



European Monitoring Centre
for Drugs and Drug Addiction

DRID Guidance Module:
BEHAVIOURAL INDICATORS FOR INJECTING DRUG USERS

**FINAL UNEDITED DRAFT FOR REVIEW BY HEADS OF
NATIONAL FOCAL POINTS**

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**EMCDDA Drug Related Infectious Diseases
(DRID) Monitoring Guidance Toolkit**

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Preface

This module forms part of the Drug related infectious diseases (DRID) 'Toolkit', a series of modules providing guidance on different aspects of DRID monitoring. This Toolkit will form an updated version of the 2006 draft DRID protocol (EMCDDA, 2006) and earlier EMCDDA guidance (EMCDDA, 2000a) including the 'Standard Table 9' reporting formats. <http://www.emcdda.europa.eu/themes/key-indicators>.

Specifically this module and the corresponding Fonte template provide an update to the pilot version of ST9 part 3 that was developed by EMCDDA in 2006 and that has been used since. The improved definitions and indicators herein reflect the growing consensus in the European DRID research community regarding the need for comparable indicators and data on infectious diseases among injecting drug users. Notwithstanding, indicators have been as much as possible maintained unchanged in order to facilitate continued data collection over time. For many – but not all – indicators here proposed data comparison will be directly possible between the 2006 version of ST9 part 3 and the formats proposed in this module. The main changes are that better defined formats are proposed – principally to adhere to one preferred recall period of either “four weeks” or “twelve months” as well as defining more precisely the indicator components – while a number of more precise “optional” indicators has been added to the original list of indicators. For a detailed overview of changes with regard to the 2006 pilot version see Annex 1.

While the list of indicators may seem large, it is not intended to be prescriptive and, in order to make the list more user-friendly, it follows a three-level hierarchy of priorities. Thus it includes:

- A limited number of four 'Core' indicators for routine data systems where it is difficult to collect data or for systems that are not specialised on drug use.
- A larger list of 14 'Additional' indicators that may be included in most specialised systems. Although most of them already existed in the 2006 version of ST9 part 3, and some in ST9 part 2 (as breakdowns of the prevalence of infection), all of them have been gathered into ST9 part 3 for consistency, as they are often not reported in ST9 part 2 when infection prevalence is low. Therefore most of these (including the basic demographic variables age, sex, years injecting, primary drug and ever in prison) do not imply additional data collection.
- A further list of 'Optional' indicators that might only be included in specific studies with larger questionnaires and more time per interview - although countries are strongly encouraged to consider reporting some or most of these as well, where this is feasible. There are a total of 26 of these consisting mostly of a population mean or median that may be very easily provided once the 'Core' or 'Additional' indicator (these are formatted as a %) is already collected. These Optional indicators do thus again in most cases not imply asking extra questions to respondents.

This module is closely linked to the module 'Example Questionnaire for Seroprevalence and Behavioural Surveys in Injecting Drug Users' (EMCDDA, 2012), which provides examples of questions that could be used to derive the data for these indicators. Those questions are copied into this module, at the end of each indicator section, however to see them in conjunction and to understand how they could be embedded in a longer (study) questionnaire it is recommended to refer to the 'Example Questionnaire' module.

This module is numbered version 1.0 as some future changes and updates may be necessary, even if maintaining the general principle of not changing indicator formats if not really necessary. In further work for example the inclusion of an indicator on antiviral treatment may be considered. At present this is considered not possible due to lack of sufficiently tested, valid and reliable indicators of self-reported antiviral treatment uptake.

Authors and acknowledgments

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The work here described builds on the 'pilot version of ST9 part 3', developed by the EMCDDA in 2006. In addition, this work substantially benefited from the work on the draft DRID protocol, in particular on the 'example questionnaire' included in that protocol, produced by the Greek National Focal Point and EMCDDA in 2006 (EMCDDA, 2006). The development of the draft DRID protocol was coordinated by Katerina Kontogeorgiou and Manina Terzidou (Greek National Focal Point) and Lucas Wiessing, Danica Klempova, Colin Taylor and Paul Griffiths (EMCDDA) with contributions from Clive Richardson, Anastasia Drymoussi, Georgia B. Nikolopoulou, Maria Hadjivassiliou, Irene Vafiadi – Zoubouli, Viktor Mravcik, Maria Jose Bravo, Anneke Krol, Lubomir Okruhlica, Vivian Hope and Françoise Dubois-Arber.

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1. Background and objective

Behavioural and socio-demographic information is highly important in the context of HIV and HCV and HBV monitoring, given that transmission in injecting drug users (IDUs) and other risk groups strongly depends on specific risk behaviours such as needle sharing and unprotected sex, as well as on socio-economic, policy and other environmental factors such as marginalisation and availability of and contact with services. In addition, information regarding contact with services is key for evaluating prevention policies.

Despite its importance, behavioural and sociodemographic information regarding blood borne infections in IDUs has thus far not been systematically collected at European level, even if in some countries some national or sub-national studies have been collecting such information already for many years (ECDC, 2009; Hope et al, 2011).

With this document the EMCDDA aims to propose a set of indicators that allows collecting comparable, reliable and policy-relevant data on behavioural and socio-demographic aspects of the epidemiology of blood-borne infections in IDUs in Europe. These indicators form an updated and revised version of a pilot set of indicators introduced in 2006 (EMCDDA, 2006).

Box 1

Objective: to propose a set of indicators that allows collecting comparable, reliable and policy-relevant data on behavioural and socio-demographic aspects of the epidemiology of blood-borne infections in IDUs in Europe.

One of the reasons that these data are not still fully collected at European level is the wide diversity of indicators and formats of data collection that have been used in many different studies. Since about 2004, discussions in the annual DRID expert meetings have led to growing consensus regarding the formats and indicators that could be used at European level, which are reflected in this document.

Injecting drug use has driven the HIV epidemic in many countries. As a consequence since the mid 1980s many surveillance indicators have been defined by different national and international institutions to monitor the changes in IDUs' risk behaviours and their access to health service. Thus, HIV and other blood-borne infections surveillance among IDUs has been mainly focused on the following areas:

- Injecting risk behaviour
- Sexual risk behaviour
- Health services access:
 - Blood-borne testing uptake
 - Drug dependence treatment access (opiate substitution therapy)
 - Sterile needle/syringe access
- Socio-demographic conditions: Gender, age, homelessness or other risk factors for HIV infection that allow to put the surveillance data in context

Since its inception in 1995, and together with its national partners, the EMCDDA has been monitoring HIV and viral hepatitis (B and C) prevalence in IDUs in Europe, with the aim to provide sound data for drugs and public health policies (EMCDDA, 2012b; Wiessing et al, 2004, 2006, 2008a, 2008b, 2011).

Data are collected through its 'Standard table 9' (ST9) reporting templates within the online data collection system 'Fonte'. This forms part of its 'Drug related infectious diseases' (DRID) activities that are one key aspect ('key epidemiological indicator') of the drugs problem and its consequences. <http://www.emcdda.europa.eu/themes/key-indicators>

Aggregated data on study methods (ST9 part 1) and serological results (ST9 part 2) from existing seroprevalence studies in IDUs have been collected and reported through ST9.

<http://www.emcdda.europa.eu/stats10/drid> Since 2003 also notifications data are collected for hepatitis B and C (ST9 part 4). In addition, a need was expressed in DRID expert meetings to start collecting information on behavioural and socio-demographic variables from the seroprevalence studies already reported, which often also collect behavioural data (ST9 part 3).

International thinking around HIV/AIDS surveillance has similarly evolved from an approach centred on monitoring seroprevalence and case reporting data to a broader 'second generation' concept. This takes into account more data sources including behavioural information (WHO&UNAIDS, 2000), as was already standard practice in many epidemiological research studies. The EMCDDA aims to extend this broader monitoring approach to neighbouring DRID areas relevant for IDUs, including monitoring and understanding risks and behaviours linked to viral hepatitis (B and C) and potentially other infectious diseases in injecting drug users (Reintjes and Wiessing, 2007).

This module provides an overview of the behavioural indicators collected through ST9. These are mostly concentrated in ST9 part 3, however some behavioural information is additionally collected through ST9 part 2 as breakdown variables of seroprevalence, and in part 1 as part of the information on study methods and characteristics. Thus, for a sero-behavioural study the Fonte templates for ST9 parts 1, 2 and 3 would be filled in, whereas for a behavioural study where no serology is being performed only parts 1 and 3 may be used. In addition, hepatitis B and C notification data are collected in ST9 part 4. These are not discussed here given the very different nature of those data, which will be dealt with in a separate module (see draft DRID Toolkit outline). For an overview of the different areas of data collection through ST9 see Box 2 and Table 1.

Given the developmental nature of ST9 part 3 and the extra resource implications of the data provision through this template remains currently voluntary. Nevertheless, countries are strongly encouraged to take part. The first data collection based on the 2006 pilot version of ST9 part 3 is already providing important data, especially with regard to countries where HIV incidence among IDUs is high or at risk of rising (Wiessing et al., 2011, Pharris et al. 2011, DRID expert meeting 2011).

Box 2.

Overview of HIV and HCV/HBV second generation surveillance data collected by EMCDDA through ST9 and Fonte (see Table 1):

- Study method and settings, ST9 Part 1
- Seroprevalence indicators, ST9 Part 2
- Behavioural indicators, ST9 Part 3
 - Core Indicators
 - Additional Indicators
 - Optional Indicators
- Hepatitis B and C notification indicators and methods/ definitions, ST9 Part 4

TABLE 1. OVERVIEW OF INDICATORS IN STANDARD TABLE 9 – ‘DRUG RELATED INFECTIOUS DISEASES’ (DRID)

<p>SAMPLE AND METHODS DESCRIPTION OF SEROPREVALENCE OR BEHAVIOURAL STUDIES (ST9 part 1) – SEE ANNEX 3</p>	<p>Definition of injectors (Ever-IDUs, current IDUs, IDU status not known)</p>
	<p>Sampling inclusion criteria (yes/no: sample was restricted by time since first injection, gender, age)</p>
	<p>Recruitment setting (multiple settings can be ticked – see list)</p>
<p>SEROPREVALENCE OF HIV OR HEPATITIS B AND C AND BREAKDOWNS (ONLY FOR HIV AND HCV), WITH % INFECTED AND SAMPLE SIZE FOR EACH CATEGORY (ST9 part 2) – SEE ANNEX 3</p>	<p>Overall prevalence in the sample of IDUs</p>
	<p>Prevalence by gender (males, females)</p>
	<p>Prevalence by age (<25, 25-34, >34 years)</p>
	<p>Prevalence by years since first injection (<2, 2<5, 5<10, 10 or more years)</p>
	<p>Prevalence by primary drug injected (opioids, other than opioids)</p>
	<p>Prevalence by first treatment demand (IDUs entering first treatment ever, all other IDUs)</p>
	<p>Prevalence by prison history (ever in prison, never in prison)</p>
<p>BEHAVIOURAL INDICATORS (ST9 part 3)</p>	<p>SEE TABLE 2 AND ANNEX 1</p>
<p>HEPATITIS B AND C NOTIFICATIONS (ST9 part 4)</p>	<p>Methodological information</p>
	<p>Data for: all cases, all cases with transmission route known, all IDU cases</p>
	<p>IDU data broken down by gender, age and years since first injection (same categories as above)</p>

2. Overview of indicators

The EMCDDA ST9 'Core' Indicators are a very short set of measurements deemed essential to the surveillance of bloodborne infections, in particular by monitoring the sharing of injecting equipment and testing uptake of HIV or viral hepatitis. The recommendation is to complement these, where the setting allows, with all the 'Additional' indicators, which include sexual risk indicators and intervention coverage indicators, or at least those that are regarded most important for a given epidemiological situation, and in studies where larger questionnaires are being used to consider including (most of) the 'Optional' indicators as well.

The proposed indicators are presented by three levels of priority.

Box 3.

Three levels of priority:

- Core
- Additional
- Optional

Countries are encouraged to include first the four "Core" indicators in all data settings that provide DRID data.

Then, where possible, try to include the fourteen "Additional" indicators in those settings that allow this.

