

The NHSDA Report

March 14, 2003

Injection Drug Use

In Brief

- From 1999 to 2001, an annual average of 338,000 persons aged 12 or older used a needle to inject cocaine, heroin, or stimulants during the past year
- Young adults aged 18 to 25 were more likely to have injected drugs in the past year compared with youths aged 12 to 17 or adults aged 26 or older
- The last time they used a needle for injecting drugs, 14 percent of past year injection drug users knew or suspected someone else had used the needle before

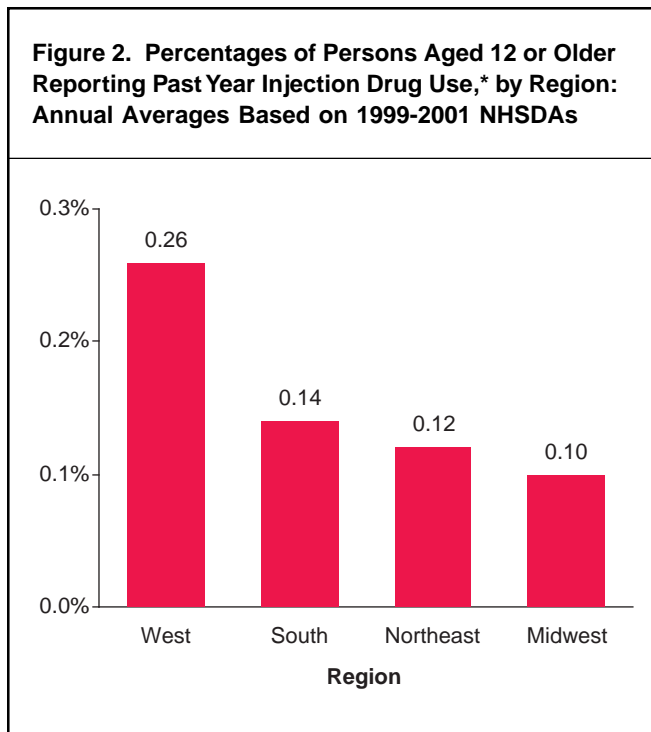
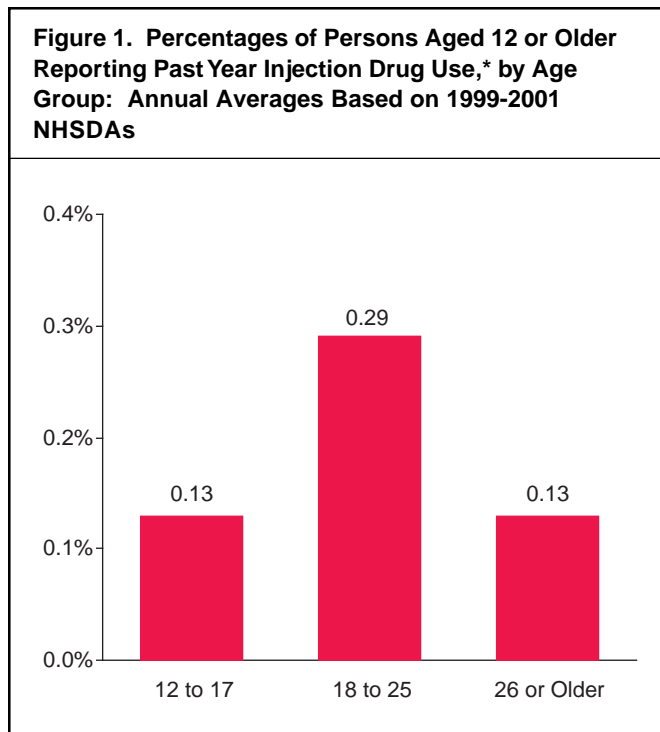
Drug injection and associated risk behaviors, such as reusing or sharing needles, increase one's risk for blood-borne infections, such as the human immunodeficiency virus (HIV) and hepatitis C.^{1,2} The NHSDA asks respondents aged 12 or older to report whether they have ever used a needle to inject a drug that was not prescribed for them or that they took only for the experience it caused. Respondents were also asked whether they had injected heroin, cocaine, or stimulants during the past year and specific questions about the last time they used a needle for injecting these drugs, including:

- whether they had reused a needle that *they* used before
- whether they used a needle that they knew or suspected *someone else* had used before
- whether someone else used the needle after them
- whether they used bleach to clean the needle before they used it
- how they got the needle³

All findings presented in this short report are annual averages based on combined data from the 1999, 2000, and 2001 NHSDAs.

