

National HIV Behavioral Surveillance System: Injecting Drug Users, Philadelphia 2012

Ongoing HIV Risk Behaviors in Metropolitan Philadelphia: Data from the National HIV Behavioral Surveillance (NHBS) System, Injecting Drug Users (IDU3) in 2012

What is NHBS?

The Philadelphia Department of Public Health collaborated with the Centers for Disease Control and Prevention (CDC) in conducting a behavioral surveillance system in the Philadelphia Metropolitan Statistical Area (MSA). NHBS employs standardized anonymous questionnaires and optional HIV testing to better understand trends in HIV prevalence and risk behaviors among three sub-populations at highest risk of HIV infection in the United States: men who have sex with men (MSM), injection drug users (IDU), and high-risk heterosexuals (HET). Currently conducted annually in 20 MSAs in the United States, NHBS rotates between MSM, IDU, and HET populations in three year cycles. The overarching goal of NHBS is to help evaluate and direct local and national prevention efforts.

In 2012, the third cycle investigating IDUs (IDU3) was conducted using respondent-driven sampling (RDS), a targeted sampling technique used to reach hidden populations. Data collection for the third IDU cycle was conducted between September and December 2012. Philadelphia previously participated in the IDU cycle in 2005 (IDU1) and 2009 (IDU2) and will participate again in the IDU cycle in 2015. Survey participants were asked to recruit up to five peers in their social network until a sample size of 500 was reached.

Who are the participants?

Eligible adults for the IDU3 cycle were at least 18 years of age, lived in the Philadelphia MSA, could complete the survey in Spanish or English, and reported injecting drugs in the preceding 12 months.

Of the 715 individuals screened, 566 (79%) were eligible and consented to the survey. Participants completed an anonymous survey interview and 563 (>99%) consented to HIV testing. Population estimates using statistics from this sample are presented within this factsheet.

The age of the 566 eligible participants ranged from 18 to 78, with an average age of 42 (Figure 1). Demographic information is presented in Table 1. Philadelphia's IDU3 population is estimated to be 66% male, 34% female, and less than 1% transgendered. The majority of the population is white (57%), Black (28%) or Hispanic (15%).

Approximately 67% of the IDU3 population completed grade 12 or a GED equivalent. Only 10% are estimated to be employed either full- or part-time. Fifty-eight percent of the IDU3 population lives below the poverty line and 38% are estimated to have been homeless at one point. Approximately 68% have health insurance and 79% have seen a health care provider in the preceding year. Thirty-six percent of participants reported a hospital emergency room as their usual source of care.

Figure 1. Estimated age distribution of IDU population Philadelphia IDU3 cycle, 2012

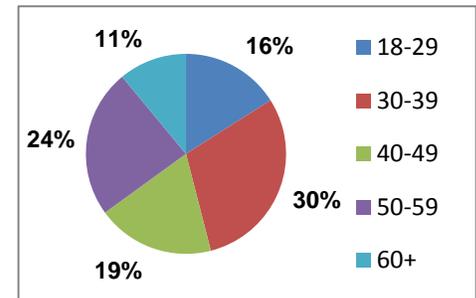


Table 1. Demographics IDU3 Population Estimates, 2012

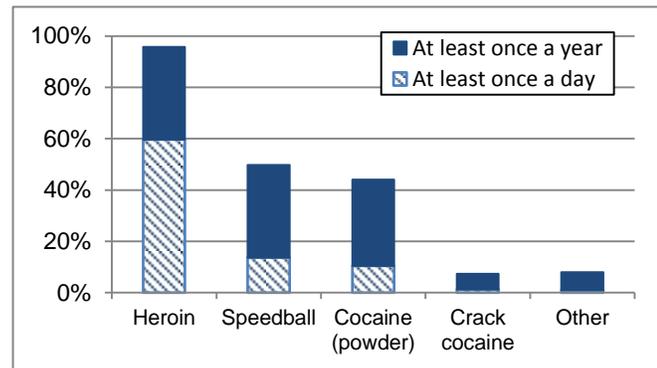
Race/Ethnicity	IDU Pop Est.
White	57%
Black/African American	28%
Hispanic	15%
Sexual orientation	
Heterosexual	88%
Bisexual	11%
Homosexual	1%
Marital status	
Never married	68%
Previously married	27%
Married	5%
Ever homeless	38%
Currently homeless (of those ever homeless)	(53%)
Education	
Less than high school	33%
High school diploma/GED	47%
More than high school	20%
Employment	
Unemployed	50%
Disabled	32%
Employed	10%
Retired/Other	8%
Poverty level	
Poverty	58%
Above poverty threshold	42%
Insured at time of interview	68%
Medicaid insured (of those insured)	(85%)
Saw health provider in past 12 months	79%
Offered HIV test by provider (of those seeing a health care provider)	(47%)
First injected drugs at 25 or younger	65%

