

The NSDUH Report

December 1, 2010

HIV/AIDS and Substance Use

HIV/AIDS is a deadly worldwide epidemic that claims the lives of more than 18,000 people in the United States every year, and more than 1 million people in the United States are currently living with HIV.¹ Although the estimated number of new HIV infections in the United States

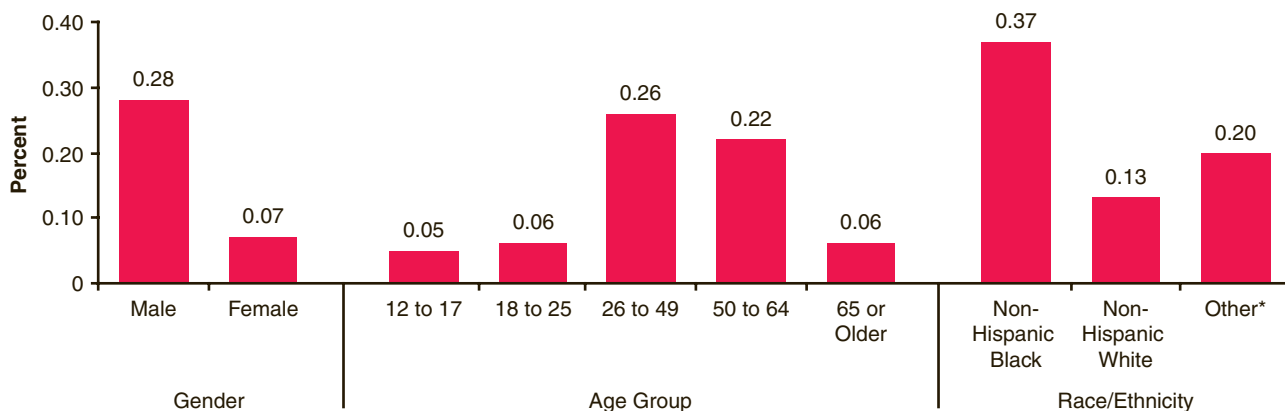
has remained relatively stable in recent years, estimates show that there are still an estimated 56,000 new infections each year. Moreover, it is estimated that about one in five of those infected with HIV are unaware of their HIV status, increasing the chances of unknowingly infecting others.

Intravenous drug use has long been linked to contracting and transmitting HIV. The Centers for Disease Control and Prevention (CDC) reports that injection drug users represent an estimated 12 percent of new HIV cases each year in the United States, men who have sex with men account for 53 percent of new cases, men who have sex with men and use injection drugs account for 4 percent, and heterosexual contact accounts for 31 percent.¹ Alcohol and drug use can impair judgment and decision making, leading to risky sexual behavior that is often associated with HIV infection and transmission.²

The National Survey on Drug Use and Health (NSDUH) includes questions about health conditions. Respondents are provided with a list of health conditions and are asked to indicate, for each, whether they have ever been told by a doctor or other medical professional that they had the condition. One of the conditions that the survey asks about is

In Brief

- Combined 2005 to 2009 NSDUH data indicate that an estimated annual average of 420,000 persons aged 12 or older (0.17 percent) had been told by a doctor or other health care professional that they had HIV/AIDS
- About one in six individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (16.60 percent); nearly two thirds had used an illicit drug but not intravenously (64.44 percent), and 18.96 percent had never used an illicit drug
- Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (23.94 percent)

Figure 1. HIV/AIDS among Persons Aged 12 or Older, by Gender, Age Group, and Race/Ethnicity: 2005 to 2009

* Other includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, individuals of more than one race, and Hispanic.

Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

HIV/AIDS. NSDUH also collects information on the use of alcohol (including binge alcohol use) and illicit drugs,^{3,4} as well as on the need for substance use treatment. Persons are classified as needing treatment for a substance use problem if they meet the criteria for substance use disorder (dependence or abuse) in the past year or if they received substance use treatment at a specialty facility in the past year.^{5,6}

This issue of *The NSDUH Report* examines HIV/AIDS among the civilian, noninstitutionalized U.S. population aged 12 or older. Data are presented by demographic and substance use characteristics. All findings presented in this report are annual averages based on combined 2005 to 2009 NSDUH data.

