



European Monitoring Centre
for Drugs and Drug Addiction

2012 draft results implementation DRID Indicator

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Background

- To provide a better understanding on the implementation of 5 KI, with common tool, facilitating the implementation in the MS, supporting NFPs
- To contribute to the EU Action Plan evaluation
- Procedure makes distinction between **PROCESS** and **DATA QUALITY**



5KI assessment of implementation 2012

- Assessment of the implementation by indicator of **the 2010 data** and **2011 NFPs activities**
- **October**: NFPs, to send their feedback on the assessment to EMCDDA
- **December** : Final documents presented to HFPs & EMCDDA MB
- 30 countries



PROCESS: Working group

18 countries reported the existence of a working group (7 No; 5 missing)

Collaboration but not necessary meetings
(reported by 13 so far)



PROCESS: deadlines

2010

- **ST09** : 46 reports
 - 6 countries delayed; 10 reports
- **ST09 p2** : 331 reports
 - 5 countries delayed; 16 reports
- **ST09 p 3** : 40 reports
 - 3 countries delayed; 3 reports
- **ST09 p 4** : 44 reports
 - 4 countries delayed; 12 reports

2011

- **ST09** : 50 reports
 - 4 countries delayed; 9 reports
- **ST09 p2** : 327 reports
 - 5 countries delayed; 32 reports
- **ST09 p 3** : 42 reports
 - 1 country delayed; 1 report
- **ST09 p 4** : 61 reports
 - 5 countries delayed; 8 reports



Obstacles

- **Budget related issues:** lack of funds for data collection or research studies
- **Methodological issues:** geographical representativeness/coverage at national level, testing rate, valid tests
- **Access to data and partners collaboration :** difficult to collect data outside big cities, data sharing between partners



Planned activities

- New surveys in 2011-2012
- Increasing coverage in low-threshold settings and prisons
- Maintaining/strengthening system in place
- Trainings for data providers
- New electronic database: e.g. integration with TDI data collection
- Efforts to improve data quality



Data Quality Categories

- Availability
- Harmonisation
- Timeliness
- Coverage
- Consistency



Availability of data in Fonte Reporting cycle 2011

- 1180 reports
- 151 “no new data tables”
- DRID : 480 reports – 25 no new data



“Data on HIV, HCV and HBV prevalence in IDUs provided to EMCDDA for the current reporting year or preceding 2 calendar years”

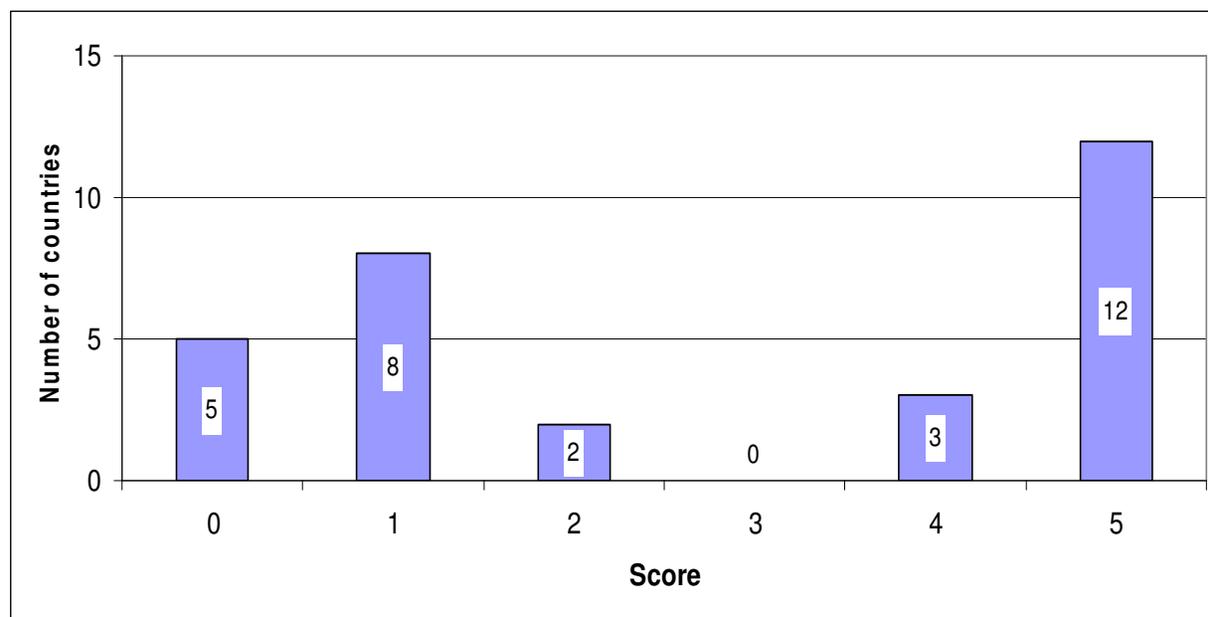
Note: If several studies, at least one should meet the criteria.

