

STATE OF THE HIV/AIDS EPIDEMIC AMONG MSM

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12 Important Trends (Overview)

- 1) Uses and Abuses of the Term MSM.
- 2) The Social Shape of the Epidemic.
- 3) Rise in Risk Behavior and New Infections.
- 4) Harm-Reduction Strategies (other than condom use).
- 5) HIV Stigmatization is Alive, Well, and Among Us!!
- 6) HIV+ MSM show Higher Rates of Sexual Risk.

12 Important Trends (Overview)

- 7) Many HIV+ MSM do not know their Status.
- 8) General Exhaustion (silence) about HIV...Post-AIDS Era?
- 9) Sex as Play -- Party and Play.
- 10) The Growing (intertwining) Epidemic of Crystal Meth.
- 11) Internet and Phone line Mediated Sexual Encounters.
- 12) AIDS Service Organizations and DEBI Challenges.

1) Uses and Abuses of the Term MSM.



Using the term “MSM”

➤ Advantages

- Distinction between behavior and identity
- “Gay” (cultural load)
- Epi Transmission Rt.

➤ Disadvantages

- Heterosexual MSM -- a very different group
- Discrimination History is overlooked
- Conspires with silence and split

2) The Social Shape of the Epidemic



HIV Among Young Men Who Have Sex with Men in the U.S.

(Valleroy et al, CDC)

	Ages 15-22 1994-1998, 7 US cities N=3449		Ages 23-29 1998-2000, 6 US cities N=2942	
	Prevalence	Incidence	Prevalence	Incidence
Whites	3.3%	2.4%	7%	2.5%
Latinos	6.9%	1.8%	14%	3.5%
African Americans	14.1%	4.0%	32%	14.7%
Mixed race	13.4%	5.4%	10%	

DISPARITIES IN HIV PREVALENCE ACROSS ETHNIC GROUPS

- The HIV prevalence rate for **black men** (2,388.2 per 100,000 population; 95% confidence interval [CI] = 2,197.9 -- 2,578.4) was **six times the rate** for white men (394.6 per 100,000; CI = 363.3 -- 425.9) (Figure),
- The rate for **Hispanic men** (883.4 per 100,000; CI = 784.9 -- 982.4) was **more than twice the rate** for white men.
- The HIV prevalence rate for **black women** (1,122.4 per 100,000; CI = 1,002.2 -- 1,242.5) was nearly **18 times the rate** for white women (62.7 per 100,000; CI = 54.7 -- 70.7), and the rate for **Hispanic women** (263.0 per 100,000; CI = 231.6 -- 294.4) was **more than four times** the rate for white women.

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NEW HIV INFECTIONS (2006)

- In 2006, of new HIV infections among males, **72% were in MSM**.
- Among MSM with new infections, **46%** were white, **35%** were black, and **19%** were Hispanic.
- **Black and Hispanic MSM account for 54%** of new HIV infections, but they only represent about **25%** of the population.
- Among MSM aged 13--29 years, the number of new HIV infections in blacks (5,220) was **1.6** times the number in whites (3,330) and **2.3** times the number in Hispanics (2,300).

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Social Discrimination & Sexual Risk

