



Prevention and control of Hepatitis B and C among vulnerable groups

Estonia: People who use drugs

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Estimated number of people who inject drugs



In 2005, it was estimated that there were almost 14,000 PWID in Estonia, with a prevalence of 2.4% among 15-44-year-olds.



There appears to be a decline in the number of PWID. The population size is estimated to be around 9,000.

70% are injecting fentanyl and its analogues (3-methylfentanyl).

PWID are mostly confined to two regions – capital city Tallinn (including its surrounding county Harjumaa), and North-Easter Estonia (Ida-Viru county)

Core of the problem



“Drug use is untreatable selfinflicted behaviour”



“There are other people who deserve help more”



Services not adjusted to the needs of people with lesser coping skills/possibilities.

Main challenges:

- How to win the trust of the vulnerable groups (how to overcome the stigma, fear of disclosure and discrimination).
- How to create an enabling environment.
- How to deal not only with the problem itself but also its underlying determinants.

National public health strategies

UNTIL 2012

- National HIV/AIDS prevention strategy 2006-2015
- National drug abuse prevention strategy until 2012
- National tuberculosis prevention and treatment strategy 2008-2012
- National cardio-vascular disease prevention strategy 2005-2020
- National cancer prevention strategy 2007-2015
- Program for safe and healthy development of children and young people (as part of the Estonian National Health Plan 2009-2020)
- **No separate strategy for prevention and control of Hepatitis B and C or other STIs and BBVs.**

FROM 2013

all public health strategies and initiatives are integrated into one comprehensive program - National Health Plan 2009-2020

National response to the problem

- Harm reduction programs for people who inject drugs
 - Needle and syringe exchange programs
 - Psychosocial services
 - Overdose prevention (including take-home naloxone)
- HIV testing and counselling (based on risk behaviors and indicator conditions) and STI testing
 - Voluntary HIV testing and counselling (including rapid testing in non-medical settings)
 - Piloting of the Internet-facilitated STI testing for MSM
 - STI testing, treatment and counselling services for CSW
 - STI testing, treatment and counselling services for uninsured young people

Includes Hepatitis B and C testing
- HIV-related health care services including HAART (free of charge for all)
- TB-related health care services including treatment (free of charge for all)
- Drug treatment and rehabilitation
 - Opioid substitution treatment
 - Inpatient detoxification
 - Inpatient rehabilitation
 - Outpatient psychosocial counseling
 - Outpatient treatment for people with dual diagnosis



Funding of the national response



All activities are fully funded from the state budget:

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- National Health Plan (through National Institute for Health Development under Ministry of Social Affairs)
 - Harm reduction services
 - Drug treatment, rehabilitation and counselling
 - Voluntary HIV, Hepatitis B and C testing
 - STI testing for vulnerable groups
 - ...
 - Emergency Health Care services (through Ministry of Social Affairs)
 - Treatment of acute conditions for people without health insurance
 - Health Insurance Fund
 - Treatment for people with health insurance



Addressing Hepatitis B and C within harm reduction services

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- Condoms, extra strong condoms and lubricants are provided to all clients without quantity limitations.
 - Wide selection of needles and syringes, dry and alcohol pads is provided to all clients without quantity limitations.
However, low dead-space syringes are not provided yet.
 - Injecting equipment and condoms are disseminated on site, during outreach and through secondaries.
 - Sexual health and safer injecting advice must be provided by staff of HR sites (including peers).

Addressing Hepatitis B and C within harm reduction services

- Staff of the HR services (including peers) is regularly trained on STIs and BBVs including Hepatitis B and C.
- Staff of the HR services (including peers) is trained on safer injecting practices.
- Free of charge and anonymous testing is available to PWID at voluntary counselling and testing sites.
- Informational materials are available for PWID and staff of the HR services must inform them about hepatitis risks, possibilities for diagnosis and treatment (including during outreach work). Informing about hepatitis is mostly done by peers.



Achieved level of services: Needle and syringe programme in Estonia



In 2014 37 needle/syringe exchange sites: 13 fixed, 24 outreach sites.

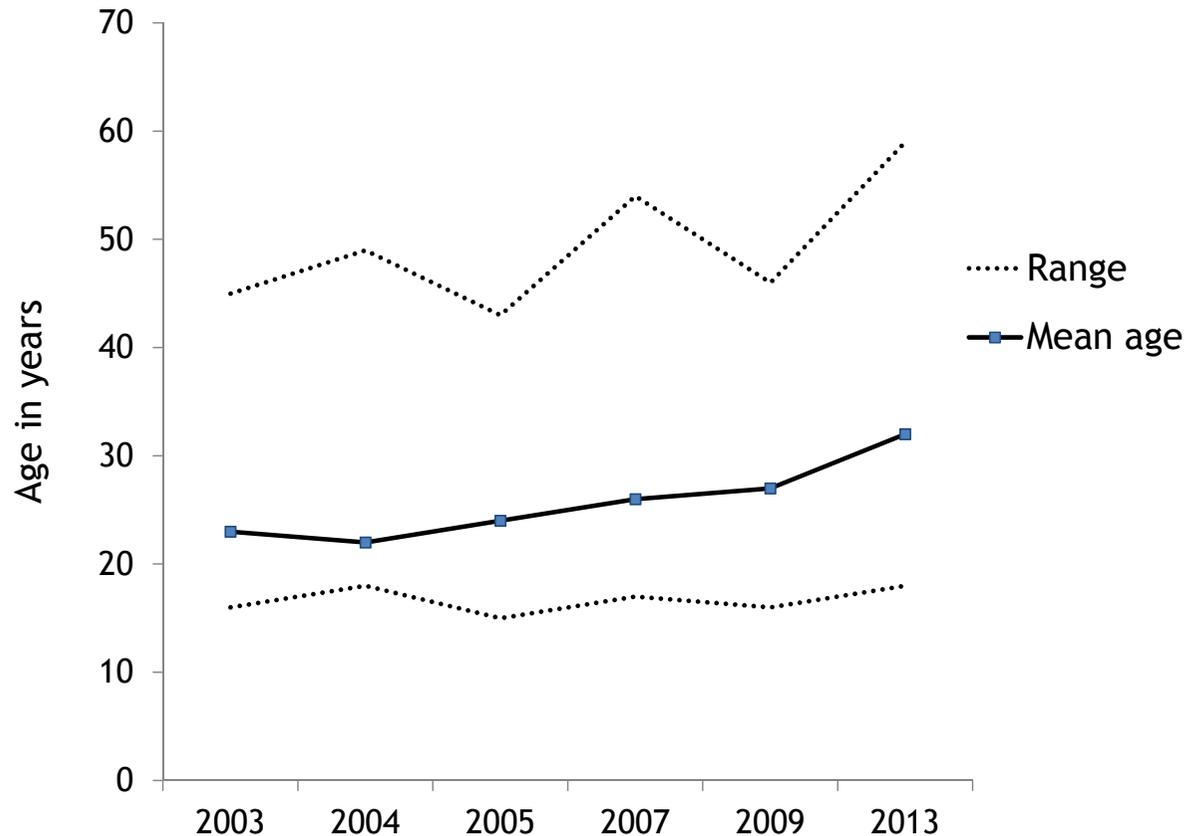
Located in capital area (Tallinn, Maardu), Central-Estonia (Tapa, Paide) and North-East Estonia.

