



Injection Drug Users

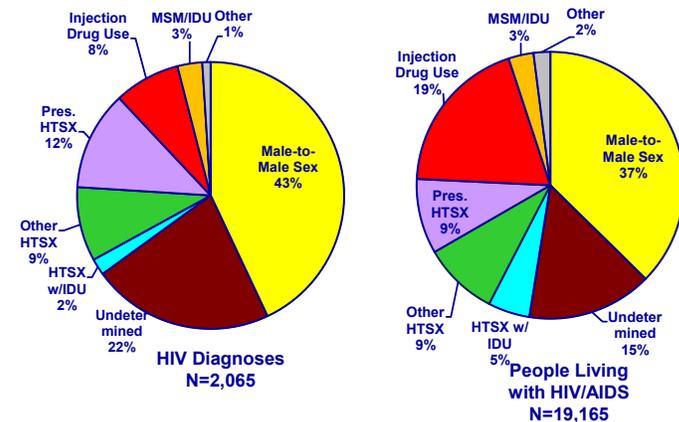
Fast Facts

- For much of the history of the HIV/AIDS epidemic in Massachusetts, injection drug use (IDU) was a leading risk for HIV infection.
- There are encouraging signs that injection drug users have substantially reduced their risks of both acquiring and transmitting HIV infection, though rates of hepatitis C infection remain high among persons who use injection drugs.
- People living with HIV/AIDS who had IDU as their reported mode of exposure are older than those with other infection risks.
- The number of IDUs, especially heroin users, appears to be increasing in Massachusetts, presenting a continued risk for HIV transmission.

General Statistics:

- As of December 31, 2013, 19% (N=3,683) of people living with HIV/AIDS (PLWH/A)ⁱ reported IDU as their reported risk, and 3% (N=661) reported both IDU and male-to-male sex (MSM) as risks. In addition, 5% (N=889) of PLWH/A were reported with a risk of heterosexual sex with an injection drug user.
- The majority of PLWH/A exposed to HIV through heterosexual sex with an injection drug user are womenⁱⁱ (79%, N=705) and predominantly Latina (45%, N=316).
- 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, 2013, the age of these individuals ranged from 20 to 34 years.

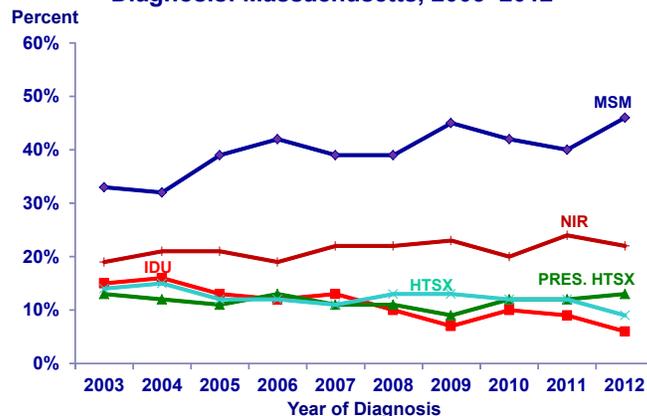
Figure 1. People Living with HIV/AIDS on 12/31/14 and Diagnosed with HIV Infection Within the Years 2010–2012 by Reported Risk: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

- While injection drug use is the reported risk for 8% and MSM/IDU for 3% of recent infections, IDU is the reported risk for 19% and MSM/IDU for 3% of people living with HIV/AIDS.
- The proportion of HIV infection diagnoses attributed to IDU decreased from 15% in 2003 to 6% in 2012.

Figure 2. Percent of Individuals Diagnosed with HIV Infection by Selected Reported Risk and Year of Diagnosis: Massachusetts, 2003–2012



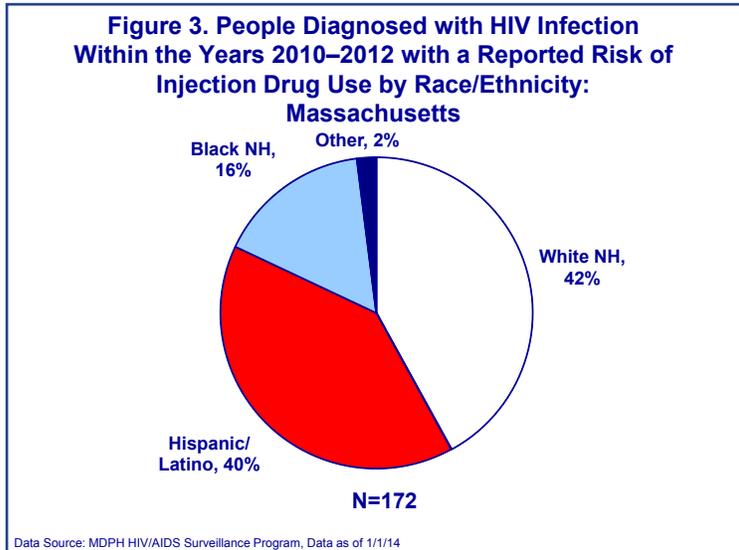
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/14