Finally try to include from the "Optional" indicators those that can be provided as well and are deemed important, depending on study setting or data availability and epidemiological situation in the country. Note that many of the Optional indicators are a population mean or median that is based on the same data as a corresponding Additional indicator, thus implying no extra data collection.

2.1 Core indicators:

Box 4.

Four "Core" Indicators:

- Two on injecting risk behaviour
 - Two on blood-borne virus testing uptake
-
- Indicator 1.1. % current IDUs sharing used needles/syringes in the last 4 weeks (receiving or passing on)
 - Indicator 2.1 % current IDUs sharing any used injecting paraphernalia in the last 4 weeks other than needles/syringes
 - Indicator 3.1 % ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening

- Indicator 4.1 % ever-IDUs that have received an HCV antibody test in the last 12 months preceding the current survey/screening

2.2 Additional indicators

Box 5.

Fourteen “Additional” Indicators:

- Two on injecting risk behaviour
- Three on sexual risk behaviour
- Two on intervention coverage
- Seven on socio-demographic conditions

- Indicator 5.1 % current IDUs who reported using a sterile needle/syringe the last time they injected
- Indicator 7.1 % current IDUs injecting once per day or more, in the last 4 weeks
- Indicator 9.1 % ever-IDUs who have been paid for sex in the last 12 months
- Indicator 11.1 % ever-IDUs who report the use of a condom use at last sexual intercourse in the last 12 months
- Indicator 12.1 % ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months
- Indicator 13.1 % current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks
- Indicator 14.1 % opioid using ever-IDUs who were in opioid substitution therapy in the last 4 weeks
- Indicator 15.1 % ever-IDUs under age 25
- Indicator 16.1 % females among ever-IDUs
- Indicator 17.1 % ever-IDUs with less than 2 years since their 1st injection
- Indicator 18.1 % ever-IDUs reporting an opioid as their primary drug
- Indicator 19.1 % ever-IDUs reporting ever having been in prison
- Indicator 20.1 % ever-IDUs born outside the country of study
- Indicator 21.1 % ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months

2.3 Optional indicators

Box 6.

In addition, there are a further 29 “Optional” indicators.

These are mostly breakdowns or more specific versions of the Core or Additional indicators (most are simple measures such as means and medians).

They are likely to be more feasible to be included in specific studies among IDUs where larger questionnaires are used.

See Table 2 for an overview of the Core and Additional indicators and Annex 1 for an overview of the Optional indicators

3. Methodological notes

The work here described is the result of multiple expert meetings and workshops and surveys to member states performed by EMCDDA as well as collaboration with other institutions working on similar indicators, notably ECDC and UNAIDS.

The selection and prioritisation of ‘Core’, ‘Additional’ and ‘Optional’ Behavioural Indicators for the EMCDDA ST9 part 3 has taken into account the large amount of work that has been put into developing standardized indicators for HIV second generation surveillance by UNAIDS (UNAIDS, 2009; UNAIDS, WHO & Others, 2000), ECDC (ECDC, 2009; ECDC, 2010), and WHO (WHO & UNAIDS, 2000; WHO & UNAIDS, 2002; PAHO-WHO, 2008; WHO & UNODC & UNAIDS, 2009), as well as important contributions of other institutions such as CDC (Allen et al, 2009; Lansky et al, 2007; Gallagher et al, 2007) and FHI (FHI, 2000).

In addition the following study questionnaires have been reviewed (see References): WHO 2000; Scieh 1999; RIVM 2002; Czech NFP 2003; ISCIII 2001; EMCDDA 2000b; HPA-UK 2003; Stimson et al., 1998.

Furthermore, a detailed expert consultation has taken place where national experts in European countries and beyond (including the members of the EMCDDA ‘DRID Protocol Advisory Group’) have given their opinions and provided scientific pieces of evidence on a large number of unresolved questions, leading to a reproducible and documented process of using expert opinion to reach final decisions, which in many cases were based on documented empirical evidence from the expert’s studies (EMCDDA 2011b). Finally the results were discussed in the annual DRID expert meetings and workshops where outstanding issues were resolved (see annual DRID meeting reports).

Although an effort has been made to include accurate and reliable indicators, their quality as well as their usefulness will very much depend on the epidemiological situation of the drug injection epidemic in a given country. Thus, it could be the case that in a given country, region or city some Additional or even Optional Indicators would be considered as important as the Core indicators.

The indicators here described are meant to be applied either to:

- ‘Ever-IDUs’: “having ever injected drugs for a non-medical purpose, even if once” or
- ‘Current IDUs’: “having injected drugs in the last 4 weeks”.

EMCDDA collects prevalence of infection (HIV, viral hepatitis, other) from both definitions of the IDU population, depending on data availability in the country. For each of the behavioural indicators here discussed the widest possible definition is used, for example questions on sexual risk behaviour or testing for infectious diseases can and should be asked to all ever-IDUs,

whereas questions on needle sharing in the last 4 weeks can only be asked to IDUs who have injected in the last 4 weeks and are thus limited to current IDUs.

Where studies or monitoring systems are limited to data collection from current IDUs only, the definitions of 'ever-IDU' and 'current IDU' coincide (given that all current IDUs are ever-IDUs). Therefore in such datasets all indicators can be provided simply based on those current IDUs, even if the indicator is defined as a % of ever-IDUs. Conversely, in studies that include IDUs who have not injected in the last 4 weeks the sample sizes will be different for the indicators, depending on whether they are defined for current or for ever-IDUs. Note that the data provided for ever-IDUs should always include all current IDUs as well.

Box 7.

Indicators cover either 'Ever' or 'Current' IDUs:

- Ever-IDUs for issues that are not affected by the frequency/periodicity of injection (e.g. testing, sexual risk behaviour)
- Current IDUs (injected in last 4 weeks) for questions that relate to current injecting risks e.g. needle sharing in the last 4 weeks
- The indicators for ever-IDUs should always also be applied to the current IDUs, as current IDUs are by definition also ever-IDUs.

Studies focus on current or on ever-IDUs depending on their objectives, e.g. to monitor ongoing injecting risk behaviours. In countries with low prevalence of infection current IDUs may be the most appropriate group. Whereas in a high prevalence country with high risk of sexual transmission and where issues of diagnosis and antiviral treatment uptake are important the study might aim to include ever-IDUs. Also, in countries that have never done studies among IDUs before and where current injecting is low or the IDU population is small, a first study might focus on ever-IDUs to make sure that sufficient sample size and power is obtained at least for questions relating to ever-IDUs. It should be kept in mind however that in studies where ever-IDUs are included several questions and indicators are not applicable to those who have not injected recently, resulting in less efficient sampling and research (from the perspective of studying current injection related risks) and in the questionnaires large sections will be skipped and remain empty (thereby however also reducing the average interview time).

The indicators have different recall periods, depending on the frequency of behaviour in question. For frequent behaviours (e.g. injecting, needle sharing) a period of 'last 4 weeks' has been chosen, consistent with the definition of 'current injectors' discussed above as well as (almost) consistent with other guidance (EMCDDA, 2011a; UNAIDS, 2009; FHI, 2000; PAHO-WHO, 2008; WHO & UNODC & UNAIDS, 2009; Dubois-Arber et al, 2011). Although in these other guidelines the definition is slightly different (i.e. 'last 30 days') in the DRID expert meetings leading to this module it was decided that this difference can be ignored and data are comparable, given the large uncertainty in recalling past behaviours. A preference was given to using 'last 4 weeks' based on experts reporting evidence from some countries that this format is easier to apply in interviews (EMCDDA 2011b). For less frequent behaviours or phenomena (e.g. sexual behaviours, testing uptake, homelessness) a recall period of 'last 12 months' has been chosen consistent with other guidance (UNAIDS, 2009; FHI, 2000; PAHO-WHO, 2008).

One of the main problems in the development of this module has been the variety of recall periods in use in Europe. Although many studies use 'last 4 weeks' or similar definitions ('last 28 days', 'last 30 days', 'last month'), or 'last 12 months' for less frequent behaviours, several established studies use a 'last 6 months' period based on earlier WHO guidance and/or based on cohort studies with biannual follow-up. Yet other studies use data from administrative systems

(e.g. drug treatment monitoring) that provide data by 'calendar year' for some variables (e.g. treatment entries).

Different recall periods are necessary depending on the frequency of a behaviour (Des Jarlais et al., 2006). To allow data comparison across these studies it is recommended that studies using recall periods that are different than those here proposed include a question in their questionnaire that allows at least for some limited comparisons.

For example, a study using a 'last 6 months' format for an indicator here proposed as 'last 12 months' might include a question with a 'flexible format' (see module Example Questionnaire) that asks the respondent if that behaviour happened 'ever', 'in the last 12 months' or 'in the last 6 months' (or alternatively recording date of the last time), thereby providing three 'yes/no' variables for each recall period.

Although it is not possible with such a 'flexible format' question to record frequencies of that behaviour during the different recall periods (extra questions would be needed for that), at least at population level data can be compared in terms of the % IDUs reporting that behaviour either in the last 12 or last 6 months.

Similarly if the study uses 'last 6 months' for an indicator that is here defined as 'last 4 weeks', introducing a question asking if the respondent has engaged in that behaviour 'ever', 'in the last 6 months' or 'in the last 4 weeks' allows reporting the % IDUs admitting to this behaviour to the EMCDDA following the standard recall period format of 'last 4 weeks' and/or comparing results from using either recall period.

Box 8.

Recall periods are 'last 4 weeks' or 'last 12 months':

- Last 4 weeks for frequent behaviours e.g. needle sharing or injecting
- Last 12 months for less frequent behaviours e.g. sexual variables or testing uptake

Studies using a different recall period might consider including an extra 'flexible' question that addresses both recall periods in order to be able to compare their data with the data reported by the EMCDDA. (See module Example Questionnaire).

TABLE 2. CORE AND ADDITIONAL BEHAVIOURAL INDICATORS IN STANDARD TABLE 9 - PART 3

CORE/ PRIORITY STATUS	THEMATIC INDICATOR GROUP		EXAMPLE QUESTIONNAIRE
CORE INDICATORS	INJECTING RISK	1.1 % current IDUs sharing used needles/syringes in the last 4 weeks (receiving or passing on)	QF05, QF11, QF23
		2.1 % current IDUs sharing any used injecting paraphernalia in the last 4 weeks other than needles/syringes	QF05, QF17, QF20
	TESTING	3.1 % ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening	QB01, QJ02, QJ05
		4.1 % ever-IDUs that have received an HCV antibody test in the last 12 months preceding the current survey/screening	QB01, QJ07, QJ10
ADDITIONAL INDICATORS	INJECTING RISK	5.1 % current IDUs who reported using a sterile needle/syringe the last time they injected	QF05, QF08
		7.1 % current IDUs injecting once per day or more, in the last 4 weeks	QF05, QF06, QF07
	SEXUAL RISK	9.1 % ever-IDUs who have been paid for sex in the last 12 months	QB01, QH15
		11.1 % ever-IDUs who report the use of a condom use at last sexual intercourse in the last 12 months	QB01, QH01, QH21
		12.1 % ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months	QB01, QH05, QH11, QH16, QH20
	INTERVENTION COVERAGE	13.1 % current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks	QF05, QG04
		14.1 % opioid using ever-IDUs who were in opioid substitution therapy in the last 4 weeks	QB01, QD07, QE02, QE06, QE10, QE22, QE26, QE30
	SOCIODEMOGRAPHIC	15.1 % ever-IDUs under age 25	QA01, QB01, QC01
		16.1 % females among ever-IDUs	QB01, QC02
		17.1 % ever-IDUs with less than 2 years since their first injection	QA01, QB01, QC01, QF01
		18.1 % ever-IDUs reporting an opioid as their primary drug	QB01, QE43
		19.1 % ever-IDUs reporting ever having been in prison	QB01, QI03
		20.1 % ever-IDUs born outside the country of study	QB01, QC03
		21.1 % ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months	QB01, QM03

4. Detailed listing of the indicators

4.1 Sharing used needles/syringes

Rationale:

Needle/syringe sharing is a key risk behaviour for transmission of HIV and viral hepatitis among IDUs. Following changes in the population prevalence of needle/syringe sharing may provide early warning signs for potential increases in HIV risk, provide a means to evaluate the impact of interventions aimed at reducing needle/syringe sharing, and help in identifying sub-groups at higher risk of infection. In populations with high infection prevalence it can be important to consider, in addition to the here proposed indicators, monitoring the prevalence of distributive needle/syringe sharing ('passing on used needles/syringes to others') by those infected or those who know they are infected (note these indicators are not collected by EMCDDA).

