

HIV and risk behaviours among people who inject drugs in the UK: 30 years on

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BACKGROUND

Harm reduction programmes have ensured that the transmission of HIV among people who inject drugs (PWID) remains relatively low in the United Kingdom (UK). Nevertheless this group remains at high-risk of HIV and other blood borne viruses.

We report on the epidemiology of HIV among PWID living in the UK over the past 30 years.

METHODS

National HIV new diagnoses and clinical cohort data on PWID (aged ≥ 15 years) to the end of June 2012 were analysed to examine time trends in new diagnoses and clinical and quality of care outcomes.

Data from a nationally reflective Unlinked Anonymous Monitoring Survey of PWID (UAM Survey of PWID) were used to examine changes in HIV prevalence and risk behaviours over time¹.

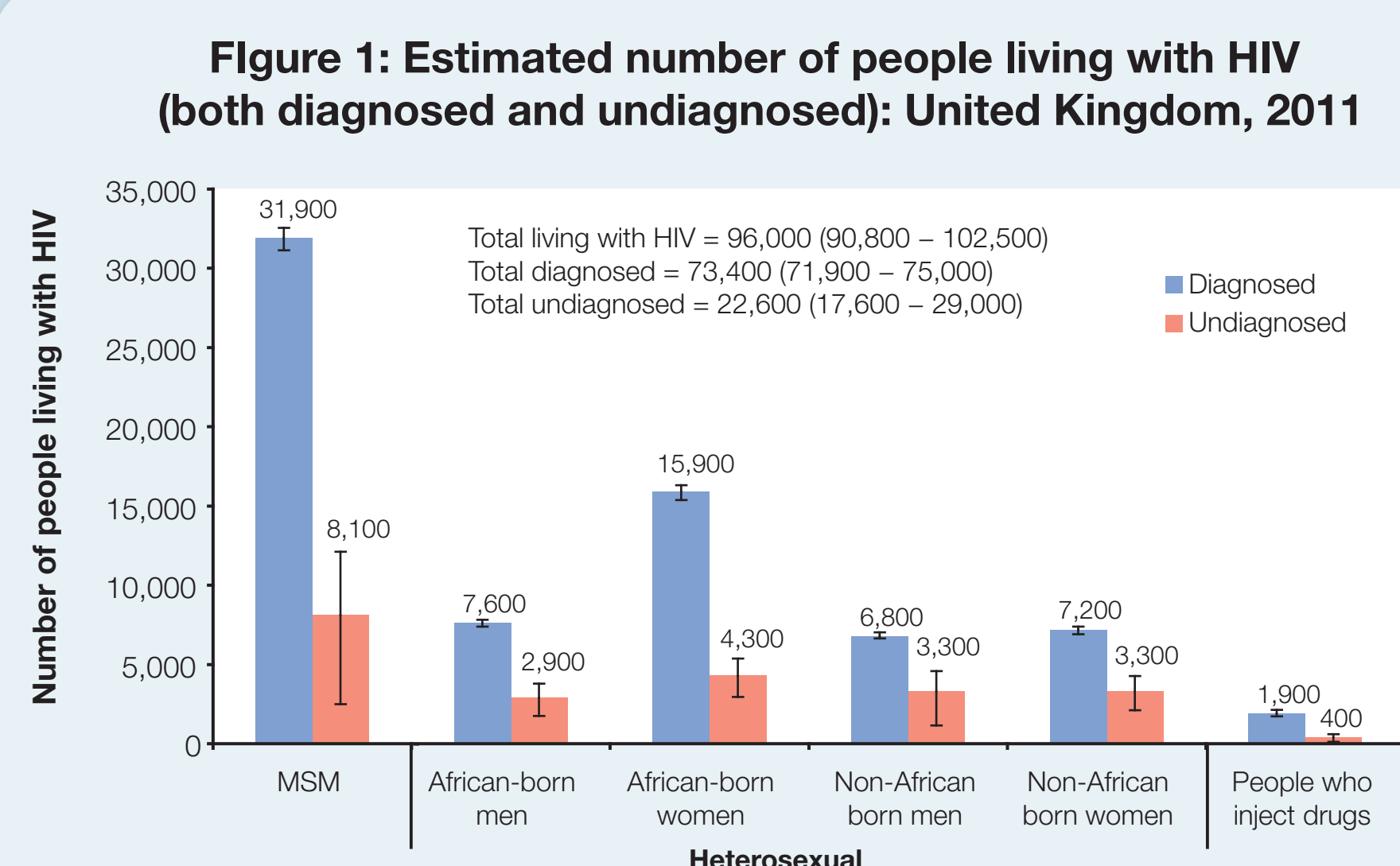
Estimates of undiagnosed infection were obtained using a Multi-Parameter Evidence Synthesis (MPES) model², which relies on up-to-date behavioural and epidemiological data.

