



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 2 July 2007**

**11303/07**

**CORDROGUE 44**

**NOTE**

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from : Presidency  
to : Horizontal Working Party on Drugs  
Subject : Presidency conclusions on the thematic debate of 11 January 2007 :  
- Prevention of the spread of HIV/AIDS, hepatitis C, other blood-borne  
infections and diseases (Objective 16 of the EU Drugs Action Plan 2005-2008)

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**1 Preliminary observation**

The current situation in Europe has already been described in the thematic debate discussion document<sup>1</sup> in the framework of the HDG meeting on 11 January 2007. The conclusions presented here follow the questions raised in this discussion document. There were four contributors to the debate:

- (1) Paul Griffiths (EMCDDA) reported on the results thus far in the framework of Action No 16 of the Drugs Action Plan
- (2) Mr Einarsson (Commission - DG Health and Consumer Protection) spoke about the activities of the HIV/AIDS Think Tank
- (3) Prof. Heino Stöver described the HCV situation in Europe
- (4) Dr Jullien-Depradeux (French Health Ministry) explained the French strategy for combating HCV.

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<sup>1</sup> Room document No 2; cf. 5461/07 (Outcome of proceedings).

Finland, Hungary, Slovakia, Cyprus, Spain, the Czech Republic, Germany, Portugal, Slovenia, the United Kingdom, Lithuania, Sweden, the Netherlands, the EMCDDA and the Commission (DG Sanco) participated in the following discussion. Written contributions from EU Member States (MS) came from: Cyprus<sup>2</sup>, Italy, Austria, the Czech Republic, the Netherlands, Portugal, Slovakia and Estonia.

The conclusions presented here do not contain a list of contributions from individual states on the respective national situations as regards Action 16. They merely present examples of best practice, as well as questions and ideas for further development in a European context.

## **2. Results of the discussion**

### **2.1 Improved access to facilities and services to reduce infectious diseases**

Member States explained their strategies and measures. It became clear that for injecting drug users (IDU) and other drug abusers, drug-dependent persons substitution was seen in all Member States as a measure that helped to reduce infections such as HIV, hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV). While there were still major differences in the EU in the degree to which substitution treatment reached IDUs, the level of provision was negligible in prisons throughout the EU (with the exception of Spain)<sup>3</sup>.

Other successful efforts to improve access for the prevention and treatment of infection are mentioned in 2.3.

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<sup>2</sup> Room document No 7.

<sup>3</sup> Cf. ENDSP (pub.) (2004): "Substitution Treatment in European Prisons. A study of policies and practices of substitution treatment in prisons in 18 European countries"; authors: Heino Stöver, Laetitia C. Hennebel and Joris Casselmann (518 pages), and the 2007 Synthesis Report of the Trimbos Institute on the Council Recommendation of 18 June 2003: "Prevention and reduction of health-related harm associated with drug dependence".

## **2.2 Analysis of the scope and/or accessibility of services for reducing infectious diseases**

The situation with HIV, HAV and HBV appears to be stable in all Member States, even though there are rises in HIV infections which of late are increasingly due to sexual intercourse.

The problem as regards HCV, on the other hand, is an almost universal lack of really reliable figures on the prevalence and incidence of infection. The contributions to the debate confirmed the observations made by the EMCDDA, which had already pointed to this particular epidemiological weakness. This situation is made more difficult, for example by a growing resistance to burdensome documentation (the Netherlands) and by the termination of rapid tests for HCV infection because the test no longer meets EU standards (Czech Republic). In addition, many Member States have no information as to who among the drug-dependent persons surveyed are intravenous users (Hungary). Only estimates can be given as IDU is illegal.

Successful efforts to analyse the scope of provision can be found in France, where there are also reliable figures: prevalence in the population is about 0,8 % (several MS have similar figures). In the case of IDUs, the prevalence of HCV is 60 %, and rising. However, 43 % of all IDU do not know that they are infected. In 10 % of all cases the persons concerned develop liver cancer. With prompt treatment 50 % of those could be cured.  
28 % of young drug addicts with HCV are also infected with HIV.