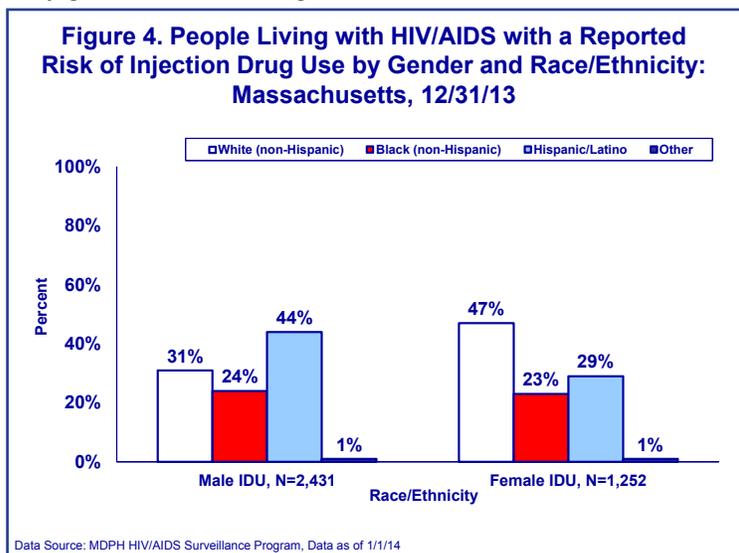
Injection Drug Users



Race/Ethnicity:



- The chart above displays race/ethnicity among IDU recently diagnosed with HIV infection. Among PLWH/A with a reported risk of IDU, 36% were white (non-Hispanic), 24% were black (non-Hispanic), 39% were Hispanic/Latino, and 1% were of other race/ethnicity. The chart below displays race/ethnicity by gender for IDU living with HIV/AIDS.



Gender:

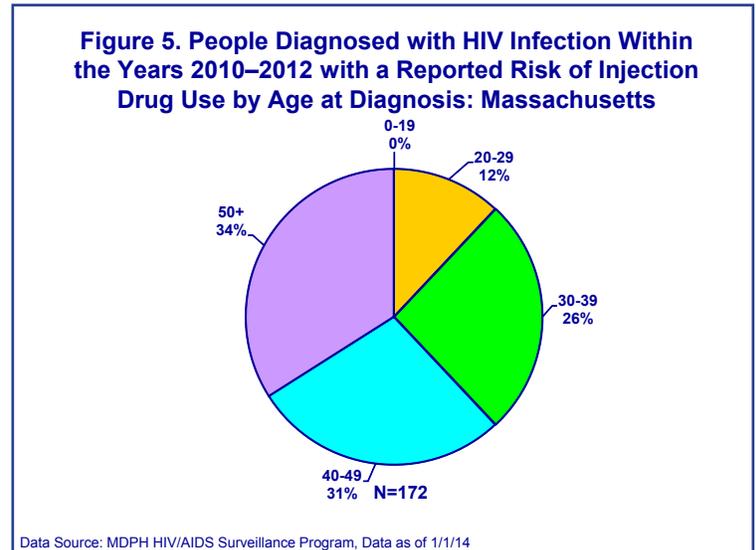
- Of 3,683 PLWH/A in Massachusetts who were reported as exposed to HIV through IDU, 66% are men and 34% are women. Similarly, among people diagnosed with HIV infection

with IDU risk over the three-year period 2010 to 2012, 62% were men, and 38% were women.

- Seventy-nine percent (79%) of PLWH/A reported with a risk of heterosexual sex with an injection drug user are women and 21% are men. Fifty-five percent of recent HIV diagnoses attributed to heterosexual sex with an injection drug user were women, and 45% were men.

Age:

- Six percent of individuals diagnosed with HIV infection within the three-year period 2010 to 2012 with IDU reported risk were 13–24 years old compared to 24% of individuals with MSM/IDU risk and 14% of those who reported all other HIV infection risks.



