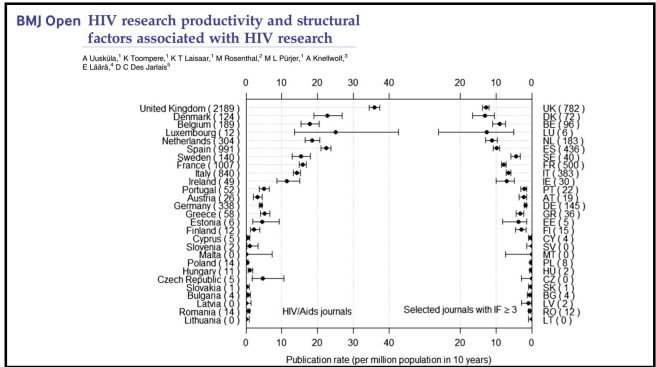


HIV valdkonna uuringud TÜ peremeditsiini ja rahvatervise instituudis

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22. november 2016



RESEARCH ARTICLE

People living with HIV in Estonia: engagement in HIV care in 2013

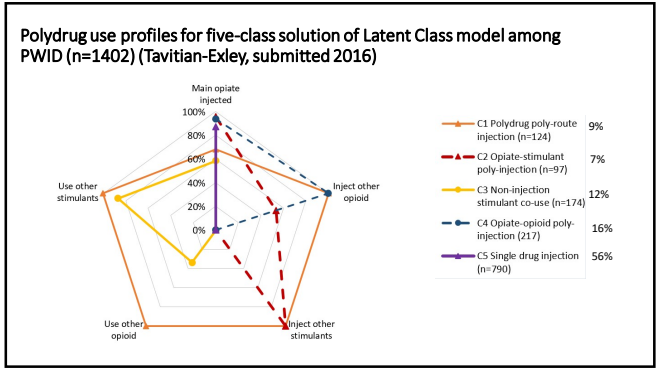
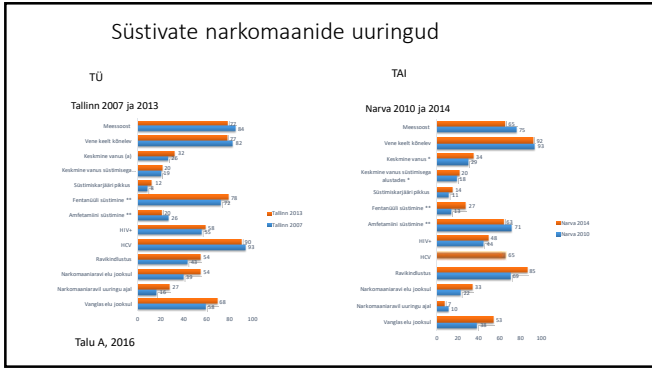
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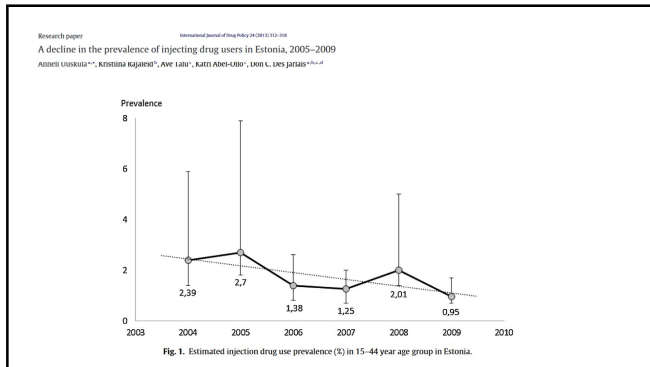
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Estonia had the highest rate of newly diagnosed human immunodeficiency virus (HIV) cases in the European Union (24.6/100,000) and an estimated adult HIV prevalence of 1.3% in 2013. HIV medical care, including antiretroviral therapy (ART), is free of charge for people living with HIV (PLHIV). To maximise the health benefits of HIV treatment, universal access should be achieved. Using data from surveillance and administrative databases and the treatment cascade model, we assessed the number of people infected with HIV, diagnosed with HIV, linked to HIV care, retained in HIV care, on ART, and with suppressed viral load (HIV-RNA: <math><200\text{ copies/mL}</math>). We identified that about one quarter of the 8,628 HIV-positive people estimated to live in Estonia in 2013 had not been diagnosed with HIV, and another quarter, although aware of their HIV-positive serostatus, had not accessed HIV medical care. Although altogether only 12–15% of all PLHIV in Estonia had achieved viral suppression, the main gap in HIV care in Estonia were the 58% of PLHIV who had accessed HIV medical care at least once after diagnosis but were not retained in care in 2013.

