


STATE OF THE HIV/AIDS EPIDEMIC AMONG GAY and BISEXUAL MEN IN THE US

RAFAEL M. DIAZ, Ph.D.
Cesar E. Chavez Institute
San Francisco State University



11 Important Trends (Overview)

- 1) The Social Shape of the Epidemic.
- 2) Rise in Risk Behavior and New Infections.
- 3) HIV+ MSM show Higher Rates of Sexual Risk.
- 4) Harm-Reduction Strategies (other than condom use).
- 5) HIV Stigmatization is Alive, Well, and Among Us!!
- 6) Many HIV+ MSM do not know their Status.

11 Important Trends (Overview)

- 7) General Exhaustion (silence) about HIV...Post-AIDS Era?
- 8) Sex as Play -- Party and Play.
- 9) The Growing (intertwining) Epidemic of Crystal Meth.
- 10) Internet and Phone line Mediated Sexual Encounters.
- 11) AIDS Service Organizations and DEBI Challenges.

1) 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.

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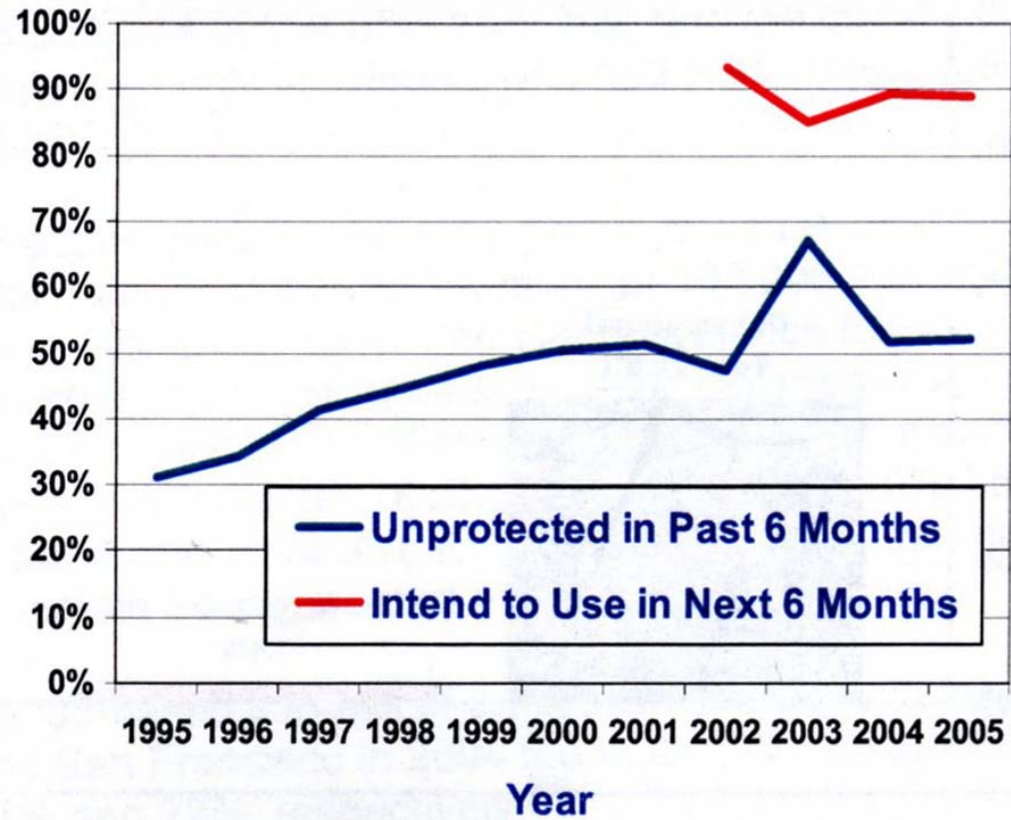
Social Discrimination & Sexual Risk

