

HOW THE CLOSING OF A NEEDLE EXCHANGE PROGRAMME AFFECTED THE ACCESS TO
HARM REDUCTION SERVICES
IN TWO CITIES, BELGRADE AND BUDAPEST

Research report
for the
Rights Reporter Foundation

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INTRODUCTION

The proportion of people who inject drugs (PWID) among new HIV infections and the number of infections in this group decreased considerably in many EU countries since the emergence of HIV epidemic in the mid-1980s (EMCDDA-ECDC 2011). This decrease could not be achieved without implementing core interventions for PWID. One of the main intervention that international guidelines always include among key interventions to control blood borne diseases and infections among PWIDs is needle and syringe programmes (WHO 2009, EMCDDA-ECDC 2011). There is substantial evidence to support the effectiveness of harm reduction interventions such as needle exchange programs (NEP) in reducing HIV and HCV transmission among PWIDs (see eg.: Aspinall et al 2014, Hagan et al 2011, Palmateer et al 2011). While providing complex harm reduction services is an effective measure to control infectious diseases among PWIDs, decrease in coverage of these programmes, (because of decreasing funds for harm reductions services, the emergence of new substances or changes in substance use patterns) can lead to serious epidemics. We have seen recent examples of HIV epidemics in Greece (EMCDDA, 2012) and in Romania. The same patterns could be found behind the outbreaks in both country: the funds for NEPs weren't sufficient, i.e. the available sterile injecting equipment weren't enough, while PWIDs started to inject more frequently (because the growing popularity of stimulants, cocaine in Greece, new psychoactive substances in Romania).

Background

In 2014 the two largest needle and syringe programs (operated by the NGOs Blue Point and Drug Prevention Foundation) have closed down in Budapest due to lack of funding and to political attacks from local mayors (Gyarmathy et al 2016, Rácz et al 2016a). In 2015 three out of four needle and syringe programs closed down in Serbia, including the one in Belgrade operated by the NGO Veza, after the Global Fund to Fight AIDS, Tuberculosis and Malaria ended its last grants and the national government did not ensure the transition to domestic funding. In both capitals, thousands of injecting drug users were left without access to harm reduction services. These events could easily led to a public health problem, and increase the health risks of PWIDs. The consequences of this process were clear decades ago: "The puritanical paranoia that curbs needle exchange programs converts syringes into a scarce commodity that artificially inflates their monetary value on the street and logistically encourages addicts to share them and/or steal them." (Bourgois, 1998)

PWIDs witnessed a significant change in the past years in Hungary. Before the emergence of new psychoactive substances (NPS) in 2010, heroin and amphetamine was the two substances that the overwhelming majority of PWIDs injected. Since then NPSs have become the dominant substances. The

percentage of heroin users started to drop first, but gradually amphetamines was replaced by NPSs too (Rácz et al 2015, Rácz et al 2016b). In 2015 13% of PWIDs in Hungary injected the two substances mentioned above while in 2009 the proportion of those who injected amphetamine or heroin was 95% (HNFP 2016). During this period the health risks of injecting use have increased substantially. The Hungarian National Center for Epidemiology have been studying the prevalence of HIV and HCV among PIWDs since 2006. The results showed that the prevalence of HCV doubled between 2011 and 2014, in 2014 the prevalence of HCV was 48,8% in the country (up from 24,1% in 2011), and 60,8% in the capital (34,2% in 2011) (HNFP 2016).

After closing down the programs financed by GF in Belgrade, PWID were left without drop in center, which provided regular services for them, but also without a unique place for gathering and socialization, where they were spending most of the time a day. NGOs have played in the national HIV response in the past and they were crucial for several programme components (Djuric, Simic and Hamelmann 2016). Services such as sterile equipment, showers and baths were no longer available to the most of PWIDs. Concerns for maintenance of prevention activities and a spread of HIV epidemic have been expressed (Cousins 2018). Pharmaceutical workers in pharmacies are still acting according to a harmful opinion that they are doing right thing by refusing to sell sterile equipment to PWID. Some pharmacies are going so far that they don't even have in offer needles G26, which are used by most of the PWID. Without a safeplace, PWID groups splitted into many smaller groups, therefore it is harder to reach them.

In the case of Hungary, parallel with the rapid growth in hepatitis C epidemic there was a substantial reduction in funding of harm reduction programmes. Furthermore in 2014 the two largest needle exchange programmes was closed down. As a result the coverage of NEPs dropped significantly (Gyarmathy et al, 2016). According to the WHO NEP coverage indicator (WHO, 2009) the Hungarian coverage was insufficient to prevent the spread of HIV during 2010-2015. The same may be happening in Belgrade too. Most of the PWIDs "disappeared" from the healthcare and social welfare systems, they are unavailable for HIV and HCV screening. The state has lost sight of them. We would like to examine the impact of the closure of needle and syringe programs on the lives of people who use drugs in Budapest and Belgrade.

Objectives of the study:

In this research we will try to explore what were consequences of the closure of NEPs in Budapest and Belgrade regarding the risks and everyday life of PWIDs.

Specific objectives:

- Reach out to the former clients of the NEPs
- Map their current substance use patterns (injecting and non-injecting)
- Map their access to services
- Map their access to sterile injecting equipment
- Explore their perception on the impact of the closure of NEPs
- Explore what services of the NEP they are missing the most.

METHODS

We used Respondent Driven Sampling (RDS), a rigorous chain-referral method which allows unbiased estimation of the target population. RDS was developed by Douglas Heckathorn (Heckathorn 1996) as part of a NIDA-funded HIV-prevention research project targeting PWIDs. As a sampling method, it was designed to reach at-risk, otherwise hidden groups important to public health and public policy. Its main advantage, that it is not a location-based sampling method (e.g. when PWIDs surveyed at needle exchange programmes) thus we can use it to gather information on PWIDs who have no access to harm reduction services.

To assess the injecting equipment sharing practices of the former NEP clients, we used a group of questions on various injecting practices. The questions were based on the injecting risk questionnaire at the EMCDDA's best practice portal¹. The items were slightly modified to shorten the time needed to answer the questions: we asked the type of equipment sharing (e.g. sharing syringes, spoons, etc.) separately from the type of persons they have shared with (e.g. acquaintance, sex partner, stranger). See questions 12-15 in the questionnaire in the appendix.

Data collection

The data collection took place in Budapest and Belgrade with the same questionnaire - the questionnaire included questions about drug use patterns and risk behaviors, health and social status, access to other services – the questionnaire is included in the Appendix.

Sampling begun with a convenience sample of initial subjects (the seeds) through privileged access (former workers of the closed programmes will select the initial subject). An important consequence of the RDS process, is that the results are not dependent on seed selection - to ensure this, there must be enough number of successive waves (Lachowsky et al 2016, Gile et al 2015), thus the number of initial seeds should be relatively small.

¹ See: <http://www.emcdda.europa.eu/html.cfm/index4386EN.html>

We choose 4 initial seeds in each city, and each seed will get 3 coupons to recruit another respondent from his/her social network. Each coupon will have a unique identification code to be able to monitor and record the chain referral during the data collection. To ensure the referral of others by the seeds, we will give financial compensation to the respondents: 3 EUR for each respondent to complete the questionnaire, and the recruiter will get an additional 1,5 EUR for each new respondent. As the continuous analysis of the sample and the referral chain is required in RDS during the data collection, we rigorously monitored the successive waves, and added new seeds if needed to reach the target sample size.

At Budapest the data collection started at 1st February 2018 and we closed the data collection on 31th July 2018. We could not reach the initial target of 150, but we decided to stop the data collection. The most important barrier for the data collection was the lack of stable data collection site. We choose one of the last harm reduction services close to the neighbourhood where the closed NEP operated. This was a mobile needle exchange programme, and we knew from the social workers working at the mobile NEP, that the PIWD community the closed NEP had served frequented it. The mobile NEP operated three days a week (Monday, Wednesday and Thursday) from 11:00 to 15:00. During the data collection period, the mobile NEP faced serious problems, the funding was insecure, several social workers and the head of the NEP left the programme, the opening hours became hectic (because of the lack of staff, and sometimes because the NEP's van broke down). It happened several times during the data collection, that they were not able to open the NEP for a week. The unstable opening hours affected the coverage of the programme, and the data collection also, as the active referrals also stopped when the potential respondents could not find the NEP. At the end of July we decided to stop the data collection at the same time as in Belgrade.

In Belgrade, data collection was conducted from 12th April to 31st July. The data was collected choosing seeds from two groups of previous NEP service users, that were visiting drop in center in Belgrade while it was still working. After closing down the program in 2014 two groups naturally got divided, as the consequence of the different social and economic status. The first group was smaller group of Roma people, who live in unhygienic settlements, and the second, bigger group were represented by users that belong to the second generation of PWIDs in Belgrade and they experienced the most of the services, learned about harm reduction principles and adopted safer injection habits. They were easier to reach, because they gather in a particular place, communicate better, they meet on a daily basis to hang out and exchange substances and equipment. In the first group, there were a lot of undocumented, legally invisible PWIDs, who don't have an access to public medical care with almost non-existing care for health. Also, Roma PWIDs are more often refused and stigmatized by the pharmaceutical workers when they try to buy sterile equipment, so they are forced to share and use the equipment multiple times.

Study population

The total sample size was 138 respondents in Belgrade and 100 respondents in Budapest.

DEMOGRAPHY

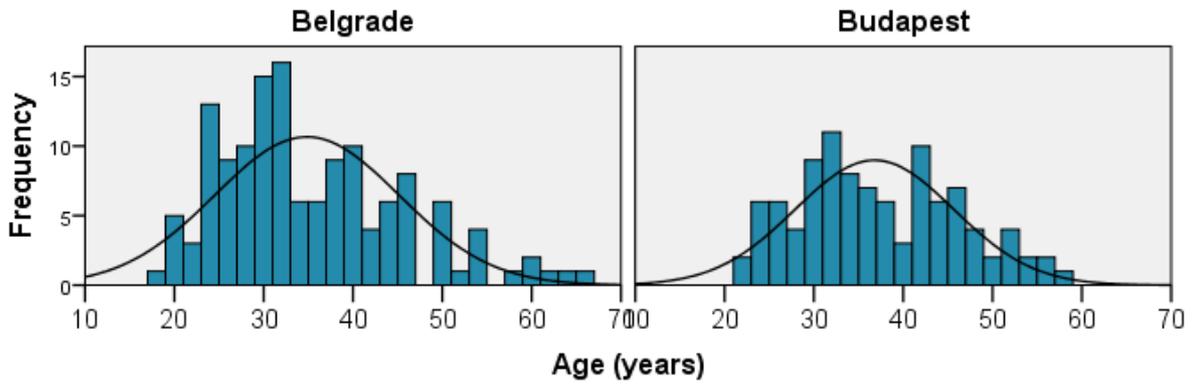
The gender and age distribution is similar in the two cities, approx. two thirds of the respondents were male in both sample, and they are in their mid-thirties with the mean age of 35,6 years (in the total sample). Educational attainment is very low among the respondents, with being somewhat higher in Belgrade than in Budapest. In Belgrade 61,5% of the respondents has secondary education or higher, while in Budapest 72% has less than secondary education. We used a question about sources of income in the last month as a proxy for labour market situation. Around 40% had some kind of legal income in the last month, the largest proportion being full time or part time employment in Budapest, and “other legal” source of income in Belgrade. However in Budapest the proportion of those who have been employed in the open labour market might have been lower than the percentage of those who said they had income from employment in the last month. In Budapest the majority of the respondents employed in “közmunka” (public employment) which is a form of social transfer in Hungary: municipalities employ otherwise unemployed people for a couple of month to do manual work (e.g. street sweeping).

Thus, the typical member of the target population – according to the data – seems to be a man in his mid-thirties, with low educational attainment, and poor labour market position. This is a general characteristic of the marginalized injecting drug users regardless of the geographic location. It seems that the gender specific distribution of the sample is a general characteristic, although the same structural forces could affect the smaller proportion of female substance users in both cities: women might have to hide more their substance using habits than man, due to stronger stigmatization of women who use drugs. However, the proportion of women among marginalized injecting drug users might be higher than our sample suggest, and the coverage of services might be even worse than our research shows – research methodologies should address this issue in the future.

Gender distribution

		1. What is your sex?		Total
		male	female	
Belgrade	N	83	53	136
	%	61,0%	39,0%	100,0 %
Budapest	N	64	36	100
	%	64,0%	36,0%	100,0 %
Total	N	147	89	236
	%	62,3%	37,7%	100,0 %

Age distribution



City	N	Mean	Std. Deviation	Minimum	Maximum	Median
Belgrade	138	34,8406	10,32837	18,00	66,00	32,0000
Budapest	100	36,7800	8,88260	21,00	57,00	36,0000
Total	238	35,6555	9,77462	18,00	66,00	34,0000

ANOVA Table

			Sum of Squares	df	Mean Square	F	Sig.
age City	Between Groups	(Combined)	218,095	1	218,095	2,295	,131
	Within Groups		22425,653	236	95,024		
	Total		22643,748	237			

		24 or younger	25-34 years	35-44 years	45 or older	Total
Belgrade	N	22	56	35	25	138
	%	15,9%	40,6%	25,4%	18,1%	100,0%
Budapest	N	8	38	32	22	100
	%	8,0%	38,0%	32,0%	22,0%	100,0%
Total	N	30	94	67	47	238
	%	12,6%	39,5%	28,2%	19,7%	100,0%

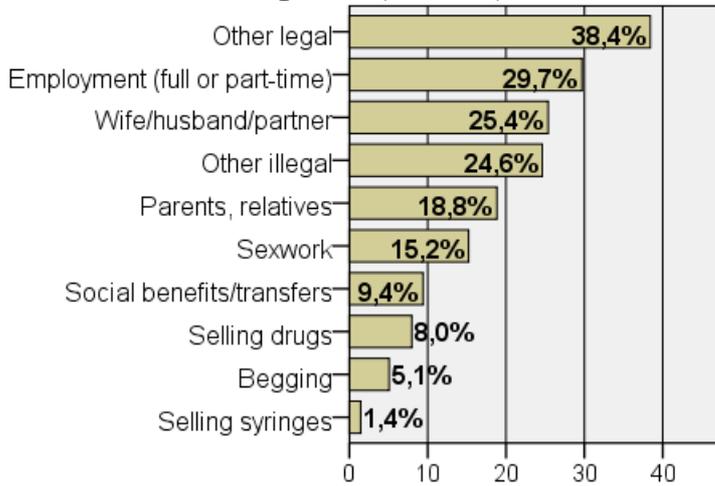
Educational attainment

					Total
unfinished primary school	primary education	unfinished secondary school	secondary education	BA or MA	

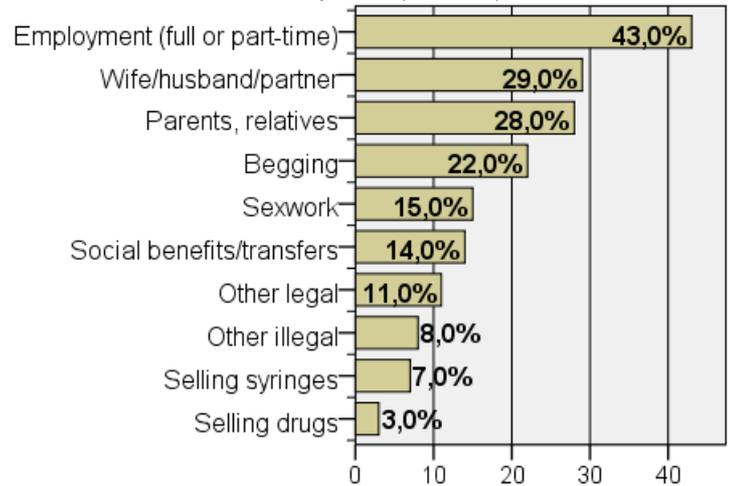
Belgrade	N	20	32	0	64	19	135
	%	14,8%	23,7%	0,0%	47,4%	14,1%	100,0%
Budapest	N	7	47	18	25	3	100
	%	7,0%	47,0%	18,0%	25,0%	3,0%	100,0%
Total	N	27	79	18	89	22	235
	%	11,5%	33,6%	7,7%	37,9%	9,4%	100,0%

Income – labour market situation

Belgrade (N=135)



Budapest (N=96)



RESULTS

Substance use

The available substances in the local drug market could be different at the two sites; there is substantial difference between the substances used by the respondents in the two cities².

