



European Monitoring Centre  
for Drugs and Drug Addiction

## DRID 2017 Introduction

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EMCDDA

Lisbon, 12-16 June 2017 'Hepatitis Week'  
15 June 2017



### Components of the indicator

- BBV prevalence estimates among PWID
- Surveillance data for HBV HCV and HIV
- Behavioural / Risk data
  
- +/- DRID Harm reduction
- +/- TDI data on testing





## Country drug report

### Drug harms

#### Drug-related infectious diseases

In Portugal, global estimates of the prevalence of infectious diseases among drug users are not available. However, data based on clients of some treatment facilities are available, and these can provide information on rates among some sub-groups of drug users: (i) those demanding treatment for the first time at the public network of outpatient treatment facilities; (ii) those admitted to public detoxification treatment units or certified private detoxification units; or (iii) those in treatment in public or certified private therapeutic communities.

In general, a decreasing trend in the total number of notifications of human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) cases has continued to be registered since the early 2000s in Portugal. In 2015, a total of 990 new HIV-positive and 238 new AIDS-infected individuals were reported for all risk groups together. Approximately 5 % (44 cases) of HIV and 14 % (33 cases) of AIDS were associated with injecting drug use. Similarly, there has been a large decline in the incidence of HIV and AIDS associated with injecting drugs in this risk group since 1999-2000 (Figure 9).

FIGURE 9

Newly diagnosed HIV cases attributed to injecting drug use

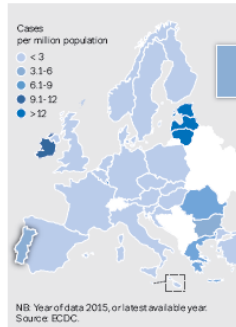
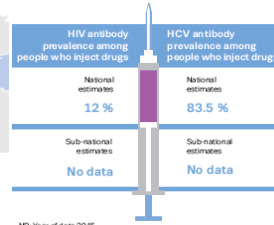


FIGURE 10

Prevalence of HIV and HCV antibodies among people who inject drugs in Portugal



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## Outputs expected

- 'DRID Rapid Communication' 2017 – in preparation
- 2017 DRID meeting web pages
- 2018 Assessment of the implementation of the DRID (and 4 other ) key epidemiological indicator



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## This meeting

Input received

- Update on policy profile n~13
- National update n=23
- Suggestion for presentation n~15
  
- Countries presenting n=12 (2 UK and 3 FR)
- EMCDDA presentations 3
- Correlation network n=1
- EMCDDA consultant n=1



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## 2017 meeting: Methods and analysis

- Development of the DRID indicator
- Incidence
  
- Multi-indicator analysis
  - » PWID estimates using DRID
  - » Bio-behavioural surveillance
  
- Outbreaks threat assessment, clusters
  - » MSM and chemsex
  - » Hepatitis A outbreak



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## Thematic sessions

- Policies addressing access of PWID to HCV care
- Harm reduction: Drug consumption room



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## European collaborations

- European Commission
  - Joint Actions
- ECDC
  - Prison guidances/meeting 21-22 June 2017



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## Questions

- Do you contribute to the workbook? Are you happy with this? Any suggestion?
- Any immediate feed-back from the 1<sup>st</sup> day (joint meeting on hepatitis among PWID)
- Any question? Other suggestion?



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## Acknowledgements


RTX Focal Points, all the DRID expert network


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[emcdda.europa.eu](http://emcdda.europa.eu)

 [twitter.com/emcdda](https://twitter.com/emcdda)

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 [youtube.com/emcddatube](https://youtube.com/emcddatube)

 [flickr.com/photos/emcdda](https://flickr.com/photos/emcdda)





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## Additional slides for possible reference

[|emcdda.europa.eu](http://emcdda.europa.eu)

 [twitter.com/emcdda](https://twitter.com/emcdda)

 [facebook.com/emcdda](https://facebook.com/emcdda)

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## The role of the EMCDDA

### Our objective

To contribute to a more secure and a healthier Europe

### How?

By providing useful data and better evidence for decision making and action on drugs

