

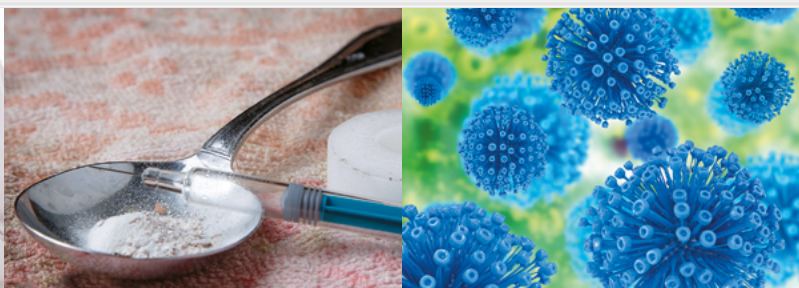


European Monitoring Centre
for Drugs and Drug Addiction

RAPID COMMUNICATION

Drug-related infectious diseases in Europe

Update from the EMCDDA expert network
November 2016



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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 2016. It covers the most recent data both on infectious diseases among people who inject drugs in Europe, collected with the EMCDDA Drug-related infectious diseases (DRID) indicator, and on the responses in the area. It includes highlights and new findings discussed during the DRID indicator's annual expert meeting, held in Lisbon on 6–8 June 2016. This event offered a platform for discussion among experts from the 28 EU Member States, Norway and Turkey. EU agency partners and international

organisations 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.

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

At a glance: a summary of key points

Injecting. The majority of people who inject drugs in Europe are heroin users. Recent national estimates (from 2008 onwards) of the prevalence of injecting drug use are available for only 16 of the 30 countries reporting to the EMCDDA. The estimates range from less than 1 to more than 9 cases per 1 000 population aged 15–64. A downward trend can be observed in the proportion of injectors among those entering specialised drug treatment for heroin-related problems for the first time in their life (from 43 % in 2006 to 33 % in 2014), but levels of injecting remain high among stimulant users, and is a cause of particular concern.

Hepatitis C virus (HCV). HCV is the most prevalent blood-borne virus infection among people who inject drugs. In six of the 13 countries with national prevalence data for this population, rates were reported to be in excess of 50 %. Among countries with national trend data (2008–14), statistically significant ($p < 0.05$) increases were reported in five (Greece, Latvia, Hungary, Slovenia and Turkey).

Human immunodeficiency virus (HIV). The European Union is seeing a continuing decline in the number of new HIV infections attributed to injecting drug use, with the 1 236 cases reported in 2014 being the lowest for a decade. Nevertheless, the number of new HIV cases and the levels of prevalence among people who inject drugs remain high in a number of countries, particularly Estonia, Latvia and Lithuania.

New local HIV outbreaks. Local HIV outbreaks among marginalised groups of injectors in Dublin (Ireland), Glasgow (United Kingdom) and Luxembourg are reported, and tailored prevention measures are required in these cases. Specific potential risk factors for HIV transmission among people who inject drugs have been identified in several countries, primarily associated with certain risk behaviours (the sharing of injection equipment) and lack of intervention coverage.

HCV continuum of care. Due to the development of new effective medicines and a growing confidence that the treatment can be successfully offered to people who inject drugs, the HCV prevention and treatment response is building up in Europe, as reflected in the adoption of several national policy strategies and action plans. Although effective treatments are now available in Europe, provision is low and slowly scaling up. Ensuring good pathways into care will play an essential role in enabling drug injectors to access treatment.

Chemsex/slamming. The use of drugs to increase disinhibition and sexual arousal (chemsex) and, in particular, the injecting use of drugs in a sexual context (slamming) among a small minority of men who have sex with men has been linked to an increased risk of blood-borne infection transmission. Beyond harm reduction and treatment of infections, responses require a multidisciplinary approach to address the psychosocial aspects of drug taking behaviours as well as sexuality-related issues.

This report also draws on analysis of the information provided to the EMCDDA by the national focal points and their experts in the 2015 annual reporting exercise, the main findings of which are presented in the *European Drug Report 2016* (EMCDDA, 2016a). The multi-indicator data set used in the analysis covers and integrates aspects of the epidemiology (prevalence of injection, prevalence of infections among people who inject drugs, notifications of newly diagnosed infections, harm, morbidity, outbreaks) and responses (prevention, infection testing, drug and infection treatments, and harm reduction).

Overview of the current situation: prevalence and trends in injecting, HIV and HCV infections

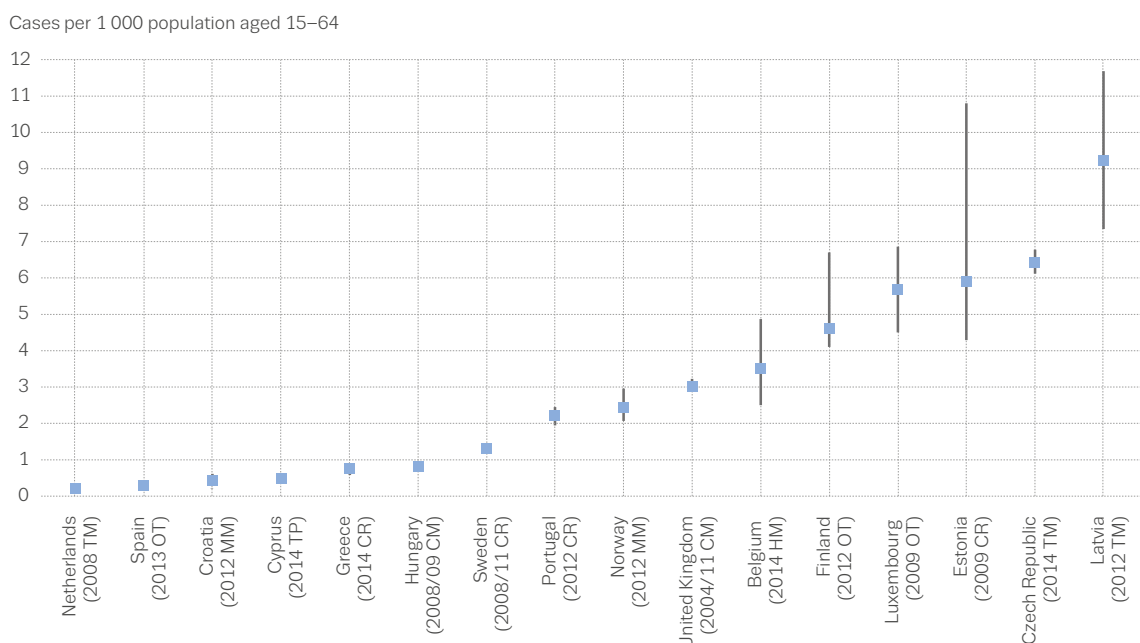
Overall decline in heroin injecting: but new patterns emerge

