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„Psychoactive Substance Use and HIV and HCV Screening Test Outcomes Among Clients of Voluntary Counselling and Testing (VCT) Points in Poland, 2022–2025”

Adrian Szczepański[1,2], Kamil Drożdż[3], Joanna Czekajewska[1]
[1] Department of Pharmaceutical Microbiology, Faculty of Pharmacy, Jagiellonian University Medical College, Kraków, Poland
[2] "One World" Health Prevention Association, Kraków, Poland
[3] Department of Molecular Medical Microbiology, Faculty of Medicine, Jagiellonian University Medical College, Kraków, Poland

UNIWERSYTET JAGIELLOŃSKI
COLLEGIUM MEDICUM
W KRAKOWIE
Wydział Farmaceutyczny

Jeden Świat

Voluntary Counseling and Testing (VCT) Centers in Poland

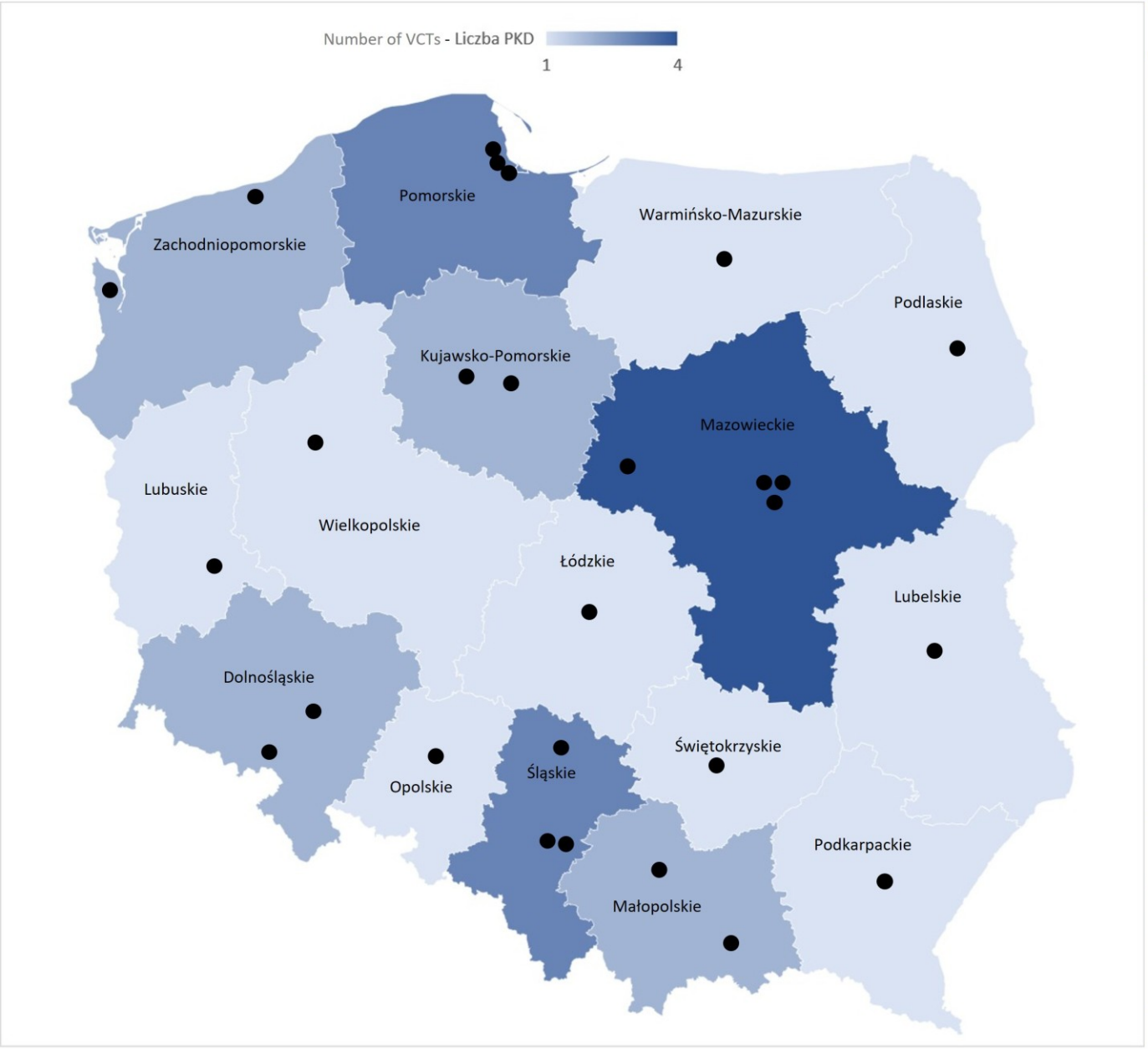
Mission and Objectives

The primary mission of **Voluntary Counseling and Testing (VCT) Centers** is the **early detection of HIV infection**, reduction of HIV transmission, promotion of HIV prevention and health education.

VCT Centers are coordinated by the **National AIDS Centre**, operating under the authority of the Ministry of Health since 1993, and contribute to the implementation of Poland's National HIV Prevention and AIDS Control Program.

Nationwide Coverage
27 VCT Centers
Located in 26 cities
Available across all 16 voivodeships of Poland





Voivodeship	City	Number of VCTs
Dolnośląskie	Wałbrzych, Wrocław	2
Kujawsko-pomorskie	Bydgoszcz, Toruń	2
Lubelskie	Lublin	1
Lubuskie	Zielona Góra	1
Łódzkie	Łódź	1
Małopolskie	Kraków, Nowy Sącz	2
Mazowieckie	Płock, Warszawa (3 PKD)	4
Opolskie	Opole	1
