

Exploring the use of web-based HIV prevention for injection drug using Black men who have sex with both men and women: A feasibility study

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Main Points:



- **Background and Significance**
- **Methodology**
- **HIV prevention program needs from the perspective of self-identified injection drug using men who have sex with both men and women, and who have a history of sex-trade;**
- **The feasibility of using the internet for HIV prevention efforts;**
- **Barriers to using a web-based HIV prevention model**

Background and Significance

- Data from Centers for Disease Control and Prevention (CDC) – Updated July 13, 2009

www.CDC.gov

Estimated AIDS Cases in Males, Cumulative through 2007—50 States and DC

Of the 1,009,219 AIDS cases in adults and adolescents

80% were in males

60% of cases in males were attributed to
male-to-male sexual contact

4% of cases in males were aged 13–24 years

66% of cases in males aged 13–24 were
attributed to male-to-male sexual contact

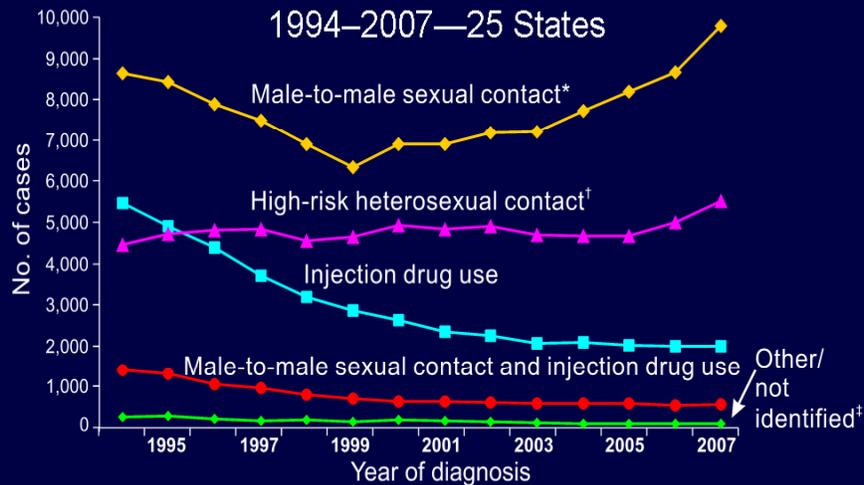
Of AIDS cases diagnosed during 2007, 47% of cases
in adults and adolescents were attributed to male-to-male



Note. Data have been adjusted for reporting delays and missing risk-factor information.
Data exclude cases among men who had sex with other men and injected drugs.



Estimated Numbers of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category 1994–2007—25 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 25 states with confidential name-based HIV infection reporting since at least 1994. Data have been adjusted for reporting delays and missing risk-factor information.
 *Data on male-to-male sexual contact exclude cases among men who reported sexual contact with other men and injection drug use.
 †Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
 ‡Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



Estimated Numbers and Percentages of HIV/AIDS Cases among Adults and Adolescents, by Transmission Category 2007—34 States

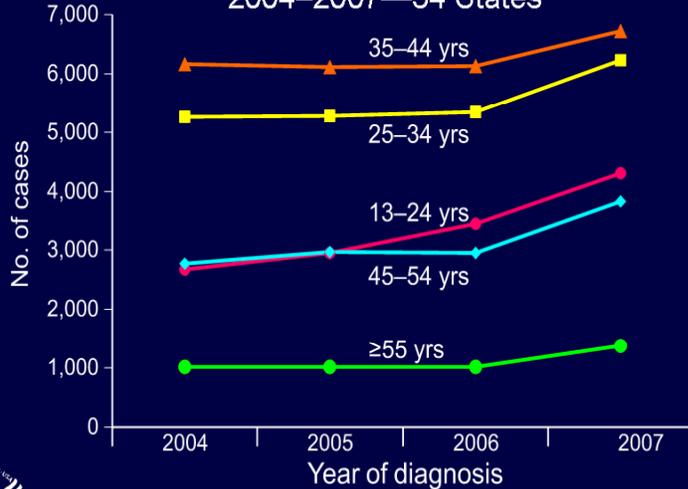
Transmission category	No.	%
Male-to-male sexual contact*	22,472	53
Injection drug use	4,939	12
Male-to-male sexual contact and injection drug use	1,260	3
High-risk heterosexual contact†	13,627	32
Other/not identified‡	198	<1
Total	42,495	



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 34 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays and missing risk-factor information.
 *Data exclude cases among men who had sex with other men and injected drugs.
 †Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
 ‡Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



