



Epi Data Brief

New York City Department of Health and Mental Hygiene

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Substance Use among HIV-Positive Persons Receiving Medical Care in New York City: The Medical Monitoring Project 2013 and 2014

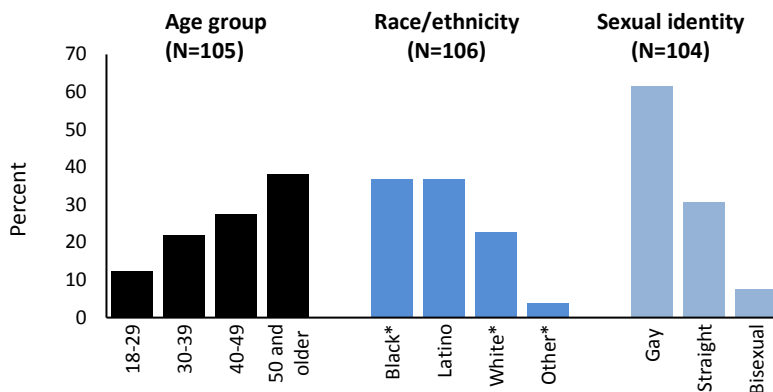
Unintentional drug poisoning (overdose) is a leading cause of preventable death in New York City (NYC). Provisional data show that of the 937 overdose deaths in 2015, 80% involved an opioid.¹ This marks a 17% increase in unintentional drug poisoning deaths from 2014.² Additionally, studies show that particular drugs (including methamphetamine, cocaine, and crack) are associated with increased sexual risk behavior and that unsafe injection drug behaviors are associated with the ongoing transmission of HIV. This data brief describes substance use among people living with HIV/AIDS (PLWHA) receiving care in NYC.

Substance use was more prevalent in men than women living with HIV

- Among the 845 Medical Monitoring Project (MMP) participants receiving HIV care in NYC from January to April 2013 and January to April 2014, 64% (n=537) were men and 2% (n=14) were transgender. Close to half of the sample was Black (48%, n=402), more than one-third were Latino (37%, n=313), 11% (n=94) were White, and 4% (n=36) identified as other races/ethnicities.
- Nearly two-thirds had a high school diploma.
- Substance use in the past 12 months was reported by 13% (n=106) of MMP participants.
- Men were more likely than women to have used substances in the past 12 months, 17% (n=92) versus 4% (n=12).

Medical providers who work with persons living with HIV/AIDS (PLWHA) should routinely screen for substance use and provide preventive care when appropriate, such as administering naloxone, a medication which reverses opioid overdose. Overdose response kits distributed to those with opioid addiction have also been shown to reduce rates of death due to overdose.³

Socio-demographic and sexual identity of substance users, Medical Monitoring Project, New York City, 2013-2014



*Black non-Latino, White non-Latino; Other includes Asian, Pacific Islander, Native American, Native Hawaiian, and Alaska Native.

Source: Medical Monitoring Project, 2013-2014

- Among substance users, 12% (n=13) were ages 18 to 29 years, 22% (n=23) were ages 30 to 39, 28% (n=29) were ages 40 to 49, and 38% (n=40) were 50 years and older.
- Among substance users, 37% (n=39) were Black, 37% (n=39) were Latino, 24% (n=24) were White, and 4% (n=4) identified as another race/ethnicity.
- The majority of substance users were gay (62%, n=64), 31% (n=32) were heterosexual, and 8% (n=8) were bisexual.
- Substance use was more common among participants who were homeless than those who were not (20% vs. 11%).
- The majority (97%, n=103) of substance users had health insurance.

Definitions: Substance use includes use of crystal meth, other amphetamines, crack, cocaine, downers, painkillers, hallucinogens, ecstasy, special K, GHB, heroin, and poppers.

Binge drinking: Five or more drinks in one sitting for males or four or more drinks in one sitting for females in the past 30 days.

Condomless sex: Sex without a condom.

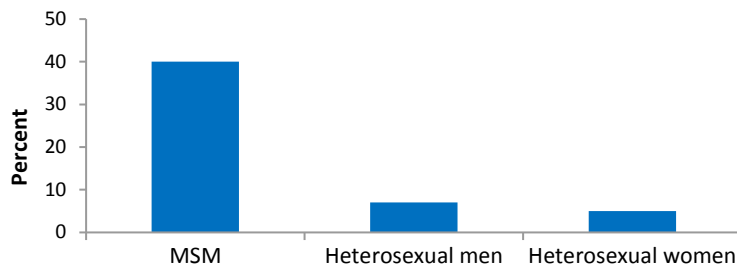
Men who have sex with men were more likely than heterosexuals to use substances

- Participants who identified as men who have sex with men (MSM) were more likely to have used substances in the past 12 months compared with those who identified as heterosexual, 26% (n=64) vs. 6% (n=32).
- MSM who used substances were more likely to have three or more sex partners in the past 12 months than those who did not use substances, 76% (n=25) versus 44% (n=29).
- The prevalence of condomless sex among MMP participants who reported substance use in the past 12 months was five times higher in MSM compared with heterosexual men and eight times higher than heterosexual women.
- Injection drug use was reported by a little over 1% of substance users.
- Crystal meth, poppers, cocaine, and crack were the four most commonly used substances.

Data Source:

Medical Monitoring Project (MMP) is a national study sponsored by the Centers for Disease Control and Prevention (CDC) of persons living with HIV/AIDS. New York City is one of 23 jurisdictions that conduct MMP annually. For the 2013 and 2014 cycles, MMP used a three-stage sampling methodology to obtain samples of HIV-infected adults in care. The first stage consisted of selecting states and cities within the US; the second stage consisted of selecting facilities (hospitals, clinics, private providers) within those health jurisdictions that provide HIV care; the third consisted of selecting patients within those facilities who are receiving care for HIV. MMP eligibility criteria included diagnosed HIV infection, being 18 years of age or older, and in care at the sampled facility between January 1st and April 30th in each of 2013 and 2014. Interview data collected included information on demographics (age, education, race/ethnicity— Black non-Latino, Latino, White non-Latino, and other), clinical outcomes (viral loads and CD4 counts), service-utilization, and sex and drug use behaviors. Participants were also asked specific questions about adherence to antiretroviral therapy, access to care, stigma and discrimination, depression, and prevention activities. The results presented are from 845 participants from 31 facilities in the 2013-2014 MMP cycles.

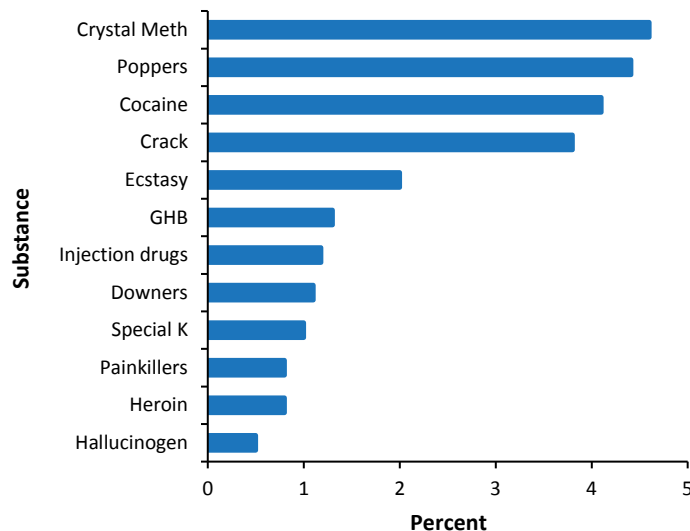
Proportion of condomless sex among substance users by sexual orientation, Medical Monitoring Project, New York City, 2013-2014



MSM = men who have sex with men

Source: Medical Monitoring Project, 2013-2014

Substance use in the past 12 months among persons living with HIV/AIDS, Medical Monitoring Project, New York City, 2013-2014



GHB = gamma-hydroxybutyrate

Source: Medical Monitoring Project, 2013-2014

- Almost 20% (n=167) of MMP participants reported having used marijuana in the past 12 months.
- Alcohol use in the past 30 days was reported by 48% (n=406) of MMP participants while 12% (n=100) were binge drinkers. Nine percent (n=72) of men and 3% (n=28) of women were binge drinkers.
- Three out of five participants (62%) reported ever having smoked cigarettes and of these, over half (54%) reported smoking cigarettes daily.

References:

1. Paone D, Tuazon E, Nolan M, Mantha S. Unintentional drug poisoning (overdose) deaths involving heroin and/or fentanyl in New York City, 2000-2015. New York City Department of Health and Mental Hygiene. Epi Data Brief (74); August 2016.
2. New York City Department of Health and Mental Hygiene. Addressing Alcohol and Drug Use—An Integral Part of Primary Care. City Health Information. 2016; 35(3): 21-28.
3. Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. "Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths". *J Addict Dis*. 2006; 25 (3): 89–96.

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OTHER DOHMH HIV/AIDS Resources:

- NYC MMP Reports and HIV/AIDS Surveillance Statistics: www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page
- NYC DOHMH HIV/AIDS Information: www1.nyc.gov/site/doh/health/health-topics/aids-hiv.page

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