Workshop on Future DRID Strategy and Toolkit – Group 1

Participants:

Albania	Marjeta Dervishi
France	Anne-Claire Brisacier
Italy	Mario Cruciani
Malta	Carlo Olivari D'Emanuele
Turkey	Memhet AkgÜn
Portugal	Domingos Duran

The first part of the workshop consisted of a brief brainstorming session, where participants decided to focus on three main points for discussion, mainly ***data, treatment and expertise***. Though these points of reference where not kept to their strictest form, they were nonetheless used as a thread for the discussion. The following are points which came out during the discussion:

- Concerns about increasing sexual transmission of HIV among PDU – the highest concern is the change in epidemiology which is resulting through the change in sexual behaviour.
- Concerns about long term progression of HCV among IDU, particularly in HIV co-infected people – due to a high prevalence in HEPC issues are being raised to genotype, compliance to treatment and drug interaction, also resulting in a high prevalence of liver failure.
- Data on the female drug taking population is very limited as this sub-group is much hidden due to persistent stigma and higher discrimination. Qualitative studies pertaining to females could be better to get a much clearer picture of the present situation.
- Some time was spent to discuss the mythological aspect of institutional working relationship, and the need for these institutions to be more collaborative with the probability that some of the work done by countries would not be doubled.
- Poor reliability of HBV serological markers as reported in many countries.
- Screening of Tb and DOT.
- Data on other STD (e.g. syphilis) need to be considered.

- Some time was also spent discussing harm reduction, mainly to include sex education, which should be formalised. Suggestions were also made to free condom distribution. Harm reduction and treatment should go together especially in the area of sexual behaviour.

The following are notes from the Italian participant Mario Cruciani, to consider as part of the discussion above but as an over thought on the whole discussion:

Point 1. In Italy, a trend towards an increases of HIV infection among first-time DA services clients was observed starting from 2009. The increase was more marked among women. Comparing to returning clients, first-time clients have a lower rate of drug injection (overall, 54.6 vs 20.9 %). In many countries prevalence of HIV infection among non-injecting DA has increased and this increase has been correlated with sexual transmission.

Point 2. HCV is a leading cause of chronic liver disease, cirrhosis, and hepatocellular carcinoma, as well as the most common indication for liver transplantation in many countries. The rate of progression to cirrhosis is highly variable, and is influenced by several factors, including the amount of alcohol consumption, age of initial HCV infection, degree of inflammation and fibrosis on liver biopsy, HIV and HBV coinfection, and comordid conditions. The diminished ability to adhere to treatment, the relatively high rate of adverse events of treatment and the probability of relapse to drug use are all to be taken in consideration in PDU with HCV infection.

Point 3. A more consistent approach in reporting serological markers of HBV infection is required (e.g., HBc Ab, HBs Ab and Ag) in order to differentiate individual who are susceptible to HBV infection from those who are not or have acute or chronic infection.

Point 5. Drug users can face higher risks of contracting TB than the general population. HIV-positive status poses an additional risk of developing TB, which is estimated to be between 20 and 30 times greater than among those who do not

have HIV infection. Simplified protocol for the treatment of latent infection as well as active disease have been developped. Moreover, SOT offers the possibility of DOT.

Point 6. I’d like to add also HPV, responsible of cervical, anal and mouth cancer, particularly in those who are HIV infected.

A trend towards an increase of HIV infection among first-time DA services clients was observed starting from 2009. The increase was more marked among women. Comparing to returning clients, first-time clients have a lower rate of drug injection (overall, 54.6 vs 20.9 %). In many countries prevalence of HIV infection among non-injecting DA has increased and this increase has been correlated with sexual transmission.