95% CI: 0.4398–0.5395) of the people included in the survey were beneficiaries of the syringe exchange programmes (SEP). The division of the number of people included in syringe exchange programmes (SEP) in 2010 (namely 8.966) by the mentioned percentage, resulted in an estimated number of 18.316

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
						(17.767 in 2009, 95% CI: 16.343–19.464) problem drug users in Bucharest. Source: EMCDDA. In 2010, 983 586 syringes were distributed.
Russia			No data			No data
San Marino			No data			No data
Serbia			No data	69	2011	Source: GARP reporting 2012 Source: Dublin Declaration reporting 2012: Based on programme monitoring and estimation data, 1 814 PWIDs have been reached with services and there are an estimated 30 383 PWIDs in the country. This equates to NEP coverage of 6%. According to IBBS 2010 data, 52.4% PWIDs in Belgrade were reached with NEP. Overall, 20.2% of PWIDs in Belgrade were covered by preventive programmes (received the needle and syringes from NGO in the last 12 months, received the condom from an NGO or VCT centre in the last 12 months and know where to get tested for HIV). Using programme monitoring data from the Ministry of Health of Serbia/GFATM HIV Project there have been 125 000 syringes distributed to PWIDs through NEP programmes (at four NEP sites in Serbia).
Slovakia			No data	17	2010	Source: EMCDDA. In 2010, 317 416 syringes were distributed. In 2006, the estimated number of PWIDs was 18 841.
Slovenia			No data			Source: EMCDDA. In 2010, 732 597 syringes were distributed.
Spain	140	2007	Estimated number of syringes distributed: 2.8 million. Among young street recruited heroin injectors surveyed in 2001–2003, 98.1% in Barcelona, 92.6% in Madrid had obtained some free sterile syringes in the last 12 months, 44.6% in Barcelona, 32.1% in Madrid had obtained all sterile syringes free. Sources: Ramirez et al 2007, Bravo et al 2008		2010	Source: GARP reporting 2012: Number of syringes distributed 2 207 923 Source: EMCDDA: In 2009, number of syringes distributed 3 264 224
Sweden			In 2007, 130 PWIDs in Stockholm county reported mean of 14 sterile needles in the last four weeks. Source: EMCDDA	214	2011	Source: GARP reporting 2012: Data is not representative for the whole country. In 2011 official needle-syringe programmes were ongoing in only one county, Skåne. Data includes both needles AND syringes distributed. Source: Dublin Declaration reporting 2012: Official needle-syringe programmes are currently only ongoing in one county, Skåne. In 2011, around 28–37% of the PWIDs in Skåne participated in a needle-syringe programme.
Switzerland			Estimated coverage of syringe distribution (47% in PWIDs injecting twice a day, up to 100% in those injecting once a day). Access to low-threshold facilities not quantified but reported to be very high.	88	2010	Source: GARP reporting 2012: The current estimation of the number of PWIDs in Switzerland is based on the total number of heavy drug users of heroine and/or cocaine. The large majority of them are under methadone treatment (more than 17 000) and more than 1 300 receive medically prescribed heroin. We have made an estimation of syringe coverage in 2006 showing a very high coverage lying between 50.5% to 134% ³³ .

³³ From Arnaud S, Jeannin A, Dubois-Arber F. Estimating national-level syringe availability to injecting drug users and injection coverage: Switzerland, 1996-2006. Int J Drug Policy. 2011 May;22(3):226-32. Available from:

Country	Dublin reporting 2010			Dublin reporting 2012		
	No.	Year	Comment	No.	Year	Comment
Tajikistan			No data	88	2011	Source: GARP reporting 2012: Number of syringes distributed per PWID per year by needle and syringe programmes = 88 in 2011 numerator number of syringes distributed in past 12 months by NSPs = 2 207 173 in 2011. Denominator estimation number of PWIDs = 25 000. Actual number of PWIDs in NSP = 5 700.
Turkey			No data			No data
Turkmenistan			No data			No data
Ukraine			No data	75	2011	Source: GARP reporting 2012: Data on the number of syringes distributed in past 12 months by NSPs was taken from the SyrEx database and is the programmatic monitoring data collected by ICF 'International HIV/AIDS Alliance in Ukraine'. Syringes distributed are entered into primary records and afterwards are further input into SyrEx database. For indicator calculation the national estimate of 290 000 PWIDs was used, which was the recommended figure for coverage tracking based on 2009 estimation of the size of key vulnerable populations in Ukraine. Starting April 2012 new size estimations will have been approved at the regional level, after that new national size estimations of risk groups will be calculated based on the approved regional size estimations.
United Kingdom			85 in last four weeks.			Source: EMCDDA: in 2010, number of syringes distributed was not available in England but was 2 979 686 in Wales, 179 700 in Northern Ireland and 4 681 122 in Scotland. Between 2004–2010, the estimated number of PWIDs in the UK was 133 112.
Uzbekistan			No data	173	2011	

<http://www.ncbi.nlm.nih.gov/pubmed/21600753>. According to both methods, the estimated number of IDUs decreased markedly. The MT-based method (from 14 818 to 4 809) showed a much greater decrease and a smaller IDU population than the LTF-based method (from 24 10 to 12 320). Availability and coverage estimates are higher with the MT-based method. For 1996, central estimates of syringe availability were 30.5 and 18.4 per IDU per month. For 2006, they were 76.5 and 29.9. There were four central estimates of coverage. For 1996 they ranged from 24.3% to 43.3% and for 2006, from 50.5% to 134.3%.

Annex 4. Coverage of opioid substitution therapy³⁴ in Europe and Central Asia

Country	Dublin reporting 2010			Dublin reporting 2012		
	%	Year	Comment	%	Year	Comment
Albania			No data			Source: Dublin Declaration reporting 2012: Number of PWIDs participating in drug substitution programmes, September 2011 = 710.
Andorra			No data			No data
Armenia			No data			No data
Austria			No data			No data
Azerbaijan	1.25%	2008	Percentage of PWIDs receiving OST.	0.99%	2011	Source: Dublin Declaration reporting 2012: The proportion of PWIDs who were on opioid substitution therapy in 2010 amounted 1.1%, while in 2011 the figure was 0.99%.
Belarus			No data			Source: GARP reporting 2012: As of December 2011, there were 539 people on OST at 12 sites.
Belgium			No data			Source: EMCDDA: In 2010, the total number of OST clients was 17 622
Bosnia and Herzegovina	10%	2008	15.2% in harm reduction; 10% on methadone therapy. 436 reached through outreach needle exchange; 628 drop-in centres (harm reduction needle exchange programmes); 106 drop-in (prevention programme); 703 on methadone substitution therapy.			No data
Bulgaria			No data			Source: Dublin Declaration reporting – country narrative report: 3 452 people receiving OST in 2011
Croatia			No data			Source: EMCDDA: In 2010, the total number of OST clients was 5 035
Cyprus			No data	45%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 294 and the estimated number of problem opiate users (POU) was 647.
Czech Republic			No data	54%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 5 944 and the estimated number of POU was 10 950
Denmark			No data			Source: EMCDDA: In 2010, the total number of OST clients was 7 515.
Estonia	5%	2008	Proportion on methadone treatment 5% (proportion who mainly inject opioids on methadone treatment 7%). Source: methadone treatment data			Source: EMCDDA: In 2010, the total number of OST clients was 1 064.
Finland			No data	50%	Not stated	Source: Dublin Declaration reporting 2012 Source: EMCDDA: In 2010, the estimated number of POU was 4 204.
The former Yugoslav Republic of Macedonia			No data			No data

