



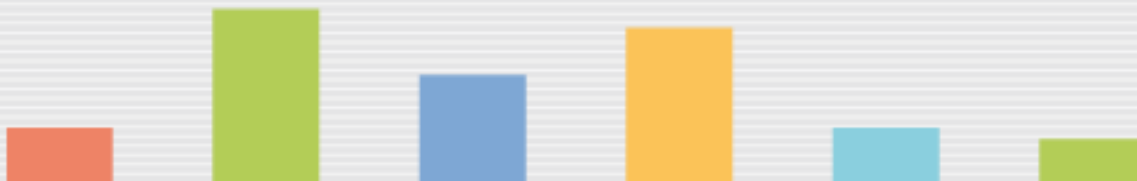
European Monitoring Centre  
for Drugs and Drug Addiction



# Update on infectious diseases among people who inject drugs in Europe

Dagmar Hedrich, EMCDDA

EU HIV/AIDS Civil Society Forum, Luxembourg 10-11 Oct 2016  
*Session: HIV Policy in Europe - update from the EMCDDA*



# Contents

- **Update from meeting of EMCDDA expert network “Drug-related infectious diseases”, June 2016**
- **EMCDDA Publication: Hepatitis C among drug users in Europe, July 2016**



# Annual meeting of EMCDDA expert network on drug- related infectious diseases June 2016



# EMCDDA Drug-Related Infectious Diseases (DRID) expert meeting

EMCDDA, Lisbon, 6-8 June 2016



The EMCDDA DRID expert meeting brings together specialists from across Europe to discuss the latest developments in drug-related infectious diseases in Europe, covering the main topic areas of epidemiology, responses and monitoring.

The meeting provides a space for sharing and discussing new studies, new findings and... at regional, national... facilitate analysis of the... ers, (ment). T... f the... .

different components of this key epidemiological in... surveillance data (notifications) and behavioural data... overall purpose of this event is to reinforce and impro... information collected and analysed in order to inform... This year, the DRID expert meeting focused on the foll... updating the regional assessment of HIV risk and respo...

**On this page**

- [Key documents](#)
- [Presentations](#)
- [Outputs DRID expert meeting](#)
- [Common session DRID and TDI expert meeting \(8 June\)](#)

