

HIV and People Who Inject Drugs

(updated June 2021)



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This educational packet is a curated compilation of resources about people who inject drugs and HIV.

The contents of this packet are listed below:

- Diagnoses of HIV Infection in the United States and Dependent Areas, 2019: Persons Who Inject Drugs (CDC Special Focus Profile)
- HIV and People Who Inject Drugs (CDC fact sheet)
- HIV and Injecting Drugs 101 (CDC fact sheet)
- Injection Drug Use and HIV Risk (CDC fact sheet)
- Drug Facts: Drug Use and Viral Infections – HIV, Hepatitis (National Institute on Drug Abuse fact sheet)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

Diagnoses of HIV Infection in the United States and Dependent Areas 2019

[cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html](https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html)

Special Focus Profiles

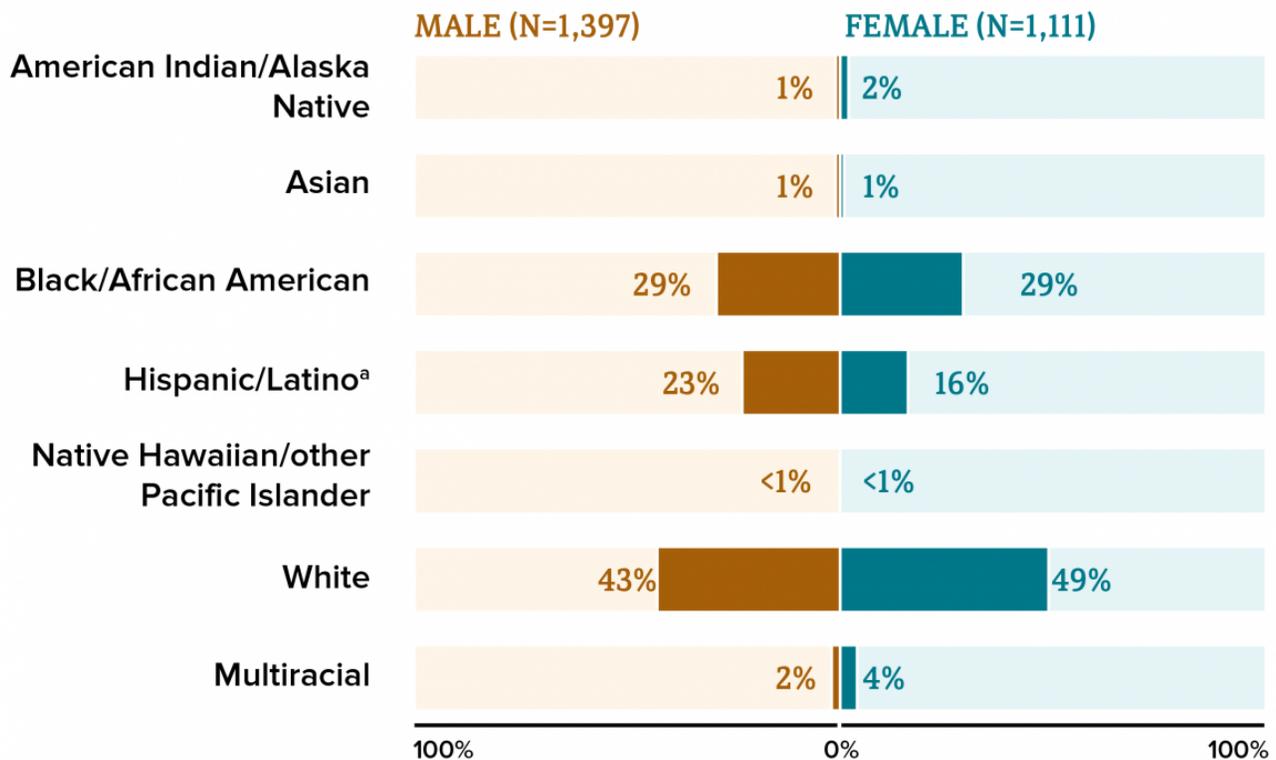
Persons Who Inject Drugs

Persons who inject drugs (PWID) can get HIV if they use and share needles, syringes, or other drug injection equipment (e.g., cookers) that someone with HIV has used. Persons who inject drugs account for about 1 in 15 HIV diagnoses in the United States. In recent years, the opioid (including prescription and synthetic opioids) and heroin crisis has led to increased numbers of PWID. HIV diagnoses among PWID have increased in the 50 states and District of Columbia. IDU in nonurban areas has created prevention challenges and brought attention to populations who would benefit from HIV prevention efforts.

