



NATIONAL HIV BEHAVIORAL SURVEILLANCE SYSTEM INJECTION DRUG USERS

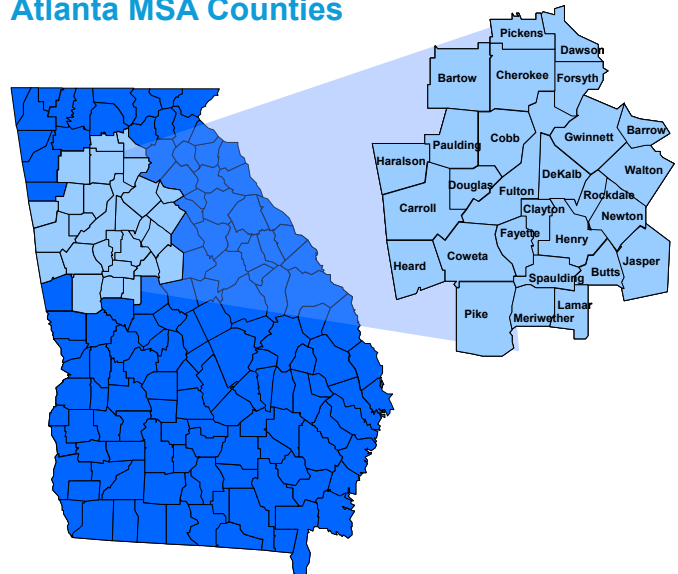
Division of Health Protection
Epidemiology Section
HIV/AIDS Surveillance Unit

Ongoing HIV Risk Behaviors in Metropolitan Atlanta: Preliminary Data from the National HIV Behavioral Surveillance (NHBS) System, Injection Drug Users (IDU2)

What is NHBS?

The Georgia Department of Public Health collaborates with Emory University and the Centers for Disease Control and Prevention (CDC) in conducting a behavioral surveillance system within the metropolitan statistical area (MSA) of Atlanta among three specific and distinct populations at heightened risk for HIV infection. This system represents one of 25 sites nationally that comprise the integrated monitoring system; eligible systems are sites that have the highest number of people living with AIDS. NHBS activities include assessing and monitoring trends in HIV risk, testing behaviors and access to preventive services among these populations at highest risk for infection: Men who have Sex with Men (MSM), Injection Drug Users (IDU), and Heterosexuals at increased risk of HIV infection (HET). Activities are implemented in one-year cycles that are repeated among any given risk group every three years. Findings will be used to enhance understanding of risk and testing behaviors, and to develop and evaluate HIV prevention programs for ongoing improvement of services among these groups in reducing this risk for HIV/AIDS infection.

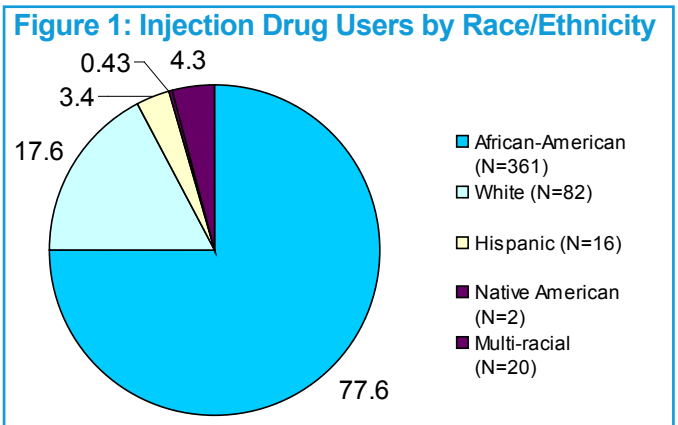
Atlanta MSA Counties



*MSA counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, Walton

Who are the participants?

Data collection for the second IDU cycle was conducted between September and December 2009. Respondent driven sampling was the methodology used in recruiting the IDU population; participants completed an anonymous survey interview and HIV test. Of 466 eligible participants ranging in age from 19 to 70 in the IDU2 cycle*, the mean age was 47 years. Our Atlanta population was mostly men, with 82% (380) male, 17% (80) female and 1% (6) being transgendered. Majority of the sample were African-American or Black IDUs (Figure 1). Seventy-two percent (338) reported having a high school diploma/GED or higher. Of 348 participants who reported ever being homeless, 77% (268) stated that they were currently homeless.



Total = 440 participants

*Note: IDU2 means the second cycle for behavioral surveillance among injection drug users

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What are the behaviors of this population?

How are IDUs affected by HIV and HCV?