Only studies where Total sample size of IDUs =>100.

" preceding two calendar years" = 2008 OR 2009.

National or subnational data.

Self-reported HCV and HBV excluded



0 No data available for the current year OR/AND preceding two calendar years

1 None of the below

2 HIV and HCV data for the current reporting year OR preceding two calendar years

3 HIV and HCV data for the current reporting year AND preceding two calendar years

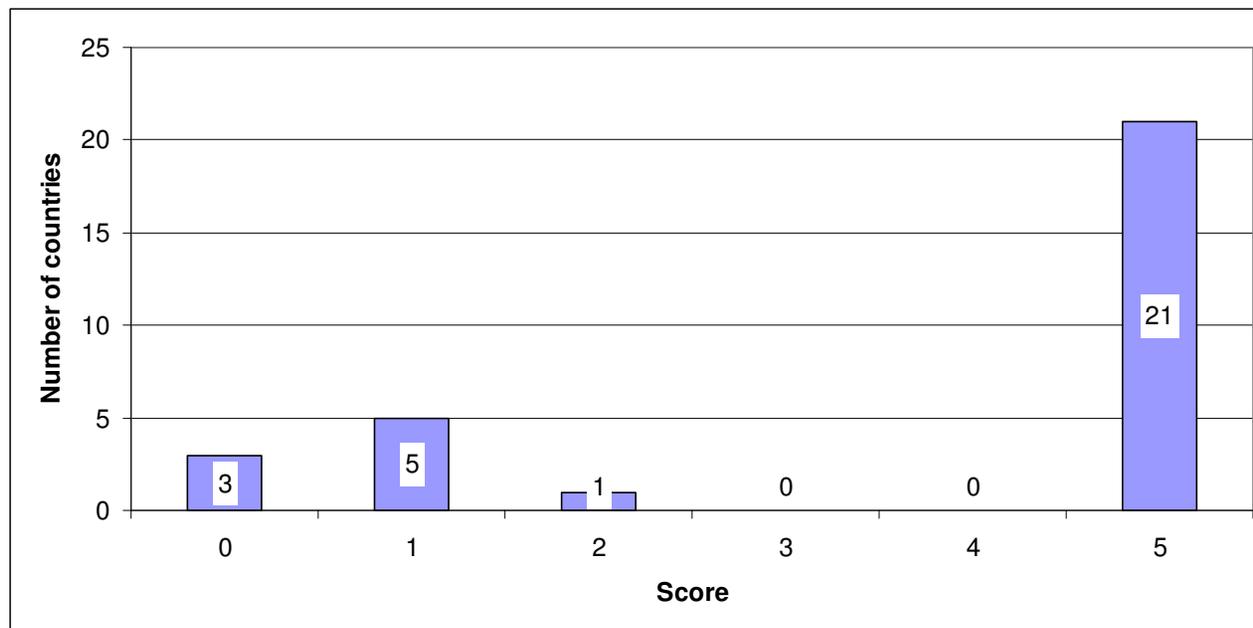
4 HIV, HCV and HBV data for the current reporting year OR preceding two calendar years

5 HIV, HCV and HBV data for the current reporting year AND preceding two calendar years



”The latest data on HIV/HCV prevalence in IDUs should be collected on samples of injecting drug users, specifying if they are ever or recent IDUs”

Note: HIV or HCV data.
National or Subnational data.



