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**HIV Ireland**

**Submission to New**

**National Drugs Strategy**

**18th Oct 2016**

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1. **Introduction**
	1. HIV Ireland welcomes the opportunity to make a submission to the development of a new National Drugs Strategy for Ireland. HIV Ireland is a registered charity operating at local, National and European level. The principal aim of the organisation is to improve, through a range of support services, conditions for people living with HIV and AIDS and/or Hepatitis, their families and their caregivers while further promoting sexual health in the general population.
	2. Our mission and vision is to contribute towards a significant reduction in the incidence and prevalence of HIV in Ireland, and towards the realisation of an AIDS-free generation by advocating for individuals living with HIV, preventing new HIV infections and combating HIV-related stigma and discrimination.
	3. Since 1987 HIV Ireland has been pioneering services in sexual health education and promotion, and has consistently engaged in lobbying and campaigning in the promotion of human rights. Our approach broadly reflects a harm minimisation model which emphasises practical rather than idealised goals.
2. **HIV in Ireland**
3. **HIV & Drug Users**
	1. In 2015, according to the Health Protection Surveillance Centre, new HIV diagnoses in Ireland increased to their highest level on record. A total of 485 people were newly diagnosed with HIV in 2015 – a 30% increase over 2014 figures (official report on new HIV diagnoses in 2015, 14th October 2016 – see <http://www.hpsc.ie/A-Z/HIVSTIs/HIVandAIDS/SurveillanceReports/> ).
	2. The 2015 data also shows a significant increase in HIV diagnoses amongst **people who inject drugs** with a 67%increase from 27 new diagnoses in 2014 to 49 in 2015.  An investigation conducted by the HSE identified that most of the new HIV infections were amongst people who are homeless in Dublin and who inject snow blow.  Many were also co-infected with Hepatitis C. **(please also see point 4.4)**
	3. The Health Protection Surveillance Centre report states that **‘the outbreak (amongst PWID) was associated with injection of snow blow, a new psychoactive substance, the re-use of needles and syringes, and having a sexual partner who was also injecting drugs………..there is a need for ongoing sustained health promotion and harm reduction activities among this very vulnerable group’.**

* 1. The upward trend in HIV diagnoses has continued in 2016 with 396 new provisional HIV diagnoses up to week 39 of 2016 (compared to 342 during the same period last year – an increase of 54). Ireland now has an average of 10 people per week being diagnosed with HIV. Official figures are likely to understate the scale of the crisis as the European Centre for Disease Prevention Control (ECDC)/WHO Regional Office for Europe estimate that 30% of people living with HIV are undiagnosed[[1]](#footnote-1). It is likely the number of people living with HIV in Ireland is higher than the number diagnosed.
	2. The growth of the market in **new psychoactive substances** is increasing the risks of HIV infection among PWID. While heroin users inject about four times a day, people using new psychoactive substances **such as snowblow** might inject every two hours, making them much more vulnerable to HIV, and other health risks associated with IV drug use such as abscesses. Earlier diagnosis of HIV improves a person’s longer-term prognosis and early treatment will substantially reduce the risk of onward transmission of HIV.
	3. Anecdotally, from our contact with MQI, there appears to be **a growing concern around steroid use, particularly amongst people from Eastern Europe, and the need for HIV and Hepatitis prevention initiatives**.
1. **HIV, Drug Use & Men who have Sex with Men (MSM)**
	1. **Men who have sex with men (MSM)** remain the population most affected by HIV in Ireland. According to the HPSC, in 2015, of the 485 people newly diagnosed in Ireland with HIV, 223 (50.9%) were MSM (an increase on 2014 when it was 49% of 377). The median age in 2015 amongst MSM was 32. 73 people (32.8%) were Irish born with 127 (57.1%) born abroad (in 2014 those figures were 52% born in Ireland and 48% board abroad). There has been a particular rise in the number of MSM from Latin America within the figures. In 2015, 64 (28.7%) of the MSM born outside of Ireland had previously tested positive for HIV abroad (39(21%) in 2014).
	2. LGBT Ireland Report findings reported that **44% of LGBT people have some level of alcohol problem or dependence while 10% have very high levels of problem drinking.  56% of LGBT people have taken drugs recreationally;** most common drugs used are **cocaine, cannabis, codeine-based drugs and ecstasy.  Recreational drug use is two times higher amongst this cohort compared to the general population.**
	3. In MISI 2015 (http://www.gayhealthnetwork.ie/research), **7% of men reported using drugs which are commonly associated with chemsex.  Use of these drugs peaked amongst men aged 25 to 29 years.**  Use was more common amongst respondents living in Dublin, and those who were HIV-positive.
2. **HIV, Drug Use & Sex Workers**
	1. A study conducted by the Immigrant Council of Ireland in 2009 estimated there is a minimum of 1000 women involved in indoor sex work in Ireland at any one time. According to UNAIDS/WHO, ‘HIV disproportionately impacts on sex workers. Female, male and transgender sex workers exist in all countries and often face significant vulnerability to HIV as a result of high-risk behaviour, poor coverage by HIV and health services, social marginalization, arrest and detention in closed settings, and continuing stigma, discrimination and punitive laws, policies and practices.’
	2. There have been two recent Irish studies on sex work & HIV (McDonnell 1998 and NACD 2009). The **McDonnell study found that 2.5% of 150 new sex workers were HIV positive and almost 8% were injecting drug users (IDU) with higher prevalence of HIV, Hepatitis B and C compared with non-IDU (McDonnell, 1998).** The **NACD study of 35 drug-using sex workers (31 females and 4 males) found that 26 were Hepatitis C (HCV) positive, and 7 were living with HIV. 5 of the participants were co-infected with HIV/HCV. Only one of the women and none of the men who were Hepatitis C positive were undergoing treatment, and only three of the women who were HIV positive were receiving treatment.**
3. **HIV, Drug Use & People who are homeless**
	1. In August 2016, the official figure for people being homeless in Ireland was 4248 adults and

