

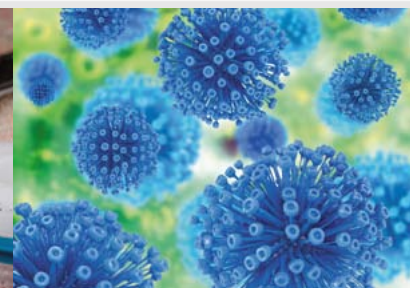


European Monitoring Centre
for Drugs and Drug Addiction

RAPID COMMUNICATION

Drug-related infectious diseases in Europe

Update from the EMCDDA expert network
September 2015



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Contents

- 4 | Introduction and objective of this report
- 5 | Overview of the current situation: prevalence and trends in injecting, HIV and hepatitis C virus infections
- 8 | Cathinone injecting leading to adverse health consequences and potential increased infection risk in Hungary, Ireland and Wales
- 10 | Wound botulism outbreaks and other bacterial infections
- 12 | Scaling up HCV treatment for people who inject drugs in Europe
- 13 | Drug-related infectious disease news and updates
- 13 | References
- 14 | Resources
- 14 | Acknowledgements
- 15 | Appendixes

Introduction and objective of this report

This report provides an update on infectious diseases related to drug use in Europe for the period up to June 2015. The report covers both the EMCDDA Drug-related infectious diseases indicator, which collects data on the situation, as well as data on the responses in the area. It includes highlights and new findings discussed during the indicator's annual expert meeting, held in Lisbon on 15–16 June 2015. This two-day event offered a platform for discussion among experts from the 28 EU Member States, Norway and Turkey. EU agency partners, international organisations and countries not affiliated to the EMCDDA were also represented ⁽¹⁾. Annual network meetings primarily aim to share and discuss the analysis of national and European data and new developments, and their

implications for actions and policy development. It should be noted that as the publication is, in part, based on the presentations to the meeting, some of the information presented here is necessarily preliminary.

This report also draws on analysis of the information provided to the EMCDDA by the national focal points and their experts in the 2014 annual reporting exercise. The multi-indicator data set used in the analysis covers and integrates aspects of the epidemiology (prevalence of injection, prevalence of infections among drug users, notifications of newly diagnosed infections, harm, morbidity, outbreaks) and responses (prevention, infection testing, drug and infection treatments, and harm reduction).

At a glance: a summary of key points

Drug injection. The estimated number of people who inject illicit drugs is likely to be declining in certain parts of Europe. Heroin remains the main drug injected in most countries but new patterns of injecting drug use are emerging. Harm reduction and prevention of transition to injection remains a priority in order to reduce the incidence of blood-borne infections — HIV and viral hepatitis in particular — and also to prevent other harms (notably overdoses).

Hepatitis C virus (HCV). People who inject drugs and those who have injected in the past are disproportionately affected. They probably constitute an important share of those now living with HCV in Europe. Among samples of people who inject drugs, HCV antibody prevalence is commonly in the range of 40 % to 80 %. Many of those who inject or have injected drugs are unaware of their HCV infection, which delays their chance to get counselling and treatment. Effective treatments are now available in Europe, but provision is low and slowly scaling-up. The main challenges are low levels of testing, high treatment costs and unclear referral and treatment pathways in many countries. Problems in many countries also remain related to insufficient staff training and poor service collaboration.

HIV. The increase in the number of new HIV diagnoses notified in Europe in 2011–2012, which resulted from

outbreaks in Greece and Romania, has halted and the total has dropped to pre-outbreak levels, with provisional figures for 2013 showing 1 458 newly reported cases attributed to injecting drug use. However, concerns still exist about the potential for new local outbreaks in some countries and among certain sub-populations. There is a need for continued vigilance. Evidence-based HIV prevention interventions, tailored to the local epidemiological context, and targeted at those most at risk, should be provided at sufficient levels in order to be effective.

Bacterial infections. The spread of bacterial infections related to drug injection, through poor hygiene or contaminated drugs, remains a problem, with outbreaks continuing to occur. Outbreaks of wound botulism have recently been identified in Scotland and Norway. Examples of awareness-raising and prevention resources produced by outbreak control teams were shared and discussed among experts on drug-related infectious diseases.

Injection of stimulants. The injection of cathinones and other new stimulant substances is often associated with a high frequency of injection (10 to 20 times per day). This increases the risk of transmission of HIV and hepatitis viruses if injection equipment is shared. The risk associated with injection of new psychoactive

⁽¹⁾ Information on the meeting including the agenda, presentations and supporting documents is available at the DRID meeting webpage.

substances is illustrated in Hungary by the increase in the HCV prevalence among samples of stimulant users, and concerns have also been raised in Wales and Scotland (United Kingdom) and in Ireland.

Drug users in prison. There are still major shortfalls with regard to meeting the needs of drug users in prison, particularly in the areas of prevention, testing and treatment of infectious diseases. The principle of equivalence of care between the prison and the

community has still not been achieved in most countries.

Reduced harm reduction funding. Whereas there is evidence of on-going HIV and HCV transmission in some countries, concerns have been raised about cuts to health-related resources, with reports of decrease in provision of harm reduction services. In particular, recent reports about the closure of two needle and syringe programmes in Hungary and about reductions in the provision of syringes in other countries are worrying.

