People Who Inject Drugs and HIV (updated January 2023)



People Who Inject Drugs and HIV

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

The contents of this packet are listed below:

- HIV and People Who Inject Drugs (CDC)
- HIV and Injecting Drugs 101 (CDC)
- HIV and Injection Drug Use: Risk of HIV(CDC)
- Drug Facts: Drug Use and Viral Infections HIV, Hepatitis (National Institute on Drug Abuse fact sheet)
- Infographics from CDC

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.



HIV and People Who Inject Drugs

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on HIV diagnoses and prevention and care outcomes are available, we are not updating this web content with data from these reports.



People who inject drugs (PWID) are at high risk for HIV if they use needles, syringes, or other drug injection equipment—for example, cookers—that someone with HIV has used.

Although HIV diagnoses among PWID have remained stable in recent years, injection drug use in some areas of the United States have created prevention challenges and placed new populations at risk for HIV. This highlights the need for strengthened HIV prevention efforts for PWID, such as expanding coverage and support for comprehensive syringe services programs (SSPs).

HIV Risk Behaviors

The risk of getting or transmitting HIV varies widely depending on the type of exposure or behavior. Most commonly, people get or transmit HIV through anal or vaginal sex, or sharing needles, syringes, or other drug injection equipment—for example, cookers.

Syringe Sharing

Sharing needles, syringes, or other drug injection equipment means using a needle or syringe after someone else used it to inject drugs or medicine or for tattoos or piercings.

Syringe Sharing Among People Who Inject Drugs in 23 US Cities, 2018



Sharing needles, syringes, or other drug injection equipment puts people who inject drugs (PWID) at high risk for HIV and other infections.



HIV Prevention Syringe Services Programs

Syringe services programs (SSPs) are community-based prevention programs that provide a range of services, including access to sterile needles and syringes, facilitation of safe disposal of used syringes, and provide and link people to other important services and programs, such as substance use disorder treatment, vaccination, testing, and linkage to care and treatment for infectious diseases.

Receipt of Syringes from Syringe Services Programs Among People Who Inject Drugs in 23 US Cities, 2018

Syringe services programs (SSPs) are effective at reducing syringe sharing and most provide HIV testing and linkage to care.

of PWID reported getting syringes from SSPs

Source: CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs–National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.

Medication-Assisted Treatment

Medication-assisted treatment (MAT) combines medications and behavioral therapy to treat substance use disorders and prevent overdose.



HIV Testing

HIV testing tells you whether or not you have HIV. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. People with certain risk factors should get tested at least once a year.

HIV Testing Among People Who Inject Drugs in 23 US Cities, 2018

People who inject drugs (PWID) should get tested for HIV at least once a year.

of PWID tested for HIV in the past 12 months

Source: CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs–National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018 🔼 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.

HIV Diagnoses

55%

Diagnoses refers to the number of people who received an HIV diagnosis during a given year. Adult and adolescent PWID^a accounted for 10% (3,864)^b of the 37,968 new HIV diagnoses in the United States (US) and dependent areas^c in 2018 (2,492 cases were attributed to injection drug use and 1,372 to male-to-male sexual contact^d *and* injection drug use).

New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Sex, 2018*

Among people who inject drugs, most new HIV diagnoses were among men.





New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Race/Ethnicity, 2018*



New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Age, 2018*



0% 100%

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.

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

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). HIV Surveillance Report 2020;31

New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Sex, Race/Ethnicity, and Transmission Category, 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.



This chart does not include subpopulations representing 2% or less of all PWID who received an HIV diagnosis in 2018. * Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors). ⁺Based on sex assigned at birth and includes transgender people.

* *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.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). HIV Surveillance Report 2020;31.

PWID With HIV

People with HIV who take HIV medicine as prescribed can live long, healthy lives and help prevent HIV transmission.

PWID With HIV in the 50 States and District of Columbia, 2018

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.*





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 will not transmit 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.



65 received some care, 50 were retained in care, and 56 were virally suppressed.

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

⁺Had 2 viral load or CD4 tests at least 3 months apart in a year.