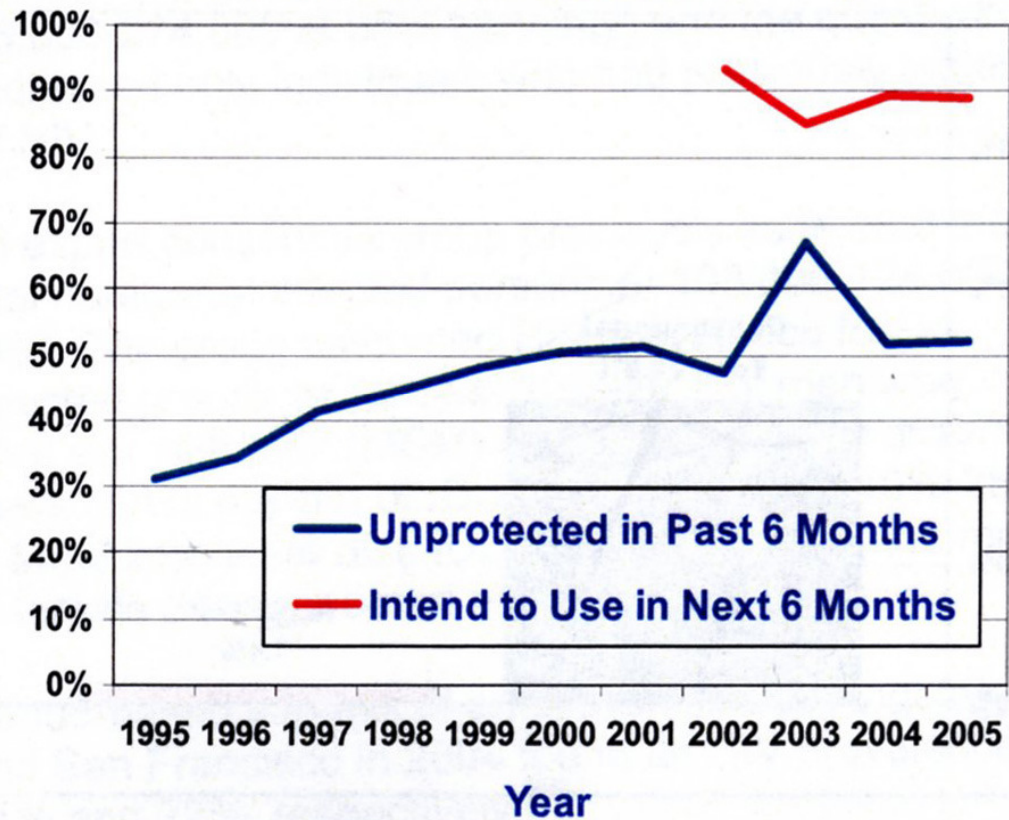
SEXUAL RISK			
HOMOPHOBIA	HIGH	LOW	p<
Full scale	13.71	10.52	.001
<i>Sample Items:</i>			
Verbal assault in childhood	66%	45%	.001
Family embarrassed and hurt	80%	68%	.01
Police Harassment	33%	17%	.0001
RACISM	HIGH	LOW	p<
Full scale	6.25	3.98	.001
<i>Sample Items:</i>			
Racial rude treatment	48%	32%	.01
Racial discomfort in Gay venues	43%	23%	.001
Race-based sexual objectification	75%	58%	.001
POVERTY	HIGH	LOW	p<
Full scale	3.37	2.74	.05
<i>Items:</i>			
Ran out of money for basics	71%	58%	.05
Had to borrow money to get by	60%	53%	n.s.
Out of work at least once last year	45%	43%	n.s.