0 No data / not available

1 Status of IDUs unknown

2 Data collected on samples of injecting drug users (in most of the samples the status is unknown or 50%)

3 Data collected on samples of injecting drug users (in most of the samples the status is known)

4 In all studies the status is known

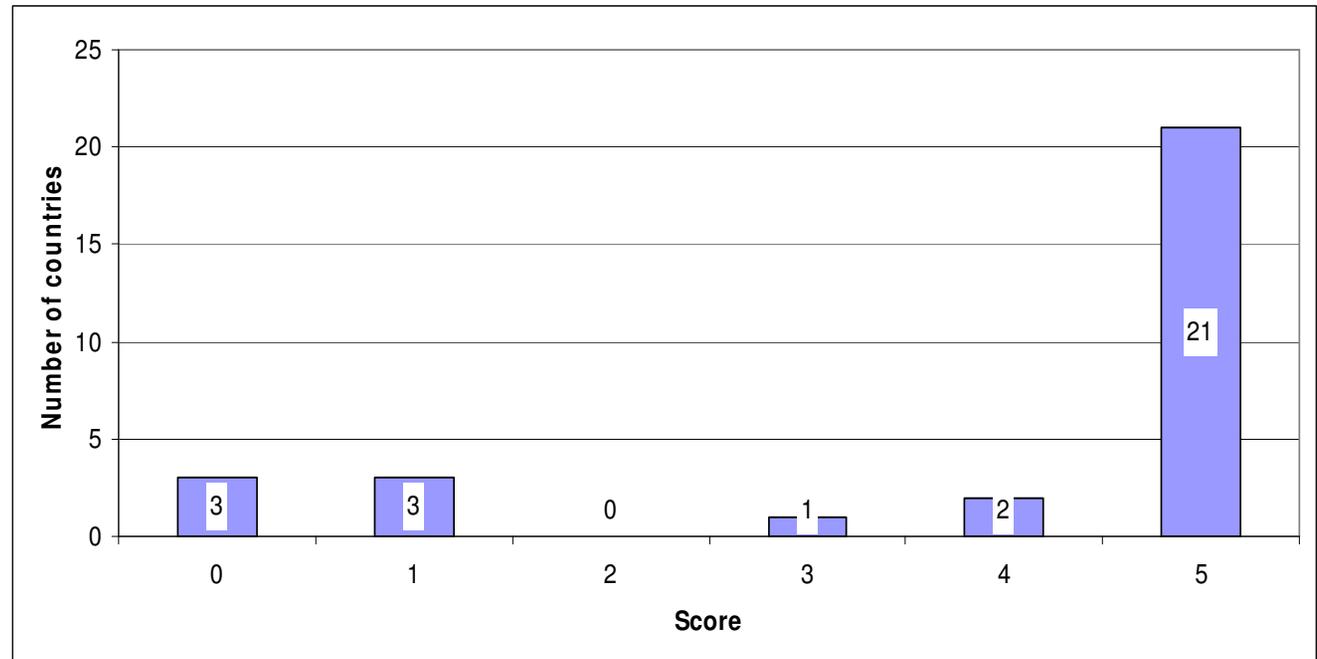
5 In all studies the status is known and it was specified if they are ever or recent



”Data of HIV/HCV prevalence monitoring in IDUs based exclusively on biological testing”

Note: HIV or HCV data.

National or Subnational data.



