



Injection Drug Users

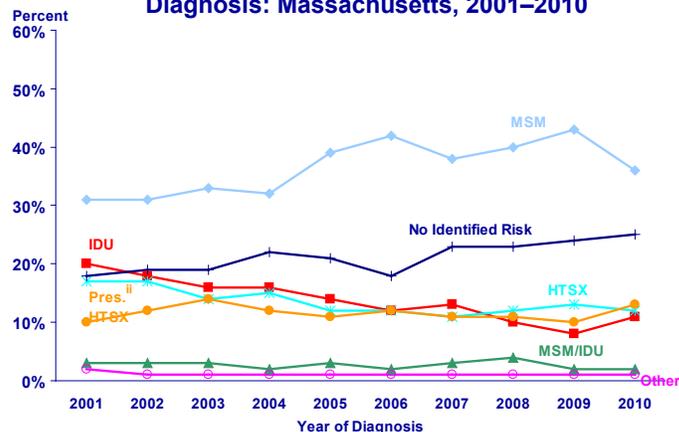
Introduction

For much of the history of the HIV/AIDS epidemic in Massachusetts, injection drug use (IDU) was a leading HIV exposure mode. 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 those infected through IDU. There are encouraging signs that injection drug users have substantially reduced their risk of transmitting and becoming infected with HIV.

General Statistics:

- As of December 31, 2011, 21% (N=3,863) of people living with HIV/AIDS (PLWH/A) reported IDU as their primary exposure mode; an additional 3% (N=605) reported both IDU and male-to-male sex (MSM) as exposure modes. In addition, 5% (N=891) of PLWH/A were reported to be exposed to HIV through heterosexual sex with an injection drug user. Twelve individuals living with HIV/AIDS as of December 31, 2011 were exposed to HIV perinatally by mothers who injected drugs or had sex with an injection drug user.
- Among people diagnosed with HIV infection, within the three-year period 2008 to 2010, nine percent (N=187) were reported to be exposed to HIV through IDU, 3% (N=56) through IDU and MSM, and an additional 2% (N=44) were reported to be exposed through heterosexual sex with an injection drug user. There were no perinatal HIV exposures related to IDU reported during this time period.
- The proportion of HIV exposures attributed to IDU decreased from 20% in 2001 to a low of eight percent in 2009, then increased slightly to 11% in 2010.

Figure 1. Percentage Distribution of Persons Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: Massachusetts, 2001–2010



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/12

Regional Distribution:

- IDU was the leading reported mode of exposure in the Central and Western Health Service Regionsⁱⁱⁱ among people living with HIV/AIDS. However, among people diagnosed with HIV infection within the three-year period 2008 to 2010, 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 2008 to 2010, the following have the highest proportions of IDU as the reported mode of exposure (N=number with IDU as exposure mode):

- Fall River 22% (N=8)
- Springfield 20% (N=19)
- New Bedford 18% (N=6)
- Worcester 16% (N=16)
- Holyoke 16% (N=5)

Gender:

- Of 3,863 PLWH/A who were reported as exposed to HIV through IDU, 66% were male and 34% were female. Similarly, among people diagnosed with HIV infection with IDU exposure over the three-year period 2008 to 2010, 65% were male, and 35% were female.



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- Eighty percent (80%) of PLWH/A reported with an exposure of heterosexual sex with an injection drug user were female and 20% were male. Sixty-four percent (64%) of recent HIV diagnoses attributed to heterosexual sex with an injection drug user were female, and 36% were male.

Race/Ethnicity:

- Thirty-six percent of PLWH/A on December 31, 2011 with a reported exposure mode of IDU were white (non-Hispanic), 24% were black (non-Hispanic), 39% were Hispanic/Latino and 1% were of other race/ethnicity. Among persons diagnosed with HIV infection within the three-year period 2008 to 2010, with a reported exposure mode of IDU, 32% were white (non-Hispanic), 19% were black (non-Hispanic), 47% were Hispanic/Latino and 1% 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 31% of male injection drug users living with HIV/AIDS. Conversely, 30% of females living with HIV/AIDS who were reported with an exposure mode of IDU were Hispanic/Latina, compared to 44% of male injection drug users living with HIV/AIDS. Similar proportions of females and males living with HIV/AIDS with an exposure mode of IDU were black (non-Hispanic), 23% and 24%, respectively.

Age:

- Five percent of injection drug users diagnosed with HIV infection within the three-year period 2008 to 2010 were 13–24 years old compared to 11% of people who reported exposure to HIV through other modes.
- Fifty-eight percent of individuals recently diagnosed with HIV infection with IDU exposure mode were 40 years old or older; compared to 50% of individuals exposed through other exposure modes.
- As of December 31, 2011, 91% of PLWH/A, exposed to HIV infection through IDU, were 40 years old or older, compared to 77% of PLWH/A exposed through other modes of exposure.