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

through the sharing of syringes and other injection equipment. Recent national estimates (from 2008 onwards) of the prevalence of injecting drug use, available for 16 countries, range from less than 1 to more than 9 cases per 1 000 population aged 15–64 (Figure 1). The highest rates are reported from Latvia (9 cases per 1 000 population) and the Czech Republic and Estonia (each with 6 cases per 1 000 population).

Historically, in Europe overall, injection has been the main route of drug administration among heroin users, and this group has made up the majority of people who inject drugs. Information on people entering drug treatment for the first time in their life, however, shows a downward trend in the proportion of heroin users reporting injection as their usual route of drug administration, which fell from 43 % in 2006 to 33 % in 2014. After heroin users, primary users of amphetamines are the second largest group of injectors among first-time treatment entrants. Nevertheless, among first-time clients with amphetamines as their primary drug, 47 % reported injecting as their main route of administration, representing a small increase since 2006. The injection of stimulants raises particular public health concerns, as these short-acting drugs are often associated with a high frequency of injection.

FIGURE 1
Prevalence estimates of injecting drug use (2008–14 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: EMCDDA Statistical Bulletin 2016.

HCV infections: prevalence and trends

In sero-prevalence studies among people who inject drugs conducted in 2013–14, HCV antibodies — indicating present or past infection — were found in between 15 % and 84 % of cases, with most studies showing rates in excess of 50 % (Figure 2). The high overall level of prevalence is likely to have important long-term consequences, as HCV infection, often worsened by heavy alcohol use, accounts for increasing numbers of cases of liver disease, including cirrhosis and liver cancer, and increasing numbers of deaths, among an ageing population of high-risk drug users. Many of those with the virus are still undiagnosed, with studies suggesting that in Europe between 24 % and 76 % are unaware of their infection status (Wiessing et al., 2014).

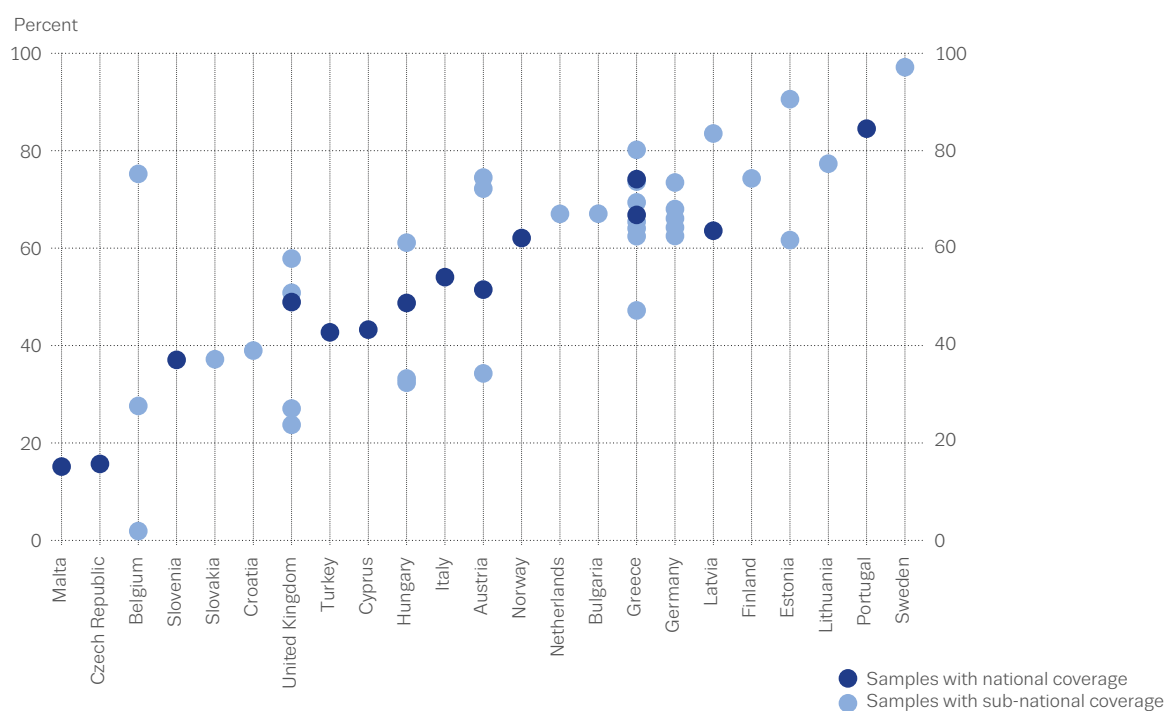
Among countries with national trend data (2008–14), statistically significant ($p < 0.05$) increases were reported in five (Greece, Latvia, Hungary, Slovenia and Turkey).

In the period 2012–14, statistically significant local or national increases of HCV antibody prevalence have been documented among people who inject drugs in Austria, Greece, Hungary and Slovenia.

Furthermore, there is evidence of significant longer-term (since 2008) increases at subnational level in Bulgaria and Latvia (most-recent HCV antibody prevalence among drug users respectively estimated at 67 % (Sofia, 2014), 79 % (8 Bulgarian cities, 2012) and 84 % (6 Latvian cities, 2013)), which — despite some signs of stabilisation or even decrease in recent years — point to continuing high levels of risk behaviour among people who inject drugs. Big increases in HCV prevalence were observed in Turkey since 2008, with prevalence now standing at a medium level (most-recent HCV antibody prevalence among injectors estimated at 43 %) (EMCDDA, 2016c).