0 Data not available

1 Data based only on self-reported results

2 Data based on biological testing (in most of the samples data are not biological)

3 Data both based on biological testing and self-reported results (50% for each)

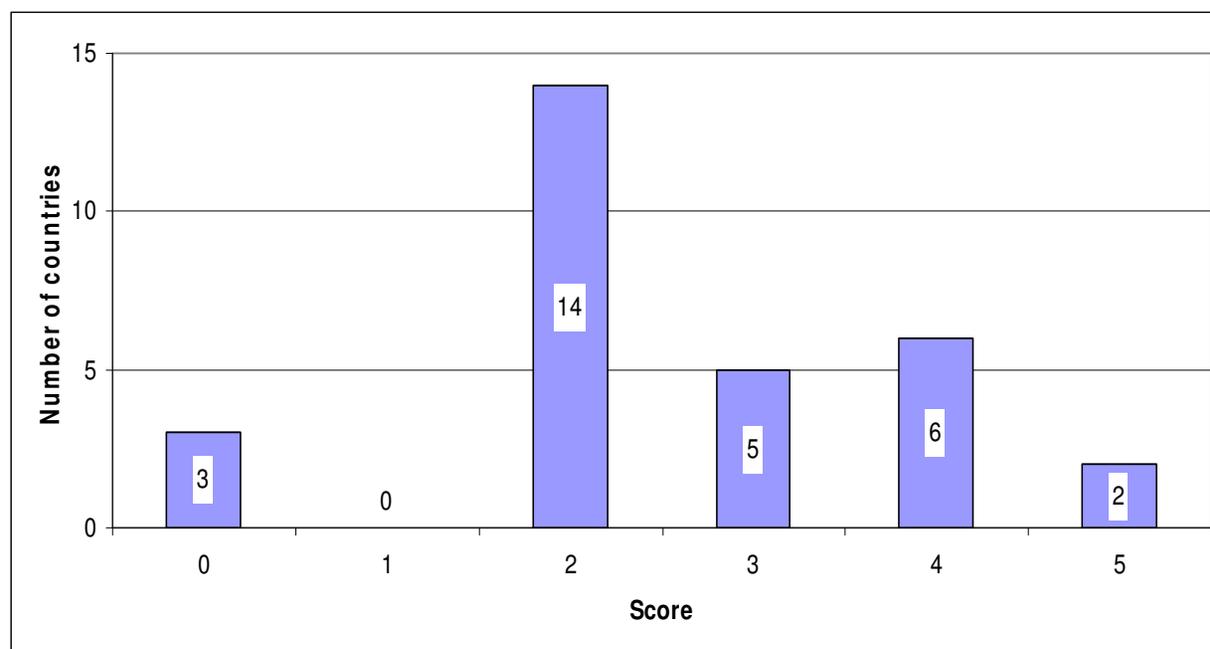
4 Data based on biological testing (in most of the samples data are biological)

5 Data based only on biological testing



”Prevalence data from well-designed prevalence studies among IDUs, including substantial recruitment from ‘open’ settings”

Note: substantial recruitment from 'open' / non-treatment settings (refers to data in current year or preceding two calendar years, 'open' / non-treatment settings minimally include low-threshold services but not institutional settings such as prisons)



0 Data not available

1 Settings not known

2 None of the below

3 Substantial recruitment from 'open' / non-treatment settings (50%)

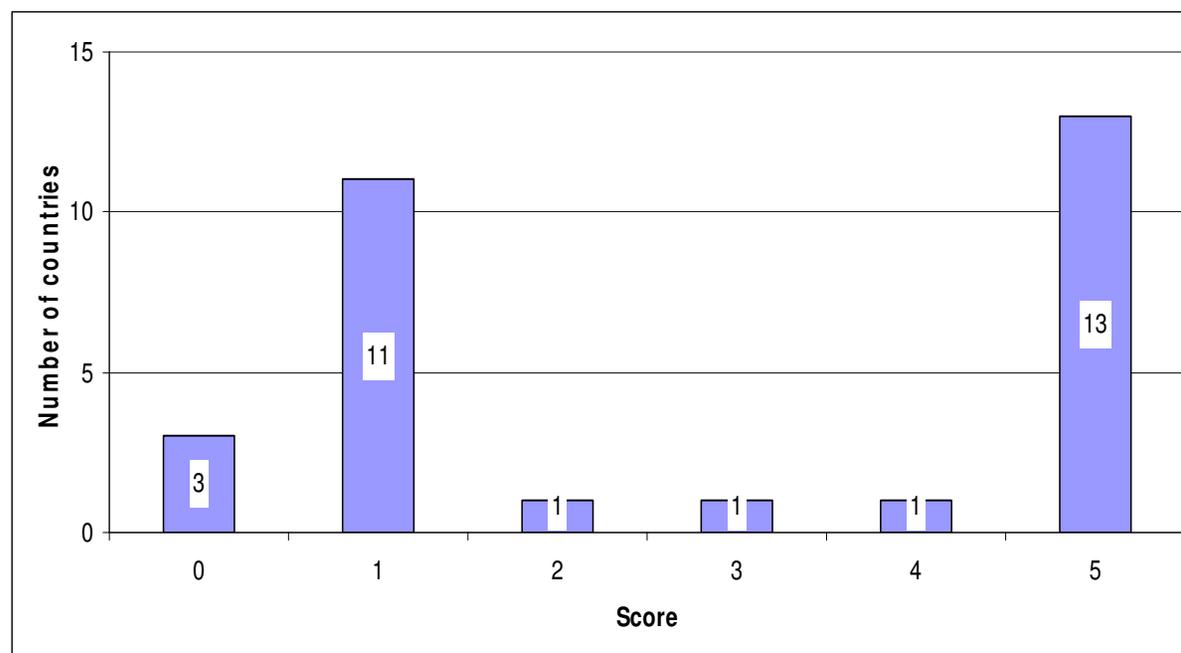
4 Substantial recruitment from 'open' / non-treatment settings (+ 50%)