Podkarpackie	Rzeszów	1
Podlaskie	Białystok	1
Pomorskie	Gdańsk, Gdynia, Sopot	3
Śląskie	Chorzów, Częstochowa, Katowice	3
Świętokrzyskie	Kielce	1
Warmińsko-mazurskie	Olsztyn	1
Wielkopolskie	Poznań	1
Zachodniopomorskie	Koszalin, Szczecin	2
Total	**25 cities**	**27**

Anonymous and Free HIV Testing and Counseling Services Available at Most VCT Centers in Poland

Testing

- HIV tests (3rd/4th generation)
- Rapid HCV antibody test
- Rapid syphilis test



Counseling Services

- Sexual health education and STI prevention counseling
- Pre-test consultation to assess HIV infection risk
- Post-test consultation and result discussion

Accessibility

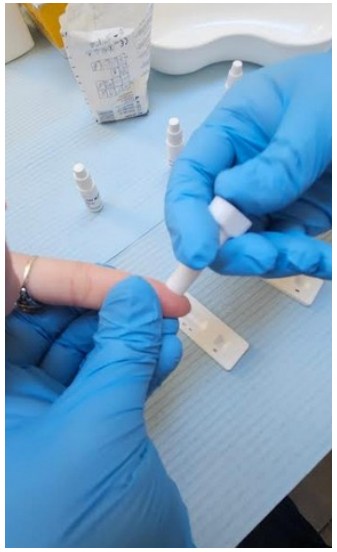
- Free of charge
- Anonymous
- No referral required
- Available to all adults attending a VCT center



Community-Based Rapid Testing Initiatives Outside VCT Centers

Testing Locations

- Shopping malls
- Public spaces
- Science and Arts Festivals
- Clubs and nightclubs
- Correctional facilities (prisons)







Key Feature

Only rapid point-of-care (cassette) tests are used

Benefits

- Easy access to testing
- Reaching high-risk and underserved populations
- Immediate results and counseling
- Increased awareness of HIV, HCV, and syphilis prevention







Study Objective:

Psychoactive Substance Use and HIV and HCV Screening Test Outcomes Among Clients of Voluntary Counselling and Testing (VCT) Centers in Poland, 2022-2025

Key limitations:

Anonymous study population, potential repeat testers, lack of confirmatory HCV RNA results, and inability to assess linkage to care.

