

The epidemiology of HIV in people who inject drugs in Canada

This fact sheet provides a snapshot of the HIV epidemic among people who inject drugs in Canada. It is one of a series of fact sheets on the epidemiology of HIV and hepatitis C.

All epidemiological information is approximate, based on the best available data. Most of the data in this fact sheet come from a population-specific surveillance system (I-Track) or the 2011 *Estimates of HIV prevalence and incidence in Canada*, published by the Public Health Agency of Canada. More information about these data sources can be found in the section “Where do these numbers come from?” at the end of the fact sheet.

People who inject drugs are at risk of HIV and hepatitis C.

People who inject drugs are at risk of HIV if they:

- borrow non-sterile syringes/needles to inject drugs;
- borrow non-sterile equipment to prepare the drug for injection; or
- have unprotected vaginal, anal or oral sex (sex without a condom).

People who inject drugs are also at risk for hepatitis C if they borrow non-sterile syringes/needles and/or equipment.

It is estimated that 4.1 million Canadians have injected drugs at some point in their life.¹

Because people who inject drugs are a highly marginalized and hidden population, it is hard to get an accurate picture of who they are. However, based on the Canadian Addiction Survey conducted in 2004, 4.1 million Canadians reported injecting drugs in their lifetime. Of those, 269,000 people reported injecting drugs within that year.

People who inject drugs may engage in behaviours that place them at risk for HIV or hepatitis C.²

The hidden nature of injection drug use makes it hard to know how many people engage in

behaviours that put them at risk of acquiring HIV or hepatitis C. However, a national population-specific surveillance system of people who use drugs provides information on injecting behaviours in those who participated. This surveillance system is known as I-Track.

According to I-Track:

- 16% of people who inject drugs reported borrowing needles/syringes already used by someone else in the previous six months.
- 35% of people who inject drugs reported borrowing other injection equipment already used by someone else.
- 37% of people who inject drugs who reported engaging in sex in the last month reported using a condom at their last sexual encounter.

Among people who use injection drugs, 11% are living with HIV and 59% either have or had hepatitis C.²

According to I-Track:

- 11% of people who inject drugs are HIV-positive.
- 59% of people who inject drugs had evidence of either current or past hepatitis C infection.
- Up to 9% of people who inject drugs are co-infected with HIV and hepatitis C.

Injection drug use may have accounted for the HIV infection of an estimated 14,200 people living with the virus in 2011.³

According to 2011 national HIV estimates, injection drug use may have accounted for the HIV of an estimated 14,200 people. This estimate includes 12,040 people (17%) whose HIV status was attributed to injection drug use and an additional 2,160 people (3%) whose HIV infection may have been due to either injection drug use or men having sex with men since they reported both behaviours at testing.

Almost one-quarter of HIV-positive people whose status is attributed to injection drug use are unaware of their HIV infection.³

According to 2011 national HIV estimates, 24% of HIV-positive people whose infection was attributable to injection drug use remain undiagnosed. This represents an estimated 2,890 people.

An estimated 16% of all new HIV infections in Canada (incidence) may have been due to injection drug use in 2011.³

According to 2011 national HIV estimates:

- an estimated 435 new HIV infections (14% of all new infections) were attributed to injection drug use. This represents a slight decrease from the estimated 565 new infections attributed to injection drug use in 2008.
- an estimated 80 new HIV infections (this represents 2.5% of all new infections) were attributed to either injection drug use or men having sex with men. This is similar to the estimated 90 new infections attributed to either injection drug use or men having sex with men in 2008.

A high proportion of new HIV infections among women and Aboriginal people were likely due to injection drug use.³

According to 2011 national HIV estimates:

- 58% of the estimated new HIV infections in Aboriginal people were attributable to injection drug use. This compares to an estimated 14% of new infections among all Canadians attributable to injection drug use.
- 23% of the estimated new HIV infections in women were attributable to injection drug use. This compares to an estimated 14% of all new infections among all Canadians attributable to injection drug use.

A high proportion of people who use drugs and who are aware of their HIV infection are engaged in care but fewer are currently on HIV treatment.²

According to I-Track:

- 95% of people who inject drugs and are aware of their HIV infection are under the care of a doctor for their HIV.
- 66% of people who inject drugs and are aware of their HIV infection are currently taking prescribed drugs for their HIV.

Key definitions

HIV prevalence—the number of people who are living with HIV at a point in time. Prevalence tells us how many people have HIV.

HIV incidence—the number of new HIV infections in a defined period of time (usually one year). Incidence tells us how many people are getting HIV.

Where do these numbers come from?

All epidemiological information is approximate, based on the best available data. Most of the data in this fact sheet come from a population-specific surveillance system (I-Track) or the 2011 *Estimates of HIV prevalence and incidence*, published by the Public Health Agency of Canada (PHAC).

Population-specific surveillance statistics

As part of the Federal Initiative to Address HIV/AIDS in Canada, PHAC monitors trends in HIV prevalence and associated risk behaviours among key vulnerable populations identified in Canada through population-specific surveillance systems. These surveillance systems, also known as the “Track” systems, are comprised of periodic cross-sectional surveys conducted at selected sites within Canada.

I-Track is the national surveillance system of people who inject drugs. For this surveillance system, information is collected directly from people who inject drugs through a questionnaire and a biological specimen sample collected for HIV and hepatitis C testing. The statistics provided in this fact sheet are for the years 2010 to 2012 from participating I-Track sites. Because the system only recruits voluntary participants from selected urban sites, the results do not represent all people who inject drugs across Canada.

Limitation—people from selected urban sites participated on a volunteer basis; therefore, the information presented does not represent all people who inject drugs in Canada.

National estimates of HIV prevalence and incidence

National HIV estimates are produced by PHAC and published every three years. Estimates of HIV prevalence and incidence are produced by PHAC using statistical methods which take into account some of the limitations of surveillance data (number of HIV diagnoses reported to PHAC), and also account for the number of people living with HIV who do not yet know they have it. Statistical modeling, using surveillance data and additional sources of information, allows PHAC to produce HIV estimates among those diagnosed and undiagnosed. The most recent estimates available are for 2011. The next set of estimates will be available in 2015 and will pertain to the year 2014.

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References

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Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

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