



OFFICE OF DISEASE PREVENTION AND EPIDEMIOLOGY

INJECTING DRUG USE AND HIV, OREGON 2010

Background

Injection drug use is a risk factor for HIV, and can be associated with high-risk sexual behaviors.¹ People who inject drugs account for 19% 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 (IDU).²⁻⁴ Negative attitudes towards people who use illicit drugs among health care providers can result in suboptimal medical care for people who use injection drugs.^{5,6} Because of these prevalent attitudes, impaired self-help skills and priorities, or simply because of economic circumstances, HIV-positive people who inject drugs can have difficulty gaining access to consistent and good 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.⁷⁻¹⁰

Role of Injection Drug Use in HIV Transmission in Oregon

Nineteen percent (1,609/8,467) of all Oregon cases reported IDU either in addition to MSM or as a sole potential risk factor for HIV transmission. In addition to the 19% who reported IDU themselves, another 3% of Oregon HIV cases (214/8,467) identified heterosexual contact with a person who injected drugs (PWID), suggesting the IDU was the indirect source of their infection.

INJECTING DRUG USE AND HIV FACTS AT A GLANCE:

- Nineteen percent of Oregon HIV cases use or have previously used injection drugs prior to becoming infected.
- An additional 3% of Oregon HIV cases never used injection drugs themselves before becoming infected but has a sex partner who did.
- The number of reported Oregon HIV cases who report past injection drug use has declined from 49% during 1997 to 22% during 2009.
- People with HIV who used injection drugs are more likely than others to have advanced disease at the time of diagnosis.

In absolute terms, more men (638) than women (235) with HIV reported IDU as the sole potential transmission route, but proportionally, 27% (235/877) of women and 8% of men (638/7,590) with reported cases of HIV in Oregon reported IDU as their sole transmission risk category.

Since 1997 there has been a slow but steady decline in the number of diagnosed HIV cases reporting IDU transmission risk in Oregon, from 49 during 1997 to 22 during 2009. During the last five years (2005–2009), 8% (100/1,328) of newly reported HIV cases reported IDU as their sole HIV risk behavior (22% or 36/164 among

women and 6% or 64/1,163 among men). There were an additional 1% of men (n=12) and 11% of women (n=18) who reported heterosexual contact with someone who themselves used injection drugs. During this period, race and ethnicity among IDU was similar to people presumed to have been infected by other routes such as MSM or high-risk heterosexual exposures (80% white, 11% Hispanic, 3% black, 2% Asian, 2% Pacific Islander, 1% American Indian/Alaskan Native and 1% multiracial). During 2005–2009, the largest proportion of newly diagnosed HIV cases that reported IDU as their sole potential transmission route were aged 35–39 years.

Impact of Delayed Diagnosis

Many people who use or have used injection drugs and are diagnosed with HIV infection have been infected for up to a decade prior to diagnosis as evidenced by the fact that 47% of men and 33% of women with IDU as their sole reported transmission risk had AIDS within 12 months of their first positive HIV test. Delayed testing

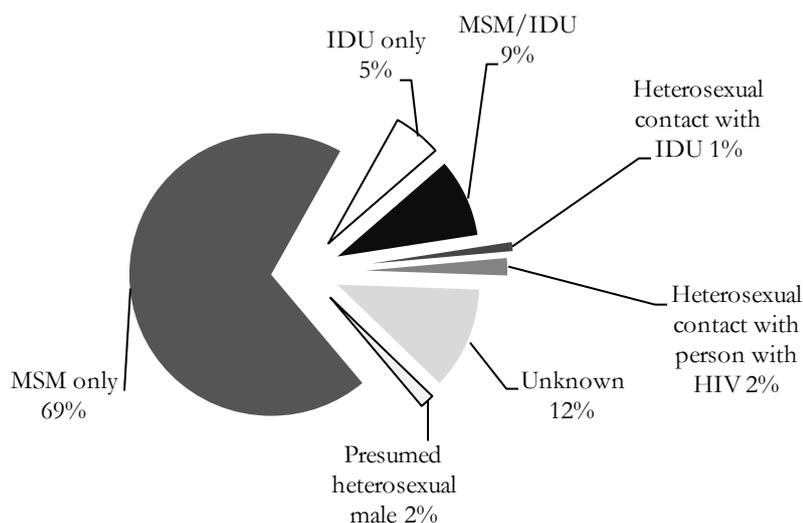
and diagnosis delays entry into medical care and contributes to further spread of HIV.

HIV, IDU and Hepatitis C

Among Oregon HIV cases diagnosed during 2006–2009* who reported IDU, at least 31% (11/36) of men and 57% (4/7) of women also had chronic Hepatitis C. HIV-hepatitis C co-infection may limit treatment options for HIV and result in poorer outcomes.^{11,12} Among Oregon HIV cases diagnosed during 1998–2009 and believed to have been infected via injection drug use, survival time for men was significantly shorter than survival among MSM ($p < 0.0001$), and survival time for women believed to have been infected by injection drug use was significantly shorter than among women thought to have been infected by sexual exposure ($p < 0.001$).