| 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. |

2) Rise in Risk Behavior and New Infections



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



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

3) HIV+ MSM show Higher Rates of Sexual Risk



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

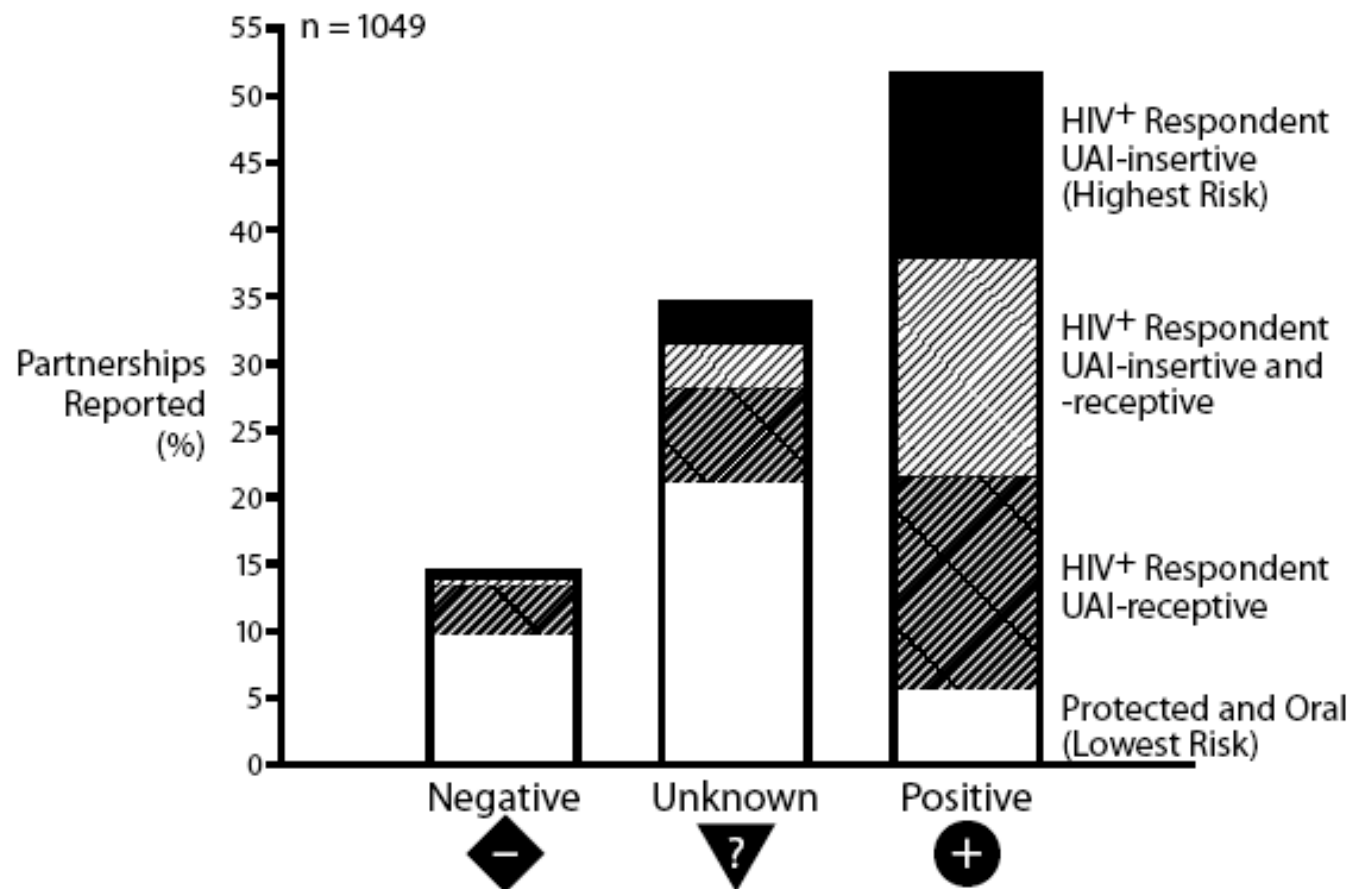
| | HIV - (N=753) | HIV+ (N=154) | p* |
|---------------------------------------|------------------|-----------------|-------|
| Participation in high-risk situations | 6.17 | 7.87 | <.05 |
| UAI / casual partner in last 2 months | 7% | 19% | <.001 |
| UAI / last 2 non-monogamous partners | 16% | 26%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

