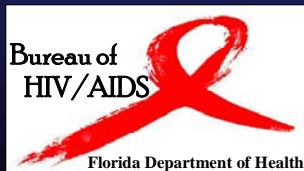


# Sex, Drugs, and HIV: Opportunities for Behavioral Interventions

Bureau of HIV/AIDS, Florida Department of Health  
&  
Center for Drug Free Living, CENTAUR

Florida Alcohol & Drug Abuse Association (FADAA)  
Annual Conference  
August 12, 2009



# What's new?

## Florida's Drug Control Strategy, 2009

### GOAL # 4:

Reduce the human suffering, moral degradation, and harmful social, health, and economic consequences of drug abuse and addiction in Florida.

#### ➤ Objective 4-2:

By December 2010, the Department of Health and Department of Children and Families will ensure that all HIV/AIDS planning bodies have substance abuse service provider representation.

# The Epidemic in Florida 2008

Population: 18.9 million → (4<sup>th</sup> in nation)  
61% White  
16% Black  
21% Hispanic  
3% Other\*

Cumulative AIDS cases: 114,057  
(3<sup>rd</sup> in nation)

Cumulative pediatric AIDS cases: 1,536  
(2<sup>nd</sup> in nation)

Cumulative HIV (not AIDS) cases: 43,814  
(since July 1997)

Persons living with HIV/AIDS (PLWHAs): 97,738  
(reported cases)

HIV prevalence estimate: 125,000

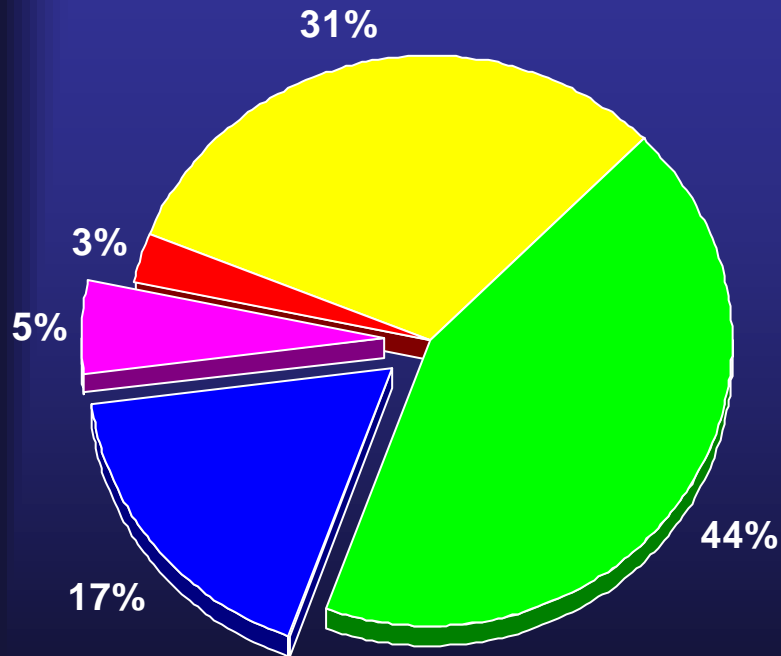
HIV incidence estimate (2006): 5,550

# Where are we?

- The Bureau of HIV/AIDS estimates that there are as many as 96,300 IDUs in the state.
- Approximately 19% of these IDUs are thought to be HIV infected, and 81% or 78,000 are presently uninfected but at high risk of becoming HIV infected.

