Resilience-based interventions for highly vulnerable MSM

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There are no conflicts to report.
Purpose of the presentation

We designed and tested the efficacy of two resilience-based interventions for high risk, substance-using MSM in South Florida.

The presentation aims to:
- explain the theory of the intervention designs
- describe study outcomes at 6 months
- suggest some ways to move forward
- discuss your thoughts and questions
What are syndemic health disparities?

“Two or more afflictions, interacting synergistically, contributing to an excess burden of disease in a population” (CDC 2011)

Mental distress               Victimization

HIV                           Substance dependence
What is empowerment?

“A process through which individuals come to perceive a connection between their goals and the means to achieve them, and between their efforts and the desired results.” (Mechanic 1991).

goal setting                      social engagement

positive coping skills           self-efficacy
What is resilience?

Empowerment, despite multiple personal and social losses

(Fergus & Zimmerman 2005)
Early life experiences in a homophobic environment:
- Family rejection
- Not fitting in
- Secrecy
- Victimization
- Shame

Migration considerations:
Costs
- Lost social capital
- Lost social norms
- Lost relationships

Benefits
- Freedom
- Mental health
- Attraction/desire
- Safety
- Friendships

Urban Gay Subcultures:
- Escapist
- Competitive
- Temporary
- Drugs
- Hypersexuality
- Limited social networks

Syndemic outcomes:
- Sexual violation
- Depression
- STI/HIV
- Substance use
- Sensation seeking

Conceptual Model of MSM Health Disparities
South Florida’s Gay Scene...
Eligibility Requirements

- Ages 18-55
- 3 + times drug / drunk in the last 30 days:
- Sex risk in the last 90 days:
  - 3+ times anal sex with a non-primary partner, including 1+ times UAI
A 5-year randomized clinical trial comparing the efficacy of a 4-session small group empowerment intervention to an enhanced single session risk reduction and resilience counseling condition.
Both conditions emphasized:

- A safe space to talk; building trust
- Increasing sexual and friendship intimacy
- New ways to cope with stress / challenges
- Accessing broader social networks
- Making life changes; goal setting
- Overcoming barriers to change
Within an environment in which high levels of substance use and sexual risk were treated as symptoms of larger underlying problems affecting the whole person....

....rather than as behaviors that should be the direct intervention targets.
Demographics (N=515)

Age (median; range: 18 - 55) 39 years

Education (median) 14 years

Income (median) $15,000

Race/Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>White</td>
<td>250</td>
<td>48.5</td>
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<tr>
<td>Hispanic or Latino</td>
<td>133</td>
<td>25.8</td>
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<tr>
<td>African American</td>
<td>108</td>
<td>21.0</td>
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<tr>
<td>Other</td>
<td>24</td>
<td>4.7</td>
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Sexual health

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>HIV- Positive</td>
<td>239</td>
<td>46.4</td>
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<tr>
<td>STI (past year)</td>
<td>70</td>
<td>13.6</td>
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Mental health

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td>Severe MH distress</td>
<td>298</td>
<td>57.9</td>
</tr>
<tr>
<td>DSM-IV dependence</td>
<td>320</td>
<td>62.1</td>
</tr>
<tr>
<td>Ever SA treatment</td>
<td>250</td>
<td>48.5</td>
</tr>
<tr>
<td>Childhood victimization</td>
<td>282</td>
<td>54.8</td>
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</tbody>
</table>
Outcome measures at 3 and 6 months post-baseline
Substance Use

Baseline  | Three Month | Six Month
---|---|---
All Day  | 20.9 | 19.3 | 18.2 | 14.5 | 11.6 | 10.1
Alcohol  | 18.2 | 10.1 | 10.1 | 9.1 | 8.7 | 4.6
Stimulants | 9.6 | 5.4 | 4.6
Poppers  | 9.6 | 5.4 | 4.6

(p<.001)

(p<.001)

(p<.001)
Sexual Risk Behaviors

- Number of Partners: Baseline 22.5, Three Month 12.5, Six Month 12.6
- Number of Incidences of UAI: Baseline 13.1, Three Month 5.7, Six Month 5.8

Both show significant decreases over time with p<.001.
Sexual risk Behaviors

Mostly or Always High During Sex ($p<.001$)

- Baseline: 60%
- Three Mnth: 40%
- Six Mnth: 30%

Any Unprotected Anal Intercourse ($p<.001$)

- Baseline: 120%
- Three Mnth: 80%
- Six Mnth: 60%
Baseline Three Month Six Month

Mental Health Symptoms

- Generalized Mental Distress Syndrome (p<.001)
  - Baseline: 9.0
  - Three Month: 5.9
  - Six Month: 5.7

- Substance Dependency Scale (p<.001)
  - Baseline: 3.6
  - Three Month: 1.9
  - Six Month: 1.8
### Resilience Measures

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3 MO</th>
<th>6 MO</th>
<th>( p )</th>
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<tbody>
<tr>
<td>Positive Coping Skills</td>
<td>2.9</td>
<td>3.0</td>
<td>3.1</td>
<td>( p = .011 )</td>
</tr>
<tr>
<td>Negative Coping Skills</td>
<td>2.0</td>
<td>1.3</td>
<td>1.2</td>
<td>( p &lt; .001 )</td>
</tr>
<tr>
<td>Cognitive Escape</td>
<td>18.4</td>
<td>16.6</td>
<td>16.0</td>
<td>( p &lt; .001 )</td>
</tr>
<tr>
<td>Socialize with Drug Users</td>
<td>54.6</td>
<td>44.4</td>
<td>40.2</td>
<td>( p &lt; .001 )</td>
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</tbody>
</table>
Discussion

- Men with high levels of sexual risk are impacted by many other health issues, including depression, sexual escapism, and drug dependence.

- Social isolation is common among MSM in the “fast lane” scene.
Discussion

Participants in the resilience-based interventions reported lower levels of health risks, and also improved their scores on resilience measures over time.
Discussion

We also conducted in-depth interviews with completers. Key intervention elements that contributed to reducing risk were:

- Providing a safe space to develop trusting relationships with other men;
- Assisting them with expanding their social networks; and
- Facilitating personal goal setting and overcoming barriers to achievement.
Qualitative Research Themes

Expanding/changing social networks

“It made me search things out more... try to change things more in my life instead of just being stagnated. And... seek out more social connections.

“So there’s been more dating, more getting to know people on a different level. I’ve always said that sex is very easy. I want that but that’s not all I want, you know? I want them to fall in love with other things.”
Qualitative Research Themes

Motivating positive change

“It definitely opened my eyes. Without the study I may have never even sat down and monetarily thought about [drug use], ever. Then once you stop spending all this money, you start feeling better about yourself, because of maybe what you just learned from talking to [study staff]. It’s like that’s a good reminder, you know, “I don’t need this tonight.”
Motivating positive change

“[The study] just gave me the opportunity to evaluate where I was and, to decide that .... you know, you are not going to get different results from doing the same things. So it gave me the opportunity to say, ‘okay, these are the things that I’m currently dealing with, now how do I want to change these things to get a different result.’”
Conclusion

Broad social networks, increased intimacy, better ways of coping, self-efficacy, and setting achievable life goals: Resilience.

Interventions that emphasize resilience - rather than focus predominately on substance use and sexual behaviors directly - appear to be highly effective in reducing risk among even very vulnerable, high risk men.
Still Needed

- What do the most effective resilience-based interventions look like?
- What are the best measures of resilience?
- How long does it take to be able to measure new resilience processes, and how are they sustained?
Acknowledgements

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Thank you!

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