

# 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. People who inject drugs (PWID) account for 19 percent of all people living with HIV in the United States. African Americans and Latinos face disproportionately high rates of HIV due, in part, to injection drug use. It can be difficult for HIV-positive people who inject drugs to find consistent and quality medical care, including antiretroviral treatment.<sup>†</sup> These circumstances can contribute to increased morbidity and mortality from AIDS-related illnesses and other causes, including liver disease and overdose.

## Recent trends (2004–2013)

During 2004–2013, 15 percent (400/2,595) of cases diagnosed with HIV/AIDS in Oregon acknowledged past injection drug use. This includes men who had sex with men and used injection drugs, men who did not have sex with men but used injection drugs, and women who used injection drugs (Figures 1 and 2). An additional 1 percent of men (20/2,268) and 11 percent of women (35/327) who were newly diagnosed with HIV reported heterosexual contact with someone who

## HIV infection and IDU facts at a glance

- From 1981 to 2013, 19 percent of Oregon residents diagnosed with HIV used injection drugs prior to becoming infected; an additional 3 percent never used injection drugs themselves before becoming infected but had a sex partner that did.
- The percentage of people with newly diagnosed HIV that report past injection drug use declined from 24 percent during 1997 to 15 percent during 2013.
- People with HIV that used injection drugs are more likely than others to have advanced disease at the time of diagnosis.

Probable route of transmission among men recently diagnosed with HIV/AIDS, Oregon, 2004–2013

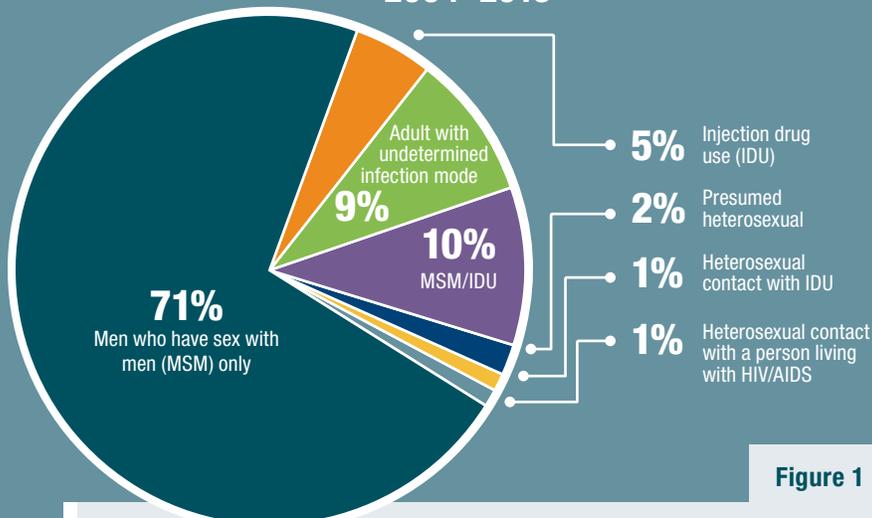


Figure 1

<sup>†</sup> HIV cases that have used injection drugs were less likely to be virally suppressed. Viral suppression corresponds to low levels of virus detected in the blood, which causes HIV to be less easily transmitted. Among Oregon residents living with HIV at the end of 2013, 11 percent of men that have sex with men were not suppressed compared to 19 percent of injection drug users that were not suppressed.

used injection drugs. During this period, race and ethnicity among PWID were similar to people presumed to have been infected by other routes such as men who have sex with men (MSM) or high-risk heterosexual exposures (race and ethnicity of all cases diagnosed during 2004–2013: 71 percent white, 17 percent Hispanic, 7 percent black and African American, 2.4 percent Asian, 1 percent American Indian or Alaska Native, 0.4 Native Hawaiian or Pacific Islander and 1.7 percent multiracial).

Survival after HIV/AIDS diagnosis is lower among people who report IDU. Male Oregon residents diagnosed with HIV/AIDS during 2004–2013 who likely acquired HIV through IDU were less likely to survive 10 years after diagnosis than MSM with HIV who had no history of drug use (68 percent vs. 90 percent respective estimated survival at 10 years). Similarly, women diagnosed during the same period who likely acquired HIV through IDU were less likely to survive 10 years after diagnosis compared to women with HIV and no history of IDU (74 percent vs. 93 percent respective estimated survival at 10 years). These differences were statistically significant.