Prevalence of HCV antibodies in people who inject drugs under 25 years of age (young injectors) and in those who have been injecting for less than 2 years (new injectors) can be used as indicators of recent infection or incidence. Current, and in some cases high levels of, transmission of HCV are found among young or new injectors in nine of the 16 countries with sufficient data available for at least one of these groups. These results also suggest that HCV infection is often acquired relatively early in an individual’s injecting career (see also section ‘HIV risk among people who inject drugs’).

FIGURE 2
HCV antibody prevalence among people who inject drugs in the European Union, Norway and Turkey, from national and local studies, 2013–14



Source: EMCDDA Statistical Bulletin 2016.

Impact of drug market changes on drug use patterns: the example of Hungary

The use of synthetic cathinones by injection was first noted in Hungary in 2010 (Peterfi et al., 2014). While until 2010, nearly all clients attending needle and syringe programmes injected either heroin or amphetamines, these drugs were complemented and replaced by synthetic cathinones, and other synthetic stimulants, some of which appeared and disappeared one after another (Rácz et al., 2016). In parallel, HCV prevalence trends among people who inject drugs in Hungary increased (Gyarmathy and Sárosi, 2015; Tarján et al., 2015). Within the past three reporting years (2011–14), national HCV prevalence rates among people

who inject drugs doubled, while over the same period, prevalence levels in Budapest increased from around 35 % to 60 %. Preliminary data for 2015 indicate further increases among injectors outside the capital, pointing to ongoing high levels of risk behaviours (Horváth and Tarján, 2016). Prevention measures in Budapest were set back when the two largest needle and syringe programmes — distributing more than half of the total national volume of syringes — were closed, leading to a considerable decrease in the provision of sterile injection equipment and in the number of clients covered by the intervention (Horváth and Tarján, 2016).

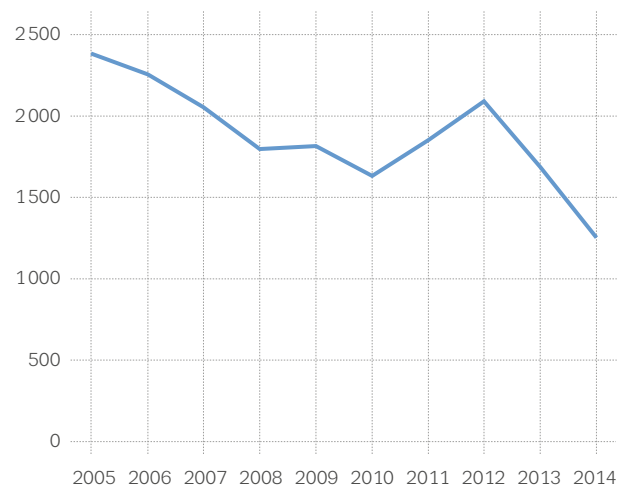
HIV notifications, late diagnosis, prevalence and outbreaks

Notifications

Although HIV infection is preventable through effective public health measures, transmission due to injecting drug use continues in Europe, especially in eastern countries. In the European Economic Area (the EU, Iceland, Liechtenstein and Norway), an overall decline in the transmission of the virus through injecting drug use has been documented, and in 2014 only 4 % of all newly reported HIV diagnoses in these 31 European countries were attributed to injecting (ECDC and WHO, 2015).

Over the past decade, the average rate of HIV cases attributed to injecting drug use in the European Union more than halved (from 5.6 cases per million population in 2005 to 2.4 in 2014). This overall declining trend was interrupted in 2011/12, when a significant increase in new infections occurred due to localised outbreaks in Athens and Bucharest (Figure 3). Some EU countries, however, report much higher numbers of HIV cases attributed to injecting drug use per million population. In Estonia, there were 51 newly reported HIV cases attributed to injecting drug use per million population in 2014 — 21 times the EU average. Rates of newly reported HIV attributed to injecting drug use were also high in Latvia (37 cases per million population), Luxembourg (29), Lithuania (13), Greece (9), Romania (8) and Bulgaria (6) (see also the section 'Update on HIV outbreaks', below).

FIGURE 3
Number of newly diagnosed HIV cases in persons infected through injecting drug use in the 28 EU Member States, Norway and Turkey



Source: ECDC and WHO, 2015

Late diagnosis remains a serious problem

In 2014, 60 % of newly notified injecting-related transmissions of HIV in the European Economic Area ^(?) were diagnosed late (<350 cells/mm³) (ECDC and WHO, 2015). This highlights a clear need to extend existing testing programmes in order to prevent harms related to late diagnosis, such as increased morbidity and mortality, higher health costs and more transmission.

^(?) Based on 827 cases where CD4 cell count data is available.

Prevalence

Recent estimates (2013–14) of HIV prevalence among people who inject drugs are available for 27 of the 30 EMCDDA countries (25 of the EU Member States, excluding Denmark, France and Ireland, and Norway and Turkey). While the prevalence of HIV infection among people who inject drugs is currently below 5 % in most of the countries, prevalence levels of 5 to 10 % are reported from national studies carried out in Greece and from national and subnational studies in Belgium and Germany. HIV prevalence of more than 10 % is found among populations of drug injectors in Italy, Portugal and Spain, which are among the countries where HIV entered injecting drug-using populations very early, before effective prevention measures were put in place and effective treatment was available. These rates represent predominantly 'old' infections.

A different situation prevails in Lithuania, Latvia and Estonia (see also section 'HIV risk among people who inject drugs'): data from a three-city study in Lithuania show levels of 12.5 % HIV prevalence, and in some local studies among injectors in Latvia (Riga) and Estonia

(Narva) rates exceed 25 %. In addition, the number of newly reported cases in all three countries remains high, signalling ongoing transmission.

Update on HIV outbreaks

The HIV situation and response in Greece and Romania have improved and the numbers of new HIV cases have declined since the 2011/12 outbreaks, with preliminary data for 2015 suggesting further decreases. In the case of Romania, however, 91 of the 149 new HIV cases reported in 2015 (61%) were diagnosed with AIDS at the time of notification, pointing to a lack of screening and early diagnosis. New local outbreaks were reported from three cities in western Europe: Glasgow (United Kingdom), Luxembourg and Dublin (Ireland).

