National HIV Behavioral Surveillance (NHBS)

Findings from the 2024 Cycle Among Persons who Inject Drugs (PWID)

Commitment to Equity in Data

The Public Health Institute at Denver Health aspires to present data humbly, recognizing numbers never tell the whole story. We strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to pair numbers and stories to inform policy and systems change to improve health for all.

Learn more about PHIDH's Health Equity Data Commitment and Principles at
https://www.phidenverhealth.org/about-us/health-racial-equity/data-commitment-and-principles

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NHBS Background

- Developed and funded by the Centers for Disease Control and Prevention (CDC) to monitor selected behaviors and prevention services among populations disproportionately affected by HIV
  - Colorado Department of Public Health and Environment (CDPHE) is the funded agency and contracts with the Public Health Institute at Denver Health (PHIDH) to facilitate data collection

- NHBS collects data on:
  - Behavioral risk factors for HIV
  - HIV testing behaviors
  - Receipt of prevention services
  - Use of prevention strategies

Ending The HIV Epidemic

GOAL:
75% reduction in new HIV infections by 2025 and at least **90%** reduction by 2030.

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Data to Understand Diagnoses	Data to Understand Treatment	Data to Understand Prevention	Data to Understand Response
National HIV Surveillance System	National HIV Surveillance System	National HIV Behavioral Surveillance	National HIV Surveillance System
Medical Monitoring Project	Medical Monitoring Project	PrEP Prescription Data (IQVIA)	
		Youth Risk Behavior Surveillance System	

The time is now.

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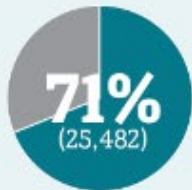
Ending the HIV Epidemic

Overall Goal: Decrease the number of new HIV diagnoses to 9,588 by 2025 and 3,000 by 2030.

There were **36,136 new HIV diagnoses*** in the US and dependent areas in 2021. Of those:

71% (25,482) were among gay, bisexual, and other men who reported male-to-male sexual contact†

22% (8,059) were among people who reported heterosexual contact

7% (2,513) were among people who inject drugs

*Among people aged 13 and older.
†Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

https://www.cdc.gov/hiv/statistics/overview/in-us/diagnoses.html

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NHBS Objectives

NHBS is the only multi-site system that provides estimates of key HIV prevention measures.

NHBS objectives:

- Assess the prevalence of and trends in HIV infection
- Assess the prevalence of and trends in behavioral and other risk factors that increase the risk of HIV acquisition and transmission, including:
    - Sexual behaviors
    - Drug-use behaviors
    - Social determinants of health
- Describe utilization of and trends in HIV testing, linkage to care, and antiretroviral therapy
- Assess the exposure to and use of prevention services, including PrEP
- Identify gaps in prevention services and missed opportunities for prevention interventions, including PrEP and syringe service programs

Current NHBS Sites
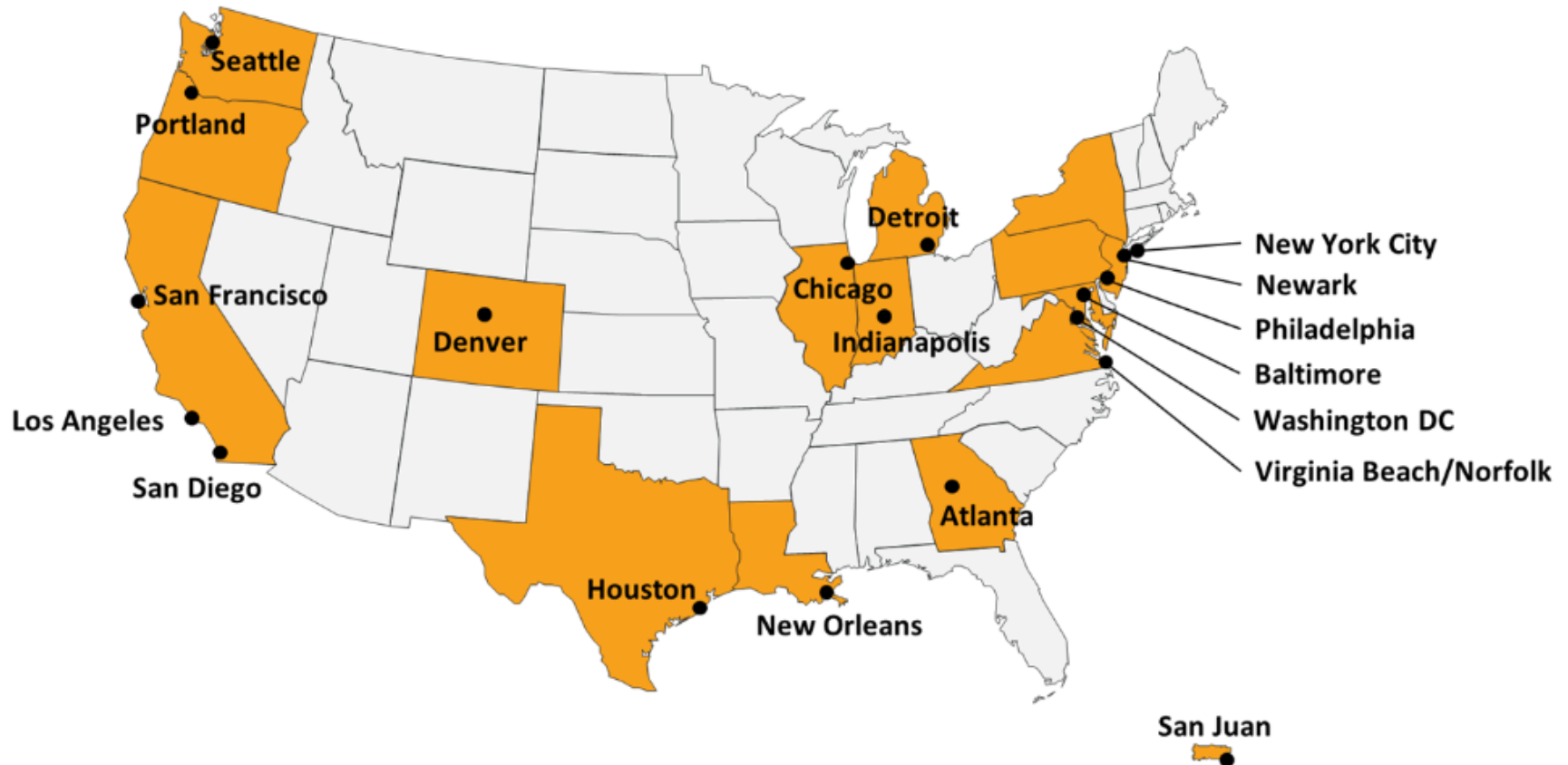
19 Metropolitan Statistical Areas (MSAs): selected by high prevalence of HIV