The core indicator 1.1 does not distinguish between receptive and distributive needle sharing as was the case in the 2006 version of ST9 part 3, and it has been decided not to change this. Although technically making this distinction seems better, as often done in studies, it was thought that at European level a combined indicator might be easier for countries to report on, in part because some (routine) data collection systems do not make this distinction. To allow for higher quality data collection the 'receptive' and 'distributive' versions have been added as optional indicators. Countries that collect both the combined and (one of the) separate indicators can compare results and see if this makes a large difference or which is more sensitive for monitoring trends. In the future based on further data collection a more informed decision can then be made on whether the core indicator might be changed to e.g. receptive sharing (indicator 1.2) however this is not foreseen.

Indicator 1.1 (CORE): % current IDUs sharing used needles/syringes in the last 4 weeks (receiving or passing on)

Definition:

- Numerator: IDUs injecting with needles/syringes that have been used by others, or passing their used needles/syringes to others, even if cleaned, in the last 4 weeks.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05), then for the numerator include those with answer 1 on question QF11 or QF23 (exclude IDUs who answered either 8 or 9 on both questions). For the denominator include all who injected in the last 4 weeks (QF05), excluding those who answered 8 or 9 on both questions (QF11, QF23).

Indicator 1.2 (OPTIONAL): % current IDUs injecting with needles/syringes that had been used by others in the last 4 weeks

Definition:

- Numerator: IDUs injecting with needles/syringes that have been used by others, even if cleaned, in the last 4 weeks.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05), then for the numerator include those with answer 1 on question QF11 (exclude IDUs with answer 8 or 9). For the denominator include all who injected in the last 4 weeks (QF05), excluding those with answer 8 or 9 on question QF11.

Indicator 1.3 (OPTIONAL): % current IDUs passing on used needles/syringes to others in the last 4 weeks

Definition:

- Numerator: IDUs passing on their used needles/syringes to others, even if cleaned, in the last 4 weeks.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05), then for the numerator include those with answer 1 on question QF23 (exclude IDUs with answer 8 or 9). For the denominator include all who injected in the last 4 weeks (QF05), excluding those with answer 8 or 9 on question QF23.

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/ _/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF11 Please think of the last time that you used needles or syringes given, lent, rented or sold to you by someone else, including your partner, did this occur within the last 4 weeks, last 12 months or before?

1 Within last 4 weeks

2 Not in last 4 weeks, but in last ... months

3 Before last ... months

8 Refused

9 Don't Know/Remember

[Flexible format: simply introduce in the dotted space (...) the recall period that are you using in your survey for this question. Note that you could make a substitution by any recall period that you were using in your questionnaire.]

QF23 Please think of the last time that you gave, lent, rented or sold a needle or syringe you had already used to someone else, (including your partner), did this occur within the last 4 weeks, last 12 months or before?

1 Within last 4 weeks

2 Not in last 4 weeks, but in last ... months

3 Before last ... months

8 Refused

9 Don't Know/Remember

[Flexible format: simply introduce in the dotted space (...) the recall period that are you using in your survey for this question. Note that you could make a substitution by any recall period that you were using in your questionnaire.]

4.2 Sharing used injecting paraphernalia other than needles/syringes

Rationale:

This is a key risk behaviour for transmission of viral hepatitis among IDUs (Hagan et al., 2010)¹. Given the much higher infectivity of viral hepatitis than HIV sharing paraphernalia is thought to

¹ For example, sharing of injecting paraphernalia is becoming a relatively more important source of infections in Spain given that availability of sterile syringes has increased and prevalence of borrowing syringes already used by others have diminished. In 2001-2003, sharing of injecting paraphernalia in Spain (syringes/needles, water, cotton/filter, cooker, spoon, acid/lemon, etc) was more prevalent than injection with syringes already used by others, and for a substantial percentage of injectors, paraphernalia sharing

easily transmit viral hepatitis but not HIV. Although the detailed definition of the injecting paraphernalia can depend on drug preparation patterns in a given country, research shows that spoon or cooker and filters are common instruments when preparing drugs for injection. Furthermore, the sharing of water that has already been used to clean syringes is a frequent behaviour. The prevalence of paraphernalia sharing can be many times higher than prevalence of needle/syringe sharing therefore including only indicators in section 4.1 (needle/syringe sharing) is likely insufficient to understand risk behaviour for viral hepatitis transmission.

For this indicator no distinction is made between receiving or passing on as in practice paraphernalia are usually shared by IDUs when preparing the drug solution ('drug-mediated sharing') and none of the questionnaires reviewed makes this distinction.

Indicator 2.1 (CORE): % current IDUs sharing any used injecting paraphernalia in the last 4 weeks other than needles/syringes

Definition:

- Numerator: IDUs sharing any other injecting materials than needles/syringes that were already used, even if cleaned - e.g. water, cotton/filter, cooker, spoon, acid/lemon etc.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05), then for the numerator include those with answer 1 on question QF17 (exclude IDUs with answer 8 or 9). For the denominator include all who injected in the last 4 weeks (QF05), excluding those with answer 8 or 9 on question QF17.

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/_/

Month /_/_/_/

Year /_/_/_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF17 Please think of the last time that you used a spoon/cooker, filter/cotton, acid/lemon or rinse water already used by someone else (including your partner), did this occur within the last 4 weeks, last 12 months or before?

1 Within last 4 weeks

2 Not in last 4 weeks, but in last ... months

3 Before last ... months

8 Refused

was the only risk practice (Bravo et al., 2004). Sharing cookers is the strongest predictor of HCV seroconversion in the US (Thorpe et al., 2002).

However, one Advisory Group member (Robert Heimer) wrote: "My main concern is that an item be retained that ascertains the frequency of shared injections, i.e., the times when a drug is dissolved for the common use of two or more injectors. Paraphernalia sharing as an "epidemiological risk" (e.g., finding by Hagan et al. and Thorpe et al.) misapprehend the biology that it not the transmission of virus (HCV in both cases) that lingers in the paraphernalia, but rather that a contaminated syringe was used to dissolve and/or apportion drugs. This is where the contaminated blood resided; the paraphernalia only allowed its transmission to go unchecked. The distribution of clean cookers and cottons will not reduce transmissions of blood-borne viruses (although it might reduce bacterial or fungal infections for pathogens that grow on the wet cottons)."

9 Don't Know/Remember

[Flexible format: simply introduce in the dotted space (...) the recall period that are you using in your survey for this question. Note that you could make a substitution by any recall period that you were using in your questionnaire.]

4.3 HIV testing uptake

Rationale:

Information about HIV testing frequency is important for understanding access to diagnosis of infection and entry to care. In addition having a test may have positive effects on risk behaviour, especially in the case of a positive result. Note that this indicator is not about the test result, which is collected in ST9 part 2, only about uptake / frequency of testing.

If possible it should be attempted to exclude those who were already known to be positive during the last 12 months as they would normally not need another test. Whether or not known positives were excluded should be recorded in the reporting template of ST9 part 3.

It was decided to keep the core indicator (3.1) unchanged and in its simplest form, despite that the UNGASS version (3.2) is promoted at global level (UNAIDS, 2011). The reason was that it was thought that many data providers in Europe would be unable to select only testing data 'where the test result is known' given that many data sources are routine monitoring systems rather than specific studies where more detail can be asked (as in most other parts of the world). However countries are strongly recommended to provide also indicator 3.2, if possible, to enable international comparisons at global level.

In addition to both indicators of recent (last 12 months) testing uptake (indicator 3.1), an optional indicator of 'ever tested' was added (indicator 3.3), as this is usually asked first when interviewing a respondent. These data are thus likely easy to provide and are important for having a general view of testing uptake in the IDU population, especially where testing uptake is low, whereas recent testing uptake (indicator 3.1) is better suited to follow changes in testing uptake over time.

Indicator 3.1 (CORE): % ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening

Definition:

- Numerator: Ever-IDUs tested for HIV infection in the last 12 months, excluding those with known positive status at 12 months before the current survey or screening.
- Denominator: All ever-IDUs, excluding those with known positive status at 12 months before the current survey or screening.
- Example questionnaire: For the denominator select all ever-IDUs in the study i.e. those with answer 1 on question QB01, excluding those that had a first positive test longer than 12 months ago (preferably use administrative data, alternatively use self-report through QJ05). Then for the numerator, in addition, exclude those who were not tested in the last 12 months or where this is unknown (administrative data, or QJ02). If the positive cases with a first positive test longer than 12 months ago can not be excluded please indicate this in the reporting template.

Indicator 3.2 (OPTIONAL): % ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening and who know the results (UNGASS indicator)

Definition:

- Numerator: Ever-IDUs tested for HIV infection in the last 12 months, who know their test result, excluding those with known positive status at 12 months before the current survey or screening.

- Denominator: All ever-IDUs, excluding those with known positive status at 12 months before the current survey or screening.
- Example questionnaire: For the denominator select all ever-IDUs in the study i.e. those with answer 1 on question QB01, excluding those that had a first positive test longer than 12 months ago (QJ05). Then for the numerator, in addition, exclude those who were not tested in the last 12 months or where this is unknown (QJ02) as well as those who were tested in the last 12 months but do not know that test result (answer 9 in QJ03). If the positive cases with a first positive test longer than 12 months ago can not be excluded please indicate this in the reporting template.

Indicator 3.3 (OPTIONAL): % ever-IDUs who have been ever tested for HIV

Definition:

- Numerator: Ever-IDUs who have been ever tested for HIV infection.
- Denominator: All ever-IDUs.
- Example questionnaire: For the denominator select all ever-IDUs in the study i.e. those with answer 1 on question QB01. Then for the numerator, from that group, exclude those who were never tested or where this is unknown (answers 8 or 9 on QJ01).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?
 0 No
 1 Yes

QJ01 Have you ever had an HIV blood test?
 0 No
 1 Yes
 8 Refused
 9 Don't Know/Remember

QJ02 When was the last time you had an HIV test?
 Month /_/_/
 Year /_/_/_/_/
 88 Refused M
 8888 Refused Y
 99 Don't Know/Remember M
 9999 Don't Know/Remember Y

QJ03 What was the result of your last HIV test?
 0 Negative
 1 Positive
 2 Indeterminate
 3 Waiting for the results
 8 Refused
 9 Don't Know/Remember

QJ05 When was your first positive HIV test?
 Month /_/_/
 Year /_/_/_/_/
 88 Refused M
 8888 Refused Y
 99 Don't Know/Remember M
 9999 Don't Know/Remember Y

4.4 HCV testing uptake

Rationale:

Information about HCV testing frequency is important for understanding access to diagnosis of infection and entry to care. In addition knowing one's test result may be associated with less risk behaviour. Note that this indicator is not about the test result, which is collected in ST9 part 2, only about frequency of testing. Some experts questioned the validity of self-reported data on viral hepatitis testing uptake as knowledge of serostatus for HCV is often low (Hagan et al., 2006; Schlichting et al., 2003). Therefore if possible it is recommended to use administrative (confirmed) data on test results to report this indicator.

If possible (e.g. in routine settings where this information is recorded) those who were already known to be antibody positive during the last 12 months should be excluded, as they would normally not need another antibody test (even if they may take other tests). Whether or not known positives were excluded should be recorded in the reporting template of ST9 part 3.

As there is no UNGASS indicator (as is the case for HIV) that specifies testing uptake 'with known test result' this version has been omitted here.

In addition to the core indicator of recent (last 12 months) testing uptake (indicator 4.1), an optional indicator of 'ever tested' was added (indicator 4.2), as this is usually asked first when interviewing a respondent. These data are thus likely easy to provide and are important for having a general view of testing uptake in the IDU population, especially where testing uptake is low, which is often the case for HCV, although recent testing uptake (indicator 4.1) is better suited to follow changes in testing uptake over time.