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Drug-related Risk Behaviors

- 63% inject more than once a day, 90% inject more than once per week.
- In the past 12 months:
 - 40% always used a new sterile needle, 31% most of the time, 23% about half the time, and 6% rarely.
 - 54% used works (e.g. cookers, cottons, or water) after at least one other person.
 - 30% used drugs divided up with a used syringe.
- 60% report non-injection drug use.
- Of those who report sharing needles or works, only 39% and 43% knew their last injecting partner's HIV and HCV status, respectively.

Figure 2. Types and frequency of drugs injected IDU3 Population Estimates, 2012



Sexual Risk Behaviors

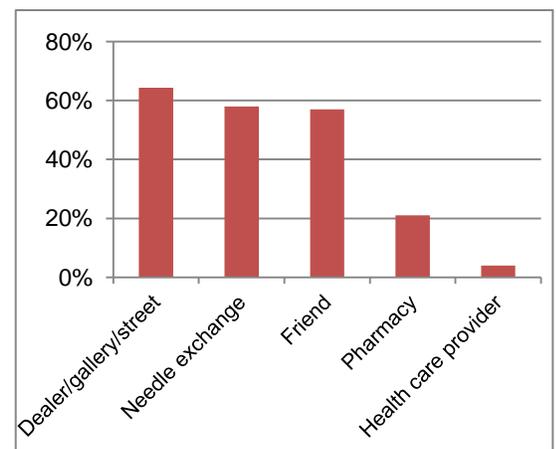
(Percentages are based on sample participants (n=566) responses rather than population estimates)

- 22% of men and 38% of women reported 5+ sex partners in the preceding 12 months, 11% of men and women reported no sexual partners.
- 51% of female and 30% of male participants exchanged sex for money, drugs, or other goods in the past 12 months.
- Of those sexually active in the last year:
 - 18% of men and 26% of women reported condom use during last sex.
 - 41% men and 53% women had unprotected sex with a partner whose HIV status was unknown.

What prevention services are IDU accessing in Philadelphia?

- In the past 12 months:
 - 50% received free, new sterile needles, nearly all from a needle exchange program.
 - 48% received free injection kits (cotton, water, cookers), 80% from needle exchange programs.
 - 42% received free condoms, 68% from a needle exchange program, 13% from an HIV/AIDS focused community organization, and 12% from a health center or clinic. 70% used the free condoms.
- Within their lifetime, it is estimated that:
 - 29% participated in an alcohol treatment program.
 - 77% participated in a drug treatment program.
- Only 17% spoke to a counselor about HIV prevention in the last 12 months. Of the participants who received counseling, 59% received services from a needle exchange program and 21% from a drug or alcohol treatment program.

Figure 3. Reported sources of needles over the last 12 months, IDU3 Population Estimates



Self-reported HIV Status and Testing

An estimated 89% of the IDU3 population received an HIV test in their lifetime. 51.4% (n=283) of the sample reported having an HIV test in the past 12 months, 5% (n=29) reported never obtaining results for the most recent test. Of those not tested for HIV in the past 12 months, the most commonly reported barrier to testing was fear of a positive result. 58% reported being informed by a provider that they had hepatitis (97%, n=318/332 with Hepatitis C).

2.7% (n=15) of the IDU3 sample self-reported HIV-infected status. By the time of interview, partner services had been offered to 60% (9/15) of the self-reported HIV positive participants and utilized by 90% of those offered. All but one (1/15) reported seeing a health care provider for HIV care.

Of the 553 participants tested for HIV following the survey, 6.3% (n=35) were HIV positive and <1% (n=4) were indeterminate. The 35 HIV-infected participants include the 15 self-reported positives and 20 new positives.

For more information on NHBS, visit <http://www.cdc.gov/hiv/statistics/systems/nhbs/>