

Injecting drug use in Europe: stable or declining

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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimates that there may be currently between 750,000 and 1,000,000 active injecting drug users (IDUs) in the European Union (EU). Indirect indicators such as data from drug treatment entrants suggest that the trend in injecting is stable or declining. Data from studies among IDUs, however, suggest that recent recruitment into drug injecting continues in several countries. Injecting drug use is strongly associated with severe health problems in drug users, including both blood-borne infections (e.g. HIV/AIDS, viral hepatitis) and overdose. These results are presented in the report on trends in injecting drug use in Europe recently published by the (EMCCDA) [1].

According to this report, injecting drug use in Europe is mostly linked to opioid use, but now less than half (45%) of those entering treatment for primary opioid use in the EU report 'usually injecting' their drug. Between 2002 and 2007, 10 of 26 countries showed a decline in the proportion of injectors among heroin users entering treatment for the first time, likely reflecting a decline in injecting in the untreated population of heroin users. Only two countries, Bulgaria and Slovakia, showed a reverse trend with statistically significant increases. Over the same time period, a declining trend in injecting was observed among primary cocaine users entering drug treatment for the first time, whereas this trend was stable among the primary amphetamine users.

Available estimates of IDU prevalence range from less than one to 15 IDUs per 1,000 population aged between 15 and 64 years, suggesting considerable differences in prevalence between countries. For the 12 EU Member States with prevalence estimates, the weighted average is about 2.5 cases per 1,000 population aged between 15 and 64 years. This figure, if extrapolated to the whole EU, would correspond to between three quarters of a million and one million active IDUs. Trends in IDU prevalence estimates for the period from 2002 to 2007 are only available for five countries and mostly suggest stable prevalence.

The proportion of new drug users (drug use for less than two years) and young drug users (under 25 years) within samples of IDUs recruited in the context of infectious disease surveillance may provide an indirect

indicator of recent initiation to injecting. New injectors make up less than 10% of injectors sampled in 10 EU Member States. However, in two EU Member States (Czech Republic and Lithuania) and Turkey their proportions are higher (above 20%), suggesting ongoing new recruitment to injecting in recent years. Injectors under the age of 25 years account for less than 20% of injectors sampled in 11 countries (10 EU and Turkey), but for over 40% of injectors sampled in Austria, the Czech Republic, Estonia, Latvia, Lithuania, Romania and Slovakia. Most of the countries reporting higher proportions of young injectors experienced the introduction of heroin use later than elsewhere in Europe.

Responses to injecting drug use in Europe have focused on reducing harms such as HIV/AIDS and overdose. Coverage of these measures in the EU has strongly increased since 1995, although it still varies much between countries. The increases in intervention coverage and declines in injecting drug use in the EU appear to be reflected in declines in newly reported HIV cases [3,4].

European countries target injecting drug use and its consequences through a variety of evidence-based interventions [2], mainly in the fields of drug treatment and harm reduction. The most prominent of these is opioid substitution treatment (OST), which is now available in all 27 EU Member States, Croatia and Norway. There are around 650,000 clients in substitution treatment in the EU, representing more than a three-fold increase since 1995. The level of coverage of opioid users, however, shows large variation in the proportion of opioid users with access to OST in ten countries providing estimates: from 5% in Cyprus to over 50% in Germany. Needle and syringe programmes now exist in all 27 EU Member States, Croatia and Norway. Specialised syringe provision outlets — not including pharmacy sales — are estimated to distribute on average about 50 syringes a year per injecting drug user across the EU. In prisons, drug injecting is associated with high levels of syringe sharing, but only five EU countries have implemented needle and syringe programmes in this setting.

It is likely that the declines in injecting drug use and the strongly increasing coverage of key interventions

(including HAART) have resulted in substantial impact on IDU-related HIV transmission in the EU. Rates of newly diagnosed cases of HIV infection among injecting drug users are now mostly at stable and low levels or in decline [4], consistent with the general trend in injecting drug use. The relationship between trends in injecting drug use and IDU-related HIV transmission may be more directly suggested by the example of Bulgaria. Here the drug treatment data indicate an increase in injecting among heroin users in recent years, whereas reported HIV cases among IDUs have also sharply increased [4].

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