Ethics approval:

The study was approved by the Research Ethics Committee of the Jagiellonian University Medical College (Approval No. 428/2026; Protocol No. 1072.6120.2.313.2026; 2 July 2026).

Study Context and Objective

Individuals who use psychoactive substances, particularly people who inject drugs (PWID), are at increased risk of HIV and HCV infection. In line with WHO recommendations for regular screening in high-risk populations, the aim of this study was to evaluate HIV and HCV screening outcomes among clients of Voluntary Counselling and Testing (VCT) sites in Poland between 2022 and 2025 in relation to self-reported substance use.

Study Design

- Retrospective observational study
- Data collected from VCT sites across Poland
- Study period: 2022-2025

Study Population

Individuals attending VCT sites who underwent:

- HIV screening (3rd/4th generation assays)
- Anti-HCV antibody testing

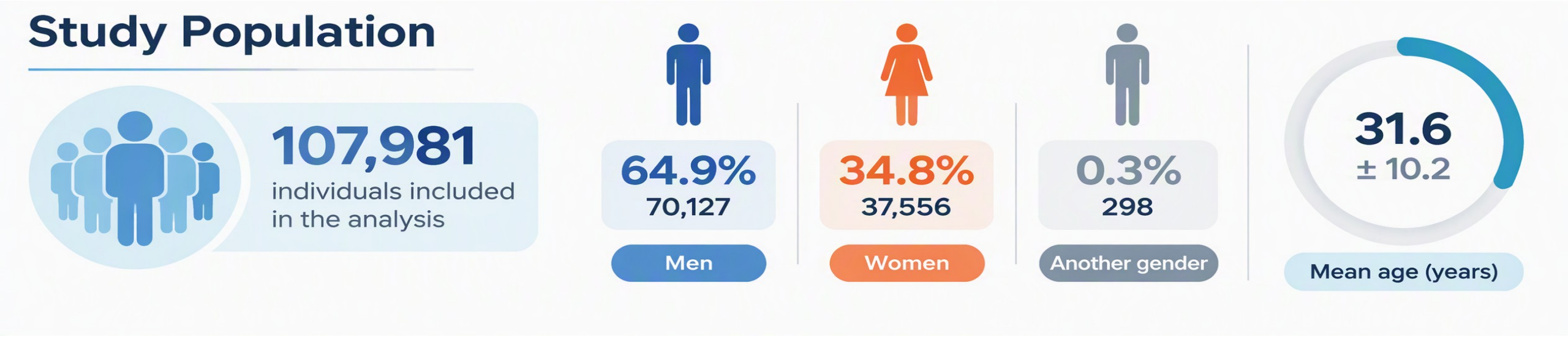
Data Collection

- Sociodemographic characteristics
- Self-reported substance use
- HIV and HCV screening results
- HIV confirmatory test results

Statistical Analysis

- Descriptive analysis of demographic characteristics
- Comparison of HIV positivity and anti-HCV reactivity according to substance use history
- Assessment of associations between self-reported substance use and HIV positivity or anti-HCV reactivity
- Pearson's χ^2 test (or Fisher's exact test when appropriate)
- Odds ratios (ORs) with 95% confidence intervals (95% CI)

Results



Substance Use Characteristics

- **14,514 participants (13.4%)** reported psychoactive substance use
- **7,349 (50.6%)** reported intranasal substance use
- **853 (0.8%)** reported non-medical injection drug use
- Among PWID, **303 (35.5%)** reported sharing injection equipment

Screening Outcomes

HIV-positive: 1,051 individuals (**1.0%**)

Reactive anti-HCV: 755 individuals (**0.7%**)

Table 1. Associations between selected substance use-related behaviors and HIV-positive and anti-HCV-reactive test results.

