# Latest update on drug-related infectious diseases in Europe

The EMCDDA has published today its latest update on Drug-related infectious diseases in Europe for the period to February 2019. The publication provides an overview of the most recent infectious disease surveillance data, outbreak investigations and prevention and control measures among people who inject drugs (PWID) in Europe. The information presented is collected through the EMCDDA's drug-related infectious diseases (DRID) network. Below are some of the findings 'At a glance'.

**Population at risk: people who inject drugs**

The report describes this population at risk (PWID) in terms of the number of injectors and their main injecting practices. While evidence from drug treatment centres suggests that the prevalence of injecting drug use is declining in the European Union, Norway and Turkey, this group is at high risk of contracting blood-borne viruses and other infections. As of 2018, the estimated national prevalence of injecting drug use ranged from less than 1 per 1 000 in Cyprus, the Netherlands and Spain to more than 5 per 1 000 in Czechia, Estonia and Latvia. While heroin remains overall the most commonly injected drug in Europe, stimulants such as cocaine, amphetamines and synthetic cathinones are also injected, and predominate in some countries.

**The high burden of viral hepatitis**

The hepatitis C virus (HCV) is the most prevalent blood-borne virus infection among people who inject drugs, with many countries reporting the prevalence of HCV antibodies (a marker of having been infected by the virus) among this group in excess of 50 %. While the prevalence of hepatitis B virus (HBV) surface antigen (a marker of being currently infected) among people who inject drugs is under 5 % in most countries, it is still much higher than in the general population, despite the availability of an effective and safe vaccine. Individuals who remain chronically infected are at risk of cirrhosis and cancer, and can transmit the virus to others when sharing injecting materials that have been in contact with their blood.

**Overall decline in HIV cases but outbreaks linked to stimulant injecting still detected**

While people who inject drugs now account for a smaller proportion of new human immunodeficiency virus (HIV) cases in the European Union, Norway and Turkey (less than 5 % of all new diagnoses in 2017), HIV infections linked to injecting drug use are being diagnosed late, and local HIV outbreaks among people who inject drugs are still being documented in Europe (Germany, Lithuania and the United Kingdom). The newly documented HIV outbreak in Bavaria included in this report adds to the list of other recent HIV outbreaks linked to an increase in stimulant injection: Dublin 2014–15 (synthetic cathinones, alpha-PVP), Luxembourg 2014–17 (cocaine) and Glasgow

2015 (cocaine).

**Key interventions for elimination: prevention, testing and treatment**

Ending the HIV/AIDS epidemic and combating viral hepatitis is part of the United Nation's 2030 Agenda for Sustainable Development. Achieving this goal will require scaling-up the harm reduction services offered to people who inject drugs and access to diagnosis and effective treatment (antiretroviral therapy and direct-acting antiviral treatment). Despite the well-documented cost-effectiveness of prevention measures, such as needle and syringe programmes and opioid substitution treatment, their national coverage, as monitored by the EMCDDA, is still sub-optimal in many European countries. While available data on the HIV cascade of care for people who inject drugs are encouraging, there are still barriers both to testing and to providing this group access to direct-acting antiviral treatment for hepatitis C.

The report – the most recent edition in the agency's Rapid Communication series – ends by outlining the public health messages of the latest guidance for prison settings in the context of infectious disease prevention and control in prisons in three EU Member States.