Numbers were rounded to the nearest 10.

RESULTS

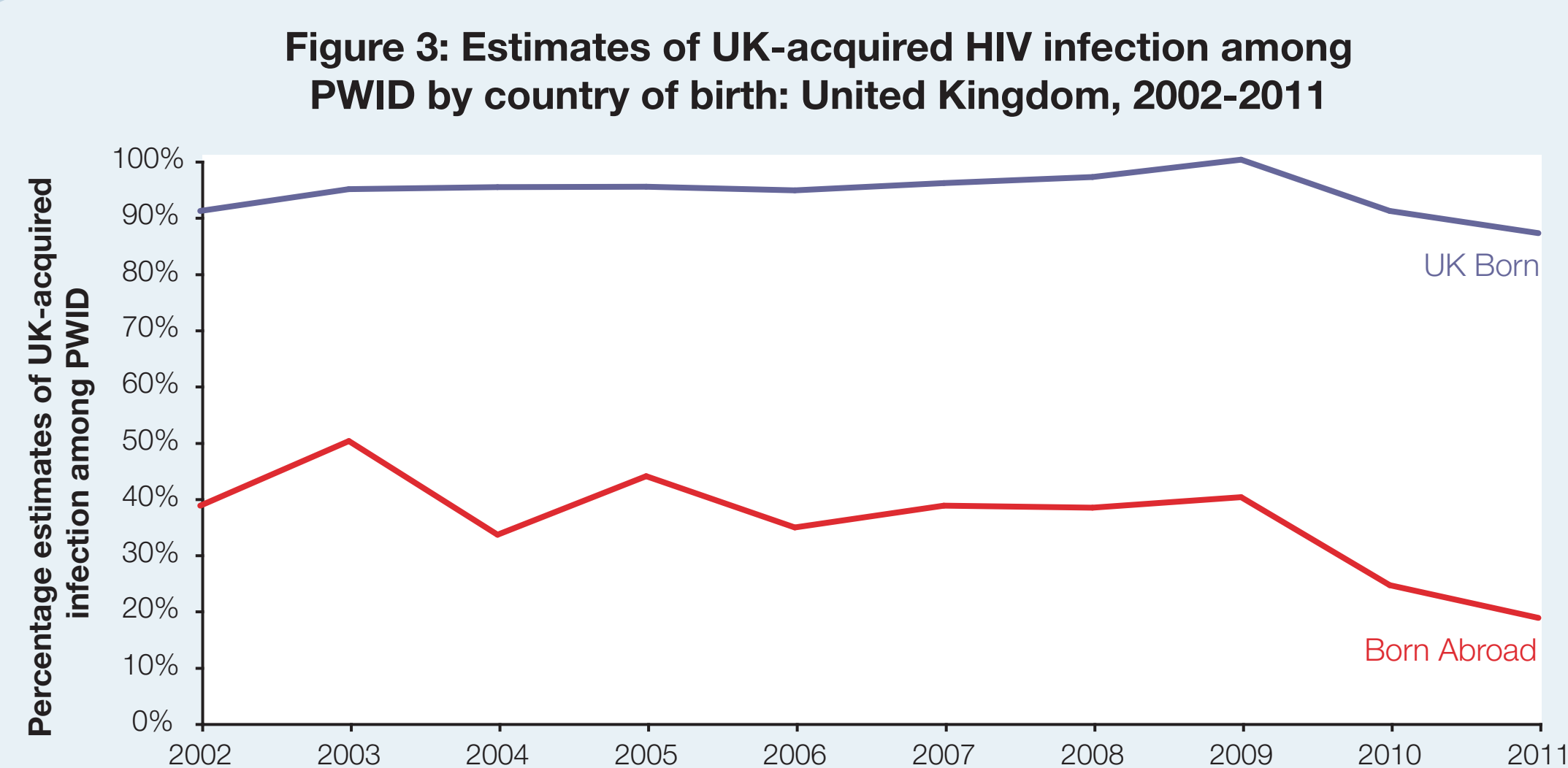
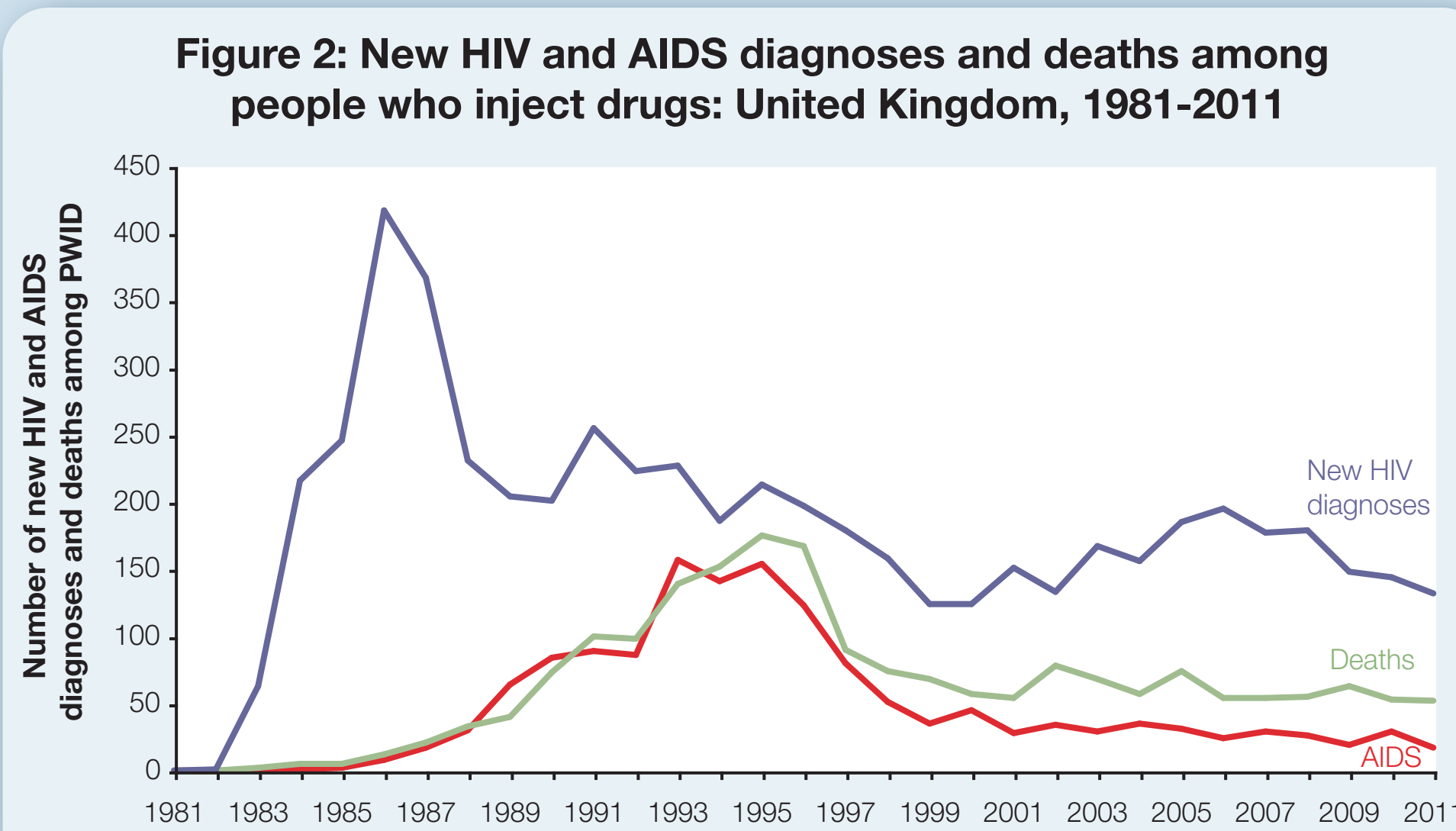
PWID living with HIV

- By the end of 2011, there were an estimated 2,300 PWID living with HIV, with 17% (1,900) unaware of their infection (Figure 1)².
- HIV prevalence among PWID has remained relatively stable over time (0.61-1.8%) with an HIV prevalence of 1.0% in 2011.