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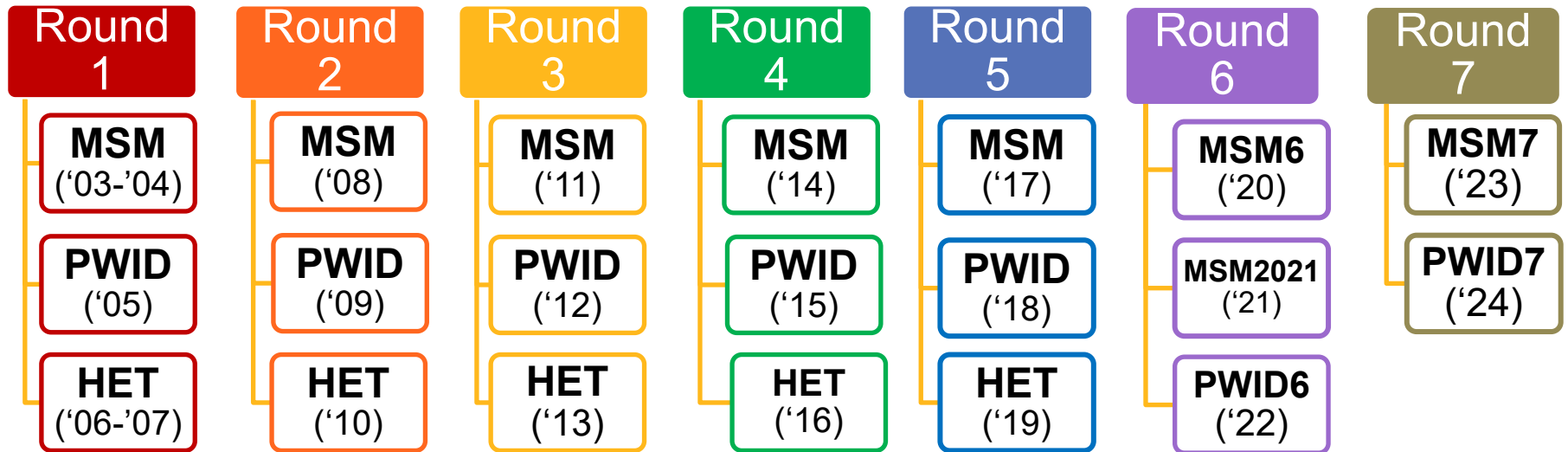
NHBS Core Populations and Rounds

Men who have sex with men (NHBS-MSM)

Persons who inject drugs (NHBS-PWID)

Heterosexually active persons at increased risk for HIV infection (NHBS-HET)

Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7
MSM ('03-'04)	**MSM** ('08)	**MSM** ('11)	**MSM** ('14)	**MSM** ('17)	**MSM6** ('20)	**MSM7** ('23)
PWID ('05)	**PWID** ('09)	**PWID** ('12)	**PWID** ('15)	**PWID** ('18)	**MSM2021** ('21)	**PWID7** ('24)
HET ('06-'07)	**HET** ('10)	**HET** ('13)	**HET** ('16)	**HET** ('19)	**PWID6** ('22)	

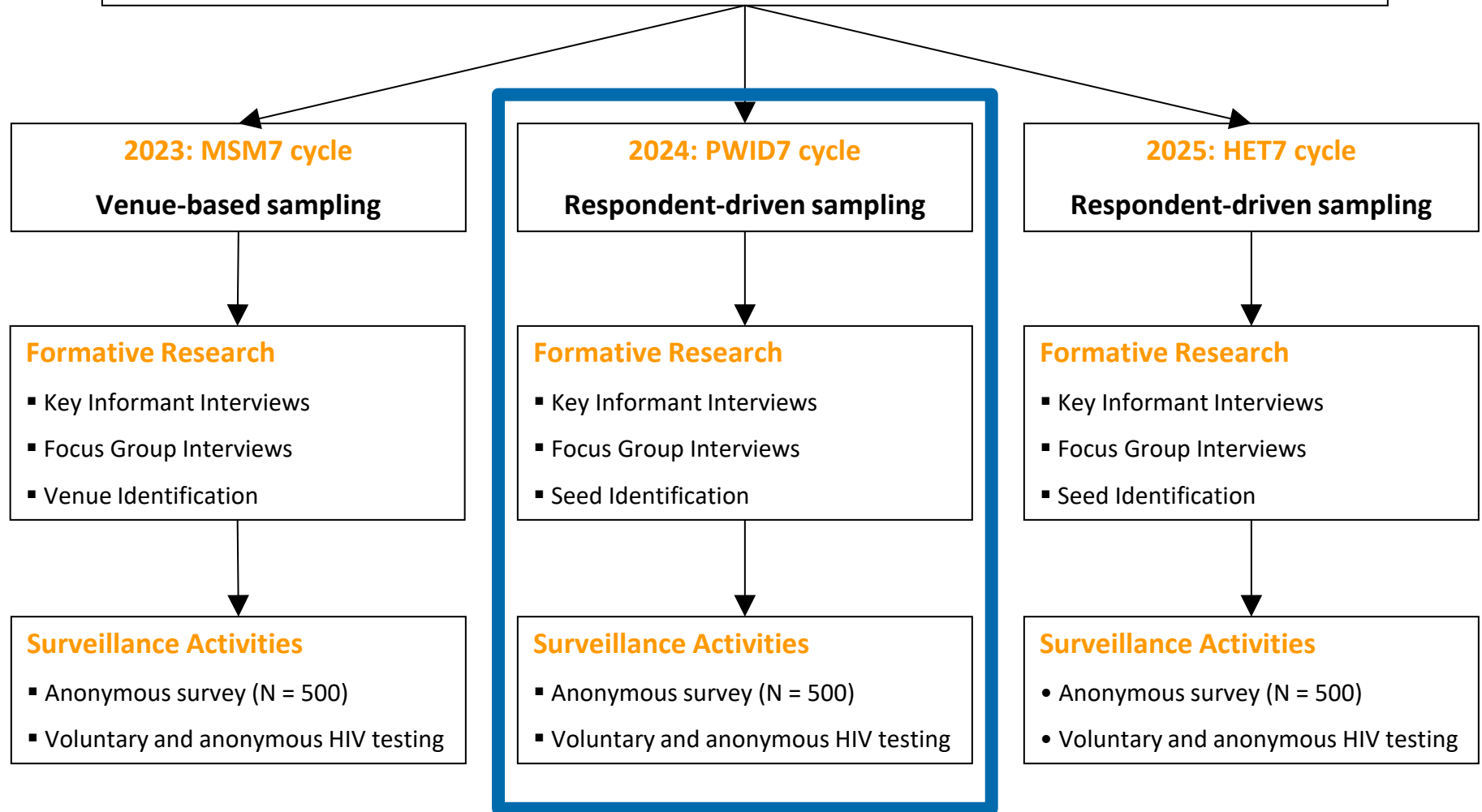**PUBLIC HEALTH INSTITUTE AT DENVER HEALTH™**

