



DC HIV Behavior Study Series #2

MSM in DC:

A Life Long Commitment to Stay **HIV** Free



Vincent C. Gray, Mayor
District of Columbia

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF HEALTH
PROMOTE. PREVENT. PROTECT.

Executive Summary

Men who have sex with men in the District of Columbia continue to have significant risks and behaviors associated with HIV infection. This study on men who have sex with men in DC offers another look at 503 mostly gay men and their behavior related to HIV. This study was not designed to be compared to the previous study released in 2010. This study is a snapshot of a group of gay and bisexual men at a certain time in the city. It offers important insights in areas for improvement in our public health response to HIV. It also presents (for the first time) new data on condom use and the viability of emerging prevention strategies. The major findings of the study are:

HIV Status

- Nearly one in four (23%) HIV-positive individuals were unaware of their diagnosis prior to the study.
- More men of color were HIV positive than white men, and among men under the age of 30 who were newly diagnosed HIV positive, nearly all were men of color.
- More than 12% of study participants tested HIV positive, with nearly three-fourths (70.5%) being among men age 30 and older.

Behavior

- Nearly 50% of men used condoms at last sex with a male partner, with men of color reporting this more than among white men. Female condoms were used by 5% of men in the study.
- Condom use was not consistent over a series of partners.
- Men under the age of 30 were more than twice as likely to have an older partner (60.4% vs. 25.3%) than men age 30 and

older, and men of color were more likely to have an older partner than white men.

- More than one-third of the participants had seven or more partners in the past 12 months.
- About half of the participants believed their last partner had sex with other partners outside of the relationship and about half self-reported having sex with other partners outside of the relationship.

HIV Testing and Missed Opportunities

- More than two-thirds (68.6%) of study participants had been tested for HIV within the past 12 months.
- Among the men in the study, 83% had at least one healthcare provider visit in the past 12 months, and of these men, slightly more than half (55.3%) had been offered an HIV test at one of those visits.
- Half of the persons newly diagnosed through the study had seen a healthcare provider at least once in the past 12 months and had not been diagnosed.

Biomedical Prevention Strategies

- More than 60% of participants would be interested in Pre-Exposure Prophylaxis (PrEP).
- A low percentage of participants reported they would no longer practice safe sex (4.6%) or change their sexual behavior (8.0%) if they used PrEP.
- About 80% of participants would be willing to use Post-Exposure Prophylaxis (PEP) if they had unprotected sex.

Mental Health/Substance Use

- One-quarter of the participants reported depressive symptoms.
- About half of the men in the study said they used non-injection drugs.

Study Basics: Who, What and Where

The District of Columbia is one of 20 cities in the country participating in the U.S. Centers for Disease Control and Prevention (CDC) funded National HIV Behavioral Surveillance (NHBS) system to learn more about behaviors that put people at risk for HIV. The CDC identified three target populations for the national system: heterosexuals at increased risk of HIV infection, men who have sex with men and injection drug users. The DC Department of Health (DOH) contracted with The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics, to conduct the study. Locally, it is named WORD UP (Washington Outreach Research Drive to Understand Prevention).

Following the CDC protocol for men who have sex men, the DC HIV Behavior Study used a venue-based, community recruitment method to recruit over 500 men at open air venues, gyms, bars, restaurants, and clubs that men who have sex with men tend to frequent. These sites were identified by classifying venues where more 50% of patrons were men. Participants were interviewed at these venues and were offered an HIV test. Only men who reported having sex with a man in the past 12 months were included in this analysis. The study results are representative of the population of men who attended venues in those community locations, and also highlight behaviors that may be relevant to District men who have sex with men.

The table below provides the demographic characteristics of the study participants. There were slightly more participants 30 years old and older compared to men 18 to 29 years old. For this study, men of color included men who self-reported being African American, Hispanic, Multiracial, Asian/Pacific Islander and/or Native American. The majority of men identified as gay (88.0%).

