Eurosider Project

Summary & Recommendations
The situation of HIV-related epidemiology for people who inject drugs (PWID) in Europe varies substantially from one country to another because of country-centred public health policies – including policies on access to care and harm reduction services for PWID – rather than at the European level. In Eastern Europe, where access to opioid substitution treatment (OST) and needle syringe programs (NSP) remains limited, injecting drug use is still the key driving force of the HIV epidemic [1]. Whereas, in Western Europe, among PWID, OST and NSP have been found to greatly and sufficiently reduce HIV transmission [2, 3], but not HCV prevalence, requiring other interventions to be made [11].

To reduce injection-related risks, AERLI, a community-based educational intervention, has been developed and evaluated in France. The intervention showed a significant reduction in unsafe HIV/HCV transmission practices and local complications at injection sites as well as an increase in HCV testing uptake in participants who received it. In a context of disseminating harm reduction (HR) programmes in Europe, the Eurosider project renamed AERLI as ITSESI (Individually-Tailored Support and Education for Safer Injection). The project aims to transfer ITSESI to other European countries to innovatively tackle the HIV and HCV epidemics.

**Objectives**

The main objective of the Eurosider project was to study the transferability of ITSESI at a European level to reduce the risk of HIV-HCV transmission. ITSESI intervention offers educational supervision during all phases of the injection sequence, from pre- to post-injection, and provides i) tailored education for each risky act, ii) prevention messages related to HIV/HCV risk transmission and iii) information about access to screening and care for HIV and HCV.

The specific objectives were: 1) To assess national and local contexts regarding HIV/HCV prevention services in four European countries; 2) To implement and evaluate the ITSESI intervention in these countries; 3) To develop and disseminate validated ITSESI tools and to advocate the implementation of the ITSESI intervention at the local, national and European policy levels.

**Methods Results**

The 24-month-long project consisted of four phases:

**Phase 1:** Exploration; including a country- and context-specific assessment of the main factors that could negatively influence the implementation of the intervention and its adaptation. This assessment reviewed official, scientific and grey literature as well as a collection of qualitative data through questionnaires and interviews with stakeholders, involved in the project.
**Results:** Two main issues determined the feasibility of the ITSESI implementation. The first issue was related to the funding of HR activities for PWID, especially the sustainability of the intervention’s Needle and Syringe Exchange Program. The second regarded the repressive legal context in which HR services were currently provided in the chosen countries, highlighting the need to adapt the intervention to avoid any legal risk for field workers and PWID.

**Actions:** Firstly, we asked for funding to cover the costs of the provision of sterile injecting equipment. Apothicom sent all needed equipment for the duration of the Eurosider project. Then, we proposed local partners an alternative for the direct observation of the injection, by either a “placebo” drug injected in a pad or a video recorded by the participant.

**Phase 2:** Training the local partners from each country; including an ‘implementation research KIT’, which covered objectives, contents, methods and techniques, the validation process, protocol and background documentation for implementation. A meeting in English took place with three field workers (including a site coordinator) from each country who had both ITSESI research and intervention training. Once certified as “local ITSESI trainers”, field workers translated the KIT into their respective languages and trained other local field workers that are already involved in the Eurosider project. The latter provided, in turn, the intervention to PWID (hereafter “ITSESI providers”).

**Results:** During a 4-day meeting in April 2018 in Bucharest, a total of 11 participants (4 men, seven women) became local ITSESI trainers (three from Bulgaria, three from Greece, two from Portugal and three from Romania). Each partner organised two local training sessions from June to November 2018. The targeted amount of participants exceeded from 64 to 68 field workers who stated that the provided manual guided them well. Based on their observations on injection, they think that the knowledge of harm reduction prevention should be a part of the educational sessions. The participative and trainee-centred approach was also particularly appreciated.

**Phase 3:** Evaluation; consisting of a 6-month long study conducted among 300 PWID (75 per country) who formed two different groups as control (n=35) and intervention (n=40), provided with one ITSESI intervention. All the participants completed a questionnaire at baseline (M0) and after six months (M6) had face-to-face interviews. We compared the change from M0 to M6 per group to check the intervention’s effectiveness: HIV/HCV risk practices (sharing of syringes/needles).

**Results:** Among the 305 PWID enrolled, 203 have filled in the M6 questionnaire. ITSESI group had a decrease in HIV/HCV risk practices from 27.1 % at M0 to 14.8% at M6 while the intervention group had a stable 20%. In terms of self-reported infectious complications between M0 and M6, our data showed
a decrease of 2.5% in the control group in comparison to 14.1% in the ITSESI group. After a multivariable model to study the impact of ITSESI on HIV/HCV risk practices, we found that those who received ITSESI intervention had a significant decrease in HIV-HCV risk practices.

**Phase 4:** Advocacy and sustainability.
We prepared a European training manual, based on the evaluation of the ITSESI implementation in the four countries and directed at field workers and peers to increase their HCV prevention capacities, which is available on partner websites and on [www.harmreduction.eu](http://www.harmreduction.eu).
Training sessions can be requested via [www.correlation-net.org](http://www.correlation-net.org). Scientific publications are in the pipeline to increase the awareness and knowledge about the efficacy of ITSESI in harm reduction among European stakeholders including researchers, policymakers and policy implementers. European workshops to promote the (cost) effectiveness of ITSESI and to discuss opportunities and barriers to implement the intervention at a broader scale in other European countries have been organised and will be organised in upcoming conferences.

### Recommendations

- To systematize exploratory studies especially in the field of harm reduction with very specific epidemiological, cultural and political contexts;
- To adapt harm reduction intervention (including ITSESI) to these contexts;
- To ensure access to sterile injecting equipment on the basis of the European recommendations;
- To provide training for local trainers in order to overcome the turn over issues;
- To ensure access to training manual translated in local languages;
- To encourage peer workers to be trained and to provide ITSESI intervention;
- To encourage local associations to evaluate their ITSESI implementation;
- To share experiences related to ITSESI implementation and training in the European network;
- To develop advocacy around ITSESI and more globally access to HR services (EMCDDA).