³⁴ Among problem opioid users unless specified

Country	Dublin reporting 2010			Dublin reporting 2012		
	%	Year	Comment	%	Year	Comment
France	71%	2004	Percentage of primary opioid PWIDs who received OST in the last six months according to a national survey. Source: EMCDDA from Coquelicot Survey, Institut de Veille Sanitaire.			Source: EMCDDA: In 2009, the total number of OST clients was 137 541. Source: Dublin Declaration reporting 2012: According to OFDT data 145 000 people would be on OST.
Georgia			No data	50%	Not stated	Source: Dublin Declaration reporting 2012
Germany			No data	61–87%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 77 400. In 2005, the estimated number of POU was 89 014 to 126 609.
Greece	58.8%	2006	Percentage of 944 PWIDs receiving OST nationally (52.6% of 886 in 2005). 2006 figures for regions range from 24% in Central Macedonia to 100% in Central Greece, Crete and Thessaly. Source: EMCDDA	33%	2011	Sources: Greek REITOX Focal Point of the EMCDDA; EMCDDA Notes: The problem drug use estimation is based on the EMCDDA problem drug use indicator. In the case of Greece it refers to opioid (mostly heroin) users. Method: capture-recapture). Opioid substitution Treatment data are drawn from the Focal Point's 'Treatment Questionnaire'. In 2011, the total number of OST clients was 6 783. In 2010, the estimated number of POU was 20 473. Note that due to the further expansion of the opioid substitution programme in Greece in 2012, the coverage figure is expected to be higher for 2012.
Hungary	20.4%	2008	In 2007, the number of opiate users in treatment decreased by 7.4% from the previous year, and the number of heroin users, including injecting users, among patients receiving treatment also decreased. In recent years the total number treated for opiate use is about 2 000 to 2 500. In 2008, 802 PWIDs received OST. The estimated number of PWIDs is 3 940.	33%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 1 031. In 2007/8, the estimated number of POU was 3 130.
Iceland			No data			No data
Ireland	31–91%	Not stated	54% of opiate users known to services in 2006. Data provided for percentage of known opiate users/injectors in OST disaggregated by age, sex and place of residence. Ireland: male age 15–24 42%, 25–34 82%, 35–64 87%; female age 15–24 64%, 25–34 85%, 35–64 88%. Proportions lower outside Dublin than in Dublin for males and females in all age groups (lowest proportion is 31% in males aged 15–24 outside Dublin, highest is 91% in males and females aged 35–64 in Dublin), perhaps reflecting more recent spread of opiate use and of methadone treatment services outside Dublin.	42%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 8 727. In 2006, the estimated number of POU was 20 790.
Israel			No data	15-25%	Not stated	Source: Dublin Declaration reporting 2012: 1. The Israeli Anti-Drug Authority estimated that there are around 12 000 PWIDs in Israel. The total number of drug users is estimated at 20 000. Of those, about 3 000 currently attend OST centres. There are 13 OST centres in the country.

Country	Dublin reporting 2010			Dublin reporting 2012		
	%	Year	Comment	%	Year	Comment
Italy	39%	2000	Proportion receiving OST 53.1% of 2 024 in 1998, 51% of 6 194 in 1999 and 39% of 972 in 2000 in national surveys; 48% of 882 in 1998, 45% of 1 159 in 1999 and 32% of 351 in 2000 in Piedmont. PWIDs were asked if they had received at least one dose of methadone maintenance treatment in the last month. Source: EMCDDA	57%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 123 496. In 2010, the estimated number of POU was 218 423. Source: Dublin Declaration reporting 2012: Almost all drug related services that administer heroin for intravenous therapy are in OST.
Kazakhstan			No data			No data
Kosovo ³⁵			No data			No data
Kyrgyzstan			No data			No data
Latvia			No data	2.3%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 237. In 2010, the estimated number of POU was 10 169
Liechtenstein			No data			No data
Lithuania	15%	2006	Percentage of 320 primary opioid PWIDs surveyed in Vilnius who received opioid maintenance. Source: EMCDDA	17%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 904. In 2007, the estimated number of POU was 5 458.
Luxembourg	60%	2008	Percentage of PWIDs in OST in 2008.			Source: EMCDDA: In 2010, the estimated number of POU was 1 900.
Malta			No data	64%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 1 119. In 2010, the estimated number of POU was 1 755.
Moldova			No data	4.1%	2011	Source: Dublin Declaration reporting 2012: Proportion of opioid injectors in OST equals 4.1%.
Monaco			No data			No data
Montenegro			No data			No data
Netherlands			No data	57%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 10 085. In 2008, the estimated number of POU was 17 700.
Norway	43–60%	2007	5 058 PWIDs in OST in 2007.	64%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 6 015. In 2008, the estimated number of POU was 9 450
Poland			No data	7.8%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 2 114. In 2005, the estimated number of POU was 27 000. Source: Dublin Declaration reporting 2012: Proportion of opioid injectors in OST is unknown.
Portugal			No data			Source: EMCDDA: In 2010, the total number of OST clients was 29 325.
Romania	62.9%	2008	Proportion of 105 PWIDs in Bucharest who reported	9%	2011	Source: GARP reporting 2012: country narrative report

³⁵ In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010			Dublin reporting 2012		
	%	Year	Comment	%	Year	Comment
			being included in a substitution programme in last 12 months. Mean			Source: EMCDDA: In 2010, the total number of OST clients was 601.
Russia			No data			No data
San Marino			No data			No data
Serbia			No data	5.8%	2011	Source: Dublin Declaration reporting 2012: Using programme monitoring data from Ministry of Health of Serbia/GFATM HIV Project and latest estimation data, there are 1 774 PWIDs on OST and 30 383 estimated PWIDs in Serbia, or: 5.8% PWIDs covered with OST in 2011.
Slovakia			No data	6.2%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 610. In 2007, the estimated number of POU was 9 800
Slovenia			No data			Source: EMCDDA: In 2010, the total number of OST clients was 3 545.
Spain	41.9%	2007	Percentage of PWIDs from Itinere Project on methadone maintenance treatment in last 12 months. Of heroin injectors admitted to any drug treatment in 2003–2004 36.7% on methadone maintenance treatment in last 12 months.	>100%	2010	Source: EMCDDA: In 2010, the total number of OST clients was 77 811. In 2009, the estimated number of POU was 36 933. The EMCDDA has not yet been able to confirm the POU number, and the national report for Spain suggests it could be higher if OST clients are included.
Sweden	30–60%	2007		50%	2011	Source: GARP reporting 2012 – country narrative report
Switzerland			No data			No data
Tajikistan			No data			Source: Dublin Declaration reporting 2012 – the number of PWIDs on OST is 191.
Turkey			No data			Source: EMCDDA: In 2010, the estimated number of POU was 17 392.
Turkmenistan			No data			No data
Ukraine			No data	2.7%	2011	Source: GARP reporting 2012 – country narrative report: In 2011, estimated number of opiate injectors was 250 000. In 2011, 6 632 people received OST.
United Kingdom	71.8%		Percentage of 440 PWIDs in Glasgow prescribed methadone in the last six months (79% of 421 received methadone maintenance or methadone detoxification treatment in 2004). Source: EMCDDA			Source: EMCDDA: In 2010, the number of OST clients in Northern Ireland was 543. In 2009/10, the number of OST clients in England was 148 121.
Uzbekistan			No data			No data