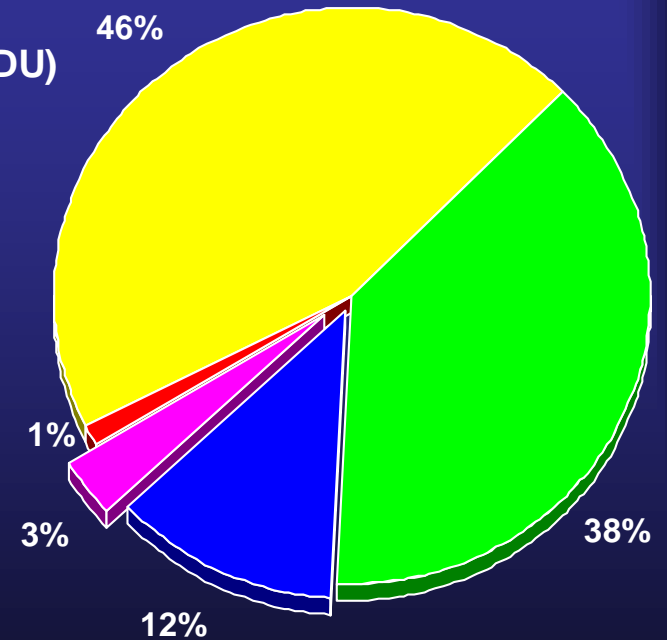
# Reported Adult AIDS Cases by Mode of Exposure Cumulative vs. 2007, Florida

Through 2007  
N=109,364



- Men Sex W/Men (MSM)
- Injecting Drug Use (IDU)
- MSM/IDU
- Other Risk
- Heterosexual