### For who?

EU Institutions and national decision makers  
Professionals and citizens



## Global figures – importance of the problem

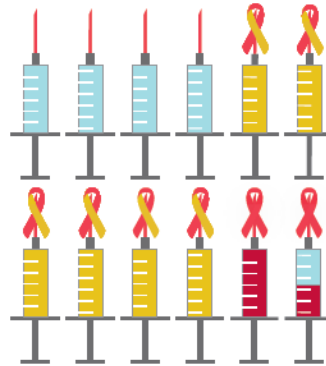
- Estimated 12 million PWID worldwide
- 1/2 PWID has HCV-antibodies (6 million)

*UN World Drug Report 2016*

- Injection drug use accounts for 23% of new HCV infections

*WHO Global Hepatitis Report 2017*

**12 million people inject drugs**



**1.6 million people who inject drugs are living with HIV**

**6 million are living with hepatitis C**



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## Europe



**Hepatitis C among drug users in Europe: epidemiology, treatment and prevention.** Hickman & Martin (Eds.) EMCDDA, Lisbon, 2016

CHAPTER 1  
**Hepatitis C virus infection among people who inject drugs: epidemiology and coverage of prevention measures in Europe**  
 Isabelle Giraudon, Dagmar Hedrich, Erika Duffell, Eleni Kalamara and Lucas Wessing



Persons living with HCV (HCV RNA +)

14 millions in Europe

Prevalence of chronic infection 1.5%

Source:  
*WHO Global Hepatitis Report, 2017 (work conducted by the Centre for Disease Analysis)*

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# Prevalence among PWID in Europe

Typically: 40-80% HCV+

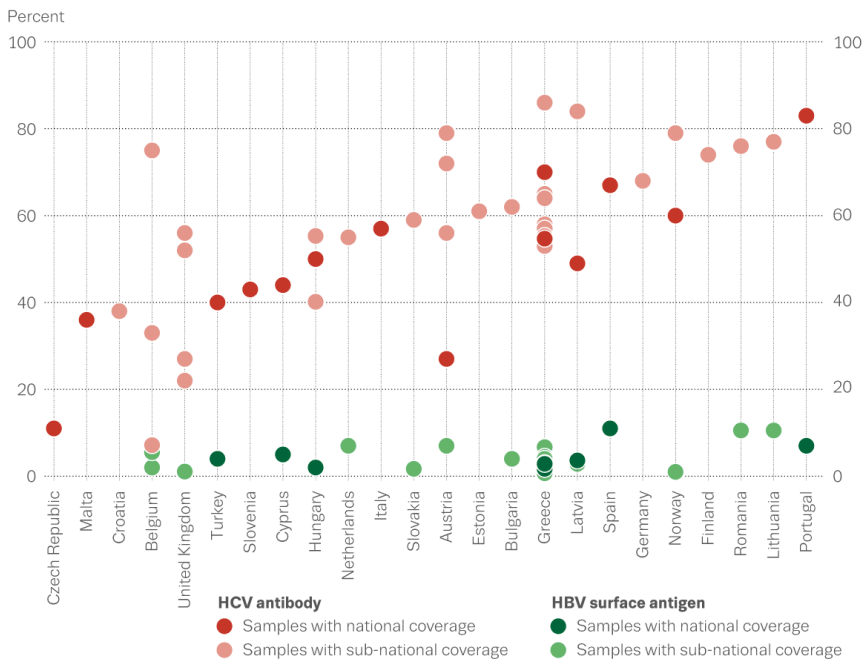
5-15% with current HBV infection (HBsAg+)

PWID disproportionately affected ++ compared to the general population



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Prevalence of HCV antibody and HBV surface antigen among injecting drug users, 2014/15



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## Prevalence of injecting drug use

- Exposed or at risk population
- Target for intervention
- Needs to be quantified and characterised
- Where?
- What are the trends?
- What age band?
- What drug?
- What injection pattern and risk (sharing..)?
  