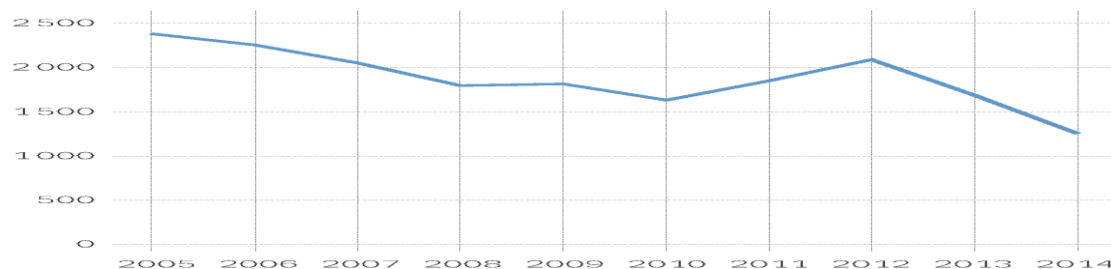


**new edition in press**



# Highlights Epidemiology

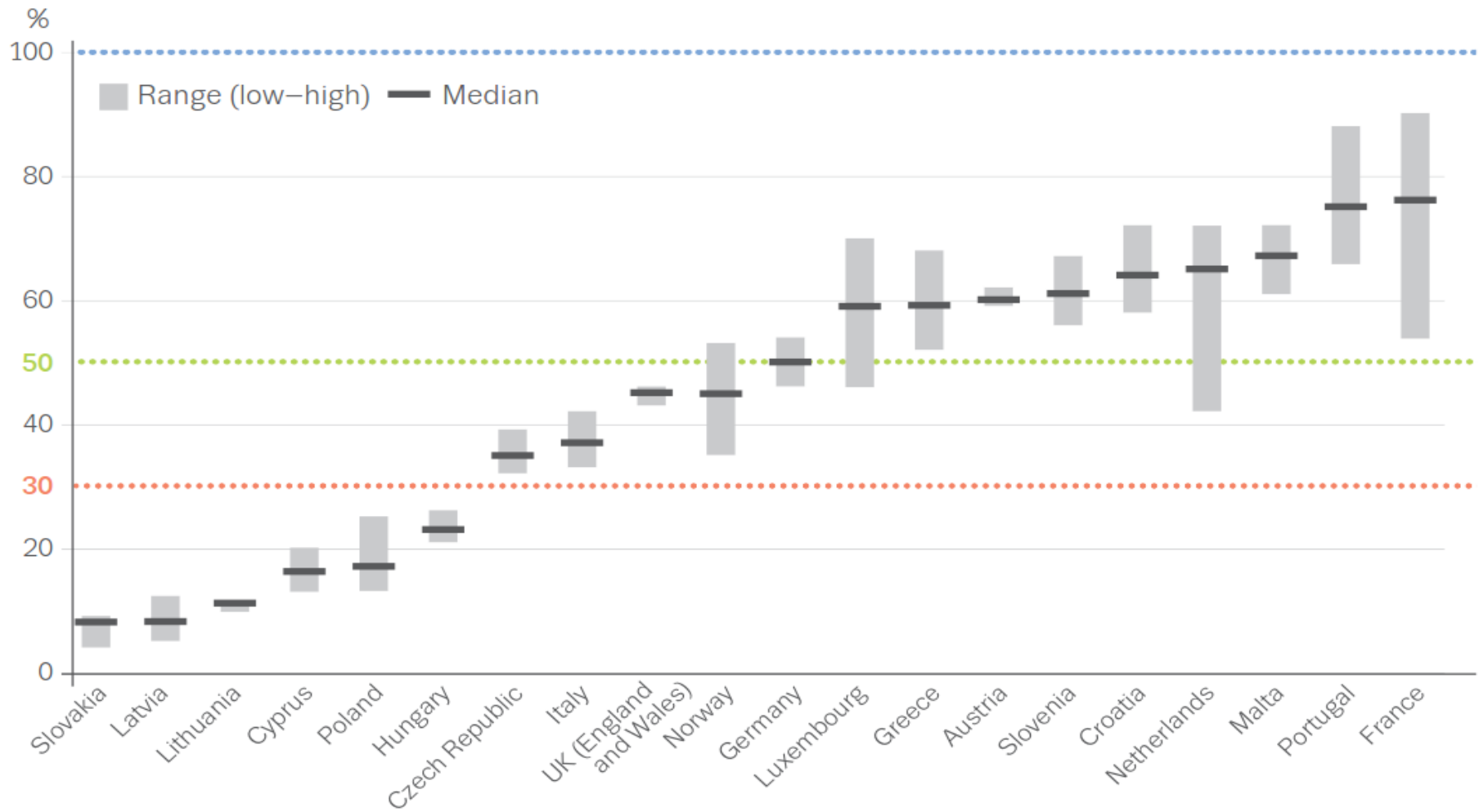
- Continuing decline in new HIV notifications attributed to injecting drug use – lowest for a decade;



- Burden of HIV infection (notifications and prevalence) among PWID remains still high, especially in 3 Baltic countries;
- New local HIV outbreaks Dublin, Glasgow, Luxembourg among users known to drugs agencies;
- Increased risk of blood-borne infection transmission related to drug injecting among small groups in MSM community



# Percentage of high-risk opioid users in agonist maintenance treatment (OST), 2014

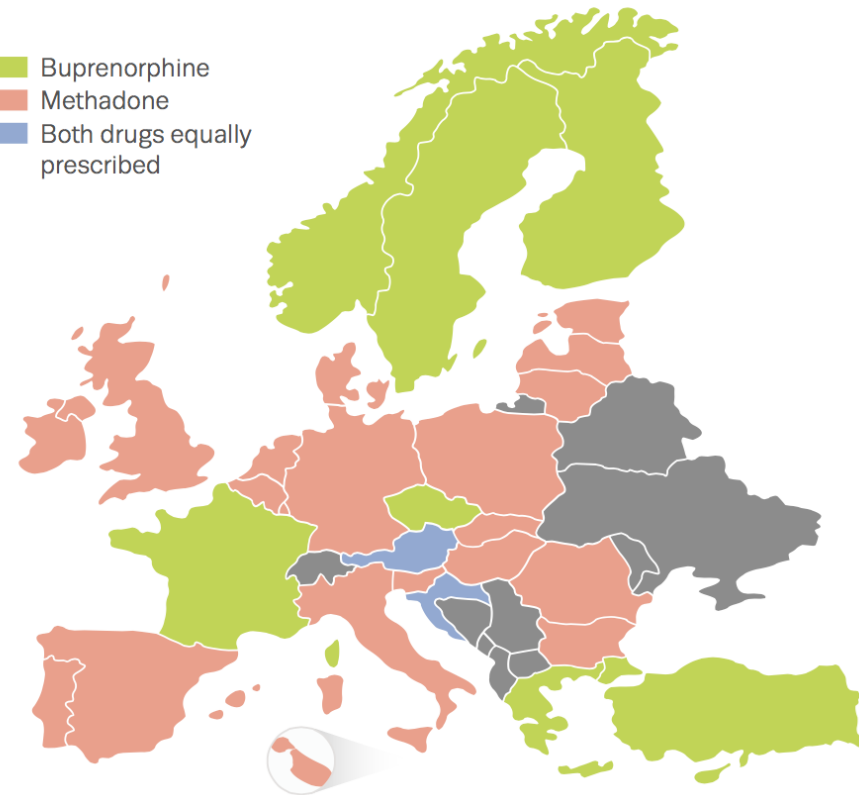
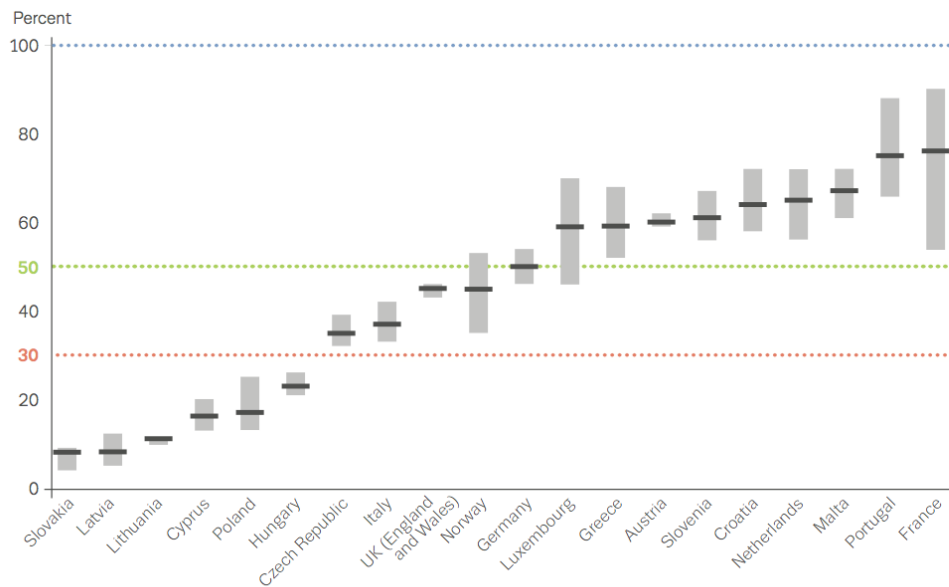