Annex 5. HIV testing among PWID in Europe and Central Asia

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV testing	Year	Comment	HIV testing	Year	Comment
Albania			No data	41%	2011	Source: GARP reporting 2012: Percentage of those tested during last year out of the total of those ever tested.
Andorra			No data			No data
Armenia	23%	2007	Compared with 21% in 2005. Source: UNGASS 2008	20% ³⁶	2010	Source: GARP reporting 2012: Lower rate among seven women (14.3%) than 263 men (20.5%). Lower rate among >25 years (20.3%) than among <25 years (21.4%). Number of <25 years = 14.
Austria			No data			No data
Azerbaijan	4.9%	2007/8	Age <25 5%, age >25 4.9%, male PWIDs 4.6%, female PWIDs 15.4%. Source: Epidemiological surveillance 2007/8	3.9%	2011	Source: GARP reporting 2012: Higher rate among 23 women (17.4%) than 1 177 men (3.7%). Higher rate among >25 years (4.0%) than among <25 years (3.3%). Number of <25 years = 120.
Belarus			No data	54%	2011	Source: GARP reporting 2012: Lower rate among 588 women (52.0%) than 1 282 men (55.2%). Higher rate among >25 years (58.4%) than among <25 years (40.4%). Number of <25 years = 436.
Belgium	32%-62%	2007/8	Flemish community: 62% of 200 PWIDs tested in last two years (data from syringe exchange programme). Source: Windelinckx 2008. French community: 32% of 618 tested in last year, 65% ever tested. Source: Survey 2007. Surveys are not representative of the injecting drug user population. No data disaggregated by age and sex.			No data
Bosnia and Herzegovina	53%	2007	Male PWIDs. Source: 2008 UNGASS	26%	2009	Source: GARP reporting 2012: The rate of HIV testing among 717 men was 25.8%. The rate among women was not reported. The rate among 597 >25 years was 29.3% and among 184 <25 years 16.9%.
Bulgaria	38%	2007	Source: 2008 UNGASS. Other evidence: 75.3% of 146 in Sofia in 2007 reported having had an HIV test, 61.6% reported knowing the result. Source: EMCDDA	48%	2009	Source: GARP reporting 2012: The rate of HIV testing among 1 124 men was 47.7%. The rate among 249 women was 48.6%. The rate among 900 >25 years was 49.1% and among 469 <25 years 45.6%.
Croatia	40%	Not stated	Of newly registered opiate addicts on treatment (based on annual laboratory reports of routine surveillance system). Other evidence: 25% of 239 respondents never tested. Source: Kosanovic et al 2006. 18.5% of 193 never tested for HIV in 2008 study			No data
Cyprus		2009	28 PWIDs tested for HIV in 2009			No data
Czech Republic	40.4%	2008	56% (3 205 of 5 766) had had an HIV test, 40.4% (2 332 of 5 766) knew the results. Source: Stuničková, 2009. Other evidence: 51% of 783 clients in all seven low	44%	2010	Source: GARP reporting 2012: data from the register of treatment demands

³⁶ The percentages given do not tally with the numerators and denominators provided. The percentages cited here relate to the numerators and denominators provided.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV testing	Year	Comment	HIV testing	Year	Comment
			threshold centres in Prague surveyed in May 2008 had had an HIV test in the last 12 months and knew the results. Source: Sejvl, 2008. 33.5% of 758 in a national survey in 2003 reported having a test in the last 12 months. Source: EMCDDA			
Denmark			No data			No data
Estonia ³⁷	62%	2007	Source: UNGASS 2008	39%	2010	Source: GARP reporting 2012: The rate of HIV testing among 266 men was 38.4%. The rate among 85 women was 42.4%. The rate among 285 >25 years was 40.4% and among 66 <25 years 34.9%. In 2012, respondent-driven sampling was used to survey 600 PWID. Preliminary results showed that 62% were HIV-infected. Of these, 82% knew they were HIV infected. Most of these (83%) had been HIV infected for more than three years. There is no need for those who know they are HIV positive to have repeat HIV tests. Among those who considered themselves to be HIV negative, 23% had had an HIV test in the last six months and 55% in the last 18 months.
Finland	1 560	2007	1 560 PWIDs tested in Low Threshold Health Service Centres (LTHSC) (nine positive). HIV tests are available for PWIDs on substitution or maintenance therapy. In 2007 in prisons, 1 363 inmates took a voluntary HIV test (one positive); the total number of PWIDs in prisons is unknown	63%	2009	Source: GARP reporting 2012: The rate of HIV testing among 479 men was 62.0%. The rate among 207 women was 65.74%.
The former Yugoslav Republic of Macedonia	44%	2007	Compared with 32% in 2005. Source: UNGASS 2008	97%	2010	Source: GARP reporting 2012: The rate of HIV testing among 147 men was 96.6%. The rate among 24 women was 100.0%. The rate among 146 >25 years was 98.0% and among 25 <25 years 92.0%.
France	60.7%	2008	Male PWIDs 54.6%, female PWIDs 60.4%; >25 years 60.8%, <25 years, 55%. Source: Enacaarud Study, OFDT			No data but the Coquelicot survey was repeated in 2011 with data expected in late 2012.
Georgia	9%	2007	Compared with 6% in 2005. Source: UNGASS 2008	5.7%	2012	Source: GARP reporting 2012: The rate of HIV testing among 985 >25 years was 5.8% and among 142 <25 years 4.9%.
Germany	40%	Not stated	HIV surveillance system shows at least 40% of PWIDs newly diagnosed with HIV had a previous negative test result. There is no national data collection on HIV testing in PWIDs, but a national survey of PWIDs under substitution therapy being conducted will provide data about this group of PWIDs in 2010 ³⁸ .	51%	2011	Source: GARP reporting 2012: The rate of HIV testing among 274 men was 51.1%. The rate among 62 women was 48.4%. The rate among 305 >25 years was 49.2% and among 30 <25 years 63.3%.
Greece	22.–58.4%	2006	Proportion of PWIDs who approached treatment services	84%	2011	Source: Greek REITOX Focal Point of the EMCDDA

³⁷ Data indicated in the two rounds of Dublin reporting applies to different cities and is therefore not directly comparable.

³⁸ In Germany, the total number of 'problematic drug users' (includes non-opioid users and non-injectors) is estimated at 170 000–200 000; 70 000 opioid users/injectors are following oral substitution treatment.

