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Sexual Activity in HIV-Positive African American Crack Cocaine Smokers

Sandra C. Timpson,

Center for Health Promotion and Prevention Research, University of Texas School of Public Health, 7000 Fannin, Suite 2516, Houston, TX 77030, USA

Mark L. Williams,

Center for Health Promotion and Prevention Research, University of Texas School of Public Health, 7000 Fannin, Suite 2516, Houston, TX 77030, USA

Anne M. Bowen,

Department of Psychology, University of Wyoming, Laramie, WY, USA

John S. Atkinson, and

Center for Health Promotion and Prevention Research, University of Texas School of Public Health, 7000 Fannin, Suite 2516, Houston, TX 77030, USA

Michael W. Ross

Center for Health Promotion and Prevention Research, University of Texas School of Public Health, 7000 Fannin, Suite 2516, Houston, TX 77030, USA

Mark L. Williams: Mark.L.Williams@uth.tmc.edu

Abstract

The AIDS epidemic in the United States continues to disproportionately affect minorities of color, especially African Americans. The purpose of this study was to explore the sexual behaviors of a sample of African American HIV positive crack smokers aware of their serostatus. Participants (100 men, 37 women) were included in this study based on the following criteria: a minimum age of 18 years, HIV positive serostatus, treatment with HIV antiretroviral medications for a minimum of 3 months prior to interview, crack cocaine use at least once in the 7 days prior to being interviewed, willingness to provide a urine sample to confirm recent drug use, and vaginal or anal sex at least once in the past 7 days. The questionnaire was a compilation of other reliable surveys and was designed to collect sociodemographic data, drug use, sexual behavior, condom use intentions and motivators, STD and HIV infection history, HIV medications, and adherence requirements. Participants reported having 1,266 different partners in the 30 days prior to the interview and had traded sex for money or drugs with 68%. A total of 79 participants had multiple partners and accounted for 1,247 partnerships. Rates of consistent condom use across partnerships were low, indicating that more interventions in this at-risk population are needed.

Keywords

African-American; Crack cocaine; HIV+; Sexual activity

Introduction

The AIDS epidemic in the United States continues to disproportionately affect minorities of color, especially African Americans. African Americans now comprise a majority of individuals diagnosed with AIDS in the United States and a majority of deaths due to the disease. Infection with HIV among African Americans is rising at a much faster rate than for other racial/ethnic groups in the country (CDC, 2009). Once diagnosed with AIDS, African Americans succumb sooner than Whites (CDC, 2009). A meta-analysis by Smith et al. (2000) found that AIDS is now the leading cause of death among African Americans aged 25–44. The co-epidemics of crack cocaine and other sexually transmitted diseases among African Americans residing in urban areas may partially explain their higher levels of HIV infection (Timpson, Williams, Ross, & Keel, 2005; Williams et al., 2000). Factors related to cocaine use itself may increase the risk for HIV among crack smokers.

In an analysis of the HIV infection rate in New York City, Des Jarlais et al. (1999, 2000) reported that the epidemic was declining among injection drug users. However, these investigators also speculated that city-wide the epidemic may not be in decline because of increasing rates of infection among crack cocaine smokers. Ross, Risser, Peters, and Johnson (2006) noted the strong association between crack use and syphilis in African Americans in the early 2000s, suggesting that, in this population, sexually transmissible infections are closely associated with crack smoking. The behavioral effects that result from crack smoking also increase the chances for HIV infection (Timpson, Williams, Bowen, & Keel, 2003). Smoking crack induces a strong sense of euphoria and other feelings of mood elevation that may lead to an increased willingness to engage in sexual behaviors that are highly risky (McCoy & Inciardi, 1995). For some new users, the disinhibiting effect of crack results in more extreme sexual orgasms and hypersexuality, creating a self-reinforcing behavioral pattern. The effects of crack smoking also can induce cycles of bingeing and crashing that increase risk of sexual risk. Users smoke crack in bingeing cycles, smoking as much as resources allow for up to 3 or 4 days, then crashing for similar lengths of time (Ross, Timpson, Williams, & Bowen, 2003; Williams et al., 2001). Binge cycles may include frequent and prolonged sexual activity with unknown partners (McCoy & Inciardi, 1995). Sexual risk of HIV infection may be particularly pronounced if an individual's psychological functioning is impaired (Riehm, Wechsberg, Zule, Lam, & Levine, 2008; Risser, Timpson, McCurdy, Ross, & Williams, 2006; Williams & Latkin, 2004).