3) Rise in Risk Behavior and New Infections



QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

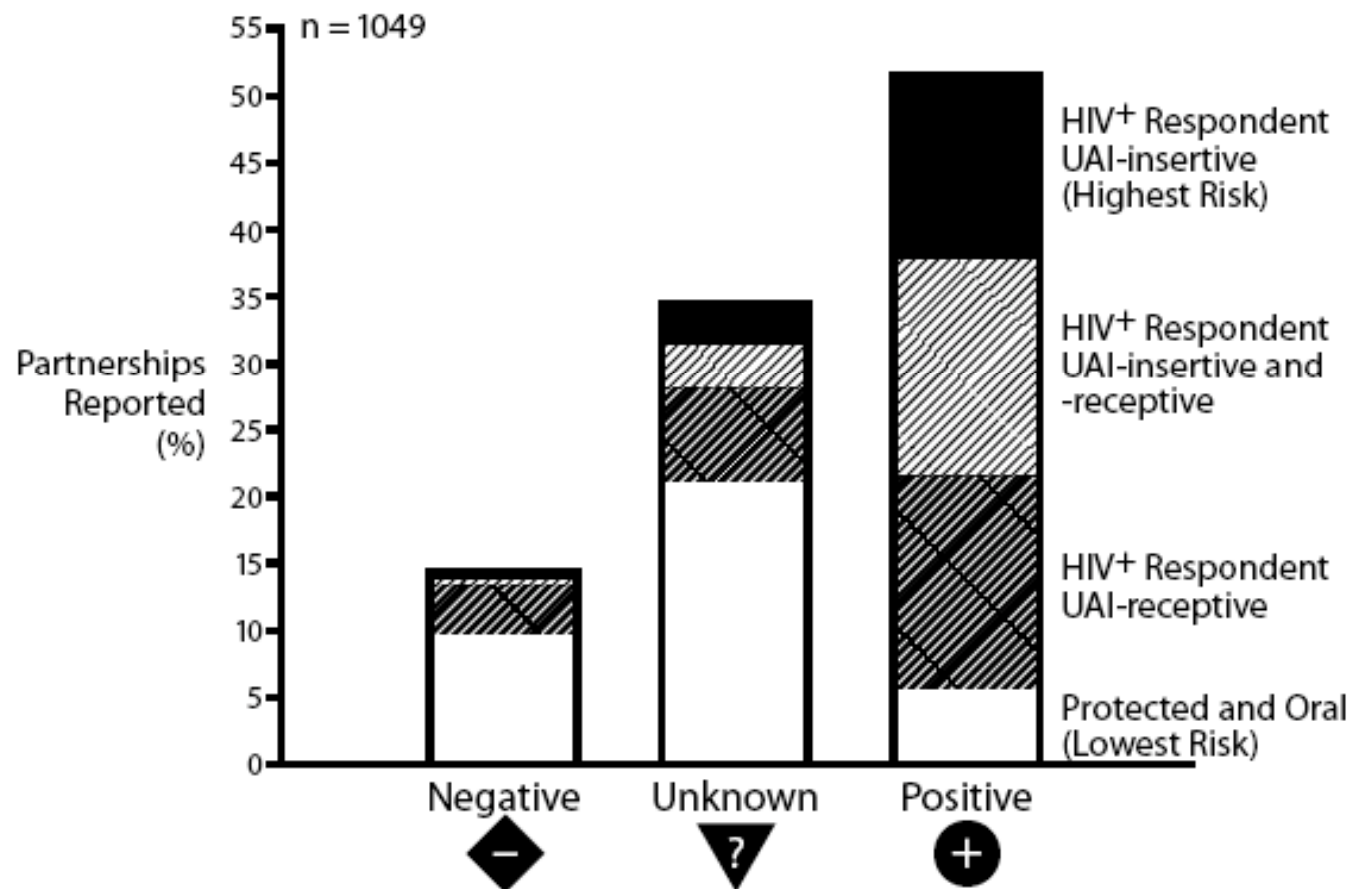
Figure 8. Unprotected Anal Sex in Past 6 Months and Intent to Use Condoms in Next 6 Months: MSM in S.F. Street Surveys



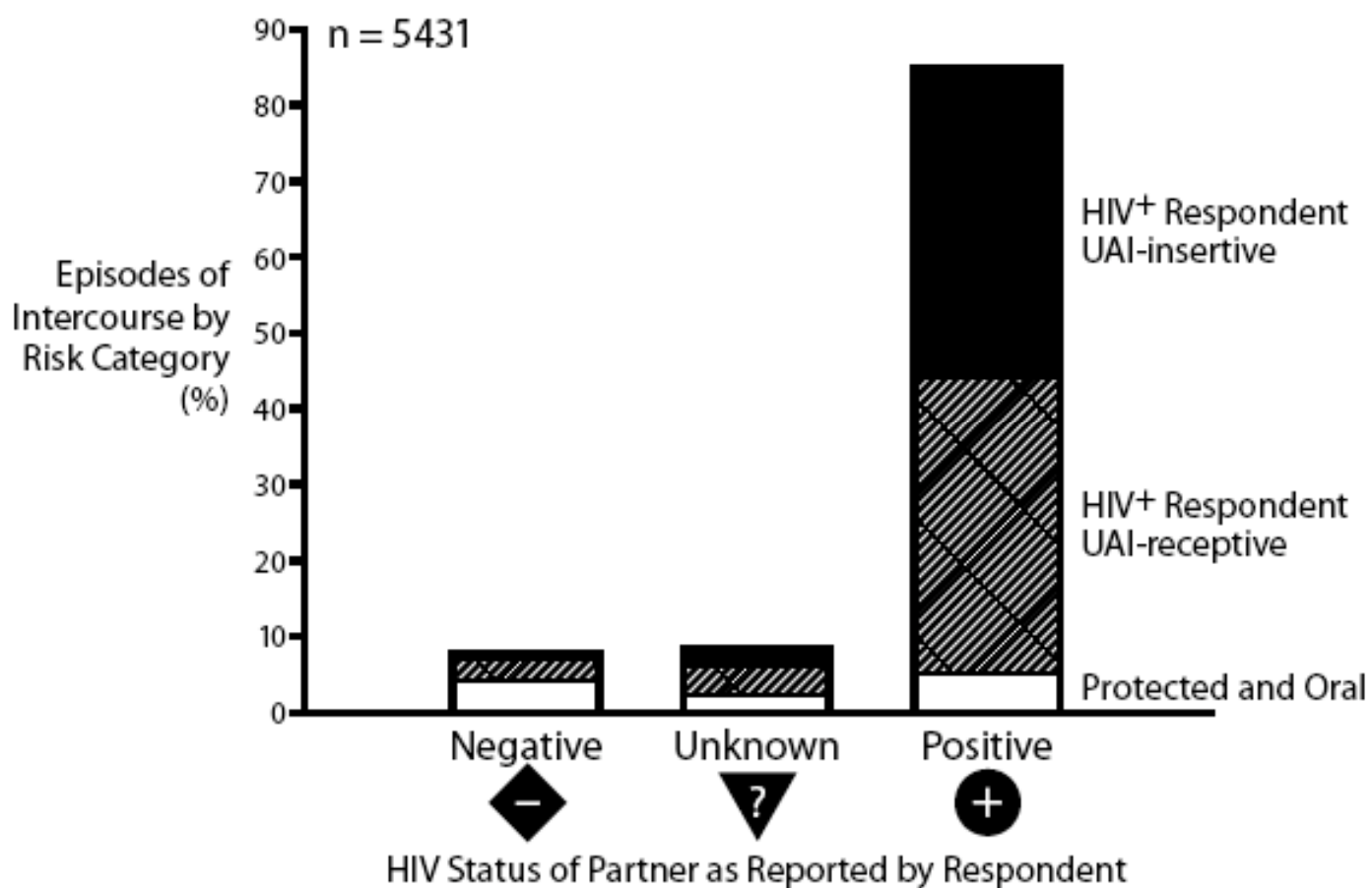
4) Harm-Reduction Strategies (other than condom use)