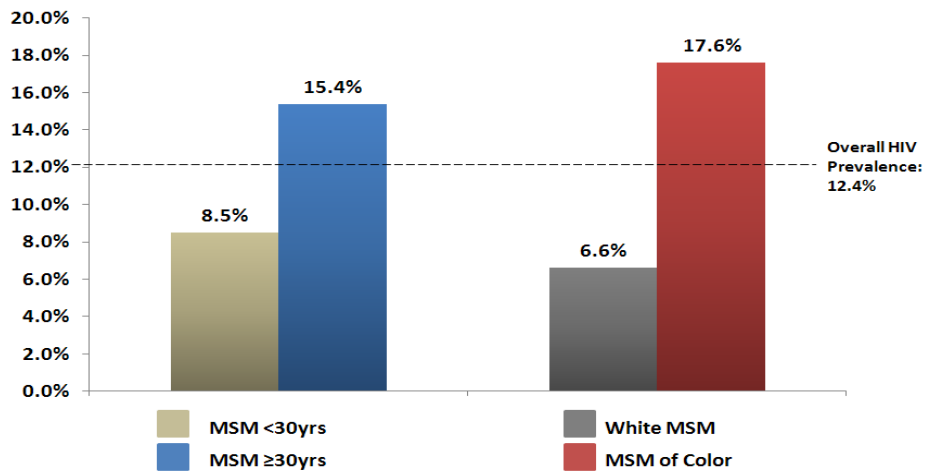
| Demographic Characteristics | Total (N=503) % |
|---|-----------------|
| Age Group | |
| <30 years old | 42.2 |
| ≥30 years old | 57.8 |
| Race/Ethnicity | |
| White | 47.1 |
| MSM of Color | 52.9 |
| Sexual Orientation* | |
| Homosexual | 88.0 |
| Bisexual | 11.4 |
| Heterosexual | 0.6 |
| Education | |
| Less than high school | 1.2 |
| High school degree/GED | 15.7 |
| Some college or bachelor's degree | 52.1 |
| Post graduate studies | 31.0 |
| Employment Status | |
| Unemployed | 6.6 |
| Yearly Household Income** | |
| < \$10,000 | 8.2 |
| Housing | |
| Ever been Homeless | 4.6 |
| Ever Incarcerated | |
| <i>Lifetime: Ever been to jail, prison, or juvenile detention</i> | 11.1 |

*2 missing **3 missing

HIV Status 

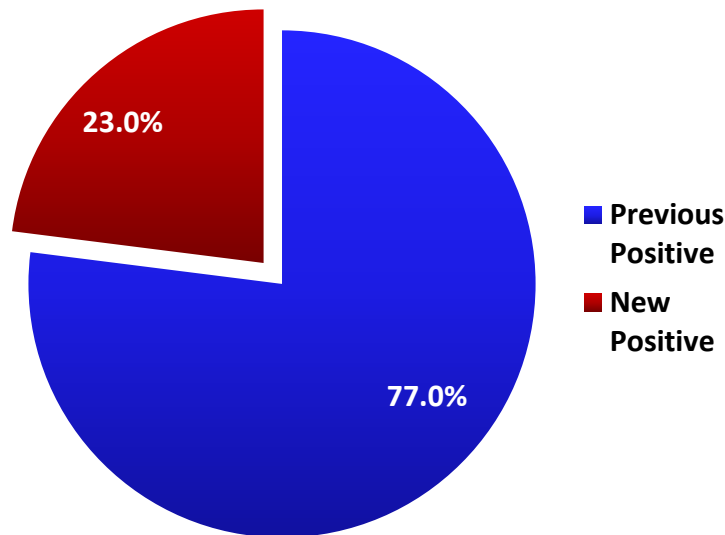
Overall, the study found that 12.4% of the participants tested HIV positive. Men of color in this study were more than twice as likely to be HIV positive compared to white men (17.6% versus 6.6%). Men 30 years old and older had a HIV positivity rate nearly twice that of men under 30 years old. Among the participants who were HIV positive, nearly one in four (23.0%) was newly diagnosed in the study. This percentage is similar to the national rate of persons with HIV unaware of their diagnosis.