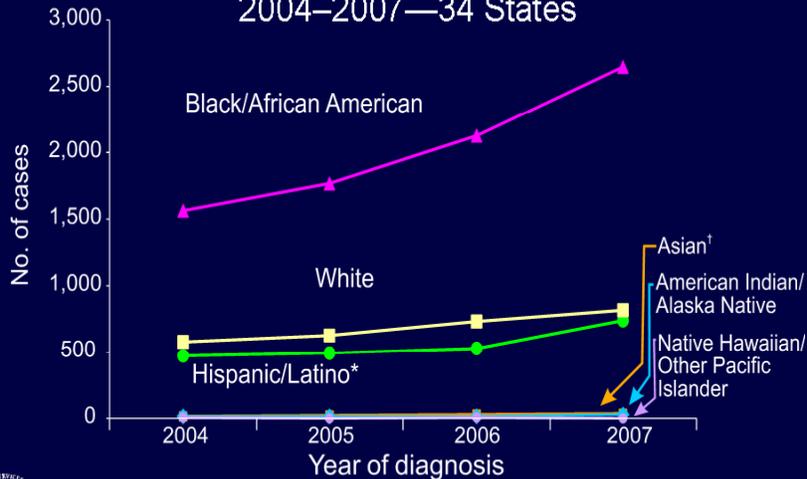
Estimated Numbers of HIV/AIDS Cases among Adult and Adolescent Men Who Have Sex with Men, by Age Group 2004–2007—34 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 34 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays and missing risk-factor information. Data exclude cases among men who had sex with other men and injected drugs.



Estimated Numbers of HIV/AIDS Cases among Men Who Have Sex with Men, Aged 13–24 Years, by Race/Ethnicity 2004–2007—34 States



Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 34 states with confidential name-based HIV infection reporting since at least 2003. Data have been adjusted for reporting delays and missing risk-factor information. Data exclude cases among men who had sex with other men and injected drugs.

†Includes Asian and Pacific Islander legacy cases.
*Hispanics/Latinos can be of any race.



Significance

- There have been significant medical diagnostic and management advances
- Improved treatment for people living with HIV since the epidemic began
- However, STDs and HIV infection among MSM/W and IDUs remain an important issue, particularly for the African American and Hispanic communities.

Significance Continued

- MSM/W who may be at an increased risk for HIV require expanded and targeted HIV prevention programs that focus solely on their needs.
- Limited studies have focused on this sub-population (CDC AIDS Community Demonstration Projects Research Group, 1999; CDC, 2007; Peterson, Coates, Catania, Middleton, Hilliard, & Hearst, 1992).
- **This project explored the needs of the IDU-MSM/W community involved in sex-trade from an insider's perspective**

Research Questions

- (1) What kinds of information and materials would be important to include in an HIV prevention program developed for IDU-MSM/Ws?

Research Questions

- (2) What issues do IDU-MSM/Ws perceive to be crucial that need to be addressed in an effort to motivate and increase safer sex practices among them and their male and female sex partners?

Research Questions

- (3) What is the feasibility of involving recovering IDU-MSM/Ws as peer educators to take messages to the street as a means of delivering an HIV education intervention to active IDU-MSM/Ws?

METHODS

POPULATION AND SAMPLE

- Convenient Sample (N = 105)
- Criteria: African American
- Injection drug using behavior
- Men who have sex with men and women
- Men who frequent parks and other areas for sex trade in Baltimore City and surrounding areas (e.g., D.C.), aged 18-40 years

Table 1. Background Characteristics of Participants (N = 105)

Variable	% (n)	M (SD)
Age		31.6 (8)
<i>Race</i>		
African American (not of Hisp origin)	90 (94)	
African American (Hispanic origin)	10 (11)	
<i>Education</i>		
< HS	58 (61)	
HS Diploma	36 (38)	
College Attendance/Degree	06 (06)	
<i>Self-report Sexual Orientation**</i>		
Bisexual	64 (67)	
Heterosexual	33 (35)	
Homosexual	02 (02)	
<i>Sexual Behavior last six months**</i>		
Sex with women (Only)	-----	
Sex with men (Only)	-----	
Sex with both men and women	99 (104)	
<i>Marital Status</i>		
Single	84 (88)	
Domestic Partner	03 (03)	
Married	13 (14)	
<i>HIV Status</i>		
HIV seropositive known status	27 (28)	
HIV seronegative known status	14 (15)	
HIV status unknown	59 (62)	
<i>Traded Sex for Drugs or Money*</i>		
Yes	100 (105)	
No	-----	

*All participants reported injection drug using behavior, and involvement in sex-trade

** Due to missing data, percentages may not total 100

METHODS (Cont'd)

Recruitment

- Male Research Assistants (paired) recruited in parks using palm cards;
- Inner city streets/blocks (referred to as, “the beat,”) known for sex trade;
- Participants consented to participate and attend a focus group session at a location convenient to the area in which they were recruited;
- Multiple Interview Sites, Days, and Times were Offered/Available;
- Participants who reported having used any non-prescription substances within 24 hours of attending the focus group were not allowed to participate.