5 ‘Open’/ non-treatment as well as treatment or other 'closed' settings (e.g. prisons), where low-threshold, treatment, prisons or other settings are reported separately.

“Time series available for data on HIV/HCV prevalence in IDUs”

Note: at least 2 data points for the same population and derived by the same or very similar methodology, one of these being in the current or preceding two calendar years (2008 OR 2009).

National or Subnational.



0 Data not available

1 None of the below

2 one time series of HIV and HCV (at least 2 years of data)

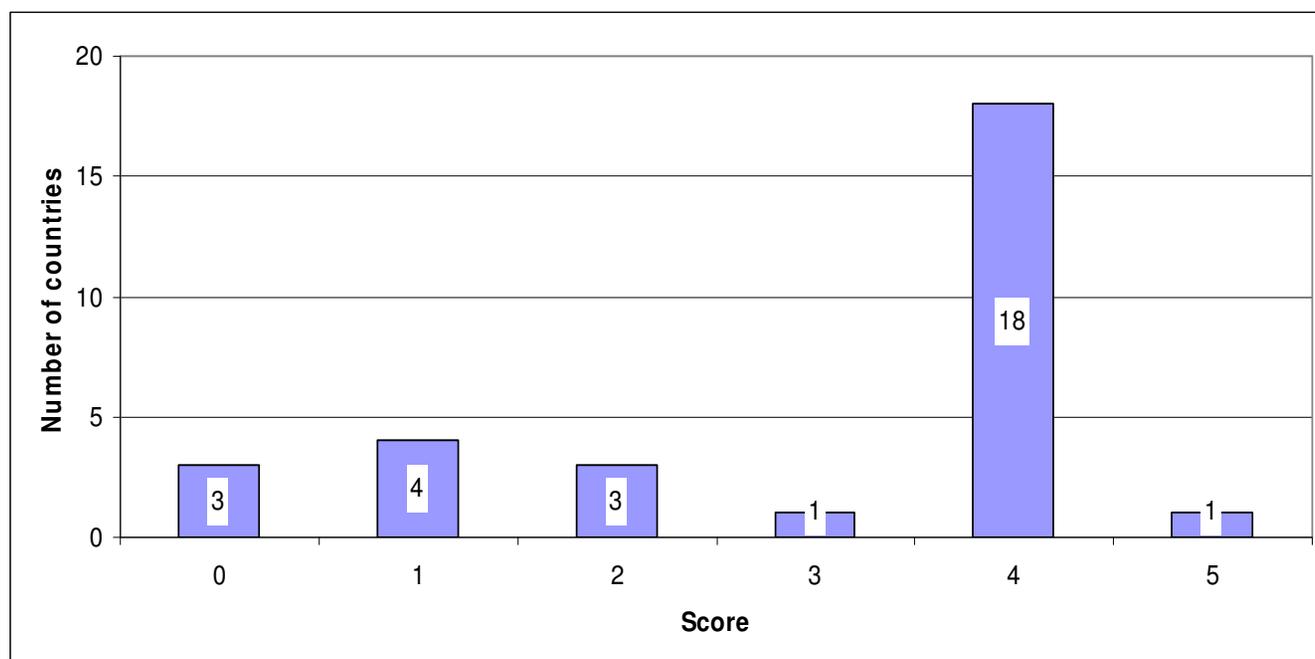
3 one time series of HIV and HCV (3 yrs data)

4 HIV, HCV and HBV time series (at least 2 yrs data)

5 HIV, HCV and HBV time series (3 yrs data)

“Data on new and young injectors available (this regards the latest HIV/HCV prevalence data available at EMCDDA)”

Note: HIV or HCV data.
National or Subnational
data.



