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Bloodborne viruses in Dublin's opiate users

A sustained effort has been made to bring methadone maintenance and needle exchange to Dublin's drug using community since a report issued in 1992 showed that the cumulative AIDS incidence in injecting drug users in Ireland was exceeded only by Spain, Italy, and France among the then 12 member states of the European Community (1). The countries with the biggest drug related AIDS epidemics had been slower to adopt harm reduction as a strategy. In 1992, 150 of Dublin's opiate users were receiving methadone. By May 1999 this had increased to 3750 (2) and the total now stands at 4312. An analysis of needle exchange provision showed that between 1990 and 1997 inclusive there had been 6025 new attenders at needle exchange in Dublin, 2986 of them between 1995 and 1997 (3).

Risk behaviour (needle sharing and not using condoms) in the 12 months before first attending needle exchange has become less common in these eight years (3). Another Dublin study showed that younger injectors (under 25 years of age) were more likely to have multiple sexual partners and to have shared injecting equipment. They were less likely to have had a HIV lest or to have been vaccinated against hepatitis B (4).

The prevalence of HIV infection among attenders at needle exchange in Dublin in 1991 was 15% (5), compared with 1 % in a study carried out between 1992 and 1997 in a large treatment setting (6). The prevalence of hepatitis C in drug users in treatment also fell during the 1990s. It was 84% in 1993 (7), and in another study declined from 65% in a pre-1994 cohort to 40% in a cohort who started injecting after the start of 1994 (8). Published data on the prevalence of hepatitis B in Dublin's drug users is sparse, but one study found the prevalence of hepatitis B surface antigen to be 1% (6).

Arrangements have been put in place for the routine surveillance of bloodborne viral infections in opiate users who attend for treatment in Dublin. Efforts arc also being redoubled to increase their vaccination rates against hepatitis B. Transmission of HIV has been controlled to a certain degree by the expansion of harm reduction services. Control of hepatitis C infection in injecting drug users will require new strategies. The percentage of opiate takers in Dublin who inject is

higher than in other countries and cities where it has been examined, and the age at which people begin to inject is also younger (9). If injectors are at risk of acquiring hepatitis C infection very early in their injecting careers, it may be necessary to consider introducing methadone treatment for people who smoke heroin before they develop an injecting habit. A delicate balance has to be struck between limiting transmission of hepatitis C through early intervention with methadone and the risk of intervening before addiction has become established. A further complicating factor is that with the earlier age of onset of opiate addiction in Dublin, young injectors present for support from health services at an age when parental consent is still required before treatment is instituted. Such parental consent may be difficult to obtain in many cases.

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