

HIV/HCV Risk Behaviors,
Testing, Prevention and Care
IDU in Chicago, 2009



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HIV Behavioral Surveillance IDU2 Cycle

Surveillance, Epidemiology and Research

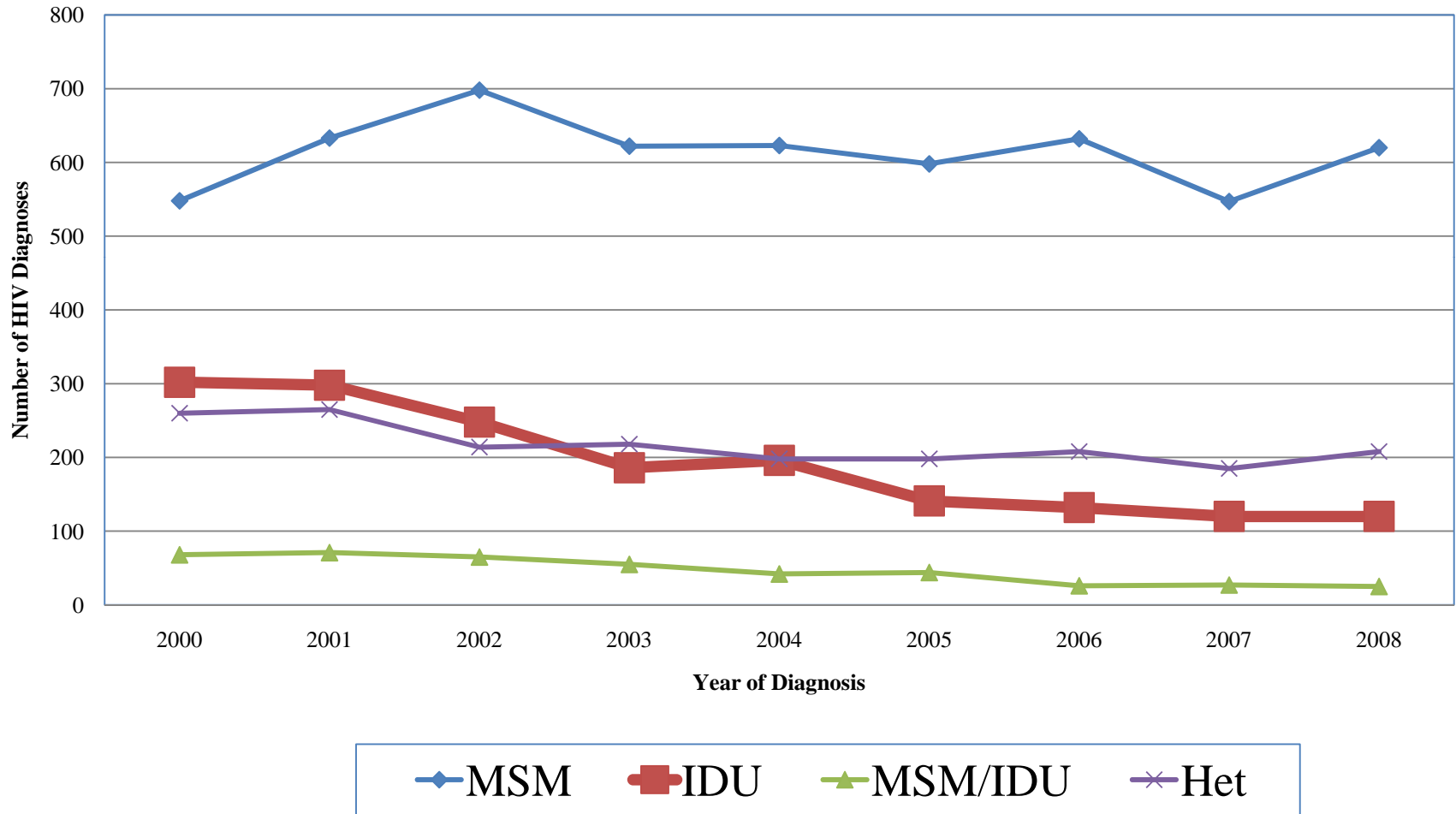
Division of STI/HIV/AIDS

Chicago Department of Public Health

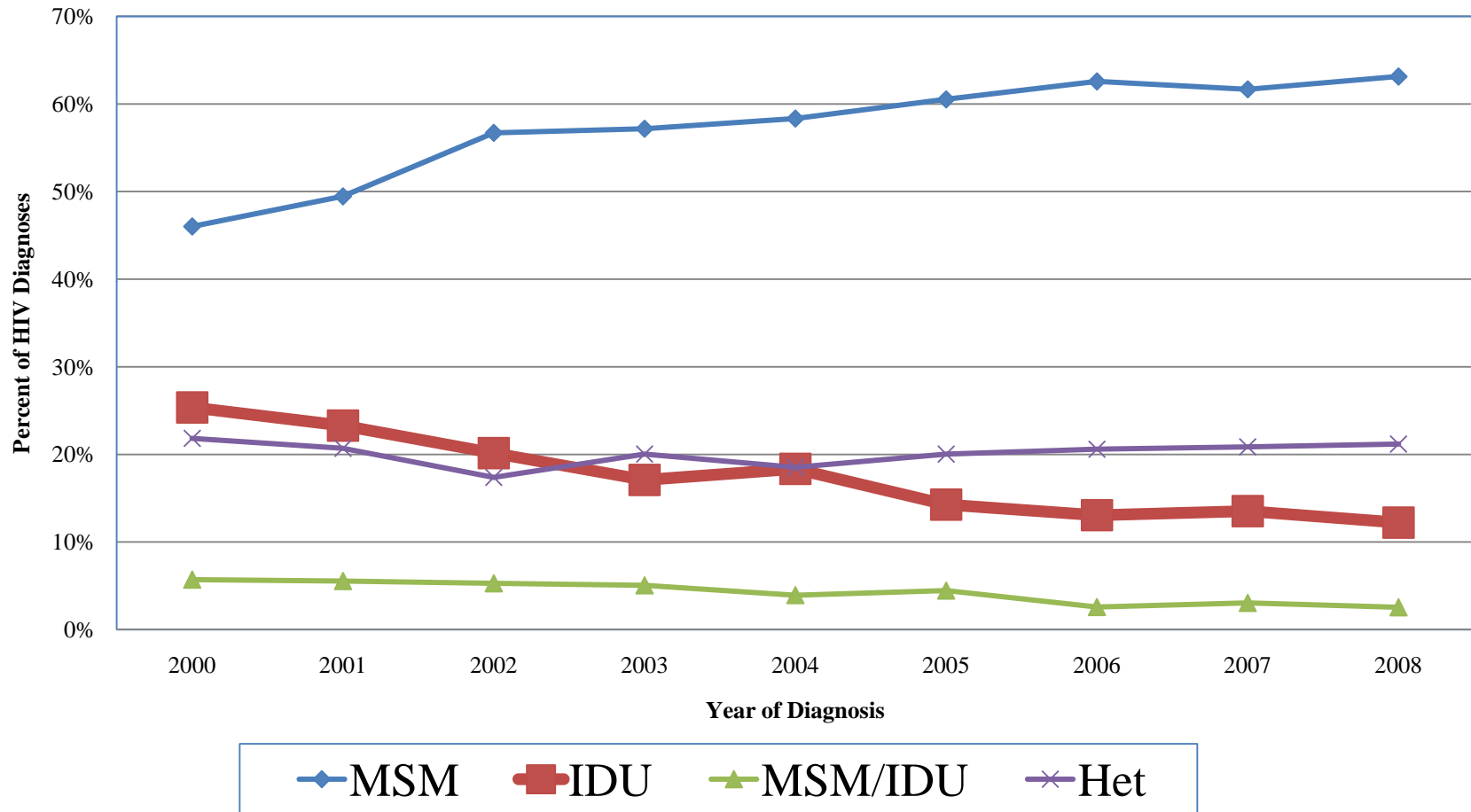
HIV Behavioral Surveillance