Inclusion in NHBS

- General eligibility criteria
  - ≥ 18 years of age
  - Resident of the Denver metropolitan statistical area (MSA)
  - Not previously surveyed in current cycle

- <u>MSM cycles</u>: ever had oral or anal sex with another man, born male and self-identify as male or non-binary
  - Inclusion: oral or anal sex in past 12 months

- <u>PWID cycles</u>: Injected drugs without a prescription in the past 12 months

- <u>HET cycles</u>: had vaginal or anal sex with an opposite sex partner in past 12 months, between the ages of 18 and 60, male or female
  - Inclusion: low income as defined by having a household income at or below 150% of the HHS poverty guidelines adjusted for geographic differences

National HIV Behavioral Surveillance System

2023: MSM7 cycle
Venue-based sampling

Formative Research
- Key Informant Interviews
- Focus Group Interviews
- Venue Identification

Surveillance Activities
- Anonymous survey (N = 500)
- Voluntary and anonymous HIV testing

2024: PWID7 cycle
Respondent-driven sampling

Formative Research
- Key Informant Interviews
- Focus Group Interviews
- Seed Identification

Surveillance Activities
- Anonymous survey (N = 500)
- Voluntary and anonymous HIV testing

2025: HET7 cycle
Respondent-driven sampling

Formative Research
- Key Informant Interviews
- Focus Group Interviews
- Seed Identification

Surveillance Activities
- Anonymous survey (N = 500)
- Voluntary and anonymous HIV testing

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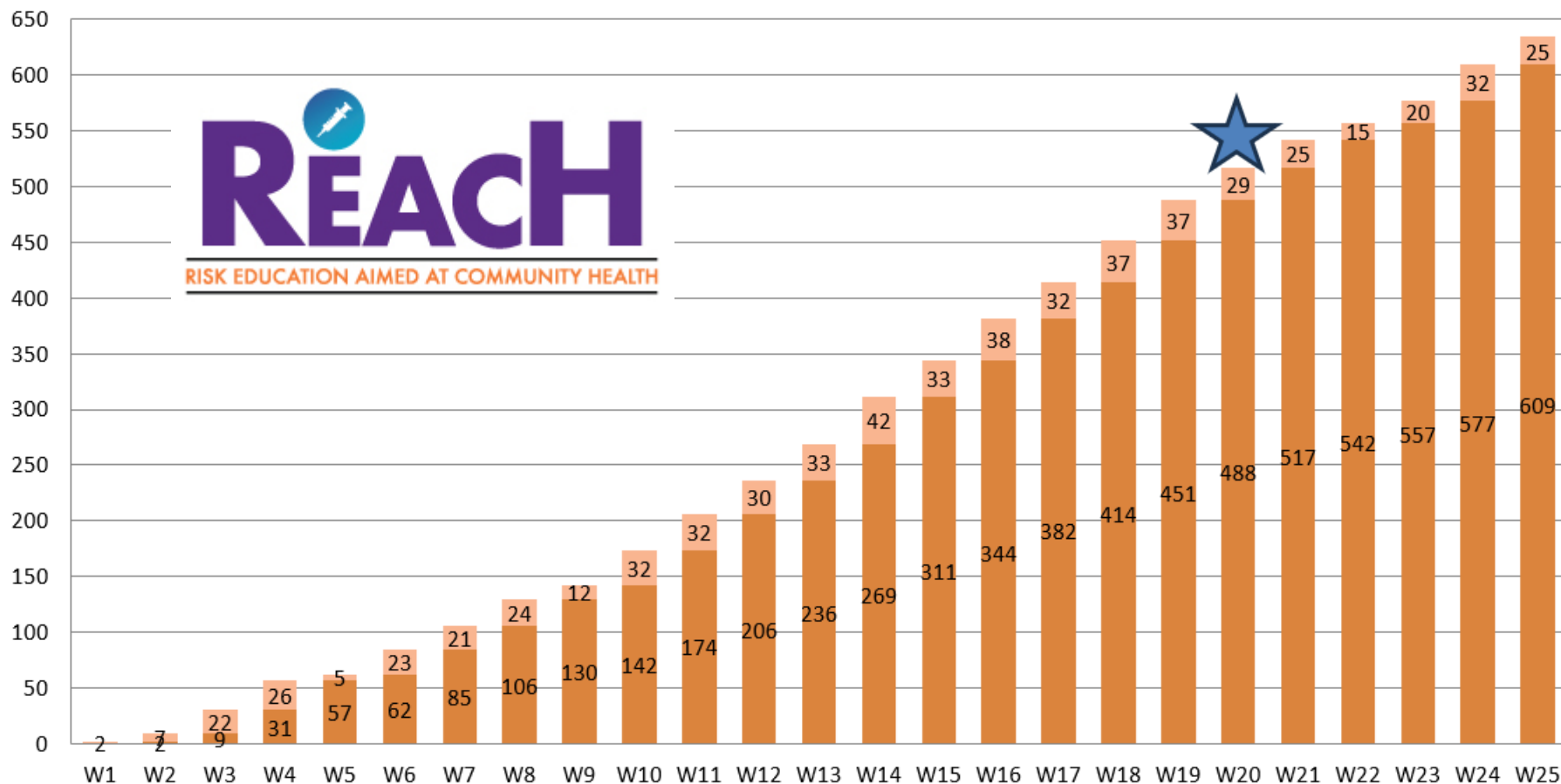
Respondent Driven Sampling (RDS)

- RDS, a peer-referral sampling methodology, is an efficient method to recruit hard-to-reach populations