New HIV diagnoses among PWID

- From 1981 to the end of 2011, 5,600 PWID were diagnosed with HIV (5% of the 122,230 new diagnoses).
- New HIV diagnoses among PWID peaked at 420 in 1986, decreasing to 130 in 2011 (Figure 2).
- The male to female ratio has remained relatively consistent over time at 2:1, while median age at diagnosis has increased gradually from 29 in 1984 to 36 in 2011.
- The majority of diagnoses have been among PWID of white ethnicity born in the UK and countries in Europe with a high prevalence of HIV in the injecting population, such as Portugal, Poland, Italy, Spain and Latvia.
- UK acquisition of HIV among PWID has been decreasing slightly over time among those born in the UK and abroad (Figure 3).
- Men who have sex with men (MSM) reporting injecting drug use accounted for <1% of all new diagnoses (880/122,230), with about 20 new diagnoses among this group per year.



Outcomes among PWID diagnosed with HIV

- Late diagnosis (CD4 count <350 cells/mm³ within 3 months of diagnosis) has remained high over the past decade at 52% (70/140) in both 2002 and 2011.
- Of the 130 PWID newly diagnosed in 2011, 86% were linked to care within a month of diagnosis, with 95% linked to care within 3 months. 88% were retained in care 1 year after diagnosis.
- Among 1,610 PWID seen for care in 2010, 94% were retained in care in 2011, 87% of those with a CD4 cell count <350 cells/mm³ were receiving antiretroviral therapy (ART) as per BHIVA guidelines³, and 86% had a viral load <50 copies/ml after a year of receiving ART. After a year in care, 69% had a CD4 count ≥ 350 cells/mm³ (Table 1).
- The 2011, mortality rate of PWID diagnosed with HIV was 26 per 1000, 5 times higher than that of the total diagnosed HIV population (aged 15-59; England and Wales).

Table 1: Quality of care indicators for adult HIV patients infected through injecting drug use: United Kingdom, 2011

Indicators	Aim	Overall	PWID
Late diagnosis	To monitor timeliness of diagnosis CD4 cell count <350 cells/mm ³ within 3 months of diagnosis	47%	52%
Link to care	To monitor prompt integration into care following HIV diagnosis CD4 cell count taken within 1 month of diagnosis CD4 cell count taken within 3 months of diagnosis	88% 97%	86% 95%
Retention in care - new patients	To monitor the retention in care among newly-diagnosed adults 12 months after HIV diagnosis 24 months after HIV diagnosis	86% 81%	88% 80%
Retention in care - all patients	To monitor the retention in care among adults seen for care in the last 12 months Adults seen for HIV care in 2010 and also seen in 2011	96%	94%
Viral load outcome	To monitor the effectiveness of antiretroviral therapy (ART) after initiating treatment Viral load <50 copies/ml within 12 months of starting ART	87%	86%
ART coverage	To monitor the coverage of ART among adults in line with clinical guidelines CD4 cell count <350 cells/mm ³ prescribed ART	88%	87%
CD4 outcome	To monitor immune status of adults regardless of treatment status CD4 cell count ≥ 350 cells/mm ³ after at least 12 months in HIV care	83%	69%

Behavioural surveillance among PWID

- HIV testing uptake among PWID has increased over the last decade from 58% (1,530/2,650) in 2002 to 77% (2,050/2,640) in 2011. HCV testing uptake has also increased, from 58% (1,530/2,640) in 2002 to 83% (2,120/2,540) in 2011 (Figure 4).
- In 2011, 71% (1,920/2,700) of PWID that participated in the UAM Survey of PWID reported ever being imprisoned, 77% (2,080/2,710) ever being homeless and only 19% (150/780) reported consistent condom use with multiple partners.
- Among those injecting in the last month, 37% (480/1,300) had shared needles and syringes, 32% (420/1,300) injected crack, and 35% (460/1,310) injected into their groin (Table 2).