⁺Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018 📙 [PDF – 3 MB]. HIV Surveillance Supplemental

Report 2020;25(1).

Source: CDC. Selected national HIV prevention and care outcomes [PDF – 2 MB] (slides).

Selected Characteristics Among PWID With HIV in 23 US Cities, 2018



Source: CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs–National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018 🔑 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.

Deaths

In 2018, there were 4,905 deaths among PWID with diagnosed HIV in the US and dependent areas. These deaths could be from any cause.

Prevention Challenges



Many communities do not have the resources or support to establish effective syringe services programs (SSPs). Barriers to SSPs include legal and regulatory issues, insufficient funding, and misunderstandings about the effectiveness and safety of SSPs.



The prescription opioid and heroin crisis has led to increased numbers of PWID, placing new populations at risk for HIV. The crisis has disproportionately affected nonurban areas, where HIV prevalence rates have been low historically. These areas have limited services for HIV prevention and treatment and substance use disorder treatment.



PWID may also engage in risky sexual behaviors, such as having sex without protection (like condoms or medicine to prevent or treat HIV), having sex with multiple partners, or trading sex for money or drugs. Studies have found that young PWID are more likely than older PWID to have sex without a condom, have more than one sex partner, and have sex partners who also inject drugs.



PWID may face stigma and discrimination. Although substance use disorder is a health issue that requires treatment, it is often viewed as a criminal activity. Stigma and mistrust of the health care system may prevent PWID from seeking HIV testing, care, and treatment.





PWID may not have access to substance use disorder treatment, including medication-assisted treatment (MAT) and medication for opioid use disorder (MOUD). MAT and MOUD can lower HIV risk among PWID by reducing injection drug use. Also, PWID who have HIV are more likely to take HIV medicine as prescribed if they are on MAT or MOUD. Barriers may include lack of prescribers, legal and regulatory issues, insurance coverage, and confusion about the use of MAT and MOUD.

PWID are also at risk for getting other sexually transmitted diseases (STDs), blood-borne diseases, and bacterial infections. Having another STD can greatly increase the likelihood of getting or transmitting HIV through sex. For people with HIV, getting hepatitis B or C can put them at increased risk for serious, life-threatening complications. PWID can also have other bacterial infections, such as endocarditis and methicillin-resistant staphylococcus aureus.

What CDC Is Doing

CDC is pursuing a high-impact HIV prevention approach to maximize the effectiveness of HIV prevention interventions and strategies. Funding state, territorial, and local health departments and community-based organizations (CBOs) to develop and implement tailored programs is CDC's largest investment in HIV prevention. This includes longstanding successful programs and new efforts funded through the *Ending the HIV Epidemic in the U.S.* initiative. In addition to funding health departments and CBOs, CDC is also strengthening the HIV prevention workforce and developing HIV communication resources for consumers and health care providers.

