



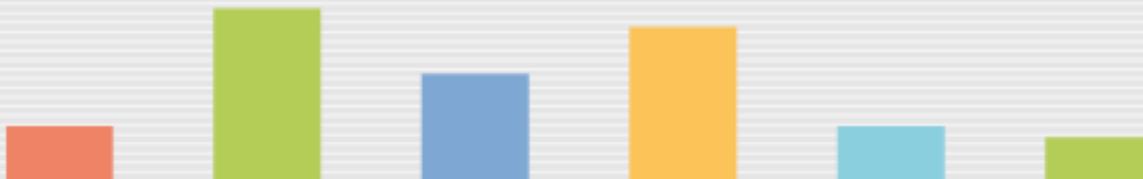
European Monitoring Centre
for Drugs and Drug Addiction

EMCDDA: Update on recent developments and findings

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Brussels, 7 November 2018

Joint meeting of EU-CSF HIV/AIDS, Hepatitis and Tuberculosis & EU-CSF Drugs



Developments

- EMCDDA Strategy 2025:
 - more timely and enhanced reporting
 - Support for implementation & service provision
 - Key strategic areas: hepatitis and drug-related deaths
- Providing assistance in the areas of capacity-building, analysis and threat assessment in (Western Balkans; EU Neighborhood countries)
- **Collaboration with Correlation European Harm Reduction Network** on civil society monitoring



EMCDDA Strategy 2025



Developments

- Enhance implementation of core indicators:
 - European Drugs Report
 - European Markets Report, European Responses Guide & BPP
 - Early warning system on new drugs
- Improve timeliness of reporting, use new surveillance methods;
- collaborate with sentinel networks and expert groups: Euro-DEN, Wastewater, Syringe-residues, Drug checking TEDI
- New DCR activities in synergy with Internat. network of drug consumption rooms



Findings: Hepatitis among PWID

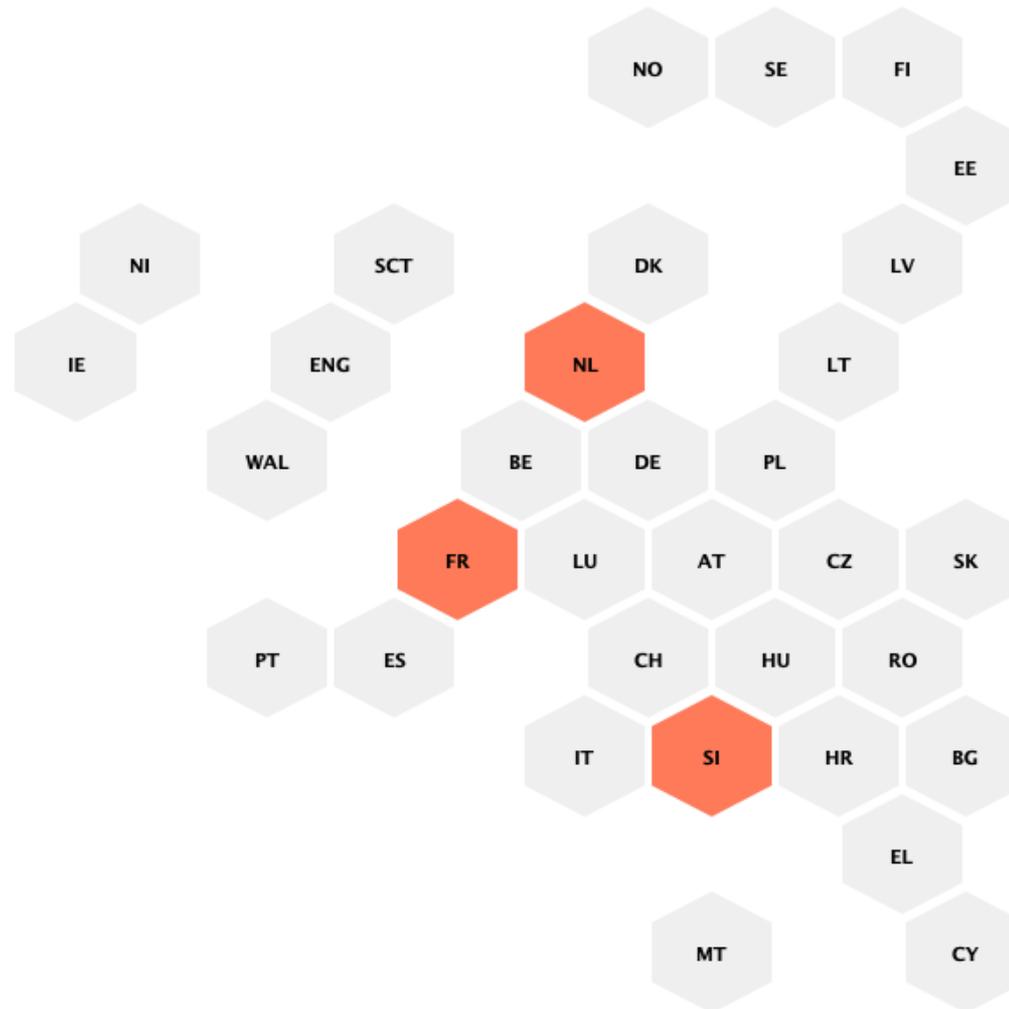
First outputs from EMCDDA hepatitis Initiative:

- Viral hepatitis policies in Europe and access to HCV care for PWID (topic overview, web)

http://www.emcdda.europa.eu/publications/topic-overviews/hepatitis-policy_en

The screenshot displays the EMCDDA website interface. At the top left is the EMCDDA logo and the text 'European Monitoring Centre for Drugs and Drug Addiction'. To the right is a search bar with the placeholder text 'Search' and a magnifying glass icon. Below the search bar, it says 'Results hosted on duckduckgo.com'. A horizontal navigation menu includes links for 'Data', 'Countries', 'Topics (A-Z)', 'Our activities', 'Best practice', 'Publications', 'Events', 'News', and 'About'. Below this menu is a breadcrumb trail: 'Home > Publications > Topic overviews'. The main content area features a large blue banner with the text 'Viral hepatitis policies in Europe' in white. At the bottom of the page, there is a row of four colored buttons: 'Introduction' (orange), 'Agenda 2030' (blue), 'European overview' (teal), and 'Country summaries' (yellow). The EMCDDA logo is also visible in the bottom left corner of the page.

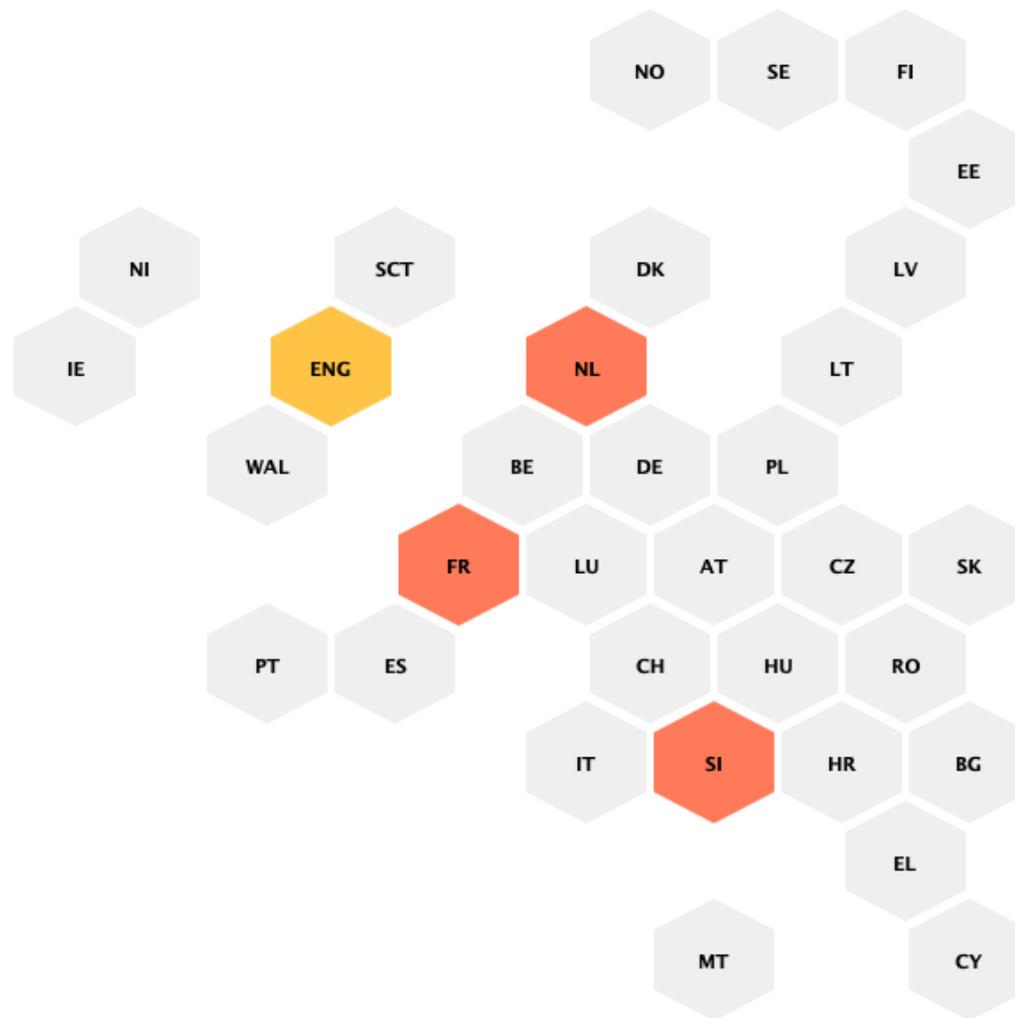
Hepatitis policies.... until 1999



● 1994-1999 ● 2000-2004 ● 2005-2009 ● 2010-2014 ● from 2015



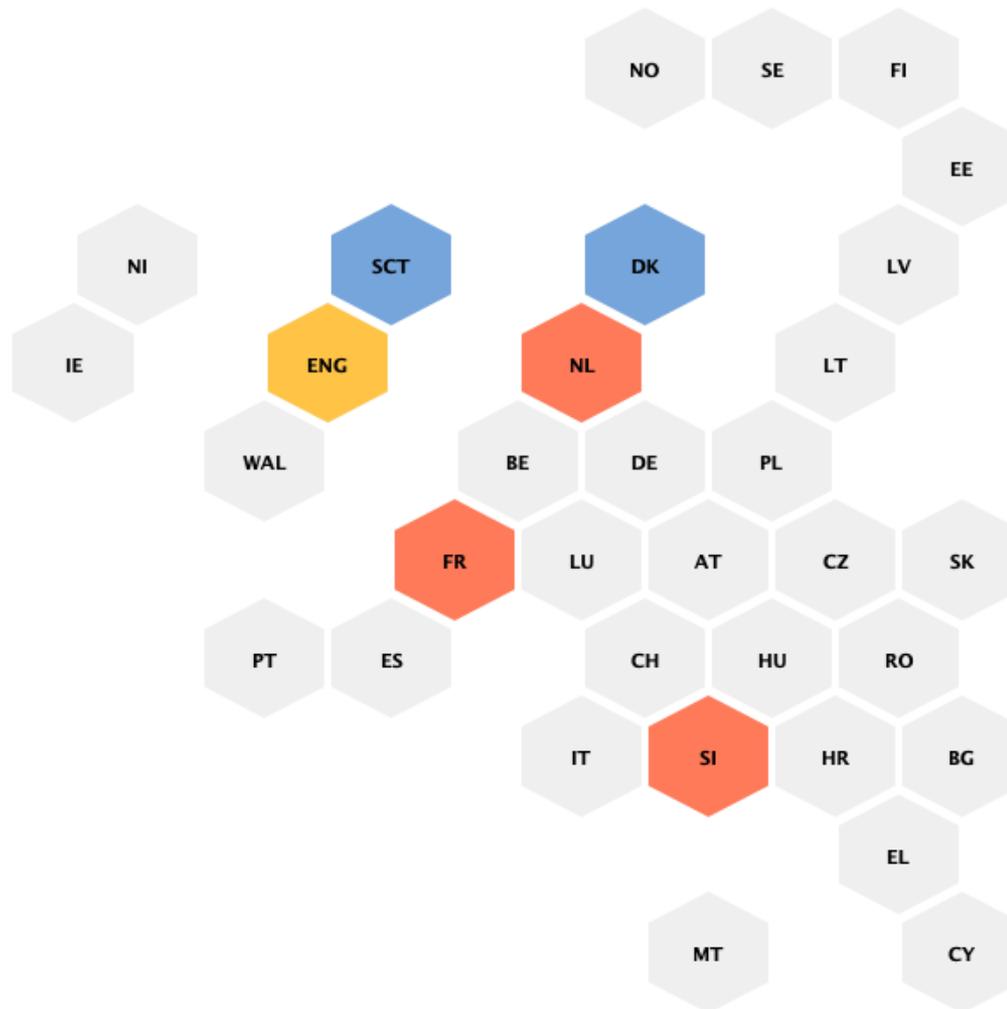
... until 2004



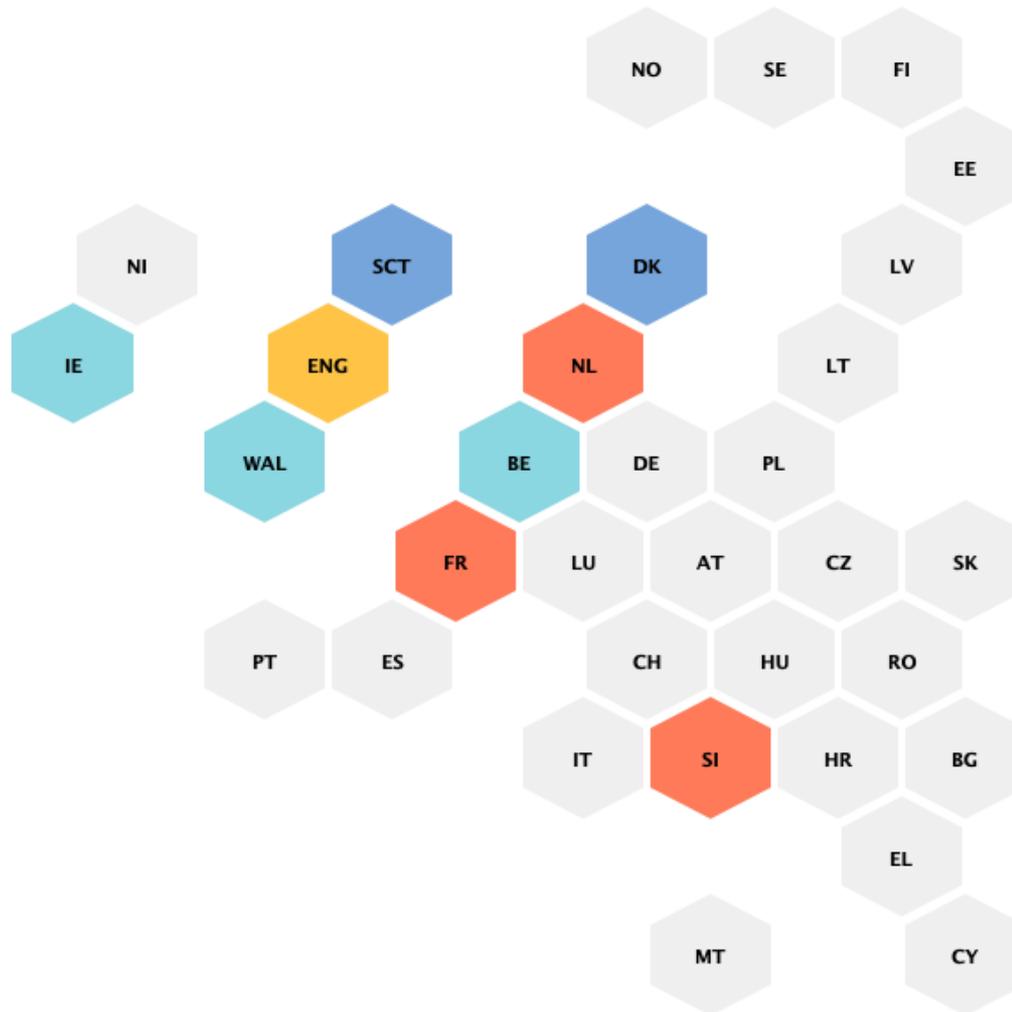
● 1994-1999 ● 2000-2004 ● 2005-2009 ● 2010-2014 ● from 2015