Indicator 4.1 (CORE): % ever-IDUs that have received an HCV antibody test in the last 12 months preceding the current survey/screening

Definition:

- Numerator: Ever-IDUs tested for HCV antibodies in the last 12 months, excluding those with known positive status at 12 months before the current survey or screening.
- Denominator: All ever-IDUs, excluding those with known positive status at 12 months before the current survey or screening.
- Example questionnaire: For the denominator select all ever-IDUs in the study i.e. those with answer 1 on question QB01, excluding those that had a first positive test longer than 12 months ago (preferably use administrative data, alternatively use self-report through QJ10). Then for the numerator, in addition, exclude those who were not tested in the last 12 months or where this is unknown (administrative data, or QJ07). If the positive cases with a first positive test longer than 12 months ago can not be excluded please indicate this in the reporting template.

Indicator 4.2 (OPTIONAL): % ever-IDUs who have been ever tested for HCV antibodies

Definition:

- Numerator: Ever-IDUs who have been ever tested for HCV antibodies.
- Denominator: All ever-IDUs.
- Example questionnaire: For the denominator select all ever-IDUs in the study i.e. those with answer 1 on question QB01. Then for the numerator, from that group, exclude those who were never tested or where this is unknown (answers 8 or 9 on QJ06).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QJ06 Have you ever had an HCV blood test?
0 No
1 Yes
8 Refused
9 Don't Know/Remember

QJ07 When was the last time you had an HCV test?
Month /_/_/_/
Year /_/_/_/_/_/_/
88 Refused M
8888 Refused Y
99 Don't Know/Remember M
9999 Don't Know/Remember Y

QJ10 When was your first positive HCV test?
Month /_/_/_/
Year /_/_/_/_/_/_/
88 Refused M
8888 Refused Y
99 Don't Know/Remember M
9999 Don't Know/Remember Y

4.5 Use of a sterile needle/syringe at last injection

Rationale:

This indicator is a proxy for safer injecting behaviour and the availability and use of sterile needles/syringes. Although doubts were expressed in the European expert group regarding the robustness of this indicator – it is thought to underestimate risk² –, and some experts preferred making it Optional, it was maintained as Additional due to being an UNGASS indicator and therefore its importance for international comparisons.

Indicator 5.1 (ADDITIONAL): % current IDUs who reported using a sterile needle/syringe the last time they injected. (UNGASS indicator³)

Definition:

- Numerator: IDUs using a sterile needle/syringe the last time they injected.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05), then for the numerator include those with answer 1 on question QF08 (exclude IDUs with answer 0, 8 or 9). For the denominator include those with answer 0 or 1 on question QF08 (exclude those with answer 8 or 9).

² In populations where needle-sharing frequency is low, this indicator may not pick up residual risk behaviour and thus underestimate risk in the population. (The indicator represents the % of safe injections in a sample of injections taken from the universe of all injections in the population over a non-specified time period, stratified by individual IDU. IDUs who have a low proportion of unsafe injections are more likely to show up as 'safe', thus in a population of IDUs with low frequency of sharing almost all IDUs could be counted as 'safe' even if each of them shares regularly but only on a small proportion of injecting occasions. Conversely in a population with high frequency of sharing almost all IDUs could be counted as 'unsafe' if they share on a large proportion of injecting occasions even if each of them regularly uses a sterile needle/syringe as well. However the latter type of bias is less problematic for prevention purposes as one is interested in detecting risk not lack of risk.)

³ Although the name/label of the indicator seems different, in reality the UNGASS indicator measures the use of a "needle/syringe" and not "equipment".

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF08 That last time that you injected did you use a sterile needle/syringe, I mean a needle/syringe that had never been used before, even by you?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

4.6 Personal reuse of the last needle or syringe

Rationale:

Personal reuse of needles /syringes can lead to bacterial infections or to inadvertent or undisclosed use by others resulting in blood-borne virus transmission. This indicator also provides an indirect measure of individual level syringe coverage (Iversen et al. 2011). In theory, the total number of sterile needles obtained by an IDU for personal use, multiplied by the average times they are reused by him/her, plus the number of non-sterile needles he/she received from others in the same time period (receptive needle sharing⁴), should equal the total number of injections of the IDU, thus these different indicators should broadly corroborate one another.

This indicator (6.1) has been made optional due to the need to keep the number of Additional indicators limited, however it is important in settings where syringe coverage is of interest. In addition the population mean (indicator 6.2) and median (indicator 6.3) are proposed as optional indicators in order to have a better view on the population distribution of syringe reuse. These should imply no extra data collection if indicator 6.1 is already implemented.

Indicator 6.1 (OPTIONAL): % current IDUs who report reusing their last needle or syringe

Definition:

- Numerator: Current IDUs who report reusing their last needle or syringe before disposing of it and before anyone else having used it.
- Denominator: IDUs who have injected at least once in the last 4 weeks (Current IDUs)
- Example questionnaire: For the denominator include those with at least once 1 injection in the last 4 weeks (QF05). Then from these, for the numerator, select those IDUs who report that they reused their last needle or syringe (the answer on QF09 is one or more), excluding those with responses 88 or 99 (note these must have answer '0' on QF08).

⁴ Possibly the formula should include a multiplication factor as well for needles/syringes obtained from others that are used more than once (reused).

Indicator 6.2 (OPTIONAL): Mean number of times current IDUs report reusing their last needle or syringe

Definition:

- Mean number of times IDUs report reusing their last needle or syringe before disposing of it and before anyone else having used it, among IDUs who have injected at least once in the last four weeks (current IDUs).
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then calculate the population mean of the number of times the IDU reused their last needle or syringe (QF09), giving the value zero to those who answered '1' on question QF08 and excluding those with answers 88 or 99 on question QF08.

Indicator 6.3 (OPTIONAL): Median number of times current IDUs report reusing their last needle or syringe

Definition:

- Median number of times IDUs report reusing their last needle or syringe before disposing of it and before anyone else having used it, among IDUs who have injected at least once in the last four weeks (current IDUs).
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then calculate the population median of the number of times the IDU reused their last needle or syringe (QF09), giving the value zero to those who answered '1' on question QF08 and excluding those with answers 88 or 99 on question QF08.

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF08 That last time that you injected did you use a sterile needle and syringe, I mean a needle/syringe that had never been used before, even by you?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

QF09: How many times did you inject with your last needle or syringe before disposing of it and without anyone else having used it?

Number of times /_/_/

88 Refused

99 Don't Know/Remember

4.7 Injecting frequency

Rationale:

This is a key risk behaviour for HIV and viral hepatitis transmission in IDUs. It may be more predictive of infection risk than self-reported needle or syringe or paraphernalia sharing. It

provides a measure of the level of addiction/drug problems. It is also used to estimate the need for clean injecting equipment among IDUs. Daily vs. less than daily injecting is usually strongly associated with other risk variables. The mean times injected among current IDUs is important for calculating the coverage of needle and syringe provision.

Apart from the Additional indicator 7.1, the population mean (indicator 7.2) and median (indicator 7.3) are proposed as optional indicators, to better understand the central tendency of the population distribution in injecting frequency. These should imply no extra data collection if indicator 7.1 is already implemented.

Indicator 7.1 (ADDITIONAL): % current IDUs injecting once per day or more, in the last 4 weeks

Definition:

- Numerator: IDUs that report injecting daily or more than daily, in the last 4 weeks.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then calculate the number of times injected in the last four weeks, i.e. multiply the number of days injected (QF06) with the times injected on an average day (QF07), excluding IDUs who responded 8 or 9 on one or both questions. For the numerator include IDUs who have injected 24 times or more in the last 4 weeks (24 is taken instead of a higher number to account for inaccuracy in recalling). For the denominator include those with at least once 1 injection in the last 4 weeks (QF05).

Indicator 7.2 (OPTIONAL): mean times injected in the last 4 weeks, among current IDUs

Definition:

- Population mean of the number of times injected in the last 4 weeks, among IDUs who have injected at least once in the last four weeks (current IDUs).
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then calculate the number of times injected in the last four weeks, i.e. multiply the number of days injected (QF06) with the times injected on an average day (QF07), excluding IDUs who responded 8 or 9 on one or both questions. Use the average number of times injected across the remaining sample for this indicator.

Indicator 7.3 (OPTIONAL): median times injected in the last 4 weeks, among current IDUs

Definition:

- Population median of the number of times injected in the last 4 weeks, among IDUs who have injected at least once in the last four weeks (current IDUs).
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then calculate the number of times injected in the last four weeks, i.e. multiply the number of days injected (QF06) with the times injected on an average day (QF07), excluding IDUs who responded 8 or 9 on one or both questions. Use the median number of times injected across the remaining sample for this indicator.

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF06 During the last 4 weeks how many days did you inject?

Number of days /__/__/

88 Refused

99 Don't Know/Remember

QF07 When you injected in the last 4 weeks how many times did you inject on an average day?

Number of injections /__/__/

888 Refused

999 Don't Know/Remember

4.8 Number of partners from whom received a used needle/syringe

Rationale:

This is an important determinant of the potential for spread in an IDU population. It provides a measure of the interconnectedness of IDUs in risky injecting networks. This variable refers only to borrowing needles/syringes, not the sharing of other paraphernalia.

This indicator has remained Optional in order to keep the number of Additional indicators limited, however it is important in settings where more detailed information about the potential for spread of infection is necessary, such as in the case of HIV outbreaks or when HCV prevalence is rising.

Apart from indicator 8.1, the population mean (indicator 8.2) and median (indicator 8.3) are proposed as further optional indicators, to better understand the central tendency of the population distribution in number of sharing partners. These should imply no extra data collection if indicator 8.1 is already implemented.

Indicator 8.1 (OPTIONAL): % current IDUs receiving and injecting with used needles/syringes from 3 or more people, in the last 4 weeks

Definition:

- Numerator: current IDUs receiving and injecting with used needles/syringes from 3 or more people, in the last 4 weeks.
- Denominator: IDUs who have injected at least once in the last 4 weeks.
- Example questionnaire: Select IDUs who injected in the last 4 weeks (QF05). Then for the denominator, exclude those cases answering 88 or 99 on question QF15. For the numerator select only the cases answering 3 or more in question QF15.

Indicator 8.2 (OPTIONAL): Mean number of sharing partners among current IDUs, in the last 4 weeks (including those with zero partners)

Definition:

- Population mean among current IDUs (all who injected in the last 4 weeks - QF05) of the number of people from which they received used needles/syringes in the last 4 weeks (QF15)

Indicator 8.3 (OPTIONAL): Median number of sharing partners among current IDUs, in the last 4 weeks (including those with zero partners)

Definition:

- Population median among current IDUs (all who injected in the last 4 weeks - QF05) of the number of people from which they received used needles/syringes in the last 4 weeks (QF15)

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF15 From how many different people in total (including your partner) did you get used needles or syringes in the last 4 weeks,

Number of persons

/_/_/

88 Refused

99 Don't Know/Remember

4.9 Sex work

Rationale:

This is a key risk behaviour for sexual transmission among and from IDUs. Sex workers are among those IDUs with the highest numbers of sexual partners thus form a core sexual risk group. Sex workers may constitute a 'bridging population' to non-IDUs and non-drug users.

To know the proportion of sex workers among female IDUs an Optional gender-specific indicator is included for female IDUs. However for males due to small proportions of male sex workers this is not asked. The MSM sex indicator in the next section may instead be used as an indicator of both MSM sex and MSM sex work (see next section, indicator 10.1).

Indicator 9.1 (ADDITIONAL): % ever-IDUs who have been paid for sex in last 12 months

Definition:

- Numerator: Ever-IDUs who report having provided vaginal or anal sex to clients for money, drugs or other benefits in the last 12 months.
- Denominator: All ever-IDUs in the study.
- Example questionnaire: For the denominator take all ever-IDUs in the study (answer 1 on QB01). Then for the numerator, from all ever-IDUs, select those who report having provided vaginal or anal sex to clients for money, drugs or other benefits in the last 12 months (answer 1 on QH15).

