EMCDDA Meeting on the Key Indicator

Drug-related Infectious Diseases (DRID)

6-8 June 2016 - Lisbon

Preliminary summary and highlights

Meeting organised back to back with the Treatment Demand Indicator (TDI) annual expert meeting
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The annual meeting of the Drug related-infectious diseases (DRID)-network offered a platform for discussion among the European experts in the field. Attendance was restricted to nominated experts from the 28 EU Member States, Norway and Turkey, invited speakers, as well as partners from other agencies, and from professional and international organisations. In the framework of the EMCDDA technical cooperation projects financed by the Instrument of Pre-accession Assistance (IPA) and the European Neighbourhood Policy (ENP) instrument, delegates from non-EU countries 1 also attended the meeting.

The DRID network meeting was organised back to back with the annual meeting of the Treatment Demand Indicator (TDI) experts to encourage cross-indicator analyses and synergies between both networks. In a joint session, behavioural data collected using the two indicator tools were discussed and their consistency was assessed, based on examples presented by national experts and on an EMCDDA analysis.

The DRID meeting was preceded by a satellite coordination meeting with experts from Candidate and Potential Candidate Countries (IPA), who contribute ‘national DRID updates’, which will be available on the meeting web page alongside the updates from the 30 EMCDDA member countries.

Objectives of this meeting

- To share and discuss new European data and analyses on drug-related infectious diseases;
- to share updates and information on new developments;
- to evaluate the state of progress of the indicator and technical points related to the quality of its implementation and plan the next steps;
- to assess new evidence on harms (incidence and prevalence of infections, outbreaks and incidents) and harm reduction, prevention and other responses;
- to encourage a cross-indicator approach and inspire analyses that bring together relevant datasets;
- to boost inter-disciplinary expert interactions between and across countries.

Main topics covered

This year, the DRID expert meeting focused on the following topics: updates on the prevalence of infections; regional assessment of HIV risk and response; viral hepatitis policies; access of PWID to hepatitis C healthcare pathways; outbreaks, incidents and emerging risks; behavioural data, including sharing injection equipment and uptake of testing. In one plenary session, the phenomenon of ‘Chemsex’ among men who have sex with men was explored.

More information on the DRID expert meeting and updates are available on the EMCDDA website: http://emcdda.europa.eu/meetings/2016/drid, including:

- meeting agenda
- list of participants
- ‘2016 national DRID updates’
- presentations
- supporting material, links, references

This document presents a selection of highlights from the presentations and discussions at the 2016 DRID expert meeting, covering data from the 30 EMCDDA Member States: the 28 EU countries, Norway and Turkey.

1 Albania, Bosnia and Herzegovina, Kosovo*, Former Yugoslav Republic of Macedonia, Serbia, Armenia, Georgia, Israel, Moldova and Ukraine.
Some key points and new issues

Updates on epidemiology (see mainly plenary 1)

- In 2014, the number of newly diagnosed HIV cases attributed to injection was the lowest number reported in the last decade with 1236 cases, almost 40% less than in 2012 when outbreaks in the Athens region and Bucharest peaked. The highest 2014 HIV notification rates with the transmission route of injecting were reported from the Baltic countries (Estonia and Latvia, followed by Lithuania) and Luxembourg. In recent years, outbreaks of HIV among PWID were reported in Luxembourg (2013-2015), Glasgow (2015) and Dublin (2014-2015); injection of stimulants might have played a role.
- Recent estimates (2013-2014) of HIV prevalence among PWID, mainly from drug treatment and low threshold services, are available for 27 of 30 countries. While overall prevalence is low (< 5%) in most countries, medium prevalence levels (5% -10%) are reported from national and subnational studies carried out in Italy, Spain, Portugal and Germany, while very high HIV prevalence (over 30%) was found in studies among PWID in Latvia (Riga) and Estonia (Narva).
- Recent (2013-14) national and subnational sero-prevalence studies among people who inject drugs are available for 23 countries, and antibodies to HCV are found in 15 % to 84 % of cases, with rates of more than 40% in ten 10 of the 13 countries reporting national rates. There is evidence of statistically significant local or national increases in the latest years in Hungary, Greece, Slovenia and Austria and of long term increases in Turkey, Bulgaria and Latvia.
- The regional assessment of HIV risk factors among PWID confirms the need for on-going vigilance and for more focus on keeping HIV low among PWIDs in the EU. Latest HIV notification data and trends in sero-prevalence were analysed in combination with information on outbreaks, and indicators of infection risk and intervention coverage. While HIV is low in the region, medium to high levels of ongoing transmission is documented in several countries. High and increasing hepatitis C prevalence, especially among young or new users is a strong signal of injecting risk behaviour and present in nine countries in the region. Harm reduction prevention coverage remains inadequate in one third of countries. The combination of risks poses a potential risk for further outbreaks.

