

SUBSTANCE USE AND HIV AMONG YOUNG BLACK MEN WHO HAVE SEX WITH MEN (MSM)



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Acknowledgments

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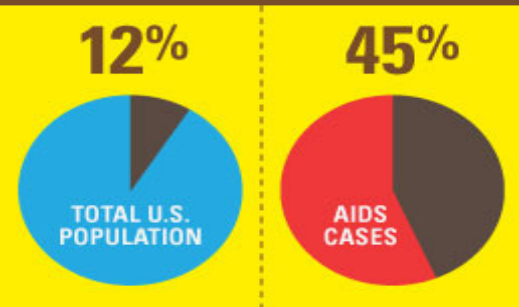
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African Americans Are



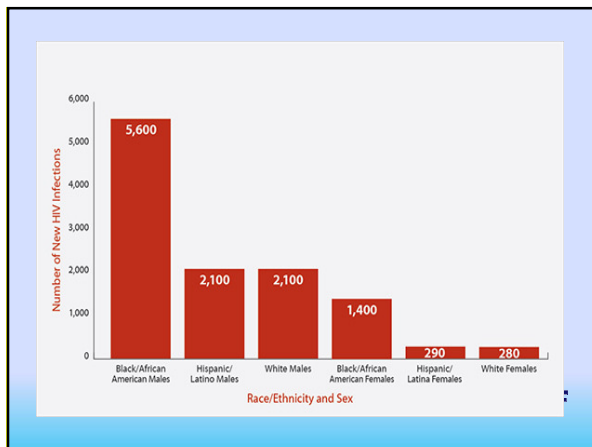
If current trends continue

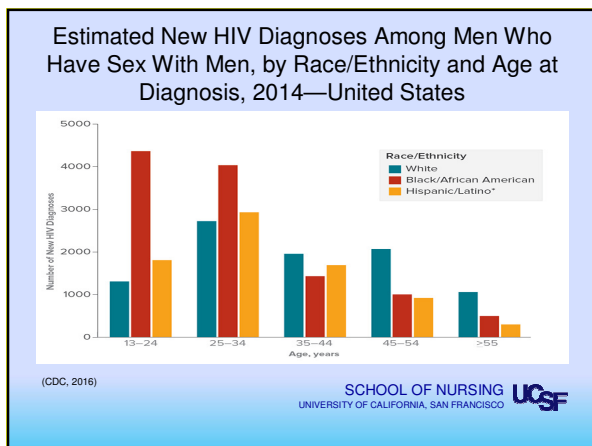
1 in 16 African American Men

WILL BE DIAGNOSED WITH HIV IN THEIR LIFETIME

1 in 32 African American Women

Get the facts.
Get tested.
Get involved.
www.cdc.gov/octagonstads

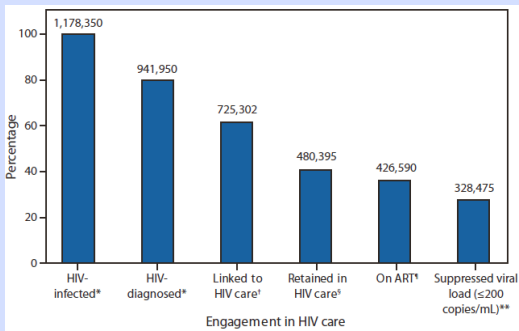




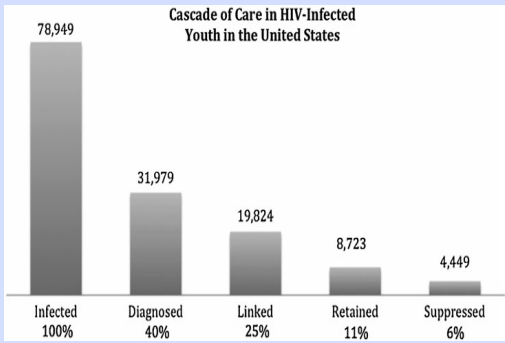
HIV Incidence and Prevalence Young Black MSM