HIV Prevalence by Age and Race/Ethnicity, DC Behavior Study, 2011, N=503



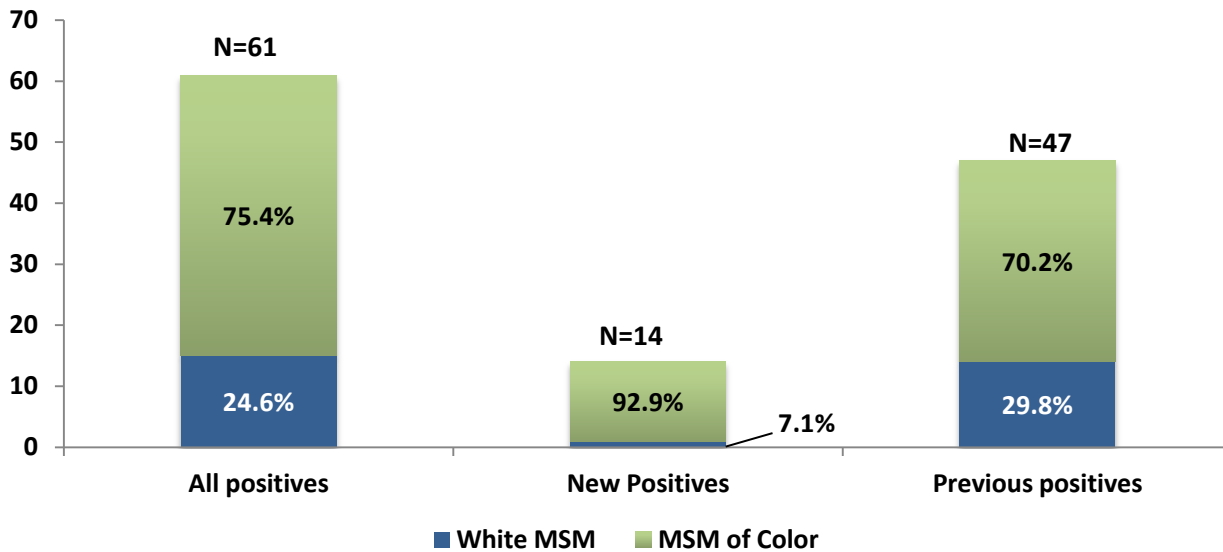
Knowledge of HIV Status Among Positives, DC Behavior Study 2011