- Under the integrated HIV surveillance and prevention cooperative agreement, CDC awards around \$400 million per year to health departments for HIV data collection and prevention efforts. This award directs resources to the populations and geographic areas of greatest need, while supporting core HIV surveillance and prevention efforts across the US.
- In 2019, CDC awarded \$12 million to support the development of state and local *Ending the HIV Epidemic in the U.S.* plans in the nation's 57 priority areas. To further enhance capacity building efforts, CDC uses HIV prevention resources to fund the National Alliance of State and Territorial AIDS Directors (NASTAD) with \$1.5 million per year to support strategic partnerships, community engagement, peer-to-peer technical assistance, and planning efforts.
- In 2020, CDC awarded\$109 million to 32 state and local health departments that represent the 57 jurisdictions across the United States prioritized in the *Ending the HIV Epidemic in the U.S.* initiative. This award supports the implementation of state and local *Ending the HIV Epidemic in the U.S.* plans.
- Under the flagship community-based organization cooperative agreement, CDC awards about \$42 million per year to community organizations. This award directs resources to support the delivery of effective HIV prevention strategies to key populations.
- In 2019, CDC awarded a cooperative agreement to strengthen the capacity and improve the performance of the nation's HIV prevention workforce. New elements include dedicated providers for web-based and classroom-based national training, and technical assistance tailored within four geographic regions.
- CDC supports intervention programs that deliver services to PWID such as *Community PROMISE*, a community-level HIV prevention program that uses role-model stories and peer advocates to distribute prevention materials within social networks.
- CDC provides guidance on SSP activities that can be supported with CDC funds and how CDC-funded programs may request to direct resources to support SSPs.
- CDC provides technical assistance on SSP implementation. SSPs are proven and effective community-based prevention
 programs that provide a range of services, including access to and disposal of sterile syringes and injection equipment,
 vaccination, testing, and linkage to infectious disease care and substance use treatment. SSPs play a key role in preventing
 HIV and other health problems among PWID.
- CDC uses cutting-edge technology to detect and respond to clusters of HIV transmission, and supports state and local responses to HIV outbreaks
 traced to injection drug use.
- CDC supports programs to deliver biomedical approaches to HIV prevention and treatment for PWID such as pre-exposure prophylaxis (PrEP) for people at risk, post-exposure prophylaxis (PEP) to lower the chances of getting HIV after an exposure, and antiretroviral therapy (ART) or medicines to treat HIV.
- CDC maintains the National HIV Behavioral Surveillance(NHBS) system among populations at risk for HIV. Every three years, NHBS collects information on HIV infection and behaviors from PWID in jurisdictions with high HIV prevalence, including drug use and sexual risk behaviors, testing behaviors, and use of HIV prevention services.
- Through its *Let's Stop HIV Together* campaign, CDC offers resources about HIV stigma, testing, prevention, and treatment. This campaign is part of the *Ending the HIV Epidemic in the U.S.* initiative.

^a Adult and adolescent PWID aged 13 and older.

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

^c Unless otherwise noted, the term *United States* (US) includes the 50 states, the District of Columbia, and the 6 dependent areas of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

^d The term *male-to-male sexual contact* is used in CDC surveillance systems. It indicates a behavior that transmits HIV infection, not how people self-identify in terms of their sexuality. This web content uses the term *gay and bisexual men* to represent gay, bisexual, and other men who reported male-to-male sexual contact.

HIV AND INJECTING DRUGS 101

Sharing needles, syringes, or other drug injection equipment—for example, cookers—increases your chances of getting HIV.

CAN I GET HIV FROM INJECTING DRUGS?



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

Also, when you use drugs, you may be more likely to take risks with sex, which can increase your chances of getting HIV.



HOW CAN I PREVENT 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 continue 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. **Use new, clean water and cotton** each time.
- Take PrEP (pre-exposure prophylaxis) to prevent getting HIV. When taken as prescribed, PrEP is highly effective for preventing HIV.



- Take PEP (post-exposure prophylaxis) if you think you've been exposed to HIV in the last 72 hours and are not on PrEP.
- Use condoms the right way every time you have anal or vaginal sex, or choose less risky activities like oral sex. Abstinence (not having sex) is always an option.

WHERE CAN I GET NEW, CLEAN NEEDLES AND SYRINGES?

• In some places, health care providers can write prescriptions for new,

• Some pharmacies sell new, clean needles and syringes.

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.**



Scan to learn more!

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

Octubre de 2022

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— aumentar sus probabilidades de contraer el VIH.

¿PUEDO CONTRAER EL VIH POR INYECTARME DROGAS?



Sí, si comparte con otra persona que tiene el VIH 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 usa drogas, es más probable que tome riesgos sexuales, lo cual puede aumentar sus probabilidades 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 la PrEP (profilaxis prexposición) para prevenir el VIH. Cuando se toman según las indicaciones, los medicamentos de la PrEP son altamente eficaces para prevenir la infección por el VIH.



- Tome los medicamentos de la PEP (profilaxis posexposición) si cree que ha estado expuesto al VIH en las últimas 72 horas y no toma los medicamentos de la PrEP.
- 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.







Escanea para obtener más información!

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

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HIV and Injection Drug Use

cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.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).

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

Factors That Increase HIV Risk

cdc.gov/hiv/basics/hiv-transmission/increase-hiv-risk.html

What can increase the risk of getting or transmitting HIV?