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV testing	Year	Comment	HIV testing	Year	Comment
			tested for HIV and who knew the test result depended on the treatment centre. In other settings, HIV tested PWIDs are mainly male (50.1%) compared with female (8.3 %). Higher proportion of PWIDs aged 25-34 tested than those aged >34. Source: EMCDDA. No data yet for 2008.			Notes: Data also includes tests for HIV which may have been conducted in a longer time period than the 12 months. Data is drawn from the treatment demand questionnaire which is based on the guidelines of the Treatment Demand Indicator (TDI) of the EMCDDA. Data refer only to PWIDs who accessed drug treatment in 2011 (including PWIDs treated before). The rate for first-ever treatments is 70.1%.
Hungary	8%	2007	Source: UNGASS 2008	22%	2011	Source: GARP reporting 2012: The rate of HIV testing among 479 men was 23.2%. The rate among 185 women was 17.8%. The rate among 543 >25 years was 21.7% and among 121 <25 years 21.5%.
Iceland			No data			No data
Ireland			See Box 8.1 in Ireland's commentary.			No data
Israel			No data			No data
Italy	28%	2005/7	Percentage tested in last 12 months in survey of 1 917 PWIDs conducted in 2005 and 2007. Source: Camoni et al 2009	37% ³⁹	2005/7	Source: Dublin Declaration reporting 2012: Camoni et al., <i>Few Italian Drug Users Undergo HIV Testing</i> AIDS and Behaviour; 15(4) 711-7
Kazakhstan	42%	2007	Source: UNGASS 2008	65%	2011	Source: GARP reporting 2012: The rate of HIV testing among 4 009 men was 64.5%. The rate among 821 women was 65.3%. The rate among 4 311 >25 was 64.7% and among 519 <64.2%.
Kosovo ⁴⁰			No data	40%	2011	Source: GARP reporting 2012: The rate of HIV testing among 179 men was 39.7%. The rate among 21 women was 38.1%. The rate among 48 >25 years was 64.6% and among 152 <25 years 31.6%.
Kyrgyzstan	34%	2007	Source: UNGASS 2008	54%	2011	Source: GARP reporting 2012: The rate of HIV testing among 749 men was 53.1%. The rate among 151 women was 58.3%. The rate among 844 >25 years was 54.0% and among 56 <25 years 53.6%.
Latvia	68%	2008	Percentage of 221, 281 and 372 PWIDs at 13 sites in 2006, 13 sites in 2007 and six sites in 2008 respectively, reporting having had an HIV test: 68% in 2006, 86% in 2007, 85% in 2008; percentage knowing their test result was 58% in 2006, 53% in 2007, 68% in 2008. Questions included: <i>Have you ever been tested for HIV? When did you test for HIV the last time? What were the results of the last HIV test?</i> All respondents with an answer missing excluded from the calculations. Source: EMCDDA. Other evidence: 61% in 2007. Source: UNGASS 2008			No data

³⁹ This appears to be the same study cited in the previous round of Dublin reporting. In this study, 37.4% of 1 917 drug injectors had been tested for HIV in the previous year and 28% of 665 non-injectors.

⁴⁰ In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV testing	Year	Comment	HIV testing	Year	Comment
Liechtenstein			No data			No data
Lithuania	64%	2007	Source: UNGASS 2008. Other evidence: 100% of 174 PWIDs in Klaipeda in 2005 and 100% of 320 PWIDs in Vilnius in 2006 reported having had an HIV test.	64%	2010	Source: GARP reporting 2012: The rate of HIV testing among men was 63.9%. The rate among women was 66.4%.
Luxembourg	84.1%	2006	84.1% of 164 in a national survey in 2006 (77.5% of 165 in 2005) reported having had an HIV test in the last five months. Source: EMCDDA	82%	2007	
Malta	1 085	2008	1 085 PWIDs tested (one HIV positive; the rate of HIV infection in PWIDs is very low)	18%	2010	Source: GARP reporting 2012: The rate of HIV testing among 548 men was 17.7%. The rate among 103 women was 20.4%. The rate among 551 >25 years was 17.2% and among 100 <25 years 23.0%.
Moldova	34%	2007	Source: UNGASS 2008	48.4%	2009	Source: GARP reporting 2012: No new data. HIV testing among PWID is 48.4% (in Chisinau), data from IBBS 2009, reported in UNGASS 2010.
Monaco			No data			No data
Montenegro			No data	20%	2011	
Netherlands	72%	2003	Latest data. Percentage of PWIDs in Rotterdam ever tested for HIV. Source: de Boer et al 2004. No national data; surveys conducted in various cities 1994–2003	74%	2002	
Norway			No data			No data
Poland	<1%	2007	Source: UNGASS 2008. Other evidence: In 2005, 22% of 76 PWIDs in Lubelskie, 17% of 176 in Wroclaw and 11% of 73 in Warminsko-Mazurskie reported having had an HIV test. Source: EMCDDA			No data
Portugal	>60%	Not stated	No data source. Other data, date not stated, reports that 24 000 PWIDs have been tested for HIV			No data
Romania	16%	2007	Compared with 36% in 2005. Method not harmonised with UNGASS 2008 guidelines. Source: UNGASS 2008. Other evidence: 51.7% of 64 PWIDs in Bucharest in 2008 reported having had an HIV test. Source: EMCDDA	100%	2010	Source: GARP reporting 2012: Data from a bio-behavioural survey, so all of the sample were tested.
Russia	46%	2007	Source: UNGASS 2008			No data
San Marino			No data			No data
Serbia	15–32%	2008	Unadjusted HIV testing rate 32% Belgrade, 15% Novi Sad, 20% Nis (sample size 320 per city).Source: MOH Bio-Behavioural Surveillance 2008	33%	2010	Source: GARP reporting 2012: The rate of HIV testing among 287 men was 28.9%. The rate among 84 women was 45.2%. The rate among 314 >25 years was 33.8% and among 57 <25 years 26.3%.
Slovakia			No data			No data
Slovenia			No data			No data

Country	Dublin reporting 2010			Dublin reporting 2012		
	HIV testing	Year	Comment	HIV testing	Year	Comment
Spain	68%	2007	Data collection started before 2005. Method not harmonised with UNAIDS 2008 guidelines. Source: UNGASS 2008	89%	2008/9	Source: GARP reporting 2012: Ever tested
Sweden	84%	2007	Method not harmonised with UNAIDS 2008 guidelines. Source: UNGASS 2008. Other evidence: PWIDs reporting having had an HIV test 40% in 2006, 2007 and 2008; percentage tested who knew the result 40% in 2006 and 2007, 10% in 2008. Samples in Stockholm of 395 in 2005, 375 in 2006, 342 in 2007. In 2007, 30% of 128 PWIDs in Gothenburg and 30% of 204 PWIDs in Stockholm county reported having been tested; of those tested, 100% in Gothenburg and 30% in Stockholm county knew their results. Source: EMCDDA (see also Box 8.2 in Ireland's commentary).	38%	2010	Source: GARP reporting 2012: The rate of HIV testing among 156 men was 36.5%. The rate among 23 women was 47.8%. The rate among 162 >25 was 37.0% and among 17 <25 47.1%.
Switzerland	60%	2007	Source: UNGASS 2008	54%	2011	Source: GARP reporting 2012: The rate of HIV testing among 606 men was 54.3%. The rate among 161 women was 53.4%. The rate among 710 >25 was 53.2% and among 57 <25 64.9% ⁴¹ .
Tajikistan	24%	2007	Source: UNGASS 2008	46%	2010	Source: GARP reporting 2012: The rate of HIV testing among 1 564 men was 45.1%. The rate among 91 women was 60.4%. The rate among 1 522 >25 was 46.5% and among 133 <25 40.0%.
Turkey	8%	2007	Source: UNGASS 2008			No data
Turkmenistan			No data			No data
Ukraine	29%	2007	Compared with 27% in 2005. Source: UNGASS 2008	36%	2011	Source: GARP reporting 2012: The rate of HIV testing among 6 578 men was 34.1%. The rate among 2 491 women was 40.1%. The rate among 7 557 >25 years was 35.9% and among 1 512 <25 years 34.9%.
United Kingdom	57.3–79.9%	2006/7	Combined 2006-2007 data from annual survey of PWIDs: 68.6% in England had ever had an HIV test (3 928 of 5 727); 57.3% in Wales (280 of 489); 79.9% in Northern Ireland (247 of 309). In 2008, 28% of PWIDs (863 of 3 087) reported never having had an HIV test. Source: HPA Unlinked Anonymous Prevalence Monitoring Programme	75%	2010	In 2010, the majority (75%) of the survey participants had taken-up the offer of a voluntary confidential test for HIV, and of those with HIV 88% were aware of their infection. Source: HPA Unlinked Anonymous Prevalence Monitoring Programme
Uzbekistan	18%	2007	Source: UNGASS 2008. Other evidence: In surveillance Sep-Nov. 2007, 19.3% of 3 743 PWIDs (male 17.6%, female 30.5%, age <25 years 15.8%, >25 years 19.6%) had been tested in last 12 months and knew the result.	29%	2011	Source: GARP reporting 2012: The rate of HIV testing among 4 974 men was 27.7%. The rate among 627 women was 37.2%. The rate among 5 122 >25 years was 28.6% and among 479 <25 years 30.3%.