Indicator 9.2 (OPTIONAL): % female ever-IDUs who have been paid for sex in last 12 months

Definition:

- Numerator: Female ever-IDUs who report having provided vaginal or anal sex to clients for money, drugs or other benefits in the last 12 months.
- Denominator: All female ever-IDUs in the study.
- Example questionnaire: For the denominator take all female ever-IDUs in the study (answer 1 on QB01 and answer 2 on QC02). Then for the numerator, from all female

ever-IDUs, select those who report having provided vaginal or anal sex to clients for money, drugs or other benefits in the last 12 months (answer 1 on QH15)

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC02 Sex/Gender

1 Male

2 Female

3 Transsexual/Transgender

8 Refused

QH15 During the last 12 months have you had vaginal or anal sexual intercourse with people who paid you with money, drugs or other benefits for the sex?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

4.10 MSM sex

Rationale:

This is a key risk behaviour for sexual transmission between MSM and IDUs with the potential to 'bridge' transmission from IDUs to the general population. It is also an indicator of sex work among male IDUs (see previous section).

Indicator 10.1 (OPTIONAL): % male ever-IDUs reporting anal sex with a male partner in last 12 months

Definition:

- Numerator: Male ever-IDUs who report having had anal sex with another man in the last 12 months.
- Denominator: all male ever-IDUs in the study.
- Example questionnaire: For the denominator take all male ever-IDUs in the study (answer 1 on QB01 and answer 1 on QC02). Then for the numerator, from all male ever-IDUs, select those who report having had anal sex with another man in the last 12 months (answer 1 on QH02).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC02 Sex/Gender

1 Male

2 Female

3 Transsexual/Transgender

8 Refused

QH02 Please, could you tell me if you have had anal sex with a male in the last 12 months?
0 No
1 Yes
8 Refused
9 Don't Know/Remember

4.11 Condom use at last intercourse

Rationale:

This indicator provides a proxy for levels of safer sex in the IDU population. Although doubts were expressed in the European expert group regarding the representativeness of this indicator for consistent condom use – it is thought to underestimate risk⁵ – and therefore some experts proposed making it 'Optional', it was maintained as 'Additional' due to being an UNGASS indicator and therefore its importance for international comparisons.

Condom use can vary much depending on partner type. Therefore, apart from the Additional indicator (11.1) three further (Optional) indicators are provided for use in settings where having better data regarding condom use is important, one for steady partners (11.2) one for casual partners (11.3) and one for sex with clients (11.4). It is recommended that sex for which the IDU has paid (sex with a sex worker) is categorised under 'casual partners'.

Indicator 11.1 (ADDITIONAL): % ever-IDUs who report the use of a condom at last sexual intercourse in the last 12 months. (UNGASS indicator)

Definition:

- Numerator: Ever-IDUs reporting condom use at last sexual (vaginal or anal) intercourse in the last 12 months.
- Denominator: All ever-IDUs in the study reporting sexual intercourse in the last 12 months.
- Example questionnaire: For the denominator take all ever-IDUs who report having had sexual intercourse in the last 12 months (answer 1 on QB01 and answer 1 on QH01). Then for the numerator, from that group, select those who report using a condom at last sexual intercourse (answer 1 on QH21).

Indicator 11.2 (OPTIONAL): % ever-IDUs who report the use of a condom at last sexual intercourse with a steady partner in the last 12 months

Definition:

- Numerator: ever-IDUs reporting condom use at last sexual (vaginal or anal) intercourse with a steady partner in the last 12 months.
- Denominator: ever-IDUs reporting sexual intercourse with a steady partner in the last 12 months.
- Example questionnaire: For the denominator take all ever-IDUs who report having had sexual intercourse with a steady partner in the last 12 months (answer 2 on QC02 and answer 1 on QH04). Then for the numerator, from that group, select those who report using a condom at last sexual intercourse with a steady partner (answer 1 on QH07).

Indicator 11.3 (OPTIONAL): % ever-IDUs who report the use of a condom at last sexual intercourse with a casual partner in the last 12 months

Definition:

- Numerator: ever-IDUs reporting condom use at last sexual (vaginal or anal) intercourse with a casual partner in the last 12 months.

⁵ See footnote 2

- Denominator: ever-IDUs reporting sexual intercourse with a casual partner in the last 12 months.
- Example questionnaire: For the denominator take all ever-IDUs who report having had sexual intercourse with a casual partner in the last 12 months (answer 1 on QB01 and answer 1 on QH10). Then for the numerator, from that group, select those who report using a condom at last sexual intercourse with a casual partner (answer 1 on QH13).

Indicator 11.4 (OPTIONAL): % ever-IDUs who report the use of a condom at last sexual intercourse with a sex work client in the last 12 months

Definition:

- Numerator: ever-IDUs reporting condom use at last sexual (vaginal or anal) intercourse with a sex work client in the last 12 months.
- Denominator: ever-IDUs reporting sexual intercourse with a sex work client in the last 12 months.
- Example questionnaire: For the denominator take all ever-IDUs who report having had sexual intercourse with a sex work client in the last 12 months (answer 1 on QB01 and answer 1 on QH15). Then for the numerator, from that group, select those who report using a condom at last sexual intercourse with a sex work client (answer 1 on QH18).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

- 0 No
- 1 Yes

QH01 Have you had sexual intercourse (vaginal or anal) in the last 12 months?

- 0 No
- 1 Yes
- 8 Refused
- 9 Don't Know/Remember

QH04 Have you had vaginal or anal intercourse with a steady or regular sexual partner in the last 12 months?

- 0 No
- 1 Yes
- 8 Refused
- 9 Don't Know/Remember

QH07 Did you use a condom the last time you had vaginal or anal intercourse with a steady/regular partner?

- 0 No
- 1 Yes
- 8 Refused
- 9 Don't Know/Remember

QH10 Have you had vaginal or anal intercourse with a casual sexual partner in the last 12 months?

- 0 No
- 1 Yes
- 8 Refused
- 9 Don't Know/Remember

QH13 Did you use a condom the last time you had vaginal or anal intercourse with a casual partner?

- 0 No
- 1 Yes
- 8 Refused

9 Don't Know/Remember

QH15 During the last 12 months have you had vaginal or anal sexual intercourse with people who paid you with money, drugs or other benefits for the sex?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

QH18 Did you use a condom the last time you had vaginal or anal intercourse with people who paid you with money, drugs or other benefits for the sex?

0 no

1 Yes

8 Refused

9 Don't Know/Remember

QH21 Please think now about the very last time that you had vaginal or anal intercourse, did you or your partner use a condom on that occasion?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

4.12 Number of sexual partners

Rationale:

This is a key sexual risk indicator as the sexual spread of HIV is associated with having unprotected sex with a high number of sexual partners. The cut-off is here put at 'more than one partner in the last 12 months' to be consistent with UNGASS formats of this indicator for other population groups (note that for very high numbers of partners the 'sex work' and 'MSM' indicators are already proposed).

Apart from the main indicator 12.1, the population mean (indicator 12.2) and median (indicator 12.3) are proposed as further optional indicators, to better understand the central tendency of the population distribution in number of sexual partners. These should imply no extra data collection if indicator 12.1 is already implemented.

Indicator 12.1 (ADDITIONAL): % ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months (UNGASS indicator for general population)

Definition:

- Numerator: Ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months. This is the total number of partners, including steady, casual, client and paid partners.
- Denominator: All ever-IDUs in the study.
- Example questionnaire: For the denominator take all ever-IDUs in the study (answer 1 on QB01). Then for the numerator, from all ever-IDUs, select those reporting sexual intercourse with more than one partner in the last 12 months (calculate the total number of partners by adding up the responses on QH05, QH11, QH16 and QH20).

Indicator 12.2 (OPTIONAL): Mean number of partners with whom ever-IDUs have had sexual intercourse in the last 12 months

Definition:

- Population mean of the total number of partners with whom ever-IDUs report having had sexual intercourse in the last 12 months.
- Example questionnaire: Select only ever-IDUs in the study (answer 1 on QB01). Then for this group calculate the population mean of the total number of partners of each IDU (calculate the total number of partners by adding up the responses on QH05, QH11, QH16 and QH20).

Indicator 12.3 (OPTIONAL): Median number of partners with whom ever-IDUs have had sexual intercourse in the last 12 months

Definition:

- Population median of the total number of partners with whom ever-IDUs report having had sexual intercourse in the last 12 months.
- Example questionnaire: Select only ever-IDUs in the study (answer 1 on QB01). Then for this group calculate the population median of the total number of partners of each IDU (calculate the total number of partners by adding up the responses on QH05, QH11, QH16 and QH20).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?
 0 No
 1 Yes

QH05 If you had more than one steady or regular sex partner in the last 12 months, how many of them did you have?
 Number of regular partners
 /_/_/_/
 88 Refused
 99 Don't Know/Remember

QH11 With how many casual partners have you had vaginal or anal intercourse in the last 12 months?
 Number of casual sexual partners
 /_/_/_/_/
 888 Refused
 999 Don't Know/Remember

QH16 With how many partners in the last 12 months have you had vaginal or anal intercourse for which you were paid with money, drugs or other benefits?
 Number of clients as sexual partners
 /_/_/_/_/_/
 8888 Refused
 9999 Don't Know/Remember

QH20
 With how many partners in the last 12 months have you had vaginal or anal intercourse for which you paid with money, drugs or other benefits?
 Number of clients as sexual partners
 /_/_/_/_/_/
 8888 Refused
 999 Don't Know/Remember

4.13 Number of sterile needles/syringes obtained for personal use

Rationale:

This indicator can provide important information on whether IDUs are able to obtain sufficient sterile needles/syringes⁶, especially if interpreted in combination with the indicator on injecting frequency. For the Additional indicator (13.1) a level of 'at least one sterile needle/syringe per day' (28 per 4 weeks) is taken as cut-off, although it should be noted that this is done for practical reasons (to be sure that the cut-off is not over the average need in the population and to be applicable in countries with low needle/syringe coverage). It does in no way imply that this level is sufficient as IDUs may on average need up to two or three syringes per day.

In addition the mean and median number of needles/syringes are included as 'Optional' indicators as they are usually very easy to provide once the data are available and they give important additional information about the central tendency of the distribution. Moreover, the mean number of needles/syringes is important in order to calculate the total number of needles/syringes obtained in the population. These should imply no extra data collection if indicator 13.1 is already implemented.

Indicator 13.1 (ADDITIONAL): % current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks

Definition:

- Numerator: Current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks.
- Denominator: All current IDUs in the study.
- Example questionnaire: For the denominator select only current IDUs i.e. who have injected at least once in the last 4 weeks (QF05) and who have a valid answer on item QG04. Then for the numerator, from these, select IDUs reporting 28 needles/syringes or more on question QG04.

Indicator 13.2 (OPTIONAL): mean number of sterile needles/syringes obtained for personal use in the last 4 weeks among current IDUs

Definition:

- Mean number of sterile needles/syringes obtained for personal use in the last 4 weeks among IDUs who have injected in the last 4 weeks.
- Example questionnaire: Select only current IDUs i.e. who have injected at least once in the last 4 weeks (QF05) and who have a valid answer on item QG04. Then for this group calculate the population mean of all answers on item QG04.

Indicator 13.3 (OPTIONAL): median number of sterile needles/syringes obtained for personal use in the last 4 weeks among current IDUs

Definition:

- Median number of sterile needles/syringes obtained for personal use in the last 4 weeks among IDUs who have injected in the last 4 weeks.
- Example questionnaire: Select only current IDUs i.e. who have injected at least once in the last 4 weeks (QF05) and who have a valid answer on item QG04. Then for this group calculate the population median of all answers on item QG04.

⁶ See e.g. Hope et al., 2011 for the use of survey methodology and finding that HCV incidence was highest among IDUs with poor needle/syringe coverage

Suggested questions to construct these indicators (see Example Questionnaire):

QF05 When did you last inject a drug?

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QG02 In the last 4 weeks from which of the following places did you get your sterile needles and syringes?

	No	Yes	Refused	Don't know/Remember
A Bought from a pharmacy	0	1	8	9
B Bought from other shop	0	1	8	9
C Drug agency needle exchange	0	1	8	9
D Pharmacy needle exchange	0	1	8	9
E Mobile exchange	0	1	8	9
F Outreach worker	0	1	8	9
G Friends	0	1	8	9
H Other IDU	0	1	8	9
I Stolen from pharmacy, shop or hospital	0	1	8	9
J Drug dealer	0	1	8	9
K Other (specify)	0	1	8	9

QG04 In the last 4 weeks how many new, sterile needles and syringes did you get in total from any of the above places?