- Between 2001-2006 young black MSM (aged 13-24) had a 93.1% increase in HIV/AIDS. (Malebranche, D., Gvetadze, R., Millett, G. & Sutton, M., 2011)
- In 2006, among ALL black MSM, there were more new HIV infections (52%) among young black MSM (aged 13-29) than any other racial or ethnic age group of MSM
- From 2006-2009, new HIV infections among young black MSM increased by 48%
- From 2005 to 2014, the number of new HIV diagnoses among young Black gay and bisexual men (aged 13 to 24) increased 87%. (CDC, 2016)

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Previous Substance Use Findings

- Studies done in LA, NY, Atlanta, Chicago, and Boston....and SF
- Long history of link between gay bars and substance use
- 85% of Boston urban black MSM use drugs and alcohol during sex
- MSM (mean age 19.1) in SF – use of 3 or more drugs is higher than LA or Chicago.
- Drugs and alcohol rid suppression of same-sex desires for some black MSM, allowing them to “escape” into the sex experience for freely.

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(Harawa, Williams, Ramamurthi, Manago, Avinia, & Jones.2008; Mimiaga, Reiser, Fontaine, Bland, Driscoll, Isenberg, Cranston, Skeer, & Mayer 2010; Purcell, D., Parsons, J., Halkitis, P., Mizuno, Y. & Woods, W., 2001)

Aims of the Study

- Understand the role that substance use plays in the lives of young Black MSM.
- Describe the perceived risks for acquiring HIV among young Black MSM.
- Explore the historical and social contextual experiences that have influenced young Black MSM.

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Dissertation Study Sample

- Recruitment from CBOs and ASO in SF and Oakland
 - Bay Area Positives
 - Larkin Street Youth Services
 - San Francisco AIDS Foundation – DREEM Project
 - CAL-PEP (California Prostitutes Education Program)- Project Safe Trade
- Participant demographics
 - 12 participants
 - Ages: 18-35** (mean age = 26) **IRB age modification
 - 6 – HS education, 6 - Some College
 - 4 – Unemployed, 4 –Part-time, 2 –SSI. 2-other
 - Sex Initiation: age 15 (median)
 - Drug Initiation: age 15 (median)

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Qualitative Narrative - Analytic Methods

- Initial read-through of all transcripts and verification with audio recording
- Open coding – general content analysis
 - line-by-line, chunk-by-chunk
- Refining of codes (collapsing)
- Salient themes emerging
- Categories developed
- Conceptual abstraction
- Member verification



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Study Findings – Aim 1

Understand the role that substance use plays in the lives of young Black MSM.

- (1) early substance use exposure and initiation in family
- (2) for coping with gay sex and being gay
- (3) peer pressure in new community to fit in with others
- (4) exposure to lots of methamphetamine in San Francisco
- (5) to numb feelings
- (6) sexual enhancement and survival sex.

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Study Findings – Aim 2

Describe the perceived risks for acquiring HIV among young Black MSM.

- (1) were testing regularly for HIV
- (2) knew/didn't know about HIV before arriving to San Francisco
- (3) don't care about condoms when under the influence
- (4) inability to negotiate sex and condom usage
- (5) sense of anticipation, resignation and acceptance about acquiring HIV.

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Study Findings – Aim 3

Explore the historical and social contextual experiences that have influenced young Black MSM.

- (1) broken family structures, some with parents on drugs
- (2) adverse childhood experiences (ACE) including neglect, molestation, sexual abuse and physical abuse
- (3) stigma, racism and homophobia.

Summary of Key Findings

AIM	NARRATIVE THEMES	OVERARCHING THEME
1. Understand the role substance use plays in the lives of young Black MSM	(1) early substance use exposure and initiation in family (2) coping with grief and being gay (3) peer pressure to use consistently to fit in with others (4) exposure to loss of neighborhoods in San Francisco (5) toxic health beliefs (6) sexual enhancement and survival sex	Social & environmental issues Benefits of neighborhoods for bonding, making friends and coping
1. Describe the perceived risks for acquiring HIV among young Black MSM	(1) were mostly explicitly the HIV (2) knowledge about HIV before coming to San Francisco (3) don't care about condoms when under the influence (4) inability to negotiate sex and condom usage (5) sense of anticipation, resignation and acceptance about acquiring HIV	Some awareness of HIV Power condition negotiation, particularly when under the influence HIV risk reduction equity
1. Explore the historical and social contextual experiences that have influenced young Black MSM	(1) broken family structures, some with parents on drugs (2) adverse childhood experiences (ACE) including neglect, molestation, sexual abuse and physical abuse (3) stigma, racism and homophobia	Disrupted family structures - with parental substance abuse (Alcohol and drugs) Discrimination

