

National HIV Behavioral Surveillance (NHBS) Fact Sheet from Interviews among Injecting Drug Users (IDU2) Metro Detroit, 2009

What is NHBS?

- The National HIV Behavioral Surveillance System (NHBS) is a survey funded by the Centers for Disease Control and Prevention (CDC) to monitor behaviors of populations at high risk for HIV infection.
- Injection drug users (IDU) are at an increased risk for HIV infection and NHBS interviews the IDU population every three years.
- Metro Detroit participated in the IDU cycle in 2005 (IDU1), 2009 (IDU2) and will participate again in the IDU cycle in 2012 (IDU3). This fact sheet contains data from the IDU2 cycle that took place in 2009.
- Information collected from NHBS-IDU cycles can be used to describe behaviors and trends in the IDU population in metro Detroit, identify gaps in prevention services, and help design more effective HIV prevention programs.

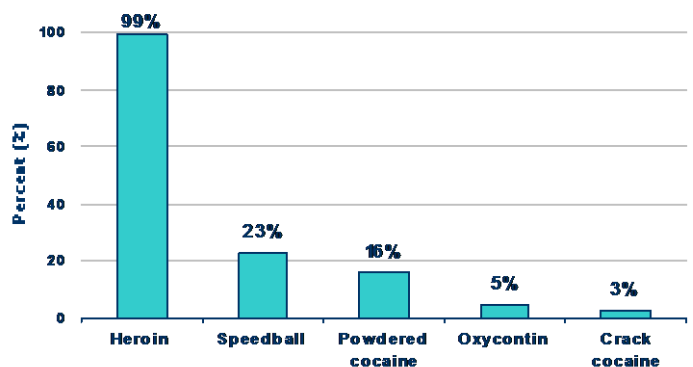
- 75% of the sample was 50 or older
- 23% of the sample was homeless at the time of interview
- 69% of the sample reported an annual household income of <\$10,000

Injection Behaviors

- 68% of participants first injected drugs under the age of 25
- Median number of years injecting: 35
- The most common sources of needles and syringes during the past 12 months were:
 - Pharmacy: 53%
 - Friend, partner: 53%
 - Needle exchange program: 43%

Types of Drugs Injected (past 12 months)

- 35% reported injecting two or more different drugs



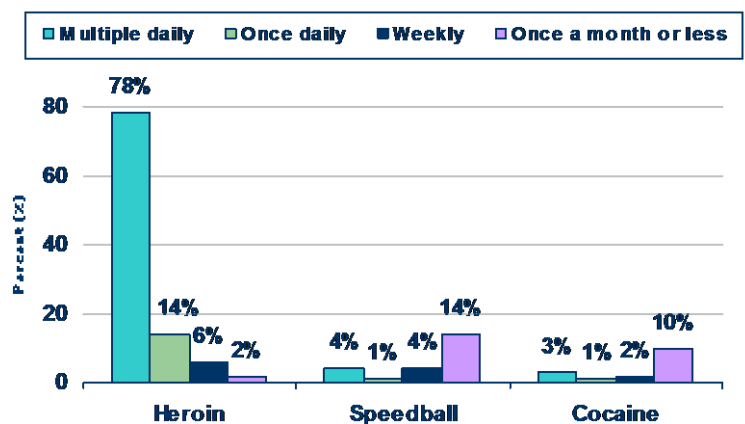
Characteristics of IDU2 Sample

- 563 individuals were screened during the IDU2 cycle in Detroit; of these, 413 individuals (73%) were eligible for the IDU cycle and completed the interview and consented to HIV testing
- All eligible IDU had injected drugs during the 12 months prior to interview and most were residents of the city of Detroit (98%)

Demographics of IDU2 sample (n=413)

	N	%
Race		
Black	388	94%
White	23	6%
Other	2	<1%
Gender		
Male	282	68%
Female	128	31%
Transgender	3	<1%
Age (median age: 54)		
18-39	17	4%
40-44	22	5%
45-49	65	16%
50-54	121	29%
55-59	127	31%
60+	61	15%

