

2014 TEXAS HIV/STD CONFERENCE

AUGUST 19-21, 2014

AUSTIN, TEXAS

**LACK OF PROGRESS IN REDUCING HIV RISKY BEHAVIOR BY INTRAVENOUS DRUG USERS IN HOUSTON:  
WHERE DO WE GO FROM HERE?**

Catherine Troisi, M.S., Ph.D., Paige Padgett Wermuth, PhD., Christopher Coble, MPH, Hafeez Rehman, MD, MPH, CPH

Risk factor	2009	2012
Used a sterile needle $\leq$ 50% of the time	33%	43%
Used needle after someone else	67%	63%
Used cooker, cotton, or water after someone else	68%	66%
Last time injected with someone, did not know their HIV status	78%	72%

Data from Houston IDU NHBS cycle

**Excerpts below from: HIV Infection and Risk, Prevention, and Testing Behaviors Among Injecting Drug Users — National HIV Behavioral Surveillance System, 20 U.S. Cities, 2009**, D. Broz, C Wejnert, H Pham, et al MMWR Surveillance Summaries MMWR / July 4, 2014 / Vol. 63 / No. 6. Full text can be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6306a1.htm?s\\_cid=ss6306a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6306a1.htm?s_cid=ss6306a1_w)

*Abstract*

**Problem/Condition:** At the end of 2009, an estimated 1,148,200 persons aged  $\geq$ 13 years were living with human immunodeficiency virus (HIV) infection in the United States. Despite the recent decreases in HIV infection attributed to injection drug use, 8% of new HIV infections in 2010 occurred among injecting drug users (IDUs).

**Description of System:** The National HIV Behavioral Surveillance System (NHBS) collects HIV prevalence and risk behavior data in selected metropolitan statistical areas (MSAs) from three populations at high risk for HIV infection: men who have sex with men, IDUs, and heterosexual adults at increased risk for HIV infection. Data for NHBS are collected in rotating cycles. For the 2009 NHBS cycle, IDUs were recruited in 20 participating MSAs using respondent-driven sampling, a peer-referral sampling method. Participants were eligible if they were aged  $\geq$ 18 years, lived in a participating MSA, were able to complete a behavioral survey in English or Spanish, and reported that they had injected drugs during the past 12 months. Consenting participants completed an interviewer-administered (face-to-face), anonymous standardized questionnaire about HIV-associated behaviors, and all participants were offered anonymous HIV testing. Analysis of 2009 NHBS data represents the first large assessment of HIV prevalence among IDUs in the United States in  $>$ 10 years.

**Results:** This report summarizes two separate analyses using unweighted data from 10,200 eligible IDUs in 20 MSAs from the second collection cycle of NHBS in 2009. Both an HIV infection analysis and a behavioral analysis were conducted. Different denominators were used in each analysis because of the order and type of exclusion criteria applied.

For the HIV infection analysis, of the 10,200 eligible participants, 10,090 had a valid HIV test result, of whom 906 (9%) tested positive for HIV (range: 2%–19% by MSA). When 509 participants who reported receiving a previous positive HIV test result were excluded from this analysis, 4% (397 of 9,581 participants) tested HIV-positive.

For the behavioral analysis, because knowledge of HIV status might influence risk behaviors, 548 participants who reported a previous HIV-positive test result were excluded from the 10,200 eligible participants. All subsequent analyses were conducted for the remaining 9,652 participants. The most commonly injected drugs during the past 12 months among these participants were heroin (90%), speedball (heroin and cocaine combined) (58%), and cocaine or crack (49%). Large percentages of participants reported receptive sharing of syringes (35%); receptive sharing of other injection equipment, such as cookers, cotton, or water (58%); and receptive sharing of syringes to divide drugs (35%). Many participants reported having unprotected sex with opposite-sex partners during the past 12 months: 70% of men and 73% of women had unprotected vaginal sex, and 25% of men and 21% of women had unprotected anal sex. A combination of unsafe injection- and sex-related behaviors during the past 12 months was commonly reported; 41% of participants who reported unprotected vaginal sex with one or more opposite-sex partners, and 53% of participants who reported unprotected anal sex with one or more opposite-sex partners also reported receptive sharing of syringes. More women than men reported having sex in exchange for money or drugs (31% and 18%, respectively). Among men, 10% had oral or anal sex with one or more male partners during the past 12 months. Many participants (74%) reported noninjection drug use during the past 12 months, and 41% reported binge drinking during the past 30 days. A large percentage of participants (74%) had ever been tested for hepatitis C, 41% had received a hepatitis C virus infection diagnosis, and 29% had received a vaccination against hepatitis A virus, hepatitis B virus, or both. Most (88%) had been tested for HIV during their lifetime, and 49% had been tested during the past 12 months. Approximately half of participants received free HIV prevention materials during the past 12 months, including condoms (50%) and sterile syringes (44%) and other injection equipment (41%). One third of participants had been in an alcohol or a drug treatment program, and 21% had participated in an individual- or a group-level HIV behavioral intervention.

