| HIV in Portugal - the epidemic among injecting drug users |
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Background• IDUs constitute about 0.2% of the EU population

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Yet they form large proportions of both existing cases (prevalence/chronic infection) and new cases (incidence/acute infection) of HIV, as well as HCV and HBV

- Seroprevalence levels can be extremely high (e.g. HCV, aHBc)
- DUs often have multiple infections, leading to problems in HIV management and a worse prognosis for the liver disease
 - As HIV and hepatitis infections are highly concentrated in IDUs, it is cost-effective to screen, prevent and treat
- IDUs are the strongest affected group in Portugal (42% of cumulative reported HIV cases, local prevalences in IDUs up to 40-50%)
 - Portugal is one of few highly affected countries in the EU (with Spain, France, Italy, Estonia, Latvia)
- There has been a large response (harm reduction), but this was relatively (too) late to prevent a large epidemic.

Questions

- How important is injecting drug use in the epidemiology of HIV in Portugal?
- What are prevalence and incidence of HIV? Risk behaviour?
- What are prevalence and incidence of IDU?
- · What can we say about intervention coverage?

Results

Cumulative total of newly diagnosed HIV infections by risk category until 2007 in Portugal: MSM 10%, IDU 42%, HET 45%, other 3%. HIV infections newly diagnosed in Portugal by year of notification /2003-2007): hetero around 1200, IDU from 800 to 650, MSM from 200 to 300. HIV newly diagnosed cases per million population in IDUs, by year and by country - five highest EU countries in peak value 2002-2007: decline in PT but not very strong. HIV infections newly diagnosed among IDUs notified in 2007, EU, cases per million population: PT is the second highest after Estonia. Estimates of the prevalence of injecting drug use, 2002-2007 (cases per 1000 population aged 15-64) do not explain this position, Portugal is guite average with 2-3 cases of IDU per 1000. Proportion of young (age <25) and new IDUs (injecting <2 yrs) in samples of IDUs are very low in PT, suggesting that the incidence of new IDU is low. However, Portugal is still one of the countries with highest HIV prevalence among IDUs in EU (10-20% nationally). HCV prevalence in new IDUs is also high, suggesting high levels of injecting related risk behaviour. EuroHIV data of deaths among Aids cases, by transmission group, in EU27, 1996 to 2006 shows strong declines since 1996, IDU is now the second largest group. However, no decline is observed in Portugal despite availability of HAART, possibly indicating problems in access to treatment. Syringes distributed through specialised programmes, per estimated IDU per year (2002-2004) show large differences between countries, some countries up to 250 syringes, Portugal in a relatively average position in those years (more recent data suggest that in recent years coverage in Portugal was relatively high in comparison with other countries). Clients on opioid substitution treatment (OST) as a percentage of the estimated opioid using population (% coverage of OST), 2005-06: large differences between countries but no data from Portugal.

Conclusions

- IDUs are still a large component of the HIV epidemic in Portugal
- HIV prevalence and incidence among IDUs seem both still high, though declining
- HCV prevalence in new IDUs suggests high levels of risk behaviour
- Late effect of HAART on total AIDS mortality suggests coverage problems (how is this in IDUs?)
- IDU population size seems comparable with other countries although new IDU recruitment seems relatively low