Is the DRID Key Indicator ‘stuck’ in the 1990s?

Vivian Hope

IDU Team, HIV & STI Department, Health Protection Services, Health Protection Agency,
& Centre for Research on Drugs and Health Behaviour, LSHTM.

DRID Expert to UK Focal Point.

Context & issues

Not exhaustive!

Changes in types of psychoactive drugs injected and variation across Europe - Opiates / Poly-drug use / Stimulants.

Ageing cohorts of psychoactive drugs users – particularly PWID from 'outbreaks' in 1980s /1990s.

Increasing concern about bacterial infections among PWID, and other infections among PDUs – e.g. STIs and TB.

Increase in use, and injection, of image and performance enhancing drug in some countries.

Link between infections and the responses to them.

Economic crisis – there are the costs of collecting, and also reporting, data – but, more importantly, this could affect patterns of use and resources available for responses.

DRID Data collected by ST9

ST9 collects data on HIV, hepatitis B and C, and related behaviours.

It has three parts:

a) 'Notification' data [ST9 part 4]

b) 'Prevalence' data, two sub-parts: method [ST9 part 1], & data [ST9 part 2]

c) 'Behavioural' data [ST9 part 3, with method in ST9 part 1]

Will comment on each of these in turn.

a) Hepatitis notification data

Hepatitis ‘notification’ data also collected by ECDC.

There is a cost associated with is to duplicate reporting.

Q: Does this data need to be collected by two EU bodies?

A: No.

ECDC and EMCDDA need to **work together** to ensure there is a single effective EU system for collecting this data.

The system **must** capture exposure information (i.e. which infections acquired through injecting drug use), **and** be able to provide information on exposure categories by age/gender.

b) Prevalence data

Currently a lot of ‘breakdowns’ can be reported through ST9 – the data collection sheet is ‘long’.

Collection could [/should] be stream-lined for **each system/study** to **key data** for **highest** geographic area available:- i.e. overall prevalence, with breakdowns by age, gender, years since first injected, and imprisonment, plus NUTS3 breakdown for national or multi-regional studies (?separate optional sub-section/sheet for rest of break downs ?optional reporting for sub-areas **or** for agreed ‘sub-groups’ – e.g. current injectors only; recent initiates only).

Data comes from a very diverse range of sources.

Ensure collection of good quality data on study methodology **and** sample characteristics.

c) Behavioural data

Behavioural data collection just revised.

Do these data link well enough with responses – particularly intervention uptake **and** coverage?

When next reviewed:-

- Maintain limit on number of items: ?max 12.
- Review data items collected.
- Collection of data from sources other than those providing prevalence data – ?a separate standard table with method sheet.
- Relationship with responses data collection.
- Would a structured questionnaire be better (for some items)?

What is not collected / addressed

Should DRID collect data on:

- bacterial infections related to injection [YES]?
- infections in non-injectors (e.g. due to smoking or snorting causing tissue / lung damage) [May be]?
- sexual transmitted infections [May be], TB [YES], etc.?
- also changing patterns of drug use – i.e. Risks [YES]?

  Also need to look gathering information on related responses.

  Sensitive to 'evolving' infection risks – soft data.

A structured questionnaire to collect numerical and descriptive data on evolving risk, infections & on the responses to them?

Finally, current DRID data collection is focused on psychoactive drug users where do image and performance enhancing drug users fit?

Structured questionnaire, or initially a 'special issue'?

So is the DRID Key Indicator 'stuck' in the 1990s?

In 1990s (and 1980s) focus of work around drug related infectious diseases was driven by the concerns about HIV and hepatitis C among injectors of psychoactive drugs.

These are both still important issues.

During the 2000's, at least in some countries, there has been increasing concern and focus on:

- bacterial infections,
- infections among PDUs more widely,
- impact of changes in the types of psychoactive drugs injected/used on risk, and
- about use and injection of image and performance enhancing drugs.

May be!

Afterward

It is important to remember it is the

European

Monitoring

Centre for Drugs and Drug Addiction.

Thank You.