- 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



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

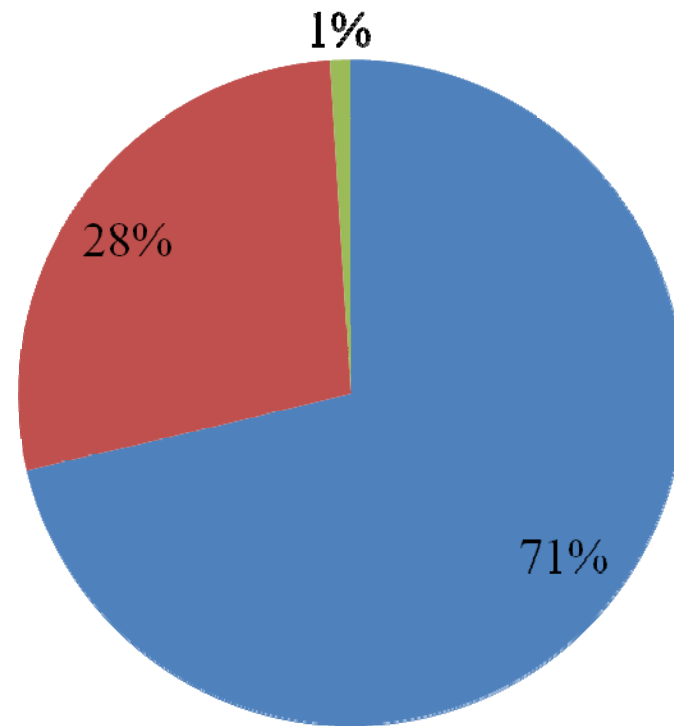
679 persons screened

545 IDU

Gender

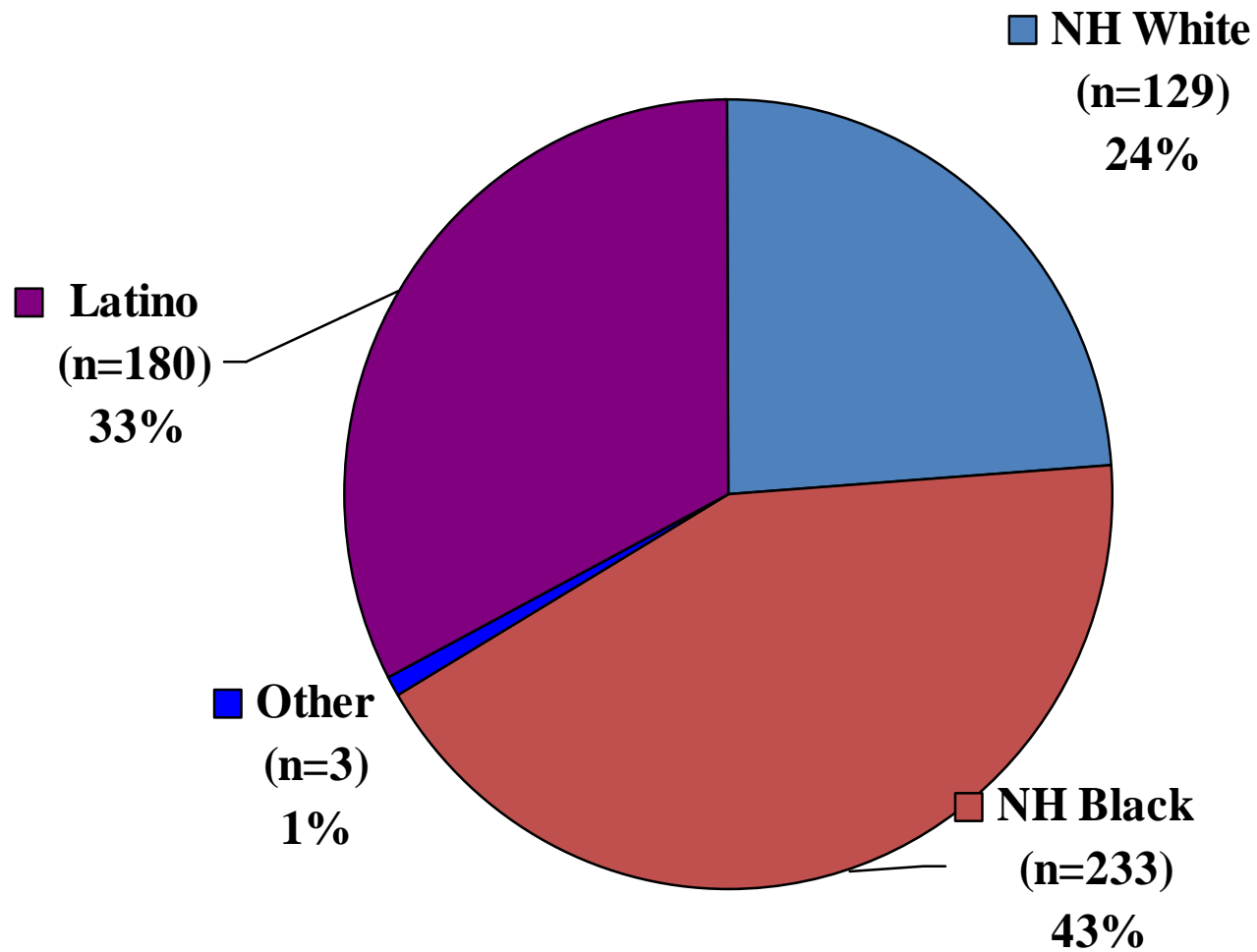
Gender

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



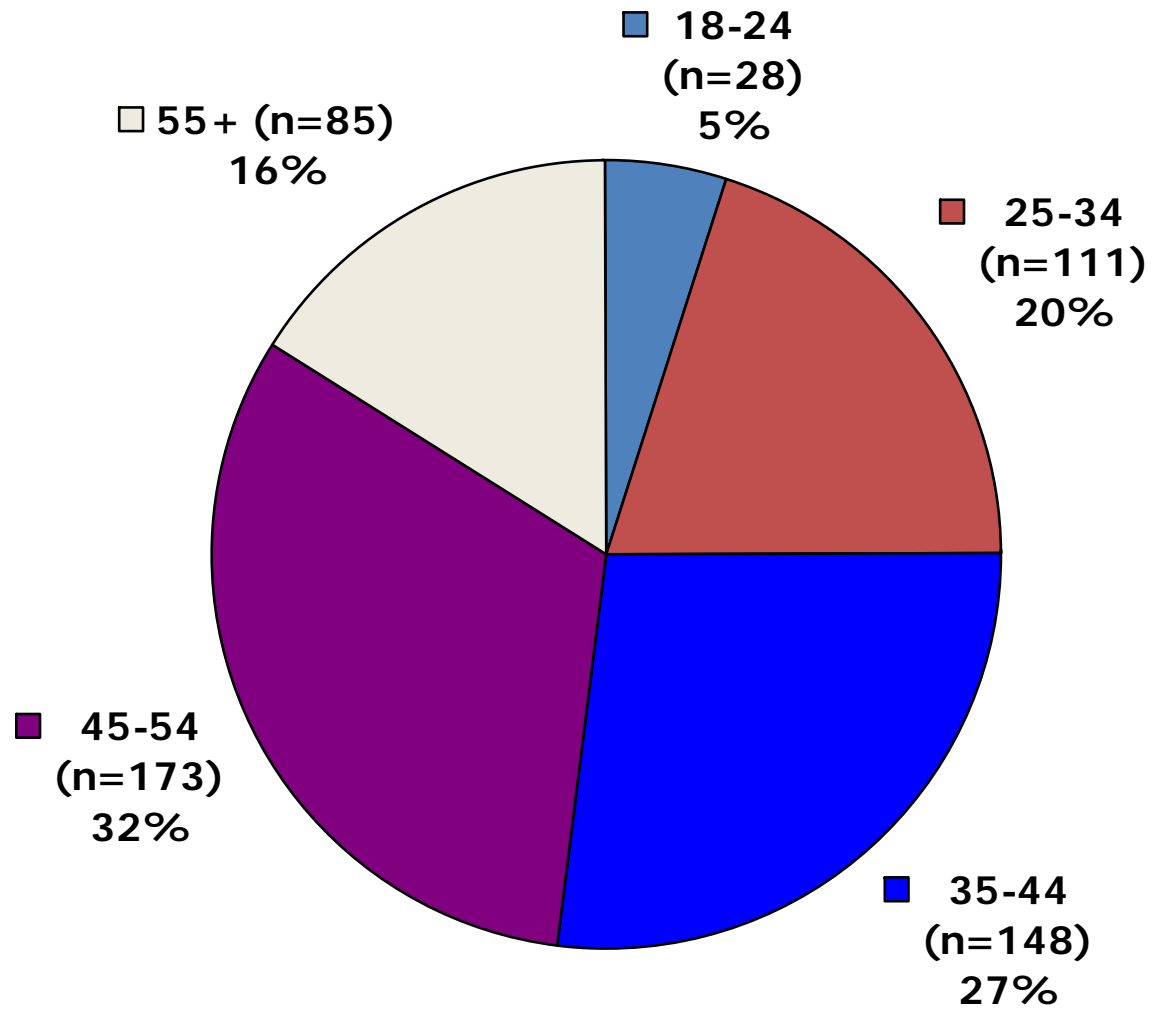
Race/Ethnicity

(n=545)



Age

