CONCLUSIONS
Aims: The objective of the study was to find out if there is a difference in the prevalence of HCV infection between opiate and methamphetamine users. Patients and methods: There were 222 patients in the study with the average age 23 years (SD ±3.4), males 75%, females 25%. Retrospective, comparative study was conducted among the patients who requested treatment due to drug dependence on opiates (85 patients) and methamphetamine (121 patients). Results: 65% of heroin users and 12% of methamphetamine users were infected with HCV, the prevalence among those who injected drugs was 69% and 28%, respectively. 59% of opiate users and 35% of methamphetamine users were injecting drug some time in their life. The risk of HCV infection was significantly higher among the opiate users (OR 1.37). Conclusions: The prevalence of injecting behavior and the risk of the HCV infection is lower among the methamphetamine in comparison with the opiate users. Still, this is much higher than in the general population. Because no substitution treatment is available for methamphetamine users, the detoxification followed by drug-free treatment is the important part of the risk reduction of the transmission of drug-related infectious diseases in general, and HCV in particular.

INTRODUCTION
Drug market as well as scene is dynamic. Decrease of availability and purity of heroin influenced also the European drug scene in the last fifteen years. Decrease of heroin use was replaced by higher consumption of anphetamine stimulants in several countries in the Central Europe (Racz et al. 2015). The trend of higher methamphetamine use has also been observed in other parts of the world. Research has shown that local markets influence drug-use practices (Cumuric, D. 2009; Rothhut et al. 2015). Research on the relationship between illicit drug use and infectious diseases has primarily focused on the major problem of heroin injection and HIV transmission. Over the past decade, however, the rates of HCV infection among injection drug users have surpassed those of HIV infection. Studies have shown that the type of drugs injected, and frequency of injection are associated with an increased risk of hepatitis C infection (HCV) (van der Rijg et al. 2007). Rodriguez (1998) found that the only risk factor associated with HCV positivity was drug injection (OR: 9.2). According to Xia (2008) IDUs were 9.24 times more likely to be infected with HCV than non-IDUs. Gonzales (2008) found that HCV infection was more associated with injection use, roughly 15% of total sample and 44% of the injectors were positive and also 12% of 121 methamphetamine users. The difference was statistically significant (Chi² = 66.6, p < 0.001).

OBJECTIVES OF THE STUDY
Different drug scenes have different health consequences, which requires different health interventions. This is also the case of the risk of HCV infection transmission. The objective of this study was to find out if and how much the risk of HCV transmission is different between heroin and methamphetamine users entering treatment for drug dependence. The aim was to explore differences in drug administration as possible factor associated with expected difference of HCV infection prevalence between opiate and methamphetamine users.

PATIENTS AND METHODS
There were 222 patients in the study with average age 23 years (SD ±3.4), 75% males, 25% females. Retrospective, comparative study was conducted among patients who requested treatment due to drug dependence on opiates (85 patients) and methamphetamine (121 patients). Modeling logistic regression analysis was performed. Analyzed variables: age, sex, diagnosis opioid/meth, injecting, lifetime injecting prevalence, last year injecting prevalence, last month injecting prevalence, injecting frequency, HCV status.

RESULTS
Among a sample of all 101 heroin users 65% were found to be anti HCV positive and also 12% of 121 methamphetamine users. The difference was statistically significant (Chi² = 66.6, p < 0.001). HCV prevalence among heroin IDUs was 69% and among methamphetamine IDUs 28% (Chi² = 10, p < 0.001) (Fig. 1). Sero reported frequency of drug injection was life-time: 93% of heroin users vs. 35% of methamphetamine users (Chi² = 8, p < 0.001). last month: 80% of heroin users vs. 28% of methamphetamine users (Chi² = 60, p < 0.001). daily heroin 68% vs. 9% of methamphetamine users (Chi² = 72, p < 0.001) (Fig. 2). Overall risk of contracting HCV was higher among heroin in comparison with methamphetamine users (OR 1.37, 95% CI: 0.38) (Fig. 3). Risk of HCV infection was higher among heroin IDUs vs. methamphetamine IDUs (OR 1.35, 95% CI: 0.37). Within the group of only primarily heroin users was risk of HCV higher among IDUs vs. non-IDUs (OR 3.0, p < 0.001) and in the group of methamphetamine users was risk of HCV also higher among IDUs vs. non-IDUs (OR 3.0, p < 0.001) (Fig. 4). The type of drug and injecting were associated with an increased risk of HCV infection (r² 0.46).

Our findings indicate that injecting drug use is associated with substantially higher prevalence of HCV. Prevalence was significantly higher among heroin users in our study. This could be due to different reasons. Except for lower injection rates of injectors among methamphetamine users, different type of drug and injecting were associated with an increased risk of HCV infection. According to Xi a (2008), IDUs were 9.24 times more likely to be infected with HCV than non-IDUs. Gonzales (2008) found that HCV infection was associated with injection use, roughly 15% of total sample and 44% of the injectors were positive and also 12% of 121 methamphetamine users. The difference was statistically significant (Chi² = 66.6, p < 0.001).

DISCUSSION
The findings indicated that risk behaviors and health outcomes are different between injecting drug users who primarily inject heroin vs. those who use methamphetamine.

REFERENCES