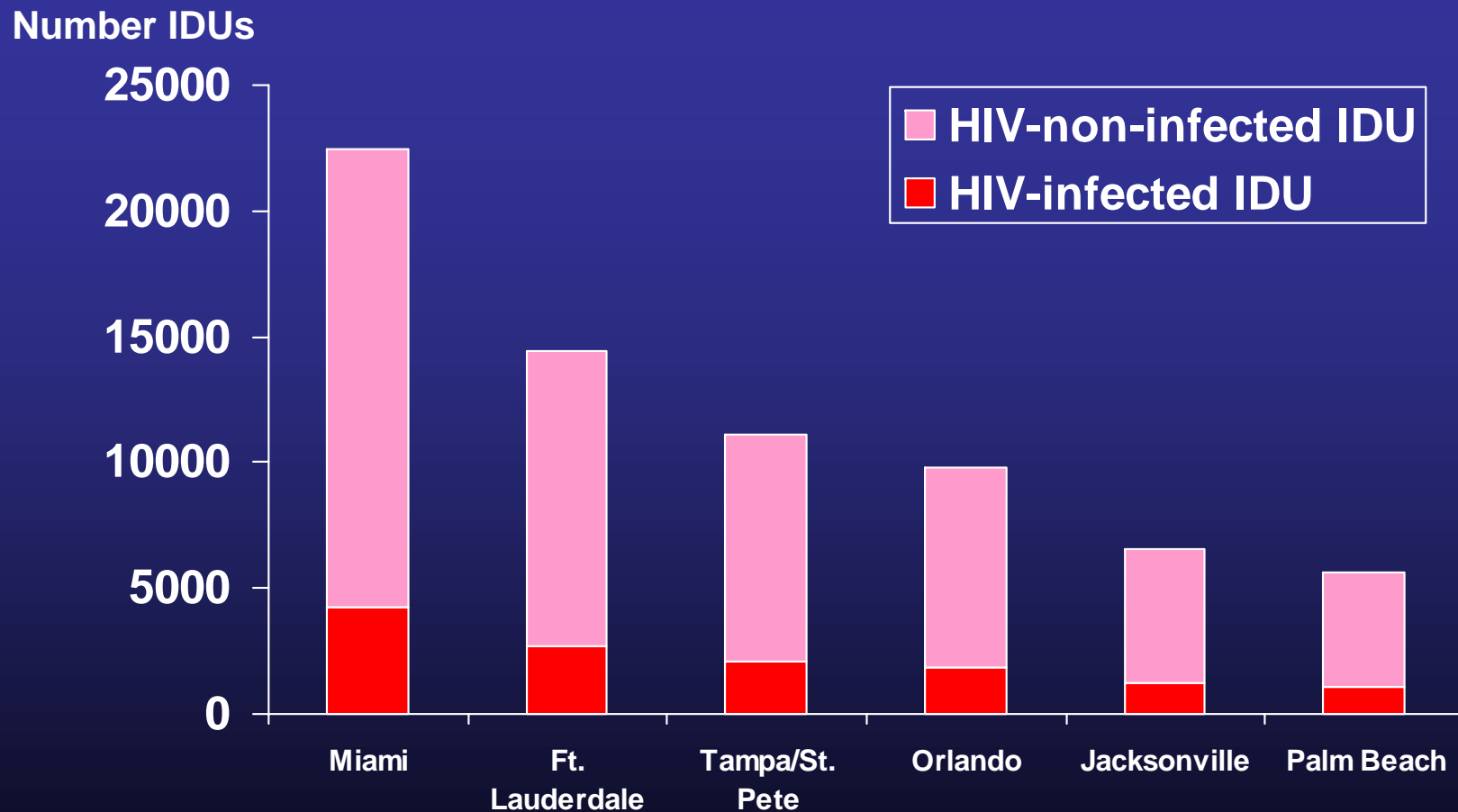
2007  
N=3,888



Exploded pieces are IDU-related AIDS cases

In more recent years, the percentages of cases with a heterosexual has increased, whereas the percentages of cases with an MSM or IDU risk have decreased. Note: NIRs redistributed.

# Estimated Number Injection Drug Users (IDUs) According to HIV-Infection Status Title I Eligible Metropolitan Areas, Florida\*

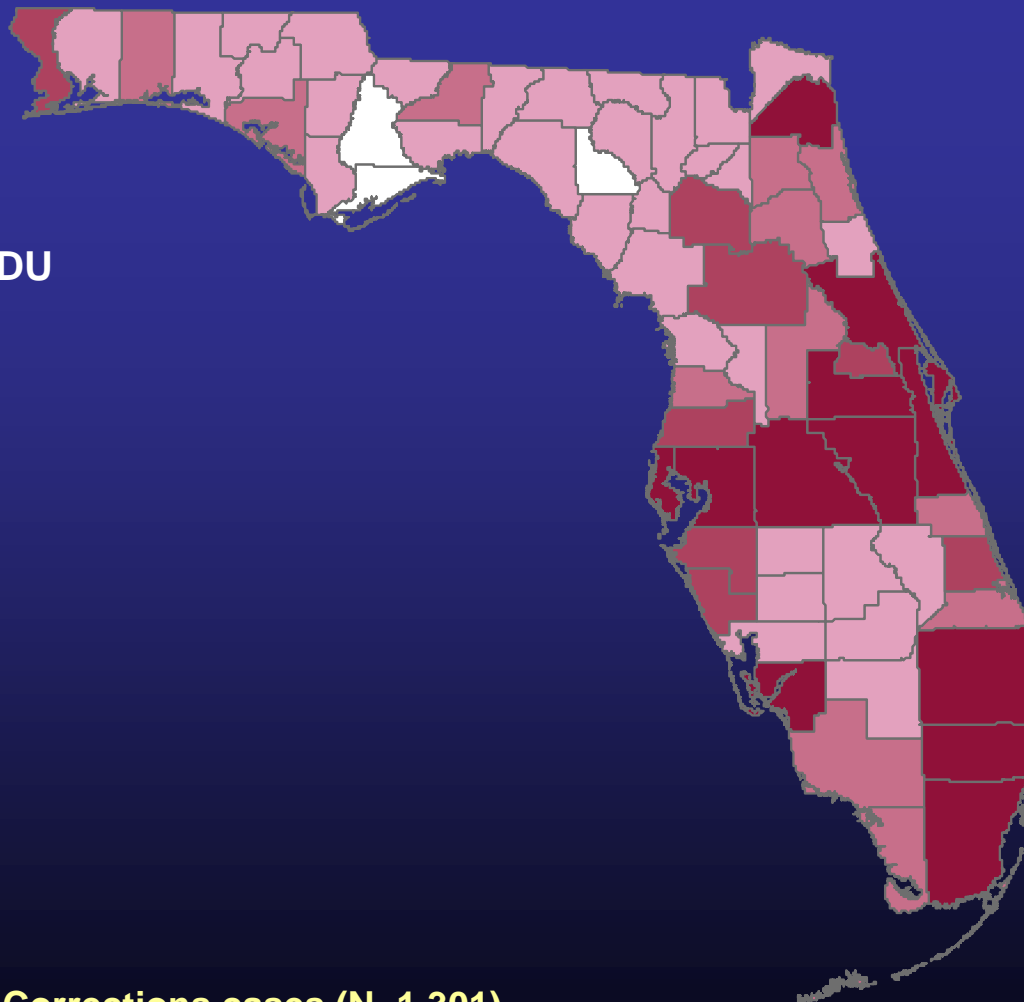
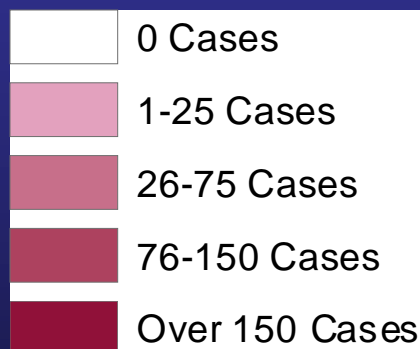


