

2012 Profile of HIV in Michigan (Statewide)

Ranked Behavioral Group: IDU

Data from enhanced HIV/AIDS Reporting System (eHARS) & National HIV Behavioral Surveillance (NHBS)

Overview:

Injection drug users (IDU) are the third ranked behavioral group in Michigan and account for 14 percent (2,238 cases) of reported HIV-positive persons (including MSM/IDU). MDCH estimates that there are 2,920 IDU currently living with HIV in Michigan. This estimate includes 910 HIV-positive males whose risk is a combination of having sex with other males and injecting drugs (MSM/IDU) (table 8, page 101).

Race/ethnicity and sex:

Of the 2,238 IDU and MSM/IDU living with HIV, 72 percent are male (1,603 cases). Black males make up the largest proportion of the total number of IDU and MSM/IDU currently living with HIV in Michigan (43 percent), followed by white males (22 percent), black females (20 percent), white females (6 percent), Hispanic males (4 percent) and Hispanic females (1 percent). In total, two-thirds (63 percent, 1,414 cases) of all IDU and MSM/IDU cases occur among black persons (table 11, page 105).

Age at HIV diagnosis:

Among males diagnosed in their 30s and 40s, IDU (including MSM/IDU) is nearly tied with undetermined risk for the second most common risk (15 percent vs. 19 percent, respectively). As age at diagnosis increases, the proportion with a risk of IDU increases (as opposed to MSM, where the proportion decreases with age). This proportion peaks, however, with males 40-49 years at diagnosis and then begins to decrease (table 13, page 107).

Overall, IDU is the second most common risk for HIV-positive females. However, this is true only for females 30-39 and 40-49 years at the time of HIV diagnosis (22 percent and 25 percent, respectively). For females in all other age groups, IDU falls behind undetermined risk and becomes the third most common mode of transmission. When considering males and females together, there are few HIV infection cases with a risk of IDU among persons who were teens (13-19 years) at the time of HIV diagnosis (4 percent). Half of these cases are MSM/IDU (table 13).

Late HIV diagnoses:

Of the 15,753 persons living with HIV infection in Michigan, 54 percent (8,565 cases) have progressed to stage 3 infection. Of these, 3,594 (42 percent) were diagnosed as stage 3 at the time of their HIV diagnoses. IDU make up 16 percent (1,351 cases) of persons living with stage 3 infection, of whom 33 percent (440 cases) were diagnosed with stage 3 infection at the time of their initial HIV diagnosis (late HIV diagnosis). These data indicate that IDU are less likely than either heterosexuals or MSM to get tested later in the progression of HIV infection (table 8).

Geographic distribution:

The majority (63 percent) of IDU and MSM/IDU currently living with HIV infection reside in the Detroit Metro Area (DMA), which is similar to the proportion of all cases living in the DMA. Within high prevalence counties, 14 percent of reported cases are IDU (including MSM/IDU), while in the lower prevalence counties 12 percent of persons living with HIV infection are IDU (data not included in tables; see figure 3 on page 18 for high/low prevalence county classification).

Hepatitis C infection:

Of the 413 injection drug users interviewed for NHBS in 2009, 34 percent (n=142) reported ever being told by a doctor or health care provider that they had hepatitis C; 69 percent of those with hepatitis C were males (n=98) and 30 percent were females (n=43).

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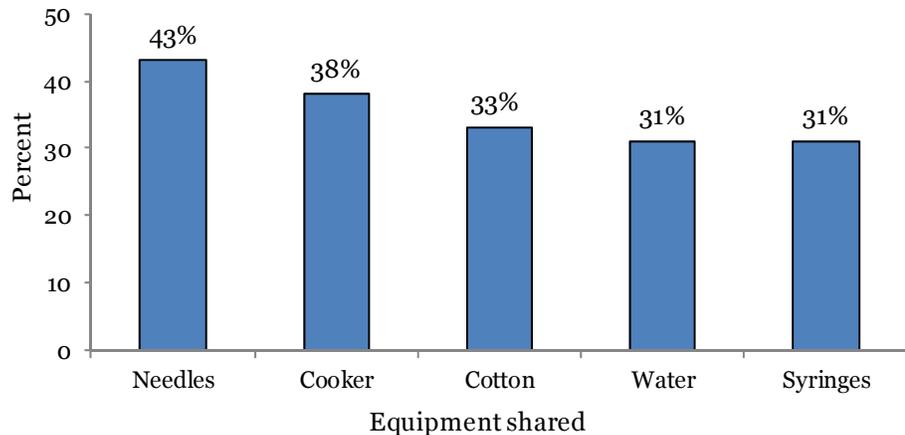
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Injection drug use and equipment sharing:

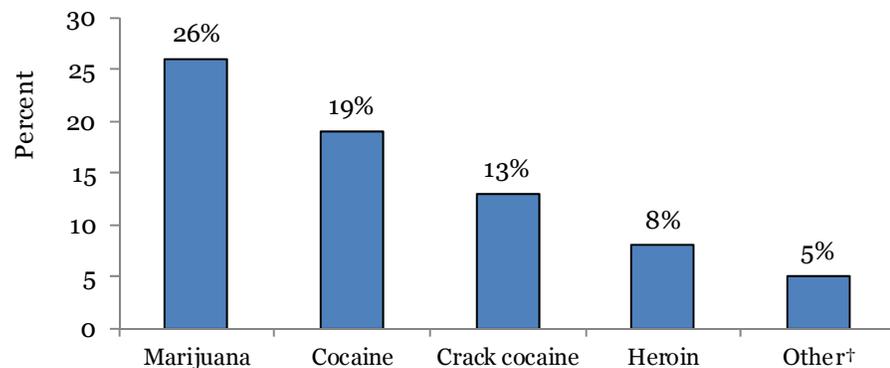
Forty-three percent (n=178) of injection drug users interviewed during the IDU2 cycle of NHBS in 2009 in Wayne County shared some form of drug equipment, while 33 percent (n=137) reported using a new sterile needle for all injections in the 12 months prior to interview. Thirty-five percent (n=145) used a new sterile needle most of the time and 23 percent (n=94) about half of the time. There was no consistent pattern among which equipment was or was not shared: 43 percent shared needles, 38 percent shared cookers, 31 percent shared water, 33 percent shared cotton, and 31 percent shared syringes for dividing drugs (figure 30). Among respondents that reported sharing any injection equipment during the previous 12 months (n=178), 71 percent did not know their last injection partner's HIV status and 83 percent did not know their last injection partner's hepatitis C status. However, 31 percent of respondents got sterile needles for free (not including items given by a friend, relative, or sex partner) and 19 percent received free drug use materials/kits. Free needles and drug paraphernalia were most commonly obtained from needle exchange programs.

Figure 30: Equipment sharing among IDU who share drug equipment (NHBS, 2009) (N=413)



Data from the Medical Monitoring Project (MMP), which includes only HIV-positive persons in care, show that the majority of medical records reviewed did not indicate injection drug use (90 percent). The most commonly used substance was marijuana (26 percent) followed by cocaine (19 percent) (figure 31). About 39 percent of participants had documentation of use of one or more non-

Figure 31: Top five most commonly used substances* noted in medical records of HIV-positive persons in care (MMP, 2009) (N=149)



*Categories are not mutually exclusive.

†'Other' includes opiates, mescaline, diet pills, depressants, speed, morphine, and Demerol.

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prescription drug since entry into HIV care. Additionally, among participants who reported consuming alcohol in the 12 months prior to the interview (75 percent), 28 percent of males and 33 percent of females reported binge drinking at least one day in the last month. Fifty-four percent of those who drank consumed alcohol before or during sex.

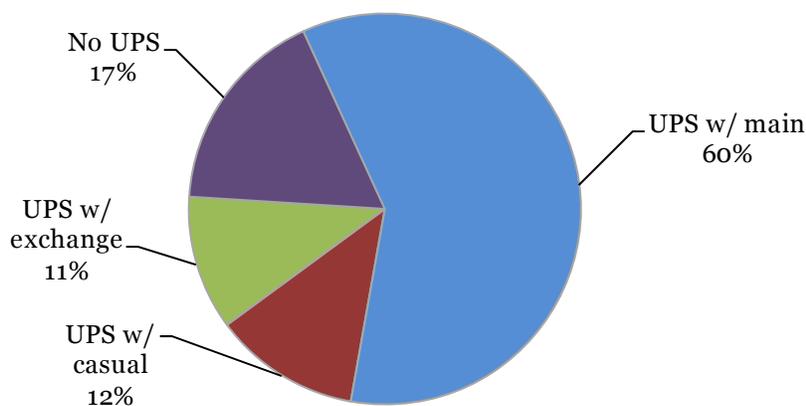
Non-injection drug use:

Among NHBS IDU2 participants (2009), 57 percent (n=234) of respondents reported drinking alcohol in the 12 months prior to interview. Of these respondents, 49 percent (n=115) revealed drinking 11 or more days in the 30 days prior to interview and 35 percent (n=82) reported drinking 4-5 drinks on a typical day when drinking. NHBS participants were asked about ever being in a drug or alcohol treatment program; 318 persons (n=77 percent) had ever been in a treatment program and 31 percent (n=98) participated in alcohol or drug treatment programs in the 12 months prior to interview. Eleven percent (n=44) reported trying to get into an alcohol or drug treatment program but being unable to (for reasons unknown).

Condom use:

Data were collected on condom use during the IDU2 cycle of NHBS. Sixty-eight percent (n=282) of injection drug users reported having unprotected vaginal sex 12 months prior to the interview, and of the 85 respondents reporting anal sex, only 24 percent (n=20) reported using condoms during anal sex in the 12 months prior to interview. Sixteen percent of respondents reported no partners and 34 percent reported one partner (n=64 and n=139, respectively) in the 12 months prior to interview. Of the 321 participants reporting vaginal sex at last sexual encounter prior to interview, 17 percent (n=55) reported using a condom. Figure 32 shows condom use by sexual partner type at last vaginal sex. Forty-five percent (n=184) of this mainly HIV-negative sample did not have knowledge of their partner's HIV status at last sexual encounter prior to interview.

Figure 32: Unprotected vaginal sex (UPS) among IDU at last sexual encounter by partner type (NHBS, 2009) (n=321)



Trends and conclusions:

Between 2006 and 2010, the proportion of newly diagnosed persons who were injection drug users (IDU) decreased by an average of 12 percent per year, and the proportion who were MSM/IDU decreased by an average of 17 percent per year (Trends). This a continuation of the decreasing trend seen in the past seven annual trend analyses. Data from Michigan's HIV Behavioral Surveillance suggest reductions among IDU may be partly attributable to the success of harm reduction programs, such as needle exchange.