Racial/Ethnic Differences in Social Environment and Health among Urban Substance Using MSM

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Purpose

• The current study aims to describe HIV prevalence, sex risk, drug use, and social environmental indicators among MSM in South Florida (Miami-Dade, Broward), a region known for its racial/ethnic diversity and high HIV rates.

• Our analyses focus on the distribution of HIV risk factors across three racial/ethnic groups: African-Americans, Hispanics, and non-Hispanic whites, in an effort to avoid selection biases targeting specific populations.

Methods

Baseline data from a randomised clinical trial of a small group behavioral risk intervention study, "Man Reaching Out to Other Men" (MROOM). An extensive cross-section of MSM were recruited using a combination of print advertisements in both gay and non-gay publications, direct outreach, online advertising in a broad range of websites, and word of mouth, to the point of saturation.

• Eligibility: Reported unprotcted anal intercourse in the past 90 days
• Substance use or alcohol intake at least three times or marijuana use at least 20 days in the past 30 days
• Between ages of 18-55

A total of 504 participants were interviewed using a modified version of the GAIN (Global Appraisal of Individual Needs) structured interview was the primary data collection instrument. This section included the following sections: Demographics / Environment • Substance Use • Mental Health • Sexual Risk Behaviors

Logistic regression was used to analyse variables across race/ethnicity. Qualitative interviews were conducted with 50 Project ROOM participants, following completion of the study. The interviews focused on strengths and needs of the MSM community in South Florida.

Acknowledgments

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Background

• African-American/Black MSM have a disproportionately high HIV infection rate compared to MSM of other ethnicities [1-4].

• Studies from the past 10 years show that African American/Black MSM do not exhibit greater sexual risk behavior, in the form of unprotected anal intercourse (UAI) either receptive (RUA) or insertive (USA), than Caucasian counterparts [2]. Further, young black MSM are less likely than White or Latino counterparts to report UAI [2,5]. However, some studies have shown more African American/Black MSM do engage in trading, selling, or buying sex [6].

• Though some studies show that Black MSM report frequent stimulant use [6], there is no evidence to suggest that African American/Black MSM are more likely to abuse drugs that increase their risk for HIV infection [2].

• African American/Black MSM experience more arrests, homelessness, and abuse [3] and have less social support from peers, friends, and family [7,8].

• Despite these differences, between 2002 and 2005 baseline data from a randomized clinical trial of a small group behavioral risk intervention showed significant reductions in the number of days high (p=.005) from baseline to three month follow-up assessment. Additionally, Black MSM report lower levels of social and environmental support that, when combined with substance use and sex risk, could exacerbate HIV transmission risk in this population. This data effects to further examine strengths and needs of African American/Black MSM in South Florida.

• In a pilot study for Project ROOM, Black MSM were more likely to report no UAI (p=.008) and sexual risk behaviors, including number of days high and use of uppers, substance dependence, and buying or trading sex, increased significantly reductions in the number of days high (p=.005) from baseline to three month follow-up assessment. Further, in qualitative interviews African American/Black MSM all stated that a lack of adequate social support was the primary obstacle for overcoming problems of substance use and HIV transmission risk associated with their social environment.

• Most black guys, we don’t have, we don’t have—the white guys have support.
• If you give a black guy support, they’re your friend for life. It’s not always money support either. Somewhere to talk to, somewhere to be, and somebody to hang out with that’s positive other than, like, what they’re use to—the drugs, the alcohol, the gangbangers, the thugs, the criminals— you know, somebody positive.

• Black guys have more hardships and therefore they thrive in a more supportive place. White and Hispanic guys have jobs, healthcare. Blacks (in the study didn’t).

• I wanted looking forward to it. I don’t have people to talk to about certain things and having that helped me realize I need kind of people and that kind of support. Now I’m trying to make friends so I can have that.

• Participants stated that providing Black MSM with necessary social support will go a long way in helping this population overcome a multitude of social and environmental risk factors not faced by other racial/ethnic groups in South Florida. Interventions that are focused on empowerment theory, motivational interviewing techniques, and personal concerns will benefit this population by providing the necessary social support and alleviating some of the additional risk factors faced by this population.

Substance Use

<table>
<thead>
<tr>
<th>Substance Use (past 90 days)</th>
<th>P</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days high (past 19th percentile)</td>
<td>0.000</td>
<td>2.785</td>
<td>1.746, 4.431</td>
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<tr>
<td>Days used uppers (19th percentile)</td>
<td>0.000</td>
<td>2.899</td>
<td>1.790, 4.695</td>
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<tr>
<td>Days used sedatives</td>
<td>0.000</td>
<td>1.885</td>
<td>1.172, 3.039</td>
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<tr>
<td>Sexual Risk Behaviors (past 90 days)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Days high</td>
<td>0.000</td>
<td>2.957</td>
<td>1.783, 4.863</td>
</tr>
<tr>
<td>Days used uppers</td>
<td>0.000</td>
<td>2.377</td>
<td>1.481, 3.810</td>
</tr>
<tr>
<td>Social/environmental characteristics</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
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<td></td>
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<td>ever married</td>
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<td>never married</td>
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<tr>
<td>Pap smear</td>
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<td></td>
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<tr>
<td>used uppers</td>
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<td></td>
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<tr>
<td>bought or sold sex</td>
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</table>

Discussion

HIV prevalence for Black MSM is marginally higher than White MSM and suggests that HIV prevention programs could focus on Black MSM. Studies from the past 10 years show that African American/Black MSM do not exhibit greater sexual risk behavior, in the form of unprotected anal intercourse (UAI) either receptive (RUA) or insertive (USA), than Caucasian counterparts [2,5]. However, some studies have shown more African American/Black MSM do engage in trading, selling, or buying sex [6].

Among high risk MSM in South Florida, African American/Black men report higher levels of certain sexual risk behaviors, as well as greater frequency of drug use. This could help explain higher HIV prevalence among Black MSM in South Florida. Additionally, Black MSM report lower levels of social and environmental support that, when combined with substance use and sex risk, could exacerbate HIV transmission risk in this population. This data effects to further examine strengths and needs of African American/Black MSM in South Florida.

• In a pilot study for Project ROOM, Black MSM were more likely to report no UAI (p=.008) and significant reductions in the number of days high (p=.005) from baseline to three month follow-up assessment. Further, in qualitative interviews African American/Black MSM all stated that a lack of adequate social support was the primary obstacle for overcoming problems of substance use and HIV transmission risk associated with their social environment.

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Demographics

| Baseline characteristics of MSM by race/ethnicity (N=504) | | |
|-----------------|----|----|----|----|
| Black | White | Black | White |
| N=128 | 25.4% | N=104 | 20.6% |
| 249 | 49.4% | 208 | 41.1% |

Substance Use

- Days high (past 19th percentile): 34.03 (9.34)
- Days used uppers (19th percentile): 22.55 (37.53)
- Days used sedatives: 73.48 (18.83)
- Ever married: 55.6% (73.08)
- Pap smear: 94.1% (76.9%)
- Work full-time: 86.2% (80)
- UAI times (mean; SD): 29.7 (34.03)
- Anal sex times (mean; SD): 34.03 (22.55)
- Number of partners (mean; SD): 73.48 (29.7)