EMCDDA Meeting on the Key Indicator
Drug-related Infectious Diseases (DRID)

6-8 June 2016 - Lisbon

Compilation of National Abstracts

Recent developments concerning the Key Indicator in the Member States,
Norway and Turkey
Recent developments concerning the DRID Key Indicator in Austria

1. DRID data: sources and methods

There are systematic efforts to improve the quality of the HCV registry: since 2014 laboratories are engaged to report cases, multiple reported cases are filtered. BUT at the moment in only about 3 percent of the reported cases of HCV there is an information about the assumed mode of transmission.

2. DRID situation

- Notifications of HCV, HIV and HBV: No
- Prevalence among drug users data: No
- Behavioural data (testing, sharing, injecting): No
- Uptake of DRID related interventions: No
- Other: No

3. DRID Meeting

a. 'Early warning and threat assessment': -

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: -

c. Coverage of DRID related interventions: -

d. Possible insights from other indicators: -

e. DRID in prison: Since 2013 all new prisoners are tested on HCV.

f. Chemsex: -
Recent developments concerning the DRID Key Indicator in Croatia

1. **DRID data: sources and methods**

   In 2015, Study on seroprevalence of HIV, Hepatitis C and risk behaviours with persons who inject drugs was conducted in three cities: Zagreb, Split and Rijeka. The study used the RDS method for data collection. Limitations of the study included inability to reach expected number samples in Zagreb and Rijeka, as well as inability to reach a population not covered by prevention programs in Split. Analysis showed that population estimates were not stabilized, which opens the possibility that the results would differ given a larger sample, except in Rijeka, where analysis point to stable population. Behavioural data was collected through standardized questionnaires including 11 parts: 1. Sociodemographic data; 2. History – prison; 3. Knowledge and positions on HIV i HCV; 4. Drug use; 5. Opiate overdose; 6. Use of injecting paraphernalia; 7. Opiate addiction treatment; 8. Population estimate (multiplier method); 9. Sexual behaviour; 10. HIV and hepatitis testing; 11. Smoking status. The questionnaire also contained questions for purpose of getting GARPR (Global AIDS Response Progress Reporting) indicators. For drafting of the questionnaire EMCDDA indicators were used, as well as *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injection Drug Users.*

2. **DRID situation**

3. **DRID Meeting**

   a. *Early warning and threat assessment:* -

   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: -

   c. Coverage of DRID related interventions: -

   d. Possible insights from other indicators: -

   e. DRID in prison: New seroprevalence study also collected new data on participants prison history. Results show that almost half of PWID spent some time in prison during their lifetime. Most were in prison only once, although considerable number spent some time in prison on four or more occasions (between 12% and 25 %). 11% of persons injected drugs in prison in Zagreb, 22% in Split and 17% in Rijeka. Three participants reported first injection of drugs during their stay in prison.

   f. Chemsex: -

4. **Call for abstracts**

   Presentation 1: “Study on seroprevalence of HIV, Hepatitis C and risk behaviours in persons who inject drugs in Zagreb, Split and Rijeka”. This bio behavioural study aimed to estimate prevalence of HIV and Hepatitis C infection, incidence of risk and protective behaviour and health program coverage for PWID. It was conducted in 2014 and 2015 in three NGOs which provide harm reduction services for PWID.
Recent developments concerning the DRID Key Indicator in Cyprus

1. DRID data: sources and methods

During 2015, the CAC decided to conduct a bio-behavioural study among intravenous drug users recruited from all treatment services in Cyprus. The study has been approved by the National Ethics Committee and is currently underway.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** No new information available

- **Prevalence among drug users data:** The number of HCV positives during 2014 was 49 cases, corresponding to 43.1% of IDUs tested. No positive HIV cases were found among those tested, although four IDUs self-reported being positive for HIV/AIDS. Due to a small proportion of IDUs in treatment being tested for infectious disease, no conclusions can be drawn as regards trends.

- **Behavioural data (testing, sharing, injecting):** Injecting and sharing continued a downward trend in 2014. Also, as in previous years, prevalence and patterns of high risk behaviour are quite different among CY nationals and foreign nationals. The abovementioned bio-behavioural survey which is underway is expected to shed some light as regards risk behaviours among IDUs.

- **Uptake of DRID related interventions:** Aiming at the reduction of the risk of infectious diseases transmission among the IDUs, a close cooperation with the National AIDS Committee has been established by the CAC and quick screening testing for clients of drug treatment services is being promoted in collaboration with the Committee and the Ministry of Health. In addition, with the support of the CAC, the AIDS Solidarity Movement undertook various initiatives offering free HIV testing at various popular venues across the country. Although the specific intervention was not targeting IDU population, it was available for general population. Furthermore, following CAC’s recommendations regarding the implementation of measures aiming at the reduction of DRIDs transmission among the IDUs, the Ministry of Health has approved a specific budget for the CAC which will cover the cost of syringe and needle provision/exchange through vending machines across the country.

- **Other:** Prison setting: The CAC undertook various initiatives aiming at the operation of the treatment programme in prison. Following prison staff training, the cost of which was covered by the CAC, a closer cooperation with the Prison has been established, allowing the introduction of measures aiming at treatment and harm reduction among prison population, including the implementation of the DRID protocol.
Recent developments concerning the DRID Key Indicator in the Czech Republic

1. DRID data: sources and methods

There have been no changes to the DRID collecting system and data are collected via standardized procedures of National Institute of Public Health, Institute of Health Information and Statistics of the Czech Republic and National Monitoring Centre for Drugs and Addictions (drug services annual reports data). The system is combining different data sources which gives an opportunity to get a whole picture of the situation.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** The transmission of HIV among IDUs is remaining low. In 2014, there were 9 newly diagnosed cases of HIV among injecting drug users (IDUs), i.e. persons who most probably contracted HIV through injecting drug use. Seven other newly diagnosed HIV-positive persons had a history of injecting drug use. Sexual intercourse between men is the dominant route of HIV transmission in the Czech Republic (SZU, 2015a).

- **Prevalence among drug users data:** The total number of newly reported cases of acute viral hepatitis B (HBV) has been declining in recent years, both overall and among IDUs. As regards viral hepatitis C (HCV), the number of cases among IDUs (64% of all cases) slightly decreased in 2014. In the long term, the average age of infected injecting drug users is increasing (SZU, 2015b).

- **Behavioural data (testing, sharing, injecting):** Data about testing for infections and test results in the Treatment Demand Register come in part from the clients themselves, which diminishes their information value. However, it shows a stable and relatively low seroprevalence of the infections observed among injecting drug users with prevalence of HIV 0,2%, HCV 29,4%, HBV 8,7%, HAV 7%. The results of the 2014 testing for HIV, HBV, and HCV among those registered in the Substitution Treatment Register are following: a total of 2314 persons treated were reported in the register in 2014. 193 people were tested for HIV, with one testing positive. 93 individuals were tested for antibodies against HCV (anti-HCV), with 47 testing positive (seroprevalence 50.5%) (Nechanská, 2015).