Overview of the current situation: prevalence and trends in injecting, HIV and hepatitis C virus infections

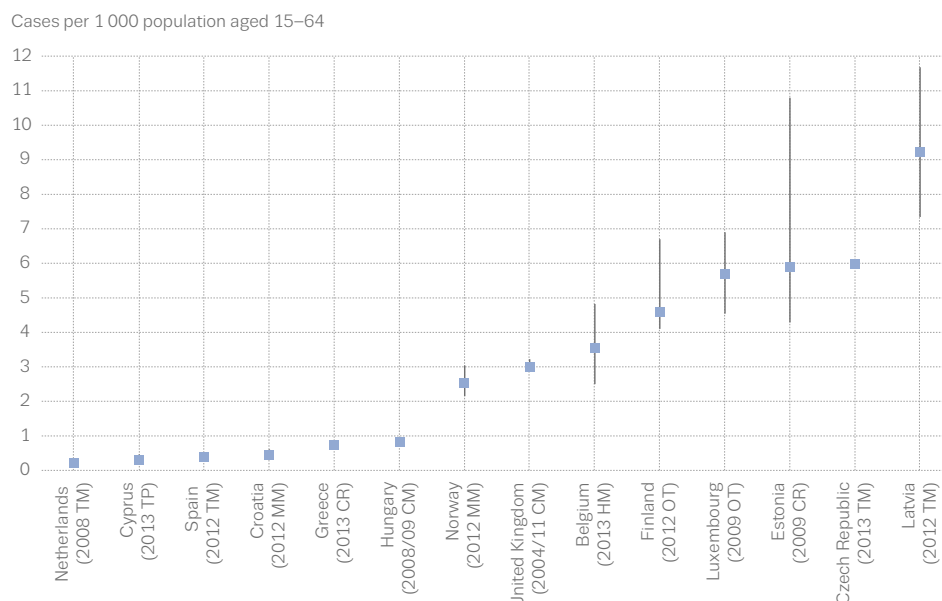
Signs of declining trends in injecting drug use

People who inject drugs are a key population affected by blood-borne viruses, in particular HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV), as these infections can

all be transmitted through the sharing of injection equipment and, to a lesser extent, through sexual contact.

The estimated prevalence of injecting drug use in the general population is generally low, varying between countries from less than one to more than nine cases per 1 000 population aged 15–64 (Figure 1). Almost half (14) of the 30 countries reporting to the EMCDDA do not have recent estimates available. This represents a significant information gap in terms of monitoring both the situation and the burden of disease related to drug use in Europe.

FIGURE 1
Prevalence estimates of injecting drug use (2008–2013 data)



Methods: CR, capture–recapture; CM, combined method; TM, treatment multiplier; TP, truncated Poisson; OT, other; HM, HIV multiplier; MM, mortality multiplier. See also Appendix 1.

Source: Table PDU-1-2 in the 2015 Statistical Bulletin.

However, available data from a recent analysis (EMCDDA, 2015a) on trends in drug injection among those admitted to drug treatment in Europe between 2000 and 2011 suggests that current drug injection, including its incidence, has declined in recent years in Europe. Some sub populations though (such as injectors of new psychoactive substances, image- and performance-enhancement drugs and stimulants) in some countries, may not have experienced this decline and injection may even have increased. While heroin remains overall the drug most frequently involved in drug injection, the share of other opioids or stimulants is increasing. Treatment demand data have limitations as they do not capture the most recent trends (e.g. new patterns of injecting drug use and new substances injected such as cathinones) and mostly cover problem opioid users. The data are also influenced by the long time lag typically reported by clients between their first use of the drug and their entry into treatment.

High levels of HCV infection among people who inject drugs

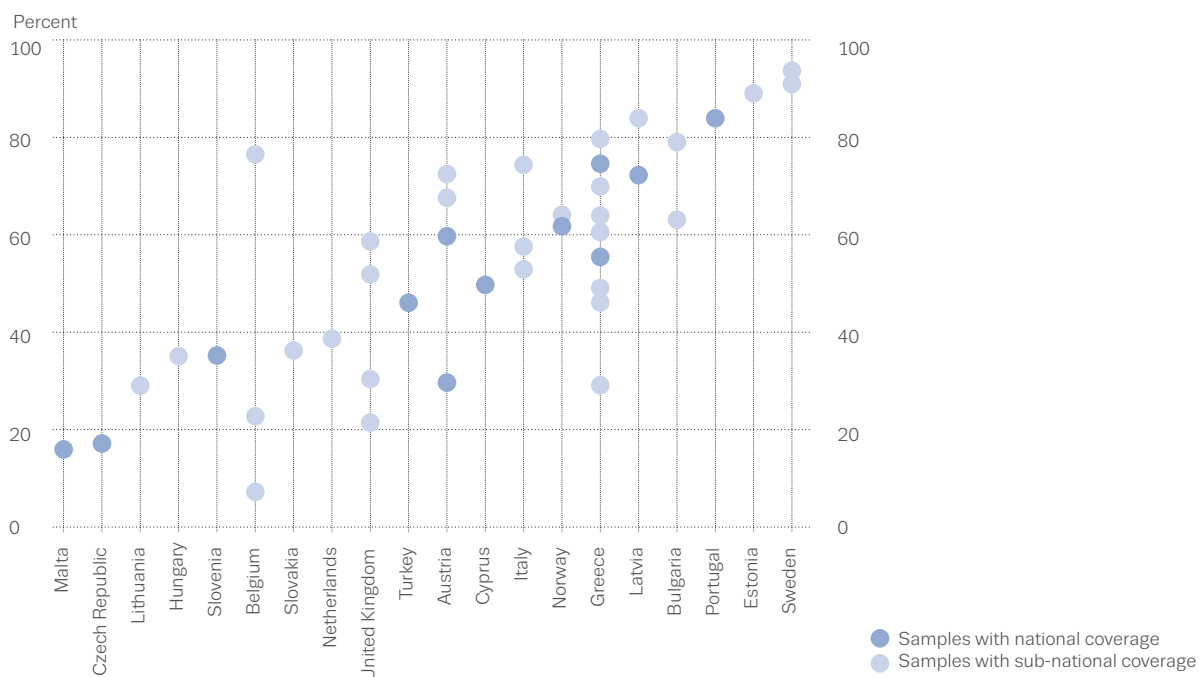
HCV infection is by far the most prevalent blood-borne virus infection among people who inject drugs. In Europe,

most estimates of HCV antibody prevalence among this group fall between 40 % and 80 %. In five of the 10 countries with national data, more than half of the injectors are infected (Figure 2).

