

## Fast Facts

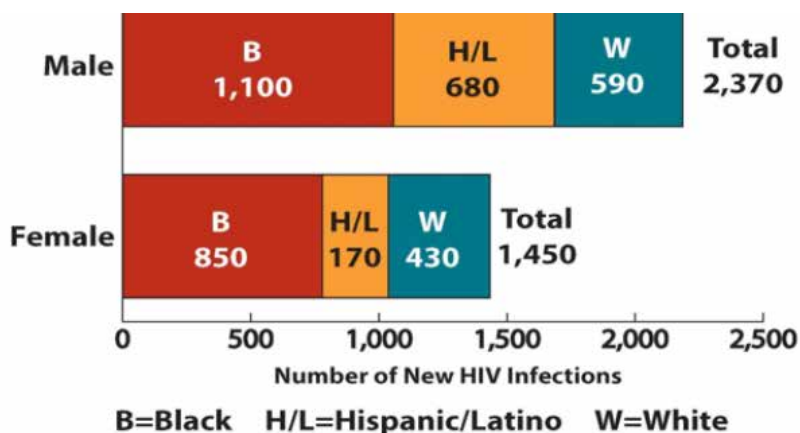
- HIV infections due to injection drug use have declined, but injecting drugs remains a significant risk.
- Sharing syringes is a direct route of HIV transmission.
- In one study, two out of five people who inject drugs and were diagnosed with HIV did not know they were infected.

## The Numbers

### New HIV Infections<sup>a</sup>

- In 2010, 8% (3,900) of the estimated 47,500 new HIV infections in the United States were attributed to injection drug use (IDU) [1].
- Men accounted for 62% (2,400), and women accounted for 38% (1,500) of all IDU-associated HIV infections in 2010 [1].
- In 2010, another 4% (1,600) of all estimated new HIV infections among men were among men who engage in both injection drug use *and* male-to-male sexual contact<sup>b</sup> [1].
- Blacks/African Americans\* accounted for 50% (1,950) of the estimated new HIV infections among people who inject drugs (PWID) in 2010. Whites accounted for 26% (1,020) and Hispanic/Latinos represented 21% (850) of the total [1].

Estimated New Infections among People Who Inject Drugs by Gender and Race/Ethnicity, 2010—United States\*



\*Subpopulations representing 2% or less of the overall US epidemic are not represented in this chart.

### HIV Diagnoses<sup>c</sup> and Deaths

- In 2013, 7% (3,096) of the estimated 47,352 diagnoses of HIV infection in the United States were attributed to IDU and another 3% (1,270) to male-to-male sexual contact/IDU [2].
- Sixty-three percent (1,942) of the 3,096 HIV diagnoses attributed to IDU in 2013 were among men. Thirty seven percent (1,154) were among women [2].
- Forty-six percent (1,435) of all diagnoses of HIV infection attributed to IDU in 2013 were among African Americans, 28% (866) were among whites, and 21% (655) were among Hispanics/Latinos [2]. American Indians/Alaska Natives, Asians, Native Hawaiians/Other Pacific Islanders, and those of multiple races made up the remaining 5% of HIV diagnoses attributed to IDU in 2013[2].

<sup>a</sup> New HIV infections refer to HIV incidence, or the number of people who are newly infected with HIV, regardless of whether they are aware of their infection.

<sup>b</sup> The terms *male-to-male sexual contact and male-to-male sexual contact and injection drug use (IDU)* indicate behaviors that transmit HIV infection, not how individuals self-identify in terms of their sexuality.

## AIDS Diagnoses and Deaths

- Of the total 26,688 AIDS diagnoses in 2013, 10% (2,753) were attributed to IDU and another 4% (1,026) were attributed to male-to-male sexual contact/IDU [2].
- More than one in four (26%, 3,514) of the 13,712 deaths among people with AIDS in 2012 were attributed to IDU and another 8% (1,088) were attributed to male-to-male sexual contact/IDU [2].
- Through 2012, the cumulative total of deaths among people with AIDS attributed to IDU was 186,728 or 28% of the total deaths among people with AIDS (658,507) since the beginning of the epidemic [2]. An additional 50,001 deaths among people with AIDS were attributed to male-to-male sexual contact/IDU, or 8% of the total cumulative deaths [2].