- **Uptake of DRID related interventions:** N/A

3. DRID Meeting

a. ‘Early warning and threat assessment’ -

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: Treatment is available for all patients.

c. Coverage of DRID related interventions: N/A

d. Possible insights from other indicators: N/A

e. DRID in prison: N/A

f. Chemsex: No data
Recent developments concerning the DRID Key Indicator in the Denmark

1. DRID data: sources and methods

A new tool to gather information on infectious diseases among IDU has been implemented in terms of a reporting system to monitor the services and interventions in the IDU treatment centres of each municipality. This system will eventually evaluate the effect of the action plan for the prevention of hepatitis C and supply the Health Authorities with data on testing, prevalence, vaccination, referral and treatment. We have gained some preliminary knowledge from a small incomplete sample. Robust data will not be available before 2017.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** The proportion of newly diagnosed HIV cases resulting from intravenous drug use has remained stable around 5-10% over the last many years (2015: 3%). Despite minor fluctuations there seems to have been a decline in the number of registered acute hepatitis cases in the Danish population as a whole over recent years. During the last 10 years the share of acute hepatitis cases, where the infected person has been an intravenous drug abuser, has been around 0% for hepatitis A, varied between 0 and 2015: 42% for acute hepatitis B and between 0 to 85% for acute hepatitis C, 2015: 38%. (The overall number of reported cases of acute hepatitis B and C is low in Denmark). The proportion of persons reported with chronic hepatitis B resulting from intravenous drug abuse is relatively stable between 2 and 2015: 7%. Reported IDU’s with chronic hepatitis C account for 60-75%, 2015: 56%.

- **Prevalence among drug users data:** Sero-prevalence studies are not performed on a regular basis and the latest are more than 5 years old. It is expected, that the prevalence of HIV among IDU’s in treatment is relatively low (<5%), that one fourth is infected with hepatitis B and half with hepatitis C.

- **Behavioural data (testing, sharing, injecting):** The reporting system for HCV, HIV and HBV includes assumed manner of infection and for HIV information about previous HIV test. No further behaviour data linked to infectious diseases are available. No specific studies on behaviour are performed.

- **Uptake of DRID related interventions:** No knowledge or counts of needle exchange or sharing. Preliminary results of testing, vaccination and referral among IDU’s in treatment.
Recent developments concerning the DRID Key Indicator in Estonia

1. DRID data: sources and methods

Nothing new in data collecting methods after 2015 changes when Estonian communicable diseases registry were linked to the HIV treatment registry.

2. DRID situation

We didn’t conduct any studies among PWID in 2015. Some new data (2015) will be presented at the Regional assessment of HIV risk among people who inject drugs (PWID) form.

3. DRID Meeting

a. Early warning and threat assessment: -

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: -

c. Coverage of DRID related interventions: syringe exchange database what is a working tool for service providers and a routine monitoring system for NIHD. Web-based electronic client monitoring forms and questionnaires for new and repeat visitors (socio-demographic data, risk behavior, drug consumption etc); electronic reports (number of visits, syringes distributed etc)

d. Possible insights from other indicators: The treatment database is still not personalized and also there is no new variables added to the database. We are planning to conduct a special survey for TDI treatment prevalence exercise in autumn 2016.

e. DRID in prison: Nothing new, just an overview: All people who are arrested or found guilty for the first time are recommended to take HIV-test. HIV-test is voluntary and confidential. Testing is free of charge for prisoners. HIV-positive prisoners are in a prison pursuant to the general procedure. Depending on the state of his/her health he/she will be assigned further examinations and treatment. Prisons have the responsibility to organize regular trainings for detainees and prison staff regarding the prevention of the HIV infection spread. Condoms are also distributed to prisoners in prison health units and long-term meeting rooms (free of charge). Substitution treatment with methadone is available in all prisons and it is also possible to start the treatment in prisons.

4. Call for abstracts

we didn’t conduct any new studies among PWID in 2015, we don’t have any new data to present. If it would be interesting, I can prepare an overview about NSP clients characteristics (based on NSP database data).
Recent developments concerning the DRID Key Indicator in Finland

1. DRID data: sources and methods
   No changes

2. DRID situation
   - **Notifications of HCV, HIV and HBV**: The number of notified HIV and HCV cases in 2015 stayed in a same level as in the past years (HIV: 7 cases, HCV: 1164 cases).
   - **Prevalence among drug users data**: HIV (prevalence 1%) and HCV (prevalence 74%) among IDU have been stable several years.
   - **Behavioural data (testing, sharing, injecting)**: No new data
   - **Uptake of DRID related interventions**: There were no interventions on 2015

3. DRID Meeting
   a. **Early warning and threat assessment**: Looks promising. A practical way to collect data and get an "snap shot" of the country situation
   b. **Morbidity, mortality, and continuum of care** for HIV and hepatitis among PWUD: -
   c. **Coverage of DRID related interventions**: -
   d. **Possible insights from other indicators**: -
   e. **DRID in prison**: -
   f. **Chemsex**: -
Recent developments concerning the DRID Key Indicator in France

1. DRID data: sources and methods

I don’t understand why EMCDDA uses Tessy data for notifications HIV among IDUs (number of cases). The data sent to Tessy are actually crude data, while InVS (Institut national de Veille Sanitaire) corrected data to account for reporting delays of under-reporting and missing data. Each year, the corrected number of cases should be greater than crude number of cases. But this is not the case (e.g in IDU in 2012) because Tessy asked to send all the cases registered, whether or not new diagnoses. The ECDC publishes such data, without selection or correction. While InVS corrects the data, then selects the new diagnoses. OFDT retains these corrected data that identify new diagnostics, i.e the HIV diagnoses.

http://www.ofdt.fr/statistiques-et-infographie/series-statistiques/evolution-du-nombre-de-nouveaux-cas-de-sida-lies-l-usage-de-drogues/

2. DRID situation

- Notifications of HCV, HIV and HBV: In 2014, 74 injecting drug users (IDU) were newly diagnosed as HIV, i.e only 1.1% of all newly diagnosed cases, down from last year.
- Prevalence among drug users data: ENA CAARUD survey was conducted two weeks in September 2015. The results will be available at the end of 2016 with prevalence based on reported data.
- Behavioural data (testing, sharing, injecting): ENA CAARUD 2015 survey includes behavioural data (results available at the end of 2016).
- Uptake of DRID related interventions: Three drug consumption rooms will open in France. The first will open in Paris in autumn.
- Other: New prevention kits have been evaluated and the evaluation report will be available soon. HCV rapid diagnosis tests should be available in a few weeks and will be used by CSAPA and CAARUD.

3. DRID Meeting

a. ‘Early warning and threat assessment:

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: Mortality cohort 2009-2015 (OFDT) update: mortality caused by HIV or hepatitis is very low (2 cases of viral hepatitis, one mention of seropositivity to HIV among 34 causes of death available. In France, 18,000 patients initiated hepatitis C treatment with new direct-acting antivirals between 01/01/2014 and 30/06/2015: 11,600 in 2014 and 7,000 in the first half of 2015. The number of PWUD initiated treatment is not known.

c. Coverage of DRID related interventions: Syringe exchange programme postal (Association Safe)

d. Possible insights from other indicators: Estimation number of injectors in 2014 underway (method capture-recapture), OFDT.

e. DRID in prison: Project Pride (ANRS-INSERM): Research and Intervention Program for Prevention of Infectious Risk among offender. Intervention trial in prison, underway.

f. Chemsex: Data from TREND, Paris

4. Call for abstracts

Presentation 1: Short update on opening drug consumption rooms in France

Presentation 2: Contextualization of chem-sex: changing patterns of dating and sexual practices among MSM, psychoactive substances’ goers in Paris. Grégory Pfau (subject to EMCDDA supports transportation costs and hotel)
Recent developments concerning the DRID Key Indicator in Germany

1. DRID data: sources and methods

Changes in the German Core Data Set for Addiction Help: The German Core Data Set which included data from 837 outpatient (among them some low-threshold drug services) and 206 inpatient facilities in 2014 has been updated with the aim of gaining more information on injecting drug use, drug related infectious diseases and harm reduction measures. The updated questions will be implemented in 2017. The set of questions has been extended and now includes the new items “age at first injection”, “age of beginning of first OST” and “needle sharing”. The existing items on the HIV-, Hepatitis B- and Hepatitis C-status have been changed to now include the date of the last test. For Hepatitis B and C, test results will be coded as “not active, antibodies negative”, “cleared infection, antibodies positive, PCR negative”, “active, PCR positive” and “unknown”.