### **2.3. Good examples of intervention (in custody, for arranging treatment, promoting consultation and infection tests; translation of research into practice; training of personnel) have been reported from various Member States, in particular:**

- National HCV intervention plans (longer-term, networked, coordinated sub-aims<sup>4</sup>)
- Regular examinations in prisons for HCV and other infections

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<sup>4</sup> Cf. 2006 Progress Review on the implementation of the EU Drugs Action Plan (2005-2008), p. 17 (17101/06).

- Distribution (free of charge) of syringes and injecting equipment in pharmacies and other suitable places (e.g. Anti-AIDS kits)
- Mobile teams of experts to advise and assist IDUs on the spot
- Anonymous consultation and treatment for IDUs to lower the rates of infection
- Free entitlement to basic medical care for IDUs
- Improved cooperation with the medical sector
- Networking of hospitals
- Psychological counselling to prevent relapses (France)
- Issue of leaflets through medical specialists
- Continued training of specialised staff on an interregional basis
- Cooperation in research, e.g. within the Pompidou Group.

#### **2.4 Aspects of a European approach aimed at increasing the number of successful measures in prisons**

Better information on current projects is needed to promote a common approach at European level. This information should enable people to participate on current projects and/or devise new ones. In practice, information support has been requested through the compilation of:

- a list of assisted EU-wide projects to reduce infection (prevention and treatment measures)
- a list of current research plans.

The non-paper "Overview of community funding programmes research and other transnational cooperation projects in the field of illicit drugs<sup>5</sup>" provides such a survey of both areas.

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<sup>5</sup> Cf. the detailed survey in room document No 1 of the HDG meeting on 18 April 2007: Non-Paper "Overview of community funding programmes research and other transnational cooperation projects in the field of illicit drugs".

Europe-wide cooperation for the joint development of rapid tests to give a valid inventory of infections has been proposed.

A European initiative that encourages experts in specific care sectors to increase cooperation has also been advocated.

Another concern is reflected in the demand for a better prevention policy in EU Member States.

## **2.5 Boosting knowledge to increase the scope of evidence-based measures at EU level**

Few evidence-based measures are known at European level. Appropriate programmes have already been alluded to in the previous section. "Thematic Priority: Health"<sup>6</sup> is a relevant point in the above-mentioned overview. Further information relating specifically to prisons is provided by the ENDIPP project (European Network on Drugs and Infections Prevention in Prison: [www.endipp.net](http://www.endipp.net)).

## **3. Consequences and recommendations**

The discussion has shown that within the EU a broad consensus and the will to act are basically there. Often it is not quantitative but qualitative improvements that are called for. Examples of good practice that can be translated directly into action at local level are particularly relevant.

The following recommendations should be taken into consideration when the European Drugs Action Plan 2009 - 2012 is drawn up<sup>7</sup>.

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<sup>6</sup> Point 4.1, page 3.

<sup>7</sup> Note: no recommendation was made regarding Action 16 in the "2006 review on the implementation of the EU Drugs Action Plan (2005-2008)".

### **3.1 Substitution treatment**

Since the 1990s, there has been an enormous increase in the numbers of people undergoing substitution treatment in almost all Member States. Substitution treatment has proved a successful means of prevention. Substitution treatment should therefore be made more accessible to IDUs. Treatment in prisons should be given priority.

### **3.2 Needle exchange programme**

Needle exchange measures have also proven very successful. Where possible, provision should be comprehensive outside and particularly inside prison and free of charge. At the same time, these programmes should be directed towards changing the behaviour of infected drug addicts.

### **3.3. Screening to record infection**

There is a need for cheap or - for IDUs - free infection tests that are rapid and simple but which can still be conducted (and funded) in accordance with current EU rules. These control tests should be linked to screening to record the prevalence and incidence of infections.

### **3.4. Tattoos and piercing**

The risk of infection through tattooing and piercing should be better publicised than previously.

### **3.5. Guidelines and cooperation**

Cooperative programmes at European level - such as ENDIPP - should be given more consideration. These contain specific guidelines (in prisons). It is not new guidelines that are required, but the implementation of existing recommendations and guidelines. Infectious diseases in drug users are often linked to other problems: alcoholism, homelessness, etc. A coordinated, interdisciplinary approach is therefore required.

### 3.6. Prevention

Infections are increasingly transmitted sexually. This must be given greater attention in the context of preventive measures.