A large HIV outbreak was reported in Glasgow (United Kingdom), with 47 new diagnoses among people who inject drugs in 2015 and 16 new cases diagnosed in the first 6 months of 2016. Most of the cases had already been in contact with drug and social services in connection with other serious health and social problems.

Bacterial infections, viral hepatitis (B and A) outbreaks

Drug injection is a risk factor for other infectious diseases including tetanus and botulism. Clusters and sporadic cases of wound botulism among injecting drug users had previously been reported in EU countries and Norway between 2013 and 2015. Since the beginning of 2016, there have been two confirmed and one suspected case of wound botulism among people who inject drugs in Germany (ECDC, 2016c) and four in the United Kingdom. There is no confirmation about a common source, but these events may indicate that a batch of heroin was contaminated with spores of the anaerobic bacterium *Clostridium botulinum*. Bacterial injection site infections are also common, with a large outbreak of soft tissue infections reported in Scotland in 2015. A cluster of four cases of *Bacillus cereus* infection among injectors (mainly of amphetamine) was reported between December 2015 and April 2016 in Norway. Following an outbreak of HBV infection in eight counties in Sweden, which had started in 2014 and affected 38 injectors and their sexual partners, responses included a free HBV vaccination campaign and the opening of three new needle and syringe programmes.

The lack of immunisation coverage among drug users and other marginalised groups was documented in the context of a hepatitis A virus outbreak in the Czech Republic. In the Cheb region (32 000 inhabitants), a total of 339 notifications of viral hepatitis A infection were recorded by June 2016 in an outbreak that had started in 2014. More than a third of the cases (114, 34 %) were drug users, and a significant minority (35, 10 %) was without stable housing. In response, the city decided to pull down an abandoned building which had served as 'unofficial' shelter for homeless people, including drug users. The local harm reduction centre increased its prevention and health promotion activities among the homeless population, through outreach activities on the street and in cooperation with epidemiologists. Vaccination of over-18s in the general population (two doses, if susceptible and no history of vaccination) is recommended in the Czech Republic and is mandatory for specific at-risk groups, such as healthcare professionals (ECDC, 2016b), however funding for a targeted vaccination campaign among the homeless and at-risk population in Cheb could not yet be secured.

Factors possibly associated with the outbreak include low awareness of HIV risk, poverty and homelessness, cocaine injecting, specific batch preparation and injecting practices.

In Luxembourg, after an initial alert issued by the supervised injection facility, an outbreak of HIV infections among injecting drug users was identified. Fifty-one new cases were identified between January 2013 and April 2016. Most of the newly infected have been attending low-threshold drug services over the past 10 years, but had otherwise poor linkage to care. Many were HCV co-infected, and all reported having recently injected cocaine, which had become more available on the illicit market.

Following a dramatic rise in reported new HIV cases among homeless drug users in Dublin in 2015 (Giese et al., 2015), a multidisciplinary team assessed the outbreak, tracing its beginning back to September 2014 and linking it to the injection of a synthetic cathinone alpha-PVP ('snow-blow'), which may have contributed to a chaotic lifestyle, resulting in the sharing of injecting equipment and unsafe sex, the primary routes for transmission. Prevention measures and outreach work targeting marginalised drug users are currently being increased.

More generally, regional differences in drug use patterns and increases in stimulant injecting — for example, more crystal meth injection in eastern parts of Germany; and the emergence of injection of the short-acting stimulant mephedrone (4-methylmethcathione) among higher-risk or more vulnerable groups in the United Kingdom (Hope et al., 2016) — were highlighted throughout the meeting, and were linked to a higher risk and potential for incidents and to clusters of injecting-related infections.

■ HIV risk among people who inject drugs

The most recent data on HIV notifications and trends in prevalence (HIV-related indicators) were analysed in combination with indicators of transmission risk and intervention coverage to determine the potential risk for HIV outbreaks among people who inject drugs in each country (see Appendix 2).

The three groups of indicators comprised the following:

- HIV-related indicators: HIV case notifications, and HIV prevalence and trends 2008–14 among people who inject drugs;
- Transmission risk: prevalence of injecting drug use, and HCV prevalence and trends 2008–14 among people who inject drugs;

- Intervention coverage: coverage rates of opioid substitution treatment and needle and syringe programmes.

HIV-related indicators highlighted eight countries: the three Baltic States, Bulgaria, Greece, Ireland, Luxembourg and Romania.

HCV prevalence among injecting drug users of more than 60 %, or recent significant increases in HCV prevalence, was found in 12 countries (see Appendix 2); in nine of them (Austria, Bulgaria, Estonia, Finland, Germany, Greece, Hungary, Latvia and Lithuania) high or increasing HCV prevalence among young or new users — a signal of ongoing injecting risk behaviour — was also documented (EMCDDA, 2016c). Elevated prevalence of injecting was documented in the Czech Republic and Latvia (>6 per 1 000 adult inhabitants).

Low coverage of both intervention indicators (coverage of opioid substitution treatment and needle and syringe programmes) was reported from Cyprus, Hungary, Latvia and Slovakia, and seven other countries reported low coverage of one of the interventions (see Appendix 2).

Compared with the previous assessment (EMCDDA, 2015), some improvements in data availability can be noted. However, the absence of estimates of the size of the population injecting drugs prevents a fuller assessment of transmission risks and intervention coverage in some countries: in particular in Austria, Bulgaria, Germany, Lithuania and Romania.

Local studies in eight Bulgarian cities documented ongoing risk behaviour, with increases in HCV prevalence among people who inject drugs over several years (2008–13). In addition, the number of HIV notifications increased in 2014, reversing the long-term declining trend observed since 2009.

In Hungary, HCV transmission continues at increased rates (see also the box 'Impact of drug market changes on drug use patterns: the example of Hungary').

Overall, the results of the 2016 risk assessment and recent outbreaks underline both the need for continued vigilance and the necessity to maintain prevention measures at high levels of coverage in order to keep HIV infection low among injecting drug users in the European Union.

