HIV/AIDS Epidemiology Program http://www.metrokc.gov/health/apu/epi 206-296-4645



Facts About...

HIV/AIDS in Injection Drug Users

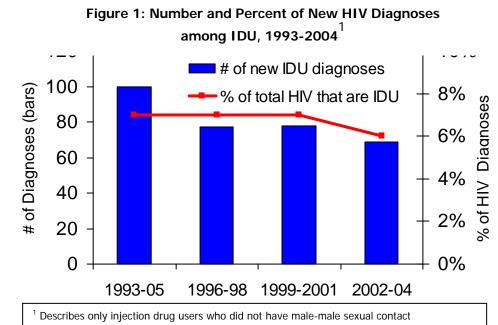
SUMMARY: As in other cities in the western US, the number of HIV/AIDS cases among injection drug users (IDU) in the Seattle area is far lower than among men who have sex with men (MSM). However, the percent of cases due to IDU increased from 4% in 1982-1987 to 6% in 2002-2004. Drug injection is a more common route of HIV transmission for women compared to men and for People of Color compared to Whites.

BACKGROUND AND POPULATION SIZES:

- About 15,000 people in King County are at increased risk of HIV due to drug injection.
- Based on estimates from reported cases, up to 620 HIV-infected heterosexual IDU reside in King Co.
- The estimated number of HIV-infected men who currently have sex with men and who also inject drugs is about 800. Most of these men are thought to have acquired HIV through sexual transmission rather than by sharing of injection equipment.
- The information in this fact sheet focuses on heterosexuals whose primary HIV risk is injection drug use. The fact sheet on MSM also addresses MSM who inject drugs.

STATUS AND TRENDS IN HIV/AIDS CASES:

- The first AIDS cases among King County IDU were reported in 1986.
 Among the 5,699 King Co. residents reported living with HIV or AIDS as of 9/30/2005, 347 or 7% were IDU.
- The proportion of HIV/AIDS cases attributed to IDU who are not MSM has increased from 4% of cases in 1982-1987 (not shown) to 6% in 2002-2004 (see Figure 1).



- Nationally, IDU make up 24% of all AIDS cases, or about four times that in King County (6%). The proportion of IDU cases in WA outside of King County (15%) is 2.5 times that in King County.
- While the number of male IDU (228) reported living in King County with HIV/AIDS is higher than female IDU (119), only 4% of male case infections were attributed to IDU versus 22% of females.
- Injection drug use is a relatively more common route of HIV transmission for King County Blacks with HIV/AIDS (12% of living cases), Hispanics (7%), and Native Americans (19%), compared to Whites (4%) or Asians & Pacific Islanders (2%).



HIV PREVALANCE AND INCIDENCE:

- There are about 620 (4%) HIV infections among the estimated 15,000 IDU residing in King County.
- HIV prevalence has remained low and stable in local IDU over time. In unlinked (anonymous) surveys conducted by PHSKC, 1.5% of over 7,000 IDU entering King County drug treatment programs from 1988-1999 tested HIV positive. HIV prevalence did not change significantly over this time period.¹
- Among 1,811 IDU recruited in the two main King County jails from August 1998 to December 2002, HIV prevalence was 2.5% and HIV incidence was about 1% per year².
- Among 589 IDU aged 15 to 30 recruited through outreach, advertising and referrals in King County from May 2002 to January 2004, HIV prevalence was 2.6% (no females were HIV-infected).³
- Evidence of the potential for explosive growth of HIV rates among IDU appeared in nearby Vancouver BC (Canada) in 1994 when an ongoing outbreak of HIV began. From 1994 to 1997, HIV prevalence rose from 3% to 23%.

HIV BEHAVIORAL RISKS AMONG IDU

The Kiwi Study surveyed 1,811 (77% men and 23% women) IDU arrested and booked into the King County Correctional Facilities in Seattle and Kent from August 1998 to December 2002.³

- $\checkmark~$ 26 (58%) of 45 IDU with HIV were aware of their HIV positive status.
- ✓ 89% reported a prior HIV test.
- ✓ The median age when study participants began injecting drugs was 19 years.
- ✓ In the past 6 months, 60% had injected with someone else's used syringe, 71% had shared cookers, and 58% had backloaded (divided up drugs with somebody else using the same needle).

The CIDUS III/DUIT Study surveyed 589 IDU (69% men and 31% women) aged 15 to 30 years who were recruited through outreach, advertising and referrals in King County from May 2002 to January $2004.^4$

- ✓ 11 (73%) of 15 IDU with HIV knew their status.
- ✓ 82% reported a prior HIV test.
- \checkmark The median age when study participants started injecting was 17 years.
- ✓ In the past 3 months 49% had injected with someone else's used syringe, 74% had shared cookers, and 68% had backloaded.

According to data collected in the RAVEN, RAVEN 2, Kiwi and DUIT studies, the proportion of 18 - 30 year old IDU who primarily injected amphetamine rose from 7% in 1994 to 34% in 2003 while the proportion who primarily injected cocaine decreased from 19% in 1994 to 5% in 2003. The proportion who primarily injected heroin did not change.⁴

OTHER MEASURES OF RISK:

- Although HIV prevalence is relatively low in King County IDU, a high proportion have evidence of previous exposure to other blood-borne viruses. In the RAVEN Study (1994 1997) antibody to hepatitis C virus was present in more than 80%, antibody to hepatitis B virus in about 60%, and antibody to Human T-cell Lymphotropic Virus II in 7%. [Note that hepatitis B and C are more easily transmitted than HIV.] Hepatitis C seroprevalence was similar in the Kiwi Study.
- There is also evidence that transmission of other blood-borne viruses in local IDU does occur as a result of behaviors that can transmit HIV. In the RAVEN Study, a follow-up study of Seattle-area IDU who had no serologic markers of previous exposure, 20% acquired hepatitis C and 10% acquired hepatitis B virus infection over a one-year period. These incidence rates suggest that risk behaviors persist and there is a potential for future spread of HIV among IDU. In the same study, HIV incidence in IDU was less than 0.5% per year.

¹ HIV/AIDS Epidemiology Report, 1st Half 2000, p. 35-37.

² HIV/AIDS Epidemiology Report, September 2003, p.25-35.

³ HIV/AIDS Epidemiology Report, 2nd Half 2004, p.20-25.

⁴ Recent Drug Abuse Trends in the Seattle-King Area, June 2005.