(median = 44 years; range (18 – 79))



Socioeconomic Characteristics

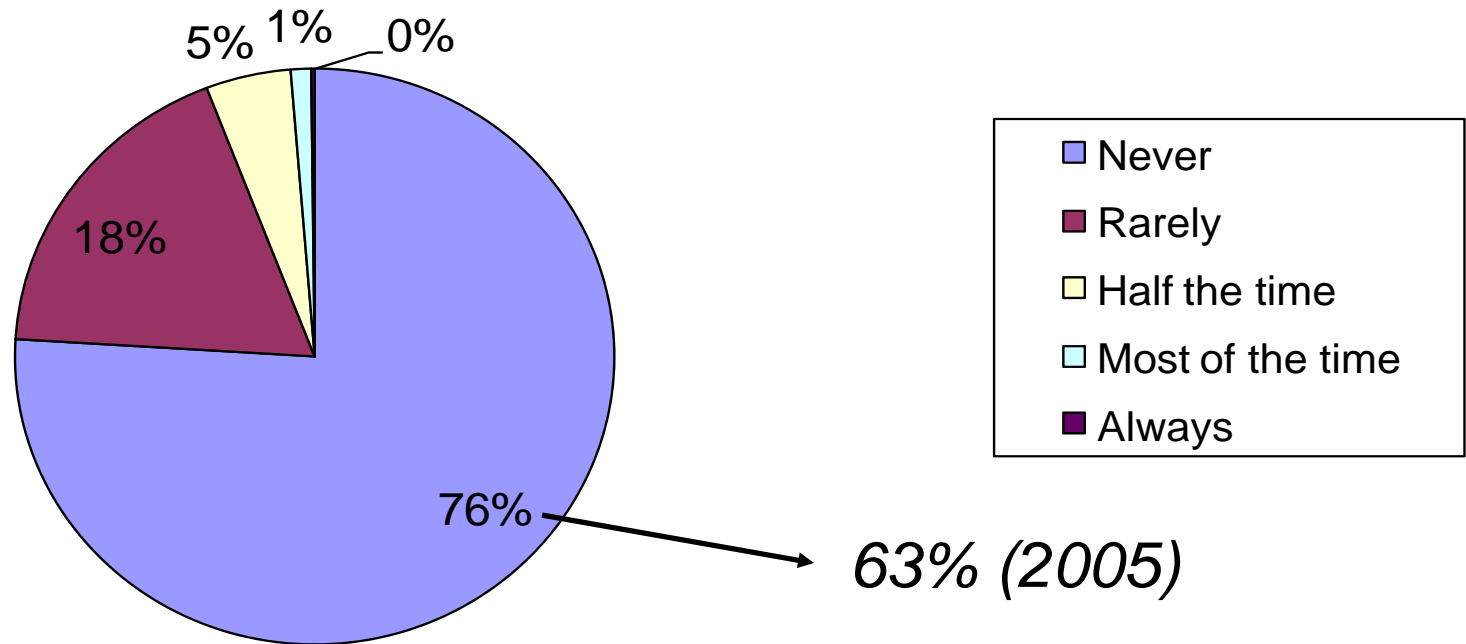
- Income in last year:
 - 50% < \$10,000
 - 5% > \$50,000
- 45% reported being homeless in the past year
- 58% currently homeless (21% in IDU1)
- 38% less than high school education
- 70% currently have no health insurance
- 30% have not been to a doctor in past 12 months