Key Finding

1) There was a lot going on in the homes of these participants. Almost all of the young Black MSM discussed early substance use exposure in their family, including parents who were also drugs. The young men shared about broken family structures, including abuse and neglect. These social and environment factors contribute directly to their own early substance use initiation (median age 15), as well as early sex initial (median age 15), at times with parents providing the drugs. Mean age for participants is 26.

Key Finding

2) Over thirty years into the AIDS epidemic, stigma and homophobia continue to be an issue for these young Black MSM. Most of the participants were either kicked out of their family homes, asked to leave by their family, or wanted to get away for their family so that they could be themselves. This is blatant discrimination. Most came to San Francisco as a safe place, only to face homelessness and having to figure out how to survive on their own. This creates a sense of insecurity.

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Key Finding

3) With the prevalence and exposure to methamphetamine in the San Francisco, young Black MSM discover the benefits of this drug for numbing, masking, and coping with everything from being gay, gay sex, dealing with peer pressure, and for sexual enhancement and survival sex. These issues act as drivers for methamphetamine use as an ineffective coping mechanism.

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Key Finding

4) Almost all the young Black MSM had some knowledge and awareness about HIV prior to arriving in San Francisco; most were testing regularly every three months. Once under the influence of methamphetamine, the participants don't care about condoms, nor do they have the ability to negotiate condom usage with their partners. There is a sense of anticipation, resignation and acceptance about acquiring HIV; HIV risk reduction apathy.

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Early substance use exposure and initiation in family

P6: Man, I started smoking weed when I was 12. I started drinking alcohol when I was 13...And not only that, drugs really run in my family. My dad was an addict of cocaine... My thing was being introduced to pornography at a really young age, being introduced to drugs.

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METH EXPOSURE, PREVALENCE & ACCESS

P2: When I came here, meeting new people and getting introduced to the whole crystal meth thing because I never heard of crystal meth until I moved to the West Coast. I met some other people that are sex workers and they had introduced me to the whole crystal meth thing and then meeting tricks that were into meth use as well. So, the whole peer pressure of I didn't want to feel like -- I didn't want to seem like I was a square. I didn't want to -- I wanted to be cool, or people to like me. I didn't want them to think I was boring...they tend to kind of push you or peer pressure you into experimenting, trying new things that you had never done before, and then, it just leads down a road of sex with no protection and just doing things that you wouldn't normally do if you weren't high.

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METH EXPOSURE, PREVALENCE & ACCESS

P4: But a lot of people who have HIV in the city use crystal and it's been hard for me to find people who aren't really dependent on it. Yeah, I think the crystal scene in San Francisco is really -- that's another thing I'd also say. If someone uses crystal in San Francisco, they're practically HIV positive. Yeah, and it also coincides yeah, PNP [party and play] and BB, bareback. So, usually smoking crystal meth and you're not using condoms, and now, I understand that basically means that you're having sex with positive guys. Super risky sex, super risky sex, and super risky sex. I did some research on it and I found out a lot of guys in the city participate in "poz-ing"... getting like an uninfected guy positive and it's almost fetish.

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DRUG USE FOR EMOTIONAL NUMBING

P1: I didn't have no clothes, nothing. It was miserable. I was feeling suicidal, but I didn't want to kill myself. I was just like, "I'm tired." I was just getting high just to deal with life, period.

P2: It's like numbing the bad feelings about having to even do sex work just to like have money to survive, to live every day life. So, yeah, the whole -- kind of like going through the motions, but you do it because that's your hustle, whatever, that's your way of survival...they're just a person, they have money, they're a trick, a john to use.