2. DRID situation

- Notifications of HCV, HIV and HBV: Change of case definition (CD) in 2015 for hepatitis B and C notifications. HCV notifications now fulfil the CD only when HCV core antigen or HCV-RNA is present, leading to a decrease of notified cases in 2015. We further observed an increase of cases with probable mode of transmission MSM and a decrease of notified active cases with probable mode of transmission IDU. This hints at ongoing transmission among MSM. PWID still represent the by far largest group (76%) among notified HCV cases with information on mode of transmission, but probably mainly with chronic infections that were acquired years ago. HIV-notifications 2015 showed a slight absolute increase (from 3500 cases in 2014 to 3.674 cases in 2015), as well as an increase of cases with transmission via injecting drug use, representing 5% of cases with known mode of transmission (3.9% in 2014).

- Prevalence among drug users data: Data of the DRUCK-study (2011-2014) on HBV, HCV, HIV prevalence were reported to ST9 for 8 study sites

- Behavioural data (testing, sharing, injecting): Data of the DRUCK-study (2011-2014) on behavioural indicators were reported to ST9 for 8 study sites

- Uptake of DRID related interventions:

- Other: National recommendations for treatment of Methamphetamine addiction have been developed and are about to be published.

3. DRID Meeting

a. ‘Early warning and threat assessment’:

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: two ongoing projects in this field:
- Echo study (Epidemiology of hepatitis C virus infection among people receiving opioid substitution therapy) an observational, longitudinal, multicentre study which aims to estimate prevalence and incidence of HCV among OST patients as we as treatment uptake.
- HCV Treatment as Prevention in Europe: Model Projections of Impact And Strengthening Evidence Base On Intervention Coverage and Effect and HCV Morbidity

c. Coverage of DRID related interventions: ongoing project - INFO study (Interferon-free antiviral regimens for the treatment of chronic hepatitis C virus infection among opioid substituted patients) a prospective cohort study aims to evaluate the effectiveness of IFN-free DAAs regimens for the treatment of chronic HCV-infection among OST patients in real life clinical settings.

d. Possible insights from other indicators:
e. **DRID in prison:** Since 2016, in all German prisons reporting on addiction and drug abuse among people in prison is implemented (yearly questionnaire due on 31 March) The aggregated data is reported to the national level via the federal states.

Multivariable analysis of the DRUCK-study showed a clear association between both, self-reported total duration of imprisonment and frequency of imprisonment and HCV infection, hinting at risks for infection during imprisonment and after release. (Abstract to INHSU 2016, publication in preparation)

f. **Chemsex:**

1. QUADROS - an ongoing model project by Deutsche AIDS-Hilfe for improving quality in prevention and counselling in the context of drugs and sexual risks among MSM.
2. A qualitative study on drug consumption among MSM was performed: 14 indepth interviews with drug consuming MSM in 3 German cities (Cologne, Berlin, Frankfurt/M.) were performed and analysed following a systematic review of the literature on drug consumption among MSM. (Deimel et al. 2016). Poster at the European ChemSex Forum April 2016: [https://clubdrugstudie.files.wordpress.com/2015/11/poster-deimel.pdf](https://clubdrugstudie.files.wordpress.com/2015/11/poster-deimel.pdf)

A quantitative cross-sectional study is planned, but funding is not yet identified.

4. **Call for abstracts**

Presentation 1: Unsafe use, knowledge and HCV infection: Results from a sero-behavioral survey of current injectors in Germany (Poster at EASL 2016, publication in preparation) (abstract attached)
Recent developments concerning the DRID Key Indicator in Hungary

1. DRID data: sources and methods

In 2014 and also in 2015 the national HIV/ HCV seroprevalence survey was repeated after a 2 year gap during a critical period in terms of increasing NPS injecting and decreasing levels of harm reduction interventions (years of previous surveys were: 2006, 2007, 2008, 2009, 2011). Also since 2014 an extended version of the questionnaire on risk behaviours is recorded attached to the serological results to better measure patterns related to NPS injecting. However, in the second half of 2014 the two largest NSPs in Budapest had to be closed, who were also two of the most important sites with the highest number of clients tested during the seroprevalence studies until 2014. Their organisations (without the provision of NSP) still participated in the 2015 survey (but with different locations than previously and one of them tested only 30 clients instead of previously assigned 100 samples), however, probably they could not recruit the same PWID population any more, that is why previously ensured comparability of data points in this times series data is endangered as regards data of 2015.

2. DRID situation

- Notifications of HCV, HIV and HBV: 2015 data is not available yet.
- Prevalence among drug users data: Further increase of HCV outside of Budapest among PWID in 2015.
- Behavioural data (testing, sharing, injecting): 2015 data is not ready yet on DRID and risk behaviours. According to NSP client data prevalence of NPS injecting is further increasing.
- Uptake of DRID related interventions: Strong decrease in the number of distributed syringes/ collected syringes/ clients and contacts in 2015 after the closure of the 2 largest NSPs in Budapest in 2014.

3. DRID Meeting

a. ‘Early warning and threat assessment: See above at 2/2 and 2/4.


d. Possible insights from other indicators: Our estimate on number of PWID is from 2010 referring to 2008/09 that does not reflect possible changes since then (emergence of NPS injecting and possible expansion of the PWID population). The HNFP will look at the data originating from DRID seroprevalence studies of 2014/2015 to assess feasibility to conduct a new estimate using the same method as in 2010. The implementation of the new TDI protocol that will cover DRID data is still in progress in Hungary.

e. DRID in prison: No new information since the NR.

f. Chemsex: No evidenced-based information on this topic.

4. Call for abstracts

Presentation 1: Impact of the closure of the 2 largest NSPs on DRID monitoring and NSP coverage in 2015.
Recent developments concerning the DRID Key Indicator in Ireland

1. DRID data: sources and methods

2. DRID situation

- Notifications of HCV, HIV and HBV: In 2014, 7% (27) of newly-diagnosed HIV cases were PWID. This is the highest number of HIV cases among PWID since 2009. Of these 27 cases, 14 were women and 13 were men. The number of newly diagnosed women increased from 3 in 2012 to 14 in 2014. The median age was 32 years (range 24 to 49 years).