HCV antibody levels among national or local samples of people who inject drugs are available from 20 of the 30 countries for 2012–13. There are further limitations in the available information, with some estimates covering only certain cities or regions within a country while others were carried out in specific settings

For example, in Sweden the studies reported are on drug injectors in local prisons. In broader terms in this country, HCV prevalence among people who inject drugs has been found to be high (between 60 % and 80 %) in various studies conducted during the last 15 years. HCV continues to be the infection that most commonly affects people who inject drugs in Sweden. Of the 2 066 new cases of HCV infection notified in 2013, over one-third (769) were attributed to injecting drug use. Among young injectors (age 20–24 years), 34 new cases were notified, indicating likely recent on-going transmission.

FIGURE 2
HCV antibody prevalence among people who inject drugs in the European Union, Norway and Turkey, from surveillance and local studies, 2012–13



Source: Table INF-111 in the Statistical Bulletin.

The meeting confirmed the high HCV prevalence levels among people who inject drugs, with new data (2014) from Lithuania (HCV antibody prevalence 77 %) and from Poland (HCV antibody prevalence 65 %) completing the current European picture. The most recent (2014) HCV prevalence estimates showed increases in Hungary (from 24 % to 49 %, see also Figure 4) and Slovakia (from 36 % to 41 %), compared with previous estimates available. In Cyprus, a decrease was noted, from 48 % in 2013 to 43 % in 2014, although sample sizes were small. A large nationally representative sero-prevalence study in Norway documents high but decreasing levels of HCV infection among people who inject drugs, from 73 % in 2009 to 63 % in 2013.

The on-going transmission of HCV among people who inject drugs in Europe has also been observed in data on infections among young and among recent users. In half of the countries with available data, a quarter or more of the new injectors tested (those who report starting injecting within the last two years) were found to be infected ⁽²⁾.

New HIV diagnoses fall, but rates remain high in some countries

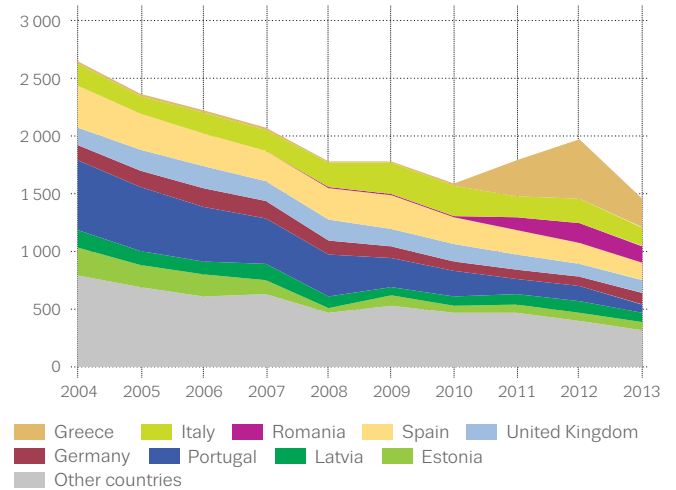
HIV is the other major viral infection disproportionately affecting people who inject drugs compared with the general population. Prevalence levels among people who inject drugs are overall much lower than those for HCV infection, typically below 5 %, but are much higher in countries with recent HIV outbreaks (Greece and Romania), in some Baltic and northern European countries (Estonia, Latvia and Poland) as well as in southwest Europe (Spain and Portugal), the latter being countries where HIV had entered injecting drug using populations very early, before prevention measures were put in place ⁽³⁾.

Provisional figures for 2013 show 1 458 newly reported cases attributed to injection drug use in the EU Member States, Norway and Turkey, compared with 1 974 in 2012. This reverses the upward trend seen since 2010. In 2013, the average rate of newly reported HIV diagnoses attributed to injecting drug use in these 30 countries was 2.5 per million population, but considerable differences between the countries exist, for example in Estonia, this rate is 22 times higher than the 30-country average.

Overall, the number of new HIV diagnoses attributed to injecting drug use in Europe has declined by more than a third over the past decade, (2004–2013) and transmission

FIGURE 3

Trends in number of newly diagnosed HIV cases in persons infected through injecting drug use in the 28 EU Member States, Norway and Turkey



Source: ECDC

due to injecting drug use accounted for 5 % of HIV diagnoses in 2013 (ECDC and WHO, 2014). Against a background of an overall improving situation, evidence of strong increases in new infections, due to recent localised outbreaks in Greece and Romania in 2011 and 2012, can be seen (Figure 3).

Recent measures of HIV and HCV prevalence and risk in Estonia, Lithuania and Romania

HIV, HCV and responses indicators still point to reasons for concern in several countries (see Appendix 2).

The situation in three countries (Estonia, Lithuania and Romania) received particular attention at the meeting. In Estonia, the risk factors include a high prevalence of injecting drug use and of HIV infection (explained partly by fentanyl injection). Romania, which has experienced a major recent HIV outbreak, and although now reporting reduced numbers of new HIV cases (provisional data), is still facing difficulties in providing effective prevention responses, such as needle and syringe programmes, opioid substitution treatment and drug treatment provision in general. In Lithuania, the results from a new multisite study among people who inject drugs show that a majority of them had never been in contact with drug treatment and only 7.5 % were currently receiving opioid substitution treatment.

⁽²⁾ See Table INF-113 in the 2015 Statistical Bulletin.

⁽³⁾ See Table INF-108 in the 2015 Statistical Bulletin.

In 2014, **Estonia** reported a sharp decline at national level in newly reported HIV infections overall and among people who inject drugs, but the number of new HCV infections increased. A bio-behavioural survey conducted in 2014 among 350 clients of needle and syringe programmes in the city of Narva, capturing a group of mainly male, Russian-speaking amphetamine (63 %) and fentanyl (27 %) current injectors, found that half were infected with HIV (prevalence of 48 %). Among the same sample, HCV prevalence was 61 %, which is however lower than the 94 % HCV prevalence found among people who inject drugs in a local survey in the capital region. Prevalence of the hepatitis B surface antigen (HBsAg; indicating that the person is infectious) in the Narva study was 22 % and only a third (33 %) had ever been in drug treatment. Syringe provision in Estonia was scaled up between 2003 and 2010 and has since remained on a high level: about 400 syringes are given out per estimated drug injector per year in the country. The number of visits to needle and syringe programmes peaked in 2007 at 200 000, but is now declining. The decreasing number of clients reported by needle and syringe programmes may indicate that the injecting epidemic in Estonia is receding. The most recent estimate of injecting drug use in Estonia is of 5 360 persons (5.9/1 000 adult population, range 4.3 to 10.8).