- Thirty-four percent of individuals recently diagnosed with HIV infection with IDU reported risk were 50 years old or older; compared to 21% of individuals exposed through other risks.
- As of December 31, 2013, 69% of PLWH/A, exposed to HIV infection through IDU, were 50 years old or older, compared to 51% of PLWH/A exposed through other risks.

Regional Distribution:

- Among people diagnosed with HIV infection within the three-year period 2010 to 2012, IDU was not the leading reported risk in any of the Health Service Regionsⁱⁱⁱ of the Commonwealth.





Injection Drug Users

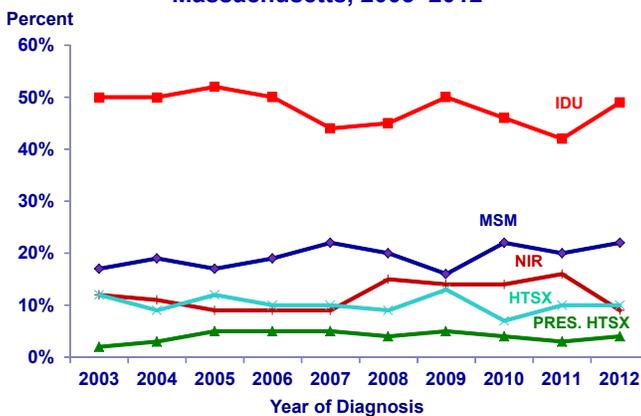
Among cities with over 20 people diagnosed with HIV infection, within the three-year period 2010 to 2012, the following have the highest proportions of IDU as the reported risk (N=number with IDU as reported risk):

- Fall River (N=6) 25%
- New Bedford (N=9) 22%
- Holyoke (N=8) 21%
- Lawrence (N=10) 18%
- Springfield (N=14) 12%
- Lowell (N=7) 12%
- Worcester (N=10) 11%
- Lynn (N=5) 10%
- Boston (N=35) 6%

HIV-Related Mortality among IDU:

- From 2003 to 2012, injection drug use was the most frequently reported risk among HIV positive persons who died during this period (range 42% [N=89] to 52% [N=171] of all deaths in persons with HIV infection). This may relate to length of infection, age, and access to care. Contributing causes of death may be hepatitis C (co-infection) and other complications associated with IDU.

Figure 6. Percent of Deaths among People Reported with HIV/AIDS by Selected Reported Risk and Year of Death: Massachusetts, 2003–2012



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/14

Injection Drug Use among Youth in High School:

- From 1993 to 2013, 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 1.0% (in 2013) to 2.8% (in 1995). In 2013, the percent of high school student respondents reporting injection drug use fell at the lowest end of this range at 1.0%.

- As in prior years, in 2013, injection drug use was more common among high-school age men (1.2%) than among women (0.6%), but did not vary substantially by grade.

Injection Drug Use among Program Participants:

Needle Exchange Participants:

- In state fiscal year 2013, 28% of 4,677 participants in state-funded needle exchange programs reported being under age 20 years at first injection.

Substance Abuse Admissions:

- From state fiscal years 2004 to 2013, the percentage of admissions to state-licensed substance abuse treatment programs presenting clients reporting the use of a needle to inject drugs within a year of admission rose from 31% to 45%. The number of enrolled substance abuse treatment program clients reporting needle use within one year increased 48% from 31,555 in fiscal year 2004 to 46,568 in fiscal year 2013.
- From state fiscal years 2004 to 2013, the percentage of admissions to state-licensed substance abuse treatment programs for heroin addiction increased from 38% to 49% of total admissions.
- Eighty-eight percent of people admitted to state-funded substance abuse treatment programs in fiscal year 2013, who reported needle use within the past year were unemployed, compared to 62% of those admitted who did not report needle use; 25% were homeless compared to 12% of those who did not report needle use.
- The combination of stigma, poverty and increased risk for abscesses, drug overdose, and mental health issues increases the vulnerability of injection drug users to HIV and hepatitis C infection. 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>





Massachusetts HIV/AIDS Data Fact Sheet

Injection Drug Users

Data Sources

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2014

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 Please note “women” and “men” are used for stylistic reasons to describe female and male populations diagnosed with HIV infection that include a small number of girls and boys (N=26 children living with HIV/AIDS under age 13 as of 1/1/14).

ⁱⁱⁱ 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.



For detailed data tables and technical notes see Appendix
Massachusetts Department of Public Health Office of HIV/AIDS
250 Washington St. 3rd Floor Boston, MA 02108
617-624-5300 FAX 617-624-5399 www.mass.gov/dph/aids