- Initial "seed" participants are identified and recruited for participation; seeds are then asked to recruit persons from their networks using referral coupons
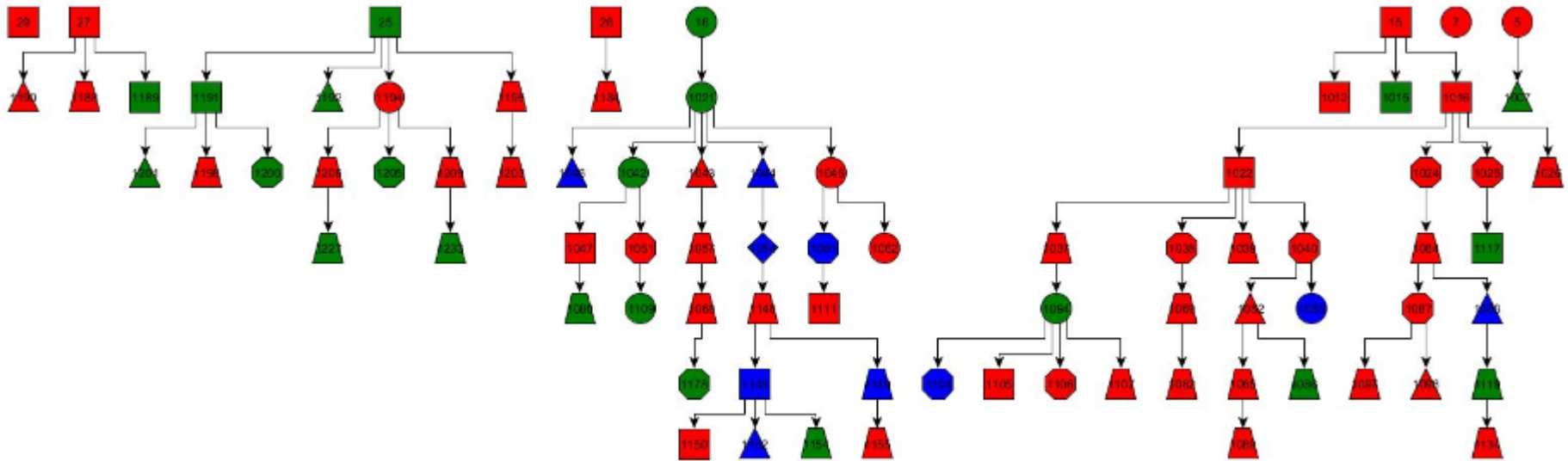
NHBS-PWID2024 Cumulative number of completed interviews that meet CDC's PWID definition
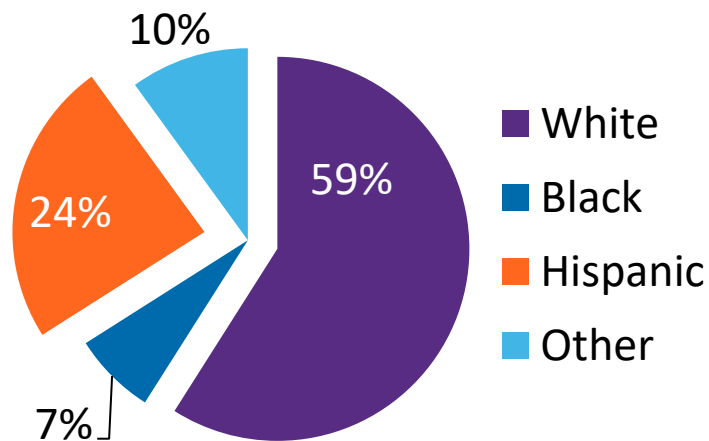## Data collection: June 4, 2024 - November 22, 2024
(n=634, seeds=4, referrals=630)

RISK EDUCATION AIMED AT COMMUNITY HEALTH
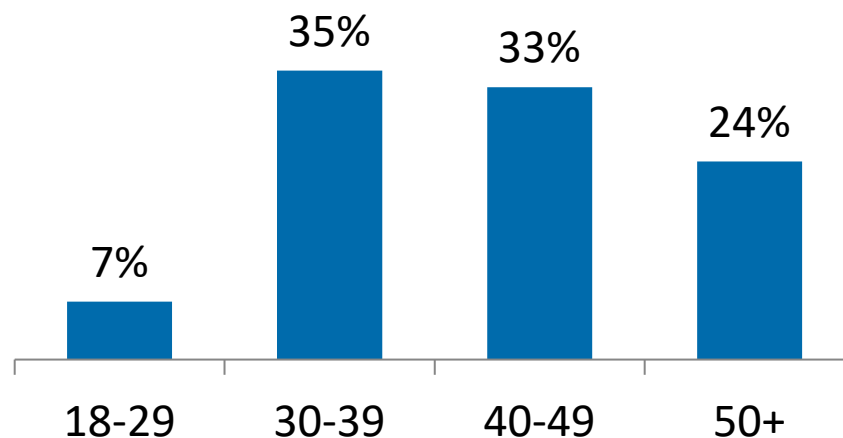
Week	Weekly	Cumulative
W1		2
W2	7	
W3	22	9
W4	26	31
W5	5	57
W6	23	62
W7	21	85
W8	24	106
W9	12	130
W10	32	142
W11	32	174
W12	30	206
W13	33	236
W14	42	269
W15	33	311
W16	38	344
W17	32	382
W18	37	414
W19	37	451
W20	29	488
W21	25	517
W22	15	542
W23	20	557
W24	32	577
W25	25	609

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PWID2024 Sample Characteristics

Race/Ethnicity

- White — 59%
- Black — 7%
- Hispanic — 24%
- Other — 10%

Male 66% | Female 32% | Transgender 2%

2% living with HIV

80% ever tested for HCV

41% ever diagnosed with HCV

Age

- 18-29 — 7%
- 30-39 — 35%
- 40-49 — 33%
- 50+ — 24%

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Social Determinants of Health

REacH
RISK EDUCATION AIMED AT COMMUNITY HEALTH

18%
Less than high school education

42%
Income <=$5000/year

56%
Currently unemployed

63%
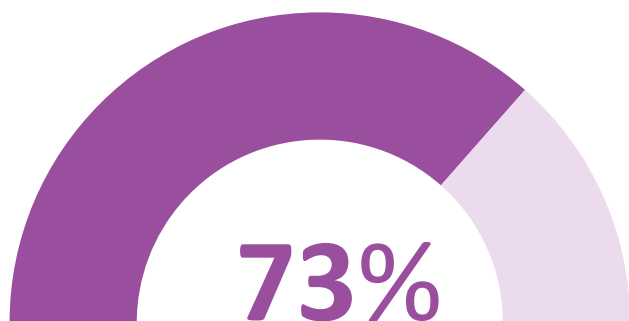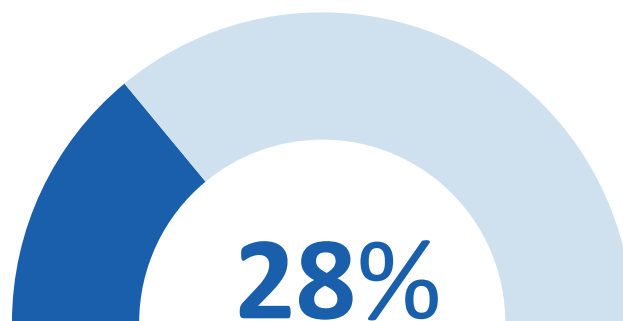Currently experiencing homelessness