Drug Use

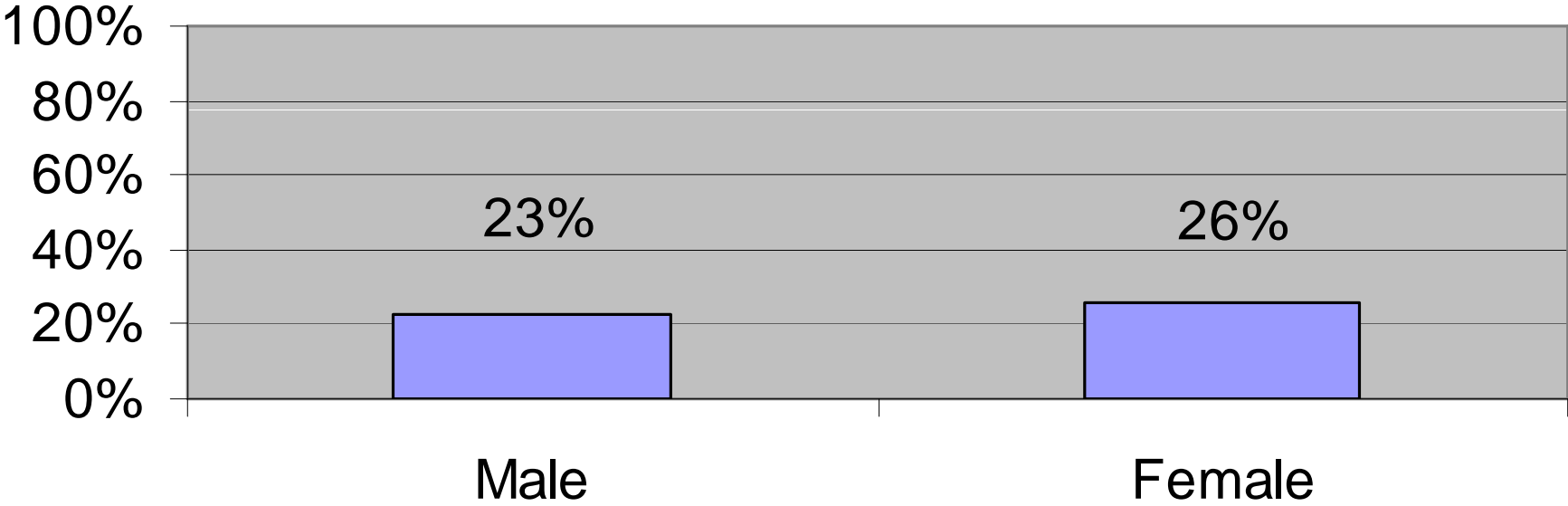
- Powdered heroin – primary drug (98%)
- 90% daily injectors (any drug)
- 40% reported speedball use in past year (7% daily)
- Median Age at first injection: 21 (range: 9 – 49)
- Non-injecting drug use *was less common than 2005*
 - 20% reported using crack regularly (once a week+)
 - 33% reported snorting or smoking heroin
- 72% reported some drug treatment (in lifetime)

Sharing Behavior

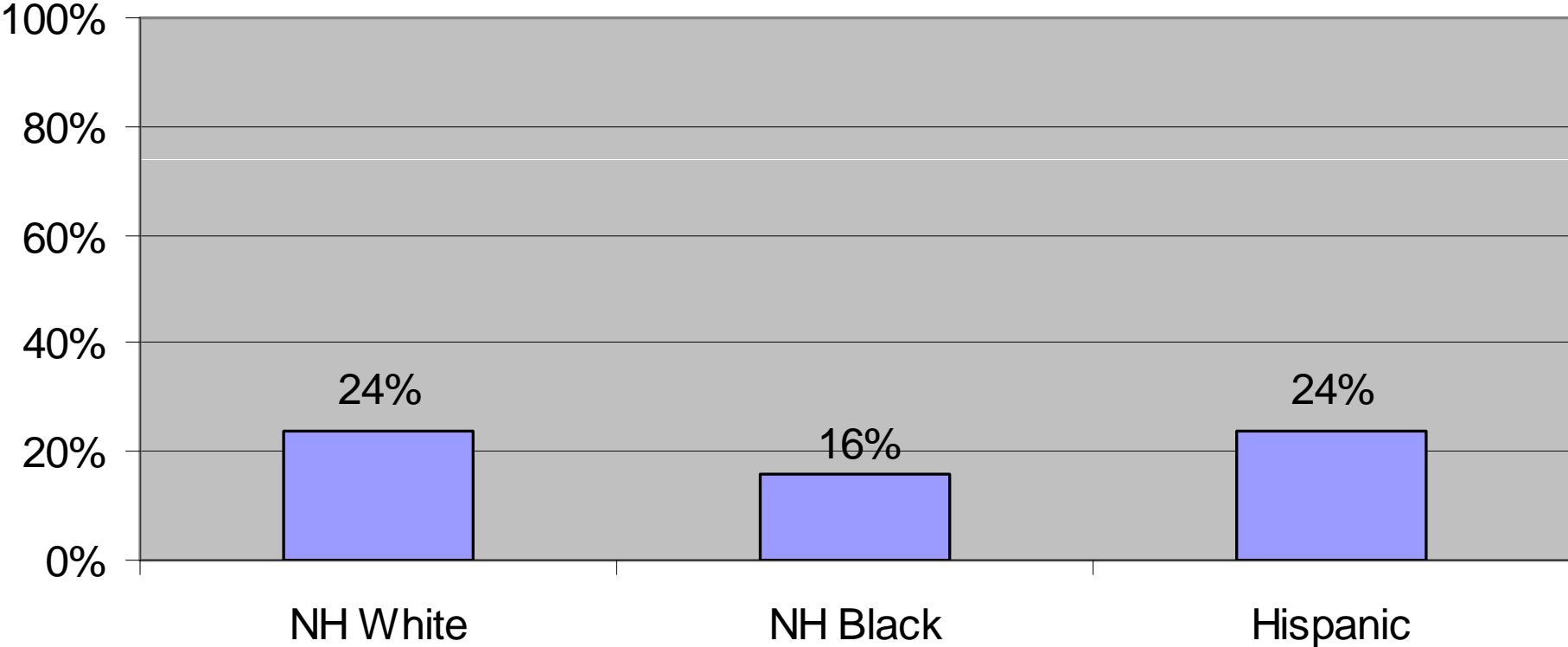
Used A Needle That May Have Been Used By Someone Else in the Past
12 Months
(n=545)



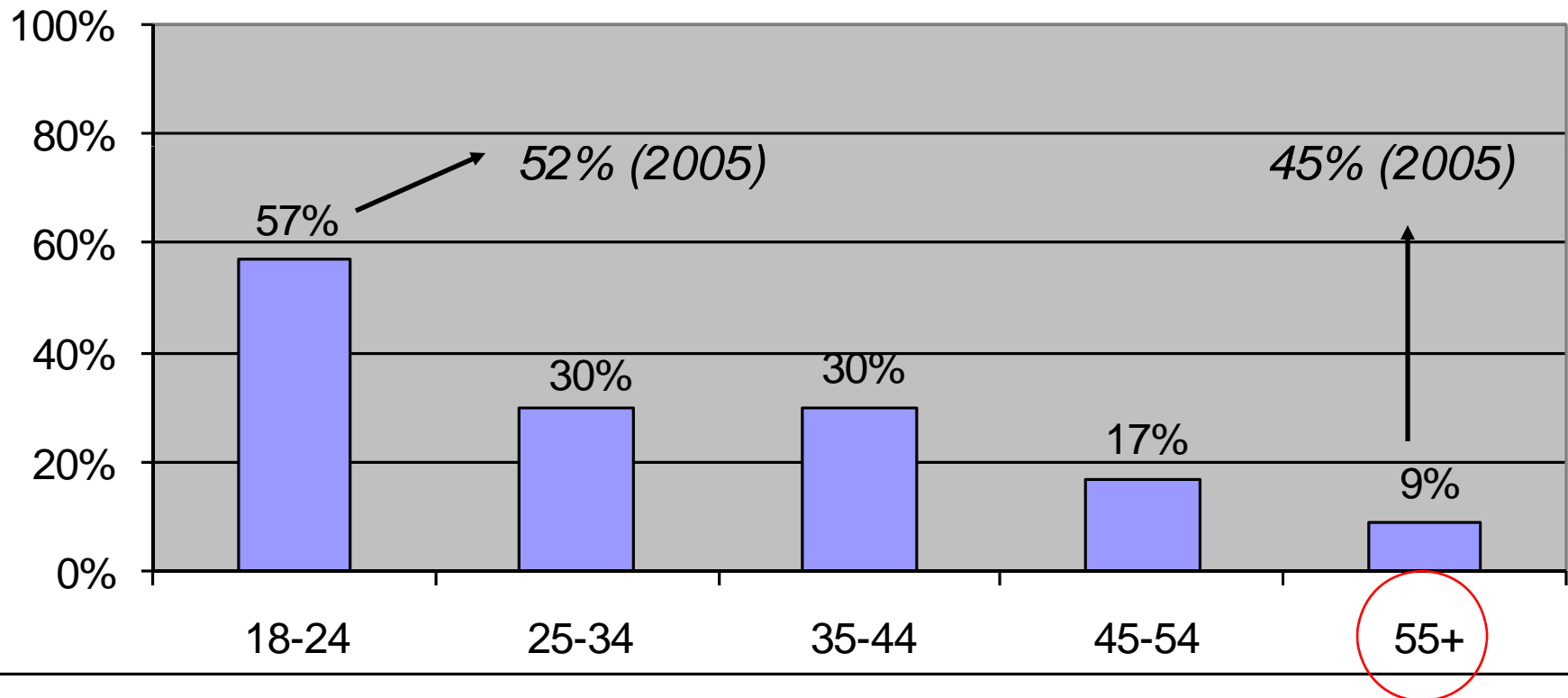
Shared A Needle in the Past 12 Months (n=545)