Romania reported a total of 165 new cases of HIV among people who inject drugs for 2014, an improvement since the peak of the outbreak in 2012, when 252 cases were reported. Nonetheless, among the cases reported in 2014, almost half (82) had an AIDS diagnosis. The high proportion of AIDS diagnoses among newly reported HIV cases can suggest both late diagnosis and inadequate treatment. Co-infection was frequent among the newly reported HIV/AIDS cases (82 % with HCV, 22 % with tuberculosis, and 24 % with sexually transmitted diseases). Overall, heroin is still the primary drug injected, but intensive injecting patterns involving polydrug use of heroin and stimulants or new psychoactive substances are reported. High levels of syringe sharing (27 %) are also mentioned. Needle and syringe programmes tested 671 clients for HIV and HCV — three times more than in 2012 — of whom, 17 % tested positive for HIV and 43 % for HCV. However, HIV prevalence among those reached at drug treatment centres and those attending needle and syringe programmes in 2014 was lower than in the previous year. Due to a lack of funds, the overall response to the 2011 HIV outbreak among the estimated 6 000 people actively injecting drugs in Bucharest remains limited. Only 1 000 drug users are estimated to receive drug treatment, and the number of clients visiting the three needle and syringe programmes (two fixed, one outreach) operating in the city fell from more than 5 100 to fewer than 2 700 in 2014,

which was explained as possibly being related to increased police activities and incarcerations.

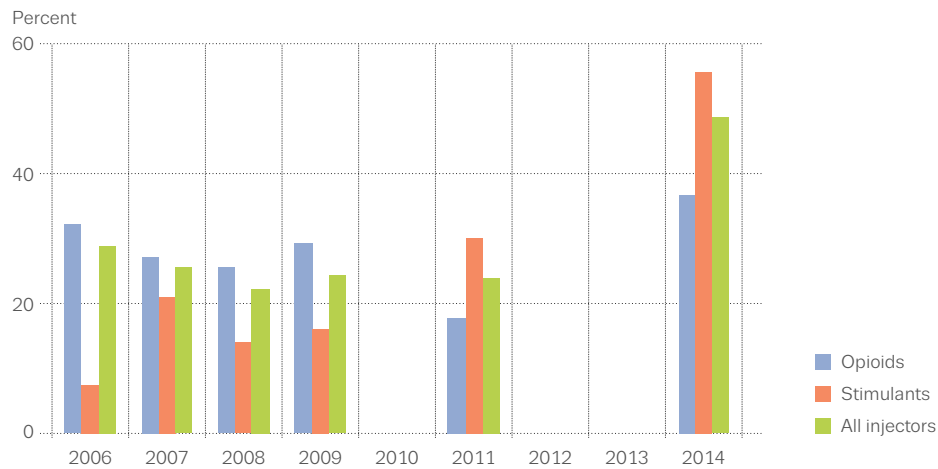
In **Lithuania**, there were 38 newly reported HIV infections in persons infected through injecting drug use in 2014, continuing the decrease observed since the peak in 2009 (118 cases reported). A new bio-behavioural survey conducted at low-threshold agencies in three cities among a predominantly heroin-using group (200 respondents) found high prevalence levels of antibodies to HIV (12.5 %) and HCV (77 %) and HBsAg (10.5 %). More than three-quarters of the sample had never been vaccinated against HBV. Lack of access to drug treatment (63 % had never been in treatment) and high levels of syringe-sharing behaviour indicate ongoing risk.

Cathinone injecting leading to adverse health consequences and potential increased infection risk in Hungary, Ireland and Wales

The injection of stimulants, including new psychoactive substances such as cathinones, is often associated with a high frequency of injection (10 to 20 times per day). This increases the risk of viral and bacterial infections and of injecting-related injuries if injection equipment is shared or reused. Stimulants have also been linked with reduced sexual inhibition, and also associated with more risky drug-use and sexual behaviours. Increases in the numbers injecting cathinones have been reported in Hungary and been linked to increases in the HCV prevalence among samples of stimulant users. Concerns have also been raised about the injection of new psychoactive substances in Ireland and parts of the United Kingdom (Wales and Scotland).

In **Hungary**, over the last few years, there are concerns around changes in injecting drug use patterns. According to the 2014 national sero-prevalence study at drug treatment centres and needle and syringe programmes, half of the people currently injecting drugs now inject new psychoactive substances, and the prevalence of HCV among this group of injectors is 74 %. The overall prevalence of HCV among injecting drug users has increased since the previous survey in 2011, particularly among those injecting stimulants (Figure 4). Behavioural data from the same study show that half (48 %) of those currently injecting new psychoactive drugs reported sharing syringes, and 71 % reported sharing other equipment. Cathinones mentioned as being injected were mephedrone, pentedrone, MDPV and alpha-PVP ('music',

FIGURE 4

HCV prevalence among people who have ever injected drugs, in total and by drug of choice, 2006–14, Hungary

NB: No data are available for the years 2010, 2012 and 2013.

Source: Anna Tarjan. Presentation at the DRID 2015 annual expert meeting — available from the DRID meeting webpage.

'penta crystal'). The availability of harm reduction measures has decreased and is expected to decrease further in 2015 due to the closure of two needle and syringe programme sites in 2014.

In **Ireland**, an increase in recently acquired HIV among people who inject drugs has been observed in Dublin since early 2015. The increase might be linked to injection of the synthetic cathinone alpha-PVP, street name Snow Blow, with the attendant consequences of more frequent injecting, and unsafe sexual and needle-sharing practices. This has mainly been seen in drug users who report polydrug use, and are often homeless. Fifteen confirmed cases of recently acquired HIV infection have been diagnosed in people who inject drugs in Dublin between June 2014 and June 2015. In 2013, the total number of newly reported infections related to drug injecting in Ireland was 18.