# Opioid substitution treatment coverage

- EU average: ~1 in 2 problem opioid users receives OST
- Variations in coverage between countries
- Methadone predominant, but buprenorphine increasing

Principal opioid substitution drug prescribed

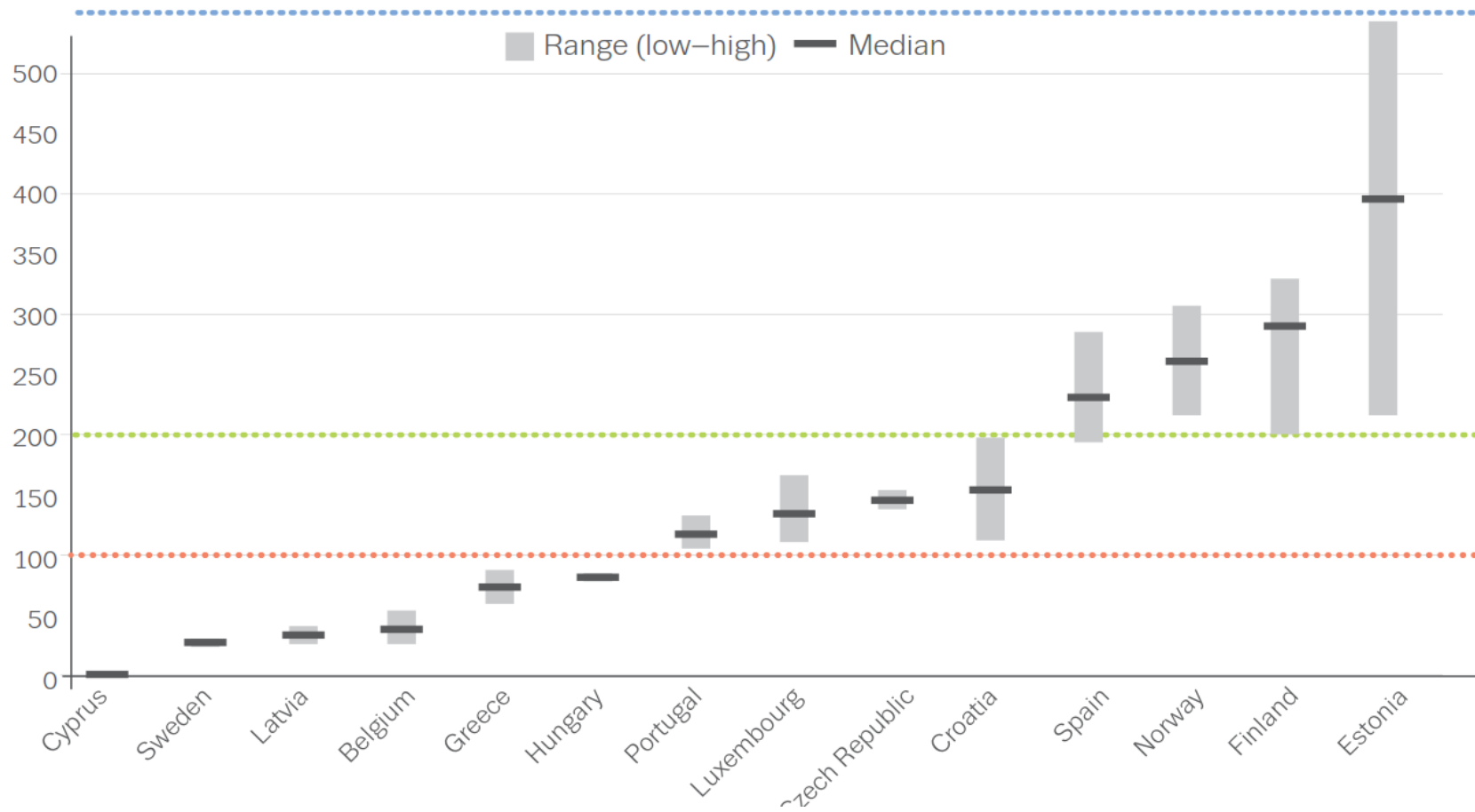
■ Buprenorphine  
■ Methadone  
■ Both drugs equally prescribed