... until 2009



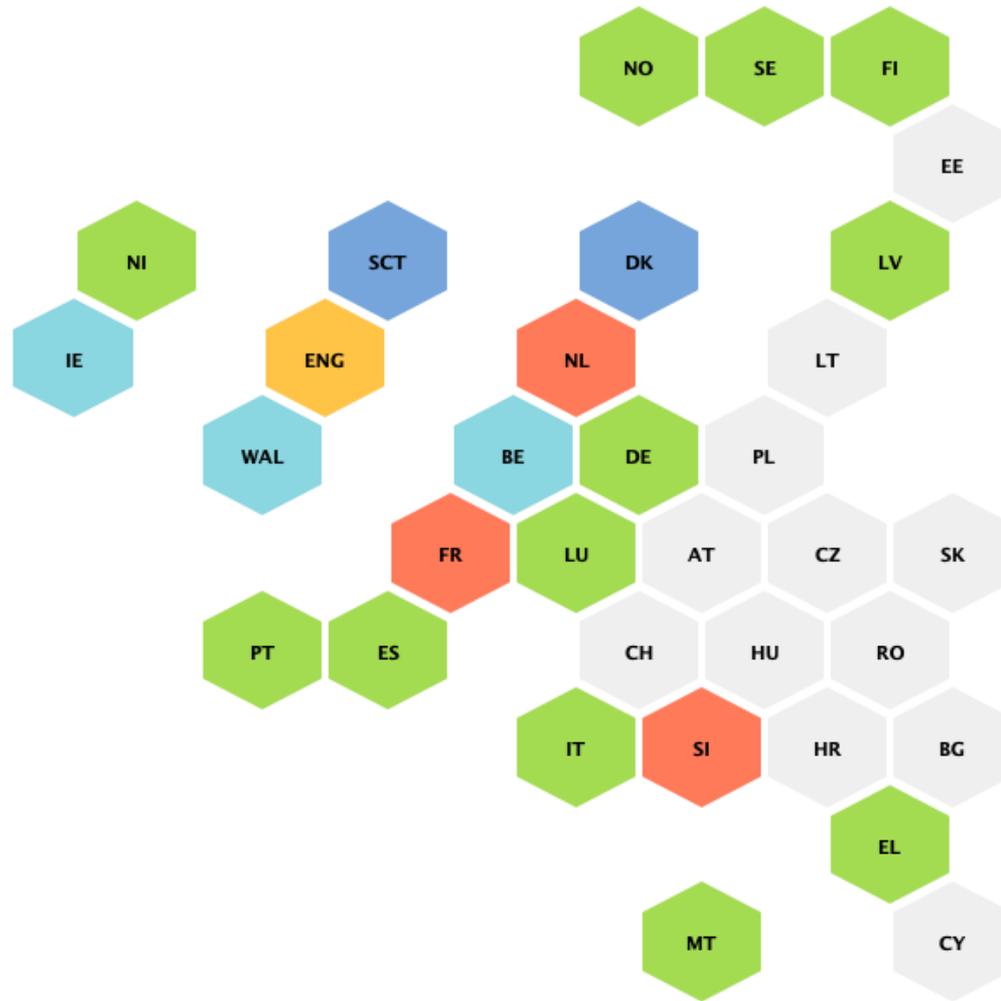
.. until 2014



● 1994-1999 ● 2000-2004 ● 2005-2009 ● 2010-2014 ● from 2015



... and by Spring 2018

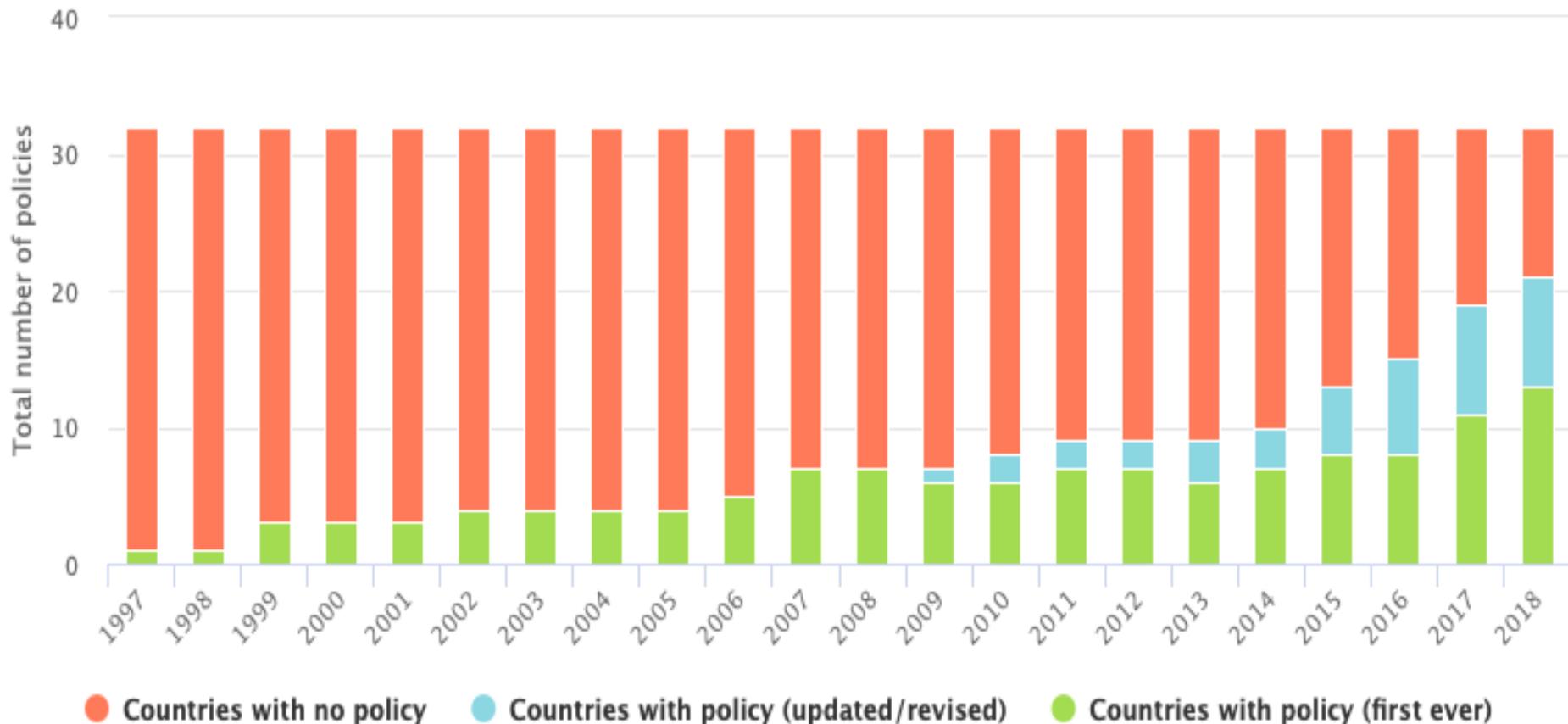


● 1994-1999 ● 2000-2004 ● 2005-2009 ● 2010-2014 ● from 2015



Cumulative number of countries having adopted HCV policies