Data Collection Procedures

- Qualitative data (through focus groups)
- Each group included approximately eight to ten participants;
- Sessions were between 60 and 95 minutes;
- Trained interviewers moderated the focus group sessions.
- The moderator used a script that included questions related to the study's specific aims;
- Sessions were recorded using an audio recorder.

Data Collection Procedures (II)

- The agenda included:
- Welcome
- Consent procedures
- Review of goals for the meeting
- review of ground rules
- survey administration
- discussion, questions and answers
- wrap up.

Data Analysis

- Focus group interviews were recorded and transcribed by a Washington, DC based professional transcription service;
- Two trained qualitative researchers coded the data by repeatedly reviewing the participants' recorded responses;
- Several categories were identified (Strauss & Corbin, 1998; Washington, 2002).

Data Analysis (II)

- After identifying major categories, process notes were developed;
- participants' responses were compared using Cohen's kappa;
- and central themes relayed through the participants' responses were identified;
- Cohen's kappa revealed a significant measure of agreement (kappa = .781, $p < .01$) for the degree to which the two reviewers' codes were applied to the data.

Results

- Many of the participants would prefer to attend a prevention program that provided services and a safe-space for IDU-MSM/W.

One participant stated: “The doctors been saying that I got bipolar and got post [traumatic stress disorder]. I ain’t got [nothing] but a hard time on these streets. What I need is some help! If they have a program with other types of stuff, like some help getting a job, and some money, sh.. I’d go right now.”

Results

- Many of the participants would prefer to attend a prevention program that provided services and a safe-space for IDU-MSM/W.
- Participants’ suggested that comprehensive services are the major components missing from prevention programs frequented by IDU-MSM/W.

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Results

- Participants’ data reveal that education is not enough to grasp the interests of the IDU-MSM/W population;
- Many of the responses suggest that IDU-MSM/W sexual orientation, sexual practices, drug using behavior, and HIV risk are not mutually exclusive issues;
- Thus, in order to have an effective program that may increase safer-sex practices in an effort to prevent HIV, HIV prevention programs should address the needs of the IDU-MSM/W sex-trade community.

Results

- Participants indicated that programs should include:
- access to a 12-month comprehensive treatment program;
- mental health counseling;
- A drop-in center for HIV testing with pretest and posttest counseling;
- housing referrals; and job training opportunities.

Results

- Some of the participants felt that without drug treatment, IDU-MSM/Ws would continue to seek anonymous sex for drug money.
- Hence, drug treatment is an essential concurrent need for reducing the threat of HIV high-risk sexual practices among IDU-MSM/W.

Results (Continued)

One participant, who self-identified himself as heterosexual, stated:

- “I believe that for some of us [IDU-MSM/W], we [are] not gay and we have girlfriends but just don’t got money for drugs - so we have sex with another dude to get money. I know for me I like to have sex with my girl – she don’t want to use condoms – and me neither. So, we don’t use them. My girl don’t know I play [have sexual encounters] with dudes. She know I use [drugs] but never ask where I get it [drugs] from. If I would never use drugs I would not sell myself. But...[silence].”

Web-based HIV Prevention

- Contrary to previous research, the participants’ responses suggest that many of the men had access to the internet:
 - Home
 - Friends’ Homes
 - Other family members’ homes
 - Public library
 - Community Centers

Web-based HIV Prevention

- Some participants stated that an online HIV program may be feasible if it was anonymous:
- Separate URL from any agency affiliation;
- Use only an email address for communication or login procedures;
- Ask for no identifying information (e.g., phone number, address);
- Identity theft and other privacy concerns
- Offer multiple methods for HIV prevention (instead of relying fully on a web-based model).

Web-based HIV Prevention

- Participants suggest that a web-based HIV prevention program should include:
- Language specific to the IDU-MSM/W population, such as street-level drug terms, sex terms, etc.
- Safer-sex communication prompts – useful for safer-sex negotiation skills.

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- Vlahov, D., Anthony, J.C., Munoz, A., et al. (1991). The ALIVE Study: a longitudinal study of HIV-1 infection in intravenous drug users: description of methods. *J Drug Issues*, 21, 759-776. different groups to guide prevention efforts aimed at MSM-IDU