On 12 October 2011, the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published a joint guidance on the prevention and control of infectious diseases among people who inject drugs [1]. The two agencies of the European Union (EU) bring together know-how from the fields of drugs and infections, assess the evidence-base for interventions as well as European good practice and expert knowledge in the guidance document to inform the development, monitoring and evaluation of national and regional strategies to reduce and prevent infections among people who inject drugs.

Injecting drug use remains a major factor of vulnerability for acquiring blood-borne and other infectious diseases, including HIV, hepatitis B (HBV) and C (HCV), tuberculosis (TB), bacterial skin and soft tissue infections, and systemic infections. Estimates of the number of people who inject drugs suggest that there are significant populations at-risk for these infections in all European countries. Unaddressed, these infections result in a large burden on European health systems, significant individual suffering and health inequality, as well as high treatment costs.

The success of pragmatic public health approaches to HIV prevention in Europe shows that the spread of blood-borne infections among people who inject drugs can effectively be reduced. Prevention is feasible and effective, if properly implemented, with close coordination between various sectors, including health, drugs and law enforcement authorities.

The guidance relies on a foundation of ‘core values’ guiding a set of ‘principles of prevention and service provision’. Seven key interventions are identified, which, synergistically, have been shown by evidence and experience to be effective in the prevention and control of infectious diseases that affect people who inject drugs.

- **Injection equipment**: provision of, and legal access to, clean drug injection equipment, including sufficient supply of sterile needles and syringes free of charge, as part of a combined multi-component approach, implemented through harm-reduction, counselling and treatment programmes.
- **Vaccination**: hepatitis A and B, tetanus, influenza vaccines, and, in particular for HIV-positive individuals, pneumococcal vaccine.
- **Drug dependence treatment**: opioid substitution treatment and other effective forms of drug dependence treatment.
- **Testing**: voluntary and confidential testing with informed consent for HIV, HCV (HBV for unvaccinated) and other infections including TB and referral to treatment.
- **Infectious disease treatment**: antiviral treatment based on clinical indications for those who are HIV, HBV or HCV infected, anti-tuberculosis treatment for active TB cases, TB prophylactic therapy for latent TB cases, treatment for other infectious diseases as clinically indicated.
- **Health promotion**: health promotion focused on safer injecting behaviour, sexual health, including condom use; and disease prevention, testing and treatment.
- **Targeted delivery of services**: services combined, organised and delivered according to user needs and local conditions; provision of services through outreach and fixed site settings offering drug treatment, harm reduction, counselling and testing, and referrals to general primary health and specialist medical services.

The guidance is accompanied by an ‘In Brief’ version and by two technical reports that provide the evidence base for this guidance.

## References