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CDC Report Highlights Link Between Drug Abuse and Spread of HIV

By Neil Swan, NIDA NOTES Staff Writer

An extensive review of existing research data confirms that behavior associated with drug abuse is the single most important factor in the spread of HIV/AIDS in this country. Half of all new infections with HIV, the virus that causes AIDS, occur among injecting drug users (IDUs), according to the data review, which was conducted at the Centers for Disease Control and Prevention (CDC) in Atlanta.

The study focused on three groups recognized as being at highest risk for transmission of HIV: IDUs, men who have sex with men, and heterosexual men and women who are at risk because they have sex with IDUs and/or bisexual men. The review used data gathered from America's 96 largest cities, where HIV infection rates are the highest in the Nation. The trends in HIV infection rates found in these cities also apply to the Nation's population in general, according to CDC reviewer Dr. Scott D. Holmberg.

Most newly HIV-infected IDUs live in northeastern cities from Boston to Washington, D.C., as well as in San Juan, Puerto Rico, reports the CDC reviewer. In these cities, where injection drug use rates are also high, an average of 27 percent of all IDUs are HIV-infected.

"These data confirm and underscore the connection between injection drug use and the continuing spread of HIV/AIDS," says NIDA Director Dr. Alan I. Leshner. "Drug abuse and HIV are truly interlinked epidemics."

HIV Infections Among At-Risk Populations In America's 96 Largest Cities

Risk Group	Estimated Number in Risk Group	Estimated Percent HIV Positive	Estimated New HIV Infections Each Year Per 100 Group Members
Injecting Drug Users	1.5 million	14.0%	1.5
Men Who Have Sex With Men	1.7 million	18.3%	0.7
At-Risk Heterosexuals*	2.1 million	2.3%	0.5

* Men and women who are at risk because they have sex with injecting drug users and/or bisexual or gay men.

Chart shows percentages of at-risk groups in major cities who tested positive for HIV. Estimates were compiled in 1996.

"The information further demonstrates that NIDA has a critical role indeed in addressing the drug abuse and in focusing scientific research to understand and deal with the further spread of this devastating disease.

The data confirm earlier figures from periodic CDC reports on the number of newly diagnosed cases of HIV infection, which suggested that the proportion of new HIV cases linked to drug abuse was close to one-third. [Plays Key Role in Studying Links Between AIDS and Drug Abuse,](#)" NIDA NOTES, May/June 1995)

Dr. Holmberg set out to estimate the size and direction of the HIV epidemic in major U.S. cities with populations greater than 500,000. He compiled a large computer model for tracking disease trends by reviewing more than 300 several large research data sets, and information from 220 public health authorities. Some of the reports cover more years.

The 96 metropolitan areas Dr. Holmberg looked at have an estimated 1.5 million IDUs, 1.7 million gay men, and 2.1 million at-risk heterosexuals. Among these three risk groups there are currently an estimated 38,000 new infections, with 38,000 new infections occurring each year. Using these data to make nationwide projections concludes that there are about 700,000 current HIV infections, with 41,000 new HIV infections occurring each year in the U.S. population.

An estimated 19,000 IDUs are infected each year in these 96 metropolitan areas, indicating an HIV incidence rate of about 1.5 infections per 100 IDUs per year, Dr. Holmberg reports. Infection rates are lower for the other risk groups. Although gay and bisexual men still represent the group with the greatest number of current HIV infections, their rate of infection-except in young and ethnic/minority gay men-is much lower now than it was a decade ago. For gay and bisexual men, the HIV infection rate per 100 persons per year is 0.7; for heterosexuals-those who have sex with IDUs or gay and bisexual men-the rate is 0.5 infections per 100 persons per year. At-risk heterosexual women outnumber at-risk heterosexual men about 4 to 1.

In the research review, HIV incidence rates for metropolitan areas were broken down by estimated number of people in each risk group.

infected people in each of the three at-risk groups. An estimated HIV infection rate for each group in each area is provided. "This is highly valuable epidemiological information for better targeting prevention strategies," concludes Dr. Leshner.

"The HIV epidemic is now clearly driven by infections occurring among injecting drug users, their sex partners, and their offspring," concludes Dr. Holmberg in his review. However, NIDA-funded efforts to educate IDUs to modify drug use behaviors have proven effective, he says. Evidence shows that HIV infection rates in injecting drug users declined over the past several years in the largest drug-using communities, he reports.

In cities in New York and northern New Jersey, the epicenter of the AIDS epidemic among injecting drug users, IDUs are switching to practices that may lessen their risk of contracting HIV, such as using sterile, new needles and syringes; cleaning needles and paraphernalia; sniffing rather than injecting heroin and cocaine; or abstaining from drug use altogether. This shows that drug abuse and AIDS prevention programs targeting IDUs are working, Holmberg says.

His review further illuminates the link between the AIDS epidemic and drug abuse as primarily a public health issue. Within this public health perspective, the CDC scientist's review also provides important insights for police, clinicians, and administrators who are planning and implementing drug abuse and HIV prevention and treatment programs. Targeting HIV treatment and prevention programs to IDUs also holds potential for reducing transmission of other blood-borne infections, including hepatitis B and C viruses.

Source:

Holmberg, S.D. The estimated prevalence and incidence of HIV in 96 large U.S. metropolitan areas. *Am J Public Health* 86(5):642-654, 1996.

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