48%
Incarcerated past 12 months

9%
No current health insurance

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Only 28% of PWID were offered HIV test at last provider visit

REACH
RISK EDUCATION AIMED AT COMMUNITY HEALTH

73%

Visited a health care provider in the past 12 months

28%

Offered HIV test at health care provider visit in the past 12 months

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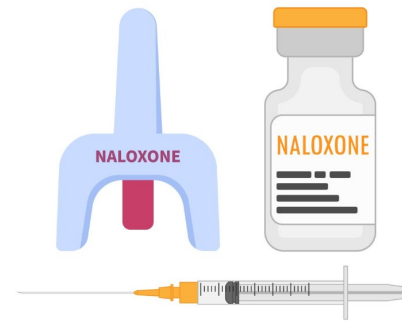
Overdose and Overamping

Number of Reported Overdoses Past 12 Months

- **None** — 72%
- **1x** — 14%
- **2x** — 7%
- **>=3x** — 6%

Received Naloxone at Last Overdose
n=170

- **Don't know** — 2%
- **No** — 18%
- **1 dose** — 28%
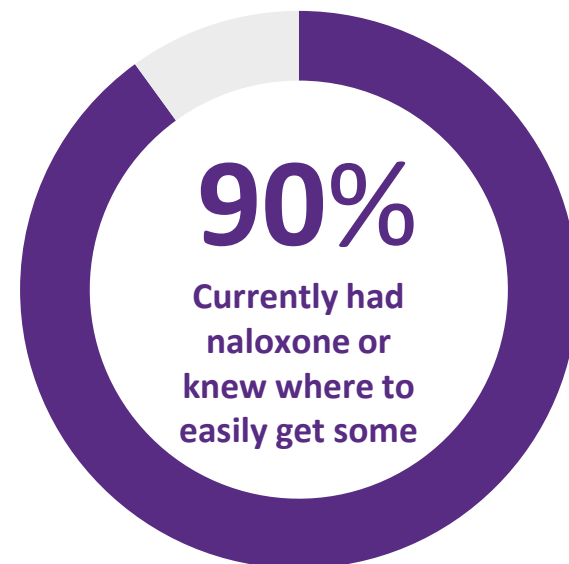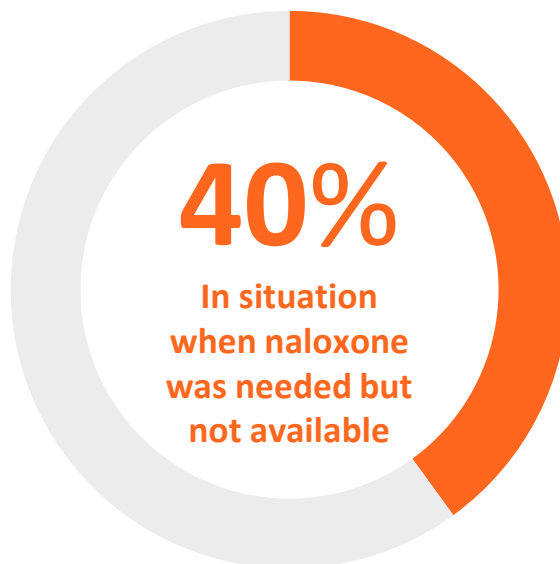- **> 1 dose** — 54%
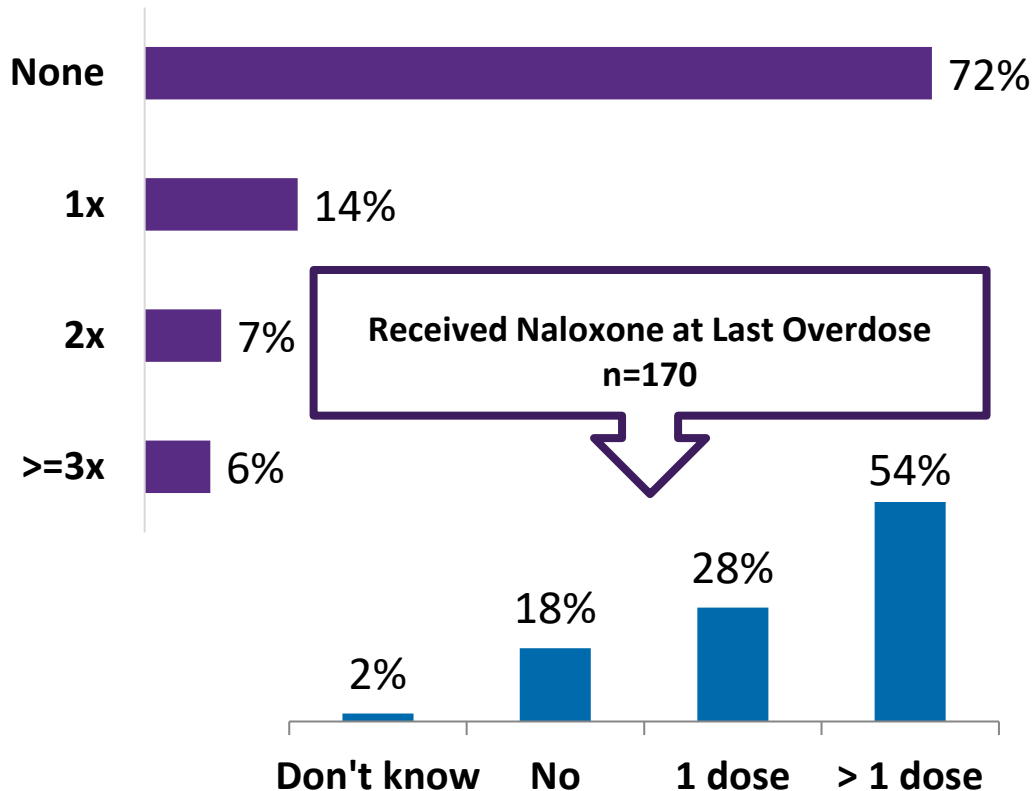
39% reported overamping at least once in past 12 months

41% received some medical care for overdose in emergency room or hospital in past 12 months

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Overdose and Naloxone

REACH

88%
Witnessed at least 1 overdose past 12 months

40%
In situation when naloxone was needed but not available

90%
Currently had naloxone or knew where to easily get some

73% of last witnessed overdose needed >1 dose of naloxone to reverse overdose

NALOXONE SAVES LIVES.