- Prevalence among drug users data: In February 2015 an outbreak of recently acquired HIV infections among PWID was reported in Dublin. In total, between January 2014 and September 2015 there were 38 cases. Of these 16 were female and the median age was 35 years (range 24 – 51). Of the 38 cases 29 were registered with homeless accommodation services. Of the 20 cases for which information is available, 18 reported injecting snow blow. Other at-risk practices (sex with PWID or with an HIV positive partner) were reported by 20 of the 38 cases.
Recent developments concerning the DRID Key Indicator in Italy

1. DRID data: sources and methods
   
   No major change

2. DRID situation
   
   - Other: we await for some national data to be checked and discussed

3. DRID Meeting

4. Call for abstracts

   Presentation 1: HIV, HBV, HCV and syphilis testing in Italy: the new guidelines for serological screening and a two-day training for healthcare professionals working in public drug treatment services. A low proportion of drug users attending public drug treatment services in Italy uptake serological testing for HIV (30%), HBV (21%) and HCV (17%), according to last published data (2011). No data for syphilis was available. Based on these data, the Italian Drug Prevention Policy Department, regional contact points and the Italian National Institute of Health (National AIDS unit and UO-RCF unit, Department of infectious Diseases) envisaged the urgent need of and collaborated for releasing new guidelines aimed at promoting the serological screening and the early diagnosis of HIV, HBV, HCV and syphilis in drug treatment services. The guidelines were drafted in 2015 and are currently in press. Briefly, they include an overview of the epidemiology of these infections, the description of procedures and criteria required for serological testing, and propose a communicative-relational model effective to promoting the uptake of serological testing for drug-related infections. Moreover, in February 2016, a two-day training for 40 selected healthcare professionals that work in drug treatment services was organized. The objectives of the training were as follows: raising awareness on the relevant spread of these infections among drug users, defining communication and relationship skills, educating on the use of tools and procedures that encourage the uptake of serological testing, implementing the application of the new guidelines. Theoretic plenary sessions, exercises in working groups, interactive discussion and role-play training were performed.

   Presentation 2: Early Diagnosis and Treatment of drug-related infections in Italy: the DTPI study. This study was conducted in the period July 2013-July 2014 and included 406 PWUD from 11 drug treatment services. Every participant underwent HBV and HCV serological testing; individual demographic and behavior data were collected. HIV data could not be recorded due to privacy issues. High testing rates were observed for both HBV (88%) and HCV (77%). HBV- and HCV-positivity rates were 27.2% and 26.6%, respectively. A high proportion of participants reported behaviors at risk, such as: exchanging syringes, using non-sterile equipment, a high number of sexual partners, and infrequent use of condoms. These results underline the need of promoting the serological screening of HBV and HCV among PWUD, combined with education campaigns on safe sex and active offer of HBV vaccination.
Recent developments concerning the DRID Key Indicator in Latvia

1. DRID data: sources and methods

As the data of the year 2015 is not collected and reported to EMCDDA by now the comments provided here are based on the data of the year 2014 (reported to EMCDDA on 2015). No significant changes are observed in DRID surveillance system in Latvia. Nevertheless in 2014 there several important studies have been carried out and published: (1) the study on drug use prevalence among prisoners (national wide representative cross-sectional study), including questions on the presence of drug related infections as well as mental health aspects; (2) the second study is the bio-behavioural drug injectors cohort study (8th wave); express tests have been used to identify cases of HIV, HBV, HCV and syphilis.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** In 2015 the newly registered HIV cases in Latvia shows the increasing tendency again (as since 2009). I.e. in 2009 there 12.8 cases per 100,000 population have been registered whereas in 2015 the rate was 1.5 times higher - 19.8 / 100,000 (n=393) (in 2014 – 17.4 / 100,000; n=347), which is an alarming tendency. In 22.4% of the cases drug injection is registered as the mode of transmission (21.3% in 2014). Number of registered cases of acute HBV in 2014 (latest data available) was slightly lower than in 2013 – 70 and 87 respectively. One fifth of the cases (21%) in both years are associated with drug injection. Number of notified cases of acute HCV in 2014 is slightly higher than in 2013 (58 and 53 respectively). In 2014 24% of the cases were associated with drug injection which is higher proportion comparing to 2013 (13%).

- **Prevalence among drug users data:** No new seroprevalence studies have been carried out since 2012 when the HIV prevalence rate identified in RDS study was 31.7%. The last 3 phases of the drug users cohort study show the HIV prevalence as high as 24.5% in 2012, 25.7% in 2013 and 28.6% in 2014 which, i.e. the tendency is increasing. HCV prevalence identified during the cohort study was 83.3 in 2012, 83.7 in 2013 and 84.2% in 2014 (slightly increasing tendency).

- **Behavioural data (testing, sharing, injecting):** Data from the last RDS study in 2012 show that recent needle sharing (last time they injected) is practiced by 23.2% of PWID. The PWID cohort study shows that the percentage of persons who reported receptive needle sharing within last 6 months has decreased (from 30.2% in 2006 till 4.4% in 2013 and 2.1% in 2014). Regarding the testing activities - data from the last RDS study in 2012 show that recent HIV test (within the last year) is undergone by 41.2% of injectors. The PWID cohort study shows that percentage of persons recently undergone the testing has decreased – from 71.5% in 2006 till 47.8% in 2013.

- **Uptake of DRID related interventions:** PWID cohort study (phase 8th in 2014) shows that at least once per lifetime the stationary NEP is visited by half of the respondents. Services of the mobile unit at least once per lifetime are used by slightly less than a half on drug users.

3. DRID Meeting

a. **‘Early warning and threat assessment:** The EMCDDA risk assessment form shows that in Latvia there the risk factors are present at all indicators – HIV notification rate exceeds 10 per million population, HIV prevalence exceeds 10% among PWID, HCV prevalence exceeds 60%, prevalence of IDU exceeds 6 per 1000 population, OST coverage is below 30% and NSP coverage is below 100 syringes per injector.

b. **Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD:** (1) In drug users cohort study phase 8 (2014) there the HIV and HCV positive participants were questioned on whether they have ever received HIV/HCV treatment. Data are analysed now and can be presented during the meeting. (2) In 2014 around 20% of all people living with HIV are receiving HAART. In 2014 the CD4
cell threshold for HAART for asymptomatic patients was still 200 cells / mm$^3$. Only now – in 2016 the threshold was raised up to 350 cells.

c. Coverage of DRID related interventions: PWID cohort study (phase 8$^{th}$ in 2014) shows that at least once per lifetime the stationary NEP is visited by half of the respondents. Services of the mobile unit at least once per lifetime are used by slightly less than a half on drug users.

d. Possible insights from other indicators: See suggestion for the presentation: Linkage of TDI and DRID in Latvia – first two years of DRID data collection in drug treatment services. Data analysis for the year 2014 (comparing to 2013) is carried out now.

e. DRID in prison: In 2014 a study on drug use prevalence among prisoners (national wide representative cross-sectional study) is carried out, including questions on the presence of drug related infections as well as mental health aspects. 7% are reporting to be HIV infected (the same rate was identified in previous research in 2010), HCV is reported by 17% of prisoners (18% in 2010). TB is reported by 6% (8% in 2010). NEPs are still unavailable in Latvian prisons. The necessity of these programs is supported by 62% of prison inmates. Among prison employees this event is supported by only 26% of respondents. Still 40% of employees agree with the statement that drug addicted prisoners don’t deserve support.

f. Chemsex: Drug users cohort study (2014) shows that over 90% of drug users have been sexually active within last 12 months. Half of them have used condom at last intercourse. Sex for goods or money is reported by less than 10% of drug users.

