



## People Who Inject Drugs (PWID)

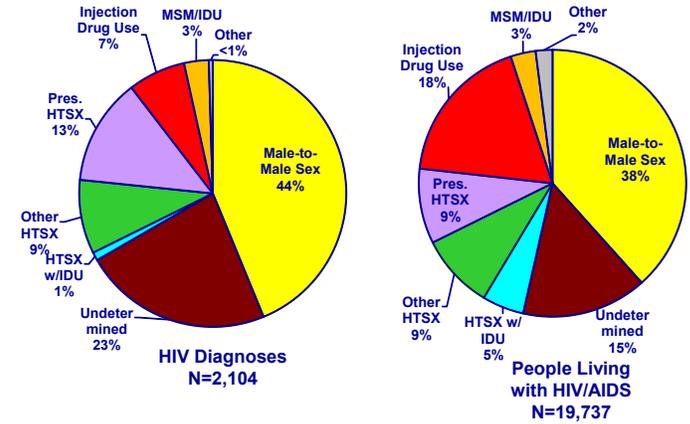
### Fast Facts

- 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 people who inject drugs (PWID) have substantially reduced their risks of both acquiring and transmitting HIV infection, though rates of hepatitis C infection remain high among PWID.
- 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 PWID, especially heroin users, appears to be increasing in Massachusetts, presenting a continued risk for HIV and hepatitis C transmission.

### General Statistics:

- As of December 31, 2014, 18% (N=3,633) of people living with HIV/AIDS (PLWH/A)<sup>i</sup> reported IDU as their reported risk, and 3% (N=677) reported both IDU and male-to-male sex (MSM) as risks. In addition, 5% (N=890) 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 women<sup>ii</sup> (79%, N=701) and predominantly Latina (44%, N=311).
- Less than one percent (N=12) 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, 2014, the age of these individuals ranged from 20 to 34 years.

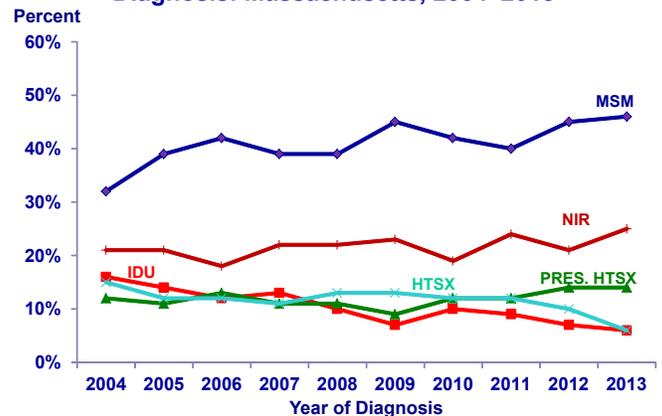
**Figure 1. People Living with HIV/AIDS on 12/31/14 and Diagnosed with HIV Infection Within the Years 2011–2013 by Reported Risk: Massachusetts**



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

- While injection drug use is the reported risk for 7% and MSM/IDU for 3% of recent infections, IDU is the reported risk for 18% and MSM/IDU for 3% of people living with HIV/AIDS.
- The proportion of HIV infection diagnoses attributed to IDU decreased from 16% in 2004 to 6% in 2013.

**Figure 2. Percent of Individuals Diagnosed with HIV Infection by Selected Reported Risk and Year of Diagnosis: Massachusetts, 2004–2013**