Overall HIV Prevalence=12.4%

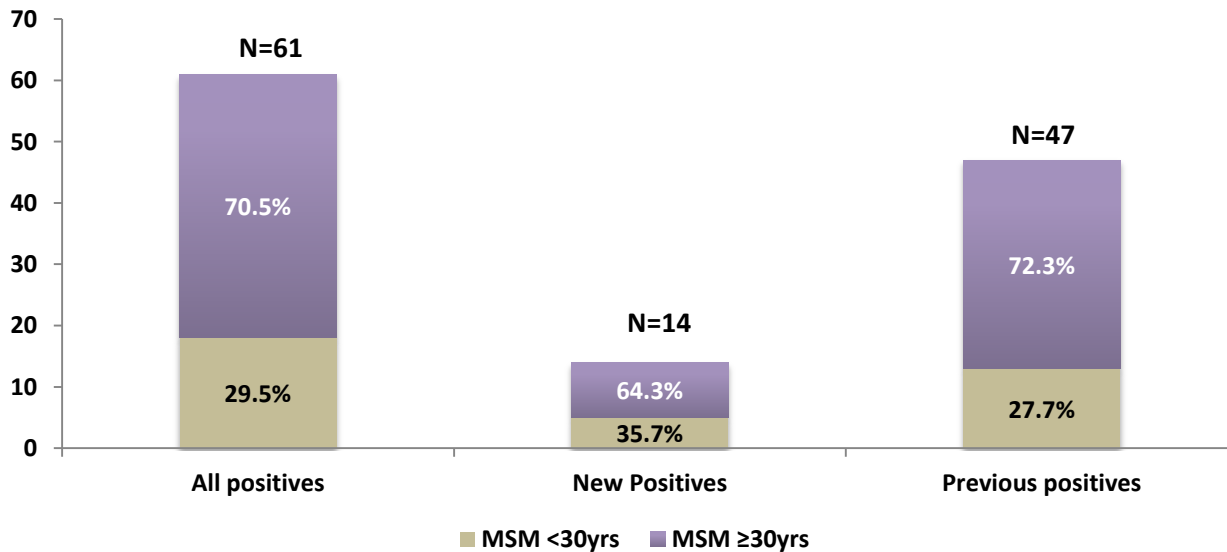


In looking at the proportion of positives by race/ethnicity, a larger proportion of men of color were HIV positive. Among both new positives and previous positives, the majority of positives were among men of color.

Proportion of Positives, by Race/Ethnicity, DC Behavior Study, 2011



Proportion of Positives, by Age, DC Behavior Study, 2011

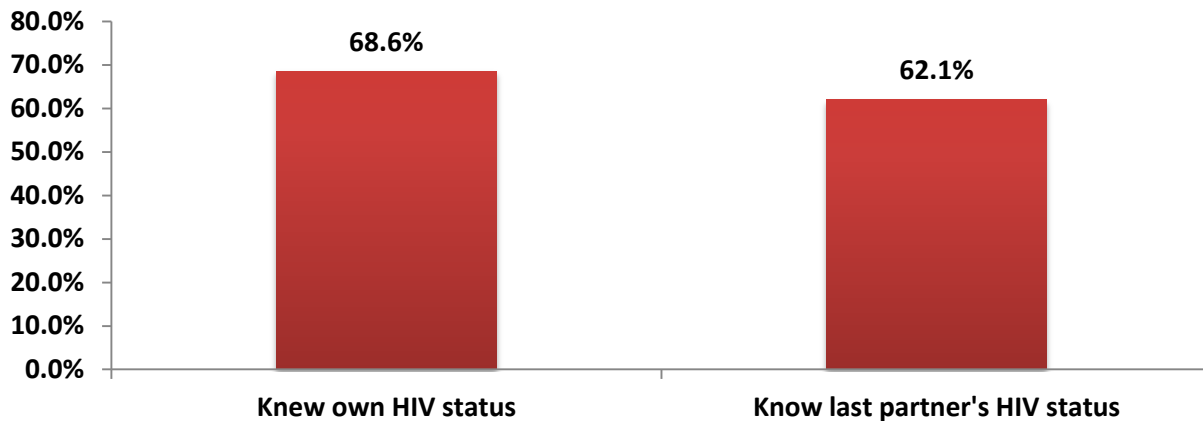


By age, a larger proportion of older men were HIV positive.. Among both new and previous positives (self-reported by the participant), the majority of positives were among participants 30 years old and older.

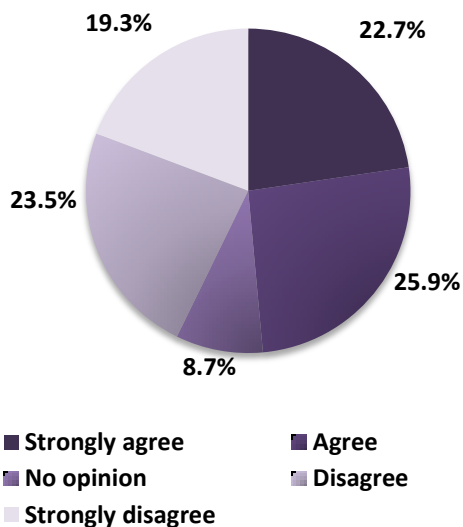
HIV Risk Behavior

Two basic determinants of HIV risk are knowledge of one’s own HIV status (HIV status in the last 12 months) and the status of one’s partner. Lack of knowledge in either of these factors can increase risk. The practice of deciding whether or not to have unprotected sex based on a partner’s perceived HIV status is known as “serosorting.”