0 Data not available

1 No data available for both young and new

2 Data available for only one breakdown (young or new)

3 Data available for both young and new)

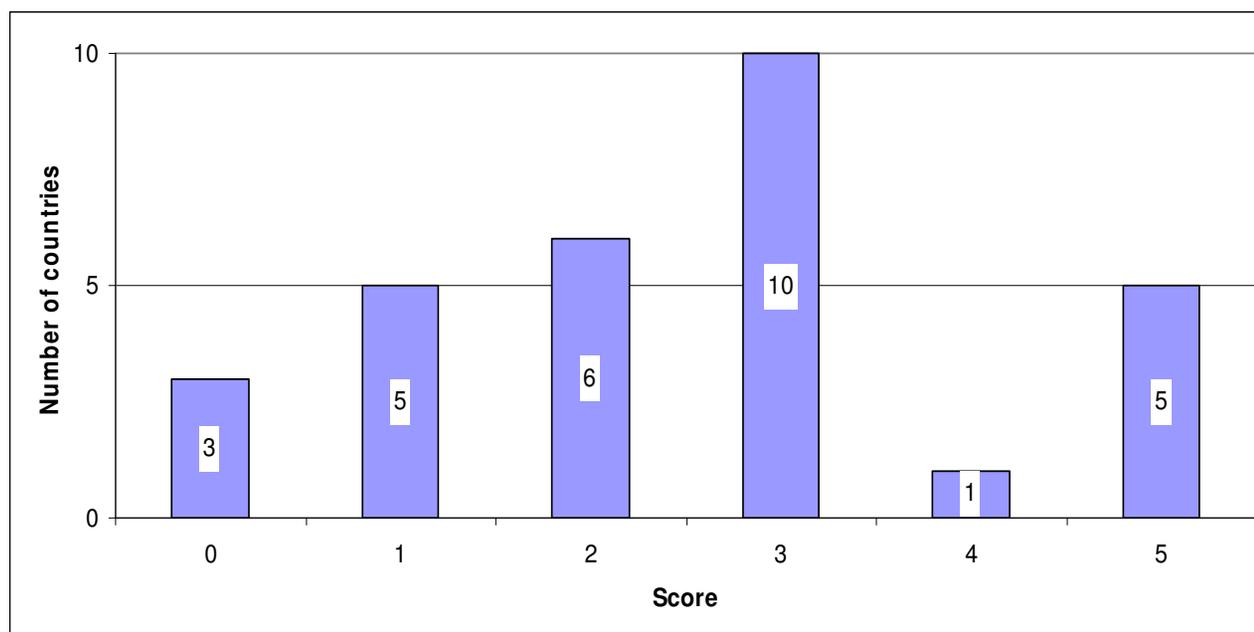
4 Data available for both young and new and two breakdowns

5 Data available for both young and new and all other breakdowns

“The latest data on HIV and HCV prevalence in IDUs is valid for the national level and provided with regional breakdown”

Note:

HCV Riba/Rna are not included



0 Data not available

1 None of the below

2 National data should be available for HIV and HCV

3 Data from selected (main) cities/regions should be available for HIV and HCV

4 Data with national coverage and regional breakdown available for HIV and HCV, where the national data provide one national prevalence figure for each virus.

5 Data with national coverage and regional breakdown available for HIV, HCV and HBV, where the national data provide one national prevalence figure for each virus.

2009 – 2012 under analysis

- Availability of DRID data is high
- Harmonisation with EMCDDA guidelines shows a more mixed picture
- Timeliness, Coverage and Consistency of data and methods can much improve



Thank you very much for your attention !

