

Spring Quarterly Report: April 2006

HIV/AIDS and Injection Drug Use in New Mexico

Sharing syringes and other equipment for drug injection is a well known route of HIV transmission, yet injection drug use contributes to the epidemic's spread far beyond the circle of those who inject. People who have sex with an injection drug user (IDU) also are at risk for infection, as are children born to mothers who contracted HIV through sharing needles or having sex with an IDU.

In the United States, approximately one third of persons infected with HIV, and up to one half of new cases of hepatitis C are IDUs. Injection drug users are also at risk for drug overdoses which can result in severe morbidity and often death.

The Centers for Disease Control and Prevention (CDC) reports that of all new cases of AIDS diagnosed in 2003, nearly one quarter (22%) were in IDUs¹. However, new HIV diagnoses seem to be declining overall among IDUs, with a 53% decrease in estimated new HIV diagnoses from 1994 through 2003 in the 25 states with longstanding HIV reporting¹.

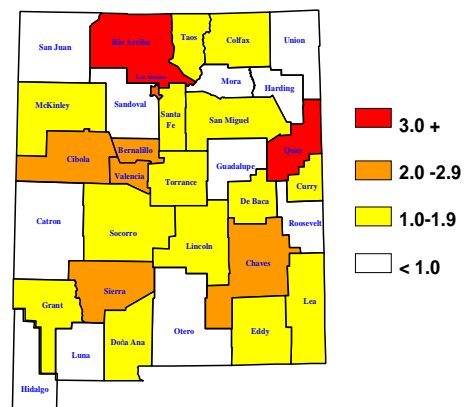
Injection Drug Use in New Mexico

The Substance Abuse Epidemiology Unit at the New Mexico Department of Health (NMDOH) estimates there are nearly 24,000 adult IDUs in the state of New Mexico. Estimates are based on hospital admission data regarding deaths related to drug overdoses.

As shown in Figure 1, Rio Arriba and Quay Counties have the highest estimated rates of IDUs per 100,000 population. Other counties where population densities are greater, i.e. metropolitan areas, also appear to have larger proportions of IDUs than more rural areas of the state. Descriptive statistics for drug overdose deaths in New Mexico are described in Table 1. Drug overdose data may be affected by

incarceration rates, health status of users, and drug purity at the local and/or county levels.

Figure 1. Prevalence Rate (%) of Injection Drug Use by County, New Mexico, 2005



Source: NMDOH Substance Abuse Epidemiology Unit, 2005.

Median age	40.8 yrs
Sex	
Female	24%
Male	76%
Race/Ethnicity	
White	41%
Hispanic	54%
Other	5%
Type of overdose	
Illicit	74%
Prescription	26%
Total drug overdoses	2120

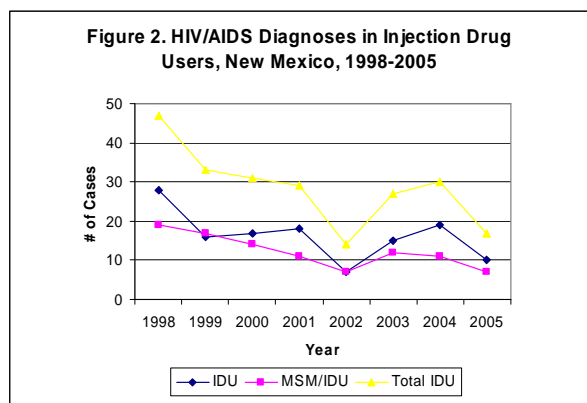
Source: NMDOH Substance Abuse Epidemiology Unit, 2006.

Seroprevalance studies among IDUs in New Mexico have further documented HIV and hepatitis infection in this at risk population. In 2005, a study documented the prevalence of hepatitis and HIV in Dona Ana County's active IDU population². The study found that up to 75% of participants were infected with hepatitis C and less than 2% were infected with HIV. These findings correlate with a previous study conducted in the late 1990's among IDUs across the entire state of New Mexico³.

The NMDOH Infectious Disease Bureau also collects data on persons who utilize public health Counseling and Testing Services (CTS) for HIV. In 2004, CTS conducted a total of 7,906 HIV tests of which 54 (less than 1%), were positive for HIV. A total of 1,942 participants (25%) reported IDU as a risk factor, of which 13 tested positive for HIV. These 13 IDUs accounted for 24% of all HIV+ persons, but less than 1% of all self-identified IDUs tested.