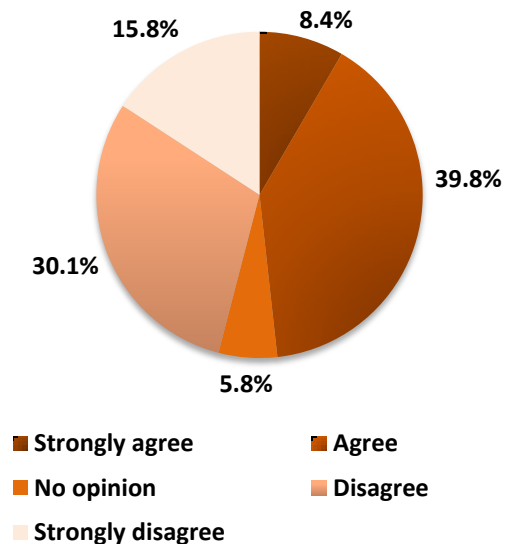
HIV Risk Behaviors among Study Participants, DC Behavior Study, 2011 N=503



Proportion of Participants Who Would Agree to have Unprotected Sex with a Man with the Same HIV Status as Themselves, DC Behavior Study, 2011, N=379



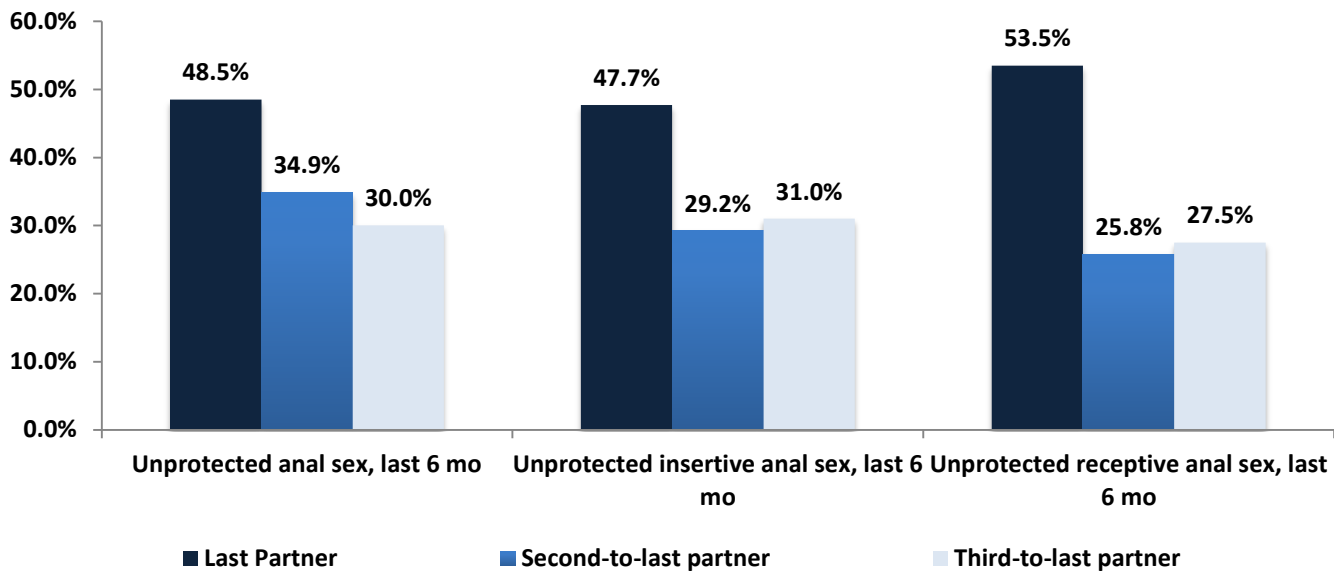
Proportion of Participants Who Would Worry Less about HIV if their Sex Partner's HIV Status is the Same as Themselves, DC Behavior Study, 2011, N=379



Other studies have shown “serosorting” to be an ineffective strategy to reduce HIV transmission, because the determination of a partner being HIV negative can be incorrect. HIV negative men who have sex with men place themselves at risk for HIV when engaging in “serosorting.” In this study, about half of men would have unprotected sex with a man with the same HIV status, when that status could be incorrect.