NB: Data displayed as point estimates and uncertainty intervals.

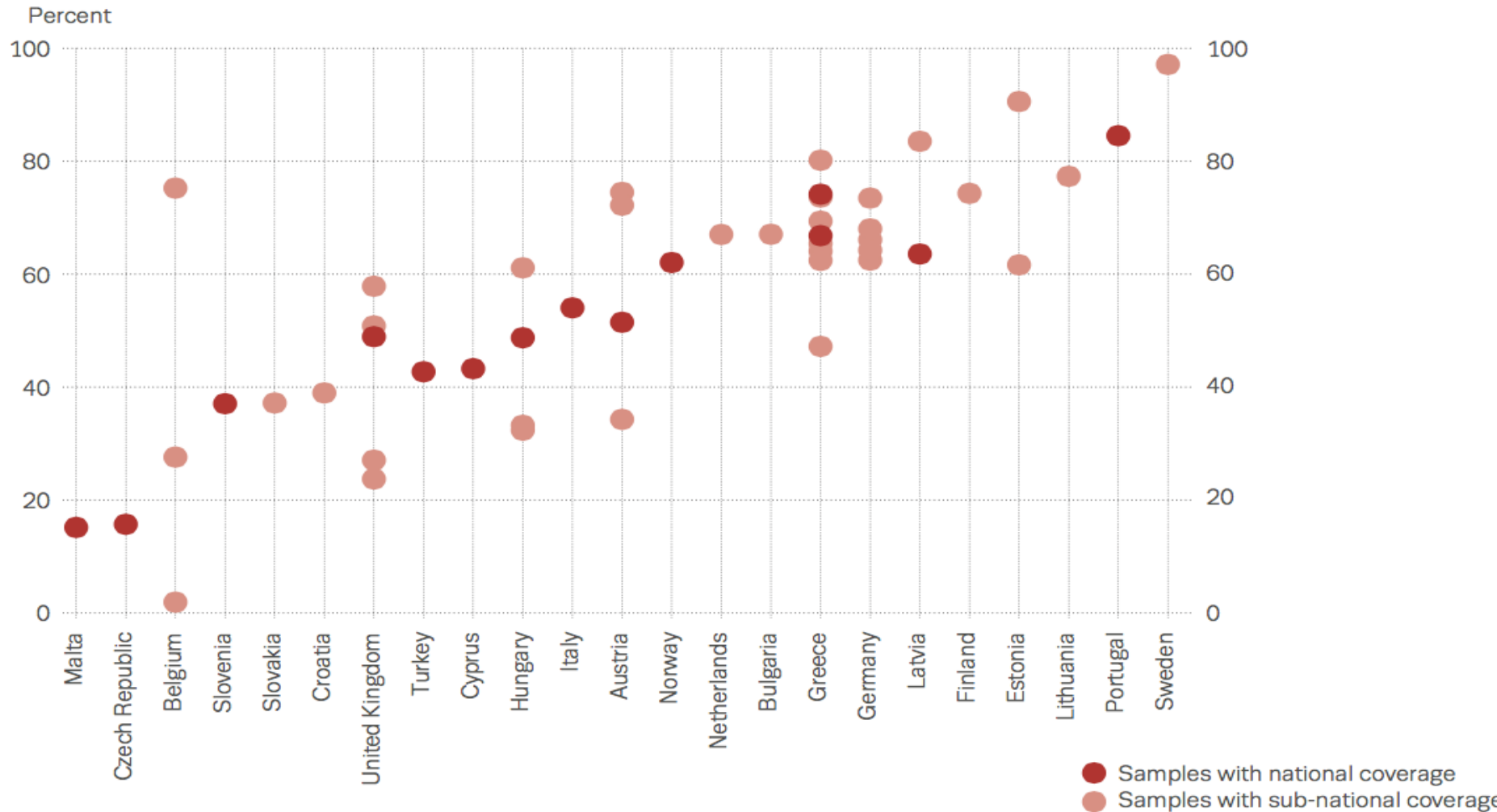
# Syringes distributed through specialised programmes per estimated IDU, 2014