4. Call for abstracts

Presentation 1: **Linkage of TDI and DRID in Latvia – first two years of DRID data collection in drug treatment services**

Presentation 2: **Drug users cohort study in Latvia – DRID results from the 8$^{th}$ phase of the study** (in 3 last phases of the study (years 2012, 2013 and 2014) the express testing was used for HIV, HCV, HBV and syphilis; thus the prevalence rates are known as well as incidence can be modelled as all drug users tested negative in previous phases are repeatedly tested in next phases of the study).
Recent developments concerning the DRID Key Indicator in Lithuania

1. DRID data: sources and methods

   There are no changes

2. DRID situation

   - Notifications of HCV, HIV and HBV: no new data
   - Prevalence among drug users data: no new data
   - Behavioural data (testing, sharing, injecting): no new data
   - Uptake of DRID related interventions: no new data
Recent developments concerning the DRID Key Indicator in Luxembourg

1. DRID data: sources and methods

Since 2014, two new free of charge HIV testing sites have opened in the South and the North of the country. Also, resources allocated by the Ministry of Health to the national DIMPS project (a mobile facility for sexual health promotion offering onsite free rapid HIV and hepatitis testing in vulnerable groups) have been increased. A first national hepatitis action plan has been finalised and will be launched in the course of 2016. Finally, the existing national surveillance committee on HIV/AIDS has been reorganised and renamed to Comité de surveillance du syndrome d'immunodéficience acquise (SIDA), des hépatites infectieuses et des maladies sexuellement transmissibles, with an enlarged mandate on HIV, hepatitis and other infectious diseases in order further develop a comprehensive response. Moreover, an outreach project (MOPUD), including free rapid HIV and hepatitis testing and needle exchange, targeting marginalised (stimulant) injectors, highly at risk for infectious diseases, is planned to be launched by the end of 2016.

2. DRID situation

- Notifications of HCV, HIV and HBV:

  - Prevalence among drug users data: General HIV prevalence in PWUD remained rather stable during recent years. The rate of drug injectors in newly diagnosed HIV cases has been showing a decreasing trend until 2011/12 but has been gradually increasing since (also confirmed by 2015 data). A profile assessment analysis of newly infected drug users has been performed by an expert group. It appears that higher diagnosis coverage (due to new testing offers) only partly explains the observed increase. The national drug market increasingly provides for cocaine in recent years. Users who are injecting cocaine, present more frequent daily injections than for heroin, with faster withdrawal symptoms, a need of more syringes and a higher disposition towards risk taking. Other factors are at play, such as the below referred to emergence of small highly marginalised and high frequency user groups with no or poor contact with the specialized care network. The work of the expert group have resulted in the creation of a new outreach project (MOPUD) mentioned above and that should be operational by the end of 2016.

  - Behavioural data (testing, sharing, injecting): Emergence of small by highly marginalised high frequency user groups living mostly in urban squats with no or poor contact with specialised care services. See previous answers.

3. DRID Meeting

a. Early warning and threat assessment: Since 2013, the number of clean needles exchanged have been increasing to reach a record figure of 359,340 in 2015 which equals to approximately 240 syringes per PWID per year. Coverage of OST has reached 77% among opiate users.

b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: HIV treatment uptake for diagnosed HIV cases is very high at the national level. A new national hepatitis action plan, to be launched in the course of 2016, will hopefully allow to increase early diagnosis and improving treatment uptake of PWUD living with hepatitis.

c. Coverage of DRID related interventions: A new serology based study on viral hepatitis infections in PWUD has been launched in 2016 and first results are expected for 2018.

d. Possible insights from other indicators: see C.

e. DRID in prison: HIV and hepatitis diagnosis and treatment is available in prison settings at the national level. The study refered to under C. also include drug users in prison settings.

f. Chemsex: No data currently available.
Recent developments concerning the DRID Key Indicator in Norway

1. DRID data: sources and methods

   Prevalence data for HIV and hep B and C will be available for 2015. No other changes

2. DRID situation

   - Notifications of HCV, HIV and HBV: None
   - Prevalence among drug users data: Prevalence data for PWID in Oslo and Bergen will be available for 2015
   - Behavioural data (testing, sharing, injecting): Some behavioural data will be available for PWID in Oslo and Bergen
   - Uptake of DRID related interventions: None

3. DRID Meeting

   a. ‘Early warning and threat assessment’:
   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: No new information
   c. Coverage of DRID related interventions: No studies available
   d. Possible insights from other indicators: No changes, few data from treatment settings
   e. DRID in prison: No data available
   f. Chemsex: No data available

4. Call for abstracts

   Presentation 1: A cluster of Bacillus cereus infection among PWID Norway 2016  
   Like some other northern European countries, Norway has experienced a number of reported cases and clusters of infections among PWID caused by spore-forming bacteria. In April 2016 a cluster of Bacillus cereus infections were reported from the cities of Trondheim and Stavanger. Till now 3 cases have been reported, microbiological analysis has shown similar strains of the bacteria in all three cases. The patients (2 males and one female) had relative mild symptoms of septicaemia. All the cases reported using mainly amphetamine. These are the first reported cases of Bacillus cereus infections among PWID in Norway.
Recent developments concerning the DRID Key Indicator in Portugal

1. DRID data: sources and methods

   No major changes took place in the reporting period: DRID expert group is in place and operative, activities to improve coverage and data collection, analysis and reporting under the framework of the Multidisciplinary Information System (SIM) were fostered, as planned, which strengthens the reliability of reported data; • Also, it deserves mentioning the development of a Business Analytics tool, to operate on SIM data, which will allow a closer follow up and monitoring of DRID indicators (beginning of implementation in 2015, to be fully operative in the second semester of 2016).

2. DRID situation

   For all items: Data collection and analysis for this period is being finished, therefore definitive conclusions are not yet available; nevertheless, no major changes are noticeable, regarding these items and early analysis on available data show no alterations on the well-established diminishing trend on DRID numbers.

3. DRID Meeting

   a. ‘Early warning and threat assessment: No new threats, or outbreaks, were detected in 2015

   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: An increasing number of patients treated in outpatient public services for addictive behaviours and dependences are being referred and enrolled in HCV treatment, involving the new oral anti-viral medicaments.

   c. Coverage of DRID related interventions: Coverage of DRID related interventions, in both Treatment and HRR settings, are monitored by SICAD – in this domain, no major changes are to be reported in coverage or accessibility to these measures, besides what was reported on 3.b)

   d. Possible insights from other indicators: See 2.

   e. DRID in prison: The DGRSP carried out methodological changes in the register of data on infectious diseases in the inmate population, which allowed in 2013 for the first time, disaggregated data relating to inmates in drug treatment.

   f. Chemsex: N.A.
Recent developments concerning the DRID Key Indicator in Romania

1. **DRID data: sources and methods**

   No significant changes about DRID data collection system: PREVALENCE DATA: TDI self-reported data remain the main source, Needle& syringes Programmes routine monitoring system(since 2012), Drug Related Medical Emergencies core indicator(since 2011); Prison system data (on DRID related intervention- updates on request). NOTIFICATIONS: Data Reported By the National Monitoring Center for HIV epidemic(INBI – Matei BALS) and National Institute for Public Health System Statistics).