Lifetime prevalence of legal substances does not differ much between Budapest and Belgrade. Tobacco and alcohol have been used by almost everyone in both sample (alcohol: 93% and 92%, tobacco: 97%, 97% respectively). Almost everyone is smoking in both cities (with slightly less smoker in Budapest, $p=0,017$), and a big proportion, approx 30% drinking alcohol on a daily basis, with somewhat more alcohol consumer in Belgrade ($p=0,040$).

Tranquilisers and sedatives without prescription seems to be more frequently used in Belgrade ($p=0,000$) with almost half of the respondents using it regularly there, while in the Budapest sample it is 27%.

Illegal substances on the other hand indicate a distinct drug market environment: NPS are the most popular substances in Budapest, while in Belgrade traditional substances are the most widely used illegal drugs. Cannabis use higher in Belgrade ($p=0,000$), both in terms of lifetime prevalence and last month use: while practically everyone tried it in Belgrade (99%) and almost two thirds used it in the last month, in Budapest 78% have ever tried and only 28% used it in the last month. Regular, daily use is also higher in Belgrade (28% vs 15% in Budapest). It seems that cannabis is less available (i.e. more expensive than synthetic cannabinoids), less common in the marginalised PWID community in Budapest.

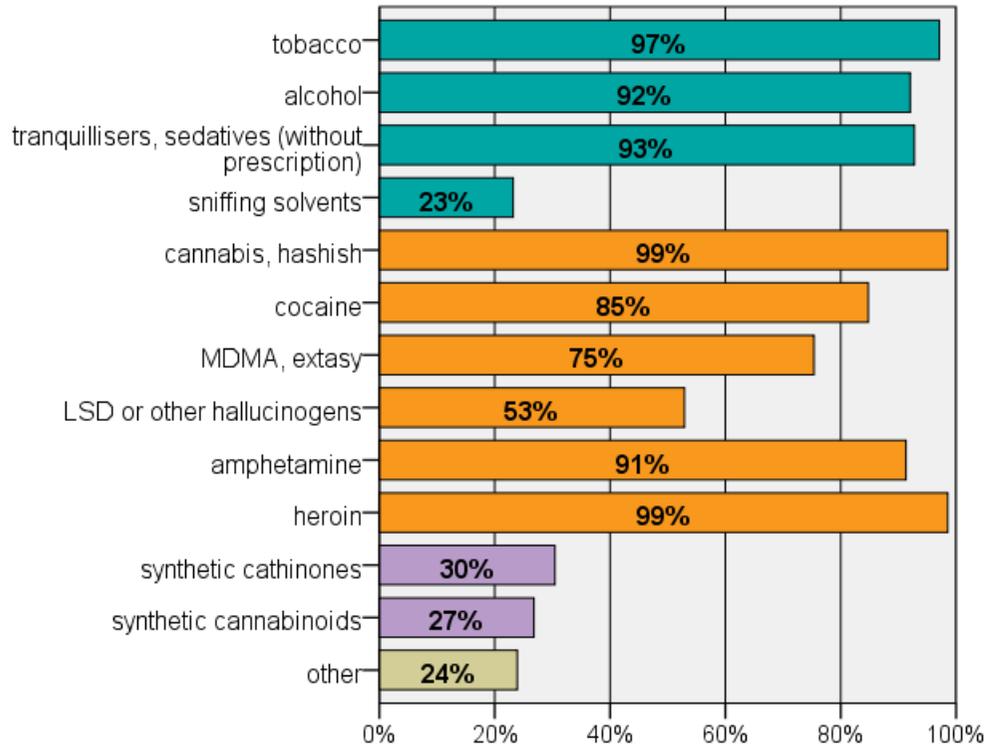
The most important difference between the former clients of the NEPs, is the substances they are using actively (last month prevalence and regular, daily use), heroin being the most prevalent substance in Belgrade and synthetic cathinones being the most prevalent in Budapest. The results shows that NPS are available in Belgrade too, about 30% have tried these substances, but in general, they are not using it: last month prevalence is virtually non-existent. In contrast, NPS are the most prevalent, most frequently used substances among the former clients of the NEP in Budapest: 98% have tried synthetic cathinones, 85% have used it in the last month, and 67% use it regularly; life time prevalence of synthetic cannabinoids is 75%, last month prevalence is 47% and 38% using it almost daily.

Overall, it seems that PWID in Belgrade are mostly opiate users (67% using heroin regularly, with the addition of 23% in the "other" category, which means methadone and buprenorphine in this category), with no NPS users, while in Budapest the former clients of the NEP are regular NPS users, and do not use opiates at all.

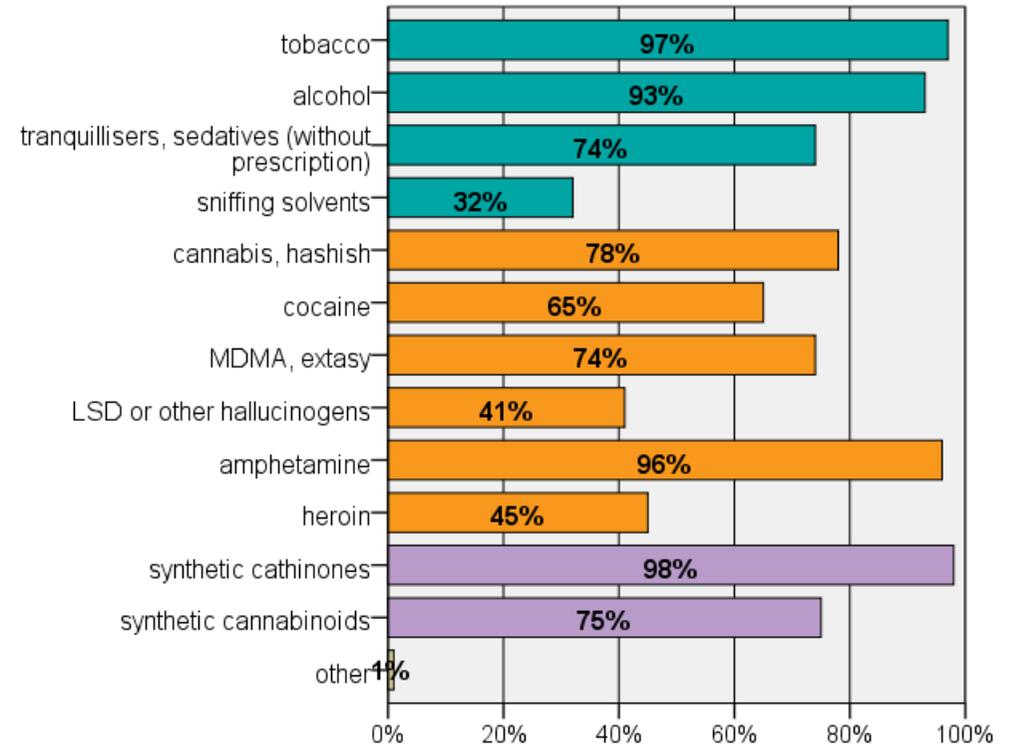
² See detailed tables and chi-square values in the appendix.

Lifetime prevalence

Belgrade (N=138)

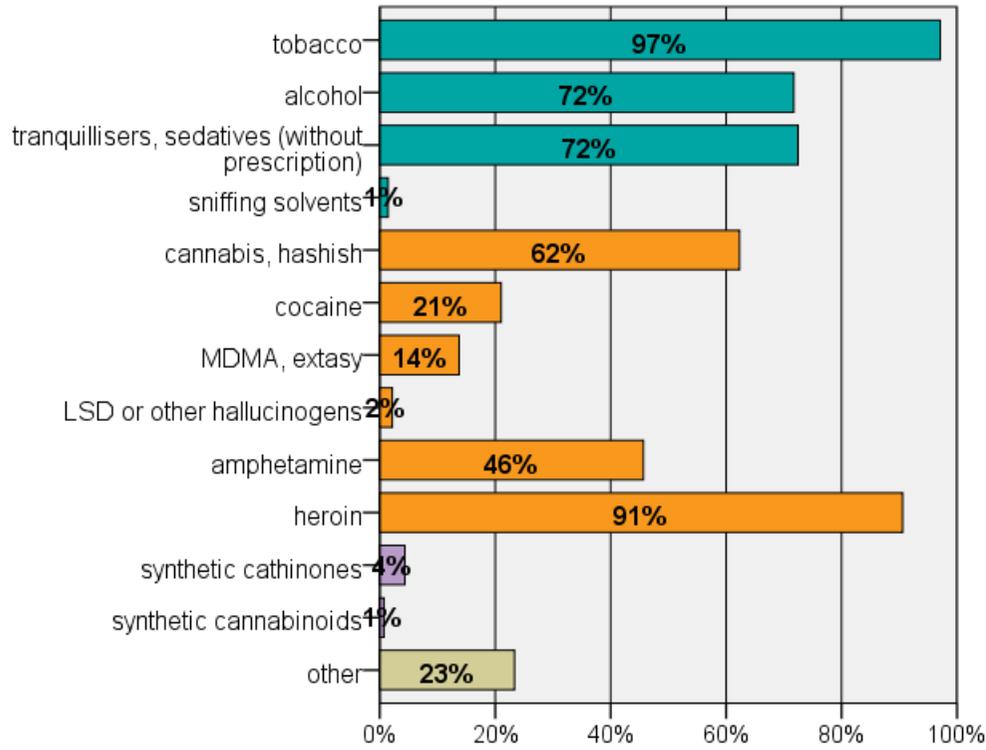


Budapest (N=100)

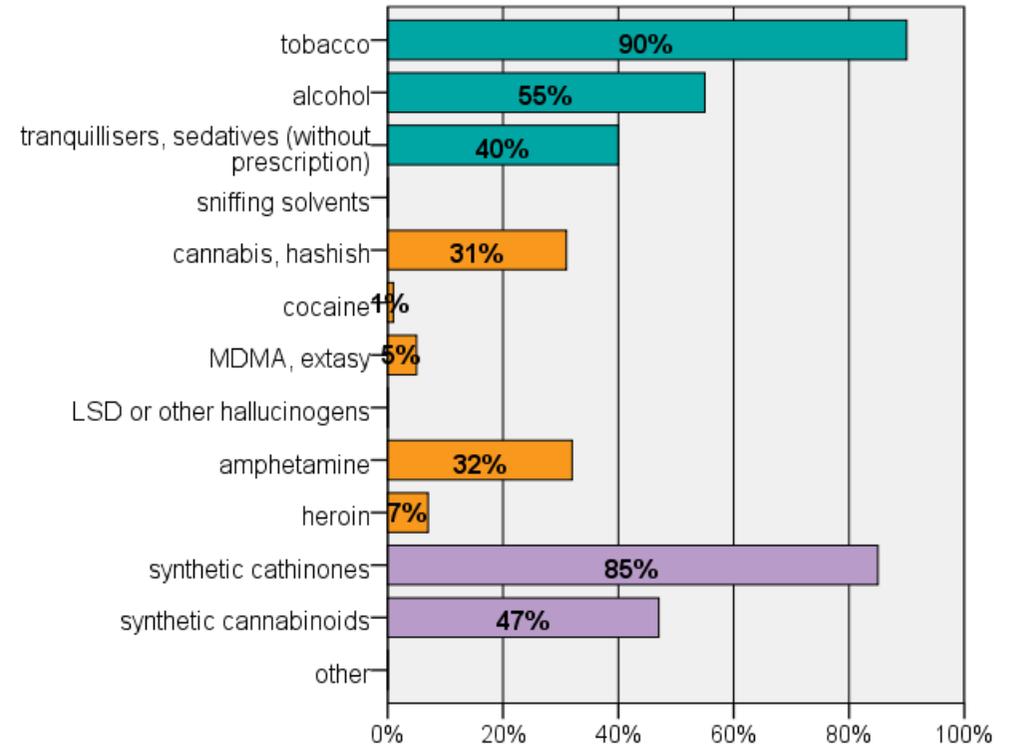


Last month prevalence

Belgrade (N=138)

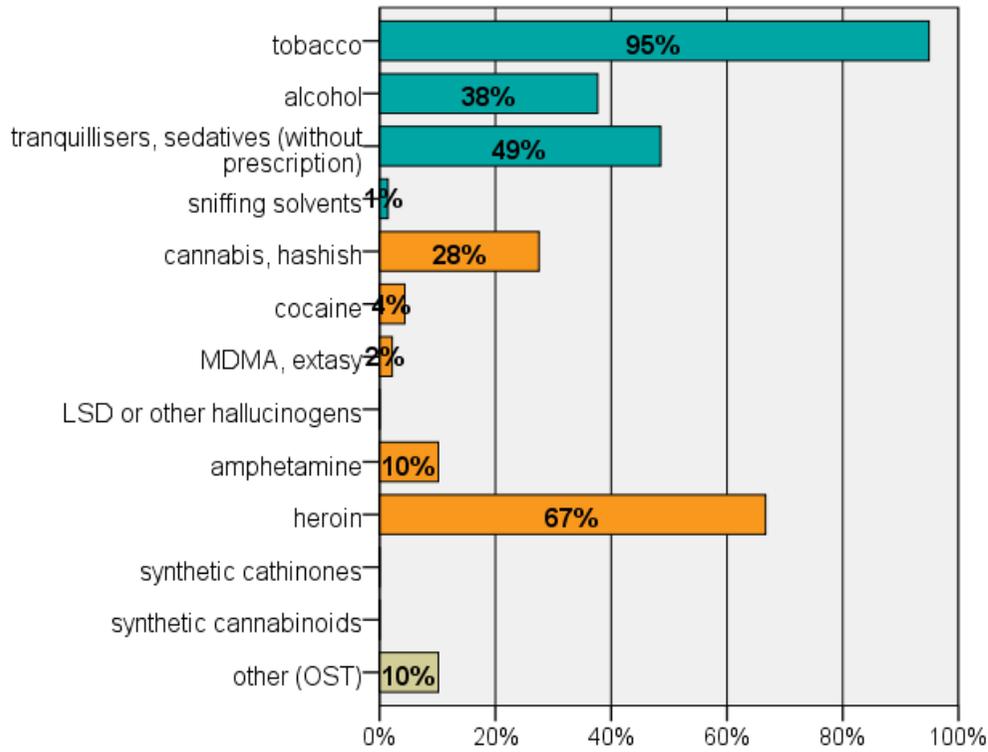


Budapest (N=100)