Tailoring infectious disease prevention measures to the needs of vulnerable groups

Homelessness and public injecting

The recent HIV outbreaks in Dublin, Glasgow and Luxembourg share a number of common elements. Many of the newly infected were in contact with drug treatment services, but continued to experience various health problems, marginalisation and criminal justice issues. Within the context of the outbreaks in Ireland and the United Kingdom, experts discussed the precarious social and living circumstances of the long-term injectors affected, referring to a 'homelessness crisis' in Ireland, and the high level of homelessness, poverty and prison history among people who inject drugs in Glasgow. Injecting in public spaces, which may be associated with an increased risk of infection, was also common among the new HIV cases. Discussions between public health stakeholders about the establishment of supervised drug consumption facilities for vulnerable groups of injectors are ongoing in Ireland and Scotland.

Using mail services to improve geographical coverage of syringe provision

In France, an innovative model of provision of syringes and other injecting equipment, introduced in 2011, uses the

mail service to deliver injecting equipment. This service is managed by the national harm reduction association SAFE (a service provider specialised in the design and distribution of prevention kits via syringe machines) and is a response to difficulties expressed by drug users in smaller towns or villages to obtain sterile injecting equipment, and to needs expressed on internet forums. Participants in the mail scheme receive a personalised package of sterile syringes and other clean drug-use material together with information on counselling and treatment centres. In 2015, the service dispatched 1 400 postal packages containing a total of 240 000 syringes to 480 clients. A qualitative survey among users found evidence of positive effects, such as a reduction in re-use and sharing of materials, and that the main reasons to use the service are geographical distance, mobility impairments or the need for specific material (such as wheel filters, ascorbic acid) (see also Figure 4) that are not available in all low-threshold centres. The annual cost per user is estimated to be EUR 615. While the experiment is deemed a success, multi-annual funding has not yet been secured.

Addressing the needs of migrants

A new ECDC report estimates the chronic viral hepatitis burden in terms of infected cases among first-generation migrants in European Economic Area countries, based on best available data sources, in order to support countries

FIGURE 4

Examples of injecting equipment that can be sent to clients of the French harm reduction service SAFE



Source: Association SAFE. <http://www.rdr-a-distance.info/index.php/materiels-proposes>

to target prevention and screening efforts towards those migrant groups who would benefit most (ECDC, 2016d). While there are wide ranges around the estimates presented, the comparison of prevalence data from studies in migrants with estimates for the in-country prevalence showed that the prevalence in migrant populations is often lower, especially for chronic hepatitis B. The report points out that the main bottleneck in providing treatment to this group is case detection and stresses the need for good information on levels of infection among this group in order to inform policy-making and healthcare planning.

Homelessness may put migrants at risk of drug-related infections. In Catalonia (Spain), a cross-sectional study among 761 drug injectors visiting harm reduction centres in 2010–11 found that more than one in five (21.4 %) had been injecting for less than 5 years and that most of the new injectors (59 %) were immigrants. Among new injectors, HIV and HCV prevalence was 20.6 % and 59.4 %, and HIV and HCV incidence was estimated at 8.7 and 25.1 per 100 person-years, respectively. This study found that HIV infection among new injectors was associated with homelessness and reporting a previous sexually transmitted infection. Compared with those with longer injecting careers, the prevalence of syringe sharing was lower among the new injectors, but the sharing of other injecting equipment was more frequent. It was concluded that tailored measures to prevent infectious diseases are needed and that cultural and language issues impeding access to care needed to be addressed (Folch et al., 2016).

In 2015, the Health Protection Surveillance Centre in Ireland published new guidelines to offer best practice advice in relation to assessment of common infectious diseases in migrants. The guidelines are intended for use by any healthcare professional involved in consultation with migrants in settings such as primary care, specialist services for migrants, antenatal clinics, prison medical services or hospitals. The guidelines are intended to facilitate opportunistic assessment and do not constitute a formal screening programme. Participation on the part of the migrant is on a voluntary basis (Health Protection Surveillance Centre, 2015).

Factors associated with undiagnosed infection

In order to better inform case finding, factors associated with undiagnosed HIV infection among people who inject drugs have been explored using data from the unlinked anonymous monitoring surveys of infections and risk among people who inject drugs in the United Kingdom. Participants in this survey are recruited through specialist

services (such as needle and syringe programmes and addiction treatment) in around 60 sentinel areas (Public Health England, 2016). Data for the period 2005–14, covering 25 743 first participations of people who inject drugs in the study, were analysed. Over a quarter (28 %) reported never being tested for HIV. Among the first participations, 318 were infected with HIV (overall prevalence 1.2 %; 4 % in London, 0.7 % elsewhere). Where information was available, 29 % of those infected with HIV (86/298) were probably undiagnosed. Compared with those whose HIV infection was diagnosed, those with undiagnosed HIV infection were younger (32 years compared to 38.5), more often recruited outside London (adjusted odds ratio, AOR, 2), less likely to have had a hepatitis C test (AOR 2.7) and they were more likely to be women not currently sexually active (AOR 4.5).

Comparing those with undiagnosed HIV to those who were HIV-negative showed that those with undiagnosed infections were younger (32 versus 34 years), more often diagnosed in London (AOR 2.6) and more often born outside the United Kingdom (AOR 3.0).

Though these findings should be interpreted with caution — as many of the undiagnosed infections were from the earlier years of the study period — they indicate a need to improve the uptake of HIV testing.

Chemsex and slamming: off the radar of typical drug services?

'Chemsex' is an increasingly used term to define sex between men that occurs under the influence of drugs taken immediately preceding or during the sexual session (Bourne et al., 2014). Among men who have sex with men, the injection or so-called 'slamming' of drugs — including gamma-hydroxybutyrate and gamma-butyrolactone (GHB/GBL), methamphetamine, cocaine, mephedrone and new psychoactive substances — is associated with chemsex.

Unsafe drug use practices, namely injecting and sharing, have been reported and investigated among men who have sex with men in France, Germany, the Netherlands, Spain and the United Kingdom, and signals of this have been picked up in other European countries. However, levels and patterns of use are culturally determined and variable. Available data suggest that only a small minority of gay men use drugs on a regular basis, and only a minority of those do so in a sexual context. However, harm related to slamming (injecting) can be severe, including HIV and HCV infections. Recent studies carried out by the French network of Pharmacovigilance and Addictovigilance Centres found that, in some cases,

additional complications also developed such as psychiatric disorders (psychotic symptoms, agitation, anxiety, suicidal ideas or attempts), acute intoxications and dependence.