The IDU population reported injecting heroin (60%), combining heroin and powdered cocaine (16%), crack cocaine (15%) and crystal meth (8%). Other issues such as injection paraphernalia sharing was still present among this population, 34% (156) reported sharing syringes and 80% (373) reported sharing other paraphernalia such as cotton, water, and cooker at last use. With regards to examining sharing networks, over two-thirds (69%) reported not knowing their injecting partner's HIV status, about one-third (32%) stated their last injecting partner was MSM and 81% (377) reported not knowing their injecting partner's HCV status. HIV positivity rates among participants in this cycle were 19% (87).

Of the 87, IDUs that were positive for HIV, 49% (43) were aware of being HIV positive at time of test. Thirty-one percent (145) reported ever being told by a physician that they had hepatitis, of that 32% (46) reported having Hepatitis B and 76% (110) reported Hepatitis C. Fifty-nine percent (275) reported being tested for HCV. Ninety percent of those aware of their HCV status reported knowing it for a year or longer and 86% (125) of them reported not being given medicine to treat HCV.

What prevention services are IDUs accessing in the Atlanta MSA?

Seventy-two percent (334) of IDUs surveyed reported ever receiving drug/alcohol treatment. Of those that reported ever participating in a drug/alcohol treatment program, only 35% (116) attended one in the last 12 months and 81% (376) stated they were unable to obtain admittance to a program. Forty-three percent (197) have reported participating in a needle exchange program and 56% (261) reported receiving free condoms in the past 12 months.

These findings illustrate potential gaps in services for IDUs receiving HIV and HCV testing as well as alcohol and drug treatment services. Further insight is needed to determine the reasons for the lack of testing with this population and incorporating strategies such as needle-exchange programs in the Atlanta MSA to reduce HIV and HCV risk among the IDU population.

Table 1: HIV & HCV Prevalence of IDUs by Race/Ethnicity†

Race/Ethnicity	HIV + N (%)	HCV + N (%)
*African-American	63 (72%)	69 (66%)
*White	21 (31%)	21 (20%)
Hispanic	4 (5%)	4 (4%)
*Multi-racial	3 (3%)	7 (7%)

Note: Disease prevalence by exclusive Race categories, % will not sum to 100%

† HIV and HCV Positive Diagnoses only among population

* Non-Hispanic

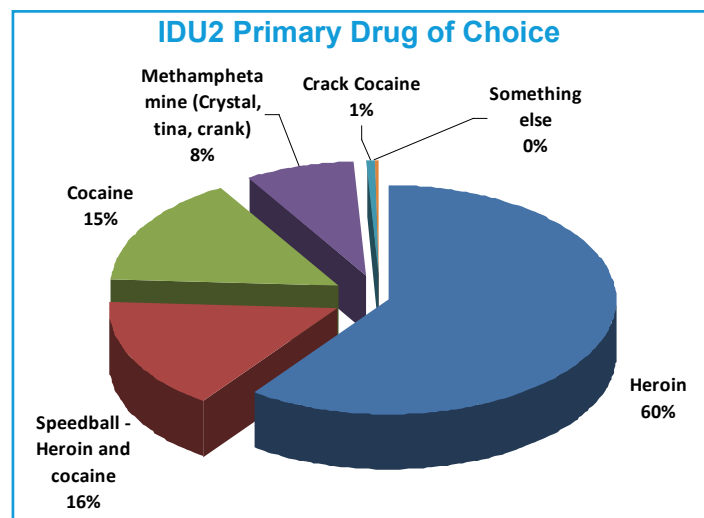
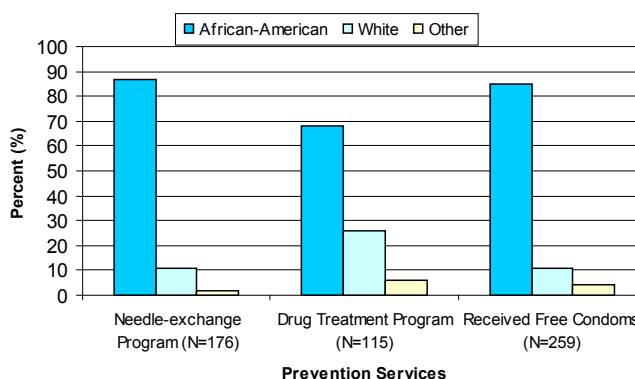


Figure 2: Utilization of Prevention Services among IDUs in the Past 12 Months by Race/Ethnicity



*Note: Categories not mutually exclusive

For additional information about the NHBS

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