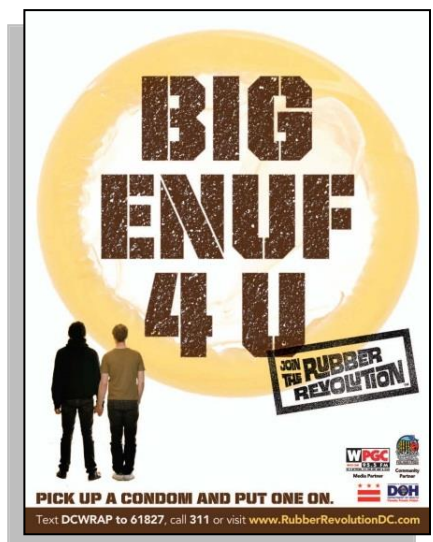
Condoms

Condom Use in the Last 6 Months with Last Sexual Partners, DC Behavior Study, 2011, N=333



Condoms remain highly effective in preventing HIV transmission. This survey provides additional information about condom use beyond the standard question about condom use at last sex. Previous studies of condom use at last sex do not provide a picture of the consistency of condom use over time. This survey asked participants whether they had unprotected sex with each of their last three sexual partners. The study found inconsistent condom use among the participants with their partners. The proportion not using condoms ranged from one-quarter to one-half.

The District has been a national leader in condom distribution. In 2012, the Department of Health distributed nearly 6 million condoms, a more than ten-fold increase from 2007. In this study, 69.2% of participants received and used free condoms. Many in the HIV field have cited condom fatigue – people tired of hearing about condoms – as a barrier to higher condom use. It has also been found that men report not using condoms because of loss of sensitivity. The challenge is to change and re-energize the conversation about condoms and breakdown the stigmas and mythologies surrounding condoms. For example, the National Survey of Sexual Health and Behavior (October 2010), conducted by researchers from the Center for Sexual Health Promotion at Indiana University’s School of Health, Physical Education and Recreation found that adults using a condom for intercourse were just as