Responding to this practice will require a multidisciplinary approach, improved collaboration and acquisition of cross-disciplinary competencies in sexual health counselling services and the drugs field.

HCV treatment and continuum of care

A changing treatment landscape

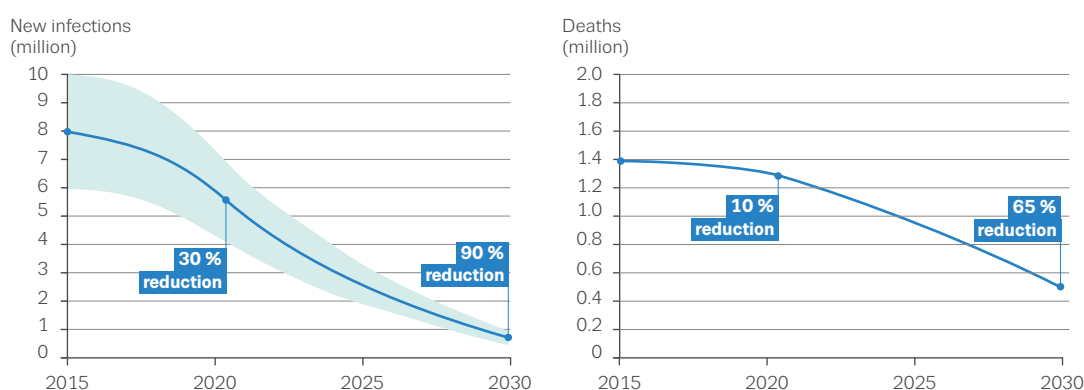
Information on route of transmission is available for approximately 16 % (0–79%) of all HCV notifications in the European Union in 2014. Among these, 80 % of newly reported chronic HCV infections are linked to injecting drug use (ECDC 2016a). This makes it likely that current injectors as well as those who have injected in the past carry a very high burden of HCV infection and thus are a key target group for HCV treatment. The HCV treatment landscape is changing with the development of very effective antiviral drugs. 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 (EMCDDA, 2016b).

New hepatitis C strategies and action plans

WHO elimination of HCV. The first ever Global Health Sector Strategy for Viral Hepatitis (2016–21), adopted in May 2016, aims at the elimination of viral hepatitis as a major public health threat by 2030. The impact targets for the ‘elimination’ of viral hepatitis in relation to HBV and HCV, the forms most closely associated with injecting drug use, are a reduction in the number of new cases of chronic infection from current levels of 6–10 million worldwide (2015) to 900 000 in 2030, with a reduction in deaths from 1.4 million to under 500 000 (Figure 5). In consultation with European governments, civil society, academic experts and partner organisations including the EMCDDA and ECDC, a regional action plan for the health sector response in the WHO European Region has been developed. The EMCDDA and ECDC will support the strategy by contributing to monitoring its implementation and the achievement of the regional targets.

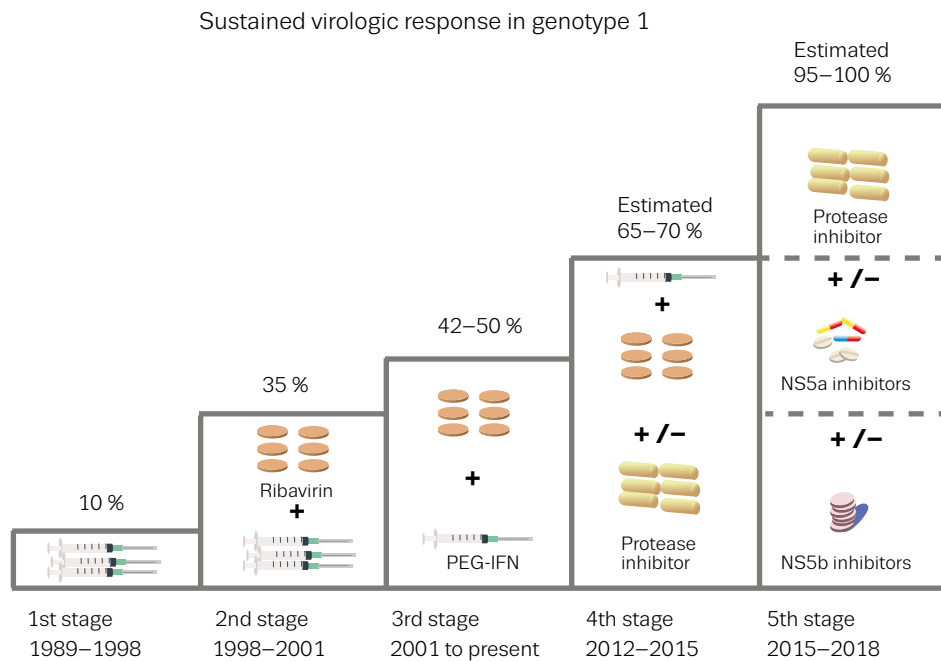
Several European countries are defining new viral hepatitis strategies or revising existing ones. News about national HCV strategies and action plans that specifically address people who inject drugs were reported from Denmark, France, Germany (BMG, 2016), Luxembourg, the Netherlands (see Figure 6) and Portugal. A review published in 2014 had identified existing HCV strategies in Austria, Denmark, Greece, Ireland, Lithuania, Norway, Slovenia and the United Kingdom (Maticic, 2014).

FIGURE 5
WHO vision and targets to tackle viral hepatitis: reduction in number of new chronic HBV and HCV infections and deaths



Adapted from WHO, 2016.

FIGURE 6
Revolution in HCV treatment



Adapted from presentation by Esther Croes.