**Shared A Needle in the Past 12 Months
(n=545)**

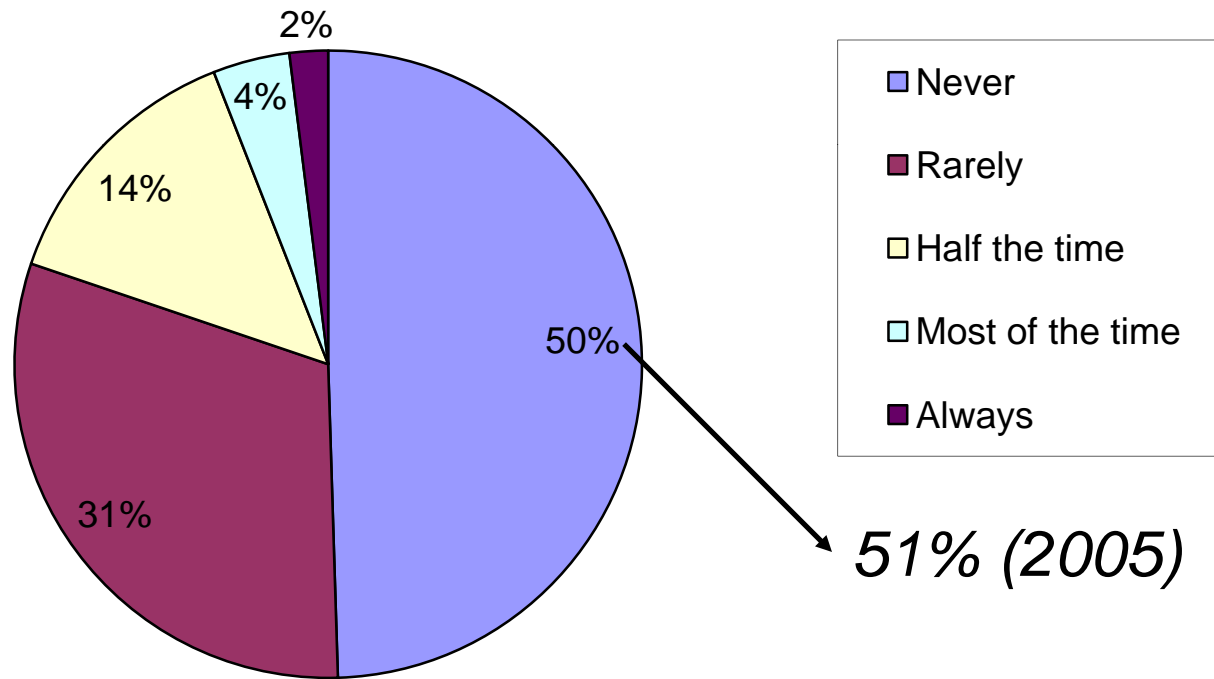


Shared A Needle in the Past 12 Months (n=545)



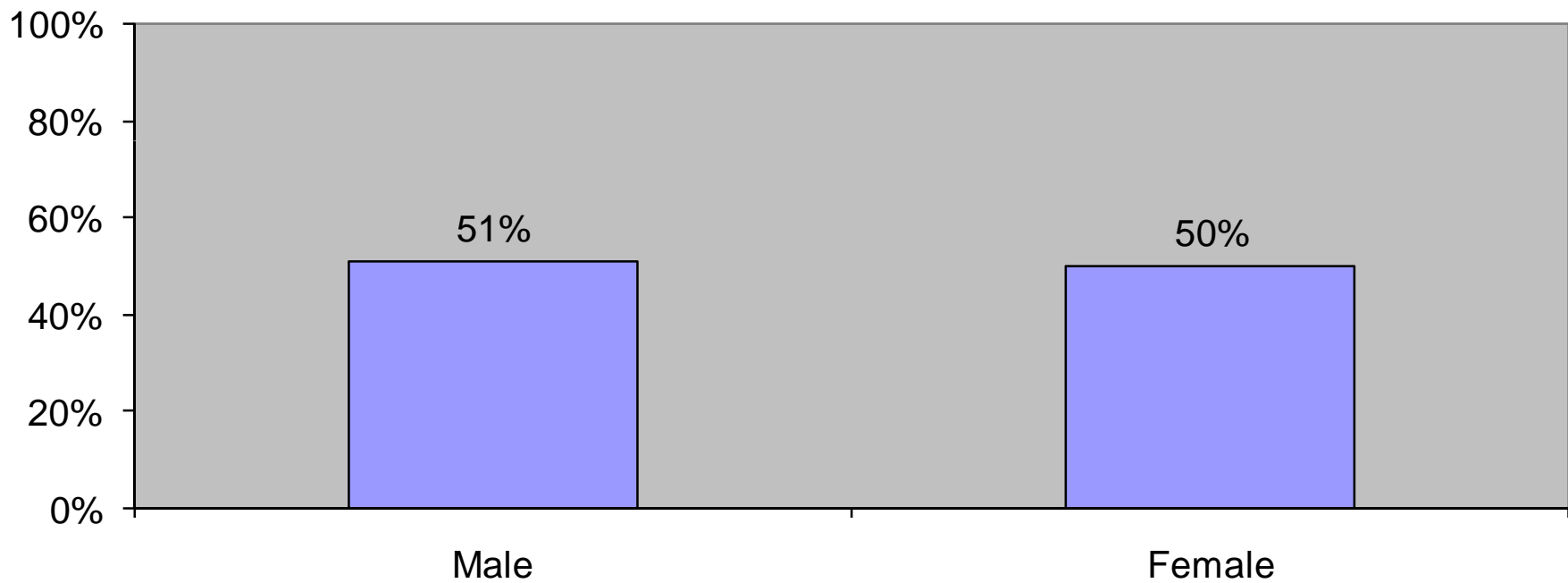
**Shared Cottons, Cooker, or Water After Someone Else's Needle Touched It
in the Past 12 Months
(n=545)**

16% (2005)