Diagnoses of HIV infection:

Sex (at birth) and Race/ethnicity: From 2015 through 2019 in the United States and 6 dependent areas, the percentage of diagnoses of HIV infection attributed to IDU increased (Table 6b). In 2019, among 1,397 male PWID with diagnosed HIV infection, approximately 43% were White, 29% were Black/African American, and 23% were Hispanic/Latino persons (Figure 15). Among 1,111 female PWID with diagnosed HIV infection, 49% were White, 29% Black/African American, and 16% Hispanic/Latino persons. Please use caution when interpreting data for Asian and Native Hawaiian/other Pacific Islander PWID: the numbers are small.

Figure 15. Percentages of Diagnoses of HIV Infection among Persons Who Inject Drugs, by Sex at Birth and Race/Ethnicity, 2019—United States and 6 Dependent Areas

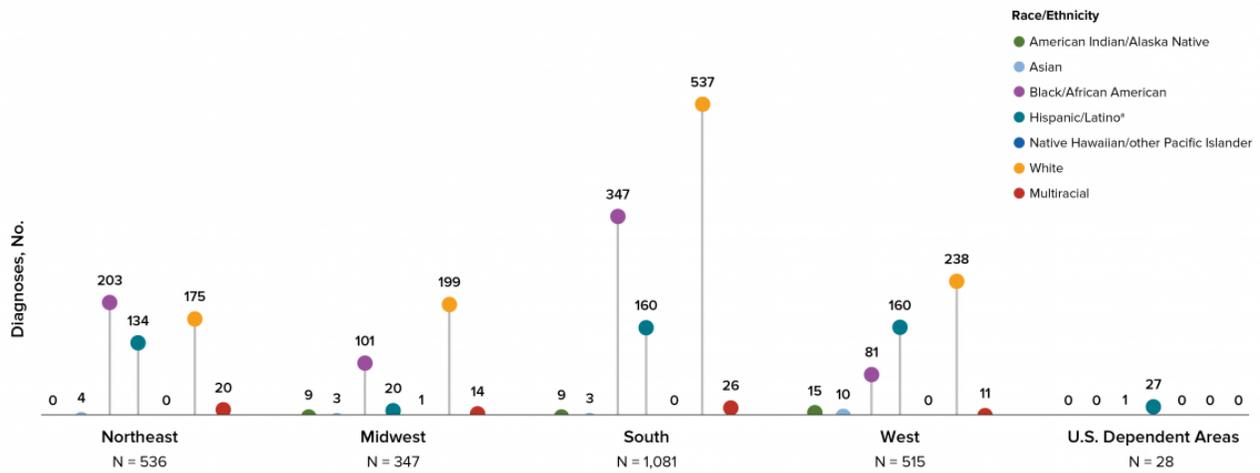


Note: Data have been statistically adjusted to account for missing transmission category. See sections D3 and D4 in the Technical Notes for more information on race/ethnicity and transmission categories.

^aHispanic/Latino persons can be of any race.

Region and race/ethnicity: In 2019 in the United States and 6 dependent areas, 2,508 diagnosed HIV infections were among PWID (Table 6b). Of these, the largest number of HIV diagnoses were in the South (1,081), followed by the Northeast (536). White persons accounted for 537 diagnosed infections among PWID (50%) in the South, Black/African American persons accounted for 347 (32%), and Hispanic/Latino persons accounted for 160 (15%) (Figure 16). In the Northeast, Black/African American persons accounted for 203 diagnosed infections among PWID (38%), White persons accounted for 175 (33%), and Hispanic/Latino persons accounted for 134 (25%). Please use caution when interpreting data for American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander PWID: the numbers are small.