Prevalence of Needle Use⁴

In 1999, 2000, and 2001, an annual average of 338,000 persons aged 12 or older used a needle to inject cocaine, heroin, or stimulants during the past year. Approximately 172,000 persons injected cocaine during the past year, 163,000 injected heroin, and 163,000 injected stimulants.



Combined data from the 1999 to 2001 surveys indicated that young adults aged 18 to 25 were more likely than youths aged 12 to 17 or adults aged 26 or older to have injected drugs during the past year (Figure 1). There were no differences in past year injection drug use by gender. Past year injection drug use rates were lower among Asians (0.05 percent) than among whites (0.15 percent) and Hispanics (0.20 percent).

Past year injection drug use rates were also higher among persons residing in the West compared with those living in the Northeast or the Midwest (Figure 2). The rate of past year injection drug use was similar among metropolitan and non-metropolitan county types.

Drug Injection Risk Behaviors

Combined data from the 1999 to 2001 surveys indicated that 43 percent of past year injection drug users reused a needle they had used before the last time they injected

drugs (Figure 3). Approximately 14 percent used a needle that they knew or suspected someone else had used before, and 16 percent used a needle that someone used after them. Only 32 percent of past year injection drug users used bleach to clean the needle before the last time they used it for injecting drugs.

Needle Sources

Aside from abstinence, the best way that injection drug users can protect themselves from HIV or hepatitis C is to use sterile needles, such as those from a health care professional or needle exchange program, when they inject drugs.^{5,6} Combined data from the 1999 to 2001 NHSDA surveys showed that almost 160,000 past year injection drug users (47 percent) bought their needle from a pharmacy, more than 12,000 (4 percent) obtained their needle from a needle exchange, and almost 10,000 (3 percent) obtained it from a location such as a medical facility, place of work, or pharmacy (Table 1). However, almost 30,000 past

year injection users (9 percent) bought their needle on the street, more than 2,000 (1 percent) obtained it from a drug dealer, and almost 800 (less than 1 percent) obtained it at a shooting gallery.

End Notes

- Centers for Disease Control and Prevention. (2001, May). Public health and injection drug use. *Morbidity and Mortality Weekly Report*, 50, 377. [Also available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5019a1.htm>
- Thorpe, L.E., Ouellet, L.J., Levy, J.R., Williams, I.T., & Monterosso, E.R. (2000). Hepatitis C virus infection: Prevalence, risk factors, and prevention opportunities among young injection drug users in Chicago, 1997-1999. *Journal of Infectious Diseases*, 182, 1588-1594.
- Response options were (1) bought the needle from a pharmacy, (2) got the needle from a needle exchange, (3) bought the needle on the street, (4) got the needle in a shooting gallery, or (5) got the needle some other way. Respondents who indicated that they got the needle some other way were asked to describe how they got the needle.
- An important limitation of the NHSDA estimates of drug use prevalence is that they are only designed to describe the target population of the survey—the civilian, noninstitutionalized household population aged 12 or older. Although this population includes almost 98 percent of the U.S. population aged 12 or older,

Figure 3. Percentages of Past Year Injection Drug Users Aged 12 or Older Reporting Engaging in Risk Behaviors the Last Time They Used a Needle for Injecting Drugs: Annual Averages Based on 1999-2001 NHSDAs