Research studies show that the sexual behaviors of crack smokers may be amenable to brief interventions that focus on reducing the number of sexual partners and, to a lesser extent, condom use. Kotranski et al. (1998) found that 684 not-in-treatment drug users decreased the number of partners with whom they had sex after participating in a brief risk reduction intervention, and that 37% initiated or increased condom use during vaginal sex. Cottler et al. (1998) found similar results. Of 715 crack smokers participating in brief intervention, 75% reduced the number of sexual partners and 5% eliminated their sexual risk, defined as having no sex or consistently using condoms during vaginal sex. Kwiatkowski, Stober, Booth, and Zhang (1999) reported similar results in a sample of 3,357 heterosexual, sexually active drug users participating in a multi-site risk reduction study. In this sample, there was a 7% increase in condom use 6 months after participating in a brief intervention. However, 71% of the sample reported no change or less condom use after 6 months. Factors predicting increased condom use included HIV positive status, being single with multiple sex partners, or engaging in money for drugs or sex. Even so, Kwiatkowski et al. reported that only half of HIV positive drug users increased their condom use. In a study of 1,362 participants, who were both injectors and crack cocaine smokers, interventions were compared using a nine session enhanced cognitive-behavioral intervention and a two session standard counseling and testing intervention developed by the National Institute on Drug Abuse (Hershberger, Wood, & Fisher, 2003). The

enhanced intervention was rarely found to be different from NIDA's standard counseling and testing intervention in "reducing both drug and sex-related risks" (Hershberger et al., 2003). Both interventions resulted in significant reduction of most HIV risk behaviors. In another study (Sterk, Theall, & Elifson, 2003), 265 African American women who only used crack cocaine participated in an intervention that used a randomized block design that assigned them to one of two enhanced interventions or to the two-session NIDA standard intervention. The two enhanced designs included a four-session motivation intervention and a four-session negotiation intervention. Participants were interviewed at baseline, post-intervention, and 6-month follow-up. Women in all three intervention groups improved in sexual and drug using behaviors. The entire sample reported reductions in crack use, trading sex, and having sex while high. In a more recent study of a sample of 514 crack users, Ross, Timpson, Williams, and Bowen (2007) found that 29% had participated in a previous HIV prevention intervention in the past 12 months. Those who had reported using condoms scored significantly higher on all measures of condom use, had positive condom use expectations, and had higher condom related self-efficacy beliefs.

The great majority of studies investigating behaviors of drug users at risk for HIV infection have examined seroprevalence rates and risk behaviors as these are related to primary infection. However, it is assumed that once individuals are aware of being HIV positive, they will be more likely to use condoms during sexual activity (Friedman et al., 1999; Ross et al., 2007). In a relatively early study of serodiscordant couples where one of the partners was HIV seropositive and a drug injector and the other not a drug injector, Friedman et al. (1994) reported a high level of consistent condom use. Although the study did not squarely address the issue of secondary prevention, it is significant because it can be assumed that the seropositive partner was aware that he or she was HIV positive and was behaving in light of this knowledge.

While primary prevention is a major concern, secondary prevention is also important in preventing the HIV epidemic. However, little is known about HIV positive drug users who are aware that they are seropositive. In a preliminary investigation of the risk behaviors of 137 African American crack smokers who were aware of their seropositive HIV status, we found that the majority of the sample smoked crack daily, had sex frequently, and used condom inconsistently with all partner types (Timpson et al., 2003). We also found that knowledge of HIV serostatus was not related to condom use and that, except for primary partners, most sexual encounters for HIV positive crack smokers were with partners whose status was unknown or who were HIV negative. The purpose of the present study was to further explore the sexual behaviors of a sample HIV positive crack smokers aware of their serostatus. Awareness of HIV positive serostatus was confirmed by treatment for HIV disease.

Method

Participants

Participants were included in this study based on the following criteria: African-American, a minimum age of 18 years, HIV positive serostatus, treatment with HIV antiretroviral medications for a minimum of 3 months prior to interview, crack cocaine use at least once in the 7 days prior to being interviewed, willingness to provide a urine sample to confirm recent drug use, and vaginal or anal sex at least once in the past 7 days. Individuals were recruited from neighborhoods in which they lived and from agencies offering services to people who are HIV positive. Telephone screening was preceded by being informed of the intent of the screening and verbal consent. Those who appeared to meet eligibility requirements as a result of the telephone screening were asked to come to a neighborhood data collection center, provided informed consent, and completed a more in depth screening instrument. Participants were also asked to bring with them bottles for all or some of the medications they were currently receiving for HIV infection. After receiving informed consent, participants were screened by

a research assistant and asked to show the medication bottles they had brought with them. Of the 225 people who were screened for the study, 137 were eligible and were interviewed. None who were told that they were eligible refused to participate.

If participants met eligibility requirements, they were asked to respond to a risk behavior questionnaire. A research assistant administered the 2-h survey. Participants were paid \$20 for their time. Study procedures were reviewed by the committee for the protection of human subjects at the University of Texas, and all participants signed informed consents.