People with HIV who had used injection drugs were also less likely to be engaged in HIV-specific medical care. Among Oregon HIV cases living in 2009, men who have sex with men were more

Fig. 1 Male transmission categories among Oregon cases of HIV infection, 2005-2009



*Note that the reference period under discussion shifted slightly from 2005–2009 to 2006–2009 because mandatory reporting of chronic Hepatitis C began in 2006.

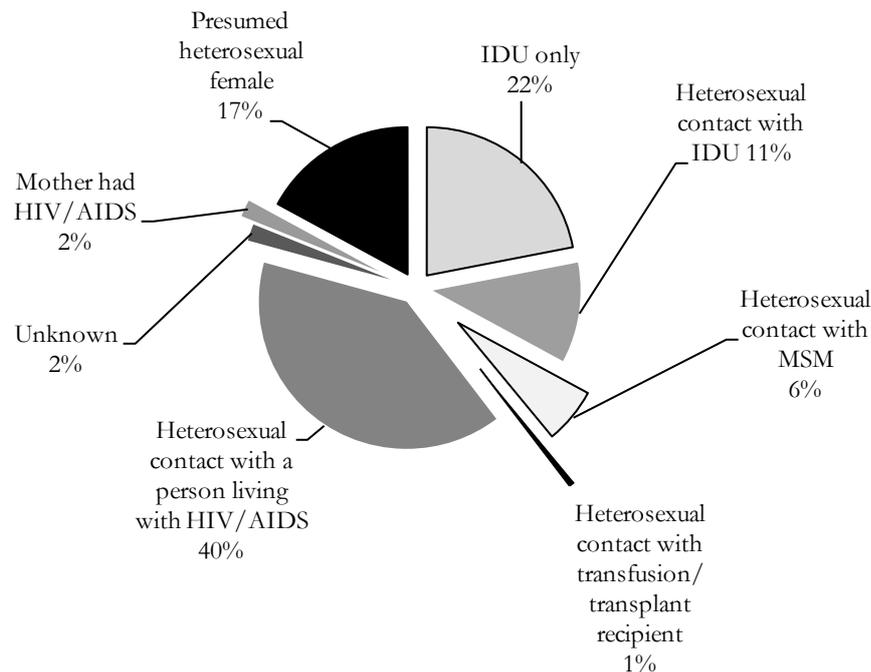
likely to have had a CD4 or viral load count than male HIV cases who had used injection drugs (77% vs. 63%) and women thought to have been infected by sexual exposure were more likely to have a CD4 or viral load count than women thought to have been infected via injection drug use (81% vs. 73%).

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Fig. 2 Female transmission categories among Oregon cases of HIV infection, 2005-2009



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Additional information about HIV and Hepatitis Prevention with People Who Inject Drugs

- Chicago Recovery Alliance: <http://www.anypositivechange.org/crainfo.html>
- CDC Division of Viral Hepatitis: <http://www.cdc.gov/hepatitis/>
- CDC Questions and Answers: "How can injection drug users reduce their risk for HIV infection?" <http://www.cdc.gov/hiv/resources/qa/qa26.htm>
- Harm Reduction Coalition: www.harmreduction.org
- HIV among IDU on a national level: <http://www.cdc.gov/hiv/resources/factsheets/idu.htm>
- HIV and hepatitis prevention for IDU: <http://www.harmreduction.org/section.php?id=48>
- Viral Hepatitis Action Coalition: <http://207.56.110.146/vhac/>

Prevention of HIV and Other Bloodborne Infections

To reduce risk of HIV, other blood borne infections, and unintended injury or overdose people who use injection drug can be encouraged to:¹³⁻¹⁹

- Seek treatment for their addiction and attempt to cease injection drug use;

(If unable to stop using injection drugs)

- Inject in safe locations with good lighting, where surfaces can be cleaned or covered;
- Avoid injecting alone or, if injecting alone, let someone else who can get help know where they are when they are injecting;
- Avoid contamination by cleaning surfaces used to prepare drugs for injection;
- Wash hands before preparing drugs;
- Use new, separate supplies such as cookers, cottons, water or syringes to prepare measure or divide drugs;
- If supplies and water must be reused, divide them “dryly” by splitting the drugs on a clean surface before adding water;
- Use a new syringe and clean equipment for every injection;
- Avoid sharing or reusing any supplies;
- Clean the intended injection site well before injecting, rotate injection sites and inject in the direction of blood flow;
- Clean all surfaces after injecting, even if no blood is visible;
- Discard all supplies safely by placing syringes in sharps containers and discarding all supplies contaminated with even a small amount of blood in a closable, leakproof bag that will not spill or break during handling or transport;
- Seek medical attention for fever, chest pains or red painful areas that don't go away.