Several outbreaks and clusters of infections (see mainly plenary 2)

- A large HIV outbreak in Glasgow (Scotland, UK) was reported, with 47 new diagnoses among PWID in 2015 and 9 new cases diagnosed in 2016 so far. Several factors possibly associated with the outbreak were identified, including low awareness of HIV risk, poverty and homelessness, specific batch preparation and injecting practices.
- In Luxembourg, after an initial alert issued by the supervised injection facility an outbreak of HIV-1 infections among injecting drug users was identified. Fifty-one new cases were identified in two clusters between 2013 and until April 2016. Links to cocaine injecting are being explored.
- Following an increase in recently acquired HIV in PWID in Dublin, a multidisciplinary team assessed the outbreak, tracing its beginning back to 2014. There is concern about a link to the injection of a synthetic cathinone alpha-PVP (snow-blow).
- Stimulant injecting is being examined as a possible contributory factor in all three outbreaks.
- A cluster of 4 cases of bacillus cereus infection among injectors (mainly 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 was mostly related to PWID and their sexual partners, responses included a free HBV vaccination campaign and the opening of 3 new needle and syringe programmes.

Hepatitis C continuum of care (plenary 3)

- The first ever Global Health Sector Strategy for Viral Hepatitis (2016-2021) adopted by 194 governments in May 2016 aims at the elimination of viral hepatitis as a major public health threat by 2030. In consultation with European governments, civil society, academic experts and partner organisations including EMCDDA and ECDC, a regional action plan for the health sector response in the WHO European Region is currently under development. The EU agencies will support monitoring implementation and achievement of the regional targets.
• Current guidelines by the European Association for the Study of the Liver (EASL) underline the importance of prioritising HCV treatment among those at risk of transmitting the infection, including active injecting drug users.
• The HCV treatment landscape is changing with the development of very effective antiviral drugs. Diagnosis and entry into the care pathway are becoming increasingly important for reducing HCV-related morbidity and reducing transmission (treatment as prevention).
• A study among PWID in the UK on factors associated with entry into healthcare pathways showed that among those diagnosed, many have accessed specialist healthcare workers. Among the remaining group, those with greatest drug use and sexual risks may be less likely to access care.
• Boosted by the availability of effective treatment, the response to hepatitis is becoming a priority and several European countries are defining new viral hepatitis strategies or updating existing ones.

Injection risk taking - responses (see mainly parallel sessions)

• Sero-behavioural surveys among PWID and analysis of data routinely collected by needle and syringe programmes document prevention needs and support the development of tailored prevention measures.
• Based on results of a multicenter sero-behavioural survey among 1720 current injectors in Germany (the “DRUCK-study”), which confirmed current unsafe use among up to a fifth of the sample, recommendations for improved access to sterile syringes and all paraphernalia, and for targeted counselling of PWID to raise awareness and knowledge about ways of HCV transmission were made.
• The importance of improving knowledge and capacity to deliver infectious disease counselling and testing services among staff at low threshold and drug treatment facilities was underlined by results of the DRUCK study and as part of the development of national testing guidance in Italy.
• Concerns regarding rising injecting use of methadone and buprenorphine by PWID in Croatia were expressed and an evaluation of misuse of these substitution medications was recommended.