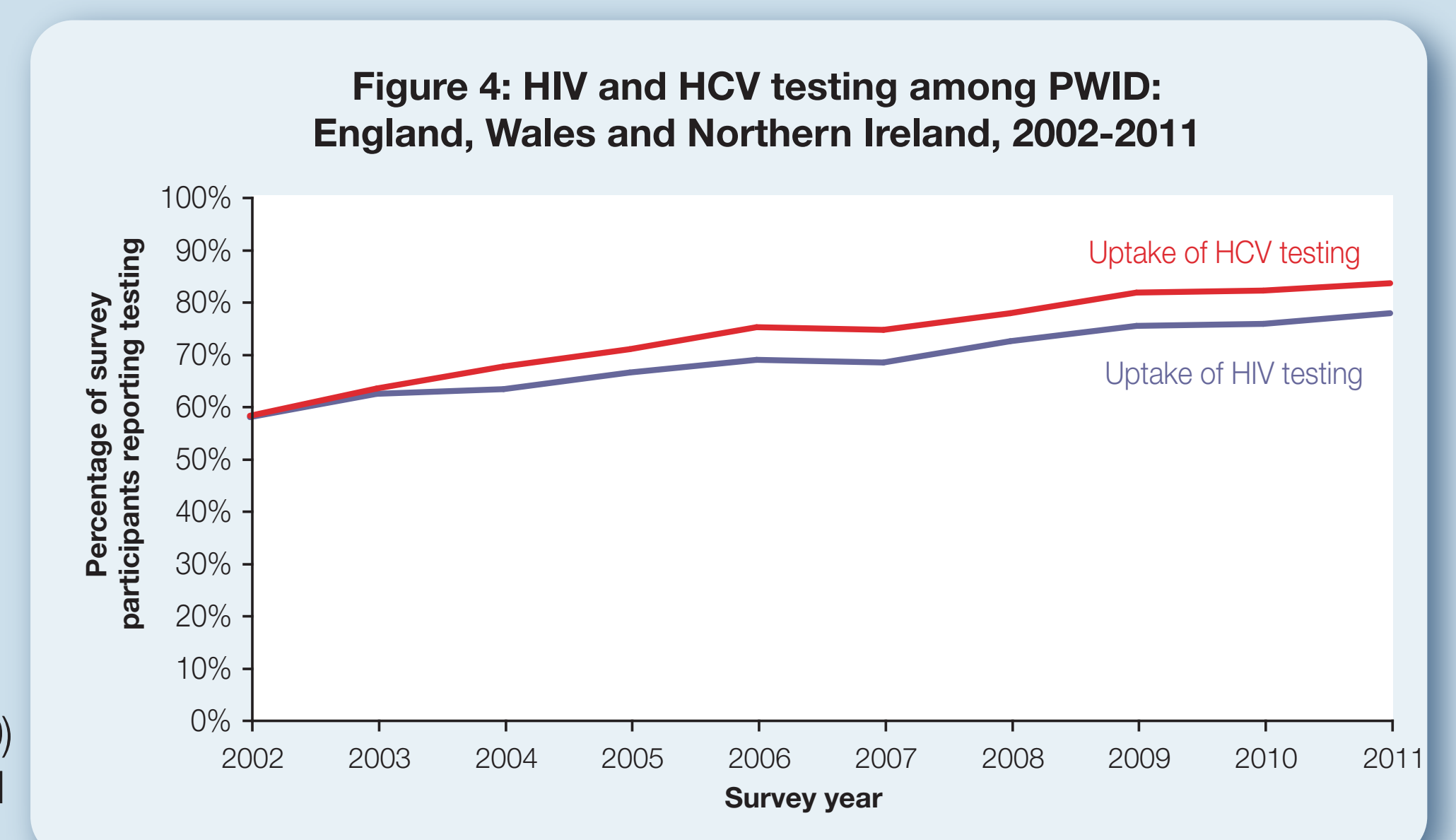


Table 2: Behavioural surveillance of PWID participating in the Unlinked Anonymous Monitoring Survey: England, Wales and Northern Ireland, 2011

Indicators	2011
Ever imprisoned	71%
Ever homeless	77%
Among those who injected in the last month:	
Direct sharing of needles and syringes	17%
Indirect sharing of needles, syringes and other paraphernalia	37%
Injection of crack cocaine	32%
Injection into groin	35%
Sore at injection site among those injecting in the last month	28%
Condom use among those with ≥ 2 sexual partners in the last year	19%

DISCUSSION AND CONCLUSIONS

The HIV epidemic among PWID in the UK has remained relatively contained compared to other European countries, most likely due to prompt implementation of an effective national harm reduction programme.

However, reported risk behaviours among PWID indicate the potential for HIV prevalence to increase if high quality services for PWID and HIV testing uptake are not maintained.

Recent reports of 'club' drug injection among MSM, particularly among those HIV positive, highlight the public health importance of monitoring emerging trends in injecting drug use.

Though quality of HIV care among PWID is excellent, this population appears to have poorer outcomes than other people living with HIV. These findings warrant further investigation.

BACKGROUND

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