## Prevention Challenges

- **The high-risk practice of sharing syringes and other injection equipment is common among PWID.** HIV can be transmitted through the sharing of needles, syringes, or other injection equipment (e.g., cookers, rinse water, cotton) that were previously used by a person living with HIV. According to a CDC study of cities with high levels of HIV, approximately one-third of PWID reported sharing syringes and more than half reported sharing other injection equipment in the past 12 months [3].
  - To reduce the risk of getting HIV, PWID should use only new needles, syringes, and other injection equipment. Some states have needle exchange programs that provide those items. The North American Syringe Exchange Network has created a directory of syringe exchange programs in the United States. If new needles and syringes are not available, cleaning used needles and syringes with bleach may reduce, but not eliminate, the risk of HIV. See *Syringe Disinfection for Drug Users* for more information.
- **Use of injection drugs can reduce inhibitions and increase risk behaviors.** These include not using a condom or taking preventive medicines (such as pre-exposure prophylaxis, or PrEP) as directed. In the study of cities with high levels of HIV, 72% of female PWID reported having sex without a condom in the last year [3]. People who inject drugs may also take part in risky sexual behaviors to get drugs or while under coercion [4].
- **Younger people who inject drugs are more likely than their older counterparts to engage in syringe sharing and sex without a condom** [3, 5]. In one study, people 15-30 years old who injected drugs and exchanged sex for drugs or money were more likely to be infected than their peers who exchanged sex for drugs or money but did not inject drugs [6].
- **Stigma and discrimination surround injection drug use**, which is often viewed as a criminal activity rather than a medical issue that requires counseling and rehabilitation. Stigma related to drug use may prevent PWID from seeking HIV testing, care, and treatment [7]. Studies have shown that people who are treated for substance abuse are more likely to start and remain in HIV medical care, adopt safer behaviors, and take their HIV medications consistently and correctly than those not receiving such treatment.
- **Social and economic factors affect access to HIV treatment.** PWID are at especially high risk for getting and spreading HIV, but many of them have trouble getting medical treatment for HIV because they are homeless, incarcerated, uninsured, or stigmatized. Almost two-thirds (65%) of PWID with HIV reported being homeless, 61% reported being incarcerated, and 44% reported having no health insurance in the last 12 months [3]. Because of this, some providers may hesitate to prescribe them HIV medications because they believe PWID will not take them consistently and correctly. Research has not supported these concerns—studies among people receiving HIV treatment have found similar rates of survival between people who don't inject drugs and people who do [8].

## What CDC Is Doing

- The CDC and its partners are pursuing a **High-Impact Prevention** ([www.cdc.gov/hiv/policies/hip.html](http://www.cdc.gov/hiv/policies/hip.html)) approach to advance the goals of the **National HIV/AIDS Strategy (NHAS)** ([www.cdc.gov/hiv/policies/nhas.html](http://www.cdc.gov/hiv/policies/nhas.html)), maximize the effectiveness of current HIV prevention methods, and improve what we know about the behaviors and risks faced by PWID.
- Support for activities conducted by health departments in states, territories and selected cities is CDC's single largest investment in HIV/AIDS prevention. Through the Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments (Funding Opportunity Announcement [FOA] PS 12-1201) ([www.cdc.gov/hiv/policies/funding/announcements/ps12-1201/index.html](http://www.cdc.gov/hiv/policies/funding/announcements/ps12-1201/index.html)), a 5-year, \$339 million HIV prevention initiative, funded partners provide HIV prevention services to at-risk populations, including PWID. This initiative also supports health departments and community-based organizations that provide effective prevention interventions and other services for PWID.
- CDC supports a variety of intervention programs that deliver services to PWID through its partners. These include "Community Promise," (<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/PROMISE.aspx>) which uses community role models to promote the consistent use of condoms and the use of bleach to disinfect syringes.

<sup>c</sup> HIV and AIDS diagnoses refer to the number of people diagnosed with HIV infection (regardless of stage of infection) and the number of people diagnosed with AIDS, respectively, during a given time period. The terms do not indicate when the people were infected, but rather, when they were diagnosed.

- In November 2012, CDC published Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services ([www.cdc.gov/mmwr/preview/mmwrhtml/rr6105a1.htm?s\\_cid=rr6105a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6105a1.htm?s_cid=rr6105a1_w)) to assist decision makers such as local and federal agencies, and leaders and managers of prevention and treatment services, and HIV treatment providers, social service providers, and prevention and treatment support groups.
- **CDC supports biomedical approaches to HIV prevention.** In 2013, CDC announced the findings of the first study ever to analyze the use of pre-exposure prophylaxis medicines (PrEP) (<http://www.cdc.gov/hiv/basics/prep.html>) to prevent HIV among PWID. The study found that providing PrEP to PWID who are at very high risk of getting HIV may reduce their risk of contracting HIV [9]. For PWID living with HIV, antiretroviral therapy (ART) can reduce the amount of virus in the body, which can improve health and reduce the risk of transmitting the virus to others.
- In 2014, following scientific evidence showing anti-HIV medication taken by people who do not have HIV can prevent HIV infection, **CDC and the US Public Health Service released clinical guidance** (<http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf>) for HIV treatment providers recommending the use of PrEP for people at substantial risk for contracting HIV, including PWID [10].
- CDC's **National HIV Surveillance System (NHSS)** and **National HIV Behavioral Surveillance (NHBS)** conducts surveys and HIV testing in cities with high levels of HIV among PWID, as well as gay and bisexual men and heterosexuals at high risk, to determine their risk, testing behavior, and use of prevention services. In 2015, CDC released HIV Infection, Risk, Prevention and Testing Behaviors Among Persons Who Inject Drugs—National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2012. HIV Special Report 10. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6306a1.htm>) Reports like this help inform HIV prevention planning and evaluation at the local and national levels.

## References

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### Additional Resources

**CDC-INFO**  
1-800-CDC-INFO (232-4636)  
[www.cdc.gov/info](http://www.cdc.gov/info)

**CDC HIV Website**  
[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

**CDC Act Against AIDS Campaign**  
[www.cdc.gov/actagainstaids](http://www.cdc.gov/actagainstaids)