Number of syringes





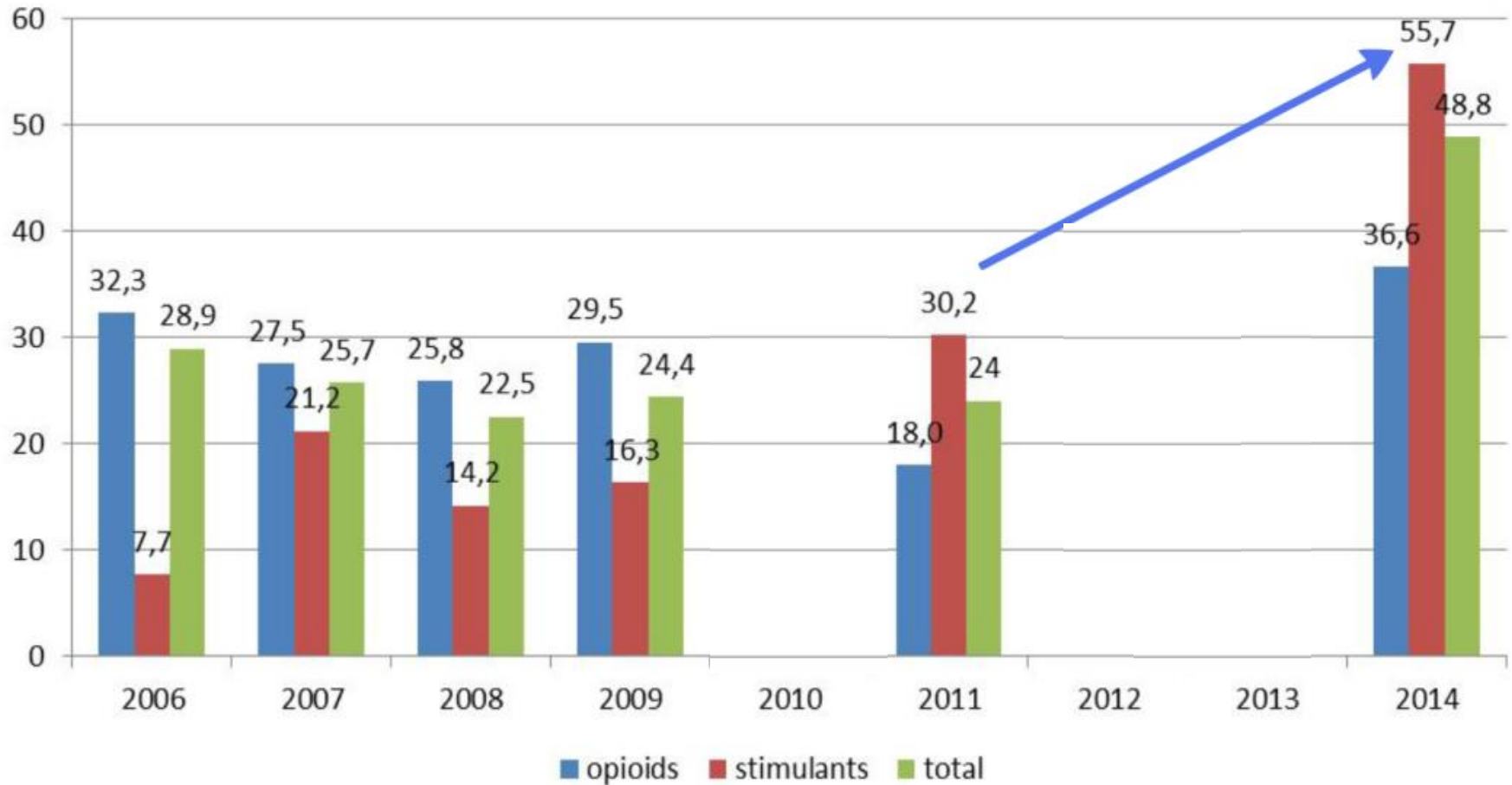
# HCV antibody prevalence among PWID



Source: EDR 2016



# HCV increased 2011-2014 among PWID in Hungary, linked to the injection of stimulants



Source: Tarjan A. National Focal Point (in press)