A Of 1,049 sexual partnerships reported, more than half were seroconcordant and most sex in discordant partnerships presented no risk of HIV transmission.



B Of 5,431 intercourse acts, nearly 9 of every 10 occurred in a seroconcordant partnership.



**5) HIV Stigmatization is Alive, Well, and
Among Us!!**



Levels of HIV Stigmatization

Among Latino Gay Men

(Data from HIV-negative Men, N=753)

Negative Opinion	Prevalence
HIV+ men are to blame for the spread of AIDS	46%
HIV+ persons are responsible for getting infected	57%
HIV+ men are more promiscuous	52%
HIV+ men cannot be trusted	18%
Sex with HIV+ men is dangerous	82%
Not willing to have sex with HIV+ persons even if condoms are available	57%
Not willing to have HIV+ person as boyfriend or girlfriend	59%

Impact of HIV/AIDS Stigma

on HIV-Positive Men

(Data from HIV-positive Men, N=154)

Reported Impact	Prevalence
More difficult to trust people	64%
Harder to enjoy sex	66%
More difficult to find sex	46%
More difficult to find lover relationships	58%
Worried that any physical symptom is a sign of AIDS	72%
Expects sexual rejection after disclosure	82%
Has to hide HIV status to find acceptance from family and friends	45%
Treated unfairly for being HIV-positive	46%

6) HIV+ MSM show Higher Rates of Sexual Risk



Differences Between HIV-positive and HIV-negative Men on Sexual Risk

	HIV - (N=753)	HIV+ (N=154)	p*
Participation in high-risk situations	6.17	7.87	<.05
UAI / casual partner in last 2 months	7%	19%	<.001
UAI / last 2 non-monogamous partners	16%	26%	<.05
UAI / more than one partner last year	18%	29%	<.001

*Statistical tests controlling for city, acculturation and age

7) Many HIV+ MSM do not know their Status



How many HIV+ MSM do not know?