⁴¹ From Locicero S, Arnaud S, Füglistaler G, Gervasoni J-P, Dubois-Arber F, Résultats de l'enquête 2011 auprès des usagers des structures à bas seuil en Suisse. Lausanne : Institut universitaire de médecine sociale et préventive, 2012. . (Raisons de santé, 199a)

Annex 6. Condom use among PWID in Europe and Central Asia

Country	Dublin reporting 2010			Dublin reporting 2012		
	Condom use	Year	Comment	Condom use	Year	Comment
Albania			No data	46%	2011	Source: GARP 2012: Data reported for the last sex with non-regular, non-commercial partner
Andorra			No data			No data
Armenia	56%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	43% ⁴²	2010	Source: GARP 2012: The rate of condom use among 168 men was 41.7% The rate among six women was 66.7%. The rate among 163 >25 years was 44.8% and among 11 <25 years 9.1%.
Austria			No data			No data
Azerbaijan	18%	2007	Data collection started prior to 2005. Source: UNGASS 2008	7.7%	2011	Source: GARP 2012: The rate of condom use among 1 177 men was 7.1% The rate among 23 women was 39.1%. The rate among 1080 >25 years was 7.78% and among 120 <25 years 7.5%. In commenting on the report, Azerbaijan expressed the view that it would be more appropriate to compare 2011 survey data with survey data from 2007–8 reported to UNGASS in 2010. Reasons for this were that the 2007–8 surveys were more inclusive than those conducted in 2003–4 and they were conducted in the same regions as those in 2011. In 2007–8, the percentage of PWID reporting the use of a condom during their last sexual contact was 15.3%.
Belarus			No data	53%	2011	Source: GARP 2012: The rate of condom use among 1 041 men was 54.4% The rate among 500 women was 50.0%. The rate among 1 305 >25 years was 52.0% and among 236 <25 years 58.5%.
Belgium			No data			No data
Bosnia and Herzegovina	23%	2007	Male PWIDs. Figures reported for 2007 but data collection period 2005-2007. Source: UNGASS 2008	32%	2009	Source: GARP 2012: The rate of condom use among 434 men was 33.4% The rate among 44 women was 22.7%. The rate among 364 >25 years was 29.1% and among 114 <25 years was 43.0%
Bulgaria	19%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008. Other evidence: 42.5% of 146 PWIDs surveyed in Sofia in 2007 reported condom use at last intercourse. Source: EMCDDA	40%	2009	Source: GARP 2012: The rate of condom use among 636 men was 37.9% The rate among 190 women was 46.3%. The rate among 526 >25 years was 35.0% and among 297 <25 years 48.8%.
Croatia	29.2%	2008	In a 2008 survey of 193 PWIDs, only 29.2% used a condom at last intercourse (76.6% have used condoms at some time, 21.4% never used condoms, 2.1% did not reply). Other evidence: A 2006 survey of 239 respondents showed inadequate rate of condom use by PWIDs within a stable relationship or with casual partners, although use is somewhat higher with casual			No data

⁴² The percentages given do not tally with the numerators and denominators provided. The percentages cited here relate to the numerators and denominators provided.

Country	Dublin reporting 2010			Dublin reporting 2012		
	Condom use	Year	Comment	Condom use	Year	Comment
			partners or by PWIDs with a large number of sexual partners - 35% of those who report sharing injecting equipment have a regular sexual partner who does not use drugs and 70% of them do not, or only rarely, use condoms. Source: Kosanovic et al 2006			
Cyprus		Not stated	According to infectious diseases indicator in a sample of 36 persons, nine of them report using a condom and 160 not using a condom. The others report no sexual intercourse.			No data
Czech Republic	2%	2003	Ever reported condom use in national survey of 100 PWIDs in 2003. Source: EMCDDA. Other evidence: 75.2% of PWIDs surveyed in HCV prevalence study 2002–2003 always or mostly have sexual intercourse without a condom.			No data
Denmark			No data			No data
Estonia ⁴³	68%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	36%	2010	Source: GARP 2012: The rate of condom use among 188 men was 38.3% The rate among 66 women was 30.3%. The rate among 208 >25 years was 35.1% and among 46 <25 years was 41.3%
Finland	15-35%	2007	In survey of 734 Low Threshold Health Service Centre (LTHSC) clients in 2007, 15% reported always using a condom for sex with a regular partner and 35% for sex with a casual partner during the last six months In 2007, LTHSCs distributed 45 073 condoms to PWIDs.			No data
The former Yugoslav Republic of Macedonia	51%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	54%	2010	Source: GARP 2012: The rate of condom use among 254 men was 57.1% The rate among 42 women was 38.1%. The rate among 245 >25 years was 54.7% and among 51 <25 years was 52.9%
France	53%	2004	53% of PWIDs reported always using a condom for sex during the last six months with a regular partner and 53% used a condom at last intercourse with a casual partner. Source: Coquelicot Survey 2004			No data reported to GARP but the Coquelicot survey was repeated in 2011 with data expected in late 2012.
Georgia	48%	2007	Male PWIDs. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	22%	2008/9	Source: GARP 2012
Germany	42%		Data is available for 1 615 PWIDs under substitution therapy from the Cobra Study. Of these, 58% report that they do not use condoms on a regular basis.	31%	2011	Source: GARP 2012: Questions asked were: Have you injected drugs in the previous 30 days? Have you had sexual intercourse in the previous 12 months? Sample size consists of those who answered yes to both questions. The rate of condom use among 169 men

⁴³ Data indicated during the two rounds of Dublin reporting applies to different cities and is therefore not directly comparable.

