



Injection Drug Users

Introduction

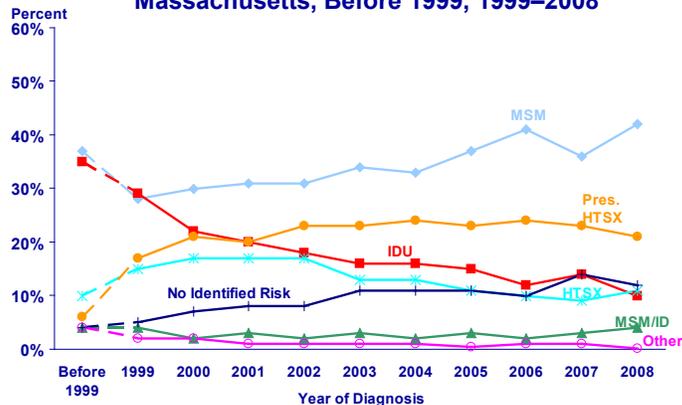
For much of the history of the HIV/AIDS epidemic in Massachusetts, injection drug use (IDU) has been a leading mode of HIV transmission. Injection drug use not only contributes to the spread of HIV through the sharing of needles, syringes and other equipment among those who inject, but also through transmission to the sexual partners of injection drug users. There are encouraging signs that injection drug users have substantially reduced their risk of transmitting and becoming infected with HIV.

Please note that for the purposes of this fact sheet injection drug use (IDU) exposure mode includes both IDU and male-to-male sex (MSM) with a reported history of IDU (MSM/IDU) unless otherwise indicated.

General Statistics:

- As of December 31, 2009, 27% (N=4,893) of people living with HIV/AIDS (PLWH/A) reported IDU as their primary exposure mode. An additional 5% (N=954) of PLWH/A were reported to be exposed to HIV through heterosexual sex with an injection drug user. One hundred and thirteen individuals living with HIV/AIDS as of December 31, 2009 were exposed perinatally to mothers who injected drugs or had sex with an injection drug user.
- Among people diagnosed with HIV infection within the three-year period 2006 to 2008, 15% (N=293) were reported to be exposed to HIV through IDU, and an additional 2% (N=45) were reported to be exposed through heterosexual sex with an injection drug user.
- The proportion of people diagnosed with HIV infection who were reported to be exposed to HIV through IDU (not including those with a history of male-to-male sex) decreased from 29% in 1999 to 10% in 2008.

Figure 1. Percentage Distribution of People Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: Massachusetts, Before 1999, 1999–2008



Note: a dashed line is used to distinguish between pre-1999 data (which is an aggregate of multiple years) and annual data for subsequent years. Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/10

Regional Distribution:

- IDU was the leading reported mode of exposure in the Central and Western Health Service Regionsⁱ among people living with HIV/AIDS. However, among people diagnosed with HIV infection within the three-year period 2006 to 2008, IDU was not the leading mode of exposure in any of the Health Service Regions of the Commonwealth.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2006 to 2008, the following have the highest proportions of IDU as the reported mode of exposure (N=number with IDU and MSM/IDU as exposure mode):

- Holyoke 40% (N=10)
- New Bedford 28% (N=13)
- Fall River 24% (N=6)
- Springfield 24% (N=24)
- Lawrence 22% (N=10)
- Chicopee 20% (N=4)
- Quincy 18% (N=5)
- Lynn 17% (N=7)
- Cambridge 17% (N=8)
- Worcester 14% (N=15)



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Gender:

- Of 4,893 PLWH/A who were reported as exposed to HIV through IDU, 72% were male and 28% were female. Similarly, among people diagnosed with HIV infection within the three-year period 2006 to 2008 with IDU exposure, 70% were male and 30% were female. This mirrors the overall gender distribution of prevalent HIV/AIDS cases in Massachusetts.
- Among PLWH/A with IDU-related exposures, such as heterosexual sex with an injection drug user and being a child born to an HIV-infected mother who injected drugs or had sex with an injection drug user, females accounted for 80% and males 20% of cases. Females accounted for 60% of recent IDU-related HIV diagnoses and males 40%.

Race/Ethnicity:

- Thirty-nine percent of PLWH/A on December 31, 2009 with a reported exposure mode of IDU were white (non-Hispanic), 23% were black (non-Hispanic), 37% were Hispanic and 1% were of other race/ethnicity. Similarly, among people diagnosed with HIV infection within the three-year period 2006 to 2008, with a reported exposure mode of IDU, 47% were white (non-Hispanic), 16% were black (non-Hispanic), 35% were Hispanic and 2% were of other race/ethnicity.
- Of females living with HIV/AIDS, with a reported exposure mode of IDU, 47% were white (non-Hispanic), compared to 36% of males, and 29% of female injection drug users were Hispanic, compared to 41% of males injection drug users. Twenty-three percent of both males and females were black (non-Hispanic).