\*Statewide, it is estimated that there are as many as 96,300 IDUs, of whom approximately 18,300 (19%) are HIV infected. Source: Bureau of HIV/AIDS

# Presumed Living IDU and MSM/IDU HIV/AIDS Cases Florida, Reported through 2007

**N=10,130**

**Presumed Alive IDU and MSM/IDU  
HIV/AIDS Cases**



**County totals exclude Department of Corrections cases (N=1,301).**

Data as of 04/15/08

# HIV Risk Behaviors

Today, boundaries between the major risk groups are less defined. Mixing occurs among different at-risk populations who engage in multiple types of drug use, high-risk needles practices, and unsafe sex.

- Injecting and non-injecting drug use
- Reusing and sharing syringes, needles, and other drug injection equipment
- Unprotected sex with infected individuals
- Unprotected sex with multiple partners
- Exchange of sex for drugs, money, or place to stay (i.e., survival sex)

# HIV-Associated Behaviors Among Injecting-Drug Users

- Among IDUs, 27.4% reported participating in an individual or group-level HIV behavioral intervention; participation was least common among non-Hispanic whites (21.7%)
- 31.8% reported sharing syringes
- 33.4% reported sharing injection equipment
- Syringes were shared most commonly among non-Hispanic white IDUs (40.2%) and persons aged 25-34 yrs. old (38.6%)
- 81.7% of IDUs reported having vaginal sex, with 62.6% reporting having unprotected vaginal sex

# What about non-injection drug use?

- A study of young adults in three inner-city neighborhoods who smoked crack and had never injected drugs found a 15.7% HIV rate. Women who recently had unprotected sex in exchange for money or drugs, and men who had anal sex with other men were most likely to be infected.<sup>1</sup>
- Several studies of MSM (primarily gay-identified men) have found that meth users are 2-3 times more likely than non-users to engage in unprotected anal sex, have condoms break or slip off, acquire a sexually transmitted disease, or become infected with HIV. In fact, these elevated risks occur among frequent and occasional users alike.<sup>2,3</sup>

1. Edlin BR, Irwin KL, Faruque S, et al. (1994)  
2. CDC. *Morbidity and Mortality Weekly Report*. (2006) 55  
3. Colfax G, Vittinghoff E, Husnik MJ, et al. (2004)

## What about non-injection drug use? (cont.)

- A survey of gay male circuit party attendees in San Francisco found that 80% used ecstasy, 66% ketamine, 43% methamphetamines, 29% GHB, 14% Viagra, and 12% poppers during their most recent out-of-town weekend party. Half (53%) used four or more drugs. <sup>4</sup>
- In one study, HIV-negative heterosexual meth users reported an average of 9.4 sex partners over two months. The number of unprotected sexual acts in two months averaged 21.5 for vaginal sex, 6.3 for anal sex, and 41.7 for oral sex. Most users (86%) reported engaging in “marathon sex” while high on meth. Over one third (37%) reported injecting, and of those, almost half had shared and/or borrowed needles. <sup>5</sup>

