

**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](http://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

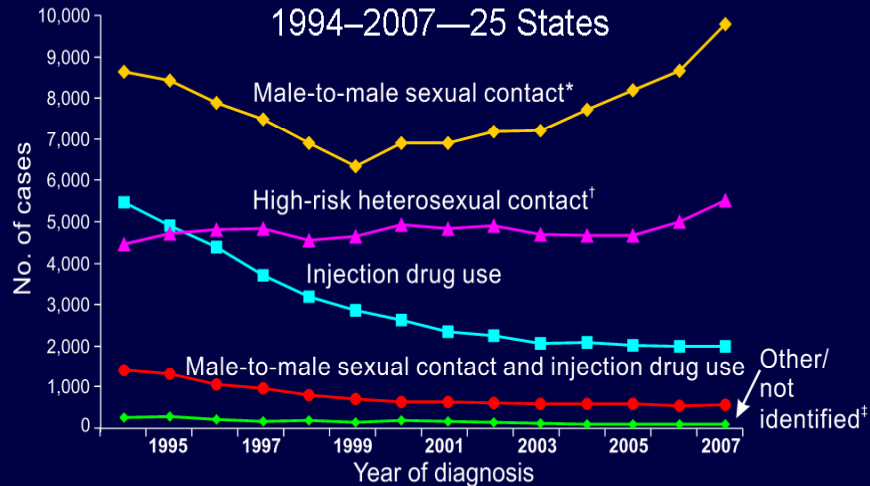
Of AIDS cases diagnosed during 2007, 47% of cases  
in adults and adolescents were attributed to male-to-male



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

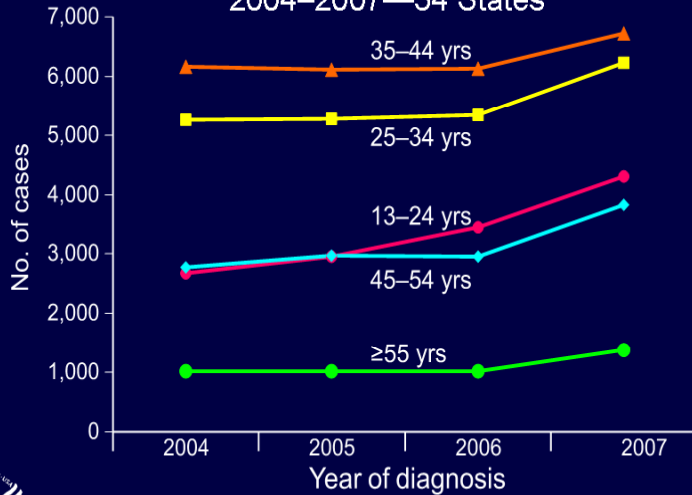
Transmission category	No.	%
Male-to-male sexual contact*	22,472	53
Injection drug use	4,939	12
Male-to-male sexual contact and injection drug use	1,260	3
High-risk heterosexual contact†	13,627	32
Other/not identified‡	198	<1
<b>Total</b>	<b>42,495</b>	



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.



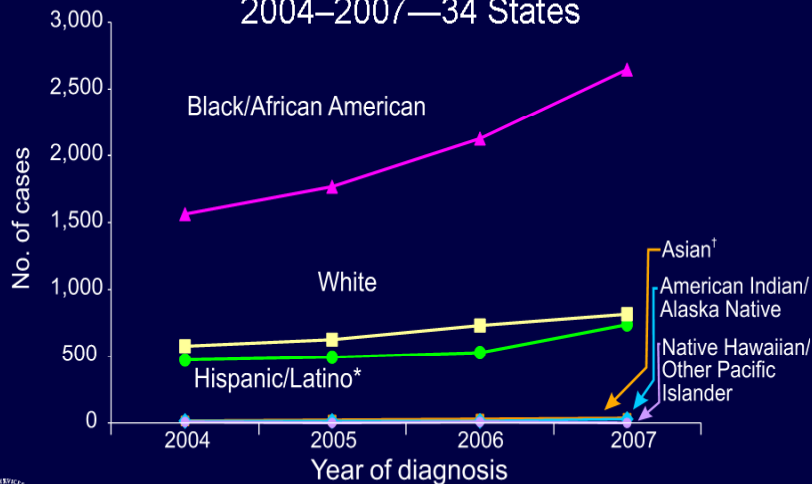
### Estimated Numbers of HIV/AIDS Cases among Adult and Adolescent Men Who Have Sex with Men, by Age Group 2004–2007—34 States



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.”

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- 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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