Figure 16. HIV Diagnoses Among Persons Who Inject Drugs, by Region and Race/Ethnicity, 2019—United States and 6 Dependent Areas



Note: Data have been statistically adjusted to account for missing transmission category. See sections C, D3, D4, and E1 in the Technical Notes for more information on interpreting numbers, race/ethnicity, transmission categories and U.S. Census Regions.

^aHispanic/Latino persons can be of any race.

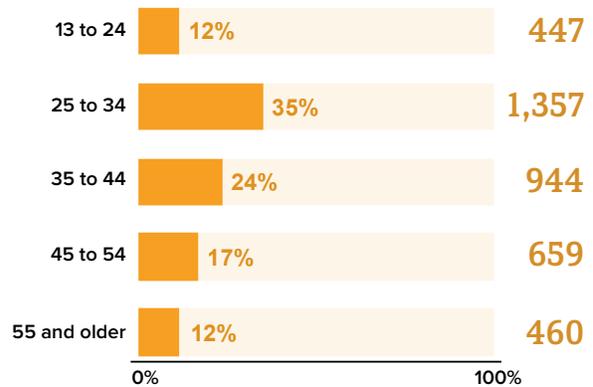
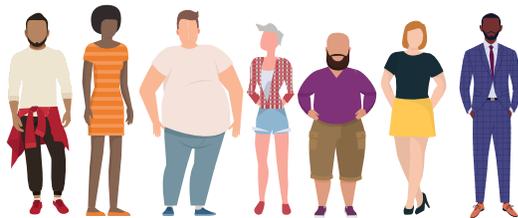
Prevalence and race/ethnicity: At year-end 2019 in the United States and 6 dependent areas, approximately 120,490 PWID were living with diagnosed HIV infection (Table 16b). Approximately 45% of PWID living with diagnosed HIV infection were Black/African American, 28% were Hispanic/Latino, and 22% were White persons. Multiracial persons accounted for approximately 5% of those living with diagnosed HIV infection among PWID. American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander persons each accounted for less than 1% of those living with diagnosed HIV infection among PWID.

HIV and People Who Inject Drugs



People who inject drugs (PWID)* made up 10% (3,864) of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas[†] in 2018.

People aged 13 to 34 made up nearly half of all new HIV diagnoses among PWID.

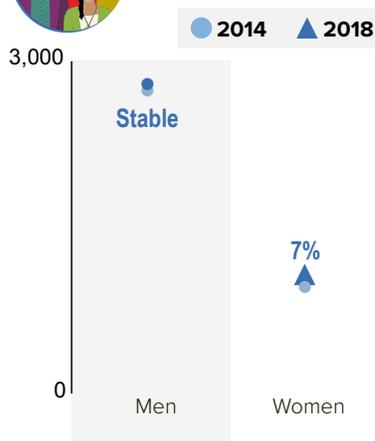


The numbers have been statistically adjusted to account for missing transmission categories. Values may not equal the total number of PWID who received an HIV diagnosis in 2018.

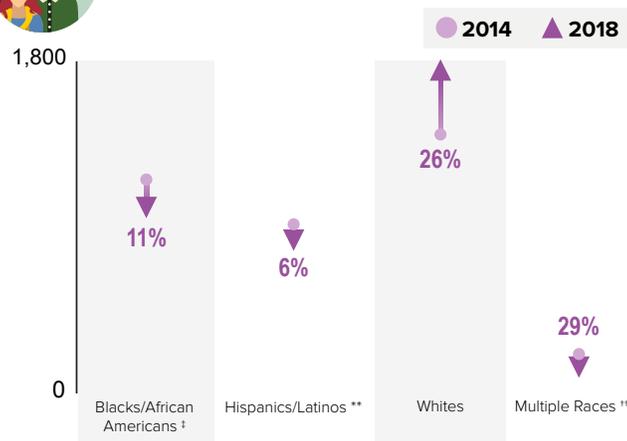
From 2014 to 2018, HIV diagnoses remained stable among PWID overall. While progress has been made with reducing HIV diagnoses among some groups of PWID, efforts will continue to focus on lowering diagnoses among all PWID.



