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Drug Abuse and AIDS

Behavior associated with drug abuse is now the single largest factor in the spread of HIV infection in the United States. HIV is the Human Immunodeficiency Virus, which causes Acquired Immunodeficiency Syndrome, or AIDS. AIDS is a condition characterized by a defect in the body's natural immunity to diseases, and individuals who suffer from it are at risk for severe illnesses that are usually not a threat to anyone whose immune system is working properly. Although many individuals who have AIDS or carry HIV may live for many years with treatment, there is no known cure or vaccine.

Using or sharing unsterile needles, cotton swabs, rinse water, and cookers, such as when injecting heroin, cocaine, or other drugs, leaves a drug abuser vulnerable to contracting or transmitting HIV. Another way people may be at risk for contracting HIV is simply by using drugs of abuse, regardless of whether a needle and syringe are involved. Research sponsored by NIDA and the National Institute on Alcohol Abuse and Alcoholism has shown that drug and alcohol use can interfere with judgment about sexual (and other) behavior and thereby affect the likelihood of engaging in unplanned and unprotected sex. This increases the risk for contracting HIV from infected sex partners.

Infection Rates ———

Since the epidemic began, injection drug use has directly and indirectly accounted for more than one-third (36 percent) of AIDS cases in the United States, and an estimated 28 percent of diagnosed AIDS cases among adults and adolescents were related to injection drug use in 2002. According to a Centers for Disease Control and Prevention (CDC) analysis of HIV surveillance data, of the 859,000 cumulative AIDS cases reported through December 2002, a total of 209,920 (25 percent) were among injection drug users (IDUs).*

From 1998 to 2002, an estimated 240,268 AIDS diagnoses were due directly to injection drug use, with males accounting for roughly 72 percent of these cases. Over this same period, there has been a gradual decline in the number of new AIDS diagnoses associated with injection drug use for both males and females.

Among racial and ethnic groups, as of December 2002, 43 percent of cumulative AIDS cases reported among adult and adolescent Hispanic males were directly or indirectly related to injection drug use, as were 42 percent among

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African American males. The percentages were greater among females, however. Fifty-eight percent of cumulative AIDS cases reported among adult and adolescent Hispanic females were directly or indirectly related to injection drug use, as were 57 percent of cases reported among White females and 51 percent among African American females. By comparison, only 18 percent of the cumulative AIDS cases reported through 2002 among White males were directly or indirectly related to injection drug use.

The gradual decline over the period from 1998 to 2002 in the number of new AIDS diagnoses among IDUs contrasts with the steady to slightly increasing numbers of new AIDS diagnoses among men who have sex with men (MSM). However, the greater contrast is with the number of new AIDS diagnoses due to heterosexual contact, which has increased steadily from 1998 to 2002 for both adult and adolescent males (18 percent) and females (16 percent).

Noninjection drugs (such as "crack" cocaine) also contribute to the spread of the epidemic when users trade sex for money, or when they engage in high-risk sexual behaviors while under the influence of drugs. One CDC study of more than 2,000 young adults in three inner-city neighborhoods found that crack smokers were three times more likely to be infected with HIV than nonsmokers.

AIDS Cases By Exposure Category and Sex Through 2002, Cumulative Number and Percent						
Exposure Category	**Males**		**Females**		**Overall Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**
Male-to-Male Sexual Contact	384,784	55%	N/A		384,784	55%
Injection Drug Use	151,367	22%	58,552	39%	209,919	30%
Heterosexual Contact	36,692	5%	63,379	42%	100,071	14%

Prevention of HIV among IDUs ———

Evidence suggests that drug abuse treatment can help prevent the spread of HIV/AIDS, especially when combined with prevention and community-based outreach programs for at-risk people. These efforts can reduce or eliminate drug use and drug-related HIV risk behaviors such as needle sharing, as well as help to reduce unsafe sexual practices. One study showed a sixfold difference in the rate of seroconversion between injecting drug users in methadone maintenance treatment (3.5 percent) and those who stayed out of treatment (22 percent).

In addition, drug treatment programs can help to reduce the spread of other blood-borne infections, including hepatitis B and C viruses. Adequate medical care for HIV/AIDS and related illnesses is also critical to reducing and preventing the spread of new infections.

To learn more about resources for HIV/AIDS information or HIV testing in your area, call the National AIDS Hotline at 1-800-342-2437 (in Spanish, 1-800-344-7432; deaf, 1-800-243-7889), or the National Prevention Information Network at 1-800-458-5231, or write PO Box 6003, Rockville, MD 20849-6003.

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* CDC. HIV/AIDS Surveillance Report: Cases of HIV infection and AIDS in the United States, Vol. 14, 2002. Atlanta, Georgia: U.S. Department of Health and Human Services.

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