# Regional assessment of HIV trends, risks and intervention coverage

## *HIV-related indicators*

- medium/high notification rates
- Significant increase (5%) HIV prevalence

## *Transmission risk*

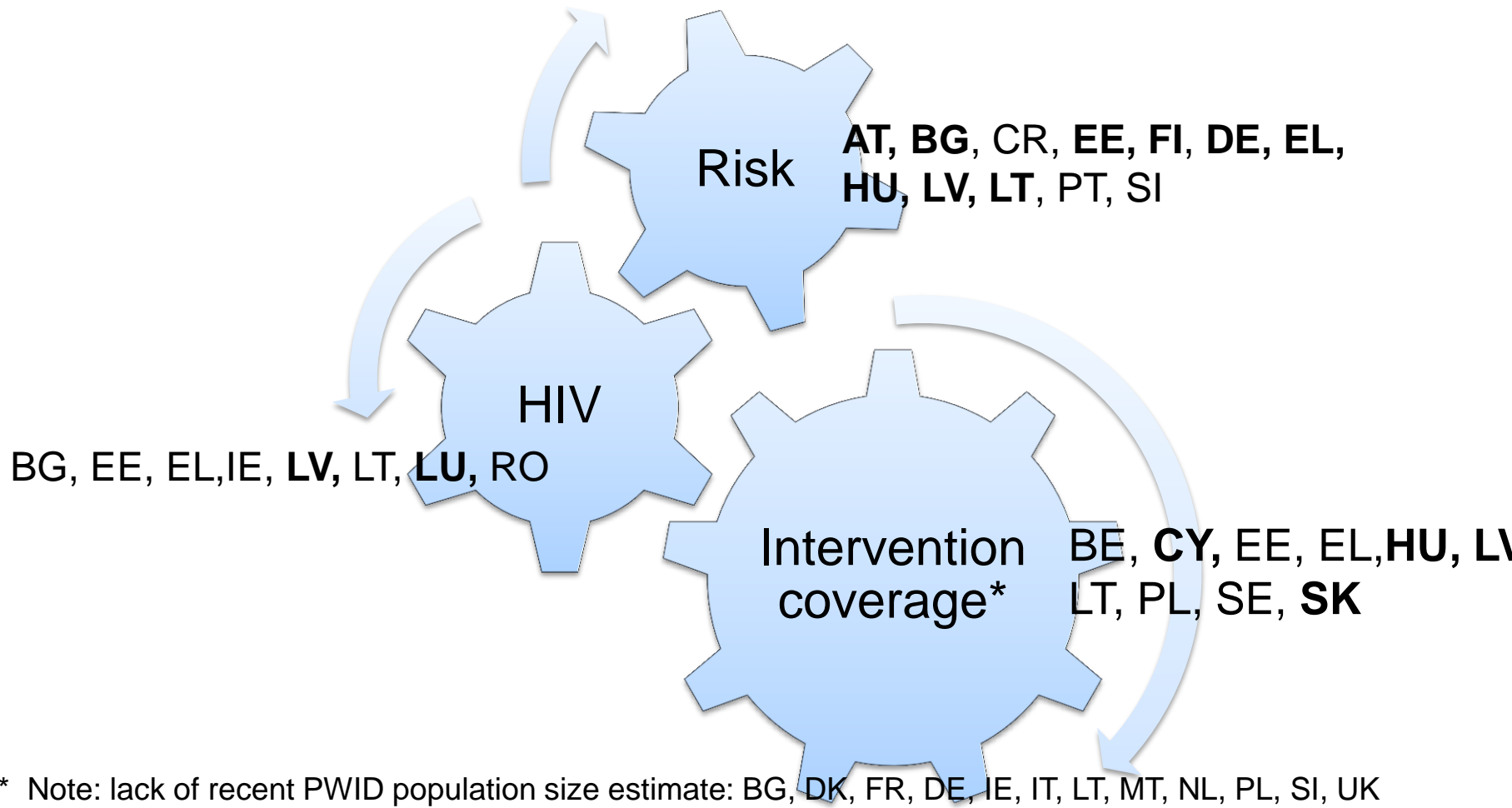
- high levels of injecting drug use
- High or increasing HCV among new PWID (ongoing risk behaviour)
- Background HCV prevalence high > 60%

## *Very low coverage of OST and/or NSP*

- Less than 30% in OST
- Less than 100 syringes per PWID



# Simplified, EU countries



# Further topics:

- Prevalence and outbreaks of infections;
- National policies: Several countries introduced new national hepatitis strategies or action plans;
- Responses: Continuum of care
  - TDI: between 5% and 45% of PWID entering drug dependence treatment never tested for HCV;
  - Exchange of best practice in tailoring infectious disease prevention measures to vulnerable groups:
    - homeless injectors,
    - people living in rural areas;
    - MSM/chemsex;
  - Ongoing capacity building HCV counselling among staff at drugs facilities
  - Drug injecting paraphernalia.



# Multiple risks of HCV transmission during injection





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INSIGHTS

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# Hepatitis C among drug users in Europe

Epidemiology, treatment and prevention

# Notifications and prevalence (ch. 1)

35.000 new cases of HCV, 2015; ~ 8.8 cases/100.000

Estimated 5.5 million chronic infections in EU

High rates of new diagnoses: AT, EE, FI, IE, LV, No and SE

Low rates: BG, HR, CY, DK, EL, MT, RO, SI

Among cases with known transmission mode: 78% are PWID

*Caveats: Strongly influenced by national screening strategies;  
Transmission mode information mostly not available;*

## HCV antibody prevalence

General population: 0.2 – 2.8%

PWID (national): >50% in six of 13 national studies (15%-85%) = 50X

PWID (new): 7%-71%

GT 1 and 3 most commonly identified among PWID

*Caveats: Often convenience samples; small and /or local studies; unknown generalizability to national level.*