4. Colfax GN, Mansergh G, et al. (2001)

5. Semple SJ, Patterson TL, Grant I. (2004)

# Are Interventions Effective?

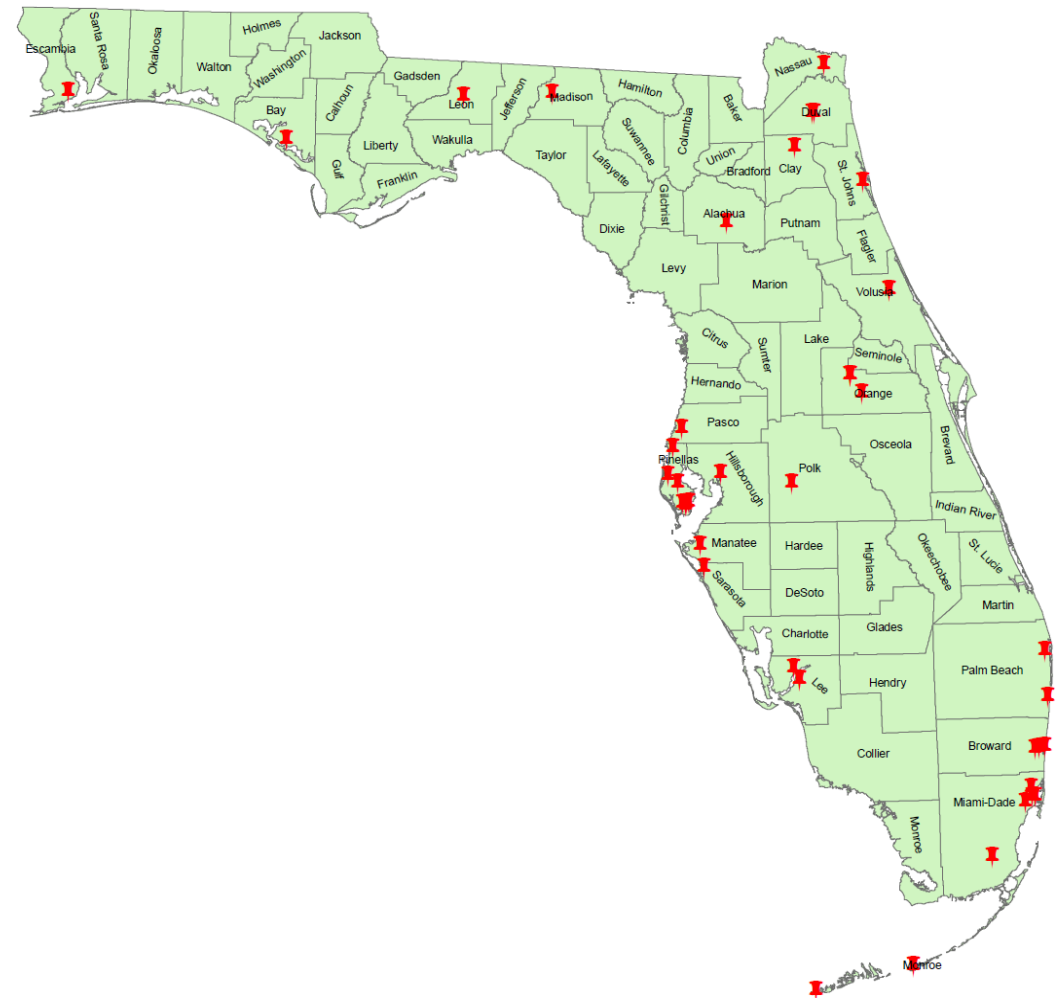
More than 15 years of research on HIV/AIDS prevention interventions with IDUs, crack cocaine users, and many of their sex partners shows community-based outreach to be effective for all types of drug-using risk groups.

- Research from 23-site study
- Followed 18,144 drug users (almost 73% IDUs, the rest non-injecting crack use)
- At 3 to 6 months follow-up, 72% of IDUs either stopped injecting or reduced frequency of injection.
- Of those who continued to inject, almost 60% either stopped or reduced reusing or sharing their syringes.
- Almost 25% of the 18,144 drug users who participated in the study had entered drug abuse treatment at follow-up, many for the first time.