*Statistical tests controlling for city, acculturation and age

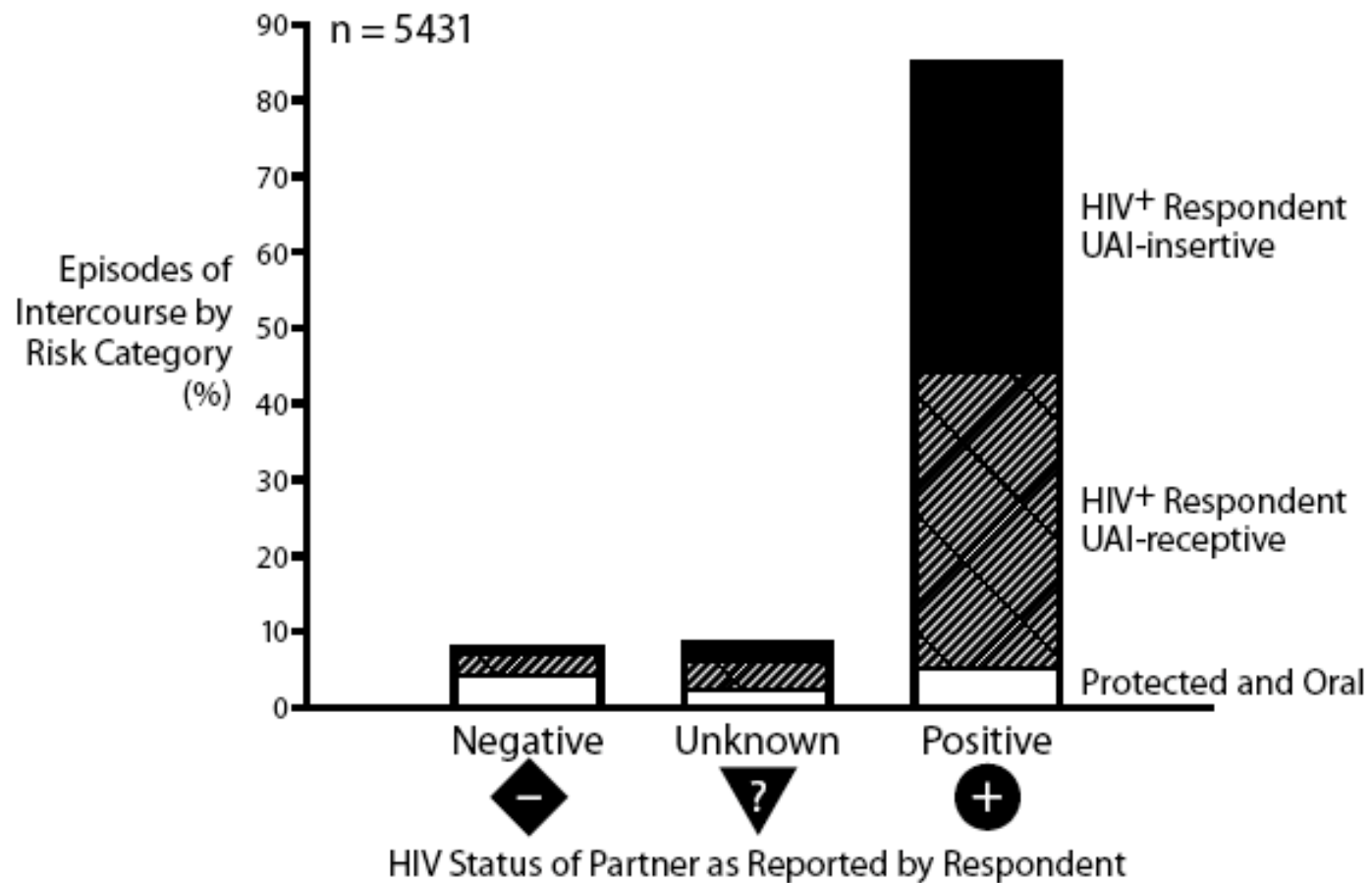
4) Harm-Reduction Strategies (other than condom use)



