

Methamphetamine Use Among Men Who Have Sex with Men (MSM) in San Francisco: Who Is at Risk for HIV Acquisition?

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OBJECTIVE

- To characterize and compare subsets of HIV-uninfected men who have sex with men (MSM) who use methamphetamine (speed) with respect to demographics, frequency of use, and sexual behaviors that place them at risk for HIV infection.

BACKGROUND

- A strong association between speed use and unsafe sexual practices has been well documented, with high frequency of use a strong predictor of HIV infection (Halkitis, et al., 2001; Shoptav, 2002).
- We used San Francisco-based data from the new National HIV Behavioral Surveillance Survey to examine speed use among HIV-uninfected MSM in order to better characterize risk of HIV acquisition.

METHODS

Sample

- The National HIV Behavioral Surveillance is a multi-site, cross-sectional survey of HIV-related risk behaviors in men who have sex with men (MSM) sampled from randomly selected public venues where MSM congregate. In San Francisco the survey was conducted from December 2003 through December 2004.
- Participants were ages 18 and older, residents of the San Francisco Bay Area, and had at least one male partner in the last 12 months. For the present analysis, subjects reported their most recent HIV test result as either negative or unknown, and had used speed at least once in the past 12 months.

Measures

- Participants completed 15-minute questionnaire that was administered on the street using hand-held computers.
- Variables included demographic characteristics, substance use, HIV testing history, sexual partnerships (aggregate and partner-by-partner), child abuse, frequency of venue attendance, and utilization of local HIV prevention resources.

Statistical Analyses

- Univariate statistics for all MSM in our sample (n=1574) are presented in Table 1.
- For the subset of speed-using HIV- MSM, bivariate analyses were used to describe and compare HIV-/unknown MSM who engaged in "sex of risk"—defined as unprotected receptive anal intercourse (URAI) (n=24) with an HIV+/unknown partner—with those MSM who did not (n=197). Chi-square analysis was used to compare these two groups; Fisher's exact test was used for x<5.

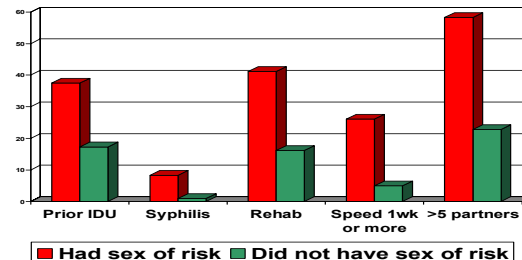
Table 1. Description of men who have sex with men in the whole sample (n=1574)

| Characteristic | N (%) |
|--|--------------|
| Race (freq. missing = 7) | |
| Asian | 167 (10.7) |
| Black | 108 (6.9) |
| Hispanic | 291 (18.6) |
| Native Hawaiian/Pacific Islander | 26 (1.7) |
| White | 870 (55.5) |
| Other | 105 (6.8) |
| Age (frequency missing = 1) | |
| 18-25 | 232 (14.7) |
| 26-30 | 246 (15.6) |
| 31-40 | 589 (37.4) |
| 41-50 | 339 (21.5) |
| 51+ | 167 (10.6) |
| Education | |
| High school graduate, <high school, GED | 185 (11.8) |
| Some College, Assoc., technical school | 400 (25.4) |
| College graduate | 689 (43.8) |
| Postgraduate | 300 (19.1) |
| County of Residence | |
| San Francisco County | 1,200 (85.8) |
| Outside San Francisco County (Bay Area) | 199 (14.2) |
| Living Situation | |
| Own | 283 (18.0) |
| Rent | 1,202 (76.3) |
| Other (w/o paying rent, SRO, homeless) | 89 (5.7) |
| Sexual Orientation | |
| Heterosexual (Straight) | 8 (0.5) |
| Homosexual (Gay/Lesbian) | 1,407 (89.4) |
| Bisexual | 137 (8.7) |
| Other | 22 (1.4) |
| Ever Tested for HIV | |
| Yes | 1,511 (96.0) |
| No | 63 (4.0) |
| Result of Recent HIV Test | |
| Negative | 1,211 (76.9) |
| Positive | 251 (16.0) |
| Don't Know/Indeterminate | 112 (7.1) |
| Employment Status (freq. missing = 7) | |
| Employed (Full-time/Part-time) | 1,216 (77.6) |
| Unemployed | 166 (10.6) |
| Other | 185 (11.8) |
| Use of Methamphetamine (non-injection) >12 months (freq. missing = 50) | |
| No | 1,184 (77.7) |
| Yes | 340 (22.3) |

RESULTS

- Of 221 HIV-/unknown speed-using MSM, 24 (11%) reported having "sex of risk" (unprotected receptive anal intercourse, URAI) with an HIV+/unknown partner. These were compared with 197 (89%) who did not report URAI.
- The HIV-/unknown MSM who engaged in URAI (n=24) were more likely to have (See Table 2):
 - past injection use (37.5 v. 17.3; p=0.02)
 - diagnosis of syphilis >12 months (8.3 v. 1.0; p=0.011)
 - past experience in drug rehabilitation (41.2 v. 16.2; p=0.0027)
 - used speed once a week or more (26.1 v. 5.0; p=0.0001)
 - had >5 partners in the past 6 months (58.3 v. 22.8; p=0.0002)

Table 2.



CONCLUSIONS

- Possible HIV prevention interventions and access points include the following:
 - STD clinics:** Clinicians should assess and properly provide outpatient or other treatment center referral information.
 - Needle exchange/IDU provider(s):** Resource materials specifically targeting MSM should be made available at needle exchange programs and other providers serving IDU.
 - Treatment facilities** (including outpatient): Past experience in a drug rehabilitation encourages treatment facilities including those operating drop-in clinics to address speed use among this population and educate and integrate that into staff knowledge and counseling skills.