Trend Analysis of New HIV Infection and Methamphetamine Use Among Men Who Have Sex with Men in Los Angeles County: Implications for HIV Prevention

Jane Rohde, MPH, Research Specialist

Office of AIDS Programs and Policy
County of Los Angeles, Department of Public Health

2nd National Conference on Methamphetamine, HIV and Hepatitis: Science & Response

February 2, 2007
Overview

- HIV Counseling and Testing (HCT) Data, 2001-2004
  - Overview
  - Prioritized Behavioral Risk Groups (BRGs)
  - HIV New Positives by BRG, by Meth Use
  - Relative Risk Ratios among BRG

- Crystal Methamphetamine Situational Assessment (CMSA), 2005
  - Qualitative Data Themes: Meth Use Among MSM

- Countywide Risk Assessment Survey (CRAS), 2004
  - Psychosocial Correlates Among MSM Meth Users

- Implications for Prevention Efforts
Trends in LA County Treatment Admissions by Primary Substance of Abuse

SOURCE: ADP, California Alcohol and Drug Data System, 2006
What We Know About Meth, Sex & MSM

- Often used to initiate and enhance sexual encounters\(^1,2\)
- Users typically have more sexual partners than non-users\(^3\)
- Highly associated with risky sexual behaviors such as decreased use of condoms, anal sex, fisting and prolonged sexual activity\(^3,4,5,6\)
- Gay and bisexual men who use meth have a greater prevalence of HIV infection than MSM who do not use the drug\(^3,7\)

Los Angeles County HIV Counseling and Testing (HCT) Data, 2001-2004

General Description

• Reported by Behavioral Risk Group (BRG)
  - MSM/IDU: Men who have sex with men & are injection drug users
  - MSM/W: Men who have sex with men & women
  - MSM: Men who have sex with men
  - TransG: Transgenders at sexual risk/Transgender injection drug users
  - IDUs-NonMSM: Heterosexual male/female injection drug users
  - WHiRsk: Women at high sexual risk
  - WLoRsk: Women at low sexual risk
  - Non-BRG: Everyone else

• Reported on CA State HIV5/HIV6 software system
Los Angeles County HIV Counseling and Testing (HCT) Data, 2001-2004

• Data are from clients accessing services at publicly funded sites reporting to OAPP

• Sample sizes are numbers of tests performed, not total number of clients

• Clients self-identify behavior

• Methamphetamine/Amphetamine use is recorded as use within the last two years or since the last HIV test result
Los Angeles County HCT Data

BRG Among All Tests: 2001-2004

Source: 2001-2004 LAC HCT Data

WHiRsk: Women Sexual Risk High
WLoRsk: Women Sexual Risk Low

Percent (%)

2001 (=n=45,065)
2002 (n=45,219)
2003 (n=63,661)
2004 (n=63,461)
Los Angeles County HCT Data

HIV Positivity Rates Among BRG: 2001 - 2004

2004 LAC Positivity Rate = 1.2%

Source: 2001-2004 LAC HCT Data
Los Angeles County HCT Data

Meth Use Among (within) BRG: 2001-2004

Source: 2001-2004 LAC HCT Data
Los Angeles County HCT Data

New HIV Positives Among Meth Users by BRG, 2004

- MSM/IDU: 19%
- MSM/W: 6%
- MSM: 4%
- IDUs-NonMSM: 4%
- TransG: 8%
- WHiRsk: 15%
- Non-BRG: 4%

N = 158
Positivity Rate = 2.0%

Source: 2004 LAC HCT Data
Los Angeles County HCT Data: 2001-2004

All MSM New HIV Positive Meth Users vs. New HIV Positive Non-Meth Users

<table>
<thead>
<tr>
<th>Year</th>
<th>Meth Users</th>
<th>Non Meth Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>~6.5%</td>
<td>~2.5%</td>
</tr>
<tr>
<td>2002</td>
<td>~7.0%</td>
<td>~3.0%</td>
</tr>
<tr>
<td>2003</td>
<td>~7.5%</td>
<td>~3.5%</td>
</tr>
<tr>
<td>2004</td>
<td>~8.0%</td>
<td>~4.0%</td>
</tr>
</tbody>
</table>