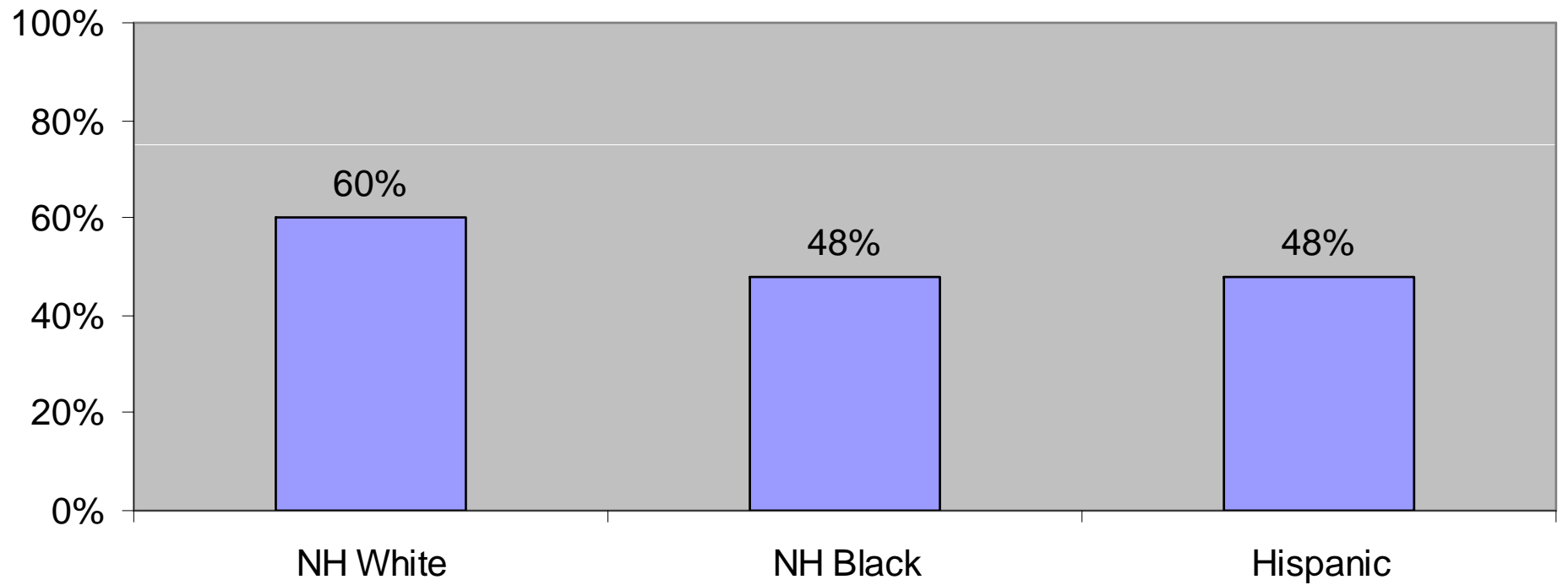


51% (2005)

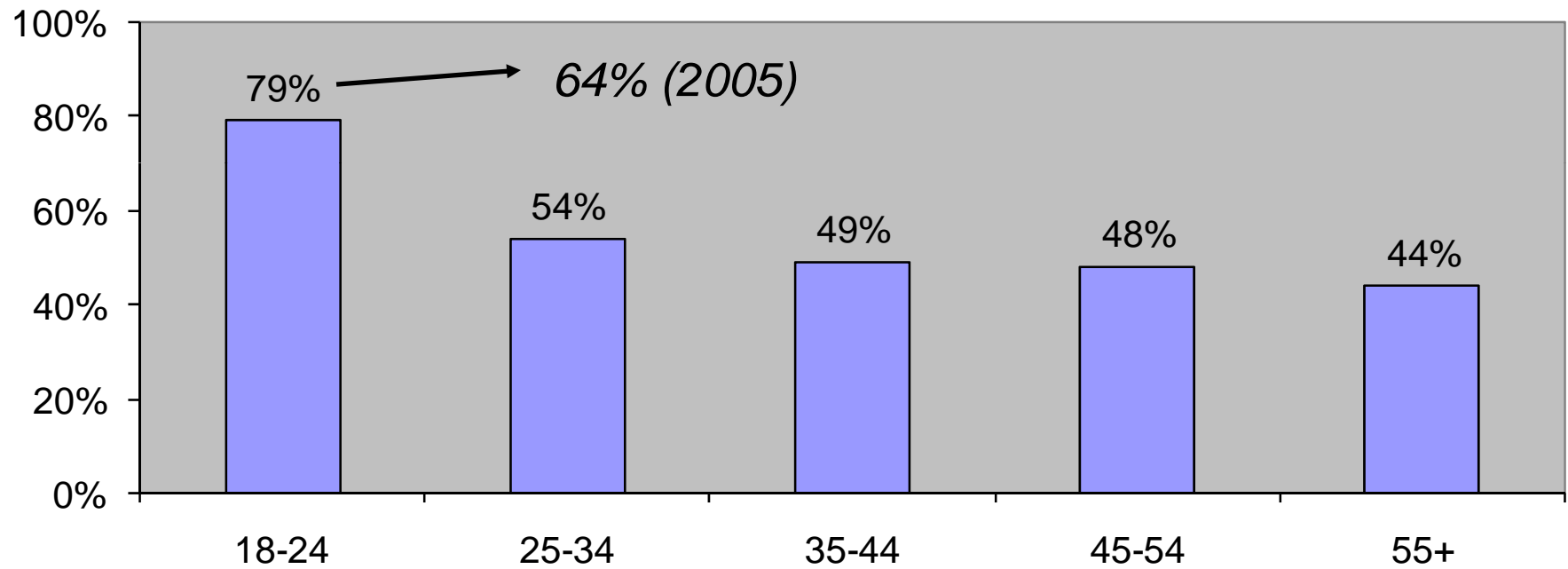
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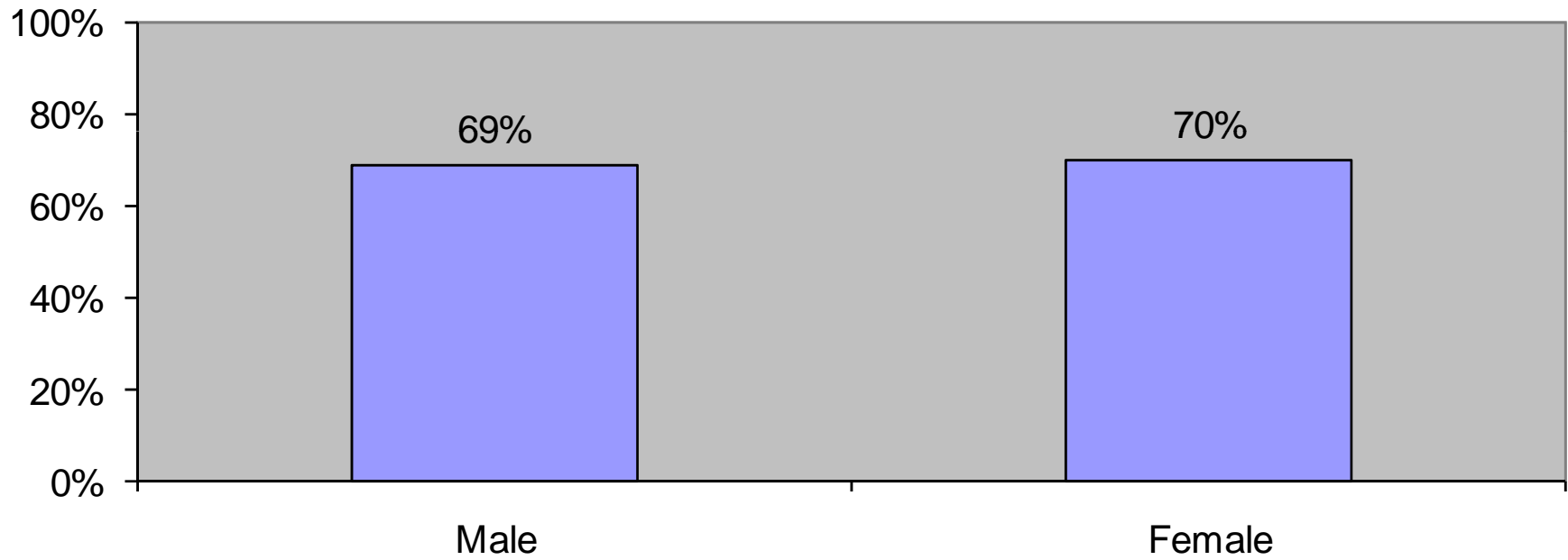