In **Wales** (United Kingdom), an increase was reported in the numbers of individuals accessing needle and syringe programmes with primary new psychoactive substance use. Injection of cathinones, particularly in the groin area has led to an increase in physical impacts: granular/gritty lumps under the skin, profound bruising, abscesses, deep vein thrombosis, long-term stays in intensive care units of up to 3 months, amputations, severe weight loss and requirement for major reconstructive surgery to femoral veins. Increased injection rates were also noted, going from approximately 3 up to 15–20 times per day. There are concerns also around the sharing of needles and unsafe sexual practices, and an increase in sexually transmitted infections among people who injected new psychoactive

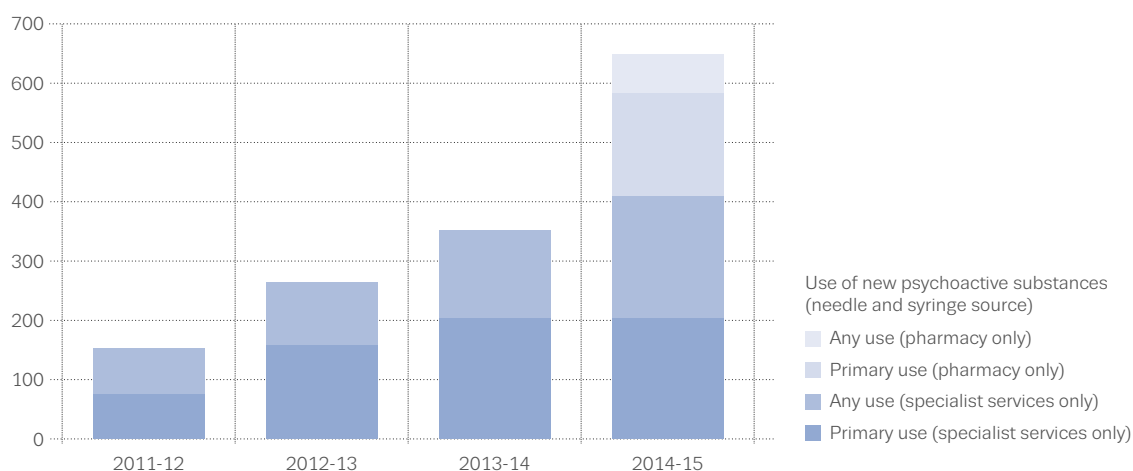
substances. Users reported that they chose injection because of the problems associated with other forms of administration: nose bleeds and intense pain from snorting, vomiting from oral ingestion. Those who injected in the groin area did so because it could be hidden, particularly because of the frequency of injection. Also noted among those moving to cathinone injection was a large increase in contact with criminal justice (i.e. related to mephedrone, including where individuals had no previous contact with criminal justice) and an increase in reported memory loss and incidents of violence and aggression.

Swansea, the second largest city in Wales and an area with a large opioid-injecting population, reported an increase in the prevalence of HCV among injecting drug users, from 42 % in 2006 to 72 % in 2014. Unconfirmed HIV data highlighted new cases in people who inject drugs, and a particular risk was reported to be injection of mephedrone. Sexual health clinics, for instance, reported the first cluster of cases among people who inject drugs in 14 years. The responses in dealing with this trend of new psychoactive substance injection have included: information and awareness-raising campaigns; training, both e-learning and face to face for all staff; increased detection through proactive dried blood spot testing for blood-borne viruses in a range of settings including homeless centres and low threshold drug services; enhanced surveillance service; scaling up of injecting equipment provision (Figure 5); and research studies on the prevalence estimate of problematic and injecting drug use.

In Scotland, there have been recent concerns about the emergence of the injection of ethylphenidate.

FIGURE 5

Number of unique individuals accessing specialist and community pharmacy needle and syringe programmes reporting primary and any injecting use of new psychoactive substances in Wales, 2011–12 to 2014–15



NB: The term specialist needle and syringe programme refers to syringes and harm reduction advice provided by statutory (NHS) and voluntary drugs agencies. The Harm Reduction Database Wales covers client data collected at community pharmacy needle and syringe programmes since April 2014. As such, data on unique individuals accessing pharmacy needle and syringe programmes are only available for the period 2014–15.

Source: Josie Smith. Presentation at the DRID 2015 annual expert meeting — available from the DRID meeting webpage.

Wound botulism outbreaks and other bacterial infections

Bacterial infections among people who inject drugs, as result of either poor hygiene or the contaminated drugs continue to cause substantial harm. There has been a marked increase in the number of wound botulism cases among people who inject drugs, with a cluster in Scotland (United Kingdom) and another in Norway. In addition, reports from the United Kingdom and from Belgium highlight ongoing injection-related skin and soft-tissue infections among people who inject drugs, with these linked to 'missed-hits' and use of certain injection sites, such as the neck and groin, that are associated with increased risk of complication.

In **Scotland**, the outbreak of wound botulism among people who inject drugs (December 2014 to June 2015) was the largest reported to date (47 cases, of which 17 confirmed) (Figure 6). All cases presented with typical symptoms, but were not always recognised and diagnosed immediately. All received antitoxin and antibiotics. Just over half were ventilated and half had surgical debridement. The median age of the patients was 42 years (range 24–56) and 67 % were males. The source of infection remains unconfirmed, though it is likely to be associated with contaminated heroin or cutting agent. All cases reported involved heroin obtained either in, or sourced via, Glasgow. Risk communication was promptly

initiated. It was aimed both at people who inject drugs and those working with them, and focused on recognising the symptoms of botulism and prompt healthcare seeking, leading to early diagnosis (⁴).

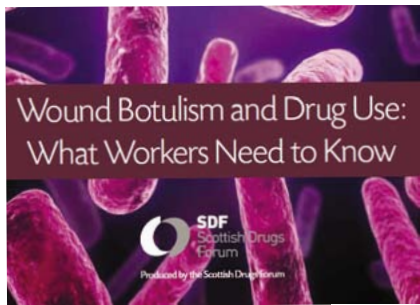
Another outbreak was reported in Norway between November 2014 and early 2015. This was the subject of a joint EMCDDA–ECDC risk assessment released in February 2015 (EMCDDA and ECDC, 2015). At the time of the meeting, botulism testing on samples from people who inject drugs in Norway is done at the Statens Serum Institute in Copenhagen using the mice assay. The reason for this is reluctance by the Norwegian reference laboratory to inject mice with serum from drug users in case of needle stick injuries. The Norwegian Institute of Public Health are in the process of establishing alternative methods for diagnosis of botulism among this group of drug users.