1151 families (Department of Housing, Planning, Community & Local Government; August 2016).

* 1. In the Lancet (2012), findings from a review of 40 research papers on the level of HIV,

Hepatitis C and TB among people who are homeless clearly indicated that people who are homeless have a much higher likelihood of having one of these three diseases than members of the general population. In Ireland we don’t gather comprehensive data on the levels of HIV infection amongst people who are homeless. From research conducted by Lawless and Corr in 2005 (Drug Use Among the Homeless Population in Ireland) we know that from a total of 104 people who were homeless interviewed, 6 reported they were living with HIV – a 5.7% prevalence rate.

* 1. In 2011, the Dublin Simon Community conducted a Health Snapshot amongst people

accessing its homeless services. The report states that ‘being homeless can exacerbate and complicate the treatment of many health problems, given that people who are homeless have significantly less access to health services than the broader population’. Of the 175 people who answered the question regarding the main health issues they were experiencing, 7 reported they were living with HIV – a 4% prevalence rate.

* 1. **In 2015, a HSE led investigation among people who inject drugs who were also homeless in**

**Dublin (‘Injection of new psychoactive substance snow blow associated with recently acquired HIV infections among homeless people who inject drugs in Dublin, Ireland, 2015. 2015, 20 (40): Euro Surveill), gave us the first evidence of an association between injecting snow blow and recent HIV infection in Ireland, with daily snow blow injectors being at highest risk. Drug treatment clinicians raised concerns that clients who injected snow blow generally exhibited more chaotic behaviours, leading to dis-inhibition, more sharing of needles and syringes, and unprotected sex.**

* 1. The investigation stated that **in Dublin, there are more than 500 PWID experiencing**

**homelessness, a significant population at risk of HIV infection. At the time of the study, 252 of 520 attendees at the National Drug Treatment Centre – NDTC - (48.5%) were homeless.**

* 1. The NDTC has a remit for providing OST for homeless PWID, but responding adequately to

the needs of these PWID remains challenging. **In Dublin, measures taken include multi-disciplinary work to engage HIV-positive PWID in HIV care and, where appropriate, on antiretroviral therapy: offering HIV testing to PWID; awareness raising among clients, clinicians and networks of PWID about injecting head shop drugs such as snow blow, sexual at-risk behaviours and of the need to engage with methadone and treatment services. Services have been enhanced in terms of contact tracing and active case finding and provision of greater access to needle exchange services by strengthening needle/syringe provision through outreach.**