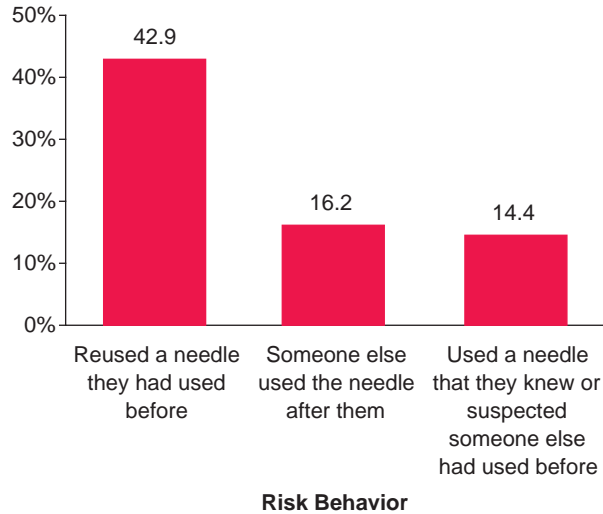


Table 1. Estimated Numbers and Percentages of Past Year Injection Drug Users Aged 12 or Older Reporting How They Got Their Needle the Last Time They Used One for Injecting Drugs: Annual Averages Based on 1999-2001 NHSDAs

How Needle Was Obtained	Estimated Number	%
Bought from a pharmacy	159,246	47.1
Given by, stolen from a Person ¹	72,762	21.5
Bought it on the street	29,327	8.7
Needle exchange	12,166	3.6
Given by, stolen from a Location ²	9,949	2.9
From drug dealer/came with drugs	2,116	0.6
Shooting gallery	794	0.2
Other ³	21,159	6.3
Don't know/refused/no answer	30,615	9.1

some population subgroups who may have different drug-using patterns are excluded. For instance, persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. A more in-depth discussion of this issue is presented in Wright, D., Gfroerer, J., & Epstein, J. (1997). Ratio estimation of hardcore drug use. *Journal of Official Statistics*, 13, 401-416.

- 5. Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. (2000, June). *Pharmacy sales of sterile syringes*. Retrieved June 10, 2002, from http://www.cdc.gov/idu/facts/aed_idu_phar.pdf
- 6. A needle exchange program is where injection drug users can trade in dirty needles for clean needles.

³ The Other category includes Other (Unspecified), Found in a Waste-can, and Shared Needles. An additional possible category, though not reported among past year needle users, was purchased Online/Via the Internet.

Source (table and all figures): SAMHSA 1999-2001 NHSDAs.

Figure and Table Notes

*These drug estimates are generated from data collected on a "non-core" module of the NHSDA questionnaire. Therefore, these estimates may be somewhat inconsistent with drug estimates based on data collected from the "core" modules because NHSDA data are not edited for consistency across the "core" and "non-core" modules of the interview.

- ¹ Reported Person categories included Friends, Relatives and Other Unspecified Persons. An additional possible category, though not reported among past year needle users, was Athletic Trainers/Coach/Health Club. Although the category Athletic Trainers/Coach/Health Club includes a location, it was included in the Person category because Athletic Trainers and Coach took priority within the category.
- ² Reported Location categories included Medical Facilities/Medical Professional, Work, Pharmacy/Stores and Other Unspecified Locations. Additional possible categories, though not reported among past year needle users, include Veterinarian Facility/Veterinarian, Some Other Person's Work, Farm Supply Store and Military Supplies. Though the category Medical Facilities/Medical Professional includes persons, this category was classified as Location because Medical Facility took priority within the category. Veterinarian Facility/Veterinarians was included in the Location category for the same reason.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 1999, 2000, and 2001 data are based on information obtained from more than 207,000 persons aged 12 or older (about 70,000 each year). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NHSDA Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Office of Applied Studies. (2000). *Summary of findings from the 1999 National Household Survey on Drug Abuse* (DHHS Publication No. SMA 00-3466, NHSDA Series: H-12). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (DHHS Publication No. SMA 01-3549, NHSDA Series: H-13). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2002). *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of national findings* (DHHS Publication No. SMA 02-3758, NHSDA Series H-17). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available on-line: www.DrugAbuseStatistics.samhsa.gov.

Additional tables available upon request.



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