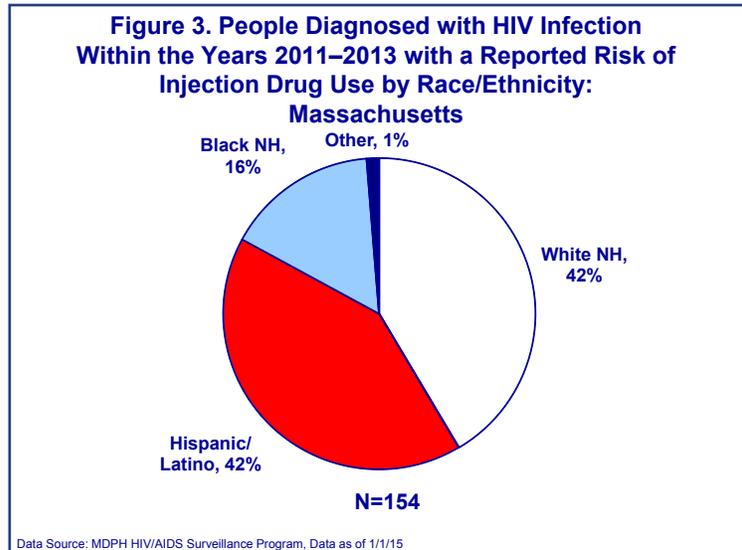
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/15



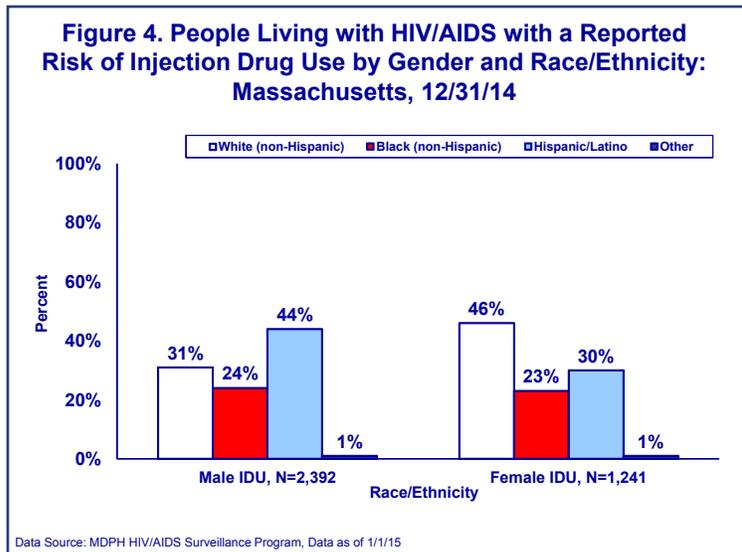


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## Race/Ethnicity:



- The chart above displays race/ethnicity among PWID 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:

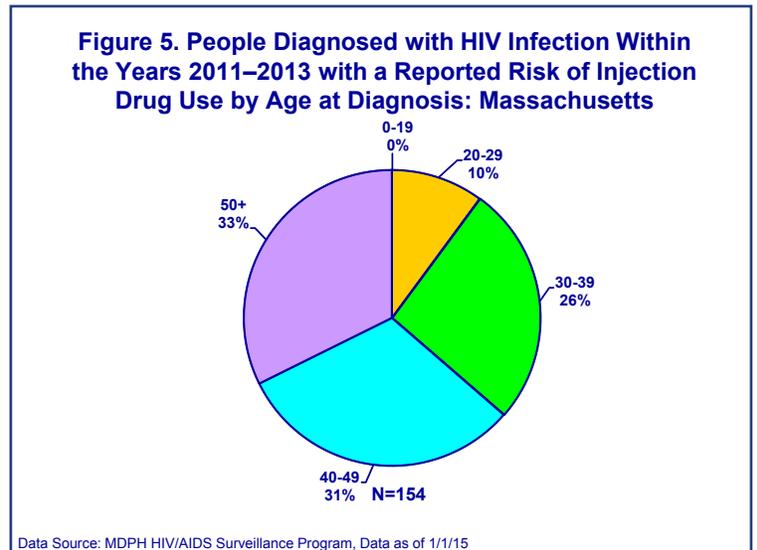
- Of 3,633 PLWH/A in Massachusetts who were reported as exposed to HIV through IDU, 66% are men and 34% are women. Similarly, among people diagnosed with HIV infection

with IDU exposure over the three-year period 2011 to 2013, 62% were men, and 38% were women. bullet point. Bullet point.