75% of HIV+ young MSM (Valleroy, 94-98)

60% Whites

70% Latinos

90% African American

48% of adult HIV+ MSM (NHBS 04-05),

18% Whites

48% Latinos

67% African American

**8) General Exhaustion (and silence)
about HIV... Post-AIDS Era??**

9) Sex as Play -- Party and Play

**10) The Growing (and intertwining)
Epidemic of Crystal Meth**




Reasons for most frequently used stimulant

	All N=300	Crystal Meth n=153	Cocaine n=133	p<
Energy				
Increase energy	46%	53%	41%	.05
Feel better physically	19%	20%	17%	n.s.
Sexual enhancement				
Have better sex	27%	39%	12%	.0001
Have more sex	26%	34%	14%	.0001
Have more anal sex	13%	17%	8%	.05
Social connection				
Not feel left out	14%	9%	19%	.05
Feel more connected	18%	15%	23%	.10
Fit in with other gay men	12%	9%	16%	n.s.
Be more sociable	28%	17%	43%	.0001

“Cocaine is more for relaxing, for party, dancing. But crystal is for sex — to get nasty for hours and hours and hours....”

Sexual Effects

1. Prolonged Sexual Arousal
 2. Sexual Enhancement
 3. Sexual Disinhibition
 4. Sexual Dissatisfaction
 5. Negative Sexual Side Effects
 6. HIV Risk
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Sexual risk in the last 6 months by most frequently used stimulant

	All N=300	Crystal Meth n=153	Cocaine n=133	p<
Risk Behavior				
Any UAI	68%	72%	64%	n.s.
UAI with casual partner in most frequent sexual setting	37%	44%	29%	.05
UAI under influence of most frequently used stimulant	43%	53%	32%	.001
Risk Perception				
Perceived risk of HIV transmission under most frequently used stimulant	47%	55%	36%	.01
Perceived risk of HIV transmission under most frequently used non-stimulant	28%	26%	30%	n.s.

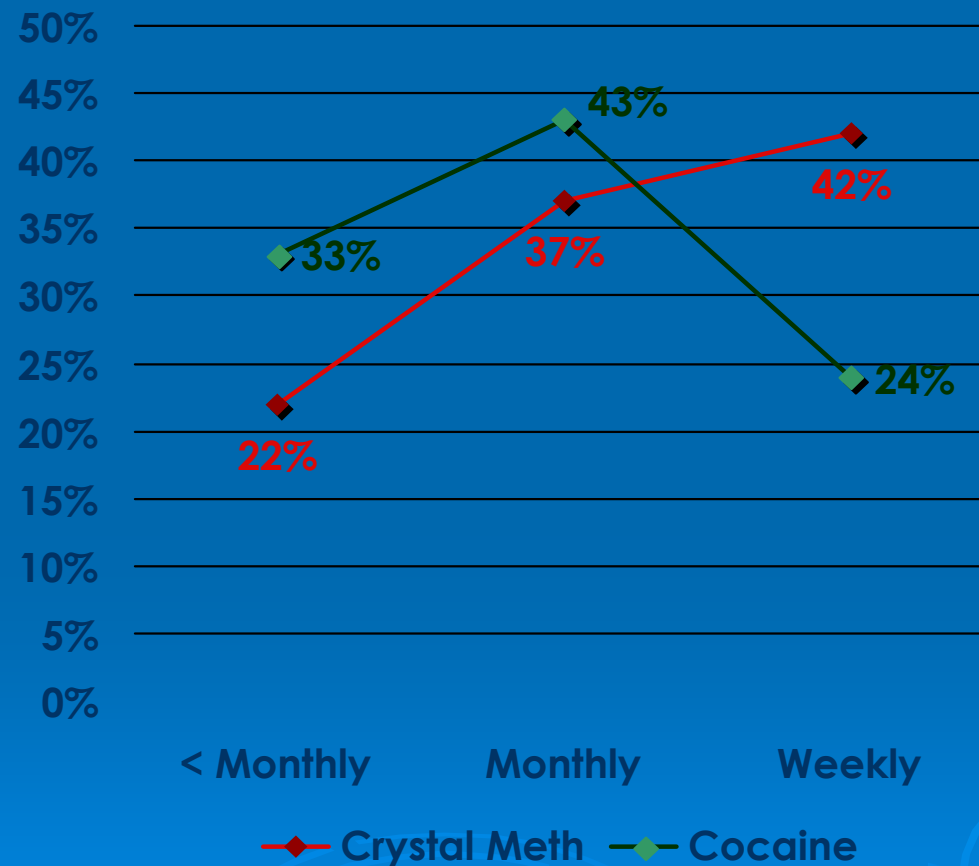
Perceived negative impact of most frequently used stimulant