NALOXONE HCl

NALOXONE NASAL SPRAY

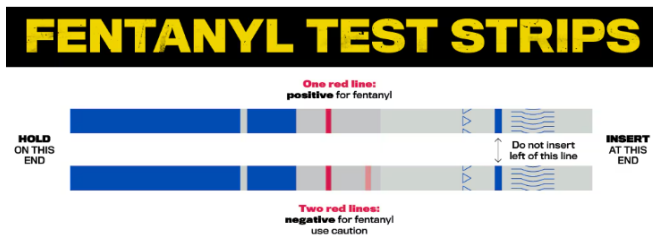**PUBLIC HEALTH INSTITUTE AT DENVER HEALTH**™

73% of participants received fentanyl or xylazine test strips from a syringe access program

15%

Used fentanyl test strips most of the time or always

47%
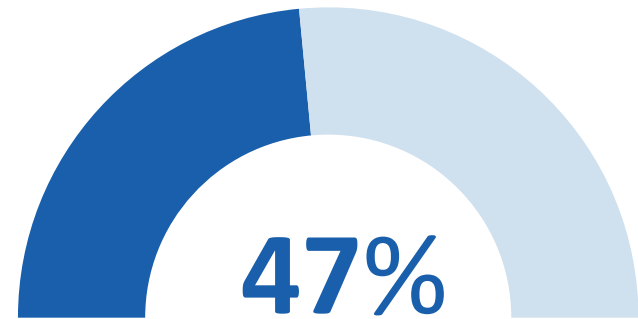
Used xylazine test strips at least once in the past 12 months

FENTANYL TEST STRIPS

One red line:
positive for fentanyl

HOLD ON THIS END

Do not insert left of this line

INSERT AT THIS END

Two red lines:
negative for fentanyl
use caution

Rapid Response

1 Strip   Xylazine Drug Test

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Increased access to safer smoking kits

83%
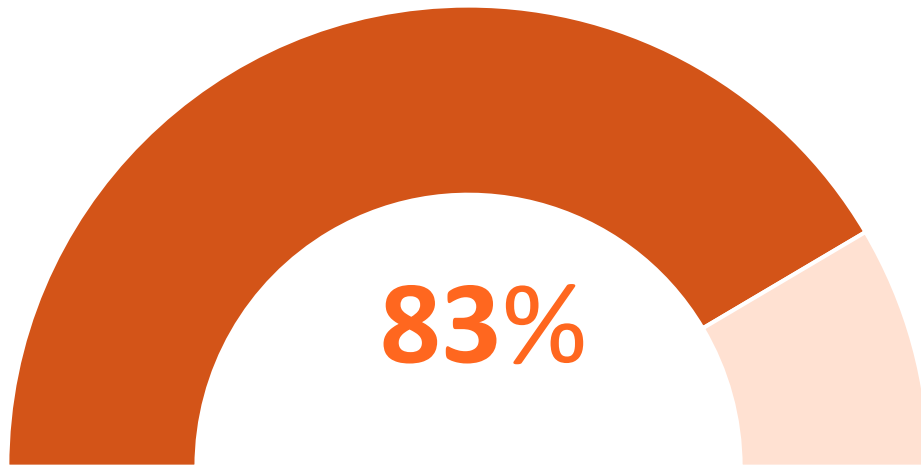
Received safer smoking supplies such as pipes or foil from syringe access program in the past 12 months

SAFER SMOKING KITS

▲ +6

2022
Safer smoking equipment is distributed in at least 19 countries

2024
Safer smoking equipment is distributed in at least 25 countries

HARM REDUCTION INTERNATIONAL

Source: The *Global State of Harm Reduction 2024*

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Syringe Access Program Visited in Past 12 Months

SAP (check all that apply)	2018 n =532	2022 N=272	2024 N=627
Access Point/CHN	44 (8%)	49 (18%)	196 (31%)
Harm Reduction Action Center	393 (74%)	182 (67%)	410 (65%)
Mobile/Lifepoint	NA	13 (5%)	151 (24%)
Points West/Jeffco	19 (4%)	1 (<1%)	37 (6%)
The Works/Boulder County	10 (2%)	3 (1%)	12 (2%)
Adams County	NA	NA	10 (2%)
Arapahoe County	NA	NA	11 (2%)
None	108 (20%)	51 (19%)	90 (14%)

NOTE: Percentages do not sum to 100% as more than one can apply

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Changes in Most Frequently Injected Drug Over Time

Legend: 2015, 2018, 2022, 2024

In 2024, 51% reported injecting fentanyl in the past 12 months

Heroin: 58%, 56%, 29%, 17%
Meth: 30%, 30%, 48%, 62%
Cocaine: 8%, 6%, 5%, 2%
Other: 4%, 8%, 16%, 19%
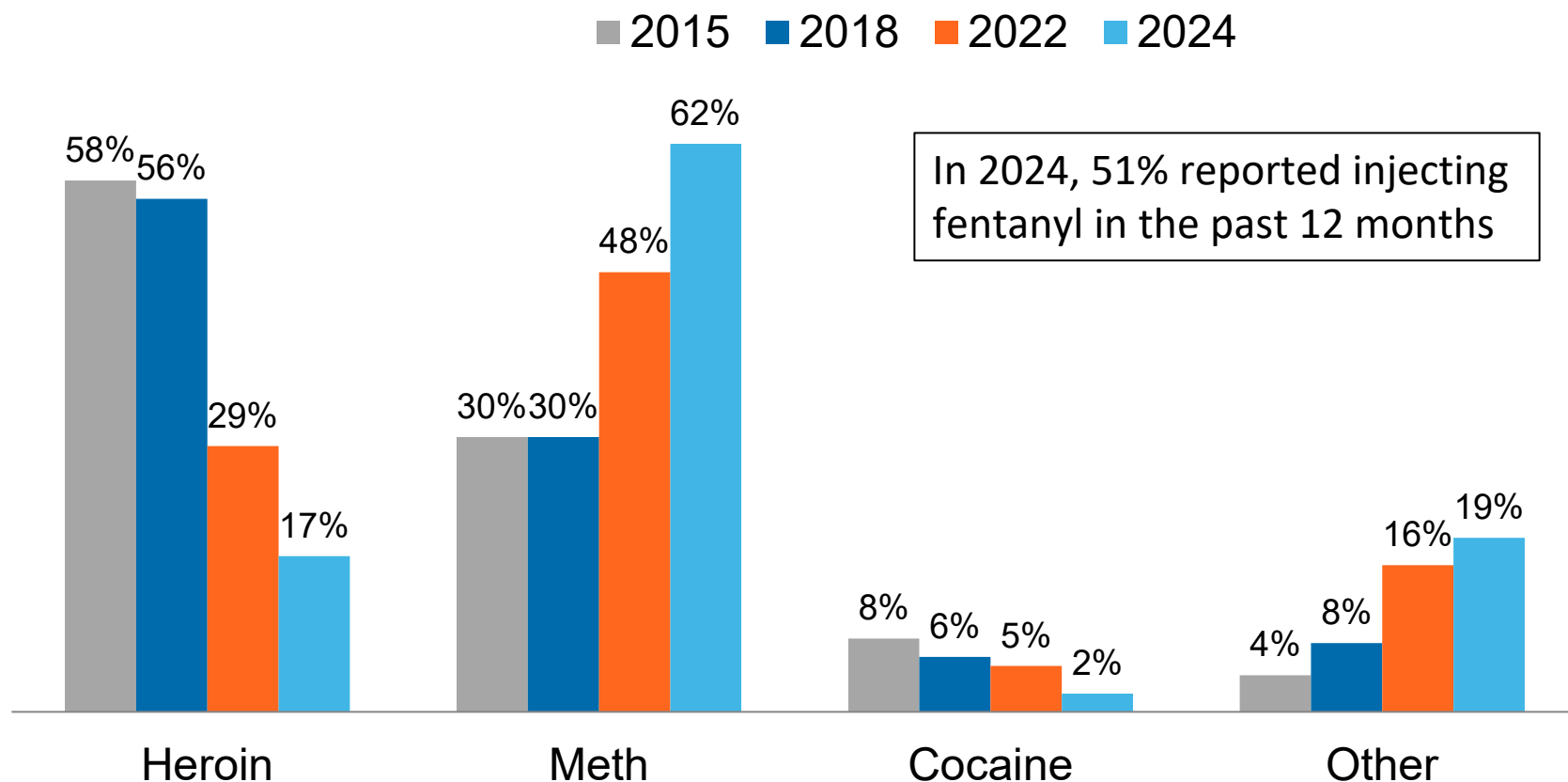
NOTE: In 2018, other mostly reported as goofballs. In 2022, 25% of other reported as fentanyl. In 2024, 40% of other reported as fentanyl.