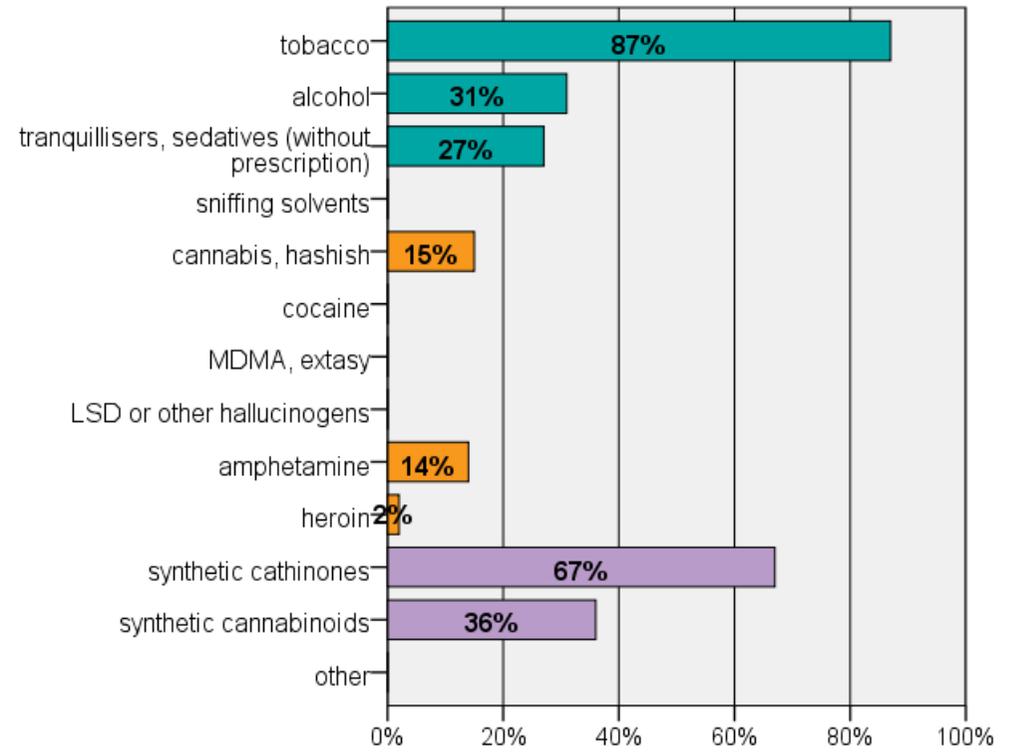


Regular use (almost every day)

Belgrade (N=138)



Budapest (N=100)



Injecting use

The target population was the former clients of closed down NEPs. As the coverage of sterile injecting equipment decreased in the target population, we asked the respondents about recent (last month) injecting drug use to assess the proportion of those, who are still using injecting as a route of administration.

The two sites are different in this question also ($p=0,000$): while in Belgrade everyone injected in the last month (except one respondent), in Budapest injecting use became less prevalent in the community. A relatively big proportion, one fifth of our sample did not inject – there were no significant difference in the proportion of recent injecting use according to sex or age. It seems that among the former clients in Budapest different routes of administration became popular: some use synthetic cannabinoids instead of injecting synthetic cathinones, some choose inhalation (smoking from aluminium foil) as an alternative for injecting.

In parallel with the differences in the prevalence of substances, the primarily injected substances are different in the two cities ($p=0,000$). In Belgrade the overwhelming majority of active injecting users are injecting opiates, In Budapest the overwhelming majority are injecting cathinones. This is also true about the secondary injected substance, in Belgrade the respondents are using some kind of opiate (e.g. heroin, methadone, buprenorphine) as a second option, and in Budapest they are using some kind of cathinone (i.e. some unknown synthetic cathinone with different street name).

Active injecting substance users

		Have you injected during the last 4 weeks?		Total
		yes	no	
Belgrade	N	137	1	138
	%	99,3%	0,7%	100,0%
Budapest	N	78	22	100
	%	78,0%	22,0%	100,0%
Total	N	215	23	238
	%	90,3%	9,7%	100,0%

Primarily injected substance in the last 6 months among active injecting users

							Total	
		opiates	cathinones (NPS)	amphetamine	cocaine	buprenorphine		MDMA
Belgrad	N	129	0	3	2	2	1	137

e	%	94,2%	0,0%	2,2%	1,5%	1,5%	0,7%	100,0%
Budapest	N	1	71	6	0	0	0	78
	%	1,3%	91,0%	7,7%	0,0%	0,0%	0,0%	100,0%
Total	N	130	71	9	2	2	1	215
	%	60,5%	33,0%	4,2%	0,9%	0,9%	0,5%	100,0%

Secondary injected substance in the last 6 months among active injecting users

		opiates	cathinones (NPS)	amphetamine	cocaine	buprenorphine	Total
Belgrade	N	29	0	16	10	8	63
	%	46,0%	0,0%	25,4%	15,9%	12,7%	100,0%
Budapest	N	4	24	10	0	0	38
	%	10,5%	63,2%	26,3%	0,0%	0,0%	100,0%
Total	N	33	24	26	10	8	101
	%	32,7%	23,8%	25,7%	9,9%	7,9%	100,0%

Risk behaviours

We asked the active injecting users (injected in the last 4 weeks) about their injecting equipment sharing practices. It seems that in Belgrade the respondents reused their syringes more times, than in Budapest ($p=0,001$), while in Belgrade they used their last syringe three times on average, in Budapest the average number of reuse was 2,4. At the same time, the number of people they shared their injecting equipment with was higher in Budapest ($p=0,024$), with 3,22 different people in the last 6 month in Budapest, and 2,17 in Belgrade.

Syringe reuse and sharing

		If you think about the last syringe you have thrown away: how many times have you used it to inject?	During the last 6 months, with how many different people have you shared injecting equipment?
Belgrade	Mean	2,98	2,41
	N	137	82

	Std. Deviation	1,813	1,507
	Minimum	0	1
	Maximum	13	8
	Median	3,00	2,00
Budapest	Mean	2,17	3,22
	N	78	45
	Std. Deviation	1,454	2,467
	Minimum	1	1
	Maximum	8	10
	Median	2,00	3,00
Total	Mean	2,68	2,70
	N	215	127
	Std. Deviation	1,733	1,933
	Minimum	0	1
	Maximum	13	10
	Median	2,00	2,00

We asked about 10 types of risk behaviour (see question 12 in the questionnaire). Although there were no significant differences according to gender or age, the results show different sharing practices in the two sites. In Belgrade the respondents practice more equipment sharing than in Budapest ($p=0,000$), only 12% have not shared any injecting equipment in Belgrade, while it was 32% in Budapest. It is important to add, that from a public health perspective both community are under a serious risk, because in both sites the overwhelming majority did shared their injecting equipment, so risk behaviours are prevalent in both city. However, in Belgrade the situation seems to be more severe, as more than half of sample practiced seven or more types of risk behaviour in the past 6 months.

In parallel with the former results, in Budapest more respondents said that they never share their equipment, than in Belgrade (49% in Budapest, 40% in Belgrade), but the difference is not statistically significant ($p=0,420$).

How many types of injecting risk behaviour the respondents did during the past 6 months

						Total
		none	1-2 types	3-6 types	7 or more types	
Belgrade	N	16	17	28	76	137
	%	11,7%	12,4%	20,4%	55,5%	100,0%
Budapest	N	25	19	16	18	78

st	%	32,1%	24,4%	20,5%	23,1%	100,0%
Total	N	41	36	44	94	215
	%	19,1%	16,7%	20,5%	43,7%	100,0%

How often the respondents shared their injecting equipment during the past 6 months?

		never	less than half of the injections	half of the injections	more than half of the injections	always	Total
Belgrade	N	52	43	13	24	2	134
	%	38,8%	32,1%	9,7%	17,9%	1,5%	100,0%
Budapest	N	38	19	10	9	1	77
	%	49,4%	24,7%	13,0%	11,7%	1,3%	100,0%
Total	N	90	62	23	33	3	211
	%	42,7%	29,4%	10,9%	15,6%	1,4%	100,0%

About the persons one shared their equipment with, the answers show that it is more likely to share with someone they already know. It was true in both cities, almost 90% said that they never share their equipment with strangers, compared to approx 40% who never share with a friend or acquaintance. This suggests that substance use is a community activity, where substance use, buying and dividing it, preparing the solution, etc. happens between acquaintances. It may also suggest, that injecting and substance use requires trust, thus sharing with strangers hardly happens.

There was a significant difference between Budapest and Belgrade in the prevalence of sharing injecting equipment with a sexual partner ($p=0,015$). In Budapest almost 70% said that they never share they equipment with their sexual partner, while in Belgrade it was 48%. It seems that in the Budapest community there are less sexual partner involved in injecting drug use, or it might be a stronger norm in the community about using it with your sexual partner – though it would require more research to establish a sound explanation on this.

During the last 6 months, how often have you shared injecting equipment with your friends/acquaintances?

						Total
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		never	very few times (1-3)	sometimes	often	regularly (almost always)	
Belgrade	N	59	30	25	18	4	136
	%	43,4%	22,1%	18,4%	13,2%	2,9%	100,0%
Budapest	N	31	16	10	14	7	78
	%	39,7%	20,5%	12,8%	17,9%	9,0%	100,0%
Total	N	90	46	35	32	11	214
	%	42,1%	21,5%	16,4%	15,0%	5,1%	100,0%

During the last 6 months, how often have you shared injecting equipment with strangers?

		never	very few times (1-3)	sometimes	often	Total
Belgrade	N	121	11	2	2	136
	%	89,0%	8,1%	1,5%	1,5%	100,0%
Budapest	N	65	6	2	4	77
	%	84,4%	7,8%	2,6%	5,2%	100,0%
Total	N	186	17	4	6	213
	%	87,3%	8,0%	1,9%	2,8%	100,0%

During the last 6 months, how often have you shared injecting equipment with your sexual partner?

		never	very few times (1-3)	sometimes	often	regularly (almost always)	Total
Belgrade	N	65	15	21	28	7	136
	%	47,8%	11,0%	15,4%	20,6%	5,1%	100,0%
Budapest	N	53	7	9	4	4	77
	%	68,8%	9,1%	11,7%	5,2%	5,2%	100,0%
Total	N	118	22	30	32	11	213
	%	55,4%	10,3%	14,1%	15,0%	5,2%	100,0%

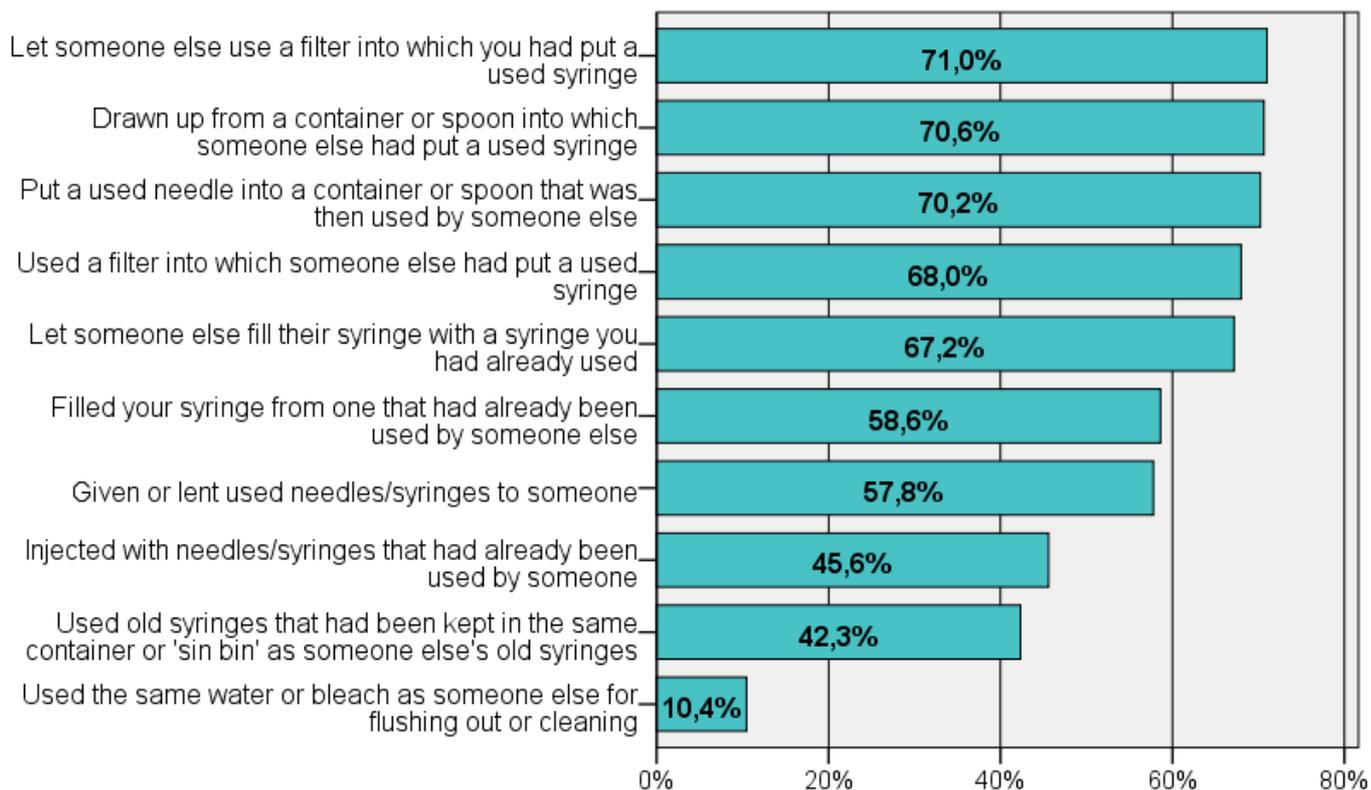
If we examine in details the different risk behaviours, we asked about in the questionnaire, we could find further consequences of the different drug market environment in the two cities. The most prevalent risk behaviour in Belgrade is the sharing of filters, which in Budapest is at the bottom of the list. In Budapest PWID are not using filters, because NPS can be easily dissolved in water without any acid or heating, so it is a common belief that NPS does not require filtering. In contrast, for opiate users filters are important, not just because they are part of the equipment, but because they can serve as substitution if someone was not able to get the drug, or is in withdrawal.

“Using the same water (or bleach) as someone else for flushing out or cleaning” is another risk behaviour that shows important differences between the two sites. While in Budapest that was the second most frequent risk behaviour in Belgrade it was the last. We know from previous studies that in Budapest, among the marginalized PWID, water is a scarce commodity, because they are shooting in parks and abandoned buildings, so they only have what they bring with them. As they are buying and using the substance together, there is usually one water bottle with them, and they are using it together.