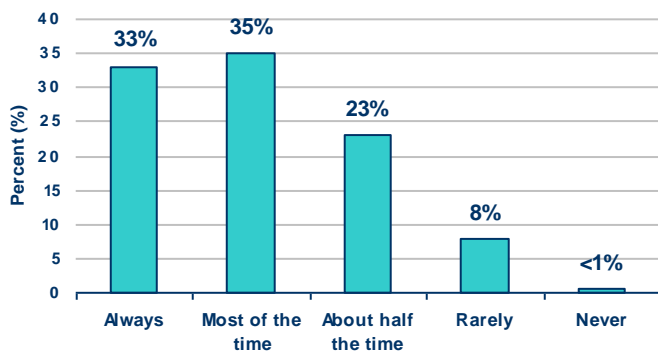
Frequency of injection drug use for the three most commonly reported injection drugs (n=413)



- **More frequent heroin use was reported in the IDU2 cycle compared to IDU1**
 - **In the IDU1 sample, 49% injected heroin multiple daily compared to 78% in IDU2**

Injection Risk Behaviors

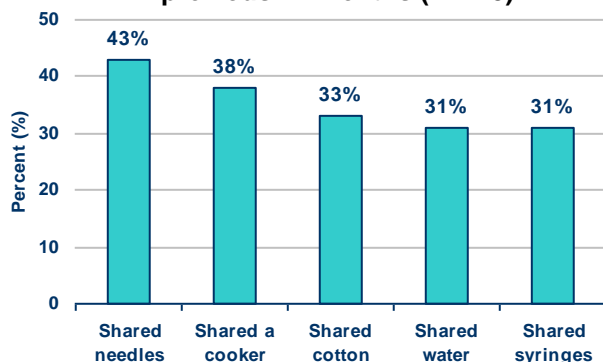
How often used **new, sterile** needles during the 12 months prior to interview (n=413)



During the previous 12 months:

- 9% reported 3 or more needle sharing partners
- 43% of participants shared injection equipment (cooker, cotton, syringe, or water for rinsing needles or preparing drugs)

Injection drug risk behaviors during the previous 12 months (n=413)



During the last time injected:

- Among participants that reported sharing any injection equipment during the previous 12 months (n=187):
 - 71% did not know their last injection partner's HIV status
 - 83% did not know their last injection partner's hepatitis C status

Sexual Risk Behaviors (n=410)*

During the previous 12 months:

- 50% reported more than 1 opposite sex partner

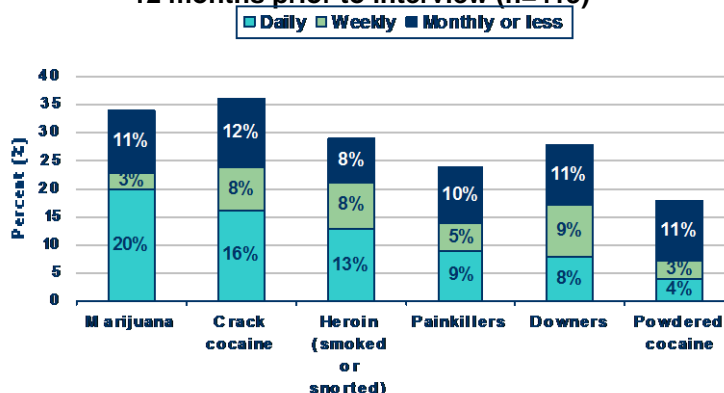
- 18% of the sample reported 5 or more opposite sex partners
- 69% reported any unprotected vaginal sex
- 23% reported 1 or more exchange partners
- 16% reported 0 sex partners

*Only includes participants that identified as male or female

Non-injection drug use

- 59% reported any non-prescription drug use during the previous 12 months

Frequency of non-injection drug use during the 12 months prior to interview (n=413)*



