Injection drug use and HIV in Oregon

Background
Injection drug use (IDU) is a risk factor for HIV and can be associated with high-risk sexual behaviors. People who inject drugs (PWID) account for 20% of all people living with HIV in the United States in 2013, and 17% (1,208/6,969) in Oregon in 2015. Nationally, Blacks and Hispanics reported disproportionately high rates of HIV infection due to injection drug use relative to Whites (Blacks and Hispanics each at 21% of living cases vs. 16% among Whites in 2013). However, in Oregon only 14% of Blacks, 13% of Hispanics and 18% of Whites reported injection drug use as an HIV risk as of 2015. It can be difficult for HIV-positive people who inject drugs to find consistent and quality medical care, including antiretroviral treatment. This can contribute to increased morbidity and mortality from AIDS-related illnesses and other causes, including liver disease and overdose.

During 2006–2015, 16% (392/2,501) of cases diagnosed with HIV in Oregon acknowledged past injection drug use. This includes men who had

HIV infection and IDU facts at a glance
- From 1981 to 2015, 19% (1,852/9,923) of Oregon residents diagnosed with HIV used injection drugs prior to becoming infected. An additional 2% (n=242) never used injection drugs before becoming infected but had a sex partner that did.
- The percentage of people with newly diagnosed HIV that report past injection drug use declined from 24% during 1997 to 17% during 2015.
- Males with HIV that used injection drugs were more likely than others to have advanced disease at the time of diagnosis.

Figure 1 | Male HIV diagnoses in Oregon and probable route of infection, 2006–2015

- 70% Men who have sex with men only (MSM)
- 12% Unknown
- 10% MSM/IDU
- 5% Injection drug use (IDU)
- 3% Heterosexual
- 1% Pediatric

* HIV cases that have used injection drugs were less likely to be virally suppressed. Viral suppression corresponds to low levels of virus detected in the blood, which causes HIV to be less easily transmitted. Among Oregon residents living with HIV at the end of 2015, 9% of men that have sex with men were not suppressed compared to 18% of IDU-only and 14% of MSM/IDU. Twenty percent of female IDU were not suppressed compared to 8% of females whose risk of infection was heterosexual sex with a partner of unknown risk.
sex with men and used injection drugs (9%; 216/2,501), men who did not have sex with men but used injection drugs (4%; 110/2,501), and women who used injection drugs (3%; 66/2,501) (Figure 1 and Figure 2). An additional 2% (51/2,501; 24 men and 27 women) reported their risk of infection was heterosexual contact with someone who used injection drugs. Injection drug use was reported by 33% of American Indian/Alaska Natives (8/24), 18% of Whites (306/1,699), 13% of Blacks (19/182), 8% of Hispanics (36/465), 8% of Asians (6/71), and one of nine Pacific Islanders. Among those newly diagnosed during this period who reported injection drug use, 78% were White (306/392), 9% were Hispanic (36/392) and 5% were Black (19/392). The average age at diagnosis among cases reporting injection drug use was 34.6 years. There was no difference in age at diagnosis by birth-sex, transmission category or race/ethnicity.

The number of HIV diagnoses in Oregon declined over the last 10 years (from 282 to 212 cases). The overall decline relates to the decline in diagnoses among MSM-only (from 166 to 125 cases) and among cases reporting injection drug use. New diagnoses who reported injection drug use decreased from 55 cases in 2006 to 33 in 2013; it then slightly increased to 48 cases in 2014 and 36 in 2015 (Figure 3).

Survival after HIV/AIDS diagnosis is lower among people who report IDU. Male Oregon residents diagnosed with HIV/AIDS during 2004–2013 who likely acquired HIV through IDU were less likely to survive 10 years after diagnosis than MSM with HIV who had no history of drug use (68% vs. 90% respective estimated survival at 10 years). Similarly, women diagnosed during the same period who likely acquired HIV through IDU were less likely to survive 10 years after diagnosis compared to women with HIV and no history of IDU (74% vs. 93% respective estimated survival at 10 years). These differences were statistically significant.
Role of IDU in HIV transmission in Oregon, 2015
From 1981 through 2015, 19% (1,852/9,923) of Oregon residents newly diagnosed with HIV infections reported a history of injection drug use. An additional 2% (242/9,923) of HIV/AIDS cases reported heterosexual contact with a person who injected drugs. Among HIV cases reported in Oregon, 21% (886/4,252) of deaths were cases who reported injection drug use and another 2% (86/4,252) reported heterosexual contact with an IDU.

Impact of delayed diagnosis
Many people who use or have used injection drugs and are diagnosed with HIV infection experience delayed diagnosis.* Males reporting IDU-only were 1.7 times more likely than MSM-only to be diagnosed with AIDS within 12 months (57% vs. 33%). Among MSM who also used injection drugs, 35% experienced delayed diagnosis, which was more consistent with MSM who did not report injection drug use. Among women, injection drug use was not associated with a greater likelihood of delayed diagnosis relative to women infected by other means. Delayed diagnosis and treatment contribute to further spread of HIV.

HIV, IDU and hepatitis C
Among cases diagnosed with HIV/AIDS in Oregon during 2006–2015 with a history of reported IDU, 33% (108/326) of men and 59% (39/66) of women also had chronic hepatitis C by the end of 2015. HIV-hepatitis C co-infection may limit treatment options for HIV and result in poorer outcomes.

* Delayed diagnosis is determined from an AIDS-defining event at the time of their HIV infection diagnosis or within 12 months.

Epidemiologic resources:

Centers for Disease Control and Prevention: www.cdc.gov/hiv.

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