On 12 March 2015, in Germany, the Robert Koch Institute was notified of a case of wound botulism in a 34-year-old male who had injected heroin. He was hospitalised with a necrotic wound at the thigh and typical clinical symptoms of botulism (paralysis, ptosis, diplopia). Molecular testing confirmed the presence of botulinum neurotoxin B in the wound material.

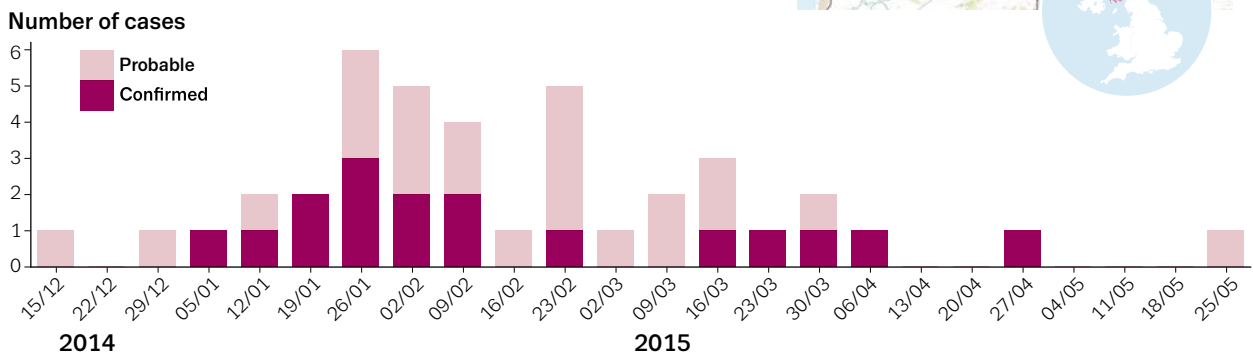
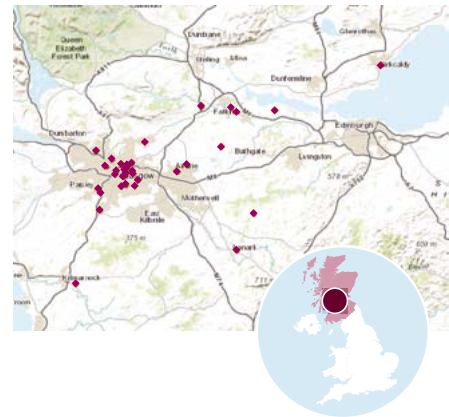
(⁴) Information posters and leaflets are available at the DRID meeting webpage.

FIGURE 6

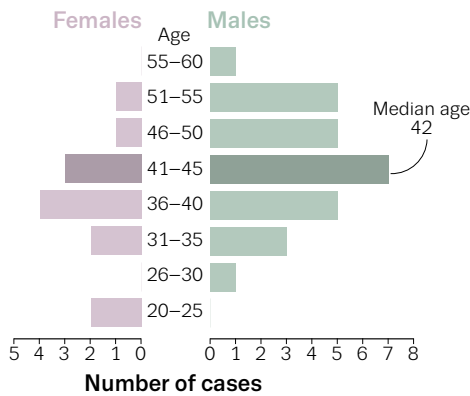
Cases of probable and confirmed wound botulism among heroin users in Scotland (United Kingdom), December 2014 to June 2015. Age, gender, geographical distribution and information leaflets



Between December 2014 and June 2015 there were 47 cases (17 confirmed) of wound botulism in Scotland



The median age of the patients was 42 years and 67 % were males



Initial symptoms

- Double vision
- Blurred vision
- Difficulty breathing
- Difficulty swallowing
- Slurred speech

Followed by

- Descending paralysis in:
 - Arms
 - Legs
 - Trunk
- Respiratory muscles



Source: Gillian Penrice for the Outbreak Control Team. Presentation at the DRID 2015 annual expert meeting — available from the DRID meeting webpage.

Two sporadic cases of wound botulism have also been reported recently in England (United Kingdom); one in 2014 and one in 2015.

A recent study on injection practice among people who inject drugs in the United Kingdom found that although 99 % reported that they aimed to inject intravenously, the majority (56 %) reported having 'missed a hit' — i.e. accidentally injected subcutaneously or intramuscularly. For a quarter (27 %), missed hits happened at least monthly. Missed hits were significantly associated with higher risks of abscesses (odds ratio 2.01), sore or open

wounds (odds ratio 2.15) and appeared to be associated with poor injection practice. Interventions to improve injecting technique and hygiene and to help sustain access to the peripheral veins are needed.

In Belgium, annual surveys conducted in needle and syringe programmes in the Flemish Community showed high frequency of injection in high-risk anatomical sites. In 2014, 33 % of the 256 participants in the survey reported having ever injected in their neck and 25 % in their groin. History of injection abscesses was reported by almost 40 % of those interviewed. In addition, a large minority

(40 %) reported having injected while in a public place, which carries a higher risk of infection, due to hurriedness and lack of hygiene.

Scaling up HCV treatment for people who inject drugs in Europe

The drug-related infectious diseases network as a platform for sharing best practice

The combination of harm reduction measures such as opioid substitution treatment and needle and syringe programmes contribute to reducing the number of new infections, but it is unclear whether these measures would be sufficient on their own to lead to substantial reductions in HCV prevalence in all settings in Europe. The situation varies across Europe, due to the many factors that affect the spread of HCV among people who inject drugs. These include the size of the population at risk (Figure 1 and Appendix 1), the current prevalence of HCV infection (Figure 2) and the coverage of harm reduction measures (EMCDDA, 2015b, Chapter 3).