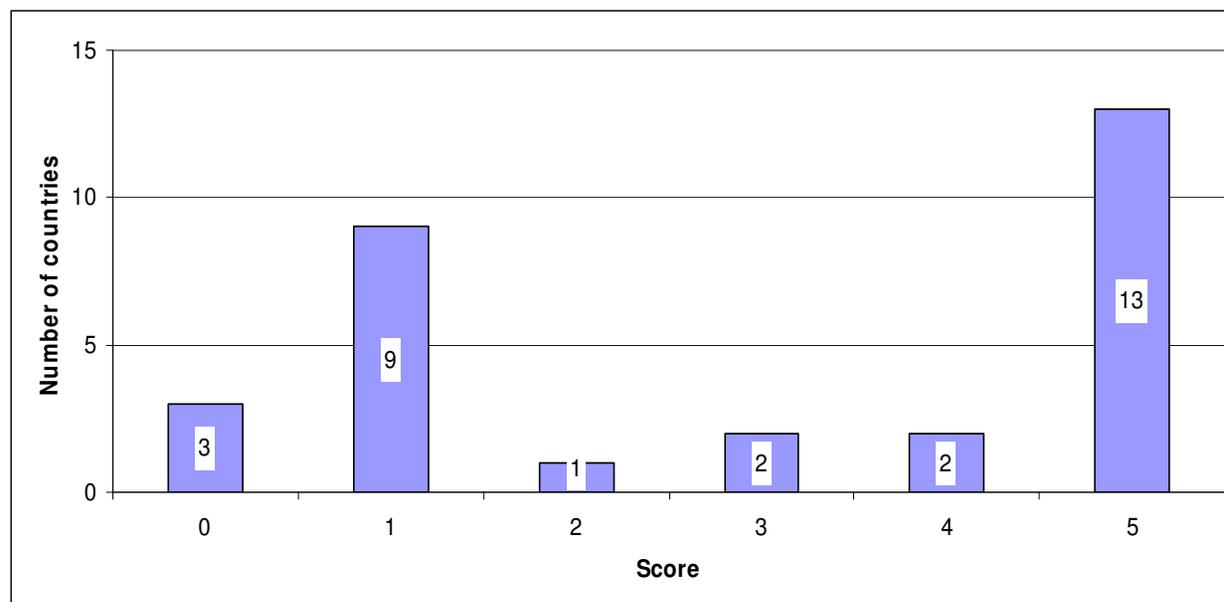


”Data from routine annual monitoring of (diagnostic) prevalence data and from repeated prevalence surveys in IDUs reported to the EMCDDA”

Note: National or subnational data.

SP include also SP-UAT.

" preceding two calendar years" = 2008 OR 2009.



0 Data not available

1 None of the below

2 DT or SP for the current year OR preceding 2 calendar years (HIV and HCV data)

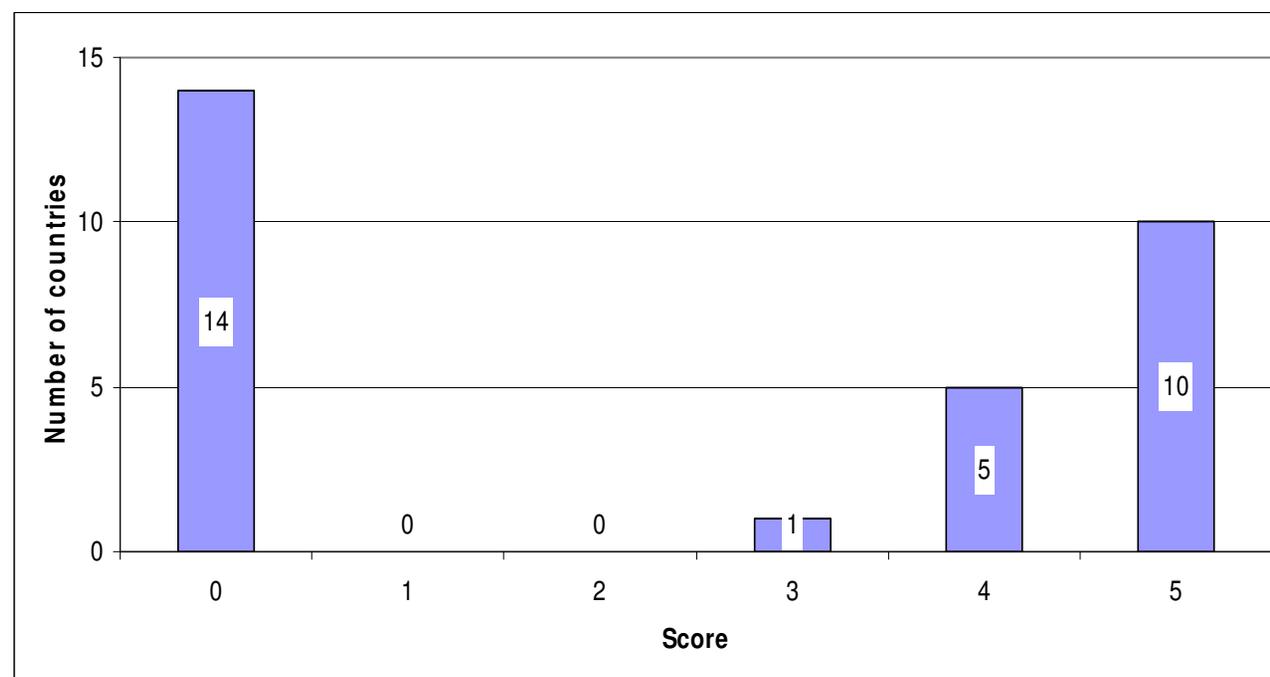
3 DT or SP for the current year AND preceding 2 calendar years (HIV and HCV data)