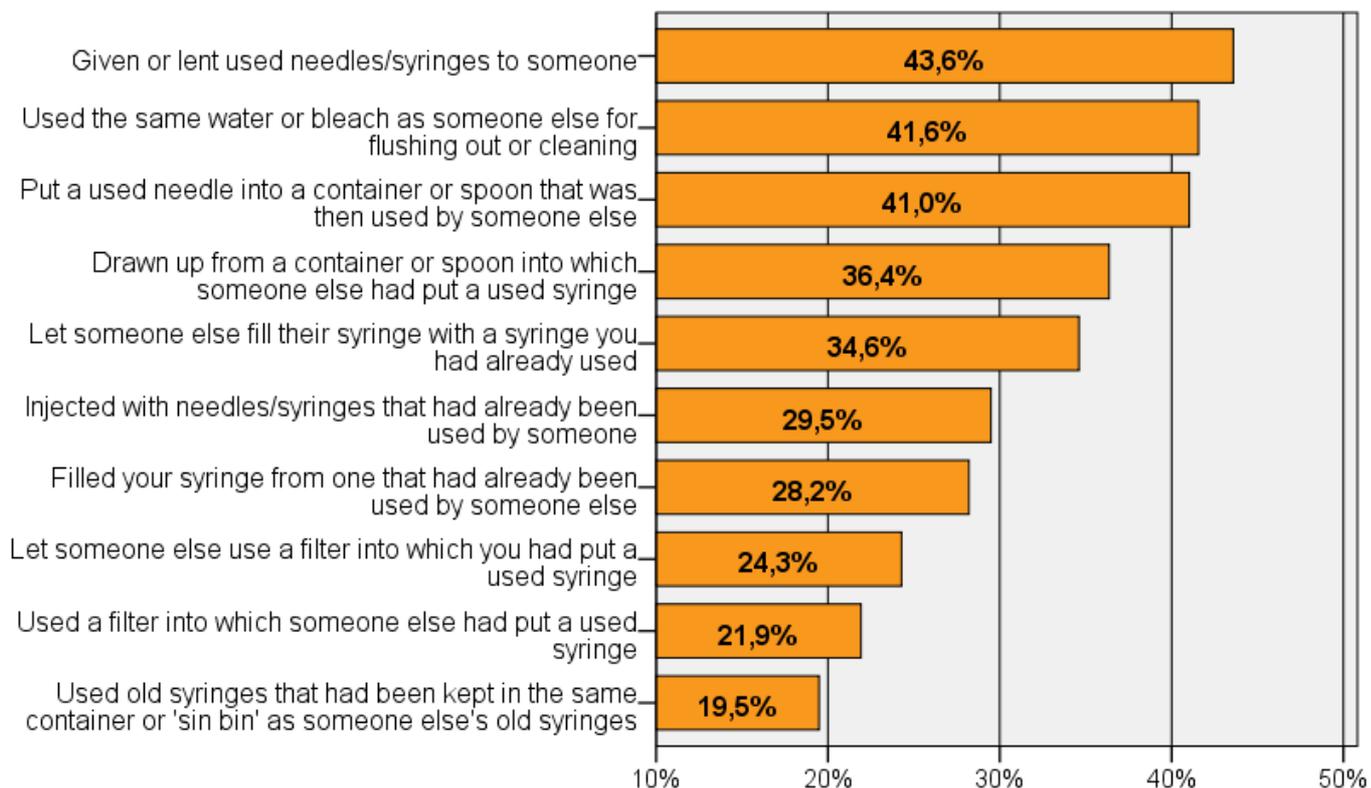
However, there are similarities in the distribution of risk behaviours. It seems that the risk behaviours indicating the community/cooperative nature of substance use are similarly frequent in both cities. (e.g. Put a used needle into a container or spoon that was then used by someone else; Drawn up from a container or spoon into which someone else had put a used syringe; Let someone else fill their syringe with a syringe you had already used) These practices are almost unavoidable when buying and preparing the drug together with others is common, and there is a shortage of sterile injecting equipment.

The differences in the prevalence of individual risk behaviours represent the differences in injecting practises in the two communities. It is a good illustration of how the diverse everyday practices of injecting, combined with the different substances available, different social norms in the community, the physical environment where the substance use occur, could shape the risk behaviours of PWID and the risks of substance use as such.

Proportion of those who practiced the given risk behaviour in the last 6 months
Belgrade



Proportion of those who practiced the given risk behaviour in the last 6 months
Budapest



Access to services

As we aimed to assess the consequences of decreased coverage of harm reduction services, we asked the former clients of the NEPs what services they had used previously at the NEP, and what services they have access at present. We listed 15 types of services, both core harm reduction services (e.g.: sterile syringes, used injecting equipment disposal, HIV/HCV screening, etc.) and services that accompanied the needle exchange (e.g. clothes washing, internet access, help with other social services, etc.). It is important to add, that the question was “Which of the following services did you use at the closed NEP and which do you have access now?”, so we asked them about one specific NEP in the past, while the question on the present situation was more general. Respondents usually have to visit different service providers to use different services, and that in itself makes difficult to access all the services the closed NEP provided in one place.

The results indicate a serious decrease in access in both cities, though in Belgrade the decrease was more dramatic. There was significant decrease in almost every service we asked about. Internet seems to be an area where the closing of the NEP did not affect the access, though many respondents added at that question, that they could use the internet through their phone (the availability of cheap smartphones might have changed in the past years since the NEPs closed). In Belgrade showers and clothes washing seems to be accessible for the former clients – there was not significant difference in the access of those services. In Budapest, legal counselling and help with other social services are the two types of service that remained relatively accessible for the respondents. HIV/HCV counselling is another service where the access did not decrease significantly; it might be the result of an ongoing project at the organisation where we did the data collection, they offered HIV and HCV quick tests to PWID during the last 3 months of the data collection.

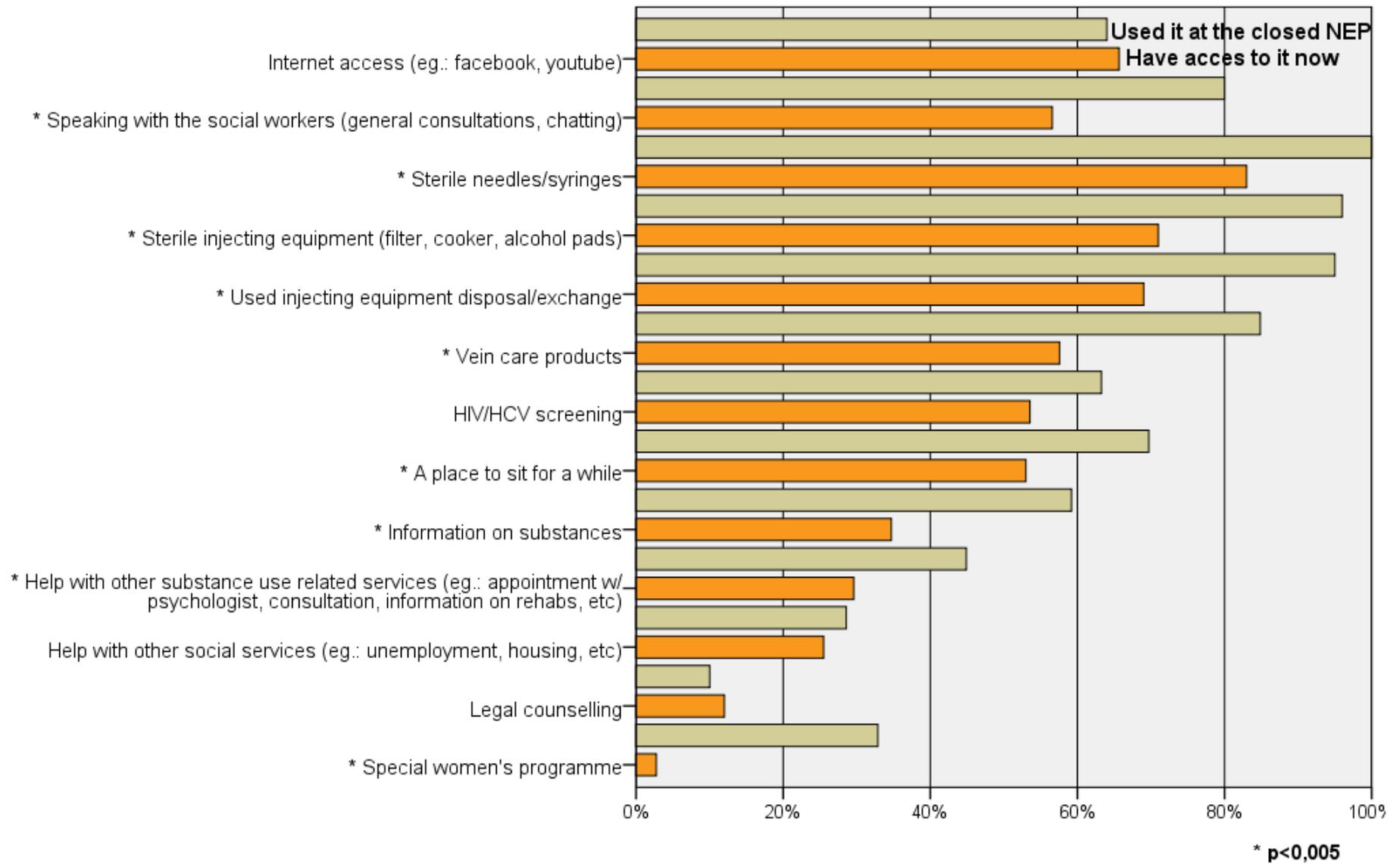
The results show that even a very low coverage of NEPs (like in Budapest³) can have positive effect on the availability of sterile equipment. In Budapest almost 70% percent said that they can get sterile injecting equipment (filters, cookers, alcohol pads), although it is a significant decrease from nearly 95% at the closed NEP, in Belgrade only one fifth of the respondents have access to those right now. More alarming, that the former clients of the NEP in Belgrade practically don't have access to used injecting equipment disposal at all while almost everyone could dispose their used equipment when the NEP was operating.

Nevertheless, the decrease in access to accompanying services could indicate the complex problems those substance users face, and the subtle role a NEP could play beyond providing harm reduction services. As the closing of an NEP decreased the access to such simple things as “a place to sit for a while” or “speaking with the social workers (general consultation, chatting)” in both cities, it means that closing an NEP often terminates the only institution the clients have connection with. The PWID who were clients at those NEPs are typically

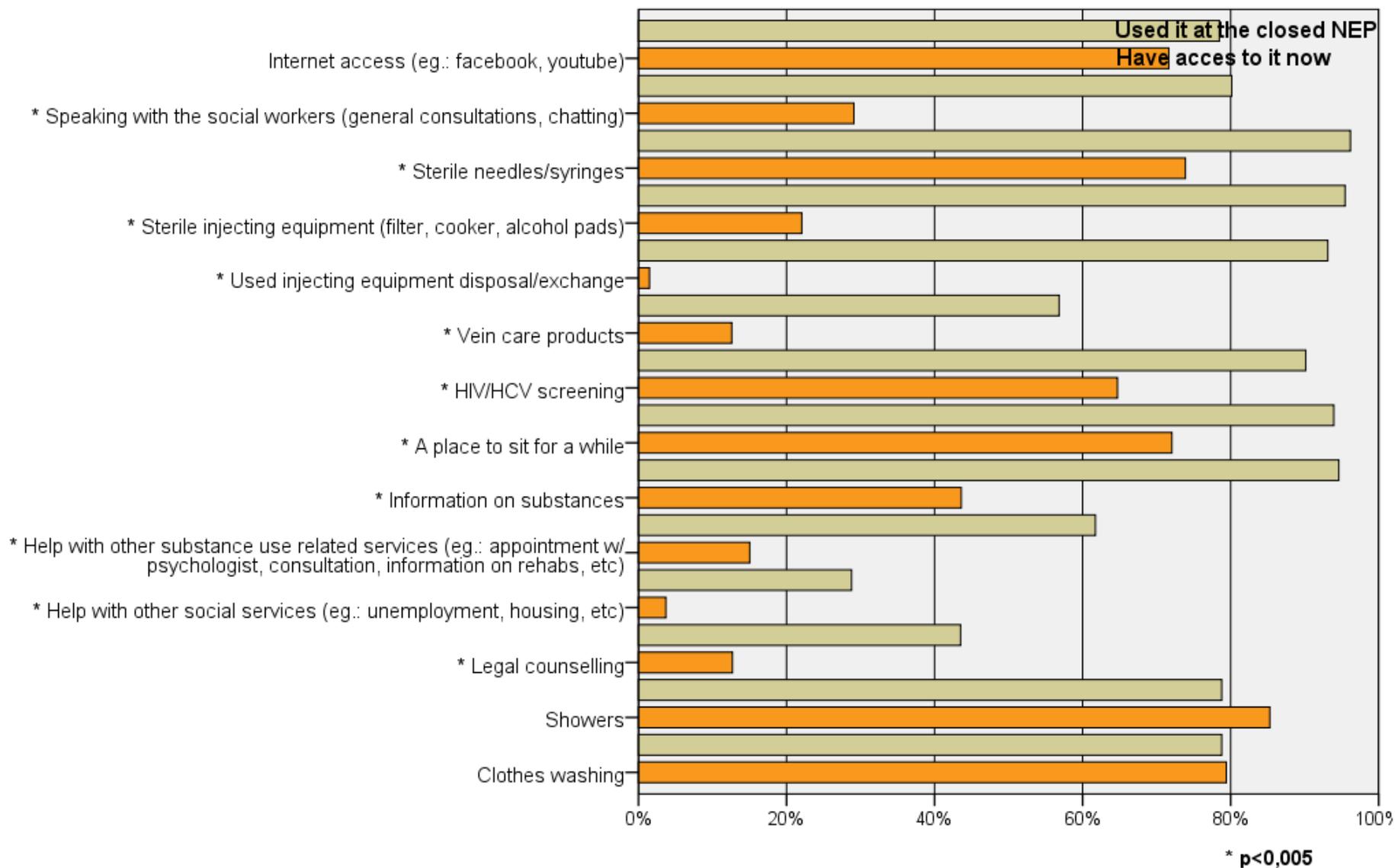
³ The WHO's coverage indicator for Hungary in 2017 was 21 syringes/IDU/year (Hungarian National Focal Point, 2018), what is way beneath the 100 syringes/IDU/year required for middle coverage.

marginalized people who are further stigmatized because their drug using habits, they are in the process of disaffiliation (Castel 2000). An institution that is able to build trust, and connection with them, could serve as the entry point for other, non substance use oriented services, what is invaluable not just for the clients, but for the health and social welfare system also.