Number of needles/syringes

/_/_/_/

888 Refused

999 Don't Know/Remember

4.14 Receiving opioid substitution therapy

Rationale:

This indicator provides important information regarding coverage of opioid using IDUs by opioid substitution treatment, one of the most effective prevention measures for HIV infection for this group of IDUs.

The time frame of 4 weeks was selected because the intention was to monitor recent attendance or current attendance. Treatment discontinuation is not infrequent and it is related with some problems as relapses, overdose or reincarceration.

Indicator 14.1 (ADDITIONAL): % opioid using ever-IDUs who were in opioid substitution therapy in the last 4 weeks

Definition:

- Numerator: Ever-IDUs who were in opioid substitution therapy in the last 4 weeks, i.e. using prescribed methadone, buprenorphine, heroin, etc..
- Denominator: Ever-IDUs who used any opioids in the last 4 weeks (injected or not injected, prescribed or not prescribed).
- Example questionnaire: For the denominator select all ever-IDUs who have used opioids in the last 4 weeks i.e. those with answer 1 on item QB01 and answer 1 on QE02, QE06,

QE10, QE22, QE26 or QE30. Then for the numerator, from this group, select those with answer 1 on item QD07.

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QD07 Regarding opioid substitution treatment, have you been in this type of treatment either in the last 4 weeks (28 days), last 12 months or before?

1 Within last 4 weeks

2 Not in last 4 weeks, but in last ... months

3 Before last ... months

8 Refused

9 Don't Know/Remember

[Flexible format: simply introduce in the dotted space (...) the recall period that are you using in your survey for this question. Note that you could make a substitution by any recall period that you were using in your questionnaire.]

QE02 Have you used powder cocaine and heroin mixed together in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

QE06 Have you used crack cocaine and heroin mixed together in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

QE10 Have you used heroin alone, without mixing it together with any other drug, in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

QE22 Have you used methadone in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

QE26 Have you used buprenorphine in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

QE30 Have you used any other opioid, different from heroin or methadone or buprenorphine, in the last 4 weeks?

0 No

1 Yes

8 Refused

9 Don't know/Remember

4.15 Age

Rationale:

Age is a central demographic indicator in any epidemiological analysis. Here the main ('Additional') indicator is the percentage of ever-IDUs under age 25.

In addition the mean and median age among all ever-IDUs and in the sub-group of new IDUs are suggested as 'Optional' indicators, as they are usually easy to provide and do not imply extra data collection. New IDUs are a key group for following incidence both of infections and of injecting, describing their age is important information for prevention policies, especially it is important to know to what extent new injectors are recruited from the same age group as existing IDUs or from much younger people

Indicator 15.1 (ADDITIONAL): % ever-IDUs under age 25

Definition:

- Numerator: Ever-IDUs aged under 25.
- Denominator: All ever-IDUs in the study.
- Example questionnaire: For the denominator select all ever-IDUs (QB01). Then calculate the age at interview from date of birth (QC01) and date of interview (QA01). In the numerator include only those aged under 25.

Indicator 15.2 (OPTIONAL): Mean age of ever-IDUs

Definition:

- Mean age in years of all ever-IDUs
- Example questionnaire: Select all ever-IDUs (QB01). Then calculate the age at interview from date of birth (QC01) and date of interview (QA01) and take the population mean.

Indicator 15.3 (OPTIONAL): Median age of ever-IDUs

Definition:

- Median age in years of all ever-IDUs
- Example questionnaire: Select all ever-IDUs (QB01). Then calculate the age at interview from date of birth (QC01) and date of interview (QA01) and take the population median.

Indicator 15.4 (OPTIONAL): Mean age of new IDUs among all ever-IDUs

Definition:

- Mean age in years of ever-IDUs who injected for the first time less than 2 years ago (new IDUs)
- Example questionnaire: Select all ever-IDUs (QB01). Then calculate the age at interview from date of birth (QC01) and date of interview (QA01). Then calculate years since first injection from age at interview and age at first injection (QF01). Select all IDUs who have less than 2 years since first injection and take the population mean of age for this group.

Indicator 15.5 (OPTIONAL): Median age of new IDUs among all ever-IDUs

Definition:

- Median age in years of ever-IDUs who injected for the first time less than 2 years ago (new IDUs)
- Example questionnaire: Select all ever-IDUs (QB01). Then calculate the age at interview from date of birth (QC01) and date of interview (QA01). Then calculate years since first injection from age at interview and age at first injection (QF01). Select all IDUs who have less than 2 years since first injection and take the population median of age for this group.

Suggested questions to construct these indicators (see Example Questionnaire):

QA01 Date of the interview (DD/MM/YY)

Day /_/_/

Month /_/_/

Year /_/_/_/_/

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC01 What is your date of birth? (DD/MM/YY)

Day /_/_/

Month /_/_/

Year /_/_/_/_/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF01 How old were you when you first injected a drug? This includes either self-injection or injection by another person.

Years old /_/_/

88 Refused

99 Don't Know/Remember

4.16 Sex / Gender

Rationale:

Sex or gender is a key demographic indicator in any epidemiological analysis. There are biological differences between the sexes in susceptibility to sexually transmitted HIV infection. There are also social differences in susceptibility due to different social factors that are associated with condom use (including power differences in negotiating condom use that are linked to the biological differences), number of partners, needle sharing and other risk factors.

Indicator 16.1 (ADDITIONAL): % females among ever-IDUs.

Definition:

- Numerator: Female ever-IDUs
- Denominator: All ever-IDUs in the sample
- Example questionnaire: For the denominator select all ever-IDUs in the sample (answer 1 on QB01). Then for the numerator take all females among those ever-IDUs (answer 2 on item QC02).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC02 Sex/Gender
1 Male
2 Female
3 Transsexual/Transgender
8 Refused

4.17 Years since first injection

Rationale:

This indicator is a proxy for total exposure time to infection risks and is often the variable most strongly associated with prevalent infections. In addition, differences in prevalence between the categories of this variable can reflect differences in incidence over time.

The main indicator proposed here is the proportion of 'new IDUs' (injecting less than 2 years) as this is an indicator of incidence of injecting drug use. Optional indicators include those injecting less than 5 years being an indicator with a broader definition of 'new IDUs' that may work better in populations with low incidence of IDU.

In addition mean and median years injected among all ever-IDUs are proposed as optional indicators as they are usually very easy to provide and they give important additional information the distribution of the number of years injected among ever-IDUs. These should imply no extra data collection if indicator 17.1 is already implemented.

Indicator 17.1 (ADDITIONAL): % ever-IDUs with less than 2 years since their first injection

Definition:

- Numerator: Ever-IDUs with less than 2 years since their first injection.
- Denominator: All ever-IDUs in the sample
- Example questionnaire: For the denominator select all ever-IDUs in the sample (QB01). Then calculate their age at interview from date of birth (item QC01) and date of interview (QA01). Then calculate the time since the first injection from age at interview and age of first injection (QF01), and select those with less than 2 years for the numerator.

Indicator 17.2 (OPTIONAL): % ever-IDUs with less than 5 years since their first injection

Definition:

- Numerator: Ever-IDUs with less than 5 years since their first injection.
- Denominator: All ever-IDUs in the sample
- Example questionnaire: For the denominator select all ever-IDUs in the sample (QB01). Then calculate their age at interview from date of birth (item QC01) and date of interview (QA01). Then calculate the time since the first injection from age at interview and age of first injection (QF01) and select those with less than 5 years for the numerator.

Indicator 17.3 (OPTIONAL): mean years since first injection among ever-IDUs

Definition:

- Population mean of years since first injection among ever-IDUs.
- Example questionnaire: Select all ever-IDUs in the sample (QB01). Then calculate their age at interview from date of birth (item QC01) and date of interview (QA01). Then calculate the time since the first injection from age and age of first injection (QF01) and take the population mean of the distribution.

Indicator 17.4 (OPTIONAL): median years since first injection among ever-IDUs

Definition:

- Median value of years since first injection among ever-IDUs.

- Example questionnaire: Select all ever-IDUs in the sample (QB01). Then calculate their age at interview from date of birth (item QC01) and date of interview (QA01). Then calculate the time since the first injection from age and age of first injection (QF01) and take the population median of the distribution.

Suggested questions to construct these indicators (see Example Questionnaire):

QA01 Date of the interview (DD/MM/YY)

Day /__/__/

Month /__/__/

Year /__/__/__/

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC01 What is your date of birth? (DD/MM/YY)

Day /__/__/

Month /__/__/

Year /__/__/__/

88 Refused D

88 Refused M

8888 Refused Y

99 Don't Know/Remember D

99 Don't Know/Remember M

9999 Don't Know/Remember Y

QF01 How old were you when you first injected a drug? This includes either self-injection or injection by another person.

Years old /__/__/

88 Refused

99 Don't Know/Remember

4.18 Primary drug

Rationale:

This indicator is an important indicator of injecting risks among IDUs as different drugs imply different injecting patterns and risk behaviours. Higher risks have been found among IDUs who combine opioids (e.g. heroin) with stimulants (e.g. cocaine or amphetamines). However lower risks can also be found in IDUs who exclusively inject stimulants (e.g. amphetamines), especially if they do not inject on a daily basis as many opioid users do. Changes from heroin injection to stimulant injection have been reported in the EU due to a heroin drought, and these have in some cases been associated with increased injecting risks.

Indicator 18.1 (ADDITIONAL): % ever-IDUs reporting an opioid as their primary drug.

Definition:

- Numerator: Ever-IDUs who report that their primary drug is an opioid. Primary drug is the drug that the user reports as causing most problems at entry into treatment. In non-treatment settings the 'problem drug' most frequently used can be used instead (problem drugs include opioids or stimulants – cocaine, amphetamines – but exclude cannabis and other 'lighter' drugs), see example questionnaire question QE43. Whether primary drug or most frequently used drug is reported for this indicator should be indicated in the specific field in the Fonte template.
- Denominator: All ever-IDUs in the study.

- Example questionnaire: For the denominator select all ever-IDUs in the sample (answer 1 on QB01). Then for the numerator take from this group all those who report that their primary drug is an opioid (answer 1 on item QE43).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QE43 Which one of the two types of drugs that I will mention to you, have you used more frequently in the last 4 weeks? Please make a general assessment of all the drugs and mixtures that you have used in that period.

01 Heroin, methadone, buprenorphine, fentanyl, codeine or other opioids

02 Cocaine, crack, other stimulants as amphetamines, methamphetamines or other similar drugs.

88 Refused

99 Don't know/Remember

4.19 Ever in prison

Rationale:

Having ever been in prison is often associated with a higher risk of HIV infection. In addition this indicator informs about a history of serious legal problems that often coincide with marginalisation and lack of access to services.

Indicator 19.1 (ADDITIONAL): % ever-IDUs reporting ever having been in prison.

Definition:

- Numerator: Ever-IDUs reporting ever having been in prison, including pre-trial custody or remands.
- Denominator: All ever-IDUs in the study.
- Example questionnaire: For the denominator select all ever-IDUs in the sample (answer 1 on QB01). Then for the numerator take from this group all those who report having ever been in prison (answer 2 on item QI03).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QI03 Have you ever been in prison? This includes remands in custody.

0 No

1 Yes

8 Refused

9 Don't know/Remember

4.20 Country of birth

Rationale:

This indicator is important to understand associations with migration status, which can be strongly associated with HIV risk.

Indicator 20.1 (ADDITIONAL): % ever-IDUs born outside the country of study

Definition:

- Numerator: Ever-IDUs born outside the country of study
- Denominator: All ever-IDUs in the sample
- Example questionnaire: For the denominator select all ever-IDUs in the sample (answer 1 on QB01). Then for the numerator take all those who report not having been born in the country of the study (answer 2 on item QC03).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QC03 In which country were you born?

1 Country of study

2 Another country.....

Leave blank for codification: /_/_/_/

888 Refused

999 Don't Know/Remember

4.21 Homelessness

Rationale:

Homelessness is an indicator of marginalisation that can be strongly associated with HIV infection and other health and social problems including access to care and treatment. Knowing the proportion of IDUs that report having been homeless in the last 12 months is important for planning services as well as to understand HIV risks in the population of IDUs.