**Interpretation:** IDUs in the United States continue to engage in sexual and drug-use behaviors that increase their risk for HIV infection. The large percentage of participants in this study who reported engaging in both unprotected sex and receptive sharing of syringes supports the need for HIV prevention programs to address both injection and sex-related risk behaviors among IDUs. Although most participants had been tested for HIV infection previously, less than half had been tested in the past year as recommended by CDC. In addition, many participants had not been vaccinated against hepatitis A and B as recommended by CDC. Although all participants had injected drugs during the past year, only a small percentage had recently participated in an alcohol or a drug treatment program or in a behavioral intervention, suggesting an unmet need for drug treatment prevention services.

**Public Health Action:** To reduce the number of HIV infections among IDUs, additional efforts are needed to decrease the number of persons who engage in behaviors that increase their risk for HIV infection and to increase their access to HIV testing, alcohol and drug treatment, and other HIV prevention programs. The National HIV/AIDS Strategy for the United States delineates a coordinated response to reduce HIV incidence and HIV-related health disparities among IDUs and other disproportionately affected groups. CDC's high-impact HIV prevention approach

provides an essential step toward achieving these goals by using combinations of scientifically proven, cost-effective, and scalable interventions among populations at greatest risk. NHBS data can be used to monitor progress toward the national strategy goals and to guide national and local planning efforts to maximize the impact of HIV prevention programs.

## **Introduction**

At the end of 2009, an estimated 1,148,200 persons aged  $\geq 13$  years in the United States were living with human immunodeficiency virus (HIV) infection (1), and an estimated 47,500 were newly infected in 2010 (2). Among new HIV infections in 2010, approximately 61% were attributed to male-to-male sexual contact, 25% to heterosexual contact, 8% to injection drug use, and 3% to male-to-male sexual contact and injection drug use (2). Although injecting drug users (IDUs) comprise an estimated 2.6% of the U.S. population, they account for 22% of all persons living with HIV infection (3). The number of persons living with HIV infection, particularly among groups at increased risk for infection, might continue to increase without an improved and coordinated response to HIV in the United States (4). The National HIV/ AIDS Strategy for the United States, released in July 2010, addresses the urgent need to reduce HIV incidence, improve access to care and health outcomes for persons living with HIV, reduce HIV-related disparities and health inequities, and improve coordination of HIV programs across federal, state, territorial, tribal, and local governments (4).

## **HIV Infection**

The percentage of all participants in NHBS-IDU2 with HIV infection was 9%, ranging from 2% to 19% among MSAs. HIV testing was not conducted during the first cycle of NHBS-IDU; therefore, the analysis of NHBS-IDU2 data represents the first large assessment of HIV prevalence among IDUs in the United States in more than a decade. During 1993–1997, CDC conducted anonymous HIV testing among IDUs entering drug treatment centers in 14 MSAs (22) and found an HIV infection prevalence of 18% overall, ranging from 1% to 37% among MSAs. The two studies used different methods and sampled different populations of IDUs; therefore, the HIV infection estimates are not comparable between the studies.

In the NHBS-IDU2 study, HIV infection was highest among participants who most frequently injected methamphetamine and among men who reported male-to-male sex during the past 12 months. Methamphetamine use has been linked with high-risk sexual behavior among heterosexuals (23) and MSM (24). In this analysis, a high percentage of men who most frequently injected methamphetamine reported having had unprotected anal sex with another man during the past 12 months. The combination of male-to-male sex and drug injection contribute to the high HIV prevalence among MSM-IDUs (25). HIV prevention programs tailored to MSM-IDUs should consider the possible effects of methamphetamine use on risk-taking behaviors.