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) 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

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

8) Sex as Play -- Party and Play

**9) 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. |

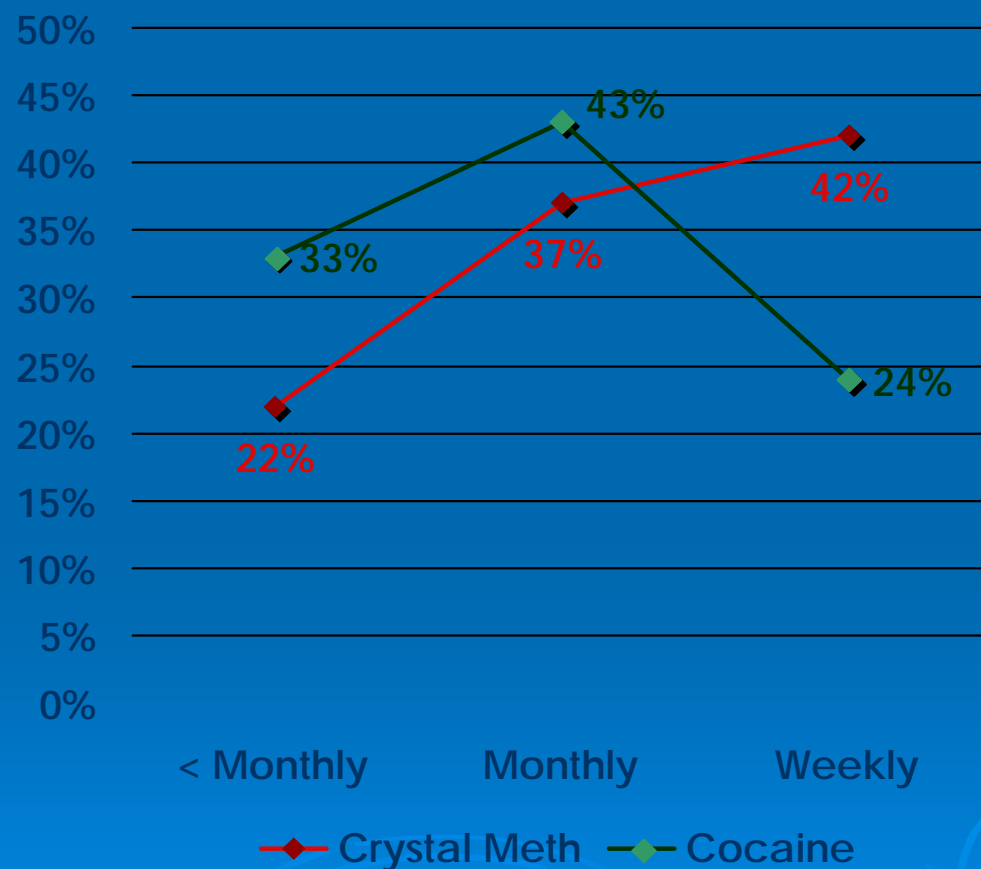
Perceived negative impact of most frequently used stimulant

| | 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 | <i>Most frequently used stimulant (MFS)</i> | | 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 |

10) 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% |


11) 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 charism is key
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THANK YOU!!