HIV/AIDS, by Demographic and Substance Use Characteristics

An estimated annual average of 420,000 persons aged 12 or older (0.17 percent) had been told by a doctor or other health care professional that they had HIV/AIDS.^{7,8} Rates of HIV/AIDS were higher among males than females (0.28 vs. 0.07 percent) and higher among persons aged 26 to 64 than among older and younger age groups (Figure 1). Non-Hispanic blacks had higher rates of HIV/AIDS than non-Hispanic whites and persons in other racial/ethnic categories (0.37 vs. 0.13 and 0.20 percent, respectively).⁹

Rates of HIV/AIDS were higher among persons living at or below poverty than among those living above poverty (0.41 vs. 0.14 percent)¹⁰ (Figure 2). HIV/AIDS rates varied by metropolitan status, with persons living in large metropolitan areas having the highest rates.

Individuals who used an illicit drug intravenously in their lifetime were over 30 times as likely to have HIV/AIDS than those who never used illicit drugs and those who used illicit drugs nonintravenously (1.84 vs. 0.06 and 0.04 percent, respectively).

Substance Use and Treatment Need among Persons with HIV/AIDS

About one quarter of persons aged 12 or older who had been told by a doctor or other health care professional that they had HIV/AIDS engaged in binge alcohol use in the past month (27.90 percent), and nearly one third used illicit drugs in the past month (32.49 percent). About one in six individuals with HIV/AIDS had used an illicit drug intravenously in their lifetime (16.60 percent); nearly two thirds had used an illicit drug but not intravenously (64.44 percent), and 18.96 percent had never used an illicit drug (Figure 3).

Nearly one quarter of persons with HIV/AIDS were in need of alcohol or illicit drug use treatment in the past year (23.94 percent). Most persons aged 12 or older who had been told by a doctor or other health care professional that they had HIV/AIDS (90.31 percent) had health insurance coverage.¹¹

Discussion

Notwithstanding the significant scientific advancements in the prevention and treatment of HIV/AIDS, the spread of the infection remains a major public health concern, particularly among those groups at greater risk for HIV/AIDS. For example, the data in this report affirm racial/ethnic disparities in HIV infection and point to the need to identify the factors that contribute to these disparities in order to develop effective, culturally sensitive prevention and treatment approaches. Also affirmed is the increased risk of contracting HIV/AIDS among those who use illicit drugs intravenously.

The data show that substance use is prevalent among those infected with HIV/AIDS, with nearly one in four persons living with the virus reporting that they use alcohol

Figure 2. HIV/AIDS among Persons Aged 12 or Older, by Poverty Status and County Type: 2005 to 2009

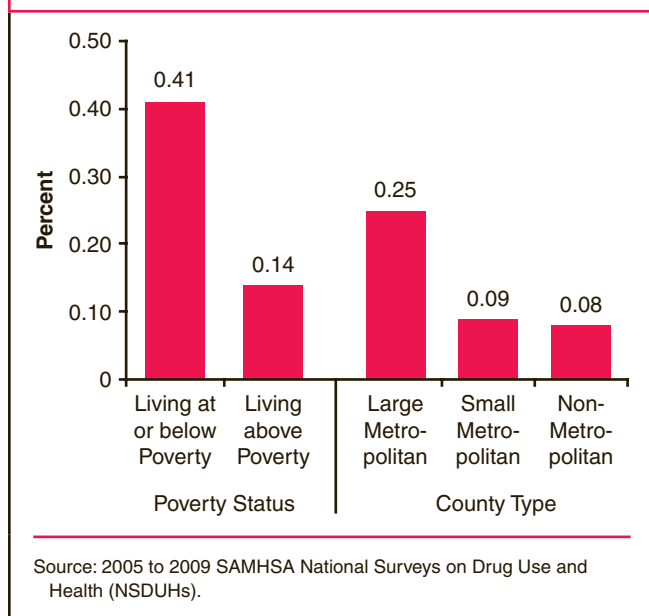
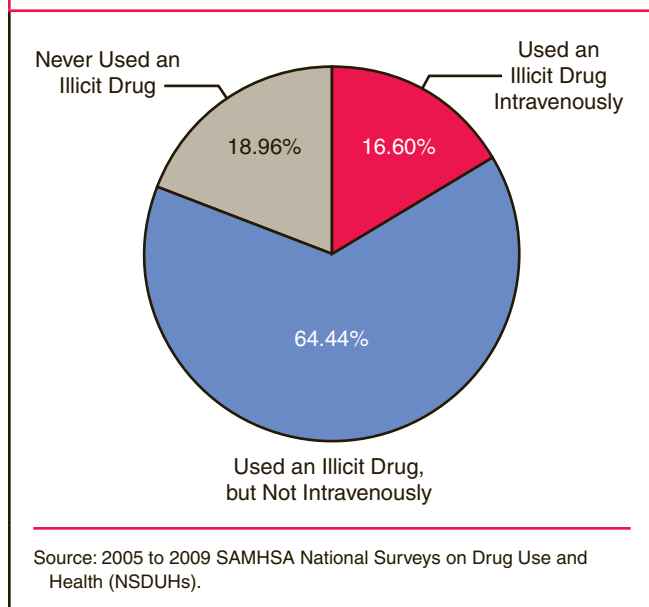