In synergy with other interventions, the scaling-up of HCV treatment is likely to have a substantive impact through reducing the number of people with infection. There are advances in treatment options, including a new generation of medicines (EMCDDA, 2015c). This represents major opportunities and, at the same time, challenges to health systems, due to the very high prices of these medicines. For example, one course of treatment with Sofosbuvir costs between EUR 36 000 and EUR 48 000 in the eight countries that responded to an EMCDDA survey. Access to the treatment may be conditional in many countries, especially in those countries where the public spending on health has either decelerated or fallen recently, such as Greece, Latvia, Portugal and Ireland. In July 2014, a joint procurement agreement entered into force at EU level, which allows Member States to coordinate the purchase of medical countermeasures⁽⁵⁾. Currently, joint procurements are being prepared for pandemic vaccines and personal protective equipment (relevant for highly infectious diseases like Ebola). Interest has been expressed by stakeholders in exploring the use of this mechanism for the purchase of HCV medications, but no concrete steps have yet been taken.

There are good examples of integrated and multi-disciplinary HCV treatment policies. In the Netherlands, for example, while a medical specialist is responsible for the treatment, the support from addiction care has been found indispensable throughout the care pathway, from case finding, preparation for HCV treatment, guidance and support during the medical treatment itself and during aftercare. Indeed, a main role of the addiction specialist has been to 'clear' the care pathway and successfully direct those in need of HCV treatment to the relevant providers (Care pathway: *who* is *when* responsible for *what*)⁽⁶⁾.

HCV treatment strategies and action plans that specifically address people who inject drugs exist in Austria, Denmark, France, Greece, Ireland, Lithuania, Norway, Slovenia and the United Kingdom (Maticic, 2014) and new initiatives were reported from Luxembourg and Portugal. The drug-related infectious disease network represents an important platform for sharing all these national developments.

Prison and responses to drug injection: still a long way to equivalence of care

A history of drug use is common among European prisoners, with levels disproportionately high compared with the general population. Health problems, especially blood-borne and other communicable diseases and psychiatric co-morbidity, are highly prevalent among prisoners with recent drug use or those who used drugs in the past. However, where studies have been conducted, major differences have been found between European countries in the prevalence of drug use and drug-related problems among prisoners. There are still major shortfalls with regard to meeting the health-related needs of drug users in prison, including the prevention, testing and treatment of infectious diseases. This was illustrated during the meeting by expert reports from Spain, Ireland, Latvia, the United Kingdom and other countries. Promising initiatives and changes such as the 'opt-out' rule for HCV testing of prisoners are put in place, like in the United Kingdom, where full implementation of this measure is expected to be reached at the end of 2016. Within this framework, data from repeat testing of inmates will help gather information on and better respond to infection transmission in prison.

The quick turnover of prisoners was pointed out by the experts as a challenge to the aim of offering systematic testing and follow-up planning. A large part of the prison population changes or leaves prison after a short period, which is often insufficient to plan interventions. Prison

⁽⁵⁾ More information about the joint procurement is available on the DRID meeting webpage.

⁽⁶⁾ See the video in Dutch available on Youtube.

over-crowding and lack of continuity of care were identified as obstacles to good prison health in many countries. In European countries, valid and comparable data on drug use and related consequences among prisoners are still scarce and harmonisation work is needed. The principle of equivalence of care between the prison and the community has still not been achieved in most countries.

Drug-related infectious disease news and updates

US HIV outbreak. The US Centers for Disease Control and Prevention has issued a national health advisory in light of its investigation with the Indiana State Department of Health of a large outbreak of recent HIV infections among persons in Indiana who inject drugs. Many of the HIV-infected individuals in this outbreak are co-infected with hepatitis C virus (link).

New drug consumption room in France. In April 2015, a six-year trial of drug consumption rooms was approved in France and final discussion will take place in September at the Senate. It is expected that facilities will be opened in the coming months in Paris, Bordeaux and Strasbourg. Drug consumption facilities provide users with clean injecting equipment, supervision of drug use and emergency care in the case of overdose. They are health facilities, staffed with counsellors and healthcare workers, whose tasks include ensuring improved access of clients to further care and treatment. Around 80 facilities are currently operating in seven European countries. See the EMCDDA website for more information on consumption rooms (link).

EU Joint Action on HIV and harm reduction starts. A new Joint Action on HIV and co-infection prevention and harm reduction, with the active participation of partners from 19 EU countries and co-funded under the EU health programme 2014–2020 with EUR 3 million will start in autumn 2015. The 3-year project brings together 26 associated and affiliated partner organisations in actions to further limit the spread of infectious diseases among people who inject drugs in Europe and will have a special focus on Latvia, Lithuania and Hungary as countries showing specific risk contexts and deficiencies in the response (link).

WHO European consultation takes place. A regional consultation on the WHO Global Health Sector strategies 2016–2021 on sexually transmitted infections, HIV and viral hepatitis was held at the Regional Office in

Copenhagen (23–26 June 2015) with participation of national focal points from Europe and central Asia, partner organisations and civil society. Giving renewed attention to health problems that still play an important role for people who inject drugs in the European region, the three strategies are being prepared for adoption by the 69th World Health Assembly in May 2016 (link).

EC call for applications launched. Under the third programme of the Union's action in the field of health (2014–2020), a call for applications for projects on 'early diagnosis and treatment of viral hepatitis' was published by the European Commission on 5 June 2015. All relevant information on the call, the selection, award and other criteria for financial contributions are available on the website of the Consumers, Health, Agriculture and Food Executive Agency (Chafea) at ec.europa.eu/chafea/. The submission deadline was 15 September 2015 (link).

New report launched on injecting drug use trends. A new EMCDDA report, *Estimating trends in injecting drug use in Europe using national data on drug treatment admissions*, was launched in June. The report found that the incidence and prevalence of current drug injection has declined in recent years in Europe. While heroin remains the drug most frequently involved in drug injection, drug injectors are now more likely to be using stimulants than in the past. The report is available online (link).