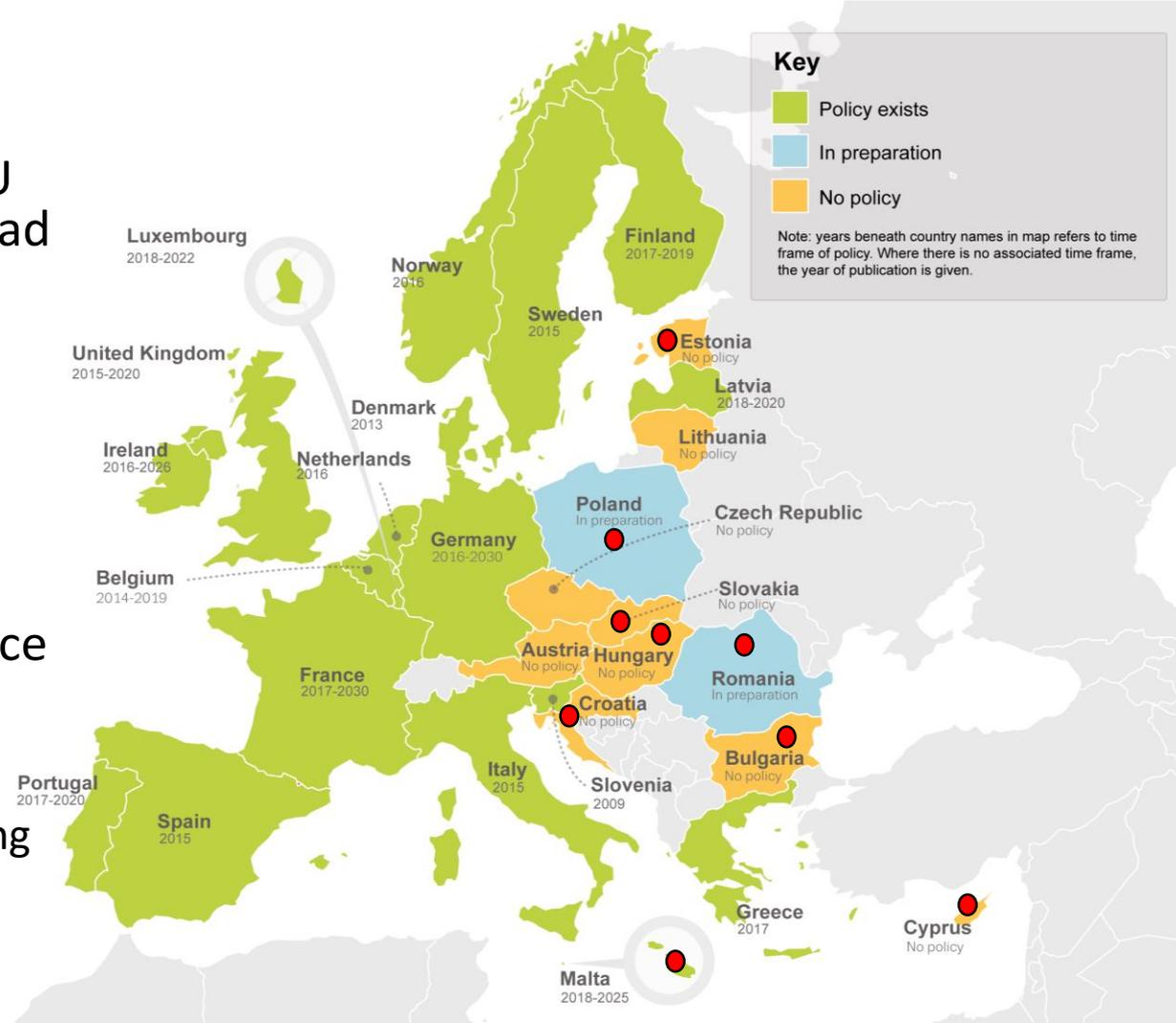
32 countries in total (28 EU countries + Norway with constituent parts of UK counted separately (N. Ireland, Scotland, England and Wales))



Viral Hepatitis policy landscape Spring 2018

Results

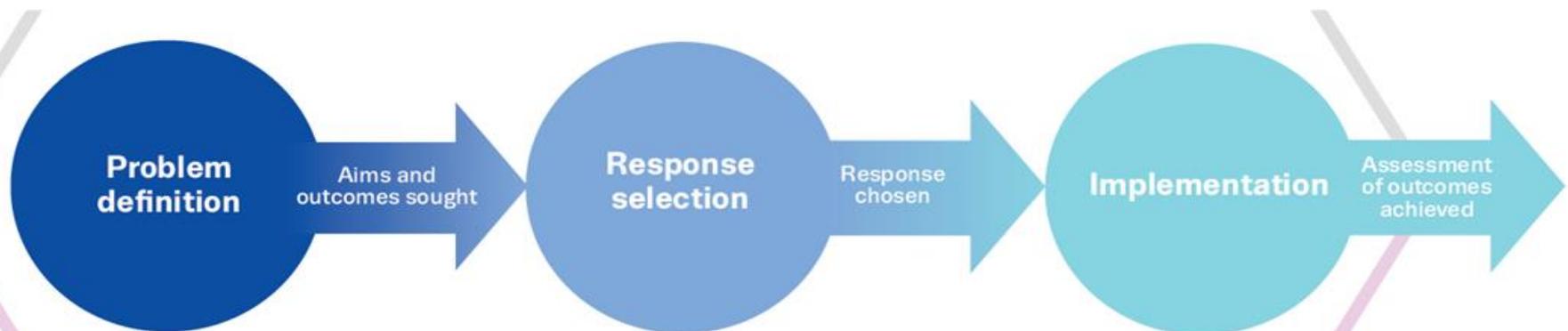
- As of March 2018, 17 EU countries and Norway had official HCV policies
 - Incl. Maltese strategy under consultation until 15 March 2018
- Romania & Poland have policies in preparation
- 13/18 national policies adopted or renewed since 2015
- In spring 2018, 9 EU countries excluded people currently using drugs from accessing HCV treatment