HIV-infected IDUs

In New Mexico, injection drug use continues to be an important risk factor for HIV transmission. Approximately 11% of total cases reported in New Mexico (including out-of-state cases) documented injection drug use. When men that have sex with men and inject drugs (MSM/IDU) are included, injection drug use accounts for 22% of risk for HIV/AIDS. This risk has remained relatively stable in both proportion of total cases and the number of new cases yearly (Figure 2).



Source: NMDOH HIV & Hepatitis Epidemiology Program, 2006. Data for 2005 is subject to reporting delay.

The 22% of HIV/AIDS cases that identified injection drug use as a risk amount to 519 persons. Seventy percent have progressed to AIDS. The majority (70%) of HIV-infected IDU have been male. Forty-eight percent have been White and 36% Hispanic. The majority were diagnosed with HIV/AIDS in their 30's. Table 2 displays HIV infected IDUs stratified by demographic variables.

	Living (%)	Cumulative (%)
Diagnosis		
HIV	136 (40%)	154 (30%)
AIDS	209 (60%)	365 (70%)
Gender		
Male	241 (70%)	361 (70%)
Female	104 (30%)	158 (30%)
Age at Diagnosis		
< 13	0 (0%)	0 (0%)
13-19	3 (1%)	3 (1%)
20-29	85 (25%)	109 (21%)
30-39	137 (40%)	226 (43%)
40-49	101 (30%)	149 (29%)
50+	18 (5%)	31 (6%)
Race/Ethnicity		
White	159 (46%)	249 (48%)
Hispanic	131 (38%)	187 (36%)
Native American	23 (6%)	33 (6%)
African American	32 (9%)	50 (10%)
Asian/Pacific Islander	0 (0%)	0 (0%)
Total IDUs	345 (100%)	519 (100%)

Source: NMDOH HIV & Hepatitis Epidemiology Program, 2006.

Co-infection with other blood borne pathogens is not uncommon in HIV-infected persons, or injection drug users. Viral hepatitis is a common infection the IDU population, and may also affect up to 25% of HIV-infected population. Since it began collecting data on co-infection in 2004, the NMDOH HIV & Hepatitis Epidemiology Program has identified over 600 HIV-infected persons co-infected with hepatitis C. More than

half (58%) were reported as IDUs. The program will be conducting a comprehensive match this year between available HIV and hepatitis C databases to more accurately assess the true rate of co-infection.

Behavioral risk factor studies, such as Supplement to HIV/AIDS Surveillance (SHAS) project, also provide insight to the HIV+ population in New Mexico. Twenty six percent of SHAS participants reported being IDUs (see Winter Quarterly Report, 2005). Among these IDUs, 70% reported sharing needles with friends and 50% responded that they had shared syringes with strangers. It has been suggested that the drug of choice for IDUs may have an effect on the rate of HIV transmission among users. According to SHAS and syringe exchange data, the drug of choice among IDUs in New Mexico is heroin, followed by methamphetamine. Though the direct impact of these drugs on HIV or hepatitis transmission is unknown, it is thought that the use of black-tar heroin decreases the probability of HIV transmission by increasing certain safer injection practices⁴.

Syringe Exchange Program

In 1997, legislation was passed to create a syringe exchange program in New Mexico, aimed at preventing the sharing and re-use of injection drug equipment and subsequent transmission of blood borne infections between IDUs. Since its inception, the NMDOH Syringe Exchange Program (SEP) has enrolled over 9,000 persons and currently boasts over 4,000 active participants. Over 97,000 exchange encounters have occurred with over 6.6 million syringes exchanged to date. Table 3 provides a demographic breakdown of SEP participants.

Resources

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CDC, IDU HIV Prevention website
<http://www.cdc.gov/idu/default.htm>

	No.	%
Sex		
Male	6138	68.0%
Female	2868	31.8%
Race/Ethnicity		
White	2750	30.5%
Hispanic	5343	59.2%
Native American	250	2.8%
African American	205	2.3%
Asian/Pacific Islander	16	0.2%
Age at Enrollment		
< 20	6	0.1%
20-29	1343	14.9%
30-39	2475	27.4%
40-49	3165	35.1%
50+	2027	22.5%
Region		
1, Northwest	79	0.9%
2, Northeast	872	9.7%
3, Bernalillo County	5933	65.7%
4, Southeast	1262	14.0%
5, Southwest	713	7.9%
Total Ever Enrolled	9026	100%

Source: NMDOH Syringe Exchange Program, 2006.