The African American sample of 137 participants was mostly male ($n = 100$, 73%) and single ($n = 100$, 73%). The age of participants ranged from 21 to 53 years. Fifty-one percent of the sample was 40 years of age or older and both the mean and median age was 40 years. Individuals were almost equally proportioned in sexual orientation with 49 (36%) who self-identified as heterosexual, 49 (36%) as bisexual, and 44 (32%) as homosexual. Most ($n = 125$, 91%) had completed a high school education. Slightly more than a quarter of the sample ($n = 36$, 26%) considered themselves to be homeless while 17 (12%) were living in a shelter at the time of the interview. Fifty-eight (42%) participants had ever injected drugs, and 11 (8%) had injected at least once in the previous 30 days.

Measures

Data for this cross-sectional study were collected between March 1999 and July 2000, in Houston, Texas using the Elicitation of Compliance and Adherence Behaviors Questionnaire (ECAB). The ECAB, a compilation of other reliable surveys, was designed to collect data regarding sociodemographic characteristics, drug use and sexual behavior, condom use intentions and behaviors, STD and HIV infection history, and HIV medication and adherence history.

Sociodemographic data items on the ECAB were adapted from the Texas Christian University Short Assessment Form (Simpson, Knight, & Ray, 1993). This instrument has been shown to be reliable and valid (Simpson et al., 1994). Drug use information, both lifetime and current drug use, was collected on the use of marijuana, methamphetamines, crack cocaine, cocaine, heroin, and speedball (a mix of cocaine and heroin). Thirty-day recall of current drug use has been found to be reliable and to have a high level of validity in other studies using the same or similar measures (Watters et al., 1992; Weatherby et al., 1994).

Sexual behaviors were measured for 6 months and 30 days prior to the interview. Data were collected by partner type, gender of the sexual partner, and type of sexual behavior. Partner types were defined as main, casual, drug trading (in which the participant was given drugs in exchange for sex), money trading (in which the participant was given money in exchange for sex), and new. Sexual behaviors asked about were oral, anal, and vaginal sex. Condom use with a main partner was assessed by asking participants if they always used condoms with that partner. The total number of partners was computed as the sum of casual, trading, and new partners. Main partners were not included in the total. Condom use with casual, sex for drugs, sex for money, and new partners was assessed by asking if condoms were always used with the most recent partner of the respective type.

Two-tailed independent-samples *t*-tests (with equal variances assumed) were used to assess differences in the mean number of partnerships reported by men and women by each partnership type and in the total number of partners reported. Fisher's exact test, two-tailed, was used to assess differences in the proportion of men and women reporting partnerships of a given type and to assess differences in the proportions of total partnerships accounted for by each partnership type. All analyses were conducted with SPSS 17.02.

Results

Seventy-seven (77%) men and 21 (57%) women reported having at least one casual, trading, or new partner ($p < .05$). Sixty-seven (67%) men and 11 (30%) women had at least one casual partner ($p < .001$). Forty-two (42%) men and 12 (32%) women had a money for drugs partner. Twenty-eight (28%) men and 12 (32%) women had a money for sex partner. Nineteen (19%) men and 5 (14%) women reported a new partner. Fifty-four (54%) men had a main partner as did 27 (73%) of women.

A total of 1,266 sex partners in the 30 days prior to the interview was reported (range, 0–200). The most frequent type of partner was those with whom the participant had traded sex for drugs ($n = 440$, 35%), followed by sex for money partners ($n = 416$, 33%), casual partners ($n = 252$, 20%), and new sex partners ($n = 158$, 12%). Individuals in the sample had an average of 9.2 ($SD = 24.9$) sex partners in the 30 days prior to the survey compared to 17.4 ($SD = 87.6$) in the prior 6 months. Thirty-nine participants (29%) reported no partners, 19 (14%) reported one partner, and the remaining 79 (58%) reported two or more partners. Forty-two participants (31%) reported having only one type of partner. The 79 individuals who had multiple partners accounted for 1,247 of the 1,266 total partners (98%) or an average of 15.8 ($SD = 31.3$) partners in the 30 days prior to the interview.

As shown in Table 1, men accounted for 60% of the reported partnerships. Twenty-nine percent of men's partners had traded drugs with the participant for sex, compared to 44% of women's partners. Similarly, 28% of the men's partners had paid them money for sex compared to 40% of the women's partners. Men had a casual relationship with 27% of their total partners compared to 9% for the women. Sixteen percent and 7% of the partners were new for male and female participants, respectively. For each of these percentage comparisons, $p < .0001$ using Fisher's exact test. As also shown in the table, women had a significantly higher mean number of total drug trade partners and a higher mean number of male drug trade partners. All other differences in the mean number of partners were non-significant.