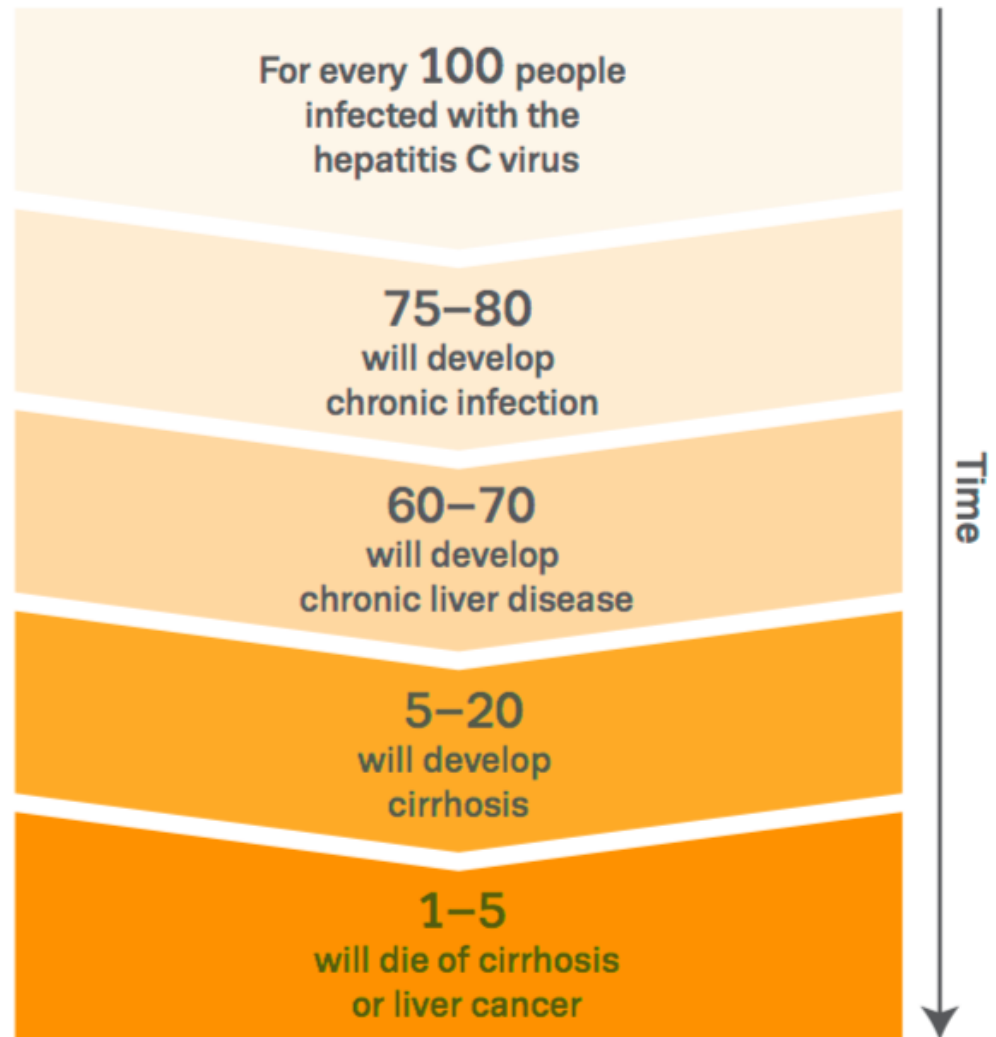


# Risk of progression to different disease states

Spontaneous clearance:  
18-34% of infected.

Among those with  
chronic infection, the risk  
of progression to  
cirrhosis of the liver is  
estimated to be 5-20%  
over 20-30 years.

Source: [www.cgc.gov](http://www.cgc.gov)



Source: <http://www.cdc.gov/hepatitis/HCV/PDFs/HepCGeneralFactSheet.pdf>



# Prevention and Treatment

## Role and impact of hepatitis C treatment, opioid substitution treatment and needle and syringe programmes (Ch.4)

- NSP and OST may prevent HCV;
- Substantial reductions only with HCV treatment;
- Treatment of active injectors effective and cost effective in <60% chronic prevalence scenario.

## Treatment of hepatitis C virus infection among people who inject drugs: uptake and outcome (Ch.2)

- Annual uptake in selected groups (specialist care) 6.6-8.5%
- Population based estimates of 3% more likely to be accurate;
- Pooled SVR in studies on treatment of current injectors (56%) slightly lower than clinical trials but similar to 'real world' studies.



# Boosting treatment uptake and adherence

Strategies to improve hepatitis C care and to enhance treatment uptake and adherence among people who inject drugs in Europe (Ch.3)

- Best practice case examples: Scotland, France, Slovenia.
- Key role of drugs agencies
- Community-based testing, Outreach
- Referrals to further diagnostics, paving treatment pathways
- Multi-disciplinary teams
- Peer-involvement and support
- Scaling up of prevention: NSP/OST.

EASL: Liver treatment services should be re-designed to be drug user-'friendly' and co-location with specialist drug services for PWID should be considered

# Drug facilities can help to improve access to HCV testing and treatment

## Key-partners

- They reach out to PWID with information and testing offers;
- They may be key for referral to further diagnostics and treatment pathways for those in need.