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Changes in Drug Use Patterns In the Past 12 Months Due to Fentanyl, 2022 vs 2024

■ 2022   ■ 2024

40% 25% (Mostly snort/smoke fentanyl)
5% 5% (Mostly inject heroin)
17% 16% (Mostly inject meth)
8% 3% (Mostly inject goofball)
31% 51% (No change)
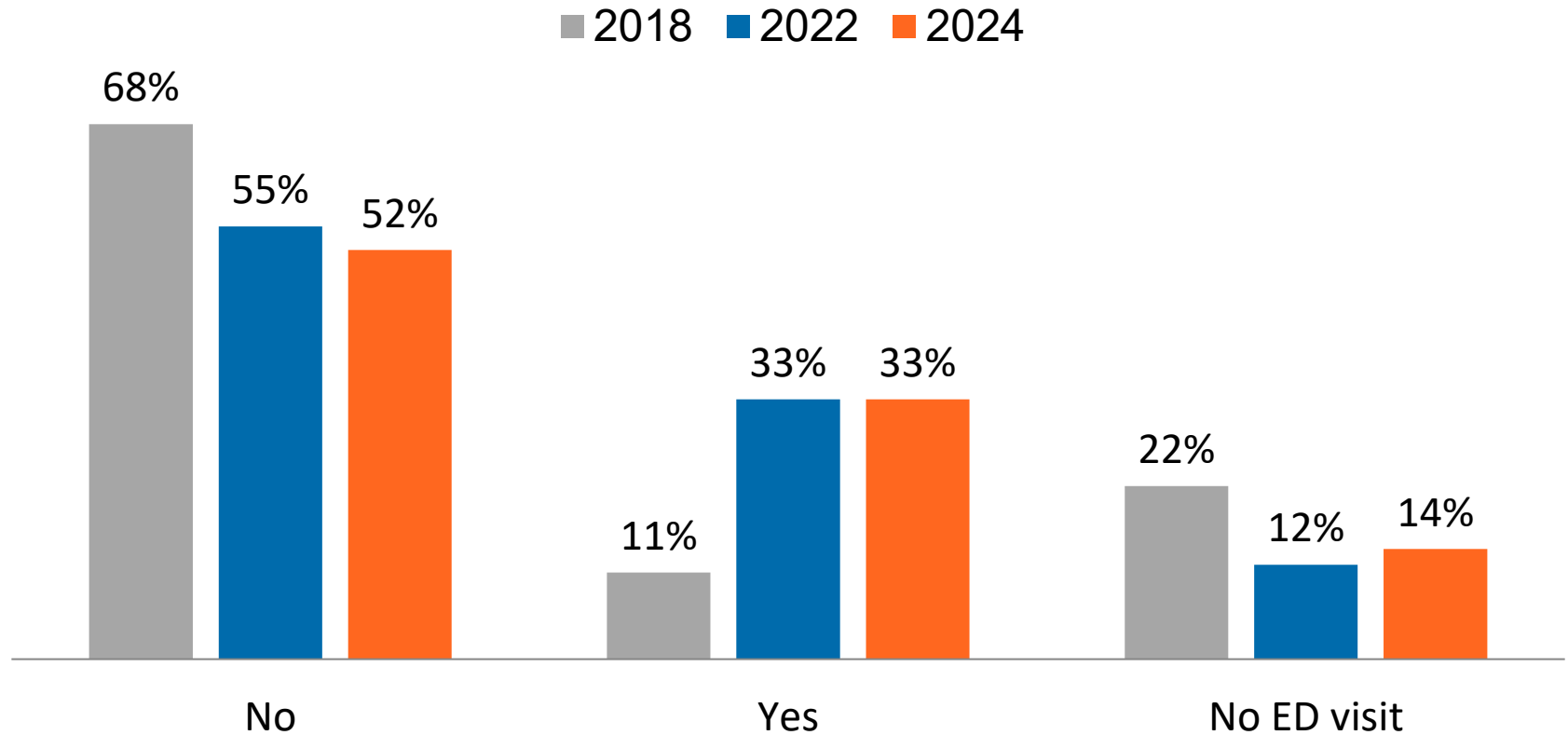
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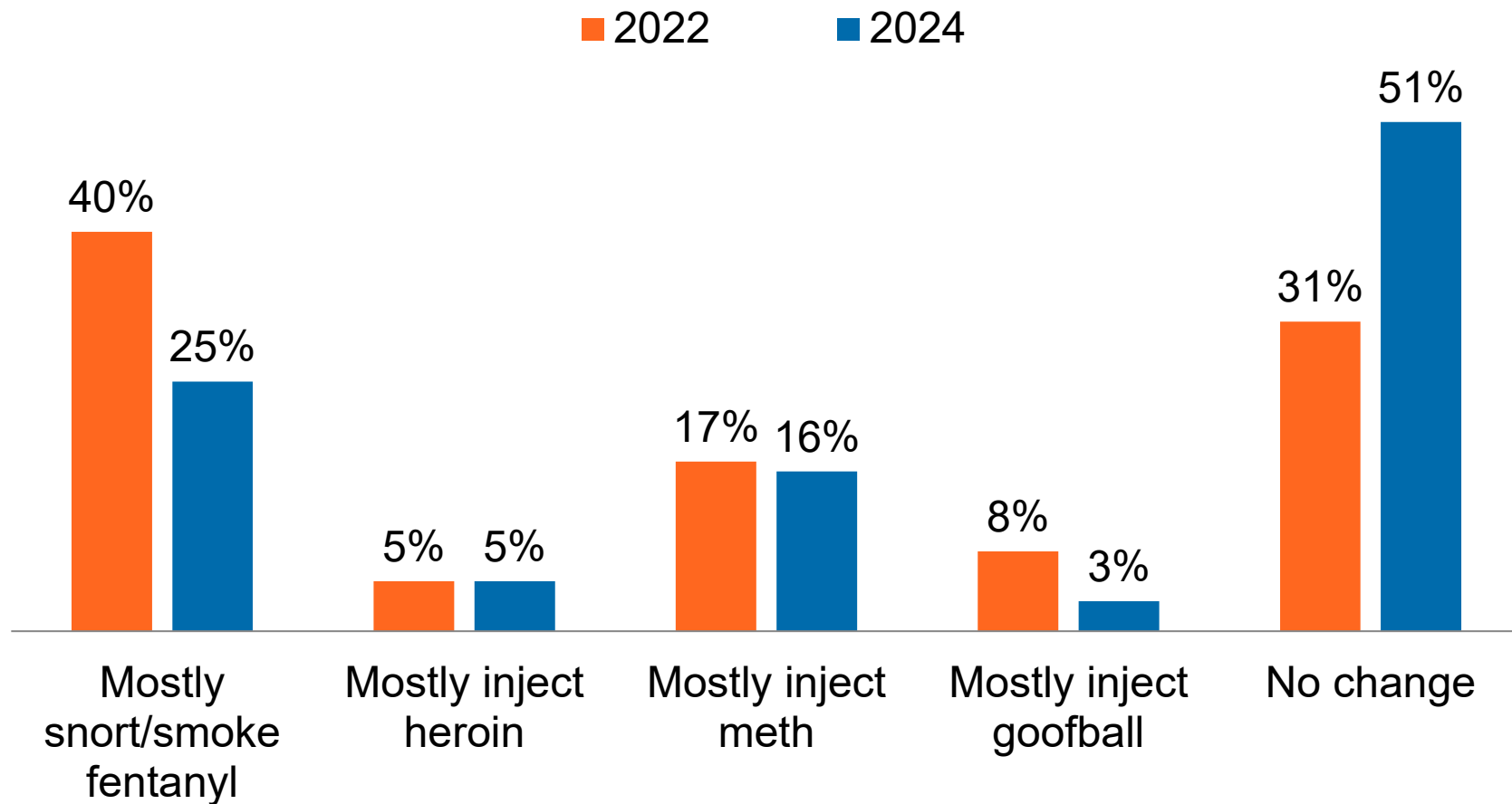
In what form is fentanyl available in the Denver metro area?