# HIV Counseling, Testing, and Linkage in Substance Abuse Treatment Facilities

- There are currently 43 sites classified as a Substance Abuse Treatment Center (based upon HIV testing site number assigned).
- In 2008, these sites conducted 11,547 HIV tests, of which 75 (0.65%) were positive.

## Substance Abuse Treatment Centers in Florida That Provide HIV Counseling and Testing Services



### Legend

📌 Substance Abuse Treatment Centers as of 08/03/09

0 25 50 Miles

# HIV Prevention Programs



## Camillus Health Concern- Miami

- Safety Counts, CTL

## Center for Drug-Free Living, CENTAUR- Orlando

- HIV Counseling and Testing, HOPWA, Community Outreach, Hep.C testing

## DACCO (Drug Abuse Comprehensive Coordinating Office)- Tampa

- Community PROMISE

## NEED (Nehemiah Educational & Economic Development)- Orlando

- MISTERS Program (high-risk negative and HIV-positive substance abusing males recently released from correctional facilities)

## River Region Human Services- Jacksonville

- BART, Community PROMISE

## The Village South- Miami

- CRCS, Healthy Relationships

# HIV Prevention Programs (cont.)



- Bureau of HIV/AIDS, Prevention Section currently oversees 42 contracted HIV prevention providers
- Of which, 32 implement evidence-based interventions
- Of which, 4 are using “home-grown” interventions; also known as demonstration projects
- All providers are non-profit agencies-- community-based organizations (CBOs) or AIDS service organizations (ASOs)
- Many county health departments also implement HIV prevention interventions in their communities (bridging gaps)

# Intervention Levels

- Individual
- Group
- Community
- Structural

# Individual-level Interventions

- **CRCS**- formerly referred to as Prevention Case Management; designed to help HIV-positive and HIV-negative persons at high risk for HIV transmission or acquisition to reduce risk behaviors and address the psychosocial and medical needs (i.e., “Life Plus” issues) that contribute to risk behavior or poor health outcomes.
- **MIP (Modelo de Intervencion Psycomedica)**- intensive HIV prevention intervention for active injection and non-injection drug users that integrates community-based recruitment, individualized counseling and comprehensive case management to facilitate behavior change.
- **Partnership for Health**- brief provider-administered safer sex intervention for HIV-positive persons in care; emphasizes the importance of the patient-provider relationship to promote patients’ healthful behavior; at each clinic visit, provider delivers a brief counseling session (3-5 minutes) with messages that focus on self-protection, partner protection, and disclosure.
- **RESPECT**- client-focused HIV/STD prevention counseling intervention, consisting of 2 brief interactive counseling sessions; HIV counselors help STD clinic patients to identify personal risk factors and barriers to risk reduction and work with patients to develop an achievable personalized risk-reduction plan.

# Group-Level Interventions

- **3MV-** multi-session intervention for gay men of color; addresses behavioral influencing factors specific to gay men of color, including cultural/social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
- **BART-** education and behavior skills training intervention designed to reduce risky sexual behaviors and improve safer sex skills among African American adolescents; eight intervention sessions, delivered to groups of 5-15 youth, provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction.
- **Healthy Relationships-** five-session, small-group intervention for men and women living with HIV/AIDS; based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills.
- **Safety Counts-** client-centered intervention for users of illicit drugs (injection or non-injection drugs) that aims to reduce high-risk drug use and sexual behaviors that are related to the transmission of HIV and Hepatitis; behaviorally focused, seven-session intervention, including both structured and unstructured activities in group and individual settings over four to six months.
- **SIHLE-** skills training intervention to reduce risky sex behavior among African-American adolescent females; interactive discussions in groups of 10-12 girls; discussions emphasize ethnic and gender pride, and enhance awareness of HIV risk reduction strategies such as abstaining from sex, using condoms consistently, and having fewer sex partners.