Attention to the most vulnerable

• Migrants represent an important fraction of new injecting populations in Catalonia. A cross-sectional study in 2010-2011 among PWID visiting harm reduction centres found that more than 20% of clients injected for less than 5 years (new injectors) and that a majority (60%) were immigrants. Compared to PWID with longer injecting careers, the prevalence of sharing syringes was lower among the group of 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 needed to be addressed.
• Common elements across recent HIV outbreaks in Luxembourg, Glasgow and Dublin are that many of the newly infected were known to services, but continued to struggle with various health problems, marginalisation, homelessness and criminal justice issues. Prevention measures and outreach work targeting marginalised drug users are currently being increased.

Chemsex (see plenary 5)

• Use of drugs associated with chemsex in the MSM community is often linked to an increased risk of infection transmission. However, levels and patterns of drug use are culturally determined and variable. Available data suggest that only a minority of the target population have experience with the use of chemsex drugs, but that related harms can be severe.
• Responses require a multidisciplinary approach to address the psychosocial aspects of drug taking behaviours as well as sexuality-related issues. A strengthening of cross-disciplinary collaboration between sexual health counselling services and the drugs field and increased competence in both areas among staff at drugs agencies and those working in the field of sexual health promotion is required.
Assessment of the implementation of the Key Indicator (see facilitated discussion session)

- The national experts were invited to discuss in small groups followed by a plenary, the process, tool and impact of the assessment of the implementation of the DRID key indicator. This ‘consultation’ or ‘brainstorming’ aimed to identify strengths and weaknesses of the current assessment, including overall usefulness; and to suggest general areas for improvement.
- A preliminary analysis of the discussions shows that an important strength and relevance of the assessment is to promote and push the implementation with policy makers and data providers.
- Weaknesses reported in some countries are the insufficient involvement of the national experts in the exercise, and the fact that some important aspects of DRID might not be covered (such as sexual risk; or estimation of the undiagnosed fractions). Recommendations included adding more criteria to assess the quality of the behavioural data, and clarifying the tool (e.g. by distinguishing better between HIV and hepatitis). A call for more analysis of the feedback and more use of it at national level was made and further consultations among the DRID network were considered useful.

TDI/DRID cross indicator analysis (see final plenary)

(Please also see: TDI key indicator http://www.emcdda.europa.eu/activities/tdi)

- The discussion on behavioural variables collected both in TDI 3.0 and DRID indicators built on a session organised during the expert meeting on 20 years of monitoring in 2015. Through either or both the DRID or the TDI data collection schemes, most countries collect and report behavioural data, and synergy should be found to better use evidence on testing coverage and on risk related to injection. From DRID source, 10 countries report on sharing data, 8 on HIV testing and 7 on HCV testing. From TDI, 21 countries report on sharing data, 18 on HIV testing and 19 on HCV testing.
- There are some methodological limitations (e.g. selection of positive cases in DRID different from TDI; different samples for the two indicators, which may represent an added value but also may limit the comparability of the data). This being said, the joint analysis of TDI/DRID variables showed its potential, through presentation and discussion of national data from Germany, Croatia and Latvia.
- To do so, the exchange between TDI and DRID experts at national level should be facilitated, through the setting up national working groups with experts from the two indicators.

EU funded projects: updates

Several EU funded projects currently dealing with DRID, amongst others the HA-REACT and HepCare Europe are kicking off. HA-REACT addresses existing gaps in the prevention of HIV and other co-infections. Hepcare Europe will develop models of HCV care for the most vulnerable populations that enhance access to HCV screening and to treatment with new direct acting antivirals. The meeting agenda and presentations are available on a dedicated page on the EMCDDA website http://emcdda.europa.eu/meetings/2016/drid. A ‘Rapid Communication’ publication including information from the meeting as well as other sources is under preparation will be available in September 2016. Other updates such as reference papers, reports, links to documents relevant to the experts, will be uploaded on the meeting webpage as required.

Further information and resources


DRID key indicator http://www.emcdda.europa.eu/activities/drid
TDI key indicator http://www.emcdda.europa.eu/activities/tdi
Previous DRID meeting (June 2015) http://www.emcdda.europa.eu/expert-meetings/2015/tdi