Estimated coverage of the PWID is ~60% (6 677 clients/estimated population size ~9 000).

Mean age has increased from 23 to 32 years

Mean age was 32 years in 2013 (range 18 to 59 years)

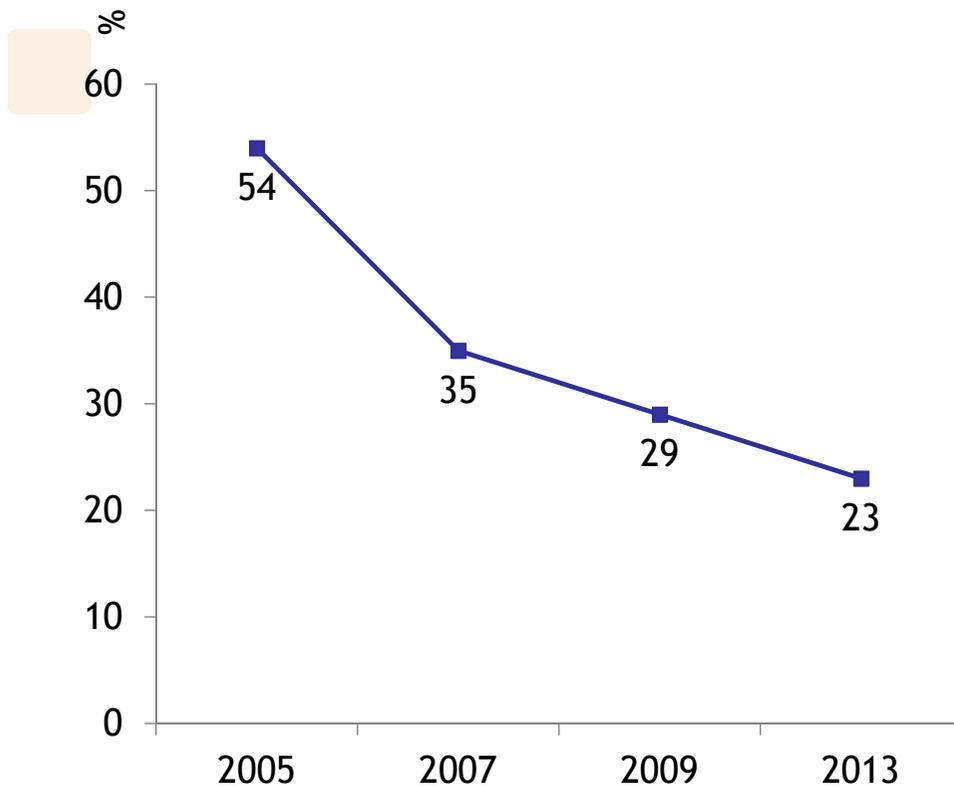
Females were slightly younger than males (30 years versus 33 years, $p=0.006$)



NSP is an essential source for clean syringes



Sharing of used syringes
(last 4 weeks):



Main sources for clean syringes (last 4 weeks) in 2013:

	<i>n</i>	%
Syringe exchange program	210	64,0
Pharmacy	76	23,2
Friends	20	6,1
Outreach worker	5	1,5
Other people who inject drugs	4	1,2
Family	3	0,9
Drug dealer	1	0,3



The nine interventions in the comprehensive HIV prevention package

1. Needle and syringe programmes
2. Opioid substitution therapy and other drug dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis.



Guidance on prevention of viral hepatitis B and C among people who inject drugs

Recommendation 1:

It is suggested to offer people who inject drugs the rapid hepatitis B vaccination regimen.

Recommendation 2:

It is suggested to offer people who inject drugs incentives to increase uptake and completion of the hepatitis B vaccine schedule.

Recommendation 3:

It is suggested that needle and syringe programs also provide low dead-space syringes for distribution to people who inject drugs.

Recommendation 4:

Psychosocial interventions are not suggested for people who inject drugs to reduce the incidence of viral hepatitis.

Recommendation 5:

It is suggested to offer peer interventions to people who inject drugs to reduce the incidence of viral hepatitis.



What needs to be improved



All recommendations need to be implemented.

It is, after all, much cheaper than not implementing them.



Thank you!