References

1. CDC. *HIV Prevention in the Third Decade*. Oct 2005.
2. Foster LN. The Paso del Norte Collaborative Study. *New Mexico Epidemiology Report*. Apr 2006.
3. Samuel MC et al. Association between heroin use, needle sharing and tattoos received in prison with hepatitis B and C positivity among street-recruited injecting drug users in New Mexico, USA. *Epidemiol Infect*. 2001;127:475-484.
4. Ciccarone D and Burgois P. Explaining the geographical variation of HIV among injection drug users in the United States. *Subst Use Misuse*. Dec 2003; 38(14):2049-63.

HIV/AIDS IN NEW MEXICO FACT SHEET
Cases reported through March 31, 2006

In previous reports, the HIV & Hepatitis Epidemiology Program summarized only cases diagnosed in New Mexico. Living cases diagnosed in New Mexico are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases. However, data that include out-of-state diagnoses provide a better reflection of local prevalence patterns and are now also provided in the summary.

	Cases diagnosed in New Mexico					All cases in New Mexico				
	Living			Cumulative		Living			Cumulative	
	N	%	Rate*	N	%	N	%	Rate	N	%
Type of case										
HIV	837	40%	43.4	892	26%	1186	38%	61.5	1277	26%
AIDS	1233	60%	63.9	2513	74%	1924	62%	99.7	3664	74%
Sex										
Male	1805	87%	190.3	3049	90%	2723	88%	287.1	4430	90%
Female	265	13%	27.0	356	10%	387	12%	39.4	511	10%
Race/Ethnicity										
White	935	45%	111.5	1685	49%	1564	50%	186.5	2643	54%
Hispanic	884	43%	105.9	1340	39%	1119	36%	134.1	1683	34%
Native American	139	7%	72.5	198	6%	227	7%	118.5	317	6%
African American	103	5%	272.9	167	5%	186	6%	492.8	278	6%
Asian/Pacific Islander	9	0%	33.2	15	0%	13	0%	48.0	19	0%
Region at Diagnosis**										
Region 1 (Northwest)	254	12%	63.0	385	11%	303	10%	75.2	454	9%
Region 2 (Northeast)	433	21%	148.3	732	22%	524	17%	179.5	884	18%
Region 3 (Bernalillo Co.)	926	45%	154.2	1622	48%	1089	35%	181.4	1899	38%
Region 4 (Southeast)	120	6%	48.5	205	6%	153	5%	61.8	262	5%
Region 5 (Southwest)	337	16%	87.1	460	14%	389	13%	100.5	548	11%
Out of state	-	-	-	-	-	652	21%	-	894	18%
Age at First HIV+ Test										
< 13	9	0%	2.4	13	0%	14	0%	3.7	21	0%
13-19	47	2%	26.2	50	1%	57	2%	31.7	61	1%
20-29	482	23%	180.5	696	20%	735	24%	275.3	1044	21%
30-39	845	41%	349.7	1430	42%	1295	42%	536.0	2124	43%
40-49	521	25%	178.9	881	26%	749	24%	257.2	1218	25%
50+	166	8%	29.2	335	10%	228	7%	40.2	425	9%
Exposure Risk										
MSM	1217	59%	-	2079	61%	1846	59%	-	3035	61%
IDU	220	11%	-	353	10%	345	11%	-	519	11%
MSM/IDU	202	10%	-	345	10%	331	11%	-	548	11%
Hetero	221	11%	-	278	8%	293	9%	-	368	7%
Other	25	1%	-	63	2%	36	1%	-	79	2%
NIR	170	8%	-	267	8%	207	7%	-	332	7%
Pediatric	15	1%	-	20	1%	52	2%	-	60	1%
TOTALS	2070	100%	107.3	3405	100%	3110	100%	161.2	4941	100%

*Rates per 100,000 based on U.S. Census Bureau data for 2004; **Residence at time of HIV or AIDS diagnosis.

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