With regard to condom use, 18 (22%) of the 81 participants with a main partner had always used a condom with that partner. Of the 78 participants with at least one casual partner, 26 (33%) used a condom every time they had sex. Of those with a new partner, 3 (13%) of 24 had always used condoms. Eight (16%) of 51 participants who traded sex for drugs consistently used condoms as had 10 (26%) of the 38 of participants who traded sex for money.

Discussion

A sample of 100 male and 37 female African-American crack smokers being treated for HIV reported having 1,266 partners in the 30 days prior to the interview and had traded sex for drugs or money with 67% of them. The 79 participants with multiple partners were responsible for 1,247 (98%) of the partnerships. A greater proportion of men than women reported any sex partner, and a greater proportion of men than women reported casual partners. Women had a higher mean number of total sex for drugs partners and a greater mean number of male drugs for sex partners than men. A greater proportion of female participants' partners were trading partners compared to males. Males had a higher proportion of casual and new partners than did females. Men had approximately the same proportion of casual partners as trading partners and a lower proportion of new partners. Women had approximately equal proportions of sex for drugs and sex for money partners and approximately equal, and lower, proportions of casual and new partners. The 79 individuals with multiple partners represent a core group who have the potential of infecting large numbers of other individuals in their social and sexual networks. Each time a person with HIV has an unprotected sexual encounter they place that individual at greater risk for contracting HIV or contracting a new strain of HIV.

The continued need for research and the development of effective interventions to increase condom use in this population is evident. Sexual risk reduction for individuals who are HIV+ include abstinence or lifetime condom use or they risk re-infection with a more virulent strain of HIV and/or transmitting the virus to their sex partners. Previous studies have indicated that less than half of HIV positive drug users consistently use condoms (Avants, Warburton, Hawkins, & Margolin, 2000; Friedman et al., 1999; Higgenbotham et al., 2000; Kwiatkowski & Booth, 1998; Nilsson Schonnesson et al., 2008; Timpson et al., 2003). The results of this study of African American crack users support these findings, with few of the participants reporting consistent condom use. These HIV+ crack smokers continued to use drugs, even while on antiretroviral medication, thus increasing their likelihood of unsafe sex. As greater numbers of heterosexual minority drug users are diagnosed with HIV disease, secondary prevention of HIV infection will become increasingly important.

Limitations

The cross-sectional design, small sample size, and use of a convenience sample limits the generalizability and direction of the relationship between condom use and its predictors. However, it does give us an indication of factors that may be related to inconsistent condom use in this difficult to reach population. One of the more alarming findings of this study concerns the large number of individuals who know they are HIV+ yet continue to have unprotected sex. This suggests a strong need to continue research and the development of effective and long lasting sexual risk reduction interventions with sexually active HIV+ crack cocaine smokers. The shifting demographics of the HIV pandemic to low-income heterosexual minority populations make it imperative to reduce the risk of HIV transmission to sexual partners and to reduce the risk of re-infection in HIV+ persons.

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Table 1

Total, mean, and range of respondent's sex partners by type in the last 30 days

	Male respondent's partners				Female respondent's partners			
	Total (%)	M	SD	Range	Total (%)	M	SD	Range
Total sex partners	755	7.55	18.17	0-169	511	13.81	37.44	0-200
Men	539	5.39	17.93	0-169	468	12.65	35.64	0-200
Women	216	2.16	4.36	0-22	43	1.16	4.69	0-28
Total drug trade partners	218 (29)*	2.18**	3.83	0-20	222 (44)	6.00	17.50	0-100
Men	123	1.23**	3.01	0-20	207	5.59	17.08	0-100
Women	95	.95	2.58	0-20	15	.41	1.57	0-9
Total money trade partners	211 (28)*	2.11	8.30	0-75	205 (40)	5.54	17.41	0-100
Men	191	1.91	8.24	0-75	192	5.19	17.03	0-100
Women	20	.20	.85	0-7	13	.35	1.51	0-9
Total casual sex partners	205 (27)*	2.05	2.89	0-20	47 (9)	1.27	5.09	0-31
Men	119	1.19	1.75	0-10	35	.95	3.63	0-22
Women	86	.86	2.45	0-20	12	.32	1.51	0-9
Total new sex partners	121 (16)*	1.21	7.18	0-71	37 (7)	1.00	4.94	0-30
Men	106	1.06	7.17	0-71	34	.92	4.61	0-28
Women	15	.15	.69	0-5	3	.08	.36	0-2

Note. Male participants ($n = 100$); female participants ($n = 137$)

* $p < .0001$ for percentage comparisons between males and females, Fisher's exact test

** $p < .05$ for mean comparisons between males and females, independent-samples t -test (two-tailed, equal variances assumed)