- Seventy-nine percent (79%) of PLWH/A reported with a risk of heterosexual sex with PWID are women and 21% are men. Fifty-eight percent of recent HIV diagnoses attributed to heterosexual sex with a PWID were women, and 42% were men.

## Age:

- Four percent of individuals diagnosed with HIV infection within the three-year period 2011 to 2013 with IDU reported risk were 13–24 years old compared to 21% of individuals with MSM/IDU risk and 14% of those who reported all other HIV infection risks.



- Thirty-three 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, 2014, 73% of PLWH/A, exposed to HIV infection through IDU, were 50 years old or older, compared to 53% of PLWH/A exposed through other risks.

## Regional Distribution:

- Among people diagnosed with HIV infection within the three-year period 2011 to 2013, IDU was not the leading reported risk in any of the Health Service Regions<sup>iii</sup> of the Commonwealth.





# Massachusetts HIV/AIDS Data Fact Sheet

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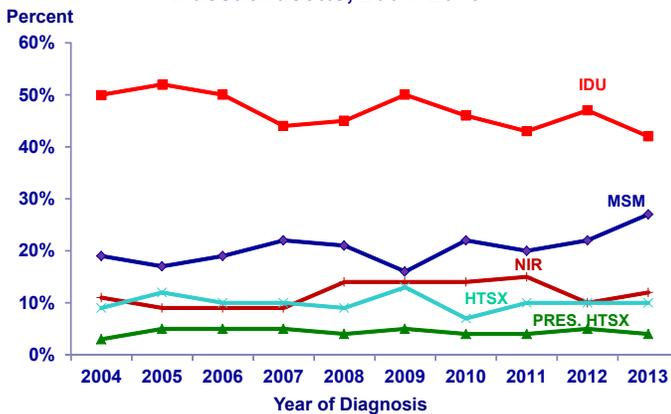
Among cities with over 20 people diagnosed with HIV infection, within the three-year period 2011 to 2013, the following have the highest proportions of IDU as the reported risk (N=number with IDU as reported risk):

- Holyoke (N=7) 21%
- New Bedford (N=9) 20%
- Lawrence (N=12) 19%
- Lynn (N=6) 12%
- Springfield (N=14) 11%
- Worcester (N=8) 10%
- Boston (N=30) 5%

### HIV-Related Mortality among IDU:

- From 2004 to 2013, injection drug use was the most frequently reported risk among HIV positive persons who died (range 42% [N=79] to 52% [N=171] of all deaths in persons with HIV infection). This may relate to duration 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, 2004–2013**



Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/15

### 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 was 1.0%.

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

### Injection Drug Use among Program Participants:

#### Needle Exchange Participants

- In state fiscal year 2014, 42% of 5,436 participants in state-funded needle exchange programs reported being under age 20 years at first injection.
- The age distribution of state-funded needle exchange participants in state fiscal year 2014 was: 18–19 years (1%), 20–29 years (25%), 30–39 years (33%), 40–49 years (24%), 50–59 years (13%), and 60+ years (4%).

#### Substance Abuse Admissions

- From state fiscal years 2005 to 2014, the percentage of clients admitted to state-licensed substance abuse treatment programs reporting the use of a needle to inject drugs within a year of admission rose from 31% to 50%. The number of enrolled substance abuse treatment program clients reporting needle use within one year increased 65% from 32,206 in fiscal year 2005 to 53,054 in fiscal year 2014.
- From state fiscal years 2005 to 2014, the percentage of admissions to state-licensed substance abuse treatment programs for heroin addiction increased from 38% to 53% of total admissions.
- Seventy-six percent of people admitted to state-funded substance abuse treatment programs in fiscal year 2014, who reported needle use within the past year were unemployed, compared to 42% of those admitted who did not report needle use; 23% were homeless compared to 11% 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 PWID 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>



For detailed data tables and technical notes see Appendix  
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# Massachusetts HIV/AIDS Data Fact Sheet

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### Data Sources

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of January 1, 2015

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

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<sup>i</sup> 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.

<sup>ii</sup> 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=23 children living with HIV/AIDS under age 13 as of 1/1/15).

<sup>iii</sup> 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  
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