Sources of Needles

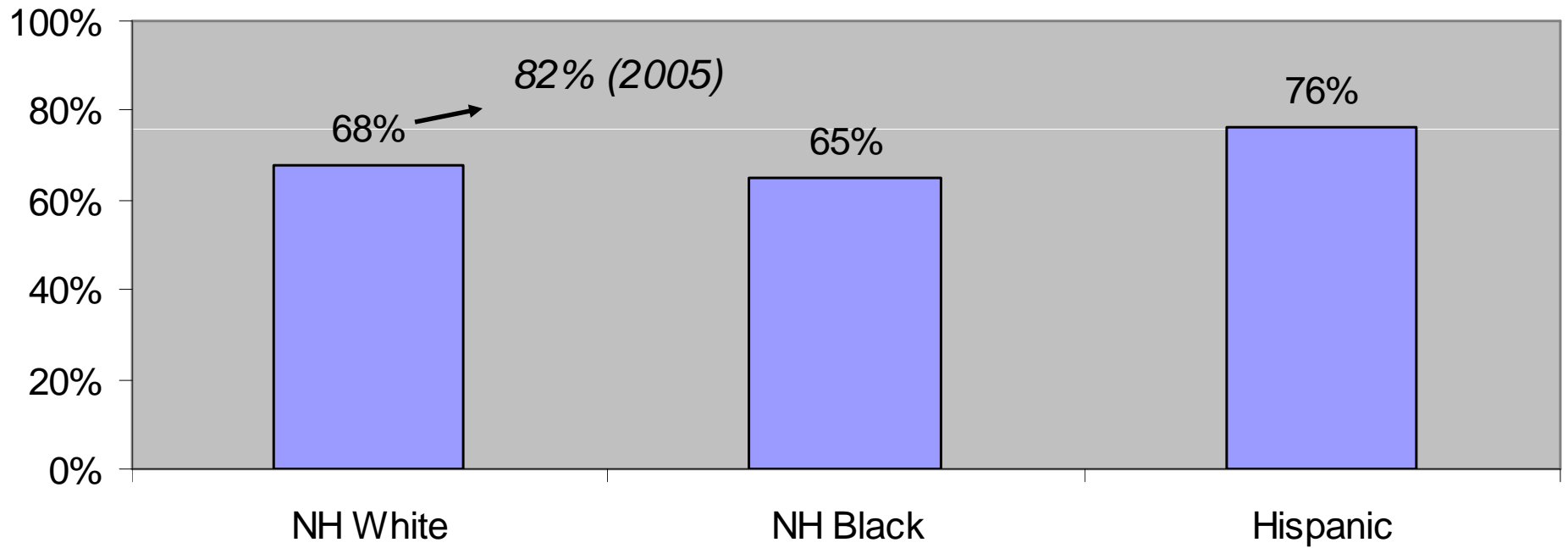
- From:

- 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)**

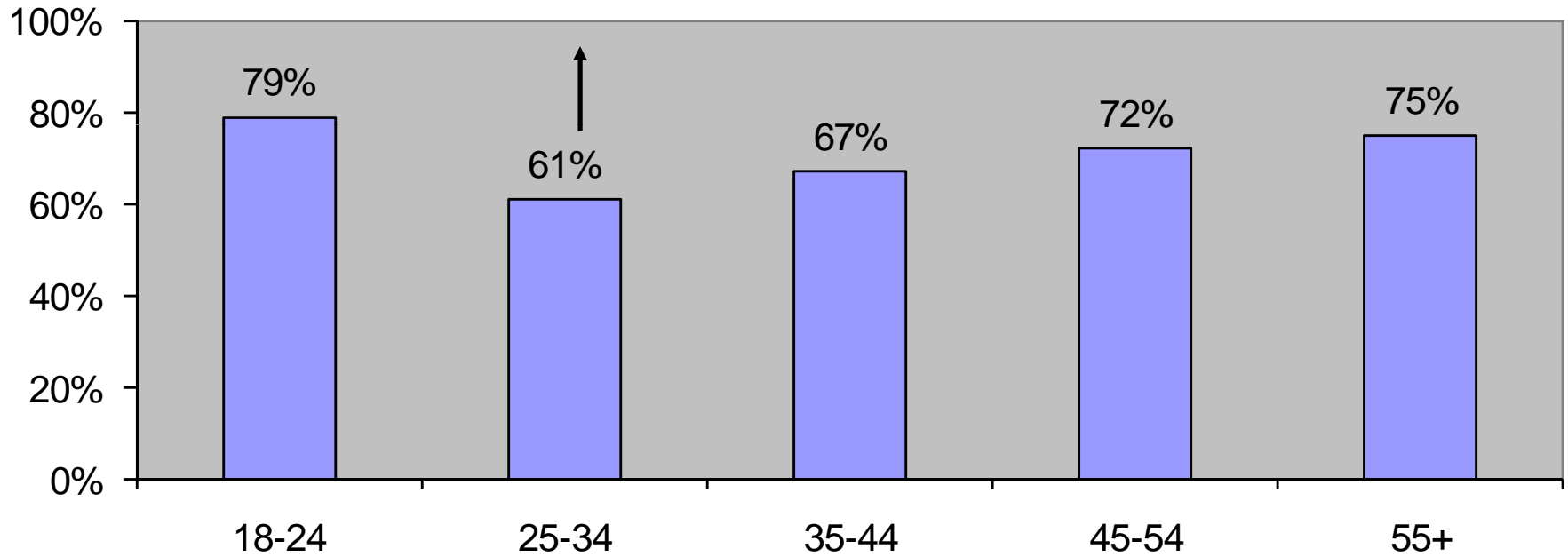


Acquired Needles from a Local Needle Exchange (n=545)