Viral Load

The higher someone's viral load, the more likely that person is to transmit HIV.

- Viral load is the amount of HIV in the blood of someone who has HIV.
- Viral load is highest during the acute phase of HIV, and without HIV treatment.
- Taking HIV medicine can make the viral load very low—so low that a test can't detect it (called an undetectable viral load).
- People with HIV who keep an undetectable viral load (or stay <u>virally suppressed</u>) can live long, healthy lives. Having an undetectable viral load also helps prevent transmitting the virus to others through sex or sharing needles, syringes, or other injection equipment, and from mother to child during pregnancy, birth, and breastfeeding.

Other Sexually Transmitted Diseases

If you have another sexually transmitted disease (STD), you may be more likely to get or transmit HIV.

- Getting tested and treated for STDs can lower your chances of getting or transmitting HIV and other STDs.
- If you have HIV and get and keep an undetectable viral load, getting an STD does not appear to increase the risk of transmitting HIV. But STDs can cause other problems.



Using <u>condoms</u> can reduce your chances of getting or transmitting STDs that can be transmitted through genital fluids, such as gonorrhea, chlamydia, and HIV.

Condoms are less effective at preventing STDs that can be transmitted through sores or cuts on the skin, like human papillomavirus, genital herpes, and syphilis.

If you're sexually active, you and your partners should get tested for STDs, even if you don't have symptoms. To get tested for HIV or other STDs, <u>find a testing site</u> near you.

Alcohol and Drug Use

When you're drunk or high, you're more likely to engage in risky sexual behaviors like having sex without protection (such as condoms or medicine to prevent or treat HIV).

- Being drunk or high affects your ability to make safe choices.
- Drinking alcohol, particularly binge drinking, and using "club drugs" can alter your judgment, lower your inhibitions, and impair your decisions about sex or drug use.
- You may be more likely to have unplanned sex, have a harder time using a condom the right way every time you have sex, have more sexual partners, or use other drugs.

If you're going to a party or another place where you know you'll be drinking or using drugs, you can bring a condom so that you can reduce your risk of getting or transmitting HIV if you have vaginal or anal sex.

Counseling, medicines, and other methods are available to help you stop or cut down on drinking or using drugs. Talk with a counselor, doctor, or other health care provider about options that might be right for you.



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

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HIV-infected T cell Image by <u>NIAID</u>

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: <u>A, B, C, D, and E</u>. Each has its own way of spreading to other people and needs its own treatment. Hepatitis B virus (HBV) and hepatitis C virus



©iStock/<u>Dr_Microbe</u> 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 <u>medicines to treat HCV</u> <u>infection</u>, 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, <u>Be Smart With Sharps.</u>
- **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, <u>HIV Test Types</u>. Read more about hepatitis in the CDC's fact sheet, <u>Hepatitis C: Information on Testing and Diagnosis</u>.
- **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, <u>PEP 101</u>.
- **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, <u>Hepatitis B In-short</u>.
- **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 <u>Substance Abuse and Mental Health Services</u> <u>Administration (SAMHSA)</u> or <u>www.hiv.gov</u>, or call 1-800-662-HELP (4357). Read more about drug use disorder treatments in <u>DrugFacts: Treatment Approaches for Drug Addiction</u>.

Learn More

For more information about drug use disorder treatment, visit our <u>Treatment webpage</u>.

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

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

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, <u>AIDS</u> <u>Research Program (ARP)</u>.

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

- NIDA's webpage, <u>Viral Hepatitis—A Very Real Consequence of Substance Use</u>
- CDC's <u>Viral Hepatitis webpage</u>

References

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

Infographics from CDC

(including information about HIV Among People Who Inject Drugs)



FIGURE 16

Percentages of diagnoses of HIV infection among persons who inject drugs, by sex assigned at birth and race/ethnicity, 2020 (COVID-19 Pandemic) —United States and 6 dependent areas



Infographics from CDC

(including information about HIV Among People Who Inject Drugs)

FIGURE 15

Percentages of diagnoses of HIV infection among persons who inject drugs, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