Trends by Sex



Trends by Race/Ethnicity



* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

† American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

‡ Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

†† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

‡‡ In 50 states and the District of Columbia.



Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

PWID who don't know they have HIV can't get the care and treatment they need to stay healthy.



At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 186,500 were among people with HIV attributed to injection drug use.##

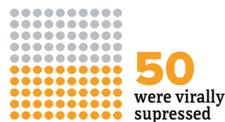
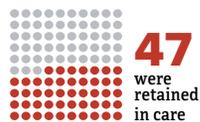
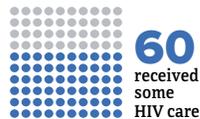
9 in 10
PWID knew they had the virus.



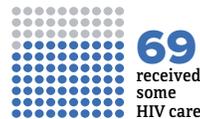
It is important for PWID to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners. Keeping an undetectable viral load also likely reduces the risk of transmitting HIV through shared needles, syringes, or other drug injection equipment, though we don't know by how much.

Compared to all people with HIV, male PWID have lower viral suppression rates, female PWID have about the same viral suppression rates, and gay and bisexual male PWID have higher viral suppression rates. More work is needed to increase these rates.

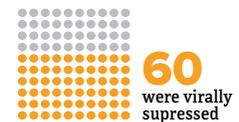
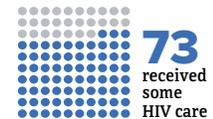
For every 100 male PWID with HIV:
(not including gay and bisexual men)



For every 100 female PWID with HIV:



For every 100 gay and bisexual male PWID with HIV:



For comparison, for every **100 people overall** with HIV,
65 received some care, **50 were retained in care**, and **56 were virally suppressed**.

There are several challenges that place some PWID at higher risk for HIV.

Opioid Crisis



The prescription opioid and heroin crisis in nonurban areas has led to increased numbers of PWID and new populations being at risk. These areas have limited access to HIV services and substance use disorder treatment.

Other Diseases



PWID are at risk for getting blood-borne diseases such as viral hepatitis and other sexually transmitted diseases (STDs). Having another STD can greatly increase the likelihood of getting or transmitting HIV through sex.

Lack of Treatment



PWID may not have access to treatment, including medication-assisted treatment (MAT) and medication for opioid use disorder (MOUD). MAT and MOUD can lower HIV risk by reducing injection drug use.

Lack of Prevention Programs



Some PWID may not have access to effective syringe services programs (SSPs). SSPs provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and most provide HIV testing and linkage to care.

How is CDC making a difference for PWID?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html

For more information visit www.cdc.gov/hiv

HIV AND INJECTING DRUGS 101

Sharing needles, syringes, or other drug injection equipment—for example, cookers—puts people who inject drugs at high risk for getting HIV.

CAN I GET HIV FROM INJECTING DRUGS?



Yes, if you share needles, syringes, or other injection equipment with someone who has the virus. Sharing can transfer blood from person to person, and blood can carry HIV.



Also, when you're high on drugs, you're more likely to take risks with sex, which can increase your risk for getting HIV.

HOW CAN I LOWER MY RISK OF GETTING HIV?

The best way is to stop injecting drugs. To find a treatment program to help you quit, visit findtreatment.samhsa.gov or call **1-800-662-HELP (4357)**.

If you choose to inject drugs, here are some ways to lower your risk for HIV:

- Use new, clean needles and syringes every time you inject, and never share injection equipment.
- If you do share needles and syringes, always clean used needles and syringes with bleach. Cleaning your needles and syringes can greatly reduce your risk for HIV and viral hepatitis.
- Bleach can't be used to clean water or cotton. New, clean water or cotton should be used each time.



- Take medicine to prevent HIV called pre-exposure prophylaxis (PrEP). When taken as prescribed, PrEP is highly effective for preventing HIV from sex or injection drug use.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Use condoms the right way every time you have anal or vaginal sex, or choose activities with little to no risk like oral sex. Abstinence (not having sex) is always an option.



