



Injection Drug Users

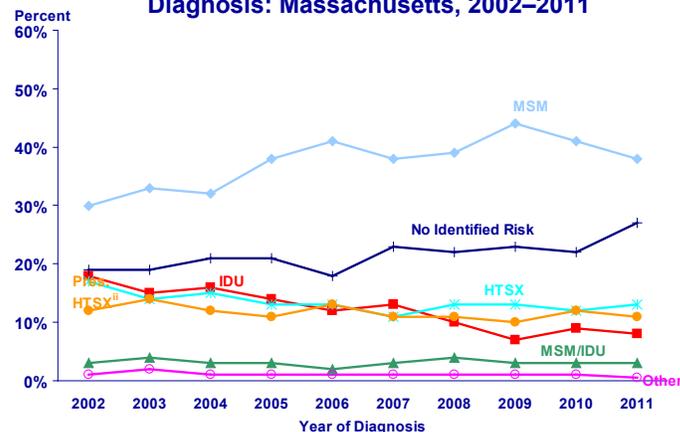
Introduction

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 contributes to the spread of HIV through both the sharing of needles, syringes, and other equipment among those who inject, and transmission to the sexual partners of those infected through IDU. There are encouraging signs that injection drug users have substantially reduced their risks of both transmitting and acquiring HIV infection.

General Statistics:

- As of December 31, 2012, 20% (N=3,753) of people living with HIV/AIDS (PLWH/A)ⁱ reported IDU as their primary exposure mode, and 3% (N=627) reported both IDU and male-to-male sex (MSM) as exposure modes. In addition, 5% (N=885) of PLWH/A were reported to be exposed to HIV through heterosexual sex with an injection drug user; the majority of whom are female (79%, N=703) and predominantly Latina (45%, N=316/703). Less than one percent (N=13) of individuals living with HIV/AIDS were exposed to HIV perinatally by mothers who injected drugs or had sex with an injection drug user; as of December 31, 2012, the age of these individuals ranged from 20 to 34 years.
- Among people newly diagnosed with HIV infection, within the three-year period 2009 to 2011, 8% (N=162) were reported to be exposed to HIV through IDU, 3% (N=53) through IDU and MSM, and an additional 2% (N=47) 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 18% in 2002 to 8% in 2011.

Figure 1. Percentage Distribution of Persons Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: Massachusetts, 2002–2011



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/13

Regional Distribution:

- IDU was the leading reported mode of exposure in the Central and Western Health Service Regionsⁱⁱ among people living with HIV/AIDS. However, among people diagnosed with HIV infection within the three-year period 2009 to 2011, 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 2009 to 2011, the following have the highest proportions of IDU as the reported mode of exposure (N=number with IDU as exposure mode):

- Fall River (N=6) 22%
- Springfield (N=17) 18%
- New Bedford (N=6) 17%
- Holyoke (N=5) 16%
- Lawrence (N=8) 15%
- Lowell (N=6) 12%
- Worcester (N=8) 9%
- Boston (N=34) 6%

Gender:

- Of 3,753 PLWH/A in Massachusetts who were reported as exposed to HIV through IDU, 66% are male and 34% are female. Similarly, among people diagnosed with HIV infection with IDU exposure over the three-year period 2009 to 2011, 65% were male, and 35% were female.



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- Seventy-nine percent (79%) of PLWH/A reported with an exposure of heterosexual sex with an injection drug user are female and 21% are male. Sixty percent (60%) of recent HIV diagnoses attributed to heterosexual sex with an injection drug user were female, and 40% were male.

Race/Ethnicity:

- As of December 31, 2012, 36% of PLWH/A 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 2009 to 2011, with a reported exposure mode of IDU, 40% were white (non-Hispanic), 20% were black (non-Hispanic), 38% were Hispanic/Latino 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 31% of HIV positive males with a reported exposure mode of IDU. Conversely, 29% 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 25%, respectively.

Age:

- Six percent of individuals diagnosed with HIV infection within the three-year period 2009 to 2011 with IDU exposure mode were 13–24 years old compared to 17% of individuals with MSM/IDU exposure and 12% of those who reported exposure to HIV through all other modes.
- Thirty-two percent of individuals recently diagnosed with HIV infection with IDU exposure mode were 50 years old or older; compared to 19% of individuals exposed through other exposure modes.
- As of December 31, 2012, 65% of PLWH/A, exposed to HIV infection through IDU, were 50 years old or older, compared to 47% of PLWH/A exposed through other modes of exposure.