Exposure	Outcome	N	Positive among exposed n/N (%)	Positive among unexposed n/N (%)	OR (95% CI)	p-value
Non-medical injection drug use	HIV	107,981	25/853 (2.9%)	1,026/107,128 (1.0%)	3.12 (2.09–4.67)	<0.001
	HCV	107,981	52/853 (6.1%)	703/107,128 (0.7%)	9.83 (7.35–13.14)	<0.001
➢ *Sharing injection equipment*	HIV	842	12/303 (4.0%)	13/539 (2.4%)	1.67 (0.75–3.70)	0.204
	HCV	842	34/303 (11.2%)	18/539 (3.3%)	3.66 (2.03–6.60)	<0.001
➢ *Slamming*	HIV	837	16/324 (4.9%)	9/513 (1.8%)	2.91 (1.27–6.66)	0.008
	HCV	837	29/324 (9.0%)	23/513 (4.5%)	2.09 (1.19–3.69)	0.009
Psychoactive substance use	HIV	107,981	211/14,514 (1.5%)	840/93,467 (0.9%)	1.63 (1.40–1.89)	<0.001
	HCV	107,981	139/14,514 (1.0%)	616/93,467 (0.7%)	1.46 (1.21–1.75)	<0.001
Intranasal substance use	HIV	107,981	143/7,349 (2.0%)	908/100,632 (0.9%)	2.18 (1.82–2.60)	<0.001
	HCV	107,981	78/7,349 (1.1%)	677/100,632 (0.7%)	1.58 (1.25–2.00)	<0.001

Abbreviations: n - number of participants with a positive or reactive test result;
N -total number of participants inthe relevant group or analysis; OR - odds ratio; CI - confidence interval;
HIV - human immunodeficiency virus; HCV - hepatitis C virus.

Key Associations

Significant associations with HIV positivity and anti-HCV reactivity:

- Non-medical injection drug use
- Slamming
- Intranasal substance use
- Any psychoactive substance use

Needle sharing

- Associated with **anti-HCV reactivity only**
- No significant association with HIV positivity