1. **HIV, Drug Use & Prisoners**
	1. On Friday, 14th October 2016 there were 4,222 people being held in Irish prisons - (http://www.irishprisons.ie/wp-content/uploads/documents\_pdf/14\_October\_2016.pdf).
	2. In a number of Irish studies, **HIV prevalence has been found to be disproportionately higher among prisoners who inject drugs compared to those who don’t. Allwright et al (1999) found prevalence rates of hepatitis B was 19% (n+94), hepatitis C 81% (n=414) and HIV 4% (n=18) among injecting drug users. Long et al (2000) found prevalence of hepatitis B was 18% (n=31), hepatitis C 72% (n=72), and HIV 6% (n=10) among (ever) injecting drug users.**
	3. **In a 2014 National Advisory Committee on Drugs and Alcohol study on the prevalence of drug use, including intravenous drug use, and blood-borne viruses among the Irish prisoner population, findings indicated that of the 777 prisoners who were tested for HIV, 15 tested positive, a prevalence rate of 1.9%.** In comparisons made between these 15 and the remaining 762 prisoners, the study highlighted 2 variables as independently and significantly associated with HIV:
2. Female gender
3. Male to male sexual contact
	1. **The study highlighted 2 variables that are clearly strongly correlated in relation to HIV,**

**though not independently associated with HIV:**

1. **Ever having used drugs intravenously**
2. **Ever having shared IV drug equipment**
	1. The study goes on to point out that a distinguishing feature amongst prison populations,

both in Ireland and internationally, is that they are among the most socio-economically deprived communities, characterised by high unemployment, early school leaving, poor housing, family breakdown, virtually no literacy skills, **poor physical and mental health, drug and alcohol dependency, sexual health problems, suicide and self-harm.**

* 1. The Irish Penal Reform Trust report on members of the LGBT community within prison (Out

on the Inside – 2016) found that sexual activity does take place within prisons, prisoners are not practicing safer sex and that the distribution of safer sex information and materials in both male and female prisons ‘requires attention’.

1. **HIV, Drug Use & Migrants**
	1. The HPSC 2015 figures show that 267 of the 485 people who were diagnosed with HIV that year were born abroad (55.1%). The majority of heterosexuals diagnosed with HIV in 2015 were born in countries with generalised HIV epidemics (58%).
	2. In 2015 HIV Ireland provided free HIV and STI testing for a total of 464 individuals (245 Males, 217 Females, and 2 as ‘Other’). Those born outside of Ireland represented 63% of those who presented for testing, with the highest number born in South America (n=109) followed by those born in Africa (n=62).

**Country/Area of Origin of Testing Participants 2015**

|  |  |
| --- | --- |
| **Country/Area of Origin** | **Frequency/Top 3 Percentages** |
| **Ireland** | 172 (37%) |
| **Western Europe** |  42 |
| **Central or Eastern Europe** |  44\* (9.4%) |
| **Sub-Saharan Africa** |  21^ |
| **Southern Africa/West Africa** |  33 |
| **North Africa** |  8  |
| **South or South East Asia** |  16  |
| **North America** |  11 |
| **Central America** |  2 |
| **South America** | 109 (23.4%) |
| **Australia and Oceania** |  3 |
| **Other** |  3 |

\* Combined with Western Europe, total percentage = 18.5% (n=86) ^ Combined with other African countries, total percentage = 13.3% (n=62)

*Additional Profiles of Testing Participants*

6.3 1.5% (n=7) of Testing Participants declared themselves from the Travelling or Roma Community, 49.7% (n=231) declared themselves to be a citizen of another country, and 1.2% (n=6) hoped to become a citizen of Ireland. **9% (n=41) of participants had experienced homelessness and 3.4% (n=16) had a history of IV Drug Use.** HIV Ireland has an overall rate of 1 in 80 people testing positive for HIV since the commencement of its community testing programme in May 2011.

1. **Recommendations**
2. **Policy & Generic**

R1. Ensure the issue of HIV prevention is clearly named as a key objective within the new National Drugs Strategy.