*Other drugs reported include crystal meth, hallucinogens, ecstasy, and poppers

Treatment

- 24% had participated in an alcohol or drug treatment program during the 12 months prior to interview
- 11% had tried to get into an alcohol or drug treatment program but were unable to

Prevention Activities

During the previous 12 months:

- 31% of participants got sterile needles for free*
 - Free needles most commonly from needle exchange program
 - 83% used free sterile needles
- 19% received free drug use materials/kits (including new cookers, cotton, or water)*
 - Free items most commonly from needle exchange programs
 - 87% used free drug materials/kits
- 6% participated in a one-on-one or group HIV prevention program – fewer than did so in the IDU1 sample (18%)

*Not including items given by a friend, relative, or sex partner

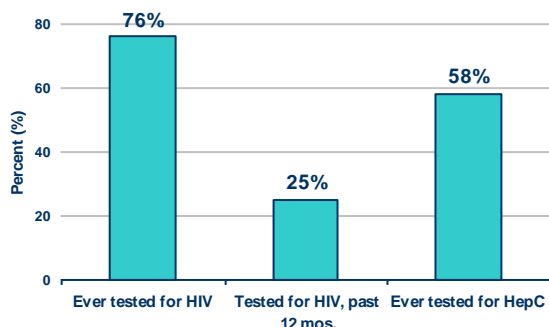
Self-reported HCV status

- About 1/3 (34%) reported hepatitis C (HCV) infection (were told by a health care provider)

Self-reported HIV status and HIV testing

- 1% (n=5) of participants self-reported HIV positive status
- 5% (n=19) of participants had ever been tested but had unknown HIV status (never obtained results or indeterminate result)
- **25% of the IDU2 sample had been tested for HIV during the previous 12 months compared to 64% of the IDU1 sample**
- The most important reasons for **not** being tested during the past 12 months were (n=310):
 - Afraid of finding out results: 39%
 - **Higher percent compared to the IDU1 sample (17%)**
 - Think low risk for HIV: 27%

HIV and Hepatitis C Testing (n=413)



Final HIV Test Results

- All IDU2 participants consented to HIV testing and 3% tested positive (n=12)
 - 58% of those that tested positive were unaware of their HIV infection (did not self-report HIV positive)
 - **HIV testing was not part of NHBS data collection activities during IDU1**

Local Detroit Questions

- 55% were very concerned about becoming infected with HIV

- 94% believe avoiding sharing needles protects against HIV
- 32% had used a pharmacy to obtain needles “always” or “most of the time” during the previous 12 months
- Of those that used a pharmacy to obtain needles/syringes, 6% reported barriers (including needles/syringes too expensive and pharmacy asks for name or identifying information)
- 47% of participants reported they knew “a little” or “not much at all” about hepatitis C
- The most common primary source of information about hepatitis C was from a physician/health care provider (23%)
- 26% of participants reported they were “not likely at all” to be able to resist using injection drugs if their only option was to share needles
- 39% feel they deal with depression, loneliness, or stress “not well at all” or “not well enough”
- 82% believe people at high risk for HIV in the Detroit metropolitan area have access to needed prevention services

Importance of Participation

- A high participation rate for the 2012 IDU3 cycle would allow a better representation of the IDU population in metro Detroit
- Participation in the 2012 cycle will allow the ability to assess any recent trends in the IDU population in metro Detroit

Questions or want to learn more about NHBS in metro Detroit?

- **Visit our website:** www.michigan.gov/hivstd
Click HIV/AIDS → Surveillance: Case Reporting and Projects → National HIV Behavioral Surveillance
- **Please contact:**
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**Special thanks to the Detroit Department of Health and Wellness Promotion HIV Counseling and Testing department and Detroit Recovery Project for providing space and HIV counseling and testing for NHBS Injecting Drug Users cycle (2009). Also, thank you to the Community Health Awareness Group (CHAG) for providing HIV Counseling and Testing support.