**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)

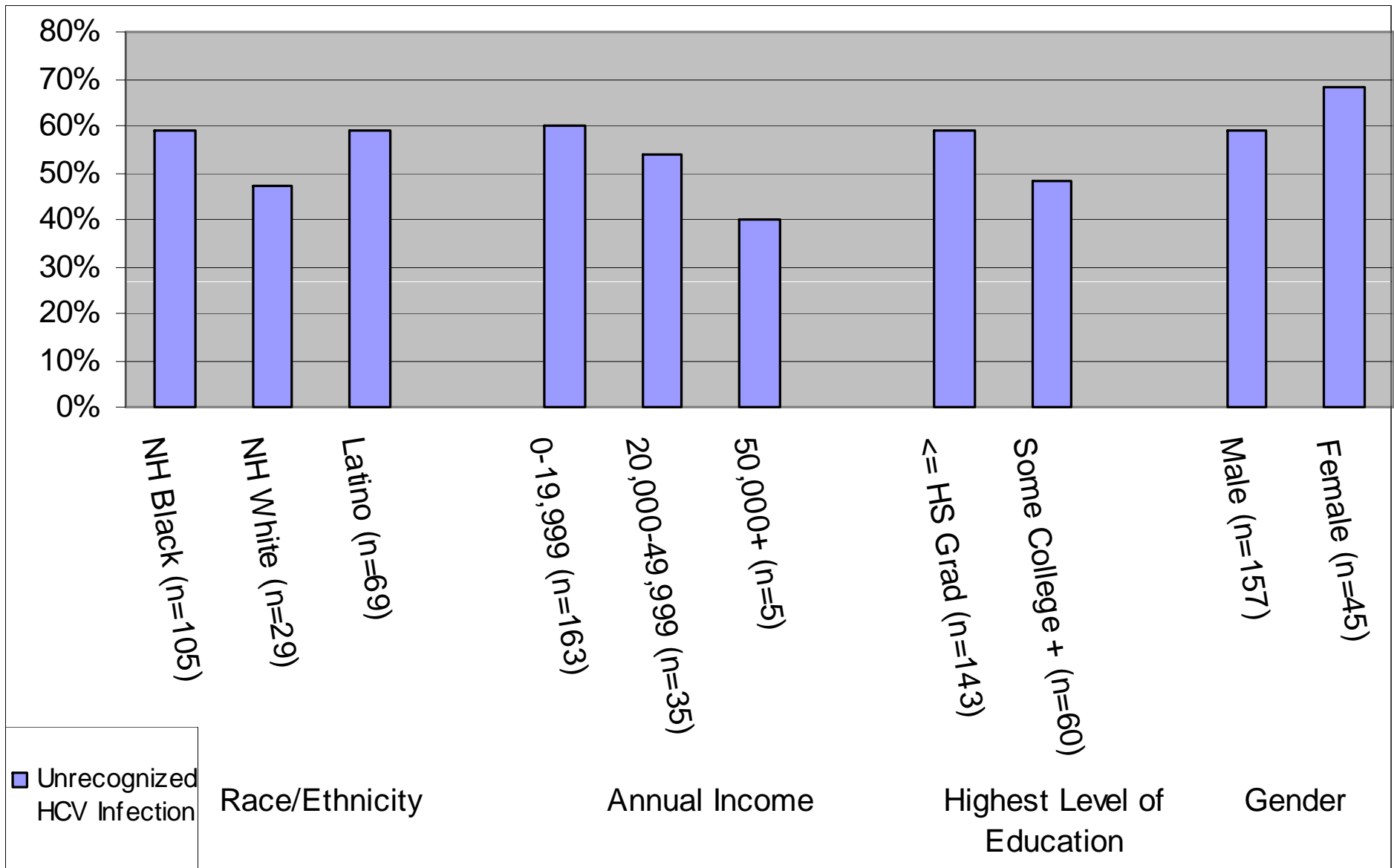
Hepatitis C

- 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



HIV Testing and Treatment

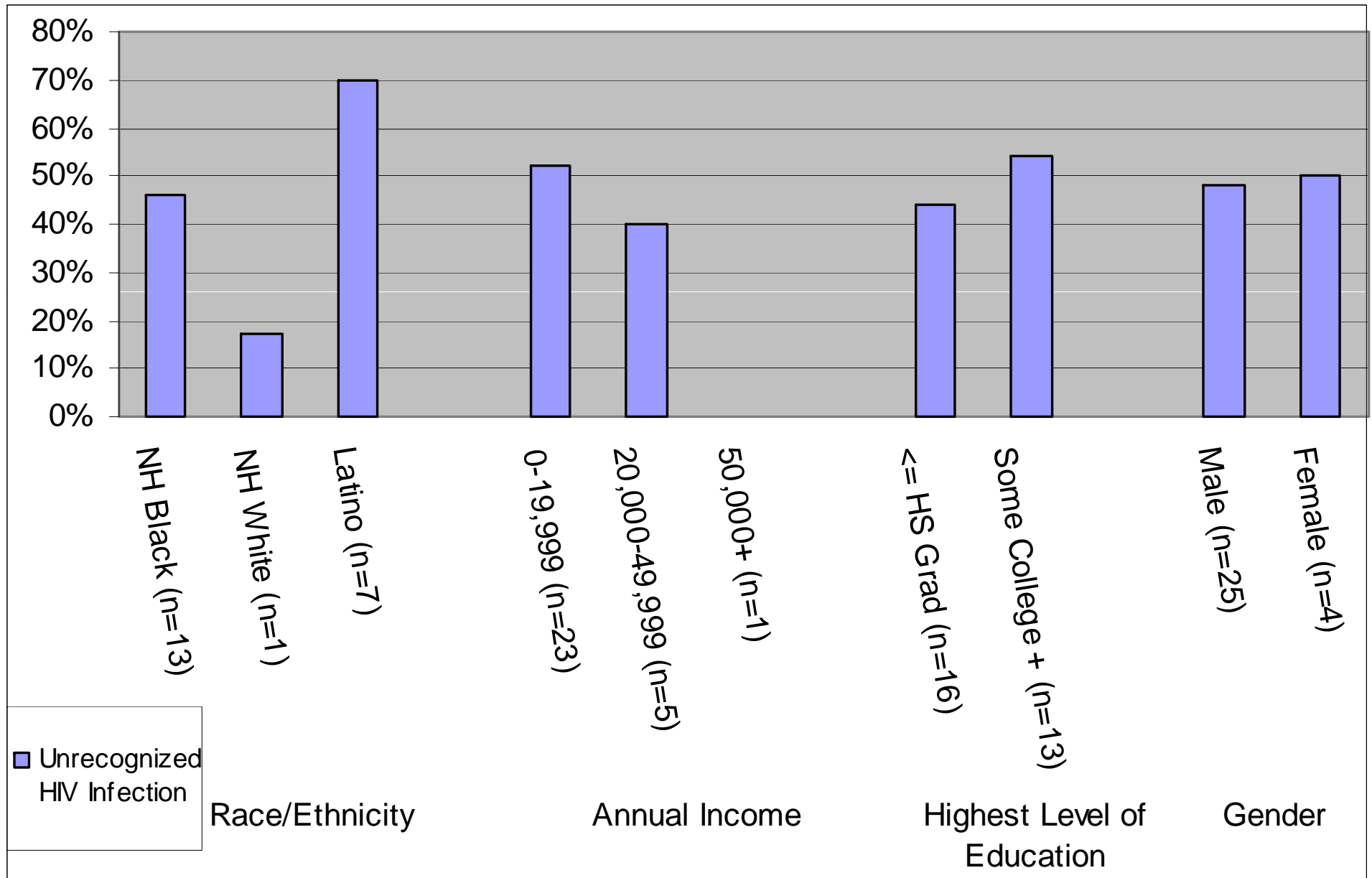
HIV Testing

- 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



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!!**