In this definition it is attempted to exclude people who live permanently in hostels or shelters, as well as to count any instance of homelessness regardless of its duration. It is thought that even a one night episode of homelessness is usually associated with stress and increased risk of adverse events which may include injecting risk behaviour.

Indicator 21.1 (ADDITIONAL): % ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months

Definition:

- Numerator: Ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months
- Denominator: All ever-IDUs in the sample
- Example questionnaire: For the denominator select all ever-IDUs in the sample (answer 1 on QB01). Then for the numerator take all those living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months (answer 1 on item QM03).

Suggested questions to construct these indicators (see Example Questionnaire):

QB01 Have you ever injected drugs for a non-medical purpose, even if once?

0 No

1 Yes

QM03 Have you been homeless, such as living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months?

0 No

1 Yes

8 Refused

9 Don't Know/Remember

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6. Abbreviations

CDC – Centers for Disease Control and Prevention

DRID – Drug related infectious diseases

ECDC – European Centre for Disease Prevention and Control

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

FHI – Family Health International

GHB/GBL – gamma-hydroxybutyric acid / gamma-Butyrolactone

HBV – hepatitis B virus

HCl – Hydrochloride

HCV – hepatitis C virus

HIV – human immunodeficiency virus

ISCIII – Instituto de Salud “Carlos III” [Health Institute “Carlos III”]

IDUs – injecting drug users

ISCED – International Standard Classification of Education

MDMA – 3,4-Methylenedioxymethamphetamine

MSM – Men who have Sex with Men

NSP – Needle and Syringe Programmes

OST – Opioid Substitution Treatment

PAHO – Pan American Health Organisation

REITOX – Réseau Européen d’Information sur les drogues et les Toxicomanies (European Information Network on Drugs and Drug Addiction)

ST9 – Standard Table 9

STI – Sexually Transmitted Diseases

TDI – Treatment Demand Indicator

UMHRI – University Mental Health Research Institute. Greece

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organisation

Annexes

Annex 1 Optional behavioural indicators in Standard Table 9 – part 3

CORE/ PRIORITY STATUS *	THEMATIC INDICATOR GROUP		EXAMPLE QUESTIONNAIRE
OPTIONAL INDICATORS	INJECTING RISK	1.2 % current IDUs injecting with needles/syringes that had been used by others in the last 4 weeks	QF05, QF11
		1.3 % current IDUs passing on used needles/syringes to others in the last 4 weeks	QF05, QF23
	TESTING	3.2 % ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening and who know the results	QB01, QJ02, QJ03, QJ05
		3.3 % ever-IDUs who have been ever tested for HIV	QB01, QJ01
		4.2 % ever-IDUs who have been ever tested for HCV antibodies	QB01, QJ06
	INJECTING RISK	6.1 % current IDUs who report reusing their last needle or syringe	QF05, QF08, QF09
		6.2 Mean number of times current IDUs report reusing their last needle or syringe	QF05, QF08, QF09
		6.3 Median number of times current IDUs report reusing their last needle or syringe	QF05, QF08, QF09
		7.2 Mean times injected in the last 4 weeks, among current IDUs	QF05, QF06, QF07
		7.3 Median times injected in the last 4 weeks, among current IDUs	QF05, QF06, QF07
		8.1 % current IDUs receiving and injecting with used needles/syringes from 3 or more people, in the last 4 weeks	QF05, QF15
		8.2 Mean number of sharing partners among current IDUs, in the last 4 weeks (including those with zero partners)	QF05, QF15
		8.3 Median number of sharing partners among current IDUs, in the last 4 weeks (including those with zero partners)	QF05, QF15
	SEXUAL RISK	9.2 % female ever-IDUs who have been paid for sex in the last 12 months	QB01, QC02, QH15
		10.1 % male ever-IDUs reporting anal sex with a male partner in last 12 months	QB01, QC02, QH02
		11.2 % ever-IDUs who report the use of a condom at last sexual intercourse with a steady partner in the last 12 months	QB01, QH04, QH07
		11.3 % ever-IDUs who report the use of a condom at last sexual intercourse with a casual partner in the last 12 months	QB01, QH10, QH13
		11.4 % ever-IDUs who report the use of a condom at last sexual intercourse with a sex work client in the last 12 months	QB01, QH15, QH18
		12.2 Mean number of partners with whom ever-IDUs have had sexual intercourse in the last 12 months	QB01, QH05, QH11, QH16, QH20
		12.3 Median number of partners with whom ever-IDUs have had sexual intercourse in the last 12 months	QB01, QH05, QH11, QH16, QH20
	INTERVENTION COVERAGE	13.2 Mean number of sterile needles/syringes obtained for personal use in the last 4 weeks among current IDUs	QF05, QG04
		13.3 Median number of sterile needles/syringes obtained for personal use in the last 4 weeks among current IDUs	QF05, QG04
	SOCIO- DEMOGRAPHIC	15.2 Mean age of ever-IDUs	QA01, QB01, QC01
		15.3 Median age of ever-IDUs	QA01, QB01, QC01
		15.4 Mean age of new IDUs among all ever-IDUs	QA01, QB01, QC01, QF01
		15.5 Median age of new IDUs among all ever-IDUs	QA01, QB01, QC01, QF01
		17.2 % ever-IDUs with less than 5 years since their first injection	QA01, QB01, QC01, QF01
17.3 Mean years since first injection among ever-IDUs		QA01, QB01, QC01, QF01	
17.4 Median years since first injection among ever-IDUs		QA01, QB01, QC01, QF01	

Annex 2 Main changes in comparison to the 2006 pilot version of ST9 part 3

Note: changes are shown only in comparison to the new Core or Additional indicators. New Optional indicators are not listed here. Where a pilot version indicator changed to Optional it is listed at the bottom of this annex.

1.1 Sharing used needles/syringes: **% current IDUs sharing used needles/syringes in the last 4 weeks (receiving or passing on)** – defined as: % current IDUs injecting with needles/syringes that have been used by others, or passing their used needles/syringes to others, even if cleaned, in the last 4 weeks.

Pilot version 1.4.2: Sharing needles/syringes. Includes both lending and borrowing as well as otherwise using a needle/syringe already used by someone else, even if cleaned

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

2.1 Sharing used injecting paraphernalia other than needles/syringes: **% current IDUs sharing any used injecting paraphernalia in the last 4 weeks other than needles/syringes** – defined as: % current IDUs sharing any other injecting materials than needles/syringes that were already used, even if cleaned - e.g. water, cotton/filter, cooker, spoon, acid/lemon etc.

Pilot version 1.4.4: Sharing needles/syringes or other injecting equipment. Includes both lending and borrowing as well as otherwise using any injecting materials already used by someone else, even if cleaned - e.g. needle/syringe, water, cotton/filter, cooker, spoon, acid/lemon etc.

- Change in definition: Yes. Pilot version indicator included needles/syringes, these have been taken out
- Change in reference period: No
- Change in format: No

SUBSTANTIAL CHANGE – DATA CAN PROBABLY NOT BE COMPARED OVER TIME, ALTHOUGHT THIS MAY DEPEND ON THE OVERLAP BETWEEN SHARING OF NEEDLES/SYRINGES AND OTHER PARAPHERNALIA

3.1 HIV testing uptake: **% ever-IDUs that have received an HIV test in the last 12 months preceding the current survey/screening** – defined as: % ever-IDUs tested for HIV infection in the last 12 months, excluding those with known positive status at 12 months before the current survey or screening.

Pilot version 1.4.6: “Has the user been tested for HIV infection in the last 12 months? (before this survey or screening)”

- Change in definition: Yes, in order to exclude cases with a known positive status 12 months before the current survey or screening. Note that data not excluding these cases can still be provided
- Change in reference period: No
- Change in format: No

MINOR TO SUBSTANTIAL CHANGE – DATA CAN BE COMPARED OVER TIME IN COUNTRIES WHERE THE PROPORTION WITH A KNOWN POSITIVE STATUS IS LOW

4.1 HCV testing uptake: **% ever-IDUs that have received an HCV antibody test in the last 12 months preceding the current survey/screening** – defined as: % ever-IDUs tested for HCV antibodies in the last 12 months, excluding those with known positive status at 12 months before the current survey or screening.

Pilot version 1.4.8: “Has the user been tested for HCV infection in the last 12 months? (before this survey or screening)”

- Change in definition: Yes, in order to exclude cases with a known positive status 12 months before the current survey or screening. Note that data not excluding these cases can still be provided and also this is more relevant in countries with high HCV prevalence
- Change in reference period: No
- Change in format: No

MINOR TO SUBSTANTIAL CHANGE – DATA CAN BE COMPARED OVER TIME IN COUNTRIES WHERE THE PROPORTION WITH A KNOWN POSITIVE STATUS IS LOW

5.1 Use of a sterile needle/syringe at last injection: **% current IDUs who reported using a sterile needle/syringe the last time they injected** – defined as: % current IDUs using a sterile needle/syringe the last time they injected.

NEW

7.1 Injecting frequency: **% current IDUs injecting once per day or more, in the last 4 weeks** – defined as: % current IDUs that report injecting daily or more than daily, in the last 4 weeks. Pilot version 1.5.1: “How many times did the user inject in the last 4 weeks?” (five proportions and the mean)

- Change in definition: No
- Change in reference period: No
- Change in format: Yes
 - Of the original five proportions for different frequencies only daily injecting is now asked. This does not need to affect existing data collection.
 - Mean times injected moved to Optional, data can be compared over time if the Optional indicator is provided

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

9.1 Sex work: **% ever-IDUs who have been paid for sex in last 12 months** – defined as: % ever-IDUs who report having provided vaginal or anal sex to clients for money, drugs or other benefits in the last 12 months.

Pilot version 1.5.7: Proportion IDUs reporting sex work in last 4 weeks

- Change in definition: No
- Change in reference period: Yes
- Change in format: No

MINOR TO SUBSTANTIAL CHANGE – DATA MAY NOT BE COMPARABLE OVER TIME, NOTE THIS MAY DEPEND ON REGULARITY OF SEX WORK PRACTICES.

11.1 Condom use at last intercourse: **% ever-IDUs who report the use of a condom at last sexual intercourse in the last 12 months** – defined as: % ever-IDUs reporting condom use at last sexual (vaginal or anal) intercourse in the last 12 months.

Pilot version 1.5.9: Proportion using a condom at last intercourse

- Change in definition: No
- Change in reference period: No, although in the pilot version last intercourse was defined as in the last 12 months and now it is considered in the last 4 weeks. This should have minor effects on comparability of data as both are still referring to ‘last sexual intercourse’
- Change in format: No

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

12.1 Number of sexual partners : **% ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months** – defined as: % ever-IDUs reporting sexual intercourse with more than one partner in the last 12 months. This is the total number of partners, including steady, casual, client and paid partners.

NEW

13.1 Number of sterile needles/syringes obtained for personal use: **% current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks** – defined as: % current IDUs who report obtaining 28 or more sterile needles/syringes for personal use in the last 4 weeks.

Pilot version 1.6.1: Population mean of number of sterile needles/syringes obtained in the last 4 weeks

- Change in definition: Yes, the new Additional indicator is a percentage obtaining 1 needle/syringe per day
- Change in reference period: No
- Change in format: Yes, from mean to percentage. Note that the mean number of sterile needles last 4 weeks has been moved to Optional.

SUBSTANTIAL CHANGE – HOWEVER, DATA CAN BE COMPARED OVER TIME IF THE OPTIONAL INDICATOR IS PROVIDED

14.1 Receiving opioid substitution therapy : **% opioid using ever-IDUs who were in opioid substitution therapy in the last 4 weeks** – defined as: % ever-IDUs who were in opioid substitution therapy in the last 4 weeks, i.e. using prescribed methadone, buprenorphine, heroin, etc., among ever-IDUs who used any opioids in the last 4 weeks (injected or not injected, prescribed or not prescribed).