	All N= 300	Crystal Meth n=153	Cocaine n=133	p<
Ability to think clearly	58%	67%	47%	.001
Mental health	55%	63%	44%	.001
Stress level	54%	61%	46%	.01
Self-esteem	53%	59%	44%	.01
Physical health	50%	58%	39%	.01
Sense of social connection	49%	54%	39%	.05
Relationships with friends	48%	57%	37%	.001
Finances	48%	53%	40%	.05
Relationships with lovers or primary partners	39%	47%	26%	.001
Motivation to improve your life	39%	41%	34%	n.s.
Work life	38%	48%	26%	.001
Sex life	34%	41%	25%	.01
Relationships with family	32%	39%	24%	.01
Spiritual or religious life	24%	24%	23%	n.s.
		8 items 3 50%	0 items 3 50%	

Perceived negative impact of stimulant by frequency of use

N=300	Weekly n=102	Monthly n=119	< Monthly n=79	p<
Physical health	53%	56%	35%	.05
Mental health	63%	57%	39%	.01
Relationships with family	43%	30%	22%	.01
Relationships with friends	58%	50%	30%	.001
Relationships with lovers or primary partners	54%	36%	24%	.0001
Sex life	38%	40%	19%	.05
Work life	55%	35%	23%	.0001
Stress level	61%	59%	39%	.01
Sense of social connection	54%	45%	46%	n.s.
Finances	75%	40%	25%	.0001
Self-esteem	61%	55%	38%	.01
Ability to think clearly	71%	55%	46%	.001
Motivation to improve your life	52%	38%	23%	.0001
Spiritual or religious life	29%	25%	15%	.05
	11 items ³ 50%	6 items ³ 50%	0 items ³ 50%	

Frequency of stimulant use in the sample



Demographic characteristics of crystal meth and cocaine users

Variable	Most frequently used stimulant (MFS)		p<
	Crystal Meth n=157	Cocaine n=129	
Age	30.3	29.3	n.s.
Education			
% High School graduate	28.7	30.5	n.s.
% Some college or vocational school	40.1	34.4	
% College degree or more	31.2	35.2	
Income			
% \$1500/month or less	43.4	46.1	n.s.
Employment			
% Unemployed	43.9	30.2	<.05
Immigration			
% Born in the U.S.	58.0	41.4	<.01
Acculturation (language use with friends)			
% Mostly English	61.4	41.1	<.001
% Both English and Spanish	26.6	28.7	
% Mostly Spanish	12.0	30.2	
HIV Status			
% HIV Positive	27.4	11.6	<.001

11) Internet and Phonenumber Mediated Sexual Encounters



Self-reported substance use in the past six months among all screened by venue type *(screener data)*

	All Venues N=2022	Mainstream n=1001	Latino n=867	Public Sex Environment n=311	Cyber / Phone n=145
Any drugs used	45%	50%	37%	40%	83%
Cocaine	15%	16%	13%	13%	31%
Crystal Meth	14%	14%	11%	18%	62%
Poppers	12%	11%	10%	17%	53%
Viagra	5%	5%	4%	4%	34%


12) AIDS Service Organizations and CDC's DEBI Challenges.




TWO MODELS OF HIV PREVENTION

- CHANGING “RISKY” BEHAVIOR
 - Risk is “within” the individual
 - Top-down, based on academic models of behavior change
 - Seeking a “conversion” experience, from risky to safe, sinner to saint
 - Short-term
 - Unprotected sex is risky sex
- SUSTAINING SAFE BEHAVIOR OVER TIME
 - Risk is a property of structurally produced contexts and situations
 - Community organizing approaches
 - Promoting access, connection, and participation in healthy contexts
 - Long-term
 - Protected sex over time is heroic and must be supported

DEBI: UNINTENDED CONSEQUENCES

- *Applied problem: Privileging one model of prevention
 - *Scientific problem: Privileging internal over external/ecological validity
 - *Silencing community wisdom
 - *Good Workers = faithful to protocols
 - *Non-responsive to changing circumstances
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Learning from long-standing reputationally-strong interventions

- Long-standing, slowly built trust
 - Varied menu of possible activities
 - Participant-driven choice of intervention modality and timing
 - Peer-led, “our program”
 - “Belonging” to an organization versus “participating” in a program
 - One-stop shop/ takes into account other and more immediate life priorities
 - Sustained presence over time
 - Staff charisma is key
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THANK YOU!!

