HIV/HCV Risk Behaviors, Testing, Prevention and Care

IDU in Chicago, 2009

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HIV Behavioral Surveillance IDU2 Cycle
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HIV Behavioral Surveillance

- Ongoing national system to monitor:
  - HIV/STD risk behaviors
  - HIV testing behaviors
  - Exposure to HIV prevention
- Conducted in 21 cities in U.S.
- Three primary populations (MSM, IDU, HET)
- Annual surveys repeated in 3-year cycles
  - IDU1 – 2005
  - IDU2 - 2009
HIV (not AIDS) 2000 thru 2008 by Mode of Transmission

Chicago Department of Public Health – STD/HIV/AIDS Division – Surveillance, Epidemiology and Research Section
HIV (not AIDS) 2000 thru 2008 by Mode of Transmission
Methods

- Recruitment and Data Collection:
  - August 12, 2009 – November 24, 2009
- Conducted 25-minute Survey with eligible IDUs
- Tested for HIV and Hepatitis C, and STARHS
- @ 4 neighborhood-based locations citywide
- Different location each day (Mon-Thurs)
Respondent-Driven Sampling

- Form of Chain Referral
- First Link on the Chain – A Seed
- Seed completes interview and is given 3 coupons
- Seed gives coupons to other IDUs he or she knows
- After other IDUs complete interview they are each given 3 coupons
- And so on and so on…
Incentives

- RDS uses dual incentives
- Participants were given $25 for completing the survey, $25 to compensate for time taken for HIV/HCV testing, and $10 for each eligible peer that they recruited
- Participants were restricted to 3 coupons
Selecting Seeds

• Seeds are IDUs that we already know
  – Dynamic individuals
  – Knowledgeable about the IDU situation in the community
  – Personally know other IDUs
  – Many IDUs within the community come to them for information
Selecting Seeds

- 9 Initial Seeds were diverse by:
  - Race/Ethnicity (4 AA, 3 W, 2 H)
  - Gender (5 M / 4 F)
  - Geography
  - Type of Drug Used (Heroin / Cocaine)

- Recruited through CBOs/NX/Methadone
Interview Locations

- CDPH South Austin Clinic (Madison/Keeler)
- COIP Englewood (63rd/Ashland)
- CDPH Lakeview Clinic (Diversey/Clark)
- CALOR Storefront (Grand/Pulaski)
Results
5 full-time staff
1 van
14 weeks
679 persons screened
545 IDU
Gender

Male (n=392)  Female (n=151)  Transgender (n=2)

71%  28%  1%
Race/Ethnicity
(n=545)

- NH White (n=129) 24%
- Latino (n=180) 33%
- Other (n=3) 1%
- NH Black (n=233) 43%
Age

(median = 44 years; range (18 – 79))
Socioeconomic Characteristics

• Income in last year:
  • 50% < $10,000
  • 5% > $50,000
• 45% reported being homeless in the past year
• 58% currently homeless (21% in IDU1)
• 38% less than high school education
• 70% currently have no health insurance
• 30% have not been to a doctor in past 12 months
Drug Use

• Powdered heroin – primary drug (98%)

• 90% daily injectors (any drug)

• 40% reported speedball use in past year (7% daily)

• Median Age at first injection: 21 (range: 9 – 49)

• Non-injecting drug use was less common than 2005
  • 20% reported using crack regularly (once a week+)
  • 33% reported snorting or smoking heroin

• 72% reported some drug treatment (in lifetime)
Sharing Behavior

Used A Needle That May Have Been Used By Someone Else in the Past 12 Months
(n=545)

- 76% (Always)
- 18% (Rarely)
- 5% (Half the time)
- 1% (Most of the time)
- 63% (2005)
Shared A Needle in the Past 12 Months
(n=545)

Male

Female

23%
26%
Shared A Needle in the Past 12 Months
(n=545)

NH White: 24%
NH Black: 16%
Hispanic: 24%
Shared A Needle in the Past 12 Months
(n=545)

- 57% (18-24)
- 30% (25-34)
- 30% (35-44)
- 17% (45-54)
- 9% (55+)

(2005)

52% (2005)

45% (2005)
Shared Cottons, Cooker, or Water After Someone Else's Needle Touched It in the Past 12 Months (n=545)

16% (2005)

- Never: 50%
- Rarely: 31%
- Half the time: 4%
- Most of the time: 2%
- Always: 14%