Acces to services at the closed NEP and acces to services now - Budapest



Acces to services at the closed NEP and acces to services now - Belgrade

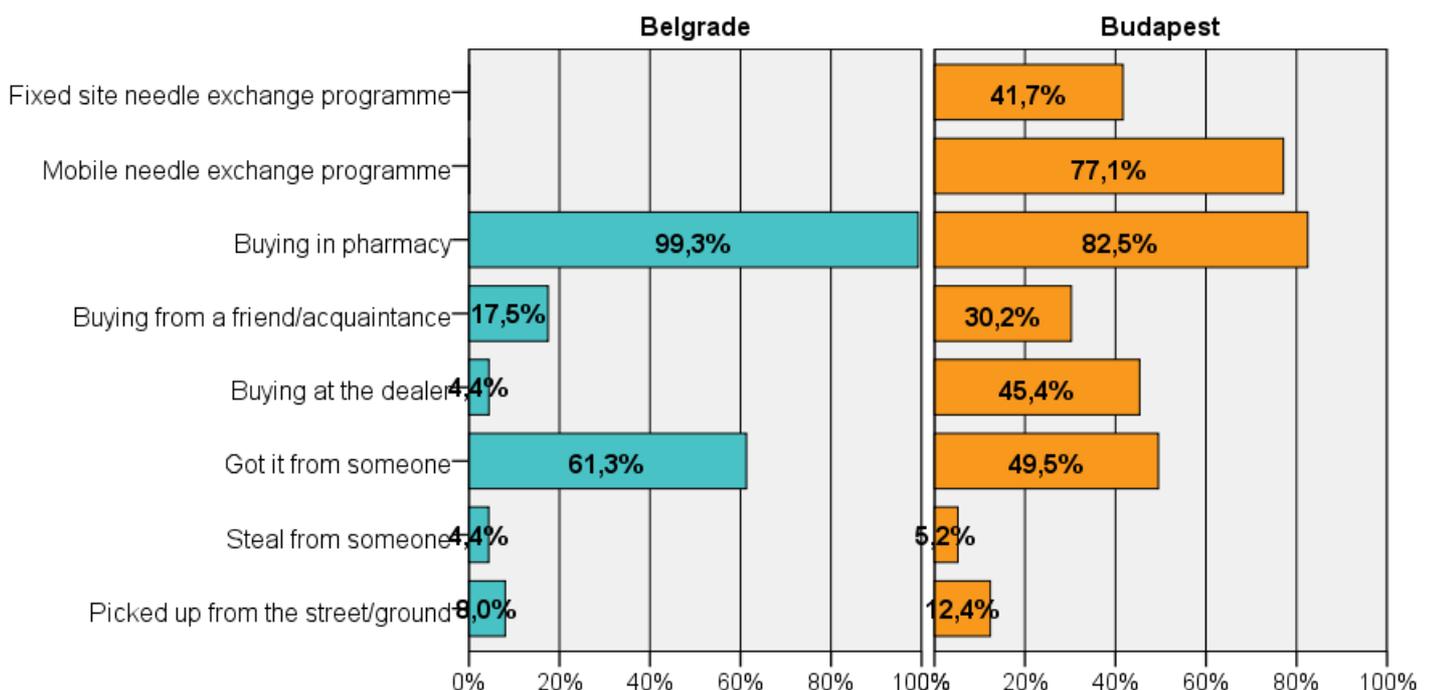


As the access to services questions indicate, the PWID in Budapest have more options compared to those living in Belgrade. In Budapest the respondents have been in mobile NEP and in fixed sites NEP during the last 12 months while in Belgrade neither of them are options as no NEP is operating in the city. More than three quarters of the respondents got injecting equipment from mobile NEP – it should be noted that we used a mobile programme as the base for the data collection, and that might have affected this. Fixed site NEP is also an option for PWID in Budapest, 42% said that they used it at least once during the last 12 months. But both “buying at the dealer” and “got it from someone” are more popular sources which indicate the low coverage of fixed site NEPs in the city.

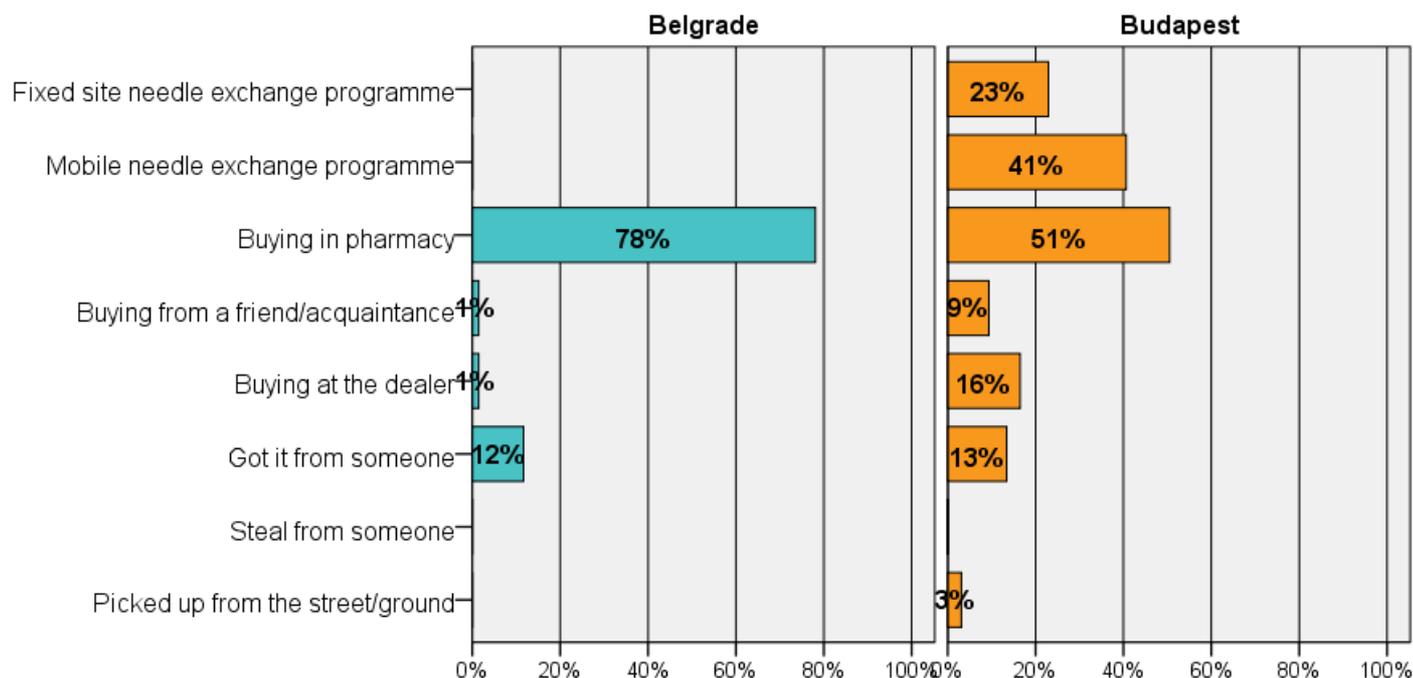
Buying in pharmacy seems to be the most popular option in Belgrade, almost every respondents (99%) got syringes from pharmacy during the last 12 months. The second most popular source of injecting equipment is “got it from someone”, 61% got syringes from someone. The high percentage of respondents using this type of source also indicate that (injecting) substance use is a group activity, when institutional sources of sterile equipment are not available, than fellow substance users could provide you the equipment you need.

Although the two cities are different in terms of the available sources of injecting equipment, since in Budapest some NEPs are still working, pharmacies are major sources in both cities. Their role became more evident, if we narrow down to “often” and “regularly” used sources. Half of the respondents regularly got sterile syringes from pharmacies despite fixed and mobile NEPs available in Budapest. As pharmacies are not able to reduce public health risks because they are not a harm reduction services, this is an important result, that shows how inadequate coverage could divert PWID to inadequate services.

Sources of injecting equipment – at least once in the last 12 months
(Belgrade N=138, Budapest N=100)



Sources of injecting equipment – often and regularly in the last 12 months
(Belgrade N=138, Budapest N=100)



HIV and HCV testing and counselling among PWID are crucial from a public health perspective. There were many differences between the two cities, but the availability of HIV and HCV testing are similar (there were no significant difference between the two sites in the following HIV and HCV related questions). The majority (more than 85%) of the respondents have been tested for HIV and HCV. The problem is that most of the former clients do not have a recent test, about 60% in both cities was tested for HIV and/or HCV more than 6 months ago. It is problematic, because injecting drug use is a major factor of vulnerability for acquiring bloodborne and other infectious diseases, including HIV, and HCV (ECDC, EMCDDA 2011), so knowing one's HIV/HCV status is of key importance in this population. Good coverage of harm reduction services combined with the availability of quick tests could provide the access to these services. That is why NEP and HIV/HCV testing are among the seven key interventions the ECDC and the EMCDDA recommend based on the scientific evidence available, to effectively prevent and reduce infections among PWID.

It is positive, that those, who have been tested, got information and consultation on HIV/HCV, but it is problematic, that information on treatment is not given routinely to everyone neither in Belgrade nor in Budapest: the majority of the respondents was not offered treatment. More alarming is that the majority of those who disclosed their status and it was positive did not get treatment: 82% of HCV positive respondents in Belgrade, and 77% in Budapest weren't treated.

Have you ever been tested for HIV?

							Total
		yes, in the past 3 months	yes, 3-6 months ago	yes, more than 6 months ago	no, never	don't know	
Belgrade	N	9	22	88	16	2	137
	%	6,6%	16,1%	64,2%	11,7%	1,5%	100,0%
Budapest	N	8	14	65	13	0	100
	%	8,0%	14,0%	65,0%	13,0%	0,0%	100,0%
Total	N	17	36	153	29	2	237
	%	7,2%	15,2%	64,6%	12,2%	0,8%	100,0%

Have you ever been tested for HepC?

							Total
		yes, in the past 3 months	yes, 3-6 months ago	yes, more than 6 months ago	no, never	don't know	
Belgrade	N	9	26	80	21	1	137
	%	6,6%	19,0%	58,4%	15,3%	0,7%	100,0%
Budapest	N	8	15	64	11	2	100
	%	8,0%	15,0%	64,0%	11,0%	2,0%	100,0%
Total	N	17	41	144	32	3	237
	%	7,2%	17,3%	60,8%	13,5%	1,3%	100,0%

Were you given information or counseling on HIV?

					Total
		yes	no	don't know	
Belgrade	N	76	35	2	113
	%	67,3%	31,0%	1,8%	100,0%
Budapest	N	54	23	5	82
	%	65,9%	28,0%	6,1%	100,0%
Total	N	130	58	7	195
	%	66,7%	29,7%	3,6%	100,0%

Were you given information or counseling on HepC?

					Total
		yes	no	don't know	
Belgrade	N	88	24	1	113
	%	77,9%	21,2%	0,9%	100,0%
Budapest	N	64	15	2	81
	%	79,0%	18,5%	2,5%	100,0%
Total	N	152	39	3	194
	%	78,4%	20,1%	1,5%	100,0%

Were you offered HIV treatment?

		yes	no	don't know	Total
Belgrade	N	9	100	4	113
	%	8,0%	88,5%	3,5%	100,0%
Budapest	N	8	60	7	75
	%	10,7%	80,0%	9,3%	100,0%
Total	N	17	160	11	188
	%	9,0%	85,1%	5,9%	100,0%

Were you offered HepC treatment?

		yes	no	don't know	Total
Belgrade	N	36	76	1	113
	%	31,9%	67,3%	0,9%	100,0%
Budapest	N	29	44	4	77
	%	37,7%	57,1%	5,2%	100,0%
Total	N	65	120	5	190
	%	34,2%	63,2%	2,6%	100,0%

Proportion of those who got treatment
(among those who disclosed their status and it was positive)

		HIV		Total
		yes	no	
Belgrade	N	4	5	9
	%	44,4%	55,6%	100,0%
Budapest	N	0	1	1
	%	0,0%	100,0%	100,0%
Total	N	4	6	10
	%	40,0%	60,0%	100,0%

		HepC		Total
		yes	no	
Belgrade	N	11	49	60
	%	18,3%	81,7%	100,0%
Budapest	N	7	23	30
	%	23,3%	76,7%	100,0%
Total	N	18	72	90
	%	20,0%	80,0%	100,0%

Perception on the impact of the closure of NEPs

We asked the respondents to assess how different areas comparing the present situation to the situation when the NEP was still operating. In parallel with previous questions, Budapest has a slightly better situation in respect of access to sterile injecting equipment (i.e. some NEPs still operating). In Belgrade 93% of the respondents said that the access to sterile equipment have become worse since the NEP closed. Although the majority (68%) in Budapest also found that the access became worse, the proportion is smaller than in Belgrade ($p=0,000$), and a quarter of the respondents found that the situation did not changed.

It is a common argument among the opponents of harm reduction, that NEPs tend to attract drug users to the neighbourhood, and make the situation worse, increasing the public nuisance, and the insecurity of the residents. The respondents have another opinion. In both cities three quarters of the former clients of the NEP think that the substance use situation is worsened since the NEP closed down – with slightly more respondents in Belgrade (78,3% compared to 71,4% in Budapest, $p=0,020$). Drug related litter on the other hand is a topic where the opinions in two cities were different ($p=0,000$). In Belgrade the overwhelming majority (93%) thought that situation became worse in this area, but in Budapest

45% thought that it became better, as there are less used needles in the streets. In Budapest, the “infected syringes on the streets” was one of the main argument the local mayor used to induce moral panic in the district, so it is not surprising that they pay special attention to clean the streets in the district. From a harm reduction perspective the lack of used syringes could indicate that syringes became such a scarce commodity, that no one throws away, but reuse it many times.

The health status of substance users is also an area where the opinion of the former clients of the NEPs in the two cities was the same. 87% thought that the health status of substance users have become worse since the NEP closed (91% in Belgrade and 81% in Budapest). It seems that the decreasing coverage of harm reduction services have a strong negative effect on the health status of the substance users.

In both country the decision makers tend to use repressive, criminalising drug policies, and condemn harm reduction, so we asked the former client about how the relationship with the police has changed. The majority of the respondents in both cities said that the relationship of substance users and the police became worse, the proportion was much higher in Belgrade than in Budapest (73% vs 51%, $p=0,007$), with 41% of the respondents in Budapest said that in this area the situation is the same. Though we should add, that the answer “same” was usually accompanied with the remark, that the relationship was bad when the NEP was still open, and it has remained bad since. In that sense the question was not appropriate, as the assessment of the initial situation was not included in the questionnaire.

If you think about the years while the NEP was operating, and compare it to the present situation, what would you say, how the following things have changed

		Substance use situation in the neighbourhood			Total
		worse	same	better	
City	Belgrade	N 101	23	5	129
		% 78,3%	17,8%	3,9%	100,0%
City	Budapest	N 65	13	13	91
		% 71,4%	14,3%	14,3%	100,0%
Total		N 166	36	18	220
		% 75,5%	16,4%	8,2%	100,0%

		Health status of substance users			Total
		worse	same	better	
City	Belgrade	N 118	7	5	130
		% 90,8%	5,4%	3,8%	100,0%
City	Budapest	N 71	12	5	88
		% 80,7%	13,6%	5,7%	100,0%
Total		N 189	19	10	218
		% 86,7%	8,7%	4,6%	100,0%

		Drug related litter in the streets			Total
		worse	same	better	
City	Belgrade	N 124	5	4	133
		% 93,2%	3,8%	3,0%	100,0%
City	Budapest	N 32	18	41	91

		Substance users relationship with the police			Total
		worse	same	better	
City	Belgrade	N 80	26	4	110
		% 72,7%	23,6%	3,6%	100,0%

	%	35,2%	19,8%	45,1%	100,0%
Total	N	156	23	45	224
	%	69,6%	10,3%	20,1%	100,0%

Budapest	N	44	35	7	86
	%	51,2%	40,7%	8,1%	100,0%
Total	N	124	61	11	196
	%	63,3%	31,1%	5,6%	100,0%

		Access to sterile injecting equipment			Total	
		worse	same	better		
City	Belgrade	N	128	5	4	137
		%	93,4%	3,6%	2,9%	100,0%
	Budapest	N	64	24	6	94
		%	68,1%	25,5%	6,4%	100,0%
Total		N	192	29	10	231
		%	83,1%	12,6%	4,3%	100,0%

SUMMARY

There is substantial evidence to support the effectiveness of harm reduction interventions such as needle exchange programs (NEP) in reducing HIV and HCV transmission among PWIDs (see eg.: Aspinall et al 2014, Hagan et al 2011, Palmateer et al 2011). While providing complex harm reduction services is an effective measure to control infectious diseases among PWIDS, decrease in coverage of these programmes, can lead to serious public health problem. In 2014 the two largest needle and syringe programs have closed down in Budapest due to lack of funding and to political attacks from local mayors (Gyarmathy et al 2016, Rácz et al 2016a). In 2015 three out of four needle and syringe programs closed down in Serbia, including the one in Belgrade operated by the NGO Veza, after the Global Fund to Fight AIDS, Tuberculosis and Malaria ended its last grants and the national government did not ensure the transition to domestic funding. In both capitals, thousands of injecting drug users were left without access to harm reduction services. In this research we explored what were consequences of the closure of NEPs in Budapest and Belgrade regarding the risks and everyday life of PWIDs. We used Respondent Driven Sampling (RDS, Heckathorn 1996), a rigorous chain-referral method which allows unbiased estimation of the target population.

