The situation of drug users and the consequences of austerity measures in daily life

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Portugal is one of the most HIV affected countries in the European Union; it has the second highest epidemic. It has a concentrated epidemic (i.e. >5% of HIV-infected in certain populations) among injecting drug users, people in prison, sex workers, men who have sex with men and some African origin groups.

In Western Europe (WHO definition), Portugal has the highest HIV prevalence, highest TB incidence (nowadays there is only one TB diagnosis center in Lisbon) among drug users on treatment (1%-2%) and no reliable data available for Hepatitis, although a study conducted in 2008 estimated that during the first year of drug injection the risk of acquisition of HCV was higher than 50%.

At the end of December 2012, the proportion of reports (in the last 3 years) of newly diagnosed cases with HIV infection and AIDS attributed to the use of injected drugs was 12% and 21% respectively, which is very high compared to other Western Europe countries.
Currently the main transmission route of HIV is sexual contact. The previously high epidemic among drug injectors has been reduced substantially through the expansion of harm reduction measures; this contributes to less new HIV cases. The Portuguese framework, which started in 2001, also included legal innovative interventions such as needle exchange in prisons, drug consumption rooms and pilot medical treatments with heroin. The latter two have never been implemented, and needle exchange in prisons was attempted but has not become a current practice.

Also, the Portuguese Needle and Syringe Exchange Programme (NSP) was launched in 1993 involving community pharmacies, and was later extended to different governmental and nongovernmental organizations. In 2012 the number of NGOs performing NSP was reduced. In 2012, 1.340.000 needles/syringes were distributed through the programme and merely 350 000 in the first five months of 2013.

As Portugal faces a financial and social crisis, being one of the four EU countries on bail out, the government has made severe cuts on health and social security. We already have examples of some European countries where decreased investment in areas such as prevention and harm reduction, combined with the usual increase in drug use in times of crisis, had as a consequence an increase in the number of HIV and HCV cases among PWID, whose costs will be reflected in the upcoming years.

The latest news regarding the Portuguese situation came to public in October 2013, and stated that in 2012, there was an increase of nearly 2000 people applying for public treatment structures, due to drug related relapses, accounting for a total of 3.897 requests. Heroin was the first drug related to these cases, with 2.418 people reporting heroin relapses .

In addition, in 2012, 8.844 drug users requested assistance of the public services for the first time. This number represents the highest number of new cases in the last 10 years .

Another concern recently reported by SICAD's Director, João Goulão, is the increase in new cases related to crack consumption .

In the "Joint EMCDDA and ECDC rapid risk assessment" (2012), Portugal is not explicitly mentioned but fits in the criteria identified, and the current decline in needle exchange coverage (due to the end of the NSP in Pharmacies and the end of some HR projects around the country) and the increasing waiting list for drug treatment could increase the risk of outbreaks.

Despite the fact that severe cuts have been made in several public structures, the drug area has not been one of the most affected, and has maintained most of its funding. Even so, the restructuring of the former Institute for Drugs and Drug

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Addiction and the inclusion of the treatment structure on the Regional Health Administrations generated a new management dynamic, and its challenges and practical effects are not yet known.

As for the support for Civil Society, several NGOs seem to have lost some response capacity, and are having difficulties accessing materials to maintain their NSP working. Additionally, the implementation of the new public NSP has also faced difficulties, as it was shifted from pharmacies to primary health care centres. Not only has the process not been concluded yet, there are also reports of very low adhesion. The combination of these factors will no doubt have as a consequence that some PWID will face increased difficulties in accessing safe injection material.

Also, several civil society projects that work with PWUD have undergone several months of financial gaps, since new funding calls started late, and thus created a time interval where several HR projects were not funded.

We think that mobilizing the community of PWUD, Civil Society and Harm Reduction organizations and increasing their involvement both in a political (planning) level and in terms of evaluation of needs and responses is crucial for sustaining and increasing the quality of rights based and evidence based responses in Portugal.

Portugal

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