WHERE CAN I GET NEW, CLEAN NEEDLES AND SYRINGES?



- Many communities have syringe services programs that give out new, clean needles, syringes, bleach kits, and other supplies. To find one near you, visit nasen.org/map.
- Some pharmacies sell new, clean needles and syringes.
- In some places, doctors can write prescriptions for new, clean needles and syringes.



For more information please visit www.cdc.gov/hiv

INFORMACIÓN BÁSICA SOBRE EL VIH Y LA INYECCIÓN DE DROGAS

Compartir las agujas, jeringas u otros implementos de inyección de drogas —por ejemplo, las cocinas— pone a las personas que se inyectan drogas en alto riesgo de contraer el VIH.

¿PUEDO CONTRAER EL VIH POR INYECTARME DROGAS?



Sí, si comparte con otra persona que tiene el virus las agujas, jeringas, u otro equipo de inyección. Cuando se comparten estos materiales, se puede transferir la sangre de una persona a la otra, y la sangre puede portar el VIH.

Además, cuando usted está bajo los efectos de las drogas, es más probable que tome riesgos sexuales, lo cual puede aumentar su riesgo de contraer el VIH.



¿CÓMO PUEDO REDUCIR MI RIESGO DE CONTRAER EL VIH?

La mejor manera es dejar de inyectarse drogas. Para encontrar un programa de tratamiento que lo ayude a dejar de consumirlas, visite findtreatment.samhsa.gov o llame al 1-800-662-HELP (4357).

Si elige inyectarse drogas, las siguientes son algunas maneras de reducir el riesgo de contraer el VIH:

- Use agujas y jeringas nuevas y limpias cada vez que se inyecte. Nunca comparta los implementos de inyección con otras personas.
- Si comparten las agujas y jeringas, limpie siempre con cloro las agujas y jeringas usadas. Limpiar sus agujas y jeringas puede reducir considerablemente su riesgo de contraer el VIH y hepatitis virales.
- No se puede usar blanqueador con cloro para limpiar el agua o el algodón. Se debe usar agua o algodón nuevos y limpios cada vez.



- Tome los medicamentos de profilaxis preexposición (PrEP) para prevenir la infección por el VIH. Cuando se toman según las indicaciones, los medicamentos de la PrEP son altamente eficaces para prevenir el VIH a través del sexo o el consumo de drogas inyectables.



- Si cree que se ha expuesto al VIH en los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica sobre la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales, o escoja actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales. La abstinencia (no tener relaciones sexuales) siempre es una opción.

¿DÓNDE PUEDO CONSEGUIR AGUJAS LIMPIAS NUEVAS Y JERINGAS?



- Muchas comunidades tienen programas de servicios de agujas, que entregan agujas limpias nuevas, y jeringas, kits con cloro y otros implementos. Para encontrar un programa cercano, visite nasen.org/map.
- Algunas farmacias venden agujas limpias nuevas y jeringas.
- En algunos lugares, los médicos pueden recetarle agujas limpias nuevas y jeringas.



Para obtener más información visite la página www.cdc.gov/hiv/spanish

Injection Drug Use and HIV Risk

 cdc.gov/hiv/risk/idu.html

Sharing needles, syringes, or other drug injection equipment—for example, cookers—puts people at risk for getting or transmitting HIV and other infections.



Risk of HIV

The risk for getting or transmitting HIV is very high if an HIV-negative person uses injection equipment that someone with HIV has used. This is because the needles, syringes, or other injection equipment may have blood in them, and blood can carry HIV. HIV can survive in a used syringe for up to 42 days, depending on temperature and other factors.^a

Substance use disorder can also increase the risk of getting HIV through sex. When people are under the influence of substances, they are more likely to engage in risky sexual behaviors, such as having anal or vaginal sex without protection (like a condom or medicine to prevent or treat HIV), having sex with multiple partners, or trading sex for money or drugs.



Risk of Other Infections and Overdose

Sharing needles, syringes, or other injection equipment also puts people at risk for getting viral hepatitis. People who inject drugs should talk to a health care provider about getting a blood test for hepatitis B and C and getting vaccinated for hepatitis A and B.