4 DT or SP for the current year OR preceding 2 calendar years (all virus)

5 DT or SP for the current year AND preceding 2 calendar years (all virus)

“Behavioural data from the same sample of IDUs as used for HIV/HCV prevalence monitoring provided to the EMCDDA”

Note: HIV or HCV data.
National or Subnational
data.



0 No data submitted

3 Submitted data for questions on age and gender

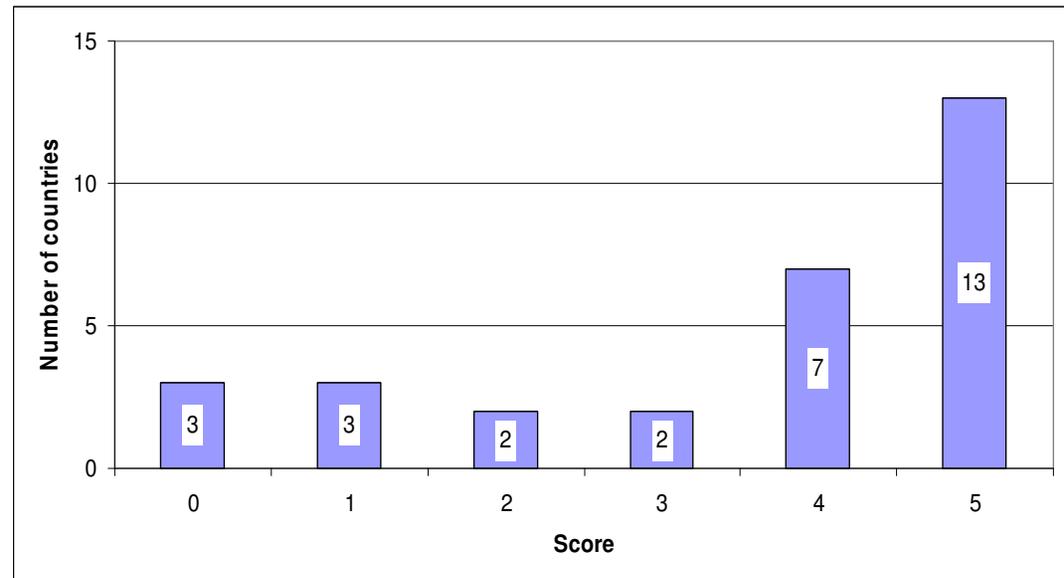
4 submitted data for questions on age and gender and at least 2 out of 4 main behavioural items

5 submitted data for questions on age and gender and at least 2 out of 4 main behavioural items and at least 3 out of 10 additional behavioural items

“Methods of monitoring HIV/HCV prevalence in IDUs are consistent over time”

Note: HIV or HCV data.

National or Subnational data.



0 Methods of monitoring HIV/HCV prevalence in IDUs over time not available

1 Methods of monitoring HIV/HCV prevalence in IDUs changed over the year and it is not possible to compare data

2 Methods might have slightly changed, but the data are broadly comparable, they form a valid time series (changes in settings and sampling method)

3 Methods might have slightly changed, but the data are broadly comparable, they form a valid time series (changes in sampling method)

4 Methods might have slightly changed, but the data are broadly comparable, they form a valid time series (changes in only settings)

5 The same methods / study design / settings / sampling method are used throughout the years, or only small improvements are done not affecting comparability