   BEHAVIOURAL DATA: Preliminary data, yet not public (descriptive analysis is in progress) of a new Behavioural Surveillance Survey, using RDS sampling, among IDUs from Bucharest will be available until the DRID meeting in June.

2. **DRID situation**

   - *Notifications of HCV, HIV and HBV:* 149 new HIV+ IDUs were notified by the end of 2015 in Romania (compared to 84 in 2014), most of them from Bucharest, aged between 25 - 34 years, using heroine alone or combined with methadone and NPS, 58 HIV infected and 91 with AIDS. HVB and HVC for IDUs are not yet available.

   - *Prevalence among drug users data:* TDI data not yet available – analysis in progress. Needle& syringes Programmes routine monitoring system data: 11.2% of the tested clients were found HIV+; 27.4% were HVC + and 5.6% were HVB+.

   - *Behavioural data (testing, sharing, injecting):* NEW BSS 2015 preliminary data: 522 IDUs tested for HIV, HBV&HCV,36.8% subjects have injected drugs in the last month with previously used syringes, 30,7% have shared other injecting equipment (spoon, filter, clean water) in the last month, all of them have injected drugs in the last 30 days and over 70% have injected in the same day with the interview.

   - *Uptake of DRID related interventions:* HIV testing in 2015: 297 IDUs tested for HIV by the national epidemiological surveillance system, 410 IDUs from Bucharest’s Needle &Syringes Programmes tested for HIV(TDI data not yet available); Syringes distribution: 1,425 592 syringes distributed in 2015 to about 4600 clients, compared to about 2 milions syringes in 2014; OST data not yet available.

3. **DRID Meeting**

   a. ‘Early warning and threat assessment: HIV epidemic is stable and slowly decreasing after the 2011 HIV + outbreak among the IDUs in Bucharest.

   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: All of the HIV+ cases of IDUs notified in 2015 by the national epidemiological surveillance system were registered for ARV treatment. Among them, 81,87% are HVC, 8,72% are STI and 31,54% are TB co-infected.

   c. Coverage of DRID related interventions; HIV testing in 2015 is slowly increasing; Syringes distribution is decreasing because of the limited resources available: OST data not yet available.

   d. Possible insights from other indicators: new estimates upon IDUs number is expected based on a new multiplier extracted from the above mentioned BSS study.

   e. DRID in prison: no new data available.

   f. *Chemsex:* Not available data

4. **Call for abstracts**

   Presentation 1: *Behavioural Surveillance Survey 2015 among IDUs in Bucharest – key findings.*
Recent developments concerning the DRID Key Indicator in Slovakia

1. **DRID data: sources and methods**

   There is a sentinel surveillance with a high degree of validity running in Slovakia annually, with which we plan to continue to make it possible to build on the existing time series on incidence and prevalence of drug-related infectious diseases. Tests are administered to both injecting drug users (IDUs) and non-IDUs. Annual re-testing is encouraged among patients with negative results. The prevalence of infectious diseases is reported in three distinct categories of drug users- all drug users, drug users entering treatment for the first time and IDUs. The greatest methodological limitation of the current study is that the reported data can only be applied to the western region of Slovakia. From 2016 we are preparing extended monitoring of blood borne infectious diseases in injecting drug users by extending the TDI form of other items to allow data collection on infectious diseases of drug users at the national level. We expect that it will give us a more complex picture, although lower rate of coverage and testing in the beginning is also expected. The new methodology must pass legal approval before being introduced.

2. **DRID situation**

   - **Prevalence among drug users data:** Overall the prevalence of drug related infectious diseases remains stable. Surveillance data shows low prevalence and incidence of HIV infection, while continued stable number of reported cases of hepatitis C and hepatitis B among injecting drug users. HCV prevalence in all injecting drug users remains stable – 32% compared to 30% in 2014. In HCV incidence, there seems to be a slight non-significant increase in absolute numbers in 2015, that needs further examination. Prevalence of HBV among IDUs was 17% in 2015. HIV prevalence in IDUs remains very low, below 1% of injecting drug users. Only 2 new HIV cases in injecting drug users were reported in 2015. Standard pre- and post-test consultation was provided to all patients who took part in the blood collection. Patients, who were found to be infected, were monitored, informed about possible treatments and instructed about the basics of transmission prevention and risk reduction.

   - **Behavioural data (testing, sharing, injecting):** The overall trend has similar development as in 2014, with problem opiate users decreasing and methamphetamine users and polydrug users increasing. Due to current situation on drug scene also injecting patterns remain stable - methamphetamine users have lower injecting prevalence and lower injecting frequency.

   - **Uptake of DRID related interventions:** Needle and syringe exchange programs in Slovakia are operated by specialized addiction treatment centers, low-threshold services, and pharmacies – they sell syringes very cheaply. The number of syringes distributes is not conclusive though – we lack the number of syringes distributed at the pharmacies. As about opiate substitution treatment, there are two facilities running methadone maintenance treatment in Slovakia, one in western Slovakia, one in the middle Slovakia, treating a total number of approximately 300 patients. Buprenorphine-naloxone is available and can be prescribed by out-patient and in-patient psychiatrists. Substitution treatment is available, and the total number of patients treated is respective to decreasing prevalence of opiate users in Slovakia.

   - **Other:** No incidence of tetanus or tuberculosis infection was recorded in the geographical area of sentinel surveillance.

3. **DRID Meeting**

   a. ‘Early warning and threat assessment: -

   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: Incidence of drug related deaths (DRD) is one of the key epidemiological indicators of the severity of drug related problems. There are two approaches employed to monitor DRD: examining possible indirect deaths identified by medical jurisprudence and monitoring the number of drug users ever in treatment who died. While neither of the employed approaches is capable of exhausting all deaths, they provide basic orientation in the matter. The overall mortality rate of drug users in a study conducted in Center for Treatment of Drug dependencies in Bratislava in 2015 was 6.3 deaths per 1 000 patients a year.
When distinguishing the effects of specific substances, highest mortality was found among polysubstance and opiate users, while lowest mortality was found among cannabis and methamphetamine users. Consequently, patients with opiate and polysubstance dependencies represent a significant group regarding the reduction of drug related deaths. The low mortality of cannabis and methamphetamine users may in part be explained by the young age of these participants. When controlling for age, the effect of direct toxicity of psycho-active substances on mortality was most prominent among opiate users. A limitation of the current study, which prevented a more in-depth and reliable analysis, is that despite the robust methodology it was not possible to distinguish deaths caused by direct and indirect effect or drug intoxication. Regardless, the study illustrates a reliable raise in mortality among a relatively young cohort of drug dependant adults; the mortality in this study surpasses that of corresponding age category in the general population.
Recent developments concerning the DRID Key Indicator in Slovenia