Figure 3. Lifetime Injection and Illicit Drug Use among Persons Aged 12 or Older with HIV/AIDS: 2005 to 2009



or drugs at a level that warrants treatment. However, the vast majority (9 in 10) of these persons have access to health insurance. Thus, because participation in drug treatment has been shown to be effective in reducing the transmission of HIV/AIDS,¹ persistent efforts are needed to screen and assess those infected with HIV/AIDS for substance dependence or abuse in order to link those in need of assistance with a drug problem to treatment.

End Notes

- Centers for Disease Control and Prevention. (2010, July 20). *HIV in the United States*. Retrieved November 12, 2010, from <http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf>
- National Institute on Drug Abuse. (2006, March). *HIV/AIDS* (NIH Publication No. 06-5760, Research Report Series). Washington, DC: National Institutes of Health. [Available as a PDF at <http://www.drugabuse.gov/PDF/RRhiv.pdf>]
- Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
- NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of prescription-type drugs does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamines.
- NSDUH defines dependence on or abuse of alcohol or illicit drugs using criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which includes such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Substance use treatment at a specialty facility is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers; it excludes treatment in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.
- The analysis in this report excludes data for individuals whose HIV/AIDS information was unknown.
- CDC estimates that the number of persons living with HIV/AIDS is more than 1 million (see End Note 1). CDC's estimate results from a comprehensive HIV/AIDS surveillance system that captures data collected by State and Territorial health departments that is abstracted from laboratory, clinical, and other medical or public health records of suspected or confirmed HIV/AIDS cases, as well as from surveys that interview persons in recognized HIV risk groups or known to have a diagnosis of HIV/AIDS. The NSDUH estimate is based on self-reports by survey participants of being told by a doctor or other medical professional that they have the disease; thus, there could be underreporting bias. In addition, NSDUH does not cover the homeless not in shelters, the incarcerated, or those in long-term care.
- For this report, other racial/ethnic categories include American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, individuals of more than one race, and Hispanic or Latino.
- NSDUH gathers data on family income, size, and composition (i.e., number of children) and respondent's age. This information is used to determine the respondent's poverty level. The poverty level is calculated as a percentage of the U.S. Census Bureau's poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is less than the family's poverty threshold, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. census poverty threshold). Persons aged 18 to 22 living in college dormitories were excluded from this analysis because poverty status is not determined for this group.
- A respondent is classified as having health insurance coverage if he or she has private insurance, Medicare, Medicaid/Children's Health Insurance Program (CHIP), Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Affairs (VA), military health care, or any other type of health insurance. All other respondents were classified as without health insurance or uninsured.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (December 1, 2010). *The NSDUH Report: HIV/AIDS and Substance Use*. Rockville, MD.

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Findings from SAMHSA's 2005 to 2009 National Surveys on Drug Use and Health (NSDUHs)

HIV/AIDS and Substance Use

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2005 to 2009 data used in this report are based on information obtained from 341,416 persons aged 12 or older, including 330 who had been told by a doctor or other medical professional that they had HIV/AIDS. 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 NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following two-volume publication:

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://oas.samhsa.gov>.



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