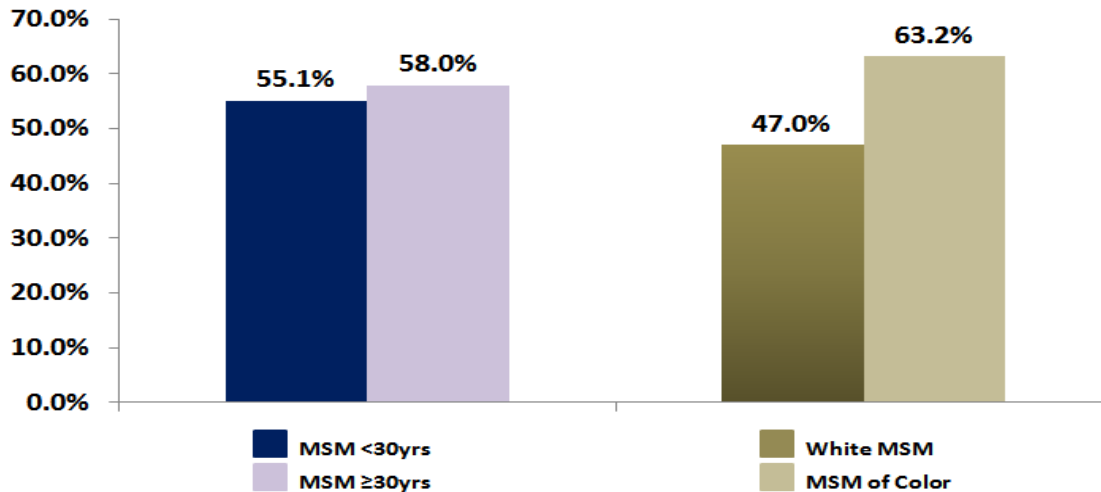


DC HIV Behavior Study #2

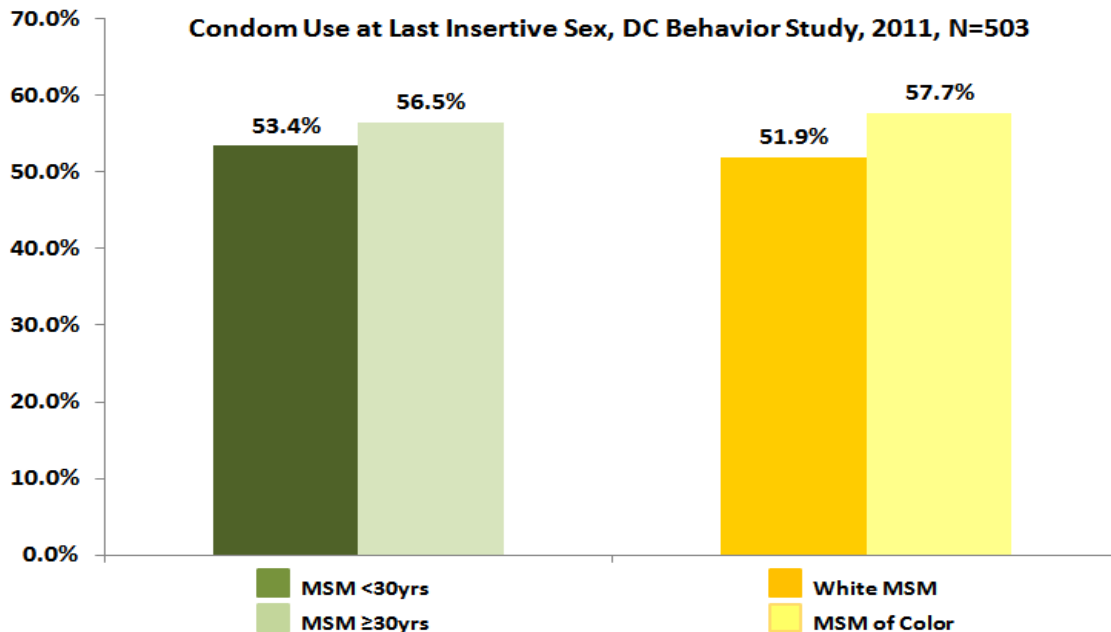
likely to rate the sexual experience positively in terms of arousal, pleasure and orgasm than when having intercourse without one. In 2010, the District launched the Rubber Revolution campaign to promote condom use. The Department funded two social network condom promotion programs that distributed more than 300,000 condoms in 2011. While the District continues to improve access to condoms, issues remain regarding utilization as demonstrated by the findings that follow.

The study asked about condom use by those who have insertive sex (“tops”) and receptive sex (“bottoms”). Overall, there was nearly even condom use by both – 55.2% by those with insertive sex and 56.4% with receptive sex. By race/ethnicity, men of color were more likely to report use of condoms during last receptive sex than white men. There was a smaller difference by age. There were also no significant differences by age or race/ethnicity in reported condom use at last insertive sex.

