

## 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>

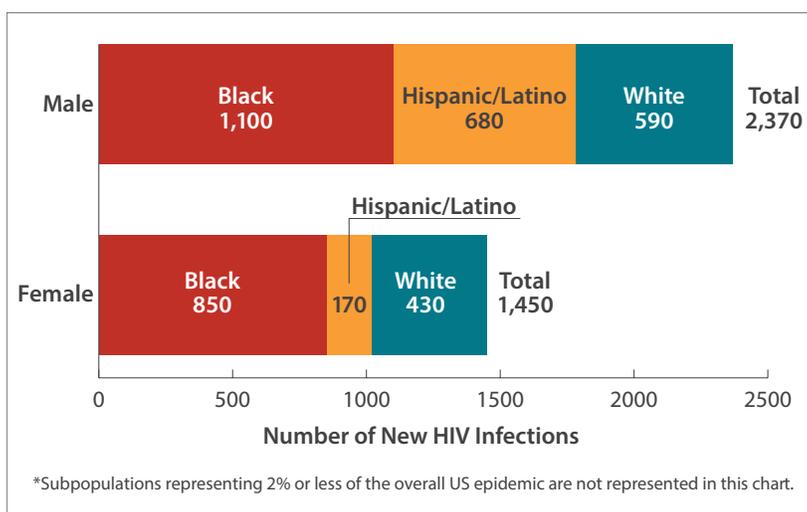
- In 2010, 8% (3,900) of the estimated 47,500 new HIV infections in the United States were attributed to injection drug use (IDU).
- Men accounted for 62% (2,400), and women accounted for 38% (1,500) of all IDU-associated HIV infections in 2010.
- In 2010, another 4% (1,600) of all estimated new HIV infections among men were among men who engage in both injection drug use and male-to-male sexual contact.<sup>b</sup>
- 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.

\*Referred to as African Americans in this fact sheet.

### HIV and AIDS 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.
- 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.
- 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. 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.
- 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.
- 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.
- 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. 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.

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



Source: Estimated HIV Incidence among Adults and Adolescents in the United States, 2007-2010, *HIV Surveillance Supplemental Report 2012*

<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.

<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.

## Prevention Challenges

- **The high-risk practice of sharing syringes and other injection equipment is common among PWID.** HIV can be transmitted by sharing needles, syringes, or other injection equipment (e.g., cookers, rinse water, cotton) that were 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.
  - Some states have syringe services programs that provide new needles, syringes, and other injection equipment to reduce the risk of HIV. The North American Syringe Exchange Network has a directory of syringe services programs (<https://nasen.org/directory>). If new needles and syringes are not available, cleaning used needles and syringes with bleach may reduce the risk of HIV.
- **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 females who inject drugs reported having sex without a condom in the last year. People who inject drugs may also take part in risky sexual behaviors to get drugs or while under coercion.
- **Young people (aged 15-30 years) who inject drugs have many of the same risk factors for HIV found in older PWID,** including a significant risk of sexual HIV transmission among MSM who inject drugs and among PWID who exchanged sex for money or drugs. These findings suggest HIV prevention interventions for PWID should include sexual risk reduction as well as injection risk reduction.
- **Injection drug use 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. Studies have shown that people treated for substance abuse are more likely to start and remain in HIV medical care, adopt safer behaviors, and take their HIV medications 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 often have trouble getting medical treatment for HIV because of social issues. 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. Because of these issues, some providers may hesitate to prescribe HIV medications to PWID because they believe PWID will not take them 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.

## What CDC Is Doing

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. For example, CDC

- **Provides funding** for state and local health departments, including a 5-year, \$339 million prevention initiative to provide HIV prevention services to at-risk populations, including PWID.
- **Supports intervention programs** that deliver services to PWID, such as PROMISE (<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/PROMISE.aspx>), which helps people move toward safer sex or risk reduction practices.
- **Supports biomedical approaches to HIV prevention**, including the use of pre-exposure prophylaxis medicines (PrEP) ([www.cdc.gov/hiv/basics/prep.html](http://www.cdc.gov/hiv/basics/prep.html)). In 2013, CDC announced the findings that providing PrEP to PWID who are at very high risk of getting HIV may reduce their risk of contracting HIV. For PWID living with HIV, antiretroviral therapy (ART) can improve health and reduce the risk of transmitting the virus to others.
- **Publishes guidelines**, including
  - Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly ([www.cdc.gov/pwud](http://www.cdc.gov/pwud)), for local and federal agencies, leaders and managers of prevention and treatment services, HIV treatment providers, social service providers, and prevention and treatment support groups.
  - PreExposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014, a Clinical Practice Guideline ([www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf](http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf)) for HIV treatment providers that recommends the use of PrEP for people at substantial risk for contracting HIV, including PWID (with the US Public Health Service).
- **Conducts surveys** and HIV testing in cities with high levels of HIV among PWID to determine their risk, testing behaviors, and use of prevention services, and publishes reports to inform HIV prevention planning and evaluation at the local and national levels.

View the bibliography at [www.cdc.gov/hiv/risk/behavior/idu.html](http://www.cdc.gov/hiv/risk/behavior/idu.html)

### 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)