Relative risk = 2.4

Source: 2001-2004 LAC HCT Data

Relative risk = 1.2

Source: 2001-2004 LAC HCT Data
Los Angeles County HCT Data: 2001-2004

Women at High Sexual Risk New HIV Positive Meth Users vs. New HIV Positive Non-Meth Users

<table>
<thead>
<tr>
<th>Year</th>
<th>Meth Users</th>
<th>Non Meth Users</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>RR = 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>RR = 1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>RR = 0.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>RR = 0.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2001-2004 LAC HCT Data
Los Angeles County HCT Data: 2001-2004

All MSM New HIV Positive Meth Users vs. New HIV Positive Non-Meth Users

Relative risk = 2.4

Source: 2001-2004 LAC HCT Data
Summary/Conclusions

• MSM continue to be the population most affected by HIV in LAC

• 2001-2004 = increasing trend in relative risk for HIV positivity & meth use among MSM

• HIV prevention efforts should specifically target meth use among MSM due to high HIV positivity rates among this population that are using meth
Crystal Meth Situational Assessment (CMSA), 2005

• Gain a deeper understanding of the issues surrounding crystal meth use among MSM in LAC

• Gather qualitative information from professionals in the field
  • Expertise in HIV/AIDS/substance abuse/sexual addiction field and work with MSM
CMSA Themes: Why do MSM Use Meth?

• Societal Pressures:
  • Homophobia
  • Social stigma still associated with HIV/AIDS
  • Fear of HIV/AIDS
  • Grief/loss of friends/loved ones to HIV/AIDS

• Can result in:
  • Internalized homophobia
  • Feelings of low self worth
  • Depression (can increase susceptibility to drug addiction)

“meth is the perfect drug for the perfect group at the perfect time...” -CMSA
Los Angeles County Risk Assessment Survey (CRAS), 2004

Psychosocial Correlates: Meth Using MSM vs. Non-Meth Using MSM

<table>
<thead>
<tr>
<th></th>
<th>OR</th>
<th>CI (05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Sexual Abuse</td>
<td>2.5</td>
<td>2.0, 3.3</td>
</tr>
<tr>
<td>History of Domestic Violence</td>
<td>3.0</td>
<td>2.4, 3.9</td>
</tr>
<tr>
<td>Stigmatized (sexual orientation)</td>
<td>2.0</td>
<td>1.5, 2.6</td>
</tr>
</tbody>
</table>

N=1,675

Source: 2004 CRAS Data (weighted)
Implications for an HIV Prevention Response

• Lack of effective prevention efforts for MSM

• ANY interaction that MSM has within the healthcare system should be used to discuss HIV risk and meth use

• Treat for co-morbidities (social, mental health)

• Need for culturally appropriate treatment facilities for MSM

“It is unacceptable and unethical to ask gay men to hang their sexual identities at the door.” -CMSA
Next Steps: Los Angeles County (OAPP)

- Additional research examining recreational meth use vs. chronic use
  - Project Tech Support (research partnership)
    - CDC-funded grant targeting out-of-treatment meth-using MSM
    - PI: Dr. Cathy Reback, Van Ness Prevention Division
- Will examine meth use by racial/ethnic groups & by geographic location
- Additional OAPP funded HIV programs targeting MSM meth users
Many Thanks

Earl Leonard
Michael Green
Mike Janson
Sophia Rumanes
Connie Chavers
Rangell Oruga
For Additional Information:

Jane Rohde, MPH  
Planning and Research Division  
Office of AIDS Programs and Policy (OAPP)  
600 South Commonwealth Ave., 2nd Floor  
Los Angeles, California 90005-4001  
Phone: 213/351-8131  
Fax: 213/381-8023  
E-mail: jrohde@ladhs.org

This presentation is available at  
www.LAPublicHealth.org/AIDS