1. DRID data: sources and methods

There have been no recent changes to the systems and sources used to collect the DRID in Slovenia. The prevalence of HIV, HCV and HBV infections is monitored by collecting data about voluntary diagnostic testing for HIV, HCV and HBV among PWIDs who enter or re-enter treatment within the national network of Centres for the Prevention and Treatment of Illicit Drug Addiction (CPTIDA) and through unlinked anonymous HIV testing of PWIDs at first treatment demand in the largest CPTIDA and in some NGO harm reduction programmes. The strengths are the nationwide coverage and sustainability. In addition, the National Institute of Public Health (NIPH) collects information on newly diagnosed cases of HIV, HBV and HCV infections. The strengths are the nationwide coverage and sustainability. The notification of HIV diagnosed cases is believed to be complete. Almost 100% of HIV infection cases reported to the NIPH contain information on probable transmission route. Thus, any underestimation of HIV infection incidence among PWIDs is only due to late diagnosis. In contrast, due to underascertainment and underreporting of diagnosed cases, HBV and HCV reported incidence rates are much less reliable and underestimate the true burden of infections in this population. Also, information on transmission routes (e.g. PWIDs) is only available for a minority of reported HBV and HCV cases.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** During the period from 2010 to 2014, the reported acute and chronic HCV infection incidence rate in the Slovenian population ranged from to the lowest 3.1/100,000 inhabitants in 2014 to the highest 5.0/100,000 inhabitants in 2012. During 2010–2014, five cases of a new HIV diagnosis in individuals with a history of injecting drug use were reported to the NIPH, one in 2012 and two in 2013 as well as in 2014. During the period from 2010 to 2014, the overall reported acute and chronic HBV infection incidence rate in the Slovenian population ranged from the lowest 1.9/100,000 inhabitants in 2014 to the highest 3.4/100,000 inhabitants in 2011.

- **Prevalence among drug users data:** During 2010-2014, the prevalence estimates of anti-HCV among confidentially tested PWIDs entering or re-entering treatment within the network of CPTID ranged from the lowest 21.5% in 2010 to the highest 37% in 2014. During 2010-2014, HIV prevalence estimates among confidentially tested PWIDs entering or re-entering treatment within the network of CPTID ranged from the lowest 0% in 2012 to the highest 3.6% in 2014. During 2010-2014, anti-HBc prevalence estimates among confidentially tested PWIDs entering or re-entering treatment within the network of CPTID ranged from the lowest 2.0% in 2012 to the highest 8.1% in 2011 and was 7.6% in 2014.
Recent developments concerning the DRID Key Indicator in Spain

1. DRID data: sources and methods

**CHANGES:** No main changes to the system and sources used to collect the DRID data. The Spanish focal point continues monitoring HIV prevalence among drug users/injectors (TDI based). In 2014 we expanded DRID (HBV and HCV) collection by means of the TDI 2013 V3, which includes some question on HBV and HBC (test situation and test result).

**MAIN CHALLENGE:** Nowadays the main challenge is to compile the new information related to infectious diseases (situation of test and results of HIV HCV, HVB among drug users) using the new TDI protocol, we believe it is an important improvement in the methodology and will provide us with valuable information.

**PROBLEMS IDENTIFIED:** (1) Difficulties in monitoring (at national level) HCV and HBV among drug users (injectors/non injectors): Data collection on DRID is not easy (blood test results may fall behind TDI notification process so many cases are thus missed). The Spanish regions (Autonomous Communities) show varying range of DRID data notification, ranging from none to very accurate antibody/antigen/technique profiles. (2) Seroprevalence studies (HIV, HBV and HVC) both among drug users/ injectors and among general population are complex and expensive. (3) In overall, DRID requires much stronger coordination efforts to be implemented, mostly due to the fact that competences on HIV, HBV and HCV infection and related diseases are falling in a different unit. Moreover, related studies are mostly designed and carried out by researchers serving purposes other than reporting. (4) Reporting delay. In 2016, 2014 data will be available.

**PLANNED ACTIVITIES TO IMPROVE QUALITY OF DATA:** Planned activities to improve quality of data: (1) Keeping on increasing data providers’ awareness of the importance of collecting data on prevalence of infectious diseases among drug users (injectors and non-injectors), by means of a better dissemination of research and interventions on this area coming from the Spanish NFP, other NFP’s, EU and UN involved institutions, etc. (2) Adding, for the first time, data on HBV and HCV coming from TDI (new V3 TDI protocol). (3) Try to have some estimates using data from GPS on HIV, HBV, HCV and tuberculosis prevalence.

2. DRID situation

No new relevant information after the publication of 2015 Spanish Harms and harm reduction workbook. We should like to communicate that we are aware that CHEMSEX practices appear in Spain, a working group was created in order to quantify the extension and impact of this phenomenon in the country.

**Main results**

**Prevalence and trend:** In 2013, 31% of intravenous drug users (some time in their life) were HIV positive. This figure drops 24% among those that have injected drugs in the last year. The trend is progressively downward in the prevalence of HIV infected in recent years; this figure is confirmed in 2013. Even so, 1 in 4 users that have used intravenous means in the last year are HIV infected (Source: Treatment Demand Indicator).

**Distribution by age and gender (last 12 months):** There is a greater number of men injecting compared to women. In 2013, 1 woman for every 5 men. The prevalence of HIV among intravenous drug users is somewhat greater in women; 26% in 2013 compared to 24% (for injectors in the last year). There is a greater proportion of injectors older than 34 years of age, registering also a higher prevalence of HIV (30% in 2013) in this age group (Source: Treatment Demand Indicator).

**Distribution by type of drug (last 12 months):** The prevalence of HIV concentrates among drug users in which the main drug that motivates treatment is methadone (15% in 2013) and heroin (14% in 2013). In this sense, we should highlight that the prevalence of injection of these substances is much higher than the rest of substances under analysis (Source: Treatment Demand Indicator).

**Newly diagnosed HIV cases with drug use as a risk group:** In 2013, 3,278 new HIV cases were diagnosed in Spain; 4.4% infected as a consequence of the use of injected drugs. In the last 5 years, the use of injected drugs has represented a low percentage compared to other HIV infection transmission mechanisms and the weight attributable to this transmission mechanism shows a downward trend (Source: National Epidemiological Centre).
Notifications of AIDS cases related to injecting drug use: In 2013, 760 AIDS cases were identified, with unprotected heterosexual relations being the main cause for transmission of the infection (33%), followed by man-man relations (32%) and users of injected drugs (22.5%). In the last 5 years there has been a slightly downward trend in the number of aids cases, at the expense, in part, of the reduction of aids cases among users of injected drugs; although there is also a reduction of cases caused by heterosexual relations and cases of men that maintain sexual relations with other men (Source: National Epidemiological Centre).

3. DRID Meeting

In the last 20 years, AIDS and HIV infections have represented one of the main health problems associated with drug use in Spain. However, since the end of the 1990s a significant decrease has been observed in HIV infections associated with parenteral drug users. This decrease may be related with various factors, notably the high availability of maintenance treatments with methadone and/or buprenorphine and the decrease in the use of the injected route in heroin consumption.

At the present time it is essential to be extremely aware of infections due to HEPATITIS VIRUSES, especially HCV and HBV, which, due to their clinical and evolutional characteristics, have drawn less attention than the HIV infection and constitute a fundamental problem among drug users, particularly among those who use or have used the injected route.

The SPANISH EARLY WARNING SYSTEM is a useful tool not just for detect new psychoactive substance but also for identify new or severe health consequences of drug use, for instance infectious disease.

Collecting DRID in treatment setting: One of the main sources of information for DRID in Spain is the Treatment Demand Indicator. During 2016, data collected with the new protocol (TDI2013V3) will be available for the first time (2014 data).

