

SUBSTANCE USE RAISES RISK IN AFRICAN-AMERICAN COMMUNITY

PREVENTION UPDATE



Don Anderson, Founder of Wake Up We're Affected

From the beginning, HIV infection in the United States has closely paralleled the epidemic of substance abuse. Sharing needles and other equipment for drug injection is a well-known route of HIV transmission. Yet injection drug use contributes to the spread of the HIV epidemic far beyond the circle of those who inject. People who have sex with an injection drug user (IDU) also are at risk through sexual transmission of HIV. Also, children born to mothers who contracted HIV through sharing needles or having sex with an IDU may become infected as well.

For the African-American community in Minnesota, the connection between injection drug use and HIV transmission is particularly significant. One third of cumulative HIV/AIDS infections in the Minnesota African-American community can be directly or indirectly attributed to injection drug use, a rate significantly higher than found in the white population. The cumulative adult/adolescent AIDS data through 1998 in the United States shows IDU directly or indirectly attributes to 48% of the cases among the African-Americans and 21% of the cases among whites.

Although sharing needles and having sex with injection drug users is a high risk for HIV transmission, the connection between substance abuse and HIV goes beyond the issue of injected drug use. Numerous studies have documented that people who abuse alcohol, marijuana, crack cocaine, speed or other non-injected drugs are much more likely than non-substance users to become infected with HIV.

Crack cocaine in particular has been shown to be strongly associated with the transmission of HIV. This is particularly worrisome for the African-American community where crack use has been especially prevalent. In the first half of 1999 among African-Americans admitted to substance abuse treatment in Minneapolis and St. Paul over 54% cited cocaine as their primary drug of choice according to Hazelden Foundation's Butler Center for Research and Learning Drug Abuse Trends report.

With study after study providing clear evidence linking crack cocaine use and higher rates of sexually transmitted and HIV infection, "the African-American community needs to wake and address this issue," says Don Anderson, founder of Wake Up We're Affected (WUWA) and Co-chair of the Minnesota HIV Services Planning Council. Don, who is African-American, and a former injection drug user is living with HIV. "The problem," he explains, "is that there is no consistent HIV, STD or substance abuse prevention outreach taking place in the communities of color." Don cites the fact that in the 55411 zip code, a predominately African-American area of North Minneapolis, the CDC found some of the highest rates of STDs in the country. Data from the Minnesota STD Surveillance System at the Minnesota Department of Health show that the three zip codes in Minneapolis with the highest numbers of STD cases were 55411, 55407, and 55404.

To address the special needs of African-Americans facing the twin epidemics of HIV and substance abuse, Minnesota AIDS Project through its Substance Abuse Systems Advocate is actively engaged in advocating for greater integration of HIV and substance abuse treatment and prevention programs. One outcome is a collaboration with the Department of Human Services to update the HIV guidelines for Minnesota's chemical dependency treatment programs.

By bringing effective, culturally sensitive, substance abuse treatment and HIV education and prevention programs to the African-American community we will not only help to reduce the risk of IDU HIV transmission, but for many, reduce the risk of engaging in risky behaviors that might result in the sexual transmission of HIV. The goal is to ensure that all Minnesotans facing the twin epidemics of HIV and substance abuse get the help they need.