Ongoing: EMCDDA pilot initiative hepatitis

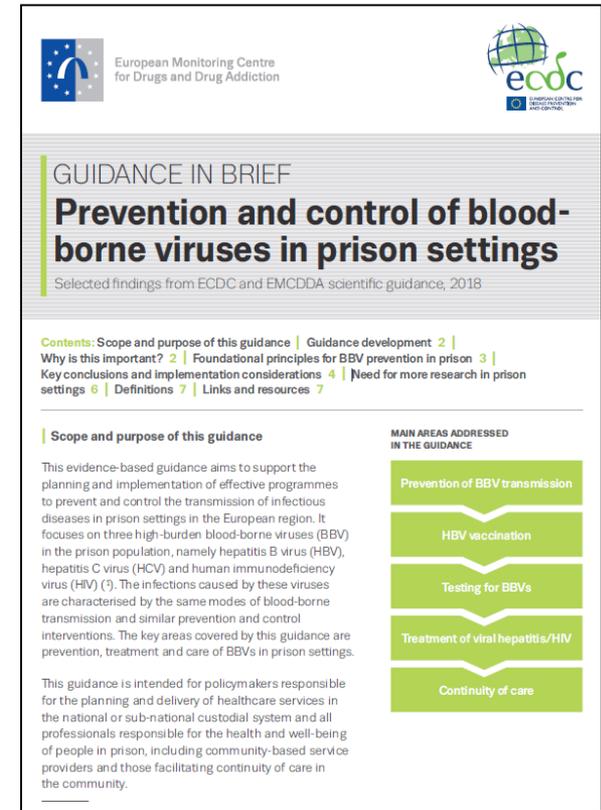
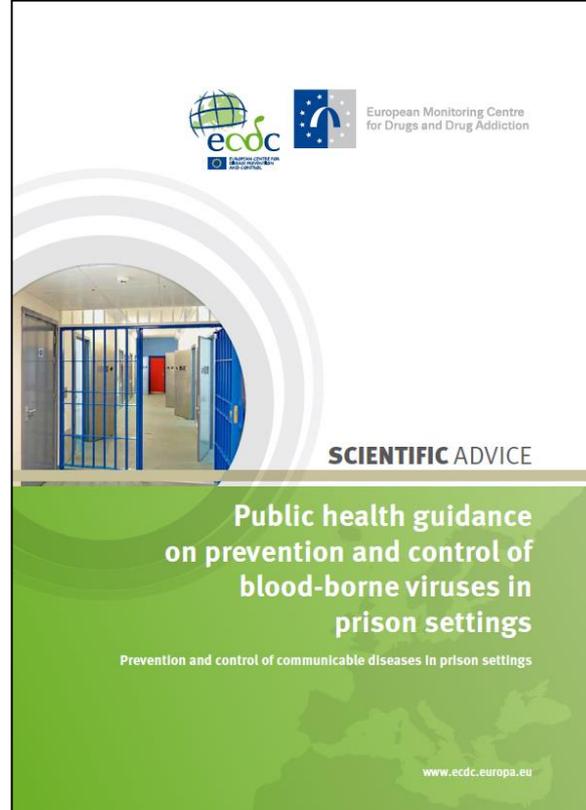
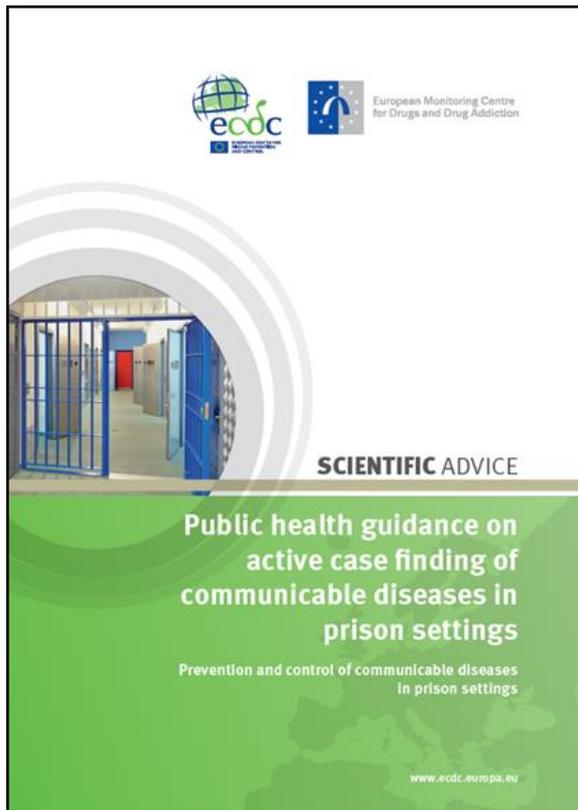
Tools to promote HCV testing in drug treatment:

- Checklist to identify Barriers to HCV testing in drug treatment settings (stakeholder discussion)
- Compiling examples of 'models of care' to enhance delivery of recommended harm reduction interventions: HCV testing
- Knowledge Questionnaire for drug treatment staff



New findings: Prison health

Joint ECDC/EMCDDA Public Health Guidance for prison settings- Active case finding (ACF) and prevention and control of blood-borne viruses (BBVs)



New findings: Prison health

Joint ECDC/EMCDDA Public Health Guidance for prison settings- Active case finding (ACF) and prevention and control of blood-borne viruses (BBVs)

of note:

- ✓ Limited published research to confirm evidence-based interventions
 - ✓ Grey literature and unpublished research remain fundamental source, but impose limitations
- ✓ Research on design of effective service delivery models lacking
 - ✓ Essential to consult prison expert group



Main areas addressed in the guidance

Prevention of BBV transmission

HBV vaccination

Testing for BBVs

Treatment of viral hepatitis/HIV

Continuity of care



Prevention

- ❖ **Offer a comprehensive package of preventive measures to people in prison that meet the same national standards as those recommended for community settings.**
- ✓ Evidence shows that also in prison settings, condoms and behavioural interventions promote safer sex.
- ✓ Evidence shows that opioid substitution treatment reduces illicit opioid use and risks related to equipment sharing and, when continued on release, provides protection from death caused by overdose.
- ✓ Evidence shows that the provision of clean drug injection equipment is possible in prison settings and can successfully contribute to a comprehensive programme to reduce BBV transmission.