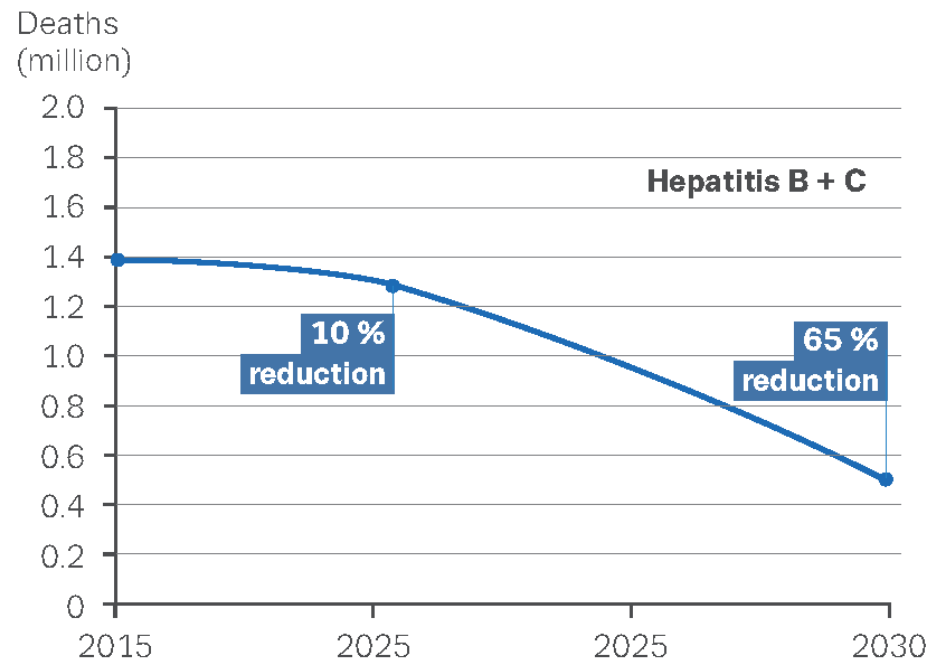
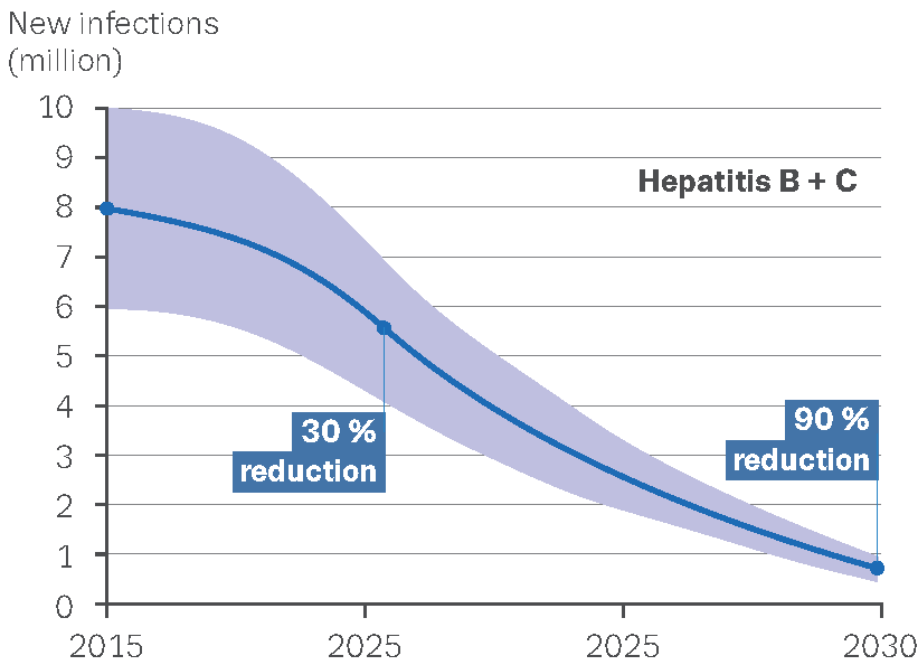
# EU demand reduction standards, 2015

- 16 minimum quality standards agreed
- Prevention, harm reduction, treatment and social integration
- *“Treatment services provide voluntary testing for blood-borne infectious diseases, counselling against risky behaviours and assistance to manage illness”*



# Viral hepatitis elimination: impact targets

## Action plan for the health sector response to viral hepatitis in the WHO European Region (WHO Europe)



# Main messages

- PWID are a key group, likely the largest HCV transmission group, in Europe.
- Prevention (harm reduction and HCV treatment) needs strengthening
- Prevalence in PWID is unlikely to decline unless antiviral treatment is scaled up.
- New DAAs facilitate treatment and drug users can achieve similar treatment results as other groups.
- Clinicians and liver specialists need to collaborate closely with drug specialists and drug service providers, to improve diagnosis and treatment referral rates in PWID.
- Increasing number of national HCV strategy and action plans.





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