Age:

- Among persons diagnosed with HIV infection within the three-year period 2006 to 2008, those with a reported exposure mode of IDU were less likely to be adolescents/young adults than those with other modes of exposure. Six percent of injection drug users diagnosed with HIV infection within the three-year period 2006 to 2008 were 13–24 years old compared to 10% of people reported to be exposed to HIV through other modes.

- As of December 31, 2009, 1% of PLWH/A exposed to HIV infection through IDU were under 30 years old, compared to 8% of PLWH/A exposed through other modes of exposure. Among PLWH/A exposed to HIV infection through IDU, 10% were 30–39 years old (compared to 19% of those exposed through other modes); 44% were 40–49 years old (compared to 40%); 37% were 50–59 years old (compared to 25%); 7% were age 60 years old or above (compared to 9%).

HIV-Related Morbidity and Mortality among IDU:

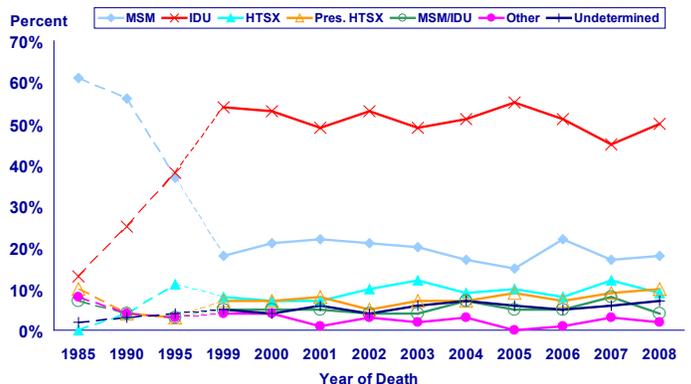
AIDS Diagnoses: An AIDS diagnosis signifies disease progression and may be an indicator of late HIV diagnosis, delayed entry into medical care, treatment failure or limited access to medical care.

- From 1999 to 2003, injection drug use accounted for the largest number of AIDS diagnoses among all exposure modes. From 2004 to 2008, the number of AIDS diagnoses attributed to injection drug use fell below the number attributed to male-to-male sex.

Mortality with AIDS

- From 1999 to 2008, the proportion of deaths among people diagnosed with AIDS who were exposed to HIV infection through IDU ranged from 55% to 45%. This may be related to co-infection with hepatitis C and other infections associated with IDU, as well as limited access to medical care.

Figure 2. Percent of Deaths among Persons Reported with AIDS by Mode of Exposure and Year of Death: Massachusetts, 1985–2008



Note: a dashed line is used to distinguish between data points that span multiple years and annual data points for subsequent years. Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/10





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Injection Drug Use among Youth in High School:

- In 2007, 2.5% of all respondents to the Massachusetts Youth Risk Behavior Survey reported ever using a needle to inject an illegal drug.
- As in prior years, in 2007, injection drug use was more common among high-school age males (3.3%) than among females (1.6%), but did not vary substantially by grade.

Injection Drug Use among Program Participants:

Needle Exchange Participants

- Among 1,820 participants in state-funded needle exchange programs in state fiscal year 2009, 33% reported being under age 20 years at first injection.

Substance Abuse Admissions

- From state fiscal years 2001 to 2010, the percentage of admissions to state-funded substance abuse treatment programs representing clients reporting the use of a needle to inject drugs within a year of admission rose from 27% to 39%. The number of people admitted reporting needle use within one year increased 22% from 33,391 in fiscal year 2001 to 40,748 in fiscal year 2010.
- From state fiscal years 2001 to 2010, the percentage of admissions to state-funded substance abuse treatment programs for heroin addiction increased from 36% to 40% of total admissions. During this time period, the number of admissions for heroin addiction decreased slightly from 43,727 in fiscal year 2001 to 41,706 in fiscal year 2010.
- Ninety-one percent of people admitted to state-funded substance abuse treatment programs in fiscal year 2010 who reported needle use within the past year were unemployed, compared to 73% of those admitted who did not report needle use; 26% were homeless compared to 14% of those who did not report needle use.

Data Sources:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program; data as of January 1, 2010

YRBS Data: Massachusetts Department of Elementary and Secondary Education, 2007 Youth Risk Behavior Survey Results

Needle Exchange Data: MDPH Office of HIV/AIDS, Prevention and Education Program

Substance Abuse Admissions: MDPH Bureau of Substance Abuse Services

Additional References of Interest:

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¹ HSRs are regions defined geographically to facilitate targeted health service planning. See Epidemiologic Profile General Appendices, Health Service Region Maps, available at http://www.mass.gov/Eeohhs2/docs/dph/aids/2006_profiles/app_hrs_maps.pdf for configuration of health service regions. Reflects the health service region of a person’s residence at the time of report (not necessarily current residence).