The typical member of the target population – according to the survey's data – seems to be a man in his mid-thirties, with low educational attainment, and poor labour market position. This is a general characteristic of the marginalized injecting drug users regardless of the geographic location. It seems that the gender specific distribution of the sample is a general characteristic, although the same structural forces could affect the smaller proportion of female substance users in both cities: women might have to hide more their substance using habits than man, due to stronger stigmatization of women who use drugs.

Lifetime prevalence of legal substances does not differ much between Budapest and Belgrade. Almost everyone in both samples has used tobacco and alcohol. Illegal substances on the other hand, indicate a distinct drug market environment: NPS are the most popular substances in Budapest, while in Belgrade traditional substances are the most widely used illegal drugs. Cannabis use is higher in Belgrade, both in terms of lifetime prevalence and last month use. Regular, daily use is also higher in Belgrade (28% vs 15% in Budapest). It seems that cannabis is less available (i.e. more expensive than synthetic cannabinoids), less common in the marginalised PWID community in Budapest. PWID in Belgrade are mostly opiate users (67% using heroin regularly, with the addition of 23% in the “other” category, which means methadone and buprenorphine in this category), with no NPS users, while in Budapest the former clients of the NEP are regular NPS users, and do not use opiates at all. In parallel with the differences in the prevalence of substances, in Belgrade the overwhelming majority of active injecting users are injecting opiates, In Budapest the overwhelming majority are injecting cathinones.

We asked the respondents about recent (last month) injecting drug use to assess the proportion of those, who are still using injecting as a route of administration. In Belgrade everyone injected in the last month, in Budapest one fifth of our sample did not inject. Injecting use became less prevalent in the PWID community in

Budapest. It seems that among the former clients in Budapest different routes of administration became popular: some use synthetic cannabinoids instead of injecting synthetic cathinones, some choose inhalation as an alternative for injecting.

We asked the active injectors about their injecting equipment sharing practices. In Belgrade the respondents reused their syringes more times, than in Budapest. At the same time, the number of people they shared their injecting equipment with was higher in Budapest. The results show different sharing practices in the two sites, although from a public health perspective both community are under a serious risk, because in both sites the overwhelming majority did shared their injecting equipment, so risk behaviours are prevalent in both city. However, in Belgrade the situation seems to be more severe, as more than half of the sample practiced seven or more types of risk behaviour in the past 6 months. It is more likely to share injecting equipment with someone they already know, and it was true in both cities. This suggests that substance use is a community activity, where substance use, buying and dividing it, preparing the solution, etc. happens between acquaintances. It may also suggest, that injecting and substance use requires trust, thus sharing with strangers hardly happens.

We could find further consequences of the different drug market environment in the two cities. The most prevalent risk behaviour in Belgrade is the sharing of filters, which in Budapest is at the bottom of the list. In Budapest PWID are not using filters, because NPS can be easily dissolved in water without any acid or heating, so it is a common belief that NPS does not require filtering. In contrast, for opiate users filters are important, not just because they are part of the equipment, but because they can serve as substitution if someone was not able to get the drug, or is in withdrawal. "Using the same water (or bleach) as someone else for flushing out or cleaning" is another risk behaviour that shows important differences between the two sites. While in Budapest that was the second most frequent risk behaviour in Belgrade it was the last. We know from previous studies that in Budapest, among the marginalized PWID, water is a scarce commodity, because they are shooting in parks and abandoned buildings, so they only have what they bring with them. As they are buying and using the substance together, there is usually one water bottle with them, and they are using it together.

However, there are similarities in the distribution of risk behaviours. It seems that the risk behaviours indicating the community/cooperative nature of substance use are similarly frequent in both cities. (e.g. Put a used needle into a container or spoon that was then used by someone else; Drawn up from a container or spoon into which someone else had put a used syringe; Let someone else fill their syringe with a syringe you had already used) These practices are almost unavoidable when buying and preparing the drug together with others is common, and there is a shortage of sterile injecting equipment.

The results on access to harm reduction services indicate a serious decrease in access in both cities, though in Belgrade the decrease was more dramatic. The results show that even a very low coverage of NEPs can have positive effect on the availability of sterile equipment. In Budapest, almost 70% percent said that they can get sterile injecting equipment, although it is a significant decrease from nearly 95% at the closed NEP, in Belgrade only one fifth of the respondents have

access to those right now. More alarming, that the former clients of the NEP in Belgrade practically don't have access to used injecting equipment disposal at all while almost everyone could dispose their used equipment when the NEP was operating.

Although the two cities are different in terms of the available sources of injecting equipment, pharmacies are major sources in both cities. As pharmacies are not able to reduce public health risks because they are not a harm reduction service, this is an important result, that shows how inadequate coverage could divert PWID to inadequate services. Regarding HIV and HCV testing, we found that most of the former clients do not have a recent test, about 60% in both cities was tested for HIV and/or HCV more than 6 months ago. It is problematic, because injecting drug use is a major factor of vulnerability for acquiring bloodborne and other infectious diseases, including HIV, and HCV (ECDC, EMCDDA 2011), so knowing one's HIV/HCV status is of key importance in this population. Good coverage of harm reduction services combined with the availability of quick tests could provide the access to these services. That is why NEP and HIV/HCV testing are among the seven key interventions the ECDC and the EMCDDA recommend based on the scientific evidence available, to effectively prevent and reduce infections among PWID.

The differences in the prevalence of individual risk behaviours represent the differences in injecting practises in the two communities. It is a good illustration of how the diverse everyday practices of injecting, combined with the different substances available, different social norms in the community, the physical environment where the substance use occur, could shape the risk behaviours of PWID and the risks of substance use as such. The decrease in access to accompanying services could indicate the complex problems those substance users face, and the subtle role a NEP could play beyond providing harm reduction services. As the closing of an NEP decreased the access to such simple things as "a place to sit for a while" or "speaking with the social workers" in both cities, it means that closing an NEP often terminates the only institution the clients have connection with. The PWID who were clients at those NEPs are typically marginalized people who are in the process of disaffiliation (Castel 2000) and are further stigmatized because their drug using habit. An institution that is able to build trust, and connection with such a population, could serve as the entry point for other, non substance use oriented services, what is invaluable not just for the clients, but for the health and social welfare system also.

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APPENDIX

Substance use

City * 16.1. alcohol

Crosstab

		16.1. alcohol					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	11	19	9	47	52	138
	%	8,0%	13,8%	6,5%	34,1%	37,7%	100,0%
Budapest	N	7	22	16	24	31	100
	%	7,0%	22,0%	16,0%	24,0%	31,0%	100,0%
Total	N	18	41	25	71	83	238
	%	7,6%	17,2%	10,5%	29,8%	34,9%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10,021 ^a	4	,040
Likelihood Ratio	9,967	4	,041
Linear-by-Linear Association	2,970	1	,085
N of Valid Cases	238		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 7,56.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,205	,040
	Cramer's V	,205	,040
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.2. tobacco

Crosstab

		16.2. tobacco				Total
		never	I tried it but not used it in the past 12 months	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	4	0	3	131	138
	%	2,9%	0,0%	2,2%	94,9%	100,0%
Budapest	N	3	7	3	87	100
	%	3,0%	7,0%	3,0%	87,0%	100,0%
Total	N	7	7	6	218	238
	%	2,9%	2,9%	2,5%	91,6%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10,217 ^a	3	,017
Likelihood Ratio	12,696	3	,005
Linear-by-Linear Association	4,036	1	,045
N of Valid Cases	238		

a. 6 cells (75,0%) have expected count less than 5. The minimum expected count is 2,52.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,207	,017
	Cramer's V	,207	,017
N of Valid Cases		238	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.3. cannabis, hashish

Crosstab

		16.3. cannabis, hashish	Total
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		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	2	30	20	48	38	138
	%	1,4%	21,7%	14,5%	34,8%	27,5%	100,0%
Budapest	N	21	32	15	16	15	99
	%	21,2%	32,3%	15,2%	16,2%	15,2%	100,0%
Total	N	23	62	35	64	53	237
	%	9,7%	26,2%	14,8%	27,0%	22,4%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	37,041 ^a	4	,000
Likelihood Ratio	39,693	4	,000
Linear-by-Linear Association	28,743	1	,000
N of Valid Cases	237		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,61.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,395	,000
	Cramer's V	,395	,000
N of Valid Cases		237	

- a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.4. amphetamine

Crosstab

	16.4. amphetamine					Total
	never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	

Belgrade	N	11	46	17	49	14	137
	%	8,0%	33,6%	12,4%	35,8%	10,2%	100,0%
Budapest	N	4	43	21	18	14	100
	%	4,0%	43,0%	21,0%	18,0%	14,0%	100,0%
Total	N	15	89	38	67	28	237
	%	6,3%	37,6%	16,0%	28,3%	11,8%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12,664 ^a	4	,013
Likelihood Ratio	13,025	4	,011
Linear-by-Linear Association	,557	1	,456
N of Valid Cases	237		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 6,33.

Symmetric Measures

	Value	Approx. Sig.
Nominal by Nominal	Phi	,231
	Cramer's V	,231
N of Valid Cases	237	

- a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.5. cocaine

Crosstab

		16.5. cocaine					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	20	65	23	23	6	137
	%	14,6%	47,4%	16,8%	16,8%	4,4%	100,0%
Budapest	N	35	49	15	1	0	100
	%	35,0%	49,0%	15,0%	1,0%	0,0%	100,0%
Total	N	55	114	38	24	6	237

%	23,2%	48,1%	16,0%	10,1%	2,5%	100,0%
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Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29,121 ^a	4	,000
Likelihood Ratio	35,568	4	,000
Linear-by-Linear Association	26,224	1	,000
N of Valid Cases	237		

a. 2 cells (20,0%) have expected count less than 5. The minimum expected count is 2,53.

Symmetric Measures

	Value	Approx. Sig.
Nominal by Nominal Phi	,351	,000
Cramer's V	,351	,000
N of Valid Cases	237	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.6. heroin

Crosstab

		16.6. heroin					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	1	6	5	33	92	137
	%	0,7%	4,4%	3,6%	24,1%	67,2%	100,0%
Budapest	N	55	36	2	5	2	100
	%	55,0%	36,0%	2,0%	5,0%	2,0%	100,0%
Total	N	56	42	7	38	94	237
	%	23,6%	17,7%	3,0%	16,0%	39,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)

Pearson Chi-Square	180,203 ^a	4	,000
Likelihood Ratio	220,943	4	,000
Linear-by-Linear Association	173,795	1	,000
N of Valid Cases	237		

a. 2 cells (20,0%) have expected count less than 5. The minimum expected count is 2,95.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,872	,000
	Cramer's V	,872	,000
N of Valid Cases		237	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.7. MDMA, ecstasy

Crosstab

		16.7. MDMA, ecstasy					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	32	63	22	16	3	136
	%	23,5%	46,3%	16,2%	11,8%	2,2%	100,0%
Budapest	N	26	59	10	5	0	100
	%	26,0%	59,0%	10,0%	5,0%	0,0%	100,0%
Total	N	58	122	32	21	3	236
	%	24,6%	51,7%	13,6%	8,9%	1,3%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8,725 ^a	4	,068
Likelihood Ratio	10,070	4	,039
Linear-by-Linear Association	5,661	1	,017

N of Valid Cases	236	
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a. 2 cells (20,0%) have expected count less than 5. The minimum expected count is 1,27.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,192	,068
	Cramer's V	,192	,068
N of Valid Cases		236	

- a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.8. LSD or other hallucinogens

Crosstab

		16.8. LSD or other hallucinogens				Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	
Belgrade	N	63	60	10	3	136
	%	46,3%	44,1%	7,4%	2,2%	100,0%
Budapest	N	59	37	4	0	100
	%	59,0%	37,0%	4,0%	0,0%	100,0%
Total	N	122	97	14	3	236
	%	51,7%	41,1%	5,9%	1,3%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5,800 ^a	3	,122
Likelihood Ratio	6,939	3	,074
Linear-by-Linear Association	5,445	1	,020
N of Valid Cases	236		

a. 2 cells (25,0%) have expected count less than 5. The minimum expected count is 1,27.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,157	,122
	Cramer's V	,157	,122
N of Valid Cases		236	

- a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.9. synthetic cannabinoids

Crosstab

		16.9. synthetic cannabinoids					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	99	32	4	1	0	136
	%	72,8%	23,5%	2,9%	0,7%	0,0%	100,0%
Budapest	N	25	21	7	11	36	100
	%	25,0%	21,0%	7,0%	11,0%	36,0%	100,0%
Total	N	124	53	11	12	36	236
	%	52,5%	22,5%	4,7%	5,1%	15,3%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	88,156 ^a	4	,000
Likelihood Ratio	104,522	4	,000
Linear-by-Linear Association	87,174	1	,000
N of Valid Cases	236		

- a. 1 cells (10,0%) have expected count less than 5. The minimum expected count is 4,66.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,611	,000
	Cramer's V	,611	,000

N of Valid Cases	236
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- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.10. synthetic cathinones

Crosstab

		16.10. synthetic cathinones					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	93	33	3	6	0	135
	%	68,9%	24,4%	2,2%	4,4%	0,0%	100,0%
Budapest	N	2	5	8	18	67	100
	%	2,0%	5,0%	8,0%	18,0%	67,0%	100,0%
Total	N	95	38	11	24	67	235
	%	40,4%	16,2%	4,7%	10,2%	28,5%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	181,895 ^a	4	,000
Likelihood Ratio	231,671	4	,000
Linear-by-Linear Association	176,466	1	,000
N of Valid Cases	235		

- a. 1 cells (10,0%) have expected count less than 5. The minimum expected count is 4,68.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,880	,000
	Cramer's V	,880	,000
	N of Valid Cases	235	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.11. tranquillisers, sedatives (without prescription)

Crosstab

		16.11. tranquillisers, sedatives (without prescription)					Total
		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	9	13	15	33	67	137
	%	6,6%	9,5%	10,9%	24,1%	48,9%	100,0%
Budapest	N	26	27	7	13	27	100
	%	26,0%	27,0%	7,0%	13,0%	27,0%	100,0%
Total	N	35	40	22	46	94	237
	%	14,8%	16,9%	9,3%	19,4%	39,7%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36,906 ^a	4	,000
Likelihood Ratio	37,368	4	,000
Linear-by-Linear Association	31,446	1	,000
N of Valid Cases	237		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,28.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,395	,000
	Cramer's V	,395	,000
N of Valid Cases		237	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.12. sniffing solvents

Crosstab

		16.12. sniffing solvents	Total
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		never	I tried it but not used it in the past 12 months	used it in the past 12 months but not in the past 4 weeks	I use it regularly, (almost every day)	
Belgrade	N	99	28	2	2	131
	%	75,6%	21,4%	1,5%	1,5%	100,0%
Budapest	N	68	32	0	0	100
	%	68,0%	32,0%	0,0%	0,0%	100,0%
Total	N	167	60	2	2	231
	%	72,3%	26,0%	0,9%	0,9%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5,968 ^a	3	,113
Likelihood Ratio	7,427	3	,059
Linear-by-Linear Association	,036	1	,849
N of Valid Cases	231		

a. 4 cells (50,0%) have expected count less than 5. The minimum expected count is ,87.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,161	,113
	Cramer's V	,161	,113
N of Valid Cases		231	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

City * 16.13. other

Crosstab

		16.13. other				Total
		never	I tried it but not used it in the past 12 months	I used it in the past 4 week	I use it regularly, (almost every day)	
Belgrade	N	3	1	18	14	36
	%	8,3%	2,8%	50,0%	38,9%	100,0%

Budapest	N	1	1	0	0	2
	%	50,0%	50,0%	0,0%	0,0%	100,0%
Total	N	4	2	18	14	38
	%	10,5%	5,3%	47,4%	36,8%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12,931 ^a	3	,005
Likelihood Ratio	8,399	3	,038
Linear-by-Linear Association	8,081	1	,004
N of Valid Cases	38		

a. 6 cells (75,0%) have expected count less than 5. The minimum expected count is ,11.