The Spanish Focal Point has carried out two surveys on health and drug use in PRISONS (2006 and 2011) so far, in which questionnaire HIV, hepatitis and behavioural risk are included. It’s planned to conduct this survey periodically every five years (next one in 2016).

We are aware that CHEMSEX practices appear in Spain. A working group was created in order to quantify the extension and impact of this phenomenon in the country.

OTHER CONCERNS: Importance of the different risk behaving modalities (apart from injecting) in terms of getting infected with blood-borne/sexually transmitted diseases. Current trends indicate that there are ways to prevent getting infected. There is also a risk to non-drug users which has to be taken in account.

4. Call for abstracts

In 2015 DRID meeting we present “Spanish Surveys in Prison, infectious disease situation” including data until 2011. We are working for conduct a new survey in 2016, but we don’t have any new results yet. No other relevant/new results to present or any topics listed.

Recent developments concerning the DRID Key Indicator in Sweden

1. DRID data: sources and methods

   Needle Exchange Programs are evaluated by each county. National compilation is under progress.

2. DRID situation

   - Notifications of HCV, HIV and HBV: -
   - Prevalence among drug users data: -
   - Behavioural data (testing, sharing, injecting): -
   - Uptake of DRID related interventions: -
   - Other: Harms and harm reduction workbook (2015) from Sweden is under revision and data not available yet.

3. DRID Meeting

   a. Early warning and threat assessment: Outbreak of Hepatitis B in Sweden among IDU 2013-2014. In total 38 IDU were infected with same genotype in five counties.
   b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: No new data.
   d. Possible insights from other indicators: No new data.
   e. DRID in prison: No new data.
   f. Chemsex: No new data.
Recent developments concerning the DRID Key Indicator in The Netherlands

1. DRID data: sources and methods

No changes to report

2. DRID situation

- **Notifications of HCV, HIV and HBV:** No specific concerns. In general, there seems to be a decline in notifications of HBV (chronic and acute) and HCV (only notifications available for acute cases), which are unexplained so far.

- **Prevalence among drug users data:** There are limited data available, but there are no indications for a change in the prevalence of any DRID. There are hardly data on HCV and HBV in prison populations.

- **Behavioural data (testing, sharing, injecting):** Injecting is very low (estimated to be 5-8%); NSP are widely available, therefore there is hardly any concern about injecting as an active source of transmission. Testing uptake varies between regions. Currently, the Health Council is preparing an advice about screening in populations at risk, among others drug users. The advice is expected this year.

- **Uptake of DRID related interventions:** For all HCV infected patients (i.e., also for drug users) with a treatment indication, treatment with DAAs is reimbursed. The level of HCV-treatment uptake, however, is not monitored. Therefore, activities are ongoing to set up a registration system (like the registration of the HIV Monitoring Foundation). HBV vaccination differs between addiction care institutes, with some having a written policy in place, some having a policy but not acting accordingly, and some lacking any written policy on HBV vaccination. HBV treatment uptake in general (not restricted to drug users) remains low, despite the available of highly effective medication for HBV. With regard to HIV, there are no changes, i.e. HIV-positive patients are in active follow-up. In general, it was shown in previous years that drugs users start treatment later than other risk groups, which negatively influences treatment outcomes.

- **Other:** Two major activities are ongoing: the Hepatitis Initiative Group is currently finalising the Dutch Hepatitis Plan. The Plan describes primary and secondary prevention activities needed, including re-tracing patients who were diagnosed before but lost to FU, organisational aspects such as the need for a hepatitis chain of care and a clinical registration system, it describes gaps in knowledge and topics for further research and gives the outline for a new scientific Programme on hepatitis studies. All relevant stakeholder have been consulted to give feedback on the concept-Plan, which has been incorporated in the final Hepatitis Plan. In November the Plan will be formally launched. The Plan is not restricted to drug users, but targets all (chronic, viral) hepatitis patients. The other major activity is the advice on HBV and HCV screening that is being prepared by the Health Council. In the meanwhile, a second round of the Break Through Project Hepatitis C in Addiction care is ongoing, with 4 (of 12) new addiction care institutes participating. In this round also heroin substitution locations are participating.

3. DRID Meeting

a. Early warning and threat assessment: NNI
b. Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD: the second round of the Break Through Project on Hepatitis C is ongoing.
c. Coverage of DRID related interventions:
d. Possible insights from other indicators:
e. DRID in prison:
f. Chemsex: A report has been written, see workbook harms 2015

4. Call for abstracts

Presentation 1: The Dutch National Hepatitis Plan: limited resources, increasing awareness in the field
Recent developments concerning the DRID Key Indicator in United Kingdom

1. DRID data: sources and methods

No current changes, however the NESI in Scotland is currently under review. This survey is now triennial with next sweep due to be conducted in 2018. In Wales, Health Protection, Public Health Wales are in the process of redesigning enhanced surveillance system for BBV and HIV infection for use in a wide range of settings using the Harm Reduction Database for Wales.

2. DRID situation

- **Notifications of HCV, HIV and HBV:** None
- **Prevalence among drug users data:** None
- **Behavioural data (testing, sharing, injecting):** None
- **Uptake of DRID related interventions:** None
- **Other:** None

3. DRID Meeting

a. **Early warning and threat assessment:** There is an ongoing outbreak of HIV among opiate injectors in Glasgow. There are continuing concerns - particularly in Wales - about the impacts of changing patterns of drug use, including use of NPS, on infections among people using drugs. The outbreak of skin and soft tissue infections amongst PWID in Lothian, Scotland is now over and the investigation into this has been completed. Sporadic cases of wound botulism continue to occur. There are now concerns throughout the UK about the harms associated with the use an injection of image and performance enhancing drugs.

b. **Morbidity, mortality, and continuum of care for HIV and hepatitis among PWUD:** We continue to monitor and assess these. Not aware of any emerging issues. Uptake of HIV related care is very high, with most HIV infections among PWID are thought to be diagnosed. Access to the new treatments for HCV is slowly improving, but many HCV infections among PWID remain undiagnosed.

c. **Coverage of DRID related interventions:** Monitoring of the Harm Reduction/NSP continues to be developed, with established systems in Wales, Northern Ireland and Scotland. The Welsh system is sophisticated and continues to be developed and to provide many useful insights. There are well established systems for monitoring addiction treatment (TDI systems) throughout the UK.

d. **Possible insights from other indicators:** Not aware of any new developments related to these please contact relevant experts.

e. **DRID in prison:** The role out of routine opt-out BBV testing continues in English prisons.

f. **Chemsex:** The use of drugs during sex encounters by small sub-groups of MSM continues to be a concern in the UK. STI / HIV monitoring systems are strengthening their data collection related to drug use.

4. Call for abstracts

Presentation 1: **NO MORE SLIPPING THROUGH THE NET: INNOVATIVE WEB-BASED SYSTEM TO BETTER EVIDENCE RISK, REDUCE LOSS TO FOLLOW-UP AND IMPROVE HEPATITIS AND HIV SURVEILLANCE, DIAGNOSIS AND CARE FOR PEOPLE WHO INJECT DRUGS**

Presentation 2: **FACTORS ASSOCIATED WITH ENTRY INTO HEALTHCARE PATHWAYS FOR HEPATITIS C AMONG PEOPLE WHO INJECT PSYCHOACTIVE DRUGS IN THE UNITED KINGDOM (UK).**