Form of fentanyl (check all that apply)	2018* n =296	2022* N=229	2024 N=619
Mixed with heroin, sold as mixed	77 (26%)	99 (43%)	197 (31%)
Mixed with heroin, sold as heroin	243 (82%)	74 (32%)	170 (27%)
Sold as fentanyl	73 (24%)	122 (53%)	496 (79%)
Sold as counterfeit pills or "blues"	40 (13%)	181 (29%)	484 (77%)
Mixed with stimulant, sold as mixed	23 (7%)	55 (24%)	161 (26%)
Mixed with stimulant, sold as cocaine	33 (11%)	--	--
Mixed with stimulant, sold as meth	54 (18%)	87 (38%)	236 (38%)

NOTE: *asked of those reporting being aware of fentanyl in the Denver drug market. Percentages do not sum to 100% as more than one can apply

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Received methadone, buprenorphine, Suboxone, or Subutex in an Emergency Department in Past 12 Months

Legend: ■ 2018 ■ 2022 ■ 2024

No
- 2018: 68%
- 2022: 55%
- 2024: 52%

Yes
- 2018: 11%
- 2022: 33%
- 2024: 33%

No ED visit
- 2018: 22%
- 2022: 12%
- 2024: 14%

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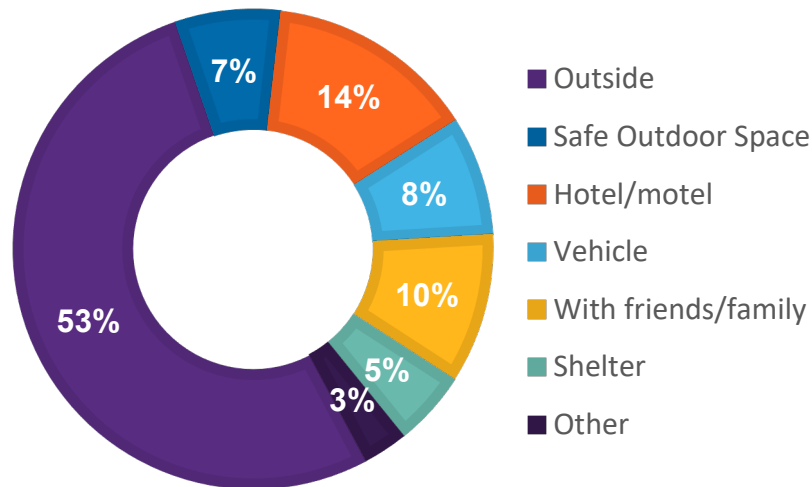
Patterns of Homelessness, 2024

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65% of participants were currently experiencing homelessness (defined as living on the street, in a shelter, in a single room occupancy hotel, or in a car)

1 in **3** for first time

7 in **8** for over a year

Where Most Nights Are Spent

- Outside — 53%
- Safe Outdoor Space — 7%
- Hotel/motel — 14%
- Vehicle — 8%
- With friends/family — 10%
- Shelter — 5%
- Other — 3%

69% asked to move camp, tent, or outdoor sleeping location by police or other city officials, commonly referred to as a sweep or forced relocation

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Questions?

National website

https://www.cdc.gov/hiv-data/nhbs/index.html

Denver website

https://www.phidenverhealth.org/health-data/nhbs

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