HIV-Related Morbidity and Mortality among IDU:

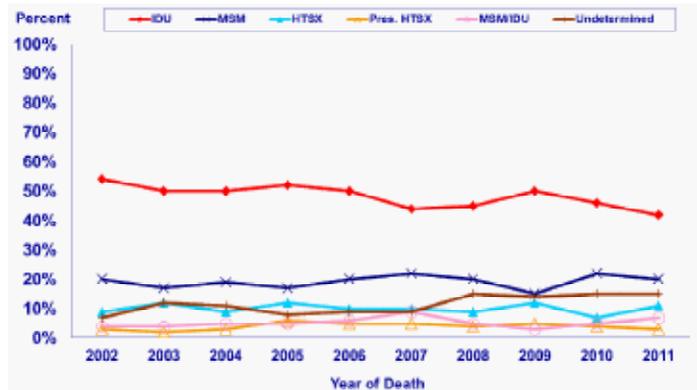
AIDS Diagnoses: An AIDS diagnosis signifies disease progression and may be an indicator of late HIV diagnosis, delayed entry into medical care, treatment failure or limited access to medical care.

- From 1999 to 2003, injection drug use accounted for the largest number of AIDS diagnoses among all exposure modes. From 2004 to 2011, the number of AIDS diagnoses in persons reported with an IDU exposure mode fell below the number whose infection was attributed to male-to-male sex.

Mortality with HIV/AIDS

- From 2002 to 2011, injection drug use was the most frequently reported exposure mode among HIV positive persons who died during this period (range 42% to 54% of all deaths in persons with HIV infection). This may relate to access to care. Other causes of death may be hepatitis C (co-infection) and other complications associated with IDU.

Figure 2. Percent of Deaths among People Reported with HIV/AIDS by Mode of Exposure and Year of Death: Massachusetts, 2002–2011



IDU= Injection Drug Use, MSM=Male-to-Male Sex, HTSX=Heterosexual Sex, Pres.=Presumed; Data Source: MDPH HIV/AIDS Surveillance Program; data as of 1/1/13





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Injection Drug Use among Youth in High School:

- From 1993 to 2011, the percent of all respondents to the Massachusetts Youth Risk Behavior Survey (MYRBS) who reported ever using a needle to inject an illegal drug remained fairly stable and ranged from 1.5% (in 2005) to 2.8% (in 1995). In 2011, the percent of respondents reporting injection drug use fell at the lower end of this range at 1.8%.
- 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.

Injection Drug Use among Program Participants: Needle Exchange Participants:

- In state fiscal year 2012, 18% of 3,648 participants in state-funded needle exchange programs reported being under age 20 years at first injection.

Substance Abuse Admissions:

- From state fiscal years 2003 to 2012, 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 30% to 42%. The number of enrolled substance abuse treatment program clients reporting needle use within one year increased 24% from 34,844 in fiscal year 2003 to 43,158 in fiscal year 2012.
- From state fiscal years 2003 to 2012, the percentage of admissions to state-funded substance abuse treatment programs for heroin addiction ranged from 36% to 43% of total admissions.
- Ninety percent of people admitted to state-funded substance abuse treatment programs in fiscal year 2012, who reported needle use within the past year, were unemployed, compared to 71% of those admitted who did not report needle use; 26% were homeless compared to 13% of those who did not report needle use.

- The combination of stigma, poverty and increased risk for conditions such as HIV and Hepatitis C infection, abscesses, drug overdose, and mental health issues may increase the vulnerability of injection drug users. Information about the HIV and Hepatitis C epidemic among injection drug users in Massachusetts was explored in more depth in the MDPH Bureau of Infectious Disease Report, "Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts" <http://www.mass.gov/eohhs/docs/dph/aids/shifting-epidemics-report.pdf>

Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2013

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

ⁱ Effective January 1, 2011, the Massachusetts Department of Public Health, HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed in another state before being reported in Massachusetts.

ⁱⁱ Reflects the health service region of a person's residence at the time of report (not necessarily current residence). 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.