Symmetric Measures

	Value	Approx. Sig.
Nominal by Nominal	Phi	,583
	Cramer's V	,583
N of Valid Cases	38	

- a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.

		other, namely					Total
		metadon	buprenorphine	GHB	tryptamine	DMT	
I used it in the past 4 weeks	N	7	7	2	1	1	18
	%	38,9%	38,9%	11,1%	5,6%	5,6%	100,0%
I use it regularly, (almost every day)	N	12	2	0	0	0	14
	%	85,7%	14,3%	0,0%	0,0%	0,0%	100,0%
Total	N	19	9	2	1	1	32
	%	59,4%	28,1%	6,2%	3,1%	3,1%	100,0%

Income

5.4. Employment (full or part-time) * City

Crosstab

			City		Total	
			Belgrade	Budapest		
5.4. Employment (full or part-time)	no	Count	97	57	154	
		% within 5.4.				
		Employment (full or part-time)	63,0%	37,0%	100,0%	
	yes	Adjusted Residual	2,1	-2,1		
		Count	41	43	84	
		% within 5.4.				
Total	Employment (full or part-time)	48,8%	51,2%	100,0%		
	Adjusted Residual	-2,1	2,1			
	Count	138	100	238		
			% within 5.4.			
			Employment (full or part-time)	58,0%	42,0%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,484 ^a	1	,034		
Continuity Correction ^b	3,921	1	,048		
Likelihood Ratio	4,464	1	,035		
Fisher's Exact Test				,040	,024
Linear-by-Linear Association	4,465	1	,035		
N of Valid Cases	238				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 35,29.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,137	,034
	Cramer's V	,137	,034
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

5.5. Begging * City

Crosstab

		City		Total	
		Belgrade	Budapest		
5.5. Begging	no	Count	131	78	209
		% within 5.5. Begging	62,7%	37,3%	100,0%
		Adjusted Residual	3,9	-3,9	
	yes	Count	7	22	29
		% within 5.5. Begging	24,1%	75,9%	100,0%
		Adjusted Residual	-3,9	3,9	
Total	Count	138	100	238	
	% within 5.5. Begging	58,0%	42,0%	100,0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	15,527 ^a	1	,000		
Continuity Correction ^b	13,986	1	,000		
Likelihood Ratio	15,643	1	,000		
Fisher's Exact Test				,000	,000
Linear-by-Linear Association	15,462	1	,000		
N of Valid Cases	238				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 12,18.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,255	,000
	Cramer's V	,255	,000
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

5.7. Selling syringes * City

Crosstab

			City		Total
			Belgrade	Budapest	
5.7. Selling syringes	no	Count	136	93	229
		% within 5.7. Selling syringes	59,4%	40,6%	100,0%
		Adjusted Residual	2,2	-2,2	
	yes	Count	2	7	9
		% within 5.7. Selling syringes	22,2%	77,8%	100,0%
		Adjusted Residual	-2,2	2,2	
Total	Count	138	100	238	
	% within 5.7. Selling syringes	58,0%	42,0%	100,0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,910 ^a	1	,027		
Continuity Correction ^b	3,503	1	,061		
Likelihood Ratio	4,971	1	,026		
Fisher's Exact Test				,037	,031
Linear-by-Linear Association	4,889	1	,027		
N of Valid Cases	238				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,78.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	,144	,027
	Cramer's V	,144	,027
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

5.9. Other legal * City

Crosstab

		City		Total	
		Belgrade	Budapest		
5.9. Other legal	no	Count	85	89	174
		% within 5.9. Other legal	48,9%	51,1%	100,0%
	yes	Adjusted Residual	-4,7	4,7	
		Count	53	11	64
Total		% within 5.9. Other legal	82,8%	17,2%	100,0%
		Adjusted Residual	4,7	-4,7	
		Count	138	100	238
		% within 5.9. Other legal	58,0%	42,0%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	22,152 ^a	1	,000		
Continuity Correction ^b	20,780	1	,000		
Likelihood Ratio	23,989	1	,000		
Fisher's Exact Test				,000	,000
Linear-by-Linear Association	22,059	1	,000		
N of Valid Cases	238				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 26,89.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-,305	,000
	Cramer's V	,305	,000
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

5.10. Other illegal * City

Crosstab

			City		Total
			Belgrade	Budapest	
5.10. Other illegal	no	Count	104	92	196
		% within 5.10. Other illegal	53,1%	46,9%	100,0%
		Adjusted Residual	-3,3	3,3	
	yes	Count	34	8	42
		% within 5.10. Other illegal	81,0%	19,0%	100,0%
		Adjusted Residual	3,3	-3,3	
Total	Count	138	100	238	
	% within 5.10. Other illegal	58,0%	42,0%	100,0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11,044 ^a	1	,001		
Continuity Correction ^b	9,929	1	,002		
Likelihood Ratio	11,966	1	,001		
Fisher's Exact Test				,001	,001
Linear-by-Linear Association	10,998	1	,001		
N of Valid Cases	238				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 17,65.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-,215	,001
	Cramer's V	,215	,001
N of Valid Cases		238	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Access to services – Belgrade

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 17.1. Which of the following services did you use at the closed NSP and which you have access now? I have used this at the closed NSP: Internet access (eg.: facebook, youtube) & 18.1. I use it now: Internet access (eg.: facebook, youtube)	128	,093	,298
Pair 2 17.2. Speaking with the social workers (general consultations, chatting) & 18.2. Speaking with the social workers (general consultations, chatting)	129	,137	,120
Pair 3 17.3. Sterile needles/syringes & 18.3. Sterile needles/syringes	128	-,023	,794
Pair 4 17.4. Sterile injecting equipment (filter, cooker, alcohol pads) & 18.4. Sterile injecting equipment (filter, cooker, alcohol pads)	131	-,054	,537
Pair 5 17.5. Used injecting equipment disposal/exchange & 18.5. Used injecting equipment disposal/exchange	130	,034	,700
Pair 6 17.6. Vein care products & 18.6. Vein care products	130	-,016	,861
Pair 7 17.7. HIV/HCV screening & 18.7. HIV/HCV screening	131	,196	,025
Pair 8 17.8. A place to sit for a while & 18.8. A place to sit for a while	131	,219	,012

Pair 9	17.9. Information on substances & 18.9. Information on substances	127	-,056	,534
Pair 10	17.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc) & 18.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc)	126	,213	,017
Pair 11	17.11. Help with other social services (eg.: unemployment, housing, etc) & 18.11. Help with other social services (eg.: unemployment, housing, etc)	131	,229	,009
Pair 12	17.12. Legal counselling & 18.12. Legal counselling	129	,145	,101
Pair 13	17.13. Showers & 18.13. Showers	131	,089	,310
Pair 14	17.14. Clothes washing & 18.14. Clothes washing	131	,046	,601
Pair 15	17.15. Special women?s programme & 18.15. Special women?s programme	124	,145	,109

Paired Samples Test

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	17.1. Which of the following services did you use at the closed NSP and which you have access now? I have used this at the closed NSP: Internet access (eg.: facebook, youtube) - 18.1. I use it now: Internet access (eg.: facebook, youtube)	-,078	,583	,052	-,180	,024	-1,515	127	,132
Pair 2	17.2. Speaking with the social workers (general consultations, chatting) - 18.2. Speaking with the social workers (general consultations, chatting)	-,519	,560	,049	-,617	-,422	-10,526	128	,000
Pair 3	17.3. Sterile needles/syringes - 18.3. Sterile needles/syringes	-,211	,480	,042	-,295	-,127	-4,968	127	,000

Pair 4	17.4. Sterile injecting equipment (filter, cooker, alcohol pads) - 18.4. Sterile injecting equipment (filter, cooker, alcohol pads)	-,725	,481	,042	-,808	-,642	-17,248	130	,000
Pair 5	17.5. Used injecting equipment disposal/exchange - 18.5. Used injecting equipment disposal/exchange	-,915	,279	,025	-,964	-,867	-37,357	129	,000
Pair 6	17.6. Vein care products - 18.6. Vein care products	-,462	,586	,051	-,563	-,360	-8,979	129	,000
Pair 7	17.7. HIV/HCV screening - 18.7. HIV/HCV screening	-,237	,509	,044	-,325	-,149	-5,322	130	,000
Pair 8	17.8. A place to sit for a while - 18.8. A place to sit for a while	-,191	,449	,039	-,268	-,113	-4,863	130	,000
Pair 9	17.9. Information on substances - 18.9. Information on substances	-,488	,562	,050	-,587	-,390	-9,797	126	,000

Pair 10	17.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc) - 18.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc)	-,452	,546	,049	-,549	-,356	-9,307	125	,000
Pair 11	17.11. Help with other social services (eg.: unemployment, housing, etc) - 18.11. Help with other social services (eg.: unemployment, housing, etc)	-,244	,449	,039	-,322	-,167	-6,230	130	,000
Pair 12	17.12. Legal counselling - 18.12. Legal counselling	-,310	,556	,049	-,407	-,213	-6,332	128	,000
Pair 13	17.13. Showers - 18.13. Showers	,061	,523	,046	-,029	,151	1,337	130	,183
Pair 14	17.14. Clothes washing - 18.14. Clothes washing	,000	,568	,050	-,098	,098	,000	130	1,000
Pair 15	17.15. Special women?s programme - 18.15. Special women?s programme	-,008	,270	,024	-,056	,040	-,332	123	,740

Access to services – Budapest

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1 17.1. Which of the following services did you use at the closed NSP and which you have access now? I have used this at the closed NSP: Internet access (eg.: facebook, youtube) & 18.1. I use it now: Internet access (eg.: facebook, youtube)	99	,249	,013
Pair 2 17.2. Speaking with the social workers (general consultations, chatting) & 18.2. Speaking with the social workers (general consultations, chatting)	99	,473	,000
Pair 3 17.3. Sterile needles/syringes & 18.3. Sterile needles/syringes	100	.	.
Pair 4 17.4. Sterile injecting equipment (filter, cooker, alcohol pads) & 18.4. Sterile injecting equipment (filter, cooker, alcohol pads)	100	,207	,039
Pair 5 17.5. Used injecting equipment disposal/exchange & 18.5. Used injecting equipment disposal/exchange	100	,342	,000
Pair 6 17.6. Vein care products & 18.6. Vein care products	98	,386	,000
Pair 7 17.7. HIV/HCV screening & 18.7. HIV/HCV screening	98	-,038	,710
Pair 8 17.8. A place to sit for a while & 18.8. A place to sit for a while	99	,297	,003

Pair 9	17.9. Information on substances & 18.9. Information on substances	97	,382	,000
Pair 10	17.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc) & 18.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc)	98	,449	,000
Pair 11	17.11. Help with other social services (eg.: unemployment, housing, etc) & 18.11. Help with other social services (eg.: unemployment, housing, etc)	98	,355	,000
Pair 12	17.12. Legal counselling & 18.12. Legal counselling	100	,390	,000
Pair 13	17.13. Showers & 18.13. Showers	93	,197	,059
Pair 14	17.14. Clothes washing & 18.14. Clothes washing	87	,107	,323
Pair 15	17.15. Special women?s programme & 18.15. Special women?s programme	67	,243	,048

Paired Samples Test

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	17.1. Which of the following services did you use at the closed NSP and which you have access now? I have used this at the closed NSP: Internet access (eg.: facebook, youtube) - 18.1. I use it now: Internet access (eg.: facebook, youtube)	,020	,589	,059	-,097	,138	,341	98	,733
Pair 2	17.2. Speaking with the social workers (general consultations, chatting) - 18.2. Speaking with the social workers (general consultations, chatting)	-,232	,470	,047	-,326	-,139	-4,917	98	,000
Pair 3	17.3. Sterile needles/syringes - 18.3. Sterile needles/syringes	-,170	,378	,038	-,245	-,095	-4,503	99	,000

Pair 4	17.4. Sterile injecting equipment (filter, cooker, alcohol pads) - 18.4. Sterile injecting equipment (filter, cooker, alcohol pads)	-,250	,458	,046	-,341	-,159	-5,461	99	,000
Pair 5	17.5. Used injecting equipment disposal/exchange - 18.5. Used injecting equipment disposal/exchange	-,260	,441	,044	-,347	-,173	-5,898	99	,000
Pair 6	17.6. Vein care products - 18.6. Vein care products	-,265	,488	,049	-,363	-,167	-5,382	97	,000
Pair 7	17.7. HIV/HCV screening - 18.7. HIV/HCV screening	-,102	,711	,072	-,245	,040	-1,422	97	,158
Pair 8	17.8. A place to sit for a while - 18.8. A place to sit for a while	-,172	,572	,058	-,286	-,058	-2,986	98	,004
Pair 9	17.9. Information on substances - 18.9. Information on substances	-,247	,541	,055	-,356	-,138	-4,507	96	,000

Pair 10	17.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc) - 18.10. Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc)	-,153	,505	,051	-,254	-,052	-3,002	97	,003
Pair 11	17.11. Help with other social services (eg.: unemployment, housing, etc) - 18.11. Help with other social services (eg.: unemployment, housing, etc)	-,031	,507	,051	-,132	,071	-,598	97	,551
Pair 12	17.12. Legal counselling - 18.12. Legal counselling	,020	,348	,035	-,049	,089	,575	99	,566
Pair 13	17.13. Showers - 18.13. Showers	,495	,503	,052	,391	,598	9,489	92	,000
Pair 14	17.14. Clothes washing - 18.14. Clothes washing	,460	,524	,056	,348	,571	8,185	86	,000
Pair 15	17.15. Special women?s programme - 18.15. Special women?s programme	-,313	,467	,057	-,427	-,199	-5,489	66	,000

City * 20.1. If you think about the last 12 months, how did you get injecting equipment...? Buying in pharmacy

		Buying in pharmacy					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	1	11	18	23	84	137
	% within City	0,7%	8,0%	13,1%	16,8%	61,3%	100,0%
Budapest	Count	17	19	12	22	27	97
	% within City	17,5%	19,6%	12,4%	22,7%	27,8%	100,0%
Total	Count	18	30	30	45	111	234
	% within City	7,7%	12,8%	12,8%	19,2%	47,4%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	41,215 ^a	4	,000
Likelihood Ratio	44,463	4	,000
Linear-by-Linear Association	35,684	1	,000
N of Valid Cases	234		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 7,46.

City * 20.2. Mobile needle exchange programme

		20.2. Mobile needle exchange programme					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	137	0	0	0	0	137
	% within City	100,0%	0,0%	0,0%	0,0%	0,0%	100,0%
Budapest	Count	22	25	10	20	19	96
	% within City	22,9%	26,0%	10,4%	20,8%	19,8%	100,0%
Total	Count	159	25	10	20	19	233
	% within City	68,2%	10,7%	4,3%	8,6%	8,2%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	154,753 ^a	4	,000
Likelihood Ratio	187,923	4	,000
Linear-by-Linear Association	113,988	1	,000
N of Valid Cases	233		

a. 1 cells (10,0%) have expected count less than 5. The minimum expected count is 4,12.