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Resources

- Learn about the Drug-related infectious diseases key indicator (www.emcdda.europa.eu/activities/drid)
- Data on epidemiology and responses are available from the 2015 Statistical bulletin (<http://www.emcdda.europa.eu/data/stats2015>)
- All data and information from the 2015 drug-related infectious diseases meeting are available online (www.emcdda.europa.eu/expert-meetings/2015/drd-drid)

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Appendixes

Appendix 1

Estimates of the prevalence of injecting drug use (rate per 1 000 population aged 15–64), last study available

| Country | Year | Rate (per 1 000 population aged 15–64) | | | Estimated number of users | | |
|----------------|---------|--|-------|-------|---------------------------|-------------|-------------|
| | | Central | Lower | Upper | Central estimate | Lower bound | Upper bound |
| Belgium | 2013 | 3.54 | 2.5 | 4.82 | 25 673 | 18 135 | 34 987 |
| Croatia | 2012 | 0.44 | 0.35 | 0.61 | 1274 | 998 | 1 746 |
| Cyprus | 2013 | 0.29 | 0.2 | 0.46 | 177 | 128 | 282 |
| Czech Republic | 2013 | 5.98 | 5.94 | 6 | 42 700 | 42 450 | 42 900 |
| Estonia | 2009 | 5.89 | 4.29 | 10.8 | 5 362 | 3 906 | 9 837 |
| Finland | 2012 | 4.6 | 4.1 | 6.7 | 15 611 | 13 770 | 22 665 |
| Greece | 2013 | 0.73 | 0.62 | 0.88 | 5 284 | 4 451 | 6 338 |
| Hungary | 2008–09 | 0.82 | | | 56 99 | | |
| Latvia | 2012 | 9.22 | 7.34 | 11.68 | 12 573 | 10 003 | 15 914 |
| Luxembourg | 2009 | 5.68 | 4.5 | 6.85 | 1 907 | 1 524 | 2 301 |
| Netherlands | 2008 | 0.22 | 0.21 | 0.22 | 2 390 | 2 336 | 2 444 |
| Norway | 2012 | 2.52 | 2.15 | 3.04 | 8 393 | 7 159 | 10 141 |
| Spain | 2012 | 0.38 | 0.3 | 0.44 | 11 865 | 9 669 | 14 061 |
| United Kingdom | 2004–11 | 3 | 2.87 | 3.22 | 122 894 | 117 370 | 131 869 |

NB: The estimates are based on several sources and statistical methods (e.g. capture–recapture, mortality multiplier) and not only on treatment data. They may underestimate the prevalence of injection, as some substances may not appear in the sources used (e.g. these estimates will not include image and performance enhancing drugs). Caution is required when comparing countries. More information is available from <http://www.emcdda.europa.eu/activities/hrdu>
Source: Statistical Bulletin 2015 <http://www.emcdda.europa.eu/data/stats2015#displayTable:PDU-1-2>

Appendix 2

Risk assessment — supplementary table. Indicators of HIV notification trend, HIV and HCV prevalence estimates, transmission risk and prevention coverage in 30 European countries

| Country | HIV-related indicators | | Indicators of transmission risk | | Intervention coverage indicators | |
|----------------|------------------------|----------------------|--|--|--|--|
| | HIV case trend (°) | HIV prevalence trend | HCV prevalence increasing or high HCV prevalence | Injecting drug use prevalence increasing or high | Problem opioid users in substitution treatment (%) (¶) | Syringes distributed by specialised programmes (per injecting drug user per year) (¶¶) |
| Austria | | | | | 60 | |
| Belgium | | | | | | 23 |
| Bulgaria | | | | | | |
| Croatia | | | | | 41 | 215 |
| Cyprus | | | | | 19 | 0 |
| Czech Republic | | | | | 34 | 145 |
| Denmark | | | | | | |
| Estonia | | | | | | 407 |
| Finland | | | | | | 226 |
| France | | | | | 80 | |
| Germany | | | | | 46 | |
| Greece | | | | | 62 | 81 |
| Hungary | | | | | 24 | 76 |
| Ireland | | | | | 41 | |
| Italy | | | | | 56 | |
| Latvia | | | | | 4 | 27 |
| Lithuania | | | | | 11 | |
| Luxembourg | | | | | 65 | 101 |
| Malta | | | | | 54 | |
| Netherlands | | | | | 58 | |
| Norway | | | | | >50 | 359 |
| Poland | | | | | 11 | |
| Portugal | | | | | | |
| Romania | | | | | | |
| Slovakia | | | | | 8 | |
| Slovenia | | | | | 47 | |
| Spain | | | | | >50 | 226 |
| Sweden | | | | | | |
| Turkey | | | | | | |
| United Kingdom | | | | | 45 | |

None of the following risk factors identified: increase in HIV case reports or prevalence of HIV or HCV; increase in transmission risk; low intervention coverage.

Risk factors possibly present: HIV or HCV prevalence or transmission risk showing increase at subnational level or consistent but non-significant increase at national level.

Risk factor present: significant increase in HIV case reports or HIV or HCV prevalence; increase in transmission risk; low intervention coverage.

Information not available to ECDC or the EMCDDA.

(°) Based on rates of newly diagnosed HIV infections with injecting drug use as mode of transmission per 100 000 general population. Source: ECDC, The European Surveillance System. 2013 HIV surveillance data are still preliminary and reporting delays are likely.

(¶) A cut-off of 30 % opioid substitution treatment coverage was used in order to limit the alert to the lowest range and likely highest HIV risk. Coverage levels below 50 % of the target population are considered sub-optimal.

(¶¶) Syringes given out by specialised needle and syringe programmes, not including pharmacy sales. Distribution of less than 100 syringes per injecting drug user represents low coverage (UNAIDS 2012, Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, 2012 revision. http://www.who.int/hiv/pub/idu/targets_universal_access/en/index.html).

NB: HIV prevalence data for 2013, except for France (2012). HCV data for 2013, except for Austria (2008–13).

More information is available from www.emcdda.europa.eu/publications/edr/trends-developments/2015/hiv-supplementary-table

Source: For estimates of HIV and HCV prevalence, number of opioid substitution treatment clients, number of syringes provided, and estimated size of injecting drug user and problem opioid user populations, EMCDDA Statistical Bulletin 2015.

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