### Role of IDU in HIV transmission in Oregon, 1981–2013

From 1981 through 2013, 19 percent (1,761/9,430) of Oregon residents newly diagnosed with HIV infections reported a history of injection drug use, either in addition to being a man and having sex with other men (MSM) or as a sole risk factor for HIV transmission. An additional 2.5 percent (233/9,430) of HIV/AIDS cases reported heterosexual contact with a person who injected drugs, suggesting that IDU was the indirect source of their infection. The percentage of newly diagnosed HIV/AIDS cases with history of IDU fell from 24 percent (70/292) during 1997 to 15 percent (33/215) during 2013 (Figure 3). More men (675) than women (258) with HIV reported IDU as the sole potential transmission route, but 26 percent (258/995) of women and 8 percent of men (675/8,435) reported IDU as their sole potential transmission risk category.

### Probable route of transmission among women recently diagnosed with HIV/AIDS, Oregon, 2004–2013

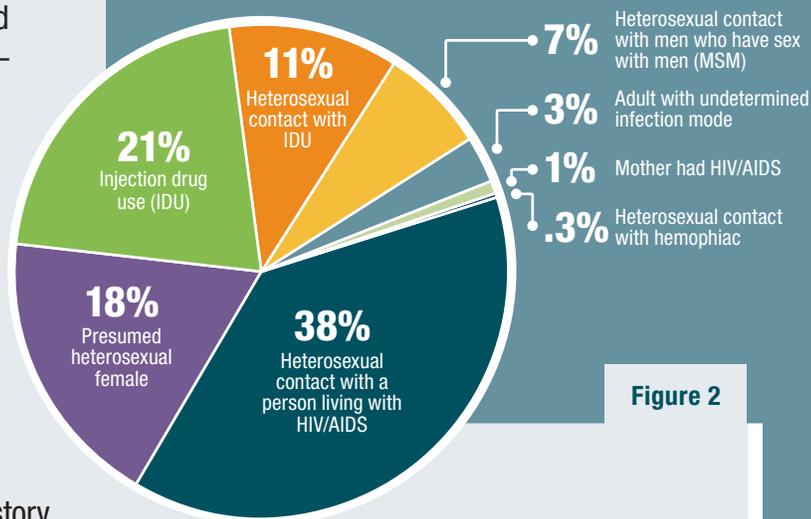


Figure 2

### Percentage of newly diagnosed HIV cases with history of injection drug use by year, Oregon, 1997–2013

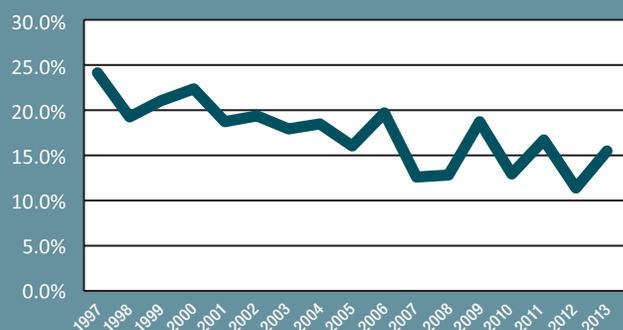


Figure 3

## Impact of delayed diagnosis

Many people who use or have used injection drugs and are diagnosed with HIV infection experience delayed diagnosis.† Forty-three percent of HIV/AIDS cases diagnosed during 2004–2012 with history of reported IDU met criteria for AIDS within 12 months of their first positive HIV test. This means that they had been infected for up to a decade before diagnosis. Delayed diagnosis and treatment contribute to further spread of HIV.

## HIV, IDU and hepatitis C

Among cases diagnosed with HIV/AIDS in Oregon during 2004–2013 with history of reported IDU, 33 percent (110/330) of men and 49 percent (34/70) of women also had chronic hepatitis C by the end of 2013. HIV-hepatitis C co-infection may limit treatment options for HIV and result in poorer outcomes.

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†Delayed diagnosis is determined from an AIDS-defining event at the time of their HIV-infection diagnosis or within 12 months.



### 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](http://www.cdc.gov/hiv)

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