New French guidelines prioritise immediate treatment of people who inject drugs

Under new guidelines by the French National Hepatology Society, access to hepatitis C treatment with direct-acting antivirals will be provided to everyone diagnosed with hepatitis C. Treatment should be immediate for patients diagnosed with stage 2 fibrosis and for chronic hepatitis C carriers waiting for a liver transplant or experiencing a recurrence of hepatitis C infection after a liver transplant, regardless of the stage of post-transplant fibrosis. It is recommended to grant immediate access to hepatitis C treatment also to groups at high risk of transmitting hepatitis C, including prisoners, migrants, pregnant women and people who inject drugs (AFEF, 2016).

Drug-related infectious disease news and updates

Less recruitment into injecting and fewer new HIV infections in Estonia. Investment in harm reduction services in Estonia included a significant scale-up of the number of sites providing injecting equipment (needles, syringes and alcohol wipes) and of the total number of syringes given out to people who inject drugs, which reached 2.4 million in 2010. The number of first-time visitors to these sites peaked in 2008, at more than 4 000, but has decreased since then, indicating a deceleration in new injecting drug use. During the past five years (2011–15), the number of syringes given out levelled-off at around 2 million, while the number of new HIV infections detected at AIDS counselling centres and attributed (self-report) to injecting drug use fell from 69 to 14 cases.

Study confirms need to increase quality of screening.

A respondent-driven study among 2 077 current injectors in eight large cities in Germany assessed infection risk behaviours and knowledge about HIV and HCV transmission risks, as well as infection status through biological markers and self-report (Wenz et al., 2016; Zimmermann et al., 2014). Comparing laboratory results with perceived status, 17 % of HIV-positive people who inject drugs and 27 % of those with chronic HCV infection were unaware of their infections (Nielsen et al., 2016). Further analysis showed an association between knowledge about risks of HCV transmission and avoiding these risks. Confusion and uncertainty among people who inject drugs regarding the meaning of a positive HCV test and HCV risk confirm the need to increase the quality of post-test counselling.

A new publication in the **EMCDDA Insights series**, *Hepatitis C among drug users in Europe: epidemiology, treatment and prevention* (EMCDDA, 2016b), provides a timely contribution to raising awareness of the hepatitis C epidemic in Europe and the opportunities now opening up to tackle this problem decisively. A state-of-the-art review of the epidemiology of the infection and an overview of the way preventive measures are currently implemented in European countries set the scene. International experts address the treatment of HCV infection among people who inject drugs, with an emphasis on how we encourage uptake and deliver effective outcomes. The new medicines and treatment regimens driving the transformation in the HCV treatment landscape are reviewed, and challenges of scaling up this treatment among drug using patients are explored (link).

Models of HCV care for the most vulnerable populations: HepCare Europe. The EU-funded project 'HepCare Europe' has embarked on developing models of HCV care for the most vulnerable populations, enhancing access to early diagnosis and treatment of viral hepatitis, in an integrated partnership between primary and secondary care. Service models to be tested in Bucharest, Dublin, London and Seville include outreach to the affected community providing point of care screening (oral HCV test) and linkage nurses, who provide community based testing

(including fibroscan) to identify those in the more severe stages of disease (link).

New action plans for the health sector response to HIV and to viral hepatitis in the WHO European Region. The 66th session of the WHO Regional Committee for Europe, in September 2016, endorsed the action plans, the implementation of which will rely on close cooperation between all key stakeholders, including the two EU agencies (link).

EU joint action on HIV and co-infection prevention and harm reduction (HA-REACT) addresses existing gaps in the prevention of HIV and other co-infections, especially tuberculosis and viral hepatitis, among people who inject drugs. This three-year project was launched in late 2015 and brings together experts from most EU Member States. The HA-REACT Partnership Forum took place on 2–3 November 2016, in Riga, Latvia. The closing event of HA-REACT will be held at the AIDS2018 conference in Amsterdam (link).

A project to develop evidence-based guidance on **prevention of infectious diseases among newly arrived migrants** to the European Economic Area has been initiated by ECDC. It aims to collect and synthesise the scientific evidence on screening and prevention of infectious diseases among migrants, review national and international policies, practices and guidelines in this field and draft guidance, in consultation with key experts working with migrants. The guidance is expected to be published in 2017.

Lisbon Addictions 2017. Abstract submission for the Second European Conference on Addictive Behaviours and Dependencies, to be held from 24 to 26 October 2017 in Lisbon, is now open. More information is available from <http://www.lisbonaddictions.eu>.

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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 2016 Statistical Bulletin (<http://www.emcdda.europa.eu/data/stats2016>)
- Preliminary summary and highlights of the 2016 DRID expert meeting (July 2016) (<http://www.emcdda.europa.eu/system/files/attachments/2881/Preliminary%20summary%20and%20highlights.pdf>)
- ECDC hepatitis B and C overview page with links to 2014 surveillance data for EU/EEA (<http://ecdc.europa.eu/en/healthtopics/viral-hepatitis/Pages/World-Hepatitis-Day-2016>)

Appendixes

Appendix 1

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

Country	Year	Injecting drug use prevalence (per 1 000 population aged 15–64)			Estimated number of users		
		Central	Lower	Upper	Central estimate	Lower bound	Upper bound
Belgium	2014	3.48	2.43	4.92	25 295	17 638	35 699
Croatia	2012	0.44	0.35	0.61	1 274	998	1 746
Cyprus	2014	0.48	0.36	0.71	291	216	427
Czech Republic	2014	6.43	6.1	6.77	45 600	43 200	48 000
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	2014	0.72	0.59	0.89	5 120	4 209	6 303
Hungary	2008–09	0.82			5 699		
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	2013	2.42	2.06	2.92	8 145	6 948	9 842
Portugal	2012	2.2	1.94	2.46	14 426	12 732	16 101
Spain	2013	0.3	0.24	0.37	9 879	7 971	11 786
Sweden	2008–11	1.31			8 021		
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: EMCDDA Statistical Bulletin 2016.