- Need to monitor the rate, numbers, and changes



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## Recent PWID estimates (2009-15)

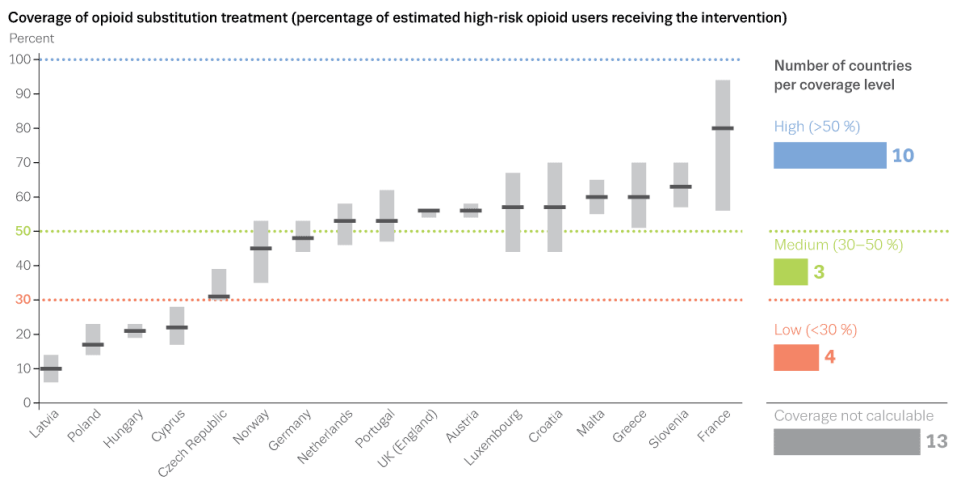
Country	Year	Central rate/1000 ages 15-64	Lower rate/1000 ages 15-64	Upper rate/1000 ages 15-64	Estimated number of users
Belgium	2015	<b>3,28</b>	2,32	4,61	<b>23828</b>
Croatia	2015	<b>2,21</b>	1,79	2,87	<b>6344</b>
Cyprus	2015	<b>0,42</b>	0,3	0,67	<b>198</b>
Czech Republic	2015	<b>6,25</b>	6,12	6,38	<b>43900</b>
Estonia	2009	<b>5,89</b>	4,29	10,8	<b>5362</b>
Finland	2012	<b>4,65</b>	4,1	6,75	<b>15611</b>
France	2014	<b>2,59</b>	2,1	3,2	<b>105000</b>
Greece	2015	<b>0,77</b>	0,6	1,02	<b>5397</b>
Hungary	2015	<b>0,98</b>	n.a	n.a	<b>6707</b>
Latvia	2012	<b>9,23</b>	7,34	11,68	<b>12573</b>
Luxembourg	2009	<b>5,68</b>	4,5	6,85	<b>1907</b>
Norway *	2014	<b>2,47</b>	2,2	2,98	<b>8393</b>
Portugal	2012	<b>2,2</b>	1,94	2,46	<b>14426</b>
Spain	2014	<b>0,24</b>	0,18	0,31	<b>7578</b>
Sweden	2008-11	<b>1,38</b>	n.a	n.a	<b>8021</b>
United Kingdom	2004-11	<b>3</b>	2,87	3,22	<b>122894</b>

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# Additional slides for reference