Country	Dublin reporting 2010			Dublin reporting 2012		
	Condom use	Year	Comment	Condom use	Year	Comment
						was 33.7% The rate among 35 women was 17.1%. The rate among 184 >25 years was 29.4% and among 21 <25 years was 47.6%
Greece	48%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008			Note: No data is collected for this indicator. The Greek REITOX Focal Point includes in its monitoring a measure on the frequency of condom use with a) steady and b) casual partner in the last six months (response options ranging from 'never' to 'always'). In 2011, 21% of PWID reported 'always' use of condoms with steady and 53% with casual partner.
Hungary			No data	29%	2010	Source: GARP 2012: The rate of condom use among 131 men was 26.0% The rate among 65 women was 33.9%. The rate among 147 >25 years was 29.3% and among 49 <25 years 26.5%.
Iceland			No data			No data
Ireland			No data			No data
Israel			No data			No data
Italy			No data			No data
Kazakhstan	37%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	47%	2011	Source: GARP 2012: The rate of condom use among 2 952 men was 48.2% The rate among 641 women was 42.8%. The rate among 3169 >25 years was 45.3% and among 424 <25 years was 61.8%
Kosovo ⁴⁴			No data	46%	2011	Source: GARP 2012: The rate of condom use among 128 men was 45.3% The rate among 14 women was 50.0%. The rate among 33 >25 years was 72.7% and among 109 <25 years was 37.6%.
Kyrgyzstan	11%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008.	49%	2011	Source: GARP 2012: The rate of condom use among 513 men was 50.7% The rate among 100 women was 43.0%. The rate among 569 >25 was 49.2% and among 44 <25 52.3%
Latvia	48%	2008	48% of 497 PWIDs in 2008, 45% of 483 in 2007. In 2008, sampling was conducted in 6 sites and in 2007 in 13 sites. Questions asked about sex in the last 30 days, number of partners and condom use during last intercourse. Other evidence: 38% in 2007. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	56%	2010	Source: GARP 2012: The rate of condom use among 246 men was 49.2% The rate among 141 women was 66.7%. The rate among 305 >25 years was 53.8% and among 82 <25 years 62.2%.
Liechtenstein			No data			No data
Lithuania	11.3%	2006	According to data submitted to EMCDDA, 11.3% of a sample of 320 PWIDs in Vilnius in 2006 reported using a condom at last intercourse.	29%	2010	Source: GARP 2012: The rate of condom use among men was 29.9% The rate among women was 27.1%.

⁴⁴ In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010			Dublin reporting 2012		
	Condom use	Year	Comment	Condom use	Year	Comment
Luxembourg	48–50%	2009	48% male PWIDs reported condom use during sexual intercourse, 50% female PWIDs reported asking male partners to use a condom in 2008 Source: RELIS 2009.			No data
Malta			No data			No data
Moldova	68%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008.	35.6%	2009	Condom use at the last sexual intercourse among PWID was 35.6% (in Chisinau), data from IBBS 2009, reported in UNGASS 2010.
Monaco			No data			No data
Montenegro			No data	42%	2011	Source: GARP 2012
Netherlands			No data			No data
Norway			No data			No data
Poland			No data			No data
Portugal			No data			No data
Romania	17%	2009	Percentage of PWIDs reporting use of condoms with regular and non-regular partners the last time they had sex (male 17%; female 18%; < 25 years 22%, >25 years 15%). Source: UNODC Behavioural Surveillance Survey among Injecting Drug Users from Bucharest, Romania 2009	57%	2010	Source: GARP 2012 Source: EMCDDA: Results of 2010 survey. Of 204 PWIDs having intercourse in last four weeks, 52 (25.4%) used a condom at last intercourse.
Russia	37%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008			No data
San Marino			No data			No data
Serbia	29–39%	2008	Unadjusted HIV testing rate 29% Belgrade, 30% Novi Sad, 39% Nis (sample size 320 per city).Source: MOH Bio-Behavioural Surveillance 2008	32%	2010	Source: GARP 2012: The rate of condom use among 175 men was 32.0% The rate among 66 women was 31.8%. The rate among 198 >25 years was 31.3% and among 43 <25 years 34.9%
Slovakia			No data			No data
Slovenia			No data			No data
Spain	17.6–59.3%	2003/4	Among PWIDs admitted for drug treatment in 2003–2004, 59.3% used condoms consistently in the last 12 months in vaginal/anal intercourse with casual partners and 17.6% with regular partners. Source: Unpublished data		2008/9	Source: GARP 2012: Data obtained from a sample of injecting drug users recruited from a harm reduction programme in one autonomous region (Catalonia) using multistage stratified sampling. The indicator measured was consistent condom use: "Always used a condom during sexual intercourse in the last six months with regular partner". 66.9% of the 34.4% of respondents who reported having sex with casual partners also provided information on condom use with a regular partner. 29.2% of those who had had sex with a regular partner (48.3% of the sample) reported always using a condom.
Sweden	25%	2007	Figures reported for 2007 but data collection period 2005–2007. Method not harmonised with UNGASS 2008	8%	2010	Source: GARP 2012: Data is collected from Svenska Häktesprogrammet, a second generation surveillance programme in remand prisons in Stockholm and Gothenburg.

Country	Dublin reporting 2010			Dublin reporting 2012		
	Condom use	Year	Comment	Condom use	Year	Comment
			guidelines. Source: UNGASS 2008			Data is not representative of the whole PWID population in the country. The rate of condom use among 130 men was 8.5% The rate among 24 women was 4.2%. The rate among 136 >25 years was 8.1% and among 18 <25 years was 5.6%
Switzerland	50%	2007	Figures reported for 2007 but data collection period 2005–2007. Method not harmonised with UNGASS 2008 guidelines. Source: UNGASS 2008	48%	2011	Source: GARP 2012: The rate of condom use among 606 men was 50.5% The rate among 161 women was 36.7%. The rate among 710 >25 years was 47.5% and among 57 <25 years was 49.1%.
Tajikistan	36%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	40%	2010	Source: GARP 2012: The rate of condom use among 811 men was 38.1% The rate among 66 women was 57.6%. The rate among 800 >25 years was 37.8% and among 77 <25 years was 58.4%.
Turkey	10%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	71%	2008	Source: EMCDDA: In a 2008 survey, of 72 PWIDs having had sex in last four weeks, 59 (70.8%) used a condom at last intercourse.
Turkmenistan			No data			No data
Ukraine	55%	2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	48%	2011	Source: GARP 2012: The rate of condom use among 5765 men was 48.2% The rate among 2 258 women was 46.7%. The rate among 6649 >25 years was 45.6% and among 1 374 <25 years was 58.3%.
United Kingdom	19%	2006	19% (170/907) of PWIDs who had more than one sexual partner in the last year reported always using a condom; 33% (300/907) had never used a condom. Annual survey of PWIDs asks how many sexual partners (male and female) PWIDs have had and if they always, sometimes or never used condoms in the past year	22%	2010	In 2010, among survey participants with two or more (anal or vaginal) sexual partners in the preceding year, 22% had always used condoms. This varied little by gender, but increased with age. Source: Data is routinely collected on the consistency of condom use among participants in the Unlinked Anonymous Monitoring Survey of people who inject drugs in England, Wales and Northern Ireland.
Uzbekistan	39%	2007	Male PWIDs 32.8%, female PWIDs 54.1%; age <25 years 41.1%, aged >25 years 35.3%. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	43%	2011	Source: GARP 2012: The rate of condom use among 2301 men was 41.3% The rate among 349 women was 53.0%. The rate among 2 449 >25 years was 41.9% and among 201 <25years 54.7%.