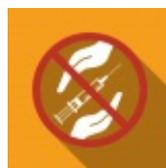
In addition to being at risk for HIV and viral hepatitis, people who inject drugs can have other serious health problems, like skin infections and heart infections. People can also overdose and get very sick or even die from having too many drugs or too much of one drug in their body or from products that may be mixed with the drugs without their knowledge

(for example, fentanyl).

Reducing the Risk



The best way to reduce the risk of getting or transmitting HIV through injection drug use is to stop injecting drugs. People who inject drugs can talk with a counselor, doctor, or other health care provider about treatment for substance use disorder, including medication-assisted treatment. People can find treatment centers in their area by using the locator tools on [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) or www.hiv.gov, or call 1-800-662-HELP (4357).



People who continue injecting drugs should never share needles, syringes, or other injection equipment such as cookers. Many

communities have [syringe services programs \(SSPs\)](#) where people can get free sterile needles and syringes and safely dispose of used ones. SSPs can also refer people to treatment for substance use disorder and help them get tested for HIV and hepatitis. People can contact their local health department or the [North American Syringe Exchange Network \(NASEN\)](#) to find an SSP. Also, some pharmacies may sell needles and syringes without a prescription.

Other things people can do to lower their risk of getting or transmitting HIV, if they continue to inject drugs, include:



Using bleach to clean needles, syringes, cookers, and surfaces where drugs are prepared. This may reduce the risk of HIV and hepatitis C but doesn't eliminate it. Bleach can't be used to clean water or cotton. New, sterile water or cotton should be used each time.



Being careful not to get someone else's blood on their hands, needles, syringes, or other injection equipment.



Disposing of syringes and needles safely after one use. People can put them in a sharps container or another container like an empty bleach or laundry detergent bottle. Keep all used syringes and needles away from other people.



Asking their health care provider about taking daily medicine to prevent HIV (called pre-exposure prophylaxis or PrEP). People who take PrEP must take an HIV test before beginning PrEP and every 3 months while they're taking it.



Taking HIV medicine if they have HIV. People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV *through sex*. We don't know whether keeping an undetectable viral load prevents HIV transmission *through sharing needles, syringes, or other injection equipment*. It very likely reduces the risk, but we don't know by how much.



Using a condom the right way every time they have anal or vaginal sex. Learn the right way to use a male condom.

Learn more about how to protect yourself, and get information tailored to meet your needs from CDC's HIV Risk Reduction Tool .

^a Abdala N, Reyes R, Carney JM, Heimer R. Survival of HIV-1 in syringes: effects of temperature during storage. *Subst Use Misuse* 2000;35(10):1369-83.



National Institute
on Drug Abuse

DrugFacts

www.drugabuse.gov

Drug Use and Viral Infections (HIV, Hepatitis)

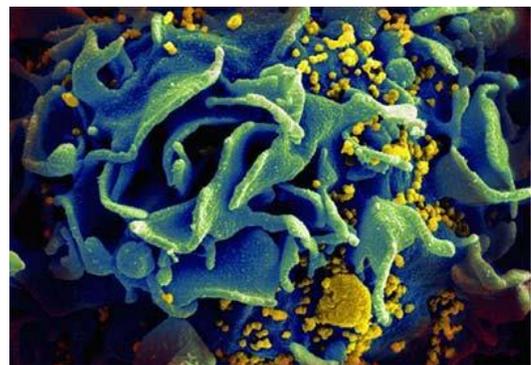
What's the relationship between drug use and viral infections?

People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting viral infections such as human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or hepatitis. This is because viruses spread through blood or other body fluids. It happens primarily in two ways: (1) when people inject drugs and share needles or other drug equipment and (2) when drugs impair judgment and people have unprotected sex with an infected partner. This can happen with both men and women.

Drug use and addiction have been inseparably linked with HIV/AIDS since AIDS was first identified as a disease. According to the CDC, one in 10 HIV diagnoses occur among people who inject drugs.¹ In 2016, injection drug use (IDU) contributed to nearly 20 percent of recorded HIV cases among men—more than 150,000 patients. Among females, 21 percent (about 50,000) of HIV cases were attributed to IDU.² Additionally, women who become infected with a virus can pass it to their baby during pregnancy, regardless of their drug use. They can also pass HIV to the baby through breastmilk.