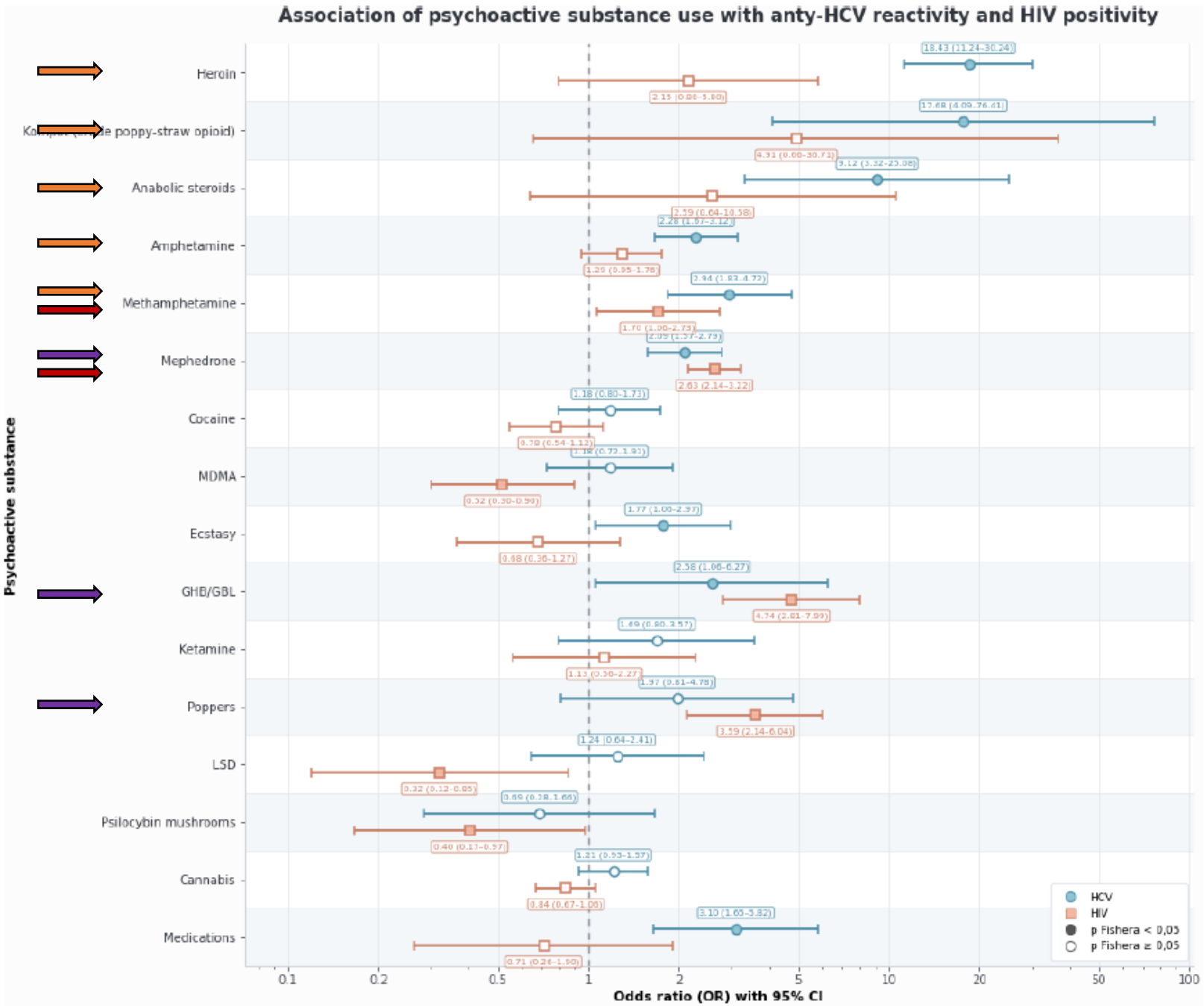


Figure 1. Association between the reported use of individual psychoactive substances and anty-HCV reactivity and HIV positivity.Unadjusted odds ratios (ORs) with 95% confidence intervals (CIs) are presented for HCV (circles) and HIV (squares). Filled markers indicate statistically significant associations according to Fisher's exact test ($p < 0.05$), whereas open markers indicate non-significant associations ($p \geq 0.05$).

Substance-Specific Findings

Anti-HCV reactivity was most strongly associated with:

- Heroin
- Kompot (crude poppy-straw opioid)
- Anabolic steroids
- Amphetamines
- Methamphetamine

HIV positivity was most strongly associated with chemsex-related substances:

- GHB / GBL
- Poppers
- Mephedrone

Methamphetamine and mephedrone showed independent associations with both HIV positivity and anti-HCV reactivity.

Conclusions

- **One in eight VCT clients** reported psychoactive substance use, highlighting the importance of substance use assessment within HIV and HCV prevention programs.
- High-risk behaviors, including non-medical **injection drug use** and **sharing injection equipment**, remain significant concerns among VCT attendees.
- Integrated testing and targeted harm-reduction strategies remain **key to reducing HIV and HCV transmission**.

Key Messages



- **Injection drug** use was the strongest predictor of both HIV positivity and anti-HCV reactivity.
- **Chemsex-related substances**, particularly GHB/GBL, poppers, and mephedrone, were strongly associated with HIV-positive test results.
- **Methamphetamine and mephedrone** were independently associated with both HIV positivity and anti-HCV reactivity.

Take-Home Message

Injection drug use and chemsex are key drivers of HIV and HCV risk among VCT clients. Integrated testing and harm-reduction programs are crucial for prevention and early diagnosis.