BBV testing – HBV vaccination

- ❖ **Actively offer BBV testing to all people in prison upon admission and throughout the time in prison.**
- ✓ Evidence shows that pro-active provision of BBV testing leads to a higher uptake; health promotion and peer education have been shown to increase HIV testing uptake.
- ❖ **Offer HBV vaccination to people in prison with unknown or negative serology.**
- ✓ Evidence shows that using rapid schedules may result in a higher completion rate of the full schedule.



Viral hepatitis and HIV treatment

- ❖ Offer appropriate treatment to individuals diagnosed with HIV, HBV or HCV infection in prison settings, in line with the guidelines applied in the community and meeting the same provision standards as in the community.
- ✓ Evidence shows that treatment of BBV infections is feasible and effective in prison.



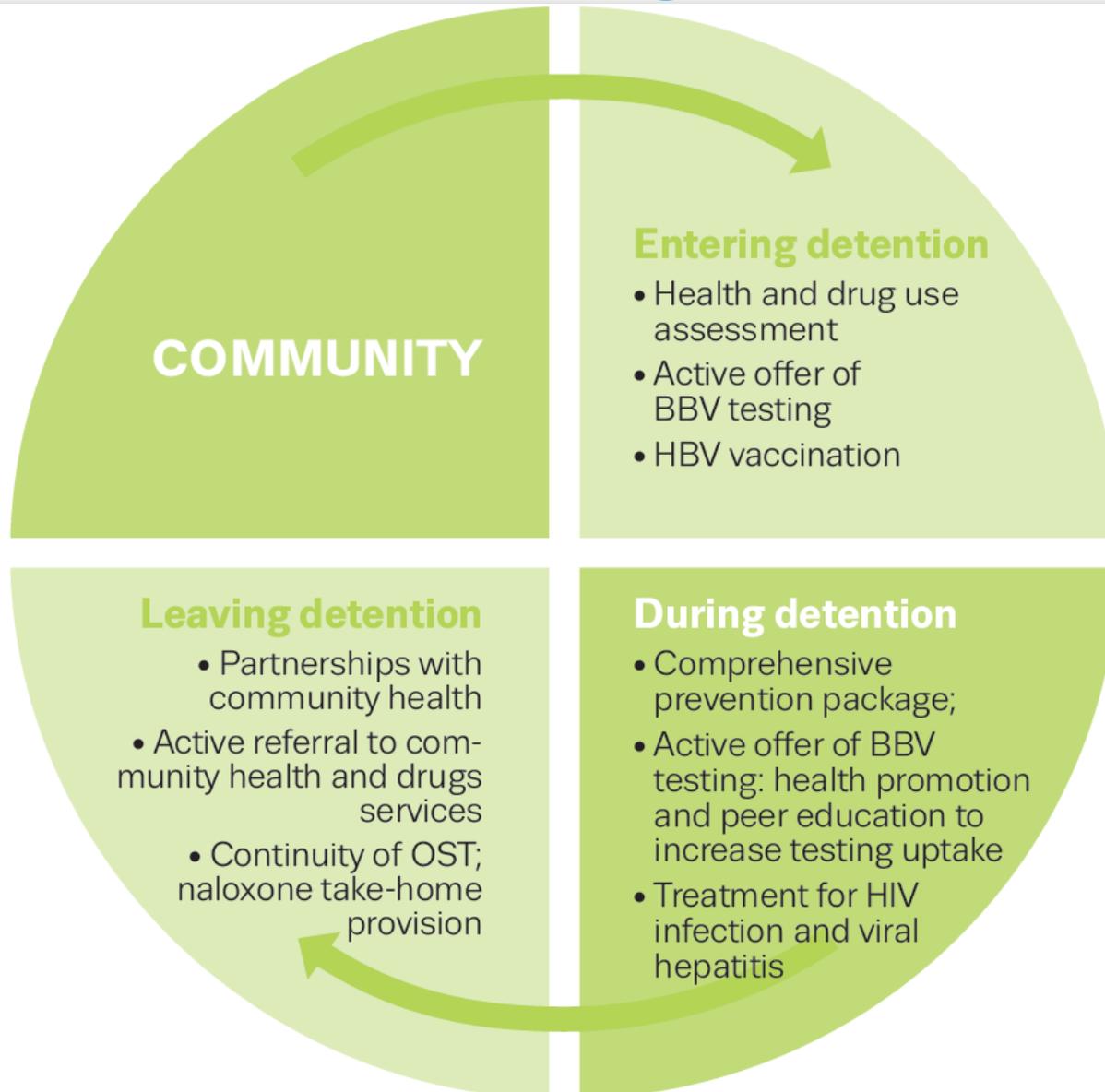
Continuity of care

❖ **Actively support and ensure continuity of care between prison and community.**

- ✓ Evidence shows that release from prison is a key barrier to continuity and adherence to drug and infectious diseases treatment.
- ✓ Evidence shows that collaboration and partnership between prison and community health-care services promote and facilitate uninterrupted care.
- ✓ Evidence shows that active referral to external services improves treatment adherence.



Service priorities at the different stages of detention





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Thank you