## Group-Level Interventions (cont.)

- **SISTA-** gender and culturally relevant intervention, designed to increase condom use among heterosexually active African American women; five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, coping, and skills training around sexual risk reduction behaviors and decision-making.
- **Street Smart-** multi-session, skills building program to help runaway and homeless youth practice safer sexual behaviors and reduce substance use; sessions address improving youths' social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors.
- **VOICES-** single-session, video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics; participants, grouped by gender and ethnicity, view an English or Spanish video on HIV risk behaviors and condom use and take part in a facilitated discussion.
- **WILLOW-** skills-training intervention for women living with HIV; involves interactive discussions within groups of 8-10 women; emphasizes gender pride and informs women how to identify and maintain supportive people in their social networks; enhances awareness of HIV transmission risk behaviors, discredits myths regarding HIV prevention for people living with HIV, teaches communication skills for negotiating safer sex, and reinforces the benefits of consistent condom use.

# Community-Level Interventions

- **Community PROMISE-** intervention relies on peer advocates to distribute role model stories of positive behavior change to members of the target population (role model stories are written from interviews with the target population); prevention messages can be used to encourage peers to seek HIV counseling and testing services and other prevention and treatment services; based on Stages of Change and other behavioral theories, and can be implemented with various populations including IDUs, MSM, sex workers, and partners of high risk individuals.
- **D-Up!: Defend Yourself-** intervention for black men who have sex with men (MSM). D-up! is a cultural adaptation of the Popular Opinion Leader (POL) intervention and is designed to change social norms and perceptions of black MSM regarding condom use.
- **Mpowerment-** intervention for young MSM that combines informal and formal outreach, discussion groups, creation of safe spaces, social opportunities, and social marketing to reach a broad range of young gay and bisexual men with HIV prevention, safer sex, and risk reduction messages; intervention is run by a core group of 12 to 20 young gay and bisexual men from the community and paid staff coordinators.

## Community-Level Interventions (cont.)

- **POL-** has wide potential for adaptation to risk populations; POLs are recruited to have one-on-one conversations with peers in their friendship groups at a wide range of venues and settings; conversations should endorse a norm that supports risk reduction (e.g., using condoms, getting tested for HIV).
- **RAPP-** intervention objectives are to increase consistent condom use by women and their partners, to change community norms so that practicing safer sex is seen as the acceptable norm, and to involve as many people in the community as possible; relies on peer-led outreach activities, including: stage based encounters, role model stories and brochures, community networking, referrals, safer sex discussions and condom distribution.

# Effective HIV Prevention for Drug-Using Populations

- 1) Comprehensive range of coordinated services
- 2) Diversity of locations and operating hours
- 3) Continued assessment of community needs and impact of program
- 4) Must target more than individuals
- 5) Community-based outreach is essential
- 6) More than risk-reduction information
- 7) Interventions must be sustained over time
- 8) Community-based prevention is cost-effective

# References

1. Edlin BR, Irwin KL, Faruque S, et al. (1994) Intersecting epidemics- crack cocaine use and HIV infection among inner-city young adults. *New England Journal of Medicine*. 331: 1422-1427.
2. CDC. Methamphetamine use and HIV risk behaviors among heterosexual men— preliminary results from five northern California counties. *Morbidity and Mortality Weekly Report*. 2006;55:273-277.
3. Colfax G, Vittinghoff E, Husnik MJ, et al. Substance use and sexual risk: a participant- and episodelevel analysis among a cohort of men who have sex with men. *American Journal of Epidemiology*. 2004;159:1002-1012.
4. Colfax GN, Mansergh G, et al. Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: a venue-based comparison. *Journal of Acquired Immune Deficiency Syndromes*. 2001;28:373-379.
5. Semple SJ, Patterson TL, Grant I. The context of sexual risk behavior among heterosexual methamphetamine users. *Addictive Behavior*. 2004;29:807-810.

# Resources

- National HIV Prevalence Estimates- 2006  
<http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/prevalence.pdf>
- CDC 2008 Updated Compendium of Best Evidence Interventions  
<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>
- DEBI (Diffusion of Effective Behavioral Interventions) Web Site  
<http://www.effectiveinterventions.org/>
- Florida Department of Health, We Make the Change Campaign Web Site  
[www.wemakethechange.com](http://www.wemakethechange.com)
- Florida Department of Health, Bureau of HIV/AIDS and Hepatitis  
<http://www.floridaaids.org/>
- National Prevention Information Network  
<http://www.cdcnpin.org/scripts/hiv/index.asp>

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