Sellepärast peangi „HAPKOMAHI“ raamatut üheks 2016. aasta olulisimaks teoseks. See on tekst, mis toob päevavalgele töö, mille väljarääkimiseks pole siiani leitud vahendajat. Need „sõnumid teispoolest“ annavad hääle neile, kellelt see on ära võetud; kel pole seda kunagi olnudki. Need on häälsused ja korinad mahasalatud massihauast meie enda tagahoovis. Kroonik Hapkomah seab meid fakti ette: see kõik on reaalne. See juhtub meiega siin, praegu. „Ilusamaks see ei lähe. Kaugemale küll,“ lubab eessõna. Ja seetõttu pole „HAPKOMAHi“ raamatu puhul ka asjakohane vaagida, kas meeldis või ei meeldinud, kas oli põnev või mitte. Loeb see, mida me raamatust saadud teadmistega nüüd peale hakkame: Alustuseks on juba selle raamatu lugemine ja edasilaenamise sammuke valguse suunas.

J. Ashilevi,
Müürileht
september 2016





“Kombineeritud sekkumine vähendamaks süstimisega alustamist” (NIH)

Uuringu põhieesmärgiks on vähendada narkootikumidega süstimise alustamist Tallinnas Partnerid

- USA
 - Don Des Jarlais, PhD, Associate Director, Infectious Disease Epidemiology and Theory Core Mount Sinai Health System- Director of Research, Baron Edmond de Rothschild Chemical Dependency Institute
 - Susan Tross, PhD, Associate Professor of Clinical Psychology in the Departments of Psychiatry and Pediatrics at Columbia University.
 - David Barnes, PhD, Mount Sinai Hospital, Icahn School of Medicine, Department of Psychiatry
- Tallinn: MTÜ Convictus Eesti
- Tartu: TÜ peremeditsiini ja rahvatervishoiu instituut

Mis soodustab süstimisega alustamist?

Factors	No. of studies	Factors	No. of studies
<i>Individual factors</i>	15	<i>Familial factors</i>	6
Seeking pleasure and rapid induction of high via injection	9	Drug injection by a family member	3
Curiosity	8	Inappropriate family reactions to drug use	3
Severity of addiction and development of tolerance	7	Dramatic family events or conflicts	3
Self-treatment of opioid dependency via injection of other drugs ^a	5	<i>Social and environmental factors</i>	15
Preference for easier and quicker mode of drug administration	5	Peer role	13
Lack of knowledge and misconceptions about harms of injection	3	Easier access to injectable drugs than opium	6
Mental and emotional problems	2	Social disadvantages (e.g. poverty and homelessness)	5
Lower age of drug initiation	2	Low quality of the drug	5
Being single	1	Need to hide drug use	4
Good socio-economic status and having private place for injection	1	Low availability of the drug, mainly in prison	4
Physical problems	1	Limited preventive measures	2
		Lack of alternative pleasurable activities	1
		Industrialization and high speed of life	1

Rahimi-Movaghar 2014

Varasemad uuringud: Daniel Werb 2013, Strike 2014

Süstimisega alustamist vähendas:

- Sotsiaalne turundus - Roy 2007
- „Peer-based behavior modification“
 - Break the Cycle - Kanada (Strike 2014), Inglismaal (Gray 2008), Usbekistan/Kirgiisia (Hunt 1998)
 - Heroin sniffers – USA (Des Jarlais 1992)
- Narkoravi – USA (Kelley and Chitwood 2004)

Süstimisega alustamist ei vähendanud:

- Narkootikumide kasutamise tõkestamine politsei/seaduse jõuga – USA (Friedman 2006, 2011)

Süstimisega alustamisele ebaselge mõju:

- Heroiini puudus ‘turult’ – Austraalia (Day 2006)

Kui sage on kellegi abistamine esimesel süstimisel Tallinna süstivate narkomaanide seas?

- 2013: 10/328 3%
- 2011: 11/350 3%
- 2009: 27/331 8%
- 2007: 33/350 9%