Condom Use at Last Receptive Sex, DC Behavior Study, 2011, N=503



Condom Use at Last Insertive Sex, DC Behavior Study, 2011, N=503

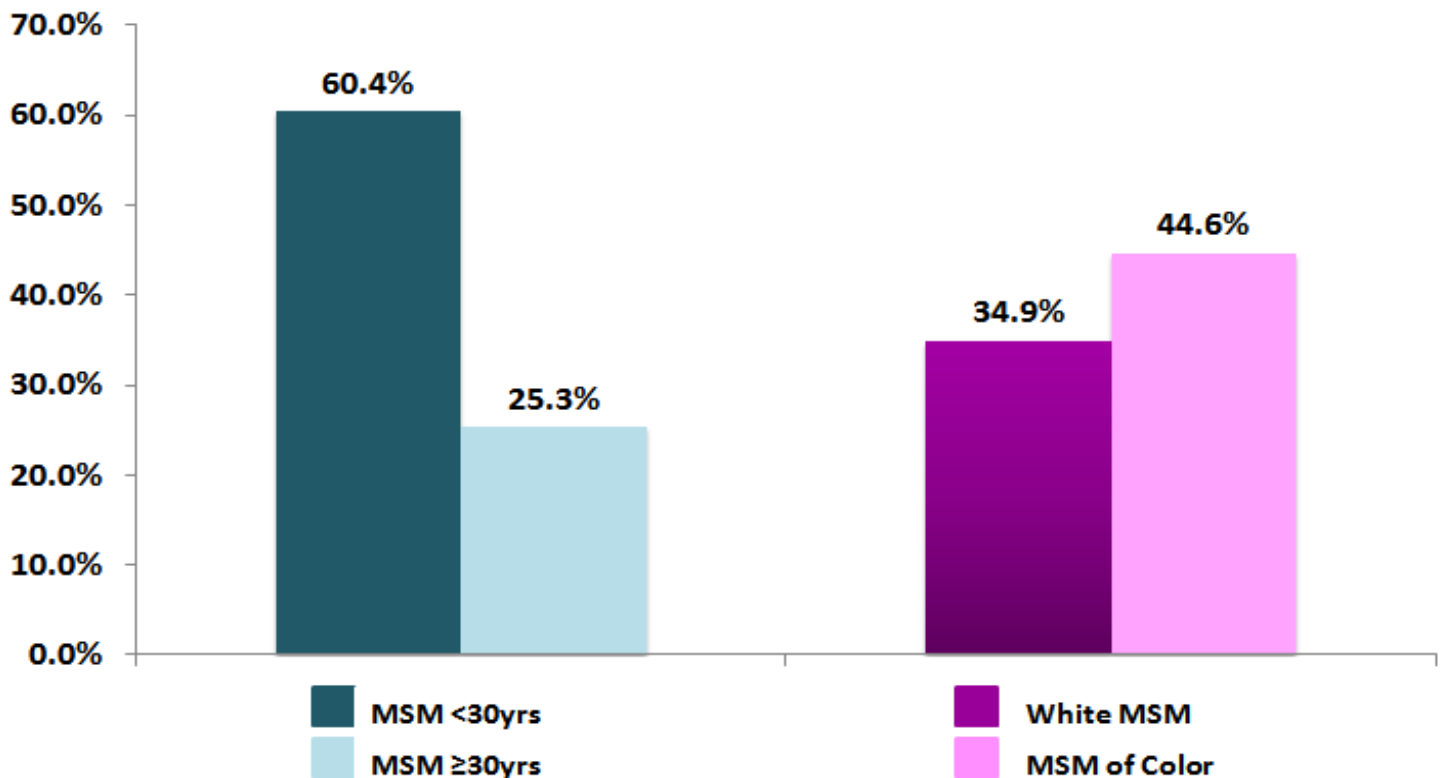


In 2009, the FDA approved the FC2 female condom, the next generation female condom with a more comfortable non-latex material at a more affordable price. Though the FDA approved the FC2 female condom for vaginal sex only, the Department of Health has supported the use of the female condom for anal sex. In this study, participants were asked, for the first time, if they had ever used a female condom and 5% responded yes. The FC2 female condom offers another condom option for men who have sex with men. The Department of Health is developing new outreach materials on the female condom for gay and bisexual men.