Pilot version 1.6.3: Proportion of users in opioid maintenance in the last 4 weeks

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

15.1 Age: **% ever-IDUs under age 25** – defined as: % ever-IDUs aged under 25.

Pilot version 1.3.1: mean age of total sample

- Change in definition: No
- Change in reference period: does not apply
- Change in format: Yes, from mean to percentage. Note that both the mean age of total sample and the mean age of new IDUs have been moved to Optional

SUBSTANTIAL CHANGE – HOWEVER, DATA CAN BE COMPARED OVER TIME IF OPTIONAL INDICATORS ARE PROVIDED

16.1 Sex / Gender: **% females among ever-IDUs** – defined as: % female ever-IDUs

Pilot version 1.3.3: proportion of female gender

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

17.1 Years since first injection (less than 2 years) : **% ever-IDUs with less than 2 years since their first injection** – defined as: % ever-IDUs with less than 2 years since their first injection.

Pilot version 1.7.5: history of injecting (four proportions and median)

- Change in definition: No
- Change in reference period: No
- Change in format: Yes, from the original four proportions the proportion injecting less than 2 years is Additional and remains unchanged, and the proportion injecting less than 5 years, which was formerly 'injecting 2-5 years', has been moved to Optional. Other proportions are no longer asked in ST9 part 3 ('5-10 years' and 'more than 10 years' – note they continue in part 2). Median years injected has been moved to Optional

NO CHANGE TO THE RETAINED INDICATORS – DATA CAN BE COMPARED OVER TIME

18.1 Primary drug: % ever-IDUs reporting an opioid as their primary drug
NEW IN ST9 PART 3, TAKEN FROM ST9 PART 2

19.1 Ever in prison: % ever-IDUs reporting ever having been in prison.
NEW IN ST9 PART 3, TAKEN FROM ST9 PART 2

20.1 Country of birth: **% ever-IDUs born outside the country of study** – defined as: % ever-IDUs born outside the country of study

Pilot version 1.7.1 country of birth: proportion with country of birth outside the country of survey

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MINOR CHANGE – DATA CAN BE COMPARED OVER TIME

21.1 Homelessness: **% ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months** – defined as: % ever-IDUs living without a steady home, on the streets or temporarily in a hostel or shelter, anytime in the last 12 months

Pilot version 1.7.3 : living in a hostel, without a steady address or on the streets during more than 1 week in the last 12 months

- Change in definition: Slight changes
- Change in reference period: No
- Change in format: Minor changes in wording.

MINOR CHANGE – DATA CAN BE PROBABLY COMPARED OVER TIME HOWEVER CAUTION IS WARRANTED

Two of the Pilot version indicators are not retained as Core or Additional:

6.2 Personal reuse of needles / syringes : **Mean number of times current IDUs report reusing their last needle or syringe** – defined as: Mean number of times IDUs report reusing their last needle or syringe before disposing of it and before anyone else having used it, among IDUs who have injected at least once in the last four weeks (current IDUs).

Pilot version 1.5.3 Mean times safe reuse per needle/syringe (for the last needle&syringe already discarded and/or before sharing it)

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MOVED TO OPTIONAL STATUS, MINOR CHANGE – DATA CAN BE COMPARED OVER TIME IF THIS OPTIONAL INDICATOR IS PROVIDED

8.2 Number of partners from whom received a used needle/syringe: **Mean number of sharing partners among current IDUs, in the last 4 weeks (including those with zero partners)** – defined as: Population mean among current IDUs (all who injected in the last 4 weeks) of the number of people from which they received used needles/syringes in the last 4 weeks.

Pilot version 1.5.5 : Mean number of sharing partners in last 4 weeks

- Change in definition: No
- Change in reference period: No
- Change in format: Minor changes in wording.

MOVED TO OPTIONAL STATUS, MINOR CHANGE – DATA CAN BE COMPARED OVER TIME IF THIS OPTIONAL INDICATOR IS PROVIDED

Annex 3 Behavioural information in the other parts of Standard Table 9

ST9 part 2

ST9 part 2 is the template for reporting aggregated seromarkers prevalence in the sample. Although it is not primarily aimed at collecting behavioural or demographic information, by asking prevalence breakdowns these data are implicitly collected. E.g. if prevalence is reported broken down by gender and sample sizes for both sexes are provided then the % females can be calculated from these sample sizes. However when prevalence is low the breakdowns are often not provided, this could then still be done through ST9 part 3.

Some demographic and behavioural information can thus be extracted from ST9 part 3 by analysing the sample sizes of the following prevalence breakdowns:

- PREVALENCE BY GENDER
 - male
 - female
- PREVALENCE BY AGE
 - <25
 - 25-34
 - >34
- PREVALENCE BY YEARS SINCE FIRST INJECTION
 - <2
 - 2<5
 - 5<10
 - 10 or more
- PREVALENCE BY PRIMARY DRUG
 - opioids
 - other than opioids
- PREVALENCE BY FIRST TREATMENT DEMAND
 - IDUs entering first treatment ever
 - All other IDUs (both in treatment and not in treatment)
- PREVALENCE BY EVER IN PRISON
 - ever in prison
 - never in prison

ST9 part 1

ST9 part 1 is the template for reporting methodological information about the study sample. As sample size is not reported here the following information is available at sample level that might be related to the behavioural data:

- DEFINITION OF INJECTORS
 - Ever-IDUs (give estimated % of these in the sample)
 - Current IDUs (give recall period used for 'current', give estimated % of these in the sample)
 - IDU status is not known, sample may include never-IDUs
- HAS THE SAMPLE BEEN RESTRICTED BY
 - TIME SINCE FIRST INJECTION (only < 2 yrs, other - specify)
 - GENDER (males only, females only)
 - AGE (if yes, give min. and max. age)

- RECRUITMENT SETTING
 - Overdose deaths (forensic institutes)
 - (Drug) emergency (clinics)
 - Drug treatment centres
 - Drug treatment centres (drug free/detox)
 - Drug treatment centres (inpatient)
 - Drug treatment centres (maintenance)
 - Drug treatment centres (outpatient)
 - Needle/syringe programmes
 - Other low-threshold services including outreach
 - Public health laboratories
 - STI clinics
 - Antenatal clinics
 - Other hospital/clinics
 - Prisons
 - Arrests (police)
 - General practitioners
 - HIV testing centres
 - Street recruitment
 - Other (please specify below)

Annex 4 Behavioural information in other areas of EMCDDA monitoring

For more detail see

<http://www.emcdda.europa.eu/themes/key-indicators> and
<http://www.emcdda.europa.eu/stats10/hsr>

- NSP COVERAGE: In the area of 'health and social responses' the coverage of NSP is estimated at population level, using estimates of the total population of IDUs as denominator and number of syringes/needles distributed as the numerator
<http://www.emcdda.europa.eu/stats10/hsrfig3>
- OST COVERAGE: In the area of 'health and social responses' the coverage of OST is estimated at population level, using estimates of the total population of opioid users as denominator and numbers in OST treatment as numerator. Although this indicator is not specific to IDUs it may in many cases be used as a proxy for OST coverage among opioid using IDUs. <http://www.emcdda.europa.eu/stats10/hsrfig1>
- IDU AND OPIOID USING POPULATION SIZE ESTIMATES: In the area 'problem drug use' national and sub-national estimates are being collected of the IDU and opioid using population, that are being used for population level OST and NSP coverage indicators
<http://www.emcdda.europa.eu/stats10/pdufig2>
- In the TREATMENT DEMAND INDICATOR area data are being collected on clients entering drug treatment (according to three overlapping groups: first time ever entrants, all treatment entrants, all prevalent cases in treatment). A number of indicators are collected in the TDI data that can be provided by injection status. Recent discussions in the TDI area have resulted in including four new variables to the TDI protocol that are relevant to DRID, these being 1) years since first injection 2) sharing needles/ syringes in the last 4 weeks 3) HIV testing in the last 12 months and 4) HCV testing in the last 12 months. Currently the following demographic or behavioural indicators can be provided for IDUs (TDI indicators that are less relevant for DRID are omitted here):
<http://www.emcdda.europa.eu/themes/key-indicators/t di>
 - 1. Treatment-centre type
 - 1. outpatient treatment centres
 - 2. inpatient treatment centres
 - 3. treatment units in prison
 - 4. general practitioners
 - 5. low threshold agencies
 - 6. other (please specify which type of treatment centre/programme)
 - 99. not known
 - 3. Ever previously treated
 - 1. never previously treated
 - 2. previously treated
 - 99. not known
 - 5. Sex
 - 1. male
 - 2. female
 - 99. not known
 - 7. Living status (with whom)
 - 1. alone
 - 2. with the family of origin (parents, etc.)
 - 3. with partner
 - 4. with friends or other people (with no family relation)
 - 5. in detention
 - 6. in institutions/shelters (not detention)
 - 7. others

- 99. not known
- 9. Living status (where)
 - 1. stable accommodation
 - 2. unstable accommodation and/or homeless
 - 3. in detention
 - 4. others
 - 99. not known
- 10. Labour status
 - 1. occasionally employed
 - 2. regularly employed
 - 3. students
 - 4. unemployed/discouraged
 - 5. receiving social benefits/pensioners/house-makers/disabled
 - 6. others
 - 99. not known
- 11. Highest educational level completed
 - 1. never went to school/never completed primary school (ISCED 0)
 - 2. primary level of education (=ISCED 1)
 - 3. secondary level of education (=ISCED 2 and ISCED 3)
 - 4. higher education (=ISCED 4 to 6)
 - 99. not known/missing
- 12. Primary drug
 - 1. Opiates (total)
 - 11 heroin
 - 12 methadone misused
 - 13 buprenorphine misused
 - 14 fentanyl illicit/misused
 - 15 other opioids (please specify)
 - 2. Cocaine (total)
 - 21 powder cocaine HCl
 - 22 crack cocaine
 - 23 others (please specify)
 - 3. Stimulants other than cocaine (total)
 - 31 amphetamines
 - 32 methamphetamines
 - 33 MDMA and derivatives
 - 34 synthetic cathinones
 - 35 other stimulants (please specify)
 - 4. Hypnotics and sedatives (total)
 - 41 barbiturates misused
 - 42 benzodiazepines misused
 - 43 GHB/GBL
 - 44 other hypnotics and sedatives misused (please specify)
 - 5. Hallucinogens (total)
 - 51 LSD
 - 52 ketamine
 - 53 other hallucinogens (please specify)
 - 6. Volatile inhalants
 - 7. Cannabis (total)
 - 8. Other substances (total) (please specify which substances)
 - 99. Not known
- 13. Usual route of administration of primary drug
 - 1. inject
 - 2. smoke/inhale
 - 3. eat/drink

- 4. sniff
 - 5. others
 - 99. not known
- 14. Frequency of use of primary drug
 - 1. daily
 - 2. 4–6 days per week
 - 3. 2–3 days per week
 - 4. once a week or less
 - 5. not used in the last 30 days
 - 99. not known
 - 15. Age at first use of primary drug (in years)
 - Age: /_____/
 - 99. not known
 - 18. Opioid substitution treatment (OST)
 - 1. never been in OST
 - 2. ever been in OST
 - 99. not known
 - 16. Secondary drugs
(see list of drugs in 12 – primary drug)
 - 20. Ever injected or currently injecting any drug
 - 1. never injected
 - 2. ever injected
 - 2.1 injected, but not in the last 12 months
 - 2.2 injected in the last the last 12 months, but not in the last 30 days
 - 2.4 currently injecting (in the last 30 days)
 - 3. don't want to answer
 - 99. not known
 - 21. Age at first injection (in years)
 - Age: /_____/
 - 99. not known
 - 22. HIV testing
 - 1. ever tested
 - 1.1 tested, but not in the last 12 months
 - 1.2 tested in the last 12 months
 - 2. never tested
 - 3. don't want to answer
 - 99. not known
 - 23. HCV testing
 - 1. never tested
 - 2. ever tested
 - 2.1 tested, but not in the last 12 months
 - 2.2 tested in the last 12 months
 - 3. don't want to answer
 - 99. not known
 - 24. Needle/syringe sharing
 - 1. never shared a needle or syringe
 - 2. ever shared a needle or syringe
 - 2.1. shared but not in the last 12 months
 - 2.2 shared in the last 12 months, but not in the last 30 days
 - 2.3 currently shared (in the last 30 days)

- 3. don't want to answer
- 99. not known