51% (2005)
Shared Cottons, Cookers, or Water in the Past 12 months (n=545)

- Male: 51%
- Female: 50%
Shared Cottons, Cookers, or Water in the Past 12 months
(n=545)

- NH White: 60%
- NH Black: 48%
- Hispanic: 48%
Shared Cottons, Cookers, or Water in the Past 12 months
(n=545)

- 18-24: 79%
- 25-34: 54%
- 35-44: 49%
- 45-54: 48%
- 55+: 44%

64% (2005)
Sources of Needles

• From:
  • Doctor’s Office: 8%
  • Bought from Pharmacy 44% → 32% (2005)
  • Dealer, street 17%
  • Friend, acquaintance, sex partner 52%
  • Needle Exchange 69%
Acquired Needles from a Local Needle Exchange
(n=545)

Male: 69%
Female: 70%
Acquired Needles from a Local Needle Exchange
(n=545)

NH White: 68%
NH Black: 65%
Hispanic: 76%
Acquired Needles from a Local Needle Exchange
(n=545)

74% (2005)
Prevention Utilization

• 55% have received free condoms in past year
• 66% reported receiving free sterile needles in past year
  • 92% received them from needle exchange program
• 63% received free injection supplies → 76% (2005)
  • 92% were from needle exchange
• 7% free needles from other HIV-focused organizations
  → 30% (2005)
Hepatitis C

• Of total sample: 545 IDU
• Over half (65%) have been tested for HCV → 45% (2005)
  • 27% tested in the past year
• 64% of those tested reported being diagnosed with HCV
  • 8% among IDU under 30 years of age
• 84% have received NO treatment for HCV
• 72% have NOT been vaccinated for Hepatitis A & B
Hepatitis C Prevalence
(from study testing)

- 59% (n=203) tested HCV-positive
- 66% among NH Black IDU
- 38% among NH White IDU
- 64% among Hispanic IDU
- 75% of HCV+ are 40 years or older
- 59% of HCV+ unaware of their infection
Characteristics of IDU with Unrecognized HCV Infection

- NH Black (n=105)
- NH White (n=29)
- Latino (n=69)
- 0-19,999 (n=163)
- 20,000-49,999 (n=35)
- 50,000+ (n=5)
- <= HS Grad (n=143)
- Some College+ (n=60)
- Male (n=157)
- Female (n=45)

Unrecognized HCV Infection
HIV Testing and Treatment
HIV Testing

• 90% have been tested for HIV (lifetime)

• 46% not tested in the past year → 24% (2005)
  • Believe they are low risk (39%)
  • Afraid to find out (33%)

• Most often reported location of most recent HIV test:
  • Needle Exchange – 20%
  • Public Health Clinic – 17%
  • Hospital/ED – 16%
  • Jail – 15%
HIV Prevalence

• 5.5% (n=29) tested HIV-positive
  • 5.8% among NH Black IDU
  • 4.7% among NH White IDU
  • 5.7% among Latino IDU

• 72% of HIV+ are 40 years or older

• 48% of HIV+ unaware of their infection
  • 29% of unaware reported no lifetime HIV test
Characteristics of IDU with Unrecognized HIV Infection

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Annual Income</th>
<th>Highest Level of Education</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Black (n=13)</td>
<td>0-19,999 (n=23)</td>
<td>&lt;= HS Grad (n=16)</td>
<td>Male (n=25)</td>
</tr>
<tr>
<td>NH White (n=1)</td>
<td>20,000-49,999 (n=5)</td>
<td>Some College+ (n=13)</td>
<td>Female (n=4)</td>
</tr>
<tr>
<td>Latino (n=7)</td>
<td>50,000+ (n=1)</td>
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</tbody>
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- Unrecognized HIV Infection
HIV Positive IDU

• 93% have seen a PCP for HIV treatment

• 57% currently taking HIV antiretrovirals (ARV)
  • 66% not taking ARVs due to adequate CD4 count & viral load.

83% (2005)
Conclusions

• Sharing:
  • Needles – *may have* decreased among older IDUs
  • Needles/Works - increased slightly among young IDUs

• Pharmacy may be growing as a source of new needles
  • May be impacting access to clean works, testing at NX

• HIV and HCV treatment options need to be expanded

• Rates of unrecognized HIV infection significantly higher than national estimates

• **Must work to preserve gains!!**