Appendix 2

HIV risk assessment 2016: Indicators of HIV situation, transmission risk and prevention coverage in 30 European countries

Country	HIV-related indicators		Indicators of transmission risk		Intervention coverage indicators	
	HIV cases ⁽¹⁾	HIV prevalence trend	HCV prevalence: medium/high or increasing	Injecting drug use prevalence: high or increasing	Problem opioid users in substitution treatment (%)	Syringes distributed by specialised programmes ⁽²⁾ (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	
Portugal				2012	75	150
Romania*						
Slovakia*					8	
Slovenia*					61	
Spain*				2012	>50	230
Sweden				2008–11		25
Turkey*						
United Kingdom*				2004–11	45	

	Low HIV notification rate ⁽³⁾	No significant change in HIV prevalence ⁽⁶⁾	HCV prevalence < 50 % or no significant decrease ⁽⁹⁾	Low injecting drug use prevalence (<3 %) ⁽¹²⁾	High intervention coverage ⁽¹²⁾	High intervention coverage ⁽¹⁵⁾
	Medium HIV notification rate ⁽⁴⁾	Consistent non-significant rise in HIV prevalence ⁽⁷⁾	HCV prevalence 50–60 % or consistent non-significant rise ⁽¹⁰⁾	Medium injecting drug use prevalence (3–6 %) ⁽¹³⁾	Medium intervention coverage ⁽¹³⁾	Medium intervention coverage ⁽¹⁶⁾
	High HIV notification rate ⁽⁵⁾	Significant increase in HIV prevalence ⁽⁸⁾	HCV prevalence > 60 % or significant increase ⁽¹¹⁾	High injecting drug use prevalence (>6 %) ⁽¹⁴⁾	Low intervention coverage ⁽¹⁴⁾	Low intervention coverage ⁽¹⁷⁾
	No information	No information	No information	No information	No information/ no recent population estimate	No information/ no recent population estimate

⁽¹⁾ 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. 2014 HIV surveillance data are still preliminary and reporting delays are likely.

⁽²⁾ Syringes given out by specialised needle and syringe programmes, not including pharmacy sales.

⁽³⁾ Less than 5 cases per million population and no evidence of an increase in HIV case reports.

⁽⁴⁾ 5–10 cases per million population or consistent but non-significant rise in rate at national level.

⁽⁵⁾ More than 10 cases per million population or statistically significant increase in HIV case reports (95 % confidence level).

⁽⁶⁾ No significant trend or statistically significant decrease of HIV prevalence.

⁽⁷⁾ Consistent but non-significant rise at national level.

⁽⁸⁾ Statistically significant increase in HIV prevalence (95 % confidence level).

⁽⁹⁾ National or subnational prevalence levels under 50 % or no significant trend or statistically significant decrease.

⁽¹⁰⁾ National or subnational prevalence levels between 50 % and 60 % or consistent but non-significant rise at national level.

⁽¹¹⁾ National or subnational prevalence levels over 60 % or statistically significant increase in HCV prevalence (95 % confidence level).

⁽¹²⁾ More than 50 % of estimated population in opioid substitution treatment.

⁽¹³⁾ 30–50 % of estimated population in opioid substitution treatment.

⁽¹⁴⁾ Less than 30 % of estimated population in opioid substitution treatment.

⁽¹⁵⁾ More than 200 syringes per estimated injector.

⁽¹⁶⁾ 100–200 syringes per estimated injector.

⁽¹⁷⁾ Less than 100 syringes per estimated injector.

(*) See notes below:

Belgium: A large study conducted each year since 2001 in a drug treatment centre in Antwerp found that HCV prevalence among injecting drug users exceeded 80 % from 2007 to 2011, but has decreased in more recent years.

Bulgaria: Two subnational studies among people who inject drugs, one in Sofia and another one in Sofia and seven other Bulgarian cities, showed increases in HIV prevalence in recent years compared to 2008 values. Overall, HCV prevalence among injecting drug users in eight Bulgarian cities increased between 2008 and 2013, while a study carried out in Sofia alone found increases in HCV levels until 2012.

Estonia: Local studies found HIV prevalence rates among people who inject drugs of 61.8 % in Kõhla-Järve (2012) and 48 % in Narva (2014).

Finland: A national study measured HCV prevalence among injecting drug users at 74 % in 2012.

Greece: Studies indicate that although HIV prevalence among injecting drug users remains stable or may be decreasing, it is still much higher than the pre-epidemic level.

Hungary: A subnational study shows an increasing HCV prevalence trend between 2010 and 2013, although levels are still low (approx. 30 %). In 2014, HCV prevalence among injecting drug users reached 60.9 % in Budapest, the capital city, with a national level of 48.7 % prevalence. See Gyarmathy and Sarósi (2015). Ongoing increases in stimulant injecting in Hungary. See Tarján et al. (2015) and Rácz et al. (2016).

Ireland: Ongoing HIV outbreak in Dublin. See Giese et al. (2015).

Luxembourg: The city of Luxembourg is witnessing an HIV outbreak among injecting drug users since 2013.

Norway: The most recent national study (2014) found the HCV prevalence among injecting drug users to be 62.1 %, although a statistically significant decrease can be seen after 2008.

Romania: At 27.5 %, HIV prevalence among injecting drug users has dropped compared to the previous year, but still remains high relative to the pre-epidemic level.

Slovakia: Low needle and syringe programme coverage (Dublin reporting).

Slovenia: HCV prevalence among injecting drug users has been increasing since 2002 and has now reached 37 %.

Spain: Coverage of opioid substitution treatment is estimated at more than 50 % of the target population (source: Spanish national focal point).

Turkey: National HCV prevalence among injecting drug users in Turkey increased from 23.5 % in 2008 to 45.1 % in 2013, and fell to 42.8 % in 2014, with provisional 2015 data showing a further decrease. Free provision of sterile injecting equipment through needle and syringe programmes is not available in Turkey.

United Kingdom: Preliminary 2015 data for the Greater Glasgow and Clyde area in Scotland document a strong increase in the number of HIV case reports where injecting drug use is identified as the transmission route — from 15 cases per year or fewer (2006–14) to 47 cases in 2015.

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 2016.

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About this publication

Rapid communications bring you the latest findings and discussions in key areas in the drugs field. This report provides an update on infectious diseases related to injecting drug use in Europe. It covers both the EMCDDA Drug-related infectious diseases indicator, which collects data on the situation, and the responses in the area. The report is based on the indicator's annual expert meeting, held in Lisbon in June 2016, which brought together national experts from the 28 EU Member States, Norway and Turkey.

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

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