Annex 7. Use of sterile injecting equipment among PWID in Europe and Central Asia

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
Albania				No data	75%		2011	Source: GARP 2012
Andorra				No data				No data
Armenia	95%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	89 ⁴⁵ %		2010	Source: GARP 2012: The usage rate of sterile injecting equipment among 224 men was 89.7% The rate among seven women was 100.0%. The rate among 219 >25 years was 90.9% and among 12 <25 years 75.0%.
Austria				No data				No data
Azerbaijan	34%		2007/8	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	46%		2011	Source: GARP 2012: The usage rate use of sterile injecting equipment among 1 177 men was 46.6% The rate among 23 women was 34.8%. The rate among 1 080 >25 years was 45.5% and among 120 <25 years 54.2%. Source: Dublin Declaration reporting 2012: In 2011, 46.3% of PWIDs reported sharing needles.
Belarus				No data	89%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 1 140 men was 88.6% The rate among 515 women was 90.3%. The rate among 1 406 >25 years was 89.5% and among 249 <25 years was 86.8%.
Belgium		20.6%	2006	Of 174 PWIDs in Antwerp who reported sharing needles, syringes or other injecting equipment in the last month. Source: EMCDDA				No data
Bosnia and Herzegovina	25%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	79%		2009	Source: GARP 2012: The usage rate of sterile injecting equipment among 717 men was 79.4% The rate among women was not provided. The rate among 597 >25 years was 80.4% and among 183 <25 years 76.0%.
Bulgaria	25%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	86%		2009	Source: GARP 2012: The usage rate of sterile injecting equipment among 1 124 men was 86.1% The rate among 249 women was 86.4%. The rate among 900 >25 years was 86.7% and among 469 <25 years 84.9%.

⁴⁵ The percentages given do not tally with the numerators and denominators provided. The percentages cited here relate to the numerators and denominators provided.

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
Croatia		42%	2008	2008 survey of 193 PWIDs: 38 injected drugs in the last month, of whom 16 (42%) shared equipment. 37.6% reported never sharing injecting equipment, 83.6% had not shared equipment in the last year. Other evidence: 2006 survey of 239 PWIDs: 32.6% reported sharing in the last year, 37% within the last month; most with close friends or partner; two thirds of respondents who reported sharing knew where they could obtain clean needles and syringes. Source: Kosanovic et al 2006				No data
Cyprus	58%		2009	In all, 21 of a sample of 36 reported using sterile injecting equipment				No data
Czech Republic	36%	78.9%	2008	Of PWIDs seeking treatment who reported using sterile injecting equipment during the last 12 months. Of 750 PWIDs in a national survey who reported ever sharing needles, syringes or other injecting equipment. Source: EMCDDA				No data
Denmark				No data				No data
Estonia ⁴⁶	65–94%		2007	Proportion of PWIDs who did not share injecting equipment in the last four weeks: 65% in Tallinn, 79% in Kohtla-Järve; proportion of PWIDs who did not share syringes/needles in last four weeks: 82% in Tallinn, 94% in Kohtla-Järve. Source: RDS study 2007	94%		2010	Source: GARP 2012: The usage rate of sterile injecting equipment among 266 men was 93.2% The rate among 85 women was 96.5%. The rate among 285 >25 years was 95.8% and among 66 <25 years 86.4%.
Finland		14–40%	2007	Of 734 Low Threshold Health Service Centre (LTHSC) clients sharing needles in last month: <20 years 28%; 20–24 40%; 30–34 19%; 35–39 18%; 40–44 12 %; >44 years 14%				Source: Dublin Declaration reporting 2012: Percentage of PWID sharing needles/syringes in last four weeks – 29%.

⁴⁶ Data indicated during the two rounds of Dublin reporting applies to different cities and is therefore not directly comparable.

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
The former Yugoslav Republic of Macedonia	73%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008.	92%		2010	Source: GARP 2012: The usage rate of sterile injecting equipment among 355 men was 92.7% The rate among 51 women was 90.2%. The rate among 342 >25 years was 93.0% and among 64 <25 years was 89.1%.
France		38%	2004	Percentage of PWIDs in national survey who reported ever sharing needles, syringes or other injecting equipment. Source: EMCDDA.				Source: EMCDDA: Slightly under 10% of users (9.3%) interviewed in the CAARUD in 2008 reported that they had shared their syringe in the previous month compared to 17.9% for their spoon, 14.3% for their filter, 16.7% for the preparation water and 10.1% for their rinse water. A total of 24.9% had shared at least one tool of injection equipment during the month. These results are all higher than the estimated equipment sharing rates in 2006 in the first edition of the ENa-CAARUD survey, although only the differences on sharing preparation water and at least one tool of equipment are statistically significant (Source NR 2011, page 102)
Georgia	93%		2007	Male PWIDs. Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	48%	52%	2008/9	Source: GARP 2012: The usage rate of sterile injecting equipment among 985 >25 years was 48.8% and among 142 <25 years 43.0%. Source: Dublin Declaration reporting 2012: Denominator: number of PWIDs who reported injecting drugs in the last month; Numerator: number of PWIDs who reported using non-sterile injecting equipment the last time they injected drugs
Germany		4-14%	Not stated	Survey of 517 PWIDs found that 45% use their own syringes, 14% share equipment with others and 10% share syringes with others. Source: ZIS-Hamburg. Another study, of 1 615 PWIDs under substitution therapy found that 4% (under buprenorphine) and 5% (under methadone) share needles with others when they inject drugs; 12% (under buprenorphine) and 17% (under methadone) still inject drugs. More data is needed but resources are limited.		8.5%	Not stated	Source: Dublin Declaration reporting 2012: From a pilot study in Berlin for which 340 PWIDs were recruited using RDS, we have information on the proportion of PWIDs accepting needles and syringes used by others to inject drugs within the last 30 days (needle/syringe sharing: 8.5%).
Greece	67%	55.4–77.1%	2007	Figures reported for 2007 but data				Note: There are no data available for this indicator

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
			2005/6	collection period 2005–2007. Source: UNGASS 2008. Data from national surveys in 2005 and 2006. The first set found that 77.1% of 890 PWIDs reported ever sharing needles, syringes or other injecting equipment in 2005; 70.1% of 1 027 in 2006. The second set found that 57.8% of 676 PWIDs reported ever sharing needles, syringes or other injecting equipment in 2005; 55.4% of 745 in 2006. Data is also available for specific regions of Greece				
Hungary				No data				No data
Iceland				No data				No data
Ireland	34%	66%	2007	66% of PWIDs entering treatment had shared injecting equipment and 34% had never shared.				No data
Israel				No data				No data
Italy		23%	2000	National surveys found that 18.6% of 2 001 PWIDs in 1998, 19.6% of 6 193 in 1999, 23% of 918 in 2000 reported sharing needles, syringes or injecting equipment in the last six months. Surveys in Piedmont showed that 20% of 862 PWIDs in 1998, 19% of 1 145 in 1999, 20% of 287 in 2000 reported sharing needles, syringes or injecting equipment in the last six months. Source: EMCDDA				Source: Dublin Declaration reporting 2012: It is not known how many drug users exchange syringes.
Kazakhstan	59%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	61%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 3 361 men was 60.9% The rate among 683 women was 63.3%. The rate among 3 594 >25 years was 61.5% and among 450 <25 years 59.6%.
Kosovo ⁴⁷				No data	99%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 179 men was 98.9% The rate

⁴⁷ In accordance with UN Security Council Resolution 1244 (1999)