HIV-Related Morbidity and Mortality among IDU:

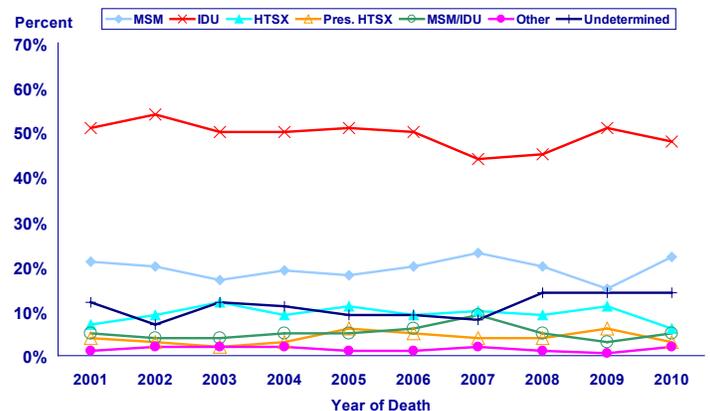
AIDS Diagnoses: An AIDS diagnosis signifies disease progression and may be an indicator of late HIV diagnosis, delayed entry into medical care, treatment failure or limited access to medical care.

- From 1999 to 2003, injection drug use accounted for the largest number of AIDS diagnoses among all exposure modes. From 2004 to 2010, the number of AIDS diagnoses attributed to injection drug use fell below the number whose infection was attributed to male-to-male sex.

Mortality with HIV/AIDS

- From 2001 to 2010, the proportion of deaths among persons diagnosed with HIV/AIDS represented by those exposed through IDU ranged from 54% to 44%. This may be related to co-infection with hepatitis C and other complications associated with IDU, as well as to limited access to medical care.

Figure 2. Percent of Deaths by Mode of Exposure Among Persons Reported with HIV/AIDS, by Year of Death: Massachusetts, 2001–2010



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/12

Injection Drug Use among Youth in High School:

- In 2011, 1.8% 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 2011, injection drug use was more common among high-school age males (2.7%) than among females (0.8%), but did not vary substantially by grade.





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Injection Drug Use among Program Participants:

Needle Exchange Participants

- In state fiscal year 2011, 31% of 1,288 participants in state-funded needle exchange programs reported being under age 20 years at first injection.

Substance Abuse Admissions

- From state fiscal years 2002 to 2011, 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 29% to 39%. The number of enrolled substance abuse treatment program clients reporting needle use within one year increased 12% from 35,412 in fiscal year 2002 to 39,566 in fiscal year 2011.
- From state fiscal years 2002 to 2011, the percentage of admissions to state-funded substance abuse treatment programs for heroin addiction ranged from 36% to 40% of total admissions.
- Ninety-one percent of people admitted to state-funded substance abuse treatment programs in fiscal year 2011, who reported needle use within the past year, were unemployed, compared to 73% of those admitted who did not report needle use; 28% were homeless compared to 13% of those who did not report needle use.

Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2012

Youth Risk Behavior Survey Data: Massachusetts Department of Education, Youth Risk Behavior Survey

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

Substance Abuse Admissions: MDPH Bureau of Substance Abuse Services

2,924 HIV/AIDS cases, of which 808 have died and 2,116 were living. These persons living with HIV/AIDS may still continue to reside and receive care in the Commonwealth. The total number of persons living with HIV/AIDS, irrespective of location of diagnosis, is the basis for MDPH service planning. This change is partially a result of increased activities required by the Centers for Disease Control and Prevention (CDC) for de-duplication among states in an effort to identify cases that are counted multiple times in the National HIV/AIDS surveillance system. The cases are assigned to the state that reports the earliest date of AIDS diagnosis if available. If the case has not progressed to AIDS, the case is assigned to the state with the earliest HIV diagnosis date. Please note that all previous HIV/AIDS fact sheets, data reports and presentations include cases that may have been first diagnosed in another state.

ⁱⁱ 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/eohhs/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).

ⁱⁱⁱ Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH) HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to eliminate the presumed heterosexual exposure mode category for males; those cases have been reassigned to the no identified risk (NIR) exposure mode category. The presumed heterosexual exposure mode category was used with the intention of identifying HIV exposure mode for females when sex with males is the only reported risk factor, there is no evidence of current or past injection drug use (IDU), and behavioral risk and HIV status information about male sexual partners are unknown. Twenty-seven percent of females living with HIV/AIDS and 40% of recent female HIV diagnoses are reported in the presumed heterosexual exposure mode category. The application of the presumed heterosexual exposure mode category to males is overly inclusive in that female to male HIV transmission is biologically less probable, and there are alternate exposure modes that are possible for males, including sex with other men (MSM) or IDU. The CDC reports males diagnosed with HIV/AIDS who report sex with females as their only risk factor, without corresponding partner risk or HIV status information, in the NIR exposure mode category. This revision to report presumed heterosexual male HIV/AIDS cases as NIR will bring Massachusetts HIV/AIDS case reporting for males in alignment with CDC standards. The MDPH will maintain presumed heterosexual and heterosexual exposure mode categories for females.

ⁱ Effective January 1, 2011, the Massachusetts Department of Public Health (MDPH), Bureau of Infectious Diseases, HIV/AIDS fact sheets, epidemiologic reports and other HIV data presentations have been updated to remove all HIV/AIDS cases who were first diagnosed in another state before being reported in Massachusetts. As of January 1, 2012, this resulted in the removal of