HIV infection was higher among participants who reported never having been tested for HIV than among those who did. CDC recommends that IDUs be tested for HIV at least annually (26,27). The high percentage of HIV infection among the NHBS-IDU2 participants who had never been tested suggests that substantial barriers to increasing awareness of HIV status remain, especially among those who are most at risk for infection. Continued efforts are needed to reach IDUs with HIV testing, provide results of HIV testing, provide prevention services, and reduce the stigma associated with HIV.

**TABLE 4. Number and percentage of participants\* who reported risky injection practices during the past 12 months, by selected characteristics — National HIV Behavioral Surveillance System: Injecting Drug Users, 20 U.S. cities, 2009**

Characteristic	Receptive sharing of syringes†		Receptive sharing of injection equipments		Receptive sharing of syringes to divide drugs‡		Any receptive sharing**		Total
	No	(%)	No.	(%)	No	(%)	No.	(%)	
Sex									
Male	2,398	(34)	4,000	(57)	2,374	(34)	4,249	(61)	6,992
Female	1,022	(38)	1,588	(60)	987	(37)	1,696	(64)	2,660
Race/Ethnicity									
American Indian/Alaska Native	34	(39)	49	(56)	28	(32)	56	(64)	88
Asian/Native Hawaiian/Other Pacific Islander	15	(38)	23	(59)	13	(33)	25	(64)	39
Black	1,255	(28)	2,400	(54)	1,408	(32)	2,544	(57)	4,436
Hispanic/Latino††	807	(39)	1,241	(59)	812	(39)	1,312	(63)	2,095
White	1,201	(45)	1,700	(64)	1,000	(37)	1,816	(68)	2,673
Other	105	(34)	166	(54)	96	(31)	182	(59)	306
Age group (yrs)									
18–29	521	(52)	706	(71)	421	(42)	745	(75)	995
30–39	741	(42)	1,097	(62)	696	(40)	1,174	(67)	1,760
40–49	1,060	(36)	1,695	(57)	1,034	(35)	1,802	(61)	2,961
50–59	970	(29)	1,803	(55)	1,060	(32)	1,916	(58)	3,303
≥60	128	(20)	287	(45)	150	(31)	308	(49)	633
Education									
<High school	1,264	(39)	1,961	(60)	1,282	(39)	2,088	(64)	3,278
High school diploma or equivalent	1,336	(35)	2,215	(58)	1,306	(34)	2,352	(61)	3,825
>High school	820	(32)	1,411	(55)	773	(30)	1,504	(59)	2,546
Household income§§									
At or below federal poverty level	2,786	(36)	4,487	(58)	2,781	(36)	4,780	(62)	7,709
Above federal poverty level	611	(32)	1,069	(57)	557	(30)	1,129	(60)	1,886
Homeless, past 12 months									
Yes	2,536	(42)	3,806	(64)	2,437	(41)	4,047	(68)	5,976
No	883	(24)	1,780	(48)	923	(25)	1,896	(52)	3,673
Arrested, past 12 months									
Yes	1,461	(42)	2,222	(64)	1,389	(40)	2,364	(68)	3,480
No	1,959	(32)	3,365	(55)	1,971	(32)	3,580	(58)	6,170
Drug injected most frequently, past 12 months									
Heroin	1,930	(34)	3,205	(56)	1,818	(32)	3,399	(59)	5,725
Heroin and cocaine¶¶	875	(36)	1,510	(63)	972	(40)	1,594	(66)	2,416
Cocaine or crack	203	(39)	302	(58)	191	(37)	330	(64)	519
Methamphetamine	137	(36)	180	(47)	105	(27)	205	(53)	384
Other***	271	(46)	387	(66)	273	(46)	413	(70)	588
Hepatitis C testing†††									
Yes	2,447	(34)	4,117	(58)	2,424	(34)	4,353	(61)	7,095