## Coverage of Opioid substitution therapy / High risk opioid users

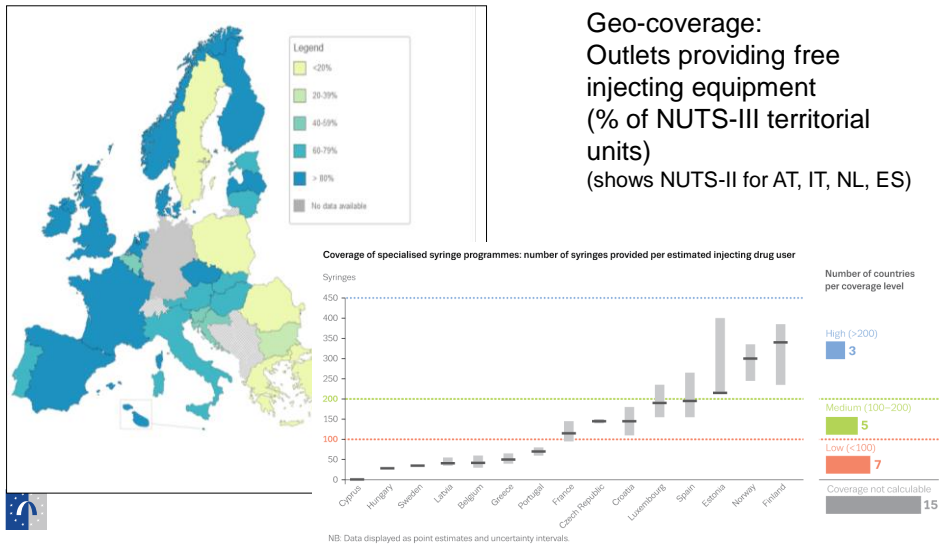


NB: Data displayed as point estimates and uncertainty intervals.



## Syringes: geographical coverage of sites. Number per estimated PWID

Towards more 'local estimates' of the needs and coverage



## Monitoring of other interventions

- **Testing**
- Council decision on minimum quality standards in demand reduction in 2015 (minimum benchmark of quality for interventions)
- *'Treatment services provide voluntary testing for blood borne infectious diseases, counselling against risky behaviours and assistance to manage illness'*

[See also our Best Practice Portal for reference](#)



## Multi-indicator 'HIV risk assessment'

Country	HIV-related indicators		Indicators of transmission risk		Intervention coverage indicators	
	HIV cases (i)	HIV prevalence trend	HCV prevalence increasing or medium/high HCV prevalence	Injecting drug use prevalence increasing or high	Problem opioid users in substitution treatment (%)	Syringes distributed by specialised programmes (j) (per injecting drug user per year)
Austria					60	340-463
Belgium*						37
Bulgaria*						
Croatia					64	154
Cyprus					16	1
Czech Republic					35	154
Denmark						
Estonia				2009		345
Finland*				2012	<30%	290
France					76	
Germany					50	
Greece*					62	72
Hungary*				2008-09	23	81
Ireland*					46	
Italy					37	
Latvia				2012	8	33
Lithuania					13	
Luxembourg*				2009	77	240
Malta					67	
Netherlands				2008	65	
Norway*				2013	45	261
Poland					17	

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## Monitoring changing drug use

- HIV clusters linked to homelessness PWID
- Chemsex
- New psychoactive substances injections? e.g. methyphenidate, a-PVP....
- Impact on new HCV infections → monitor local context
- *To be discussed during DRID tomorrow*

27. Police Scotland reported that related practices included: communal injecting, users injecting each other due to rapid onset of effects and loss of fine motor control, needle sharing, injecting in unsanitary environments, high-risk injecting (in the neck and groin), and preparation with citric acid to improve water solubility, which additionally increases the corrosive nature of the substance *in vivo*.



Source:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/598494/ACMD\\_s\\_further\\_advice\\_on\\_methylphenidate-related\\_NPS\\_Mar\\_17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/598494/ACMD_s_further_advice_on_methylphenidate-related_NPS_Mar_17.pdf) in Scotland

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## Threat assessment

- EWS on new drugs
- Monitoring and insights into
- the market (e.g. rebound of heroin use, injection of cathinones)
- drug treatment demand
- Behavioural studies (testing, injecting, using other routes, sharing equipment...)



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## Challenges and conclusions

- PWID disproportionately affected by hepatitis  
→ Target Population for intervention, for coverage measurement and for monitoring the burden of disease
- PWID and HCV interlinked: numerators and denominators needed
- Descriptive epidemiology needed: time place person



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## Challenges and conclusions

- Low prevention and harm reduction responses in some countries
- Data gaps
- Best practices needed - minimum quality standards are available
  
- There are large opportunities for prevention, vaccination, testing, treatment → Planning interventions and monitoring their progresses and their impact is more needed than ever