What is HIV/AIDS?

HIV stands for *human immunodeficiency virus*. This virus infects the body's immune cells, called CD4 cells (T cells), which are needed to fight infections. HIV lowers the number of these T cells in the immune system, making it harder for the body to fight off infections and disease. *Acquired immune deficiency syndrome* (AIDS), is the final



HIV-infected T cell
Image by [NIAID](#)

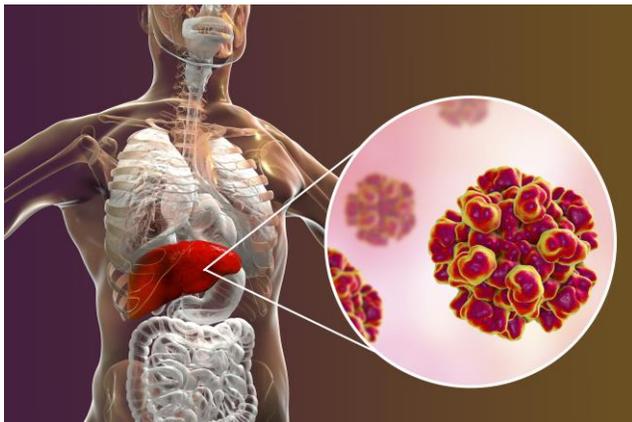
stage of an HIV infection when the body is unable to fend off disease. A person with a healthy immune system has a T cell count between 500 and 1,600.

Being infected with HIV does not automatically mean that it will progress to AIDS. A patient is diagnosed with AIDS when identified with one or more infections and a T cell count of less than 200.

More than 1.1 million people in the United States live with an HIV infection, with an estimated 162,500 who are unaware of their condition.³ While there are medicines that help prevent the transmission and spread of HIV and its progression to AIDS, there is no vaccine yet developed for the virus, and there is no cure.

What is hepatitis?

Hepatitis is an inflammation of the liver and can cause painful swelling and irritation, most often caused by a family of viruses: [A, B, C, D, and E](#). Each has its own way of spreading to other people and needs its own treatment. Hepatitis B virus (HBV) and hepatitis C virus



©iStock/Dr. Microbe Digital image of Hepatitis E viral infection, Stock photo ID:988500128

(HCV) can spread through sharing needles and other drug equipment. Infections can also be transmitted through risky sexual behaviors linked to drug use, though this is not common with HCV.

There is a vaccine to prevent HBV infection and medicines to treat it. There are also [medicines to treat HCV infection](#), but no vaccine. Some people recover from infection without treatment. Other people need to take medicine for the rest of their lives and be monitored for liver failure and cancer.

How does drug use affect symptoms and outcomes of a viral infection?

Drug use can worsen the progression of HIV and its symptoms, especially in the brain. Studies show that drugs can make it easier for HIV to enter the brain and cause greater nerve cell injury and problems with thinking, learning, and memory. Drug and alcohol use can also directly damage the liver, increasing risk for chronic liver disease and cancer among those infected with HBV or HCV.

How can people lessen the spread of viral infections?

People can reduce the risk of getting or passing on a viral infection by:

- **Not using drugs.** This decreases the chance of engaging in unsafe behavior, such as sharing drug-use equipment and having unprotected sex, which can lead to these infections.
- **Never sharing drug equipment.** However, if you inject drugs, never share needles or injection equipment. Many communities have [syringe services programs \(SSPs\)](#) where you can get free sterile needles and syringes and safely dispose of used ones. They can also refer you to substance use disorder treatment services and help you get tested for HIV and hepatitis. Contact your local health department or [North American Syringe Exchange Network \(NASEN\)](#) to find an SSP. Also, some pharmacies may sell needles without a prescription. Read more about safe disposal in the U.S. Food and Drug Administration fact sheet, [Be Smart With Sharps](#).
- **Getting tested and treated for viral infection.** People who inject drugs should get tested for HIV, HBV, and HCV. Those who are infected may look and feel fine for years and may not even be aware of the infection. So, testing is needed to help prevent the spread of disease—whether or not you are among those most at risk or part of the general population. Get treatment if needed. Read more about HIV testing at the HIV.gov webpage, [HIV Test Types](#). Read more about hepatitis in the CDC's fact sheet, [Hepatitis C: Information on Testing and Diagnosis](#).
- **Practicing safe sex every time.** People can reduce their chances of transmitting or getting HIV, HBV, and HCV by using a condom every time they have sex. This is true for those who use drugs and those in the general population.
- **Pre-exposure prophylaxis (PrEP) for HIV.** PrEP is when people who are at significant risk for contracting HIV take a daily dose of HIV medications to prevent them from getting the infection. Research has shown that PrEP has been effective in reducing the risk of HIV infection in people who inject drugs.
- **Post-exposure prophylaxis (PEP) for HIV.** PEP is when people take antiretroviral medicines to prevent becoming infected after being potentially exposed to HIV. According to the CDC, PEP should be used within 72 hours after a recent possible exposure and only be used in emergency situations. If you think you've recently been exposed to HIV during sex, through sharing needles, or sexual assault, talk to your health care provider or an emergency room doctor about PEP right away. Read more about PEP in the Centers for Disease Control and Prevention's (CDC's) fact sheet, [PEP 101](#).
- **Getting vaccinated for HBV.** If you live in the same household, have sexual contact with or share needles with a person with HBV, then you should be vaccinated to prevent transmission. Read more about the vaccine on the CDC's webpage, [Hepatitis B In-short](#).
- **Getting treatment for substance use disorder.** Talk with a counselor, doctor, or other health care provider about substance use disorder treatment, including medications if you have opioid use disorder. To find a treatment center near you, check out the locator tools on [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) or [www.hiv.gov](#), or call 1-800-662-HELP (4357). Read more about drug use disorder treatments in [DrugFacts: Treatment Approaches for Drug Addiction](#).

Learn More

For more information about drug use disorder treatment, visit our [Treatment webpage](#).

For more information about HIV/AIDS, including testing and treatment, visit:

- [NIDA's HIV/AIDS webpage](#)
- [HIV.gov](#)
- [CDC's HIV Basics](#)
- [Viral Hepatitis—A Very Real Consequence of Substance Use](#)
- NIDA HCV Research: [Linkage to Hepatitis C Virus Care among HIV/HCV Co-infected Substance Users](#)
- NIDA's AIDS Research program: [AIDS Research Program \(ARP\)](#)

Points to Remember

- People who engage in drug use or high-risk behaviors associated with drug use put themselves at risk for contracting or transmitting viral infections. This is because viruses spread through blood or other body fluids.
- The viral infections of greatest concern related to drug use are HIV and hepatitis.
- People can get or transmit a viral infection when they inject drugs and share needles or other drug equipment.
- Drugs also impair judgment and can cause people to make risky decisions, including having unprotected sex.
- Women who become infected with a virus can pass it to their baby during pregnancy or while breastfeeding, whether or not they use drugs.
- People can reduce their risk of getting or passing on a viral infection by not using drugs, taking PrEP if they are at high risk for infection, getting PEP if you've been exposed to HIV, getting tested for HIV and HCV, consistently practicing safer sex, getting the HBV vaccine, and getting treatment for drug use.

For more information about NIDA's AIDS Research program, visit the webpage, [AIDS Research Program \(ARP\)](#).

For more information about hepatitis, including testing and treatment, visit:

- NIDA's webpage, [Viral Hepatitis—A Very Real Consequence of Substance Use](#)
- CDC's [Viral Hepatitis webpage](#)

References

1. Centers for Disease Control and Prevention (CDC). *HIV and Injection Drug Use*; 2017. <https://www.cdc.gov/hiv/risk/idu.html>
2. Centers for Disease Control and Prevention (CDC). HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2017 <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

- Centers for Disease Control and Prevention (CDC). *HIV in the United States: At A Glance.*; 2017. <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>

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