City * 20.3. Fixed site needle exchange programme

		20.3. Fixed site needle exchange programme					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	137	0	0	0	0	137
	% within City	100,0%	0,0%	0,0%	0,0%	0,0%	100,0%
Budapest	Count	56	10	8	10	12	96
	% within City	58,3%	10,4%	8,3%	10,4%	12,5%	100,0%
Total	Count	193	10	8	10	12	233
	% within City	82,8%	4,3%	3,4%	4,3%	5,2%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	68,914 ^a	4	,000
Likelihood Ratio	83,270	4	,000
Linear-by-Linear Association	55,368	1	,000
N of Valid Cases	233		

a. 5 cells (50,0%) have expected count less than 5. The minimum expected count is 3,30.

City * 20.4. Buying at the dealer

		20.4. Buying at the dealer					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	130	2	2	2	0	136

e	% within City	95,6%	1,5%	1,5%	1,5%	0,0%	100,0%
Budapest	Count	53	10	18	10	6	97
	% within City	54,6%	10,3%	18,6%	10,3%	6,2%	100,0%
	Count	183	12	20	12	6	233
Total	% within City	78,5%	5,2%	8,6%	5,2%	2,6%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	56,933 ^a	4	,000
Likelihood Ratio	61,556	4	,000
Linear-by-Linear Association	48,203	1	,000
N of Valid Cases	233		

a. 4 cells (40,0%) have expected count less than 5. The minimum expected count is 2,50.

City * 20.5. Buying from a friend/acquaintance

		20.5. Buying from a friend/acquaintance					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	113	14	8	2	0	137
	% within City	82,5%	10,2%	5,8%	1,5%	0,0%	100,0%
Budapest	Count	67	9	11	6	3	96
	% within City	69,8%	9,4%	11,5%	6,2%	3,1%	100,0%
Total	Count	180	23	19	8	3	233
	% within City	77,3%	9,9%	8,2%	3,4%	1,3%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11,456 ^a	4	,022
Likelihood Ratio	12,458	4	,014
Linear-by-Linear Association	10,181	1	,001
N of Valid Cases	233		

a. 4 cells (40,0%) have expected count less than 5. The minimum expected count is 1,24.

City * 20.6. Steal from someone

		20.6. Steal from someone			Total	
		never	very few times	sometimes		
City	Belgrade	Count	131	2	4	137
		% within City	95,6%	1,5%	2,9%	100,0%
City	Budapest	Count	91	4	1	96
		% within City	94,8%	4,2%	1,0%	100,0%
Total		Count	222	6	5	233
		% within City	95,3%	2,6%	2,1%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2,538 ^a	2	,281
Likelihood Ratio	2,601	2	,272
Linear-by-Linear Association	,058	1	,810
N of Valid Cases	233		

a. 4 cells (66,7%) have expected count less than 5. The minimum expected count is 2,06.

City * 20.7. Picked up from the street/ground

		20.7. Picked up from the street/ground					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	126	9	2	0	0	137
	% within City	92,0%	6,6%	1,5%	0,0%	0,0%	100,0%
Budapest	Count	85	4	5	2	1	97
	% within City	87,6%	4,1%	5,2%	2,1%	1,0%	100,0%
Total	Count	211	13	7	2	1	234
	% within City	90,2%	5,6%	3,0%	0,9%	0,4%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7,559 ^a	4	,109
Likelihood Ratio	8,607	4	,072
Linear-by-Linear Association	4,452	1	,035
N of Valid Cases	234		

a. 6 cells (60,0%) have expected count less than 5. The minimum expected count is ,41.

City * 20.8. Got it from someone

		20.8. Got it from someone					Total
		never	very few times	sometimes	often	regularly	
Belgrade	Count	53	31	37	16	0	137
	% within City	38,7%	22,6%	27,0%	11,7%	0,0%	100,0%
Budapest	Count	49	14	21	10	3	97
	% within City	50,5%	14,4%	21,6%	10,3%	3,1%	100,0%
Total	Count	102	45	58	26	3	234
	% within City	43,6%	19,2%	24,8%	11,1%	1,3%	100,0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8,797 ^a	4	,066
Likelihood Ratio	9,898	4	,042
Linear-by-Linear Association	,518	1	,472
N of Valid Cases	234		

a. 2 cells (20,0%) have expected count less than 5. The minimum expected count is 1,24.

Questionnaire

Serial number of own coupon:			
Serial numbers of coupons got for recruitment			
user name at the closed NEP:			
date		interviewer:	

SCREENING QUESTIONS

Have you ever been to xxxxxxxx NEP? [1] yes → next [2] No → not eligible
 Have you injected in the past 12 months? [1] yes → next [2] No → not eligible

DEMOGRAPHY

- 1.) What is your sex?
 [1] Male
 [2] Female
- 2.) When were you born?
 [] [] [] []
 [] [] [] []
- 3.) In which district do you live?
dist.
- 4.) What is your highest educational attainment?

- 5.) What source of income did you have in the last 4 weeks? (multiple choice, ask till there is no new information "anything else?")
- [1] Parents, relatives [6] sexwork
 [2] wife/husband/partner [7] Selling syringes
 [3] Social benefits/transfers [8] Selling drugs
 [4] Employment (full or part-time) [9] Other legal
 [5] Begging [10] Other illegal
 [11] Don't know / no answer

INJECTING RISK

- 6.) Have you injected during the last 4 weeks?

[1
] Yes

[2
] No → jump to the next section (general substance use)

7.) During the last 6 months, what substance(s) have you injected? (If the answer is just one substance ask: "anything else?")

[1
] (primary substance)

[2
] (secondary substance, if any)

[3
] (other substances, if any)

8.) During the last 6 months, how often have you injected with a sterile syringe/needle? (sterile = brand new one in a package that was opened by the respondent, and have never been used before)

[1
] Never

[2
] Less than half of the injections

[3
] Half of the injections

[4
] More than half of the injections

[5
] Always

[6
] Don't know

9.) If you think about the last syringe you have thrown away: how many times have you used it to inject?

..... times

10.) During the last 6 months, how often have you shared injecting equipment?

[1
] Never

[2
] Less than half of the injections

[3
] Half of the injections

[4
] More than half of the injections

[5
] Always

[6
] Don't know

11.) During the last 6 months, with how many different people have you shared injecting equipment? persons

12.) During the last 6 months how often have you:

	Never	Less than half of the injections	Half of the injections	More than half of the injections	Always	Don't know
1. Given or lent used needles/syringes to someone?	[1]	[2]	[3]	[4]	[5]	[6]
2. Injected with needles/syringes that had already been used by someone?	[1]	[2]	[3]	[4]	[5]	[6]
3. Filled your syringe from one that had already been used by someone else?	[1]	[2]	[3]	[4]	[5]	[6]
4. Let someone else fill their syringe with a syringe you had already used?	[1]	[2]	[3]	[4]	[5]	[6]
5. Drawn up from a container or spoon into which someone else had put a used syringe?	[1]	[2]	[3]	[4]	[5]	[6]
6. Put a used needle into a container or spoon that was then used by someone else?	[1]	[2]	[3]	[4]	[5]	[6]
7. Used a filter into which someone else had put a used syringe?	[1]	[2]	[3]	[4]	[5]	[6]
8. Let someone else use a filter into which you had put a used syringe?	[1]	[2]	[3]	[4]	[5]	[6]
9. Used the same water or bleach as someone else for flushing out or cleaning?	[1]	[2]	[3]	[4]	[5]	[6]
10. Used old syringes that had been kept in the same container or 'sin bin' as someone else's old syringes ?	[1]	[2]	[3]	[4]	[5]	[6]

13.) During the last 6 months, how often have you shared injecting equipment with your friends/acquaintances? (shared means if you give it someone or if you was given by someone)

[1
] Never

[2
] Very few times (1-3)

[3
] Sometimes

[4
] Often

[5
] Regularly (almost always)

[6
] Don't know

14.) During the last 6 months, how often have you shared (given or lent) injecting equipment with your sexual partner? (shared means if you give it someone or if you was given by someone)

[1
] Never

[2
] Very few times (1-3)

[3
] Sometimes

[4
] Often

[5
] Regularly (almost always)

[6
] Don't know

15.) During the last 6 months, how often have you shared (given or lent) injecting equipment with strangers? (shared means if you give it someone or if you was given by someone)

[1
] Never

[2
] Very few times (1-3)

[3
] Sometimes

-]
- [4 Often
-]
- [5 Regularly (almost always)
-]
- [6 Don't know
-]

DRUG USE IN GENERAL (NOT INJECTING)

16.) How often do you use the following substances (include relevant street names beside the official name of a substance)?

	never	I tried it but not used it in the past 12 months	Used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	Don't know
1. alcohol	[1]	[2]	[3]	[4]	[5]	[6]
2. tobacco	[1]	[2]	[3]	[4]	[5]	[6]
3. cannabis, hashish	[1]	[2]	[3]	[4]	[5]	[6]
4. amphetamine	[1]	[2]	[3]	[4]	[5]	[6]
5. cocaine	[1]	[2]	[3]	[4]	[5]	[6]

	never	I tried it but not used it in the past 12 months	Used it in the past 12 months but not in the past 4 weeks	I used it in the past 4 week	I use it regularly, (almost every day)	Don't know
6. heroin	[1]	[2]	[3]	[4]	[5]	[6]
7. MDMA, extasy	[1]	[2]	[3]	[4]	[5]	[6]
8. LSD or other hallucinogens	[1]	[2]	[3]	[4]	[5]	[6]
9. synthetic cannabinoids	[1]	[2]	[3]	[4]	[5]	[6]
10. synthetic cathinones	[1]	[2]	[3]	[4]	[5]	[6]
11. tranquillisers, sedatives (without prescription)	[1]	[2]	[3]	[4]	[5]	[6]
12. sniffing solvents	[1]	[2]	[3]	[4]	[5]	[6]
13. Other:.....	[1]	[2]	[3]	[4]	[5]	[6]

WITHOUT NEEDLE EXCHANGE PROGRAMME

Which of the following services did you use at the closed NSP and which you have access now?

	17.) I have used this at the closed NSP			18.) I use it now		
1. Internet access (eg.: facebook, youtube)	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
2. Speaking with the social workers (general consultations, chatting)	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
3. Sterile needles/syringes	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
4. Sterile injecting equipment (filter, cooker, alcohol pads)	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
5. Used injecting equipment disposal/exchange	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
6. Vein care products	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
7. HIV/HCV screening	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
8. A place to sit for a while	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
9. Information on substances	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK

10	Help with other substance use related services (eg.: appointment w/ psychologist, consultation, information on rehabs, diversion, etc)	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
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		17) I have used this at the closed NSP			18) I use it now		
11	Help with other social services (eg.: unemployment, housing, etc)	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
12	Legal counselling	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
13	Showers	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
14	Clothes washing	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
15	Special women's programme	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK
16	Other:.....	[1] Yes	[2] No	[6] DK	[1] Yes	[2] No	[6] DK

19.) If you think about the years while the NEP was operating, and compare it to the present situation, what would you say, how the following things have changed:

	Much worse	Worse	Same	better	Much better	Do n't know
1. Substance use situation in the neighborhood	[1]	[2]	[3]	[4]	[5]	[6]
2. Health status of substance users	[1]	[2]	[3]	[4]	[5]	[6]
3. Substance users' relationship with the police	[1]	[2]	[3]	[4]	[5]	[6]
4. Drug related litter in the streets	[1]	[2]	[3]	[4]	[5]	[6]
5. Access to sterile injecting equipment	[1]	[2]	[3]	[4]	[5]	[6]

20.) If you think about the last 12 months, how did you get injecting equipment...?

	never	very few times	sometimes	often	regularly	Do n't know
1. Buying in pharmacy	[1]	[2]	[3]	[4]	[5]	[6]
2. Mobile needle exchange programme	[1]	[2]	[3]	[4]	[5]	[6]
3. Fixed site needle exchange programme	[1]	[2]	[3]	[4]	[5]	[6]
4. Buying at the dealer	[1]	[2]	[3]	[4]	[5]	[6]
5. Buying from a friend/acquaintance	[1]	[2]	[3]	[4]	[5]	[6]

6. Steal from someone	[1]	[2]	[3]	[4]	[5]	[6]
7. Picked up from the street/ground	[1]	[2]	[3]	[4]	[5]	[6]
8. Got it from someone	[1]	[2]	[3]	[4]	[5]	[6]

- 21.) Have you ever been tested for HIV?
- [1] Yes, in the past 3 months
 - [2] Yes, 3-6 months ago
 - [3] Yes, more than 6 months ago
 - [4] No, never → 24. question
 - [5] Don't know → 24. question

- 22.) IF YES (1, 2, 3 answers in question 21.)
- Do you remember the result?
- [1] Yes, it was positive
 - [2] Yes, it was negative
 - [3] Yes, but I don't want to tell you
 - [4] No, I did not get the results
 - [5] No, I can't remember

23.) Ask IF YES (1, 2, 3 answers in question 22.)

1. Were you given information or counseling on HIV?	[1] Yes	[2] No	[6] Don't know
2. Were you offered treatment?	[1] Yes	[2] No	[6] Don't know
3. Were you treated?	[1] Yes	[2] No	[6] Don't know

- 24.) Have you ever been tested for HepC?
- [1] Yes, in the past 3 months
 - [2] Yes, 3-6 months ago
 - [3] Yes, more than 6 months ago
 - [4] No, never → End
 - [5] Don't know → End

- 25.) IF YES (1, 2, 3 answers in question 24.)
- Do you remember the result?
- [1] Yes, it was positive
 - [2] Yes, it was negative
 - [3] Yes, but I don't want to tell you
 - [4] No, I did not get the results
 - [5] No, I can't remember

26.) Ask IF YES (1, 2, 3 answers in question 25.)

1. Were you given information or counseling on HepC?	[1] Yes	[2] No	[6] Don't know
2. Were you offered treatment?	[1] Yes	[2] No	[6] Don't know
3. Were you treated?	[1] Yes	[2] No	[6] Don't know

THANK YOU!

		Do you remember the result of your HIV test?					Total
		yes, it was positive	yes, it was negative	yes, but I don't want to tell you	no, I did not get the results	no, I can't remember	
Belgrade	N	9	103	5	0	2	119
	%	7,6%	86,6%	4,2%	0,0%	1,7%	100,0%
Budapest	N	1	82	0	3	1	87
	%	1,1%	94,3%	0,0%	3,4%	1,1%	100,0%
Total	N	10	185	5	3	3	206
	%	4,9%	89,8%	2,4%	1,5%	1,5%	100,0%

		Do you remember the result of your HepC test?					Total
		yes, it was positive	yes, it was negative	yes, but I don't want to tell you	no, I did not get the results	no, I can't remember	
Belgrade	N	60	48	6	0	1	115
	%	52,2%	41,7%	5,2%	0,0%	0,9%	100,0%
Budapest	N	31	51	0	4	1	87
	%	35,6%	58,6%	0,0%	4,6%	1,1%	100,0%
Total	N	91	99	6	4	2	202
	%	45,0%	49,0%	3,0%	2,0%	1,0%	100,0%

I am not sure whether we should include these, because the Budapest results are too low, we know that the hepc prevalence is much higher in this population...