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Homophobia

P10: *When I first came out some people distanced themselves from me because I was gay or whatever. I told them and they would stop coming around. A lot of friends just stopped coming around. A lot of friends just stopped calling. I don't even know what happened to their numbers. They just stopped calling. It's like they changed their numbers or some shit or something. And I mean friends I've known since childhood that's like -- they just stopped fucking with me or whatever. And it kind of hurt a little bit.... Like on the inside, like I won't show it on the outside. I'll just be the same regular me, but on the inside that shit do hurt sometimes. But that's how I am and if they stop fucking with me because I'm gay or whatever that's on them, you know? I can't really change them, but I wish some of them would have stayed around. But what can I do? (homophobia) (HIV-negative)*

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Safe Spaces

There must be a way to break this cycle and empower at-risk young Black MSM.

Garcia et al. (2015), offers the following as a working definition of "safe spaces": (1) safe spaces **promote supportive social norms** and **peer networks** through a range of leisure activities that are culturally relevant, (2) safe spaces enable human development by providing **skill-building opportunities** to those who experience marginalization from educational and work environments, and (3) safe spaces promote **empowerment and community mobilization against stigma, discrimination and violence**.

These safe spaces must be racially and ethnically appropriate since it is already known that Blacks do not respond or attend interventions targeting mainstream White MSM and often experience racism in gay social settings (Wong et al., 2010). This is, in a sense, exposure to **double racism**: rejection for being Black and rejection for being gay.

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Stigma, Homophobia & the Black Community

Stigma or **HOMONEGATIVITY** is defined as an attitude of disapproval and discontent towards an individual; a mark of disgrace associated with a particular person

Homophobia encompasses a range of negative attitudes and feelings toward homosexuality; irrational fear of, aversion to, or discrimination against homosexuality or homosexuals

Discrimination can be a consequence of stigma and may occur when unfair actions are made against individuals on the basis of their belonging to a particular stigmatized group.

- While young Black MSM often face homophobic bigotry from heterosexual Black Americans, they also have come into conflict with LGBT White Americans due to matters of race and color in United States LGBT culture (Lemelle & Battle, 2004; Wong et al., 2004).

- Stigma associated with both homosexuality and HIV will continue to make Black MSM practices **stay hidden** (Miller, 2015) and continue to **fuel the epidemic** among this population

- **Substance use** has also been associated with stigma, discrimination and harassment (Wong et al., 2010).

- The National HIV/AIDS Health Strategy & San Francisco's "Getting to Zero"

- **The Black Church**

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Harm Reduction

Harm reduction would be the perfect educational framework to use for both reducing harm cause by both HIV sexual risk behaviors and substance use since it works well for young people (Erickson, 1995).

Harm reduction entails the idea of acceptance of the behavior brought on by substance use, including HIV sexual risk behavior, while at the same time making small attempts to minimize, not eliminate, the harmful consequences rather than trying to eliminate such use altogether (Erickson, 1995; Erickson, 1999; Hilton, Thompson, Moore-Dempsey & Janzen, 2000).

Harm reduction works well if a substance user is not yet interested, unwilling, or unable to abstain completely (Weiker, Edgington & Kipke, 1999).

Facilitate other effective coping strategies

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HIV apathy

There does not seem to be a historical context and significance among young Black MSM about the death and devastation caused by HIV/AIDS in the earlier years.

The epidemic is not over! Next wave is Black MSM and Black women
Why isn't the Black community outraged?

Social benefits of being HIV-positive (medical care, case management, housing, medication, SS)

Condom negotiation skills, particularly prior to a sexual encounter and when under the influence of drugs or alcohol.

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Conclusion & Moving Forward

- **GOAL:** Be involved in developing educational programs for substance use and HIV, with targeted prevention message strategies specifically tailored to young Black MSM. Include a biomedical component.

- **NEXT STEPS**

- Get manuscripts ready for submission
- Identify CBO and ASO partners
- Build relationships with clients
- Community Education and Workshops
- Collaborative research team, including MDs
- Comparative analysis of other young MSM groups

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TREATMENT
IS
PREVENTION

HIV treatment can
reduce HIV
transmission
by up to...

96%





PrEP IS A NEW HIV PREVENTION METHOD IN WHICH PEOPLE WHO DO NOT HAVE HIV INFECTION TAKE A PILL DAILY TO REDUCE THEIR RISK OF BECOMING INFECTED.

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Questions?



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Thank you!

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