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
								among 21 women was 95.2%. The rate among 79 >25 years was 98.7% and among 121 <25 years 98.4%.
Kyrgyzstan	77%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	72%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 524 men was 68.9% The rate among 111 women was 83.4%. The rate among 600 >25 years was 70.7% and among 35 <25 years was 85.7%.
Latvia	90%	57%	2007–2008	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008. PWIDs reporting sharing needles, syringes or other injecting equipment in the last 6 months 28.1% of 551 in 2006 (13 sample sites), 44% of 582 in 2007 (6 sites), 57% of 627 in 2008 (6 sites). Source: EMCDDA				No data
Liechtenstein				No data				No data
Lithuania		38.1%	2006	Percentage of 320 PWIDs in Vilnius who reported sharing needles, syringes or other injecting equipment. Source: EMCDDA	77%		2010	Source: GARP 2012: The usage rate for sterile injecting equipment among men was 78.9% The rate among women was 71.3%.
Luxembourg		19–81%	2008	Sharing injecting equipment in the last month reported by 30% male PWIDs, 42% female PWIDs; 81% male, 67% female sharing reported sporadic sharing, 19% males, 23% females reported always sharing. Source RELIS 2008. Other evidence: 36.7% of male and female PWIDs reported sharing equipment in the last 6 months. Source: Origer and Removille 2007. National surveys: 30.1% of 206 in 2005, 29.4% of 221 in 2006 reported sharing needles or syringes. Source: EMCDDA				No data
Malta				No data				No data
Moldova	96%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	99.3%		2009	Source: Dublin Declaration reporting 2012: Use of sterile injecting equipment is 99.3% (in Chisinau), data from IBBS 2009, reported in UNGASS 2010.

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
Monaco				No data				No data
Montenegro				No data	95%	13.3%	2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 311 men was 95.8% The rate among 44 women was 90.9%. The rate among 290 >25 years was 95.2% and among 65 <25 years 95.4%. Source: Dublin Declaration reporting 2012: Bio-behavioral survey among PWIDs (RDS) was conducted in 2011. Survey covered 355 respondents (83.2% males and 16.8% females). During the last month, 13.3% of the surveyed PWIDs had shared the injecting equipment. If the entire "injecting drug use" experience was taken into consideration, the percentage of those who had ever shared injecting equipment increased to 63.4%.
Netherlands				No data				No data
Norway				No data				No data
Poland		8–16%	2005	16% of 172 PWIDs in Wroclaw and 8% of 76 in Warminsko-Mazurskie reported sharing of needles or syringes. Source: EMCDDA.		19%	2008	Source: Dublin Declaration reporting 2012: 19% of low threshold services clients who injected drugs in last 30 days reported needle sharing. (year 2008). (source: http://www.cinn.gov.pl/portal?id=15&res_id=216384 , p.19)
Portugal				No data				No data
Romania	28%	78.9%	2007–2008	Data collection started prior to 2007. Source: UNGASS 2008. Of 327 PWIDs in Bucharest reporting sharing needles, syringes or other injecting equipment in the last 12 months. Source: EMCDDA	16%		2010	Source: GARP 2012
Russia	82%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008				No data
San Marino				No data				No data
Serbia	76–80%		2008	80% Belgrade, 76% Novi Sad, 78% Nis (sample size 320 per city). Source: MOH Bio-Behavioural Surveillance 2008	77%	23%	2010	Source: GARP 2012: The usage rate of sterile injecting equipment among 287 men was 76.7% The rate among 84 women was 76.2%. The rate among 314 >25 years was 77.4% and among 57 <25 years was 71.9%. In 2010, in Belgrade 23% of surveyed PWIDs reported sharing injecting equipment in the last month

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
								while 77% reported using sterile injecting equipment when last having injected. The results from IBBSS which was conducted in 2008 show that 18% of respondents in Belgrade and 25% of respondents in Nis reported sharing injecting equipment.
Slovakia				No data				No data
Slovenia				No data				No data
Spain		20.9–23.3%	2006	Of 296 PWIDs: 20.9% gave others a needle/syringe already used, 23.3% accepted a needle/syringe already used, 69.2% shared filter/spoon/cleaning water in the last 6 months. Source: CEESCAT 2008. Other evidence: of 604 heroin injectors admitted to outpatient drug treatment in 2003–2004: 22.7% gave others a needle/syringe already used, 19% accepted a needle/syringe already used, 11.6% took a diluted drug from a syringe already used, 14.1% back/front loading during last 12 months. Source: Ramirez et al 2007				Source: GARP 2012: Data obtained from a sample of injecting drug users recruited from a harm reduction programme in one autonomous region (Catalonia) using multistage stratified sampling. Reported rates of sharing behaviour were as follows – sharing syringes (19.4%); receiving syringes (22.9%); front/back-loading (49.9%) and sharing other injecting equipment (54%).
Sweden	38%	90%	2005–2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008. Of 102 PWIDs in Stockholm county who reported ever sharing needles, syringes or other injecting equipment. Source: EMCDDA	65%		2010	Source: GARP 2012: Data is collected from Svenska Häktesprogrammet, a second generation surveillance program ongoing in remand prisons in Stockholm and Gothenburg. Data is not representative for the whole PWID population in the country. The rate of using sterile injecting equipment among 132 men was 65.2%. The rate among 24 women was 66.7%. The rate among 140 >25 years was 67.9% and among 16 <25 years was 43.8%.
Switzerland	94%		2007	Figures reported for 2007 but data collection period 2005–2007. Method not harmonised with UNGASS 2008 guidelines. Source: UNGASS 2008				No data
Tajikistan	32%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	40%		2010	Source: GARP 2012: The usage rate of sterile injecting equipment among 811 men was 38.1% The rate among 66 women was 57.6%. The rate among 800 >25 years was 37.8% and among 77 <25 years was

Country	Dublin reporting 2010				Dublin reporting 2012			
	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment	Use of sterile injecting equipment	Sharing injecting equipment	Year	Comment
								58.4%. Source: Dublin Declaration reporting 2012: Percentage of PWID reporting needle sharing - 31%.
Turkey	10%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008				No data
Turkmenistan				No data				No data
Ukraine	84%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008	96%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 6 578 men was 95.5% The rate among 2 491 women was 95.7%. The rate among 7 561 >25 years was 95.7% and among 1 508 <25 years was 94.6%.
United Kingdom		35–49%	2006	Percentage of PWIDs reporting sharing needles, syringes or other injecting equipment in the last 28 days in 2006: England and Wales 49% of 1 875; London 49% of 265 in 2006; Northern Ireland - 35% of 43; Outside London) England and Wales 49% of 1 610. Percentage of PWIDs reporting sharing needles, syringes or other injecting equipment in the last six months in 2005: Glasgow 38.2% of 437.		21%	2010	In 2010, among survey participants who had injected during the preceding four weeks, 21% reported sharing needles and syringes. This varied by gender and decreased with age. Source: data is routinely collected on the sharing of injecting equipment through the Unlinked Anonymous Monitoring Survey of People who Inject Drugs in England, Wales and Northern Ireland.
Uzbekistan	23%		2007	Figures reported for 2007 but data collection period 2005–2007. Source: UNGASS 2008. Other evidence: Use of sterile syringe last time injected – male 83.4%; female 86.1%; <25 years 81.3%; >25 years 84%	81%		2011	Source: GARP 2012: The usage rate of sterile injecting equipment among 3 414 men was 79.5% The rate among 415 women was 87.5%. The rate among 3 512 >25 years was 80.6% and among 317 <25 years was 77.6%.