**R2.** Ensure relevant actions within the new National Drugs Strategy are strongly linked with those in the Healthy Ireland Framework, the National Sexual Health Strategy, the National Hepatitis C Strategy and other relevant strategies i.e. an integrated approach to any initiatives with an emphasis on harm reduction in relation to drugs, alcohol and sexual health/HIV/hepatitis prevention.

**R3.** Ensure the inclusion of drugs users from the relevant population group/s when reviewing existing initiatives and/or developing new prevention/harm reduction initiatives.

1. **Prevention &/or Rehabilitation**

**R4.** Ensure drug education (including SPHE/RSE programmes and education in an out-of-school setting) and awareness programmes/campaigns are inclusive of education and training on infectious diseases including HIV and Hepatitis.

**R5.** Ensure substance misuse policies are inclusive of harm reduction information, and education and training, on infectious diseases.

**R6.** Ensure education and prevention initiatives are targeted to population groups at-risk of drug use and other associated risk behaviours (e.g. young people, early school leavers, LGBT young people/young MSM, travelling community; new communities, homeless people, prisoners, sex workers, etc.).

**R7.** Increase availability of, and access to, HIV/hepatitis/sexual health training for trainers programmes for those working with vulnerable and at-risk groups to train them to address the risk behaviours associated with substance misuse.

**R8.** Include broader sexual health information in campaigns/initiatives/resources.

**R9.** Develop harm reduction approaches/initiatives to minimise sexual health/HIV risks associated with chemsex and the use of new psychoactive substances (NPS).

**R10.** Increase availability of, and access to, free condoms for all population groups at-risk of drug use and associated sexual risk-behaviours. In particular, ensure ongoing sustained health promotion and harm reduction activities for PWID.

1. **Treatment**

**R11.** Increase availability of, and access to, community-based HIV, STI and hepatitis testing nationally, with a particular emphasis on creating ease of access for drug users, people who are homeless, sex workers, prisoners, MSM and new communities.

**R12.** Increase availability of, and access to, community-based HIV counselling nationally, with a particular emphasis on creating ease of access for drug users, people who are homeless, sex workers, prisoners, MSM and new communities.

1. **Research**

**R13.** Conduct further research into the relationship between drug use, HIV and other blood borne viruses amongst key population groups in Ireland e.g. prisoners, sex workers, people who are homeless, men who have sex with men, drug users and new communities.

**Conclusion**

New HIV diagnoses in Ireland have increased by 35% since 2011. A total of 485 people were newly diagnosed as living with HIV in 2015, compared with 372 in 2014 [[www.hpsc.ie](http://www.hpsc.ie)]. HIV affects a range of population groups including men who have sex with men (MSM), intravenous drug users, people who are homeless, prisoners, sex workers and new communities. Heterosexual transmission accounted for 27% of HIV diagnoses in Ireland in 2015, with 79 diagnoses among females, and 51 among males. The majority of heterosexual cases diagnosed in 2015 were born in sub-Saharan Africa, an area of the world which has a generalised HIV epidemic

Regular HIV testing can mean earlier diagnosis and more effective treatment. With early treatment, a person’s long term health prospects can improve to the point where their life expectancy will be similar to that of someone who has not contracted HIV.

Key to responding to the increase in new HIV diagnoses in Ireland is HIV prevention. We need to provide and promote free condom use across the country. Voluntary universal testing for HIV should be available nationally, especially within community and healthcare settings. We also need to focus on people who face a higher risk due to their circumstances – being homeless, being addicted to drugs, working within the sex industry, being in prison, suffering from poor mental health. **The figures outlined within this submission indicate that drug use and HIV are clearly interlinked amongst these highly vulnerable populations.**

HIV Ireland would welcome the opportunity to discuss our recommendations further.

Niall Mulligan

Executive Director

HIV Ireland

70 Eccles Street

Dublin

D07 A977

niall.mulligan@hivireland.ie

01-8733799/085 7457951

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1. HIV/AIDS surveillance in Europe 2009. Stockholm: European Centre for Disease Prevention and Control; 2010. [↑](#footnote-ref-1)