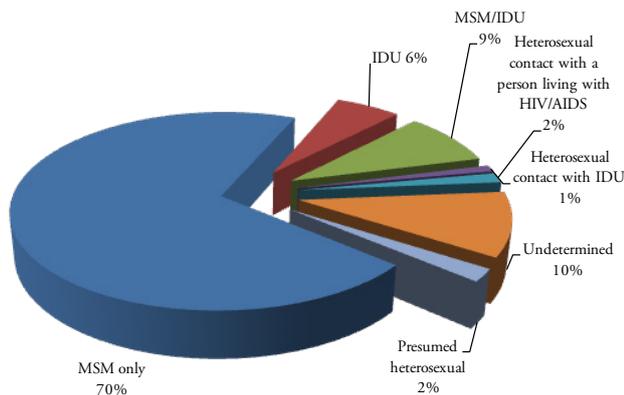


INJECTION DRUG USE AND HIV IN OREGON

BACKGROUND

Injection drug use (IDU) is a risk factor for HIV and can be associated with high-risk sexual behaviors.¹ People who inject drugs account for 19 percent of all people living with HIV in the United States, and African Americans and Latinos face disproportionately high rates of HIV due, in part, to injection drug use.² HIV-positive people who inject drugs can have difficulty gaining access to consistent and quality medical care, including antiretroviral treatment.* These circumstances can contribute to increased morbidity and mortality from AIDS-related illnesses and other causes, including liver disease and overdose.³

Fig. 1. Probable route of transmission among men newly diagnosed with HIV/AIDS during 2006–2010 (N=1,132)



HIV INFECTION AND IDU AT A GLANCE:

- Nineteen percent of Oregon HIV cases use or have previously used injection drugs prior to becoming infected.
- An additional 3 percent of Oregon HIV cases never used injection drugs themselves before becoming infected but had a sex partner who did.
- The number of reported Oregon HIV cases who report past injection drug use has declined from 24 percent during 1997 to 12 percent during 2009.
- People with HIV who used injection drugs are more likely than others to have advanced disease at the time of diagnosis.

RECENT DIAGNOSES OF HIV INFECTION AMONG INJECTION DRUG USERS

During 2006–2010, 15 percent of cases diagnosed with HIV reported MSM/IDU or IDU (Fig 1). During 2006–2010, 8 percent (101/1,301) of newly reported HIV cases reported IDU as their sole HIV risk behavior (20% or 34/169 among women [Figure 2] and 6% or 67/1,132 among men). There were an additional 1 percent of men (n=12) and 9 percent of women (n=15) who reported heterosexual contact with someone who used injection drugs. During this period, race

*HIV cases who had used injection drugs were also less likely to be engaged in HIV-specific medical care. Among Oregon HIV cases living in 2010, MSM were more likely to have had a CD4 or viral load count than male IDU (75% vs. 65%).

and ethnicity among IDU was similar to people presumed to have been infected by other routes such as MSM or high-risk heterosexual exposures (76% white, 11% Hispanic, 4% black, 2% Asian, 1% Pacific Islander, 3% American Indian/Alaskan Native and 4% multiracial).

ROLE OF IDU IN HIV TRANSMISSION IN OREGON

Nineteen percent (1,659/8,753) of all Oregon cases** reported IDU either in addition to MSM (men who have had sex with men) or as a sole risk factor for HIV transmission. In addition to the 19 percent who reported IDU, another 3 percent of Oregon HIV cases (219/8,753) identified heterosexual contact with a person who injected drugs, suggesting the IDU was the indirect source of their infection.

In absolute terms, more men (655) than women (238) with HIV reported IDU as the sole potential transmission route, but proportionally, 27 percent (238/908) of women and 8 percent of men (655/7,845) with reported cases of HIV in Oregon reported IDU as their sole transmission

risk category. Among cases diagnosed 1998–2010, the average number of months survived after diagnosis was 17 months shorter among male IDU (vs. MSM) and 19 months shorter among female IDU (vs. heterosexual females).

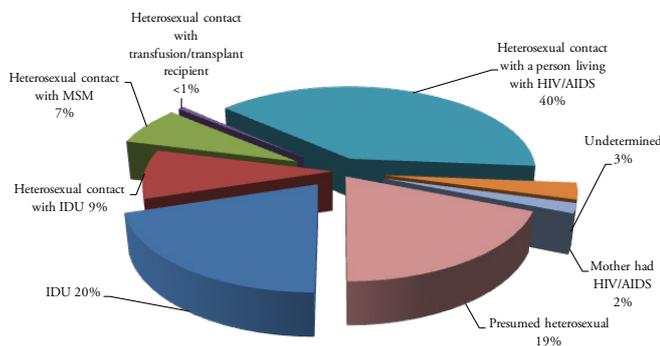
IMPACT OF DELAYED DIAGNOSIS

Many people who use or have used injection drugs and were diagnosed with HIV infection, have been infected for up to a decade prior to diagnosis. Forty-two percent of men and 29 percent of women recently diagnosed cases with IDU as their sole reported transmission risk had AIDS within 12 months of their first positive HIV test. Delayed diagnosis and treatment contribute to further spread of HIV.

HIV, IDU AND HEPATITIS C

Among Oregon HIV cases diagnosed during 2006–2010 who reported IDU, at least 21 percent (14/67) of men and 35 percent (12/34) of women also had chronic hepatitis C. HIV-hepatitis C co-infection may limit treatment options for HIV and result in poorer outcomes.⁴

Fig. 2 Probable route of transmission among women newly diagnosed with HIV/AIDS during 2006–2010 (N=169)



**For this report, a “case” is defined as an Oregon resident diagnosed with HIV/AIDS before being diagnosed in another state. Only those cases reported to the Oregon Health Authority HIV Program were included. People living with HIV in Oregon not counted in this report include those who resided in another state when they were diagnosed and approximately 1,043 who are infected but have yet to be tested (MMWR Vol60, No21: 689-693).

Epidemiologic resources:

Oregon Health Authority, HIV/AIDS epidemiology: <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/index.aspx>

Centers for Disease Control and Prevention: www.cdc.gov/hiv

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