

INTERAGENCY GUIDANCE IN BRIEF

Prevention and control of infectious diseases among people who inject drugs

2023 update

Background

Hepatitis B and C, HIV, and tuberculosis (TB) continue to circulate and cause substantial morbidity and mortality in the European Union/European Economic Area (EU/EEA) and countries in the eastern European Neighbourhood Policy (ENP) area.

These diseases are the focus of the United Nations (UN) Sustainable Development Goal (SDGs) 3.3, which is to 'end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases' by 2030. Countries will not achieve this SDG target unless these diseases are addressed in all populations, including among people who inject drugs.

This is because injecting drug use remains an important risk factor for acquiring blood-borne infectious diseases (e.g. hepatitis B and C, HIV) and people who inject drugs are at high risk for other infectious diseases (e.g. sexually transmitted infections (STIs), TB) in the EU/EEA and ENP area.

Prevention and control of infectious diseases among people who inject drugs is important because these diseases reduce the quality of life and life expectancy of any individual. Furthermore, there is a risk of onward transmission to others, including those who do not inject drugs.

Ultimately, they can lead to both indirect and direct societal costs through, for example, lost productivity, high treatment, and care costs.

Aim and target audience

The joint guidance by the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) aims to support policy-makers and public health/social programme planners by strengthening the evidence base for developing national strategies, policies, and programmes for preventing and controlling infections and infectious diseases among people who inject drugs.

Maximising intervention benefits

To provide maximum benefit, these interventions should be adequately funded and delivered in line with principles for prevention and service provision. These principles include implementing specific interventions:

- In combination, to maximise coverage and effectiveness;
- In the context of other relevant health promotion activities that target structural and individual factors that promote healthier and/or safer behaviours (e.g. activities that reduce stigma and discrimination; promote safer sexual and drug use behaviour); and
- Using a practical, targeted, community-based, and person-centred approach.

Key intervention areas following critical review of the evidence by the expert panel

Drawing on the most robust evidence available and/or favourable expert opinion, as well as what is regarded as best practice according to existing international guidelines, six key intervention areas were identified. Their adoption should be considered as key components of a comprehensive approach, informed by a consideration of relevant operational needs and regulatory and legal frameworks, for preventing and controlling infectious diseases among people who inject drugs:

1 Provision of sterile injecting equipment

Provide sterile needles and syringes and other drug preparation equipment (cookers, filters, and water for injection), including in prisons and through pharmacies.

2 Drug dependence treatment

Provide opioid agonist treatment (OAT), including in prisons;

Provide sterile injecting equipment in combination with OAT;

Offer information, education, counselling, and skills training alongside OAT and needle and syringe programmes (NSPs), including in prisons.

3 Vaccination

Offer vaccinations against hepatitis A and B, respiratory infections such as COVID-19 and influenza, and against tetanus to prevent infections and/or their complications in people who inject drugs; in addition, particularly for people living with HIV who inject drugs, offer the pneumococcal and the human papillomavirus vaccines.

4 Testing for infectious diseases

Routinely offer voluntary, confidential testing with informed consent and that is in line with relevant guidance for:

- Hepatitis C virus and HIV to all people who inject drugs;
- Hepatitis B virus to all people who inject drugs with no/incomplete vaccination;
- STIs (e.g. syphilis, chlamydia, gonorrhoea) to all people who inject drugs with STI symptoms and/or those with higher risk (e.g. multiple sexual partners, exchange of sex for money/drugs);
- TB disease to all people who inject drugs with TB signs and symptoms, and/or those with higher risk (e.g. have an exposure or predisposing underlying condition).

All people with a positive test result should be linked to care.

5 Infectious disease treatment

Offer:

- Antiviral treatment for those diagnosed with hepatitis B and eligible for treatment;
- Antiviral treatment for those diagnosed with hepatitis C;
- Antiretroviral treatment for those diagnosed with HIV;
- Anti-TB treatment to those with TB disease;
- TB preventive treatment for people with TB infection after ruling out TB disease;
- Treatment for other infectious diseases such as STIs and bacterial skin infections as clinically indicated.

Ensure that there is cooperation between service providers dedicated to people who inject drugs and those who provide infectious disease care to increase linkage to care, in particular for hepatitis C.

There is evidence that for hepatitis C treatment at least, adherence can be strengthened through the involvement of peer mentors.

6 Drug consumption rooms providing supervised injecting facilities*

Provide supervised injecting facilities in order to reduce injecting risk behaviour among people who inject drugs, which could as a consequence contribute to prevention of hepatitis C and HIV transmission.

*Supervised injecting facilities are provided by most drug consumption rooms. These are healthcare settings where people who have purchased drugs elsewhere can go to take their drugs in a clean environment, typically under the supervision of medically trained staff. Regulatory and legal frameworks vary across countries and will impact on whether this kind of provision can be made available and what kind of operational models are permitted.

Moving forward

Implementation of the interventions is expected to contribute towards the achievement of local, regional, national, and international infectious disease targets if undertaken at sufficient scale.

The reality of implementation is complex, and countries differ with regard to their existing policies, resource capacities, health systems, and social, cultural and epidemiological contexts, so it remains up to those implementing the guidance to decide which interventions and combinations of them should be prioritised given the particular context within which they are to be applied.

To help countries move from what the guidance recommends to applying it, 12 models of good practice that describe interventions and approaches being used successfully by European countries to prevent and control infections among people who inject drugs are also provided.

Collectively, these show the value of peer involvement, multidisciplinary approaches, and involving nurses in community-based testing, linking people who inject drugs

to infectious disease care and helping them adhere to treatment.

In addition to implementing the interventions, robust surveillance, and continuous monitoring, ongoing research related to the prevention and control of infectious diseases among people who inject drugs is needed and should be invested in.



Read the full guidance at:

<https://www.ecdc.europa.eu/en/publications-data/prevention-and-control-infectious-diseases-among-people-who-inject-drugs-2023>



Read the models of good practice at:

<https://www.ecdc.europa.eu/en/publications-data/models-good-practice-community-based-testing-linkage-care-and-adherence-treatment>