No	916	(38)	1,385	(58)	886	(37)	1,492	(63)	2,386
Hepatitis C diagnosis									
Yes	1,518	(39)	2,481	(63)	1,506	(38)	2,603	(66)	3,931
No	1,864	(33)	3,035	(54)	1,814	(32)	3,265	(58)	5,593
Had unprotected**** vaginal sex with opposite-sex partner, past 12 months									
Yes	2,775	(41)	4,290	(63)	2,659	(39)	4,554	(67)	6,809
No	635	(23)	1,287	(46)	694	(25)	1,377	(49)	2,817
Had unprotected anal sex with opposite-sex partner, past 12 months									
Yes	1,227	(53)	1,657	(72)	1,152	(50)	1,745	(76)	2,307
No	2,182	(30)	3,917	(54)	2,197	(30)	4,183	(57)	7,314
Had more than one opposite-sex partner, past 12 months									
Yes	2,214	(45)	3,255	(65)	2,081	(42)	3,461	(70)	4,971
No	1,199	(26)	2,325	(50)	1,273	(27)	2,474	(53)	4,662
HIV test result									
Negative	3,264	(36)	5,323	(58)	3,195	(35)	5,657	(62)	9,185
Positive	139	(35)	238	(60)	152	(38)	255	(64)	397
MSA									
Atlanta, Georgia	126	(31)	218	(54)	117	(29)	232	(58)	401
Baltimore, Maryland	129	(27)	323	(69)	181	(38)	336	(71)	471
Boston, Massachusetts	417	(71)	474	(81)	339	(58)	498	(85)	588
Chicago, Illinois	126	(24)	267	(51)	110	(21)	281	(53)	527
Dallas, Texas	223	(36)	424	(68)	269	(43)	442	(71)	620
Denver, Colorado	166	(40)	232	(56)	139	(34)	252	(61)	413
Detroit, Michigan	113	(28)	157	(38)	111	(27)	179	(44)	409
Houston, Texas	244	(48)	335	(66)	223	(44)	360	(71)	507
Los Angeles, California	208	(41)	344	(68)	185	(37)	357	(71)	506
Miami, Florida	250	(46)	350	(65)	265	(49)	367	(68)	542
New York, New York	133	(27)	207	(43)	113	(23)	224	(46)	485
Nassau-Suffolk, New York	30	(16)	39	(20)	15	(8)	45	(24)	191
New Orleans, Louisiana	240	(40)	351	(59)	199	(34)	380	(64)	594
Newark, New Jersey	114	(30)	148	(39)	95	(25)	161	(42)	381
Philadelphia, PA	148	(29)	297	(58)	158	(31)	312	(61)	512
San Diego, California	292	(48)	401	(66)	271	(44)	426	(70)	612
San Francisco, CA	75	(16)	196	(41)	77	(16)	208	(43)	482
San Juan, Puerto Rico	119	(27)	238	(55)	170	(39)	262	(60)	436
Seattle, Washington	151	(32)	300	(63)	139	(29)	317	(67)	474
Washington, DC	116	(23)	287	(57)	185	(37)	306	(61)	501
Total	3,420	(35)	5,588	(58)	3,361	(35)	5,945	(62)	9,652

TABLE 5. Number and percentage of male participants\* who reported sexual behaviors during the past 12 months, by selected characteristics —  
National HIV Behavioral Surveillance System: Injecting Drug Users, 20 U.S. cities, 2009

Characteristic	Male participants with female sex partners										Male participants with male sex partners						Total
	Any sex with females†		Vaginal sex		Unprotected§ vaginal sex		Anal sex		Unprotected anal sex		Any sex with males¶		Anal sex**		Unprotected anal sex		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSA																	
Atlanta, GA	297	(88)	290	(86)	238	(71)	88	(26)	57	(17)	48	(14)	37	(11)	31	(9)	337
Baltimore, MD	288	(84)	283	(83)	237	(70)	82	(24)	62	(18)	6	(2)	—	—	—	—	341
Boston, MA	364	(92)	363	(92)	342	(87)	217	(55)	194	(49)	88	(22)	66	(17)	42	(11)	394
Chicago, IL	321	(86)	319	(85)	237	(63)	113	(30)	78	(21)	30	(8)	18	(5)	11	(3)	374
Dallas, TX	363	(86)	357	(84)	315	(74)	71	(17)	53	(13)	—	—	—	—	—	—	423
Denver, CO	217	(77)	214	(76)	194	(69)	40	(14)	34	(12)	12	(4)	8	(3)	—	—	283
Detroit, MI	243	(86)	234	(83)	196	(70)	63	(22)	45	(16)	—	—	—	—	—	—	282
Houston, TX	382	(94)	378	(93)	335	(82)	200	(49)	155	(38)	88	(22)	67	(16)	49	(12)	407
Los Angeles, CA	302	(81)	296	(80)	254	(68)	116	(31)	81	(22)	41	(11)	34	(9)	27	(7)	372
Miami, FL	357	(85)	348	(82)	288	(68)	179	(42)	145	(34)	89	(21)	68	(16)	44	(10)	422
New York, NY	309	(83)	305	(82)	249	(67)	185	(50)	136	(37)	23	(6)	19	(5)	11	(3)	372
Nassau-Suffolk, NY	96	(84)	92	(81)	66	(58)	20	(18)	12	(11)	—	—	—	—	—	—	114
New Orleans, LA	434	(88)	430	(88)	383	(78)	176	(36)	137	(28)	61	(12)	44	(9)	31	(6)	491
Newark, NJ	227	(88)	223	(86)	176	(68)	67	(26)	48	(19)	10	(4)	6	(2)	—	—	259
Philadelphia, PA	316	(81)	310	(80)	251	(65)	70	(18)	55	(14)	10	(3)	7	(2)	7	(2)	389
San Diego, CA	375	(87)	371	(86)	322	(75)	181	(42)	136	(32)	26	(6)	20	(5)	15	(3)	431
San Francisco, CA	237	(73)	226	(70)	190	(59)	91	(28)	67	(21)	85	(26)	48	(15)	35	(11)	323
San Juan, Puerto Rico	276	(76)	274	(75)	231	(64)	183	(50)	148	(41)	45	(12)	37	(10)	27	(7)	363
Seattle, WA	212	(71)	207	(69)	174	(58)	65	(22)	48	(16)	38	(13)	22	(7)	17	(6)	300
Washington, DC	250	(79)	247	(78)	190	(60)	66	(21)	48	(15)	11	(3)	7	(2)	—	—	315
Total	5,866	(84)	5,767	(82)	4,868	(70)	2,273	(33)	1,739	(25)	721	(10)	518	(7)	364	(5)	6,992

Abbreviations: HIV = human immunodeficiency virus; MSA = metropolitan statistical area/division. \* Sample excludes participants who reported a previous positive HIV test result. Numbers might not add to totals because of missing data. † Might include oral, vaginal, or anal sex. ‡ Neither participant nor the partner used a condom. ¶ Might include oral or anal sex. \*\* Includes both insertive and receptive anal sex. †† Suppressed because of small sample size (five or fewer participants). §§ Persons of Hispanic/Latino ethnicity might be of any race or combination of races. ¶¶ Poverty level

is based on household income and household size. \*\*\* Injected separately with equal frequency or combined as speedball. ††† Other drugs injected alone or two or more drugs injected with the same frequency.

TABLE 13. Number and percentage of participants\* who reported testing for HIV infection, by selected characteristics  
Behavioral Surveillance System: Injecting Drug Users, 20 U.S. cities, 2009

Characteristic	Ever tested		Tested during past 12 months		Total
	No.	(%)	No.	(%)	
MSA					
Atlanta, Georgia	358	(89)	196	(49)	401
Baltimore, Maryland	446	(95)	301	(64)	471
Boston, Massachusetts	514	(87)	293	(50)	588
Chicago, Illinois	471	(89)	285	(54)	527
Dallas, Texas	548	(88)	207	(33)	620
Denver, Colorado	358	(87)	191	(46)	413
Detroit, Michigan	311	(76)	109	(27)	409
Houston, Texas	453	(89)	224	(44)	507
Los Angeles, California	455	(90)	230	(45)	506
Miami, Florida	488	(90)	303	(56)	542
New York, New York	443	(91)	288	(59)	485
Nassau-Suffolk, New York	143	(75)	56	(29)	191
New Orleans, Louisiana	478	(80)	267	(45)	594
Newark, New Jersey	348	(91)	233	(61)	381
Philadelphia, Pennsylvania	447	(87)	243	(47)	512
San Diego, California	504	(82)	175	(29)	612
San Francisco, California	466	(97)	305	(63)	482
San Juan, Puerto Rico	378	(87)	172	(39)	436
Seattle, Washington	442	(93)	230	(49)	474
Washington, DC	488	(97)	381	(76)	501
Total	8,539	(88)	4,689	(49)	9,652

Abbreviations: HIV = human immunodeficiency virus; MSA = metropolitan statistical area/division. \* Sample excludes participants who reported a previous positive HIV test result. Numbers might not add to totals because of missing data. † Persons of Hispanic/Latino ethnicity might be of any race or combination of races. § Poverty level is based on household income and household size. ¶ Injected separately with equal frequency or combined as speedball. \*\* Other drugs injected alone or two or more drugs injected with the same frequency. †† Includes outpatient, residential, detoxification, and methadone treatment programs.

TABLE 16. Number and percentage of participants\* who received HIV prevention materials or services during the past 12 months, by selected characteristics — National HIV Behavioral Surveillance System: Injecting Drug Users, 20 U.S. cities, 2009

Characteristic	Materials								Services								Total
	Free sterile syringes		Free injection equipment†		Free condoms		Alcohol or drug treatment programs§		Individual-level intervention¶		Group-level intervention**		Individual- or group-level intervention		HIV testing		
	No.	(%)	N	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSA																	
Atlanta, GA	186	(46)	147	(37)	226	(56)	91	(23)	55	(14)	56	(14)	85	(21)	196	(49)	401
Baltimore, MD	284	(60)	271	(58)	278	(59)	189	(40)	110	(23)	51	(11)	130	(28)	301	(64)	471
Boston, MA	285	(48)	289	(49)	330	(56)	346	(59)	167	(28)	118	(20)	223	(38)	293	(50)	588
Chicago, IL	349	(66)	336	(64)	285	(54)	161	(31)	72	(14)	20	(4)	80	(15)	285	(54)	527
Dallas, TX	57	(9)	58	(9)	135	(22)	209	(34)	84	(14)	42	(7)	97	(16)	207	(33)	620
Denver, CO	61	(15)	114	(28)	176	(43)	168	(41)	126	(31)	96	(23)	158	(38)	191	(46)	413
Detroit, MI	131	(32)	79	(19)	115	(28)	99	(24)	20	(5)	7	(2)	22	(5)	109	(27)	409
Houston, TX	33	(7)	16	(3)	256	(50)	118	(23)	84	(17)	62	(12)	121	(24)	224	(44)	507
Los Angeles, CA	358	(71)	313	(62)	304	(60)	190	(38)	57	(11)	35	(7)	74	(15)	230	(45)	506
Miami, FL	18	(3)	11	(2)	185	(34)	114	(21)	16	(3)	8	(1)	20	(4)	303	(56)	542
New York, NY	396	(82)	394	(81)	305	(63)	240	(49)	66	(14)	37	(8)	83	(17)	288	(59)	485
Nassau-Suffolk, NY	39	(20)	14	(7)	60	(31)	83	(43)	25	(13)	7	(4)	27	(14)	56	(29)	191
New Orleans, LA	68	(11)	44	(7)	289	(49)	182	(31)	71	(12)	41	(7)	94	(16)	267	(45)	594
Newark, NJ	103	(27)	73	(19)	166	(44)	143	(38)	78	(20)	24	(6)	84	(22)	233	(61)	381
Philadelphia, PA	304	(59)	292	(57)	235	(46)	195	(38)	106	(21)	45	(9)	139	(27)	243	(47)	512
San Diego, CA	131	(21)	86	(14)	174	(28)	158	(26)	53	(9)	17	(3)	64	(10)	175	(29)	612
San Francisco, CA	399	(83)	372	(77)	329	(68)	121	(25)	81	(17)	48	(10)	110	(23)	305	(63)	482
San Juan, Puerto Rico	318	(73)	292	(67)	296	(68)	83	(19)	111	(25)	47	(11)	124	(28)	172	(39)	436
Seattle, WA	406	(86)	400	(84)	306	(65)	167	(35)	97	(20)	39	(8)	117	(25)	230	(49)	474
Washington, DC	321	(64)	309	(62)	390	(78)	145	(29)	154	(31)	104	(21)	199	(40)	381	(76)	501
Total	4,247	(44)	3,910	(41)	4,840	(50)	3,202	(33)	1,633	(17)	904	(9)	2,051	(21)	4,689	(49)	9,652

Abbreviations: HIV = human immunodeficiency virus; MSA = metropolitan statistical area/division; NA = not applicable. \* Sample excludes participants who reported a previous positive HIV test result. Numbers might not add to totals because of missing data. † Free injection equipment was defined as kits that have items such as cookers, cotton, or water for rinsing needles for preparing drugs. § Includes outpatient, residential, detoxification, and methadone treatment programs. ¶ One-on-one conversation with an outreach worker, a counselor, or a prevention program worker about ways to prevent HIV excluding those that were part of HIV testing. \*\* Small-group discussion to discuss ways of preventing HIV that is part of an organized session and excludes discussions with friends. †† Suppressed because of small sample size (five or fewer participants). §§ Persons of Hispanic/Latino ethnicity might be of any race or combination of races. ¶¶ Poverty level is based on household income and household size. \*\*\* Injected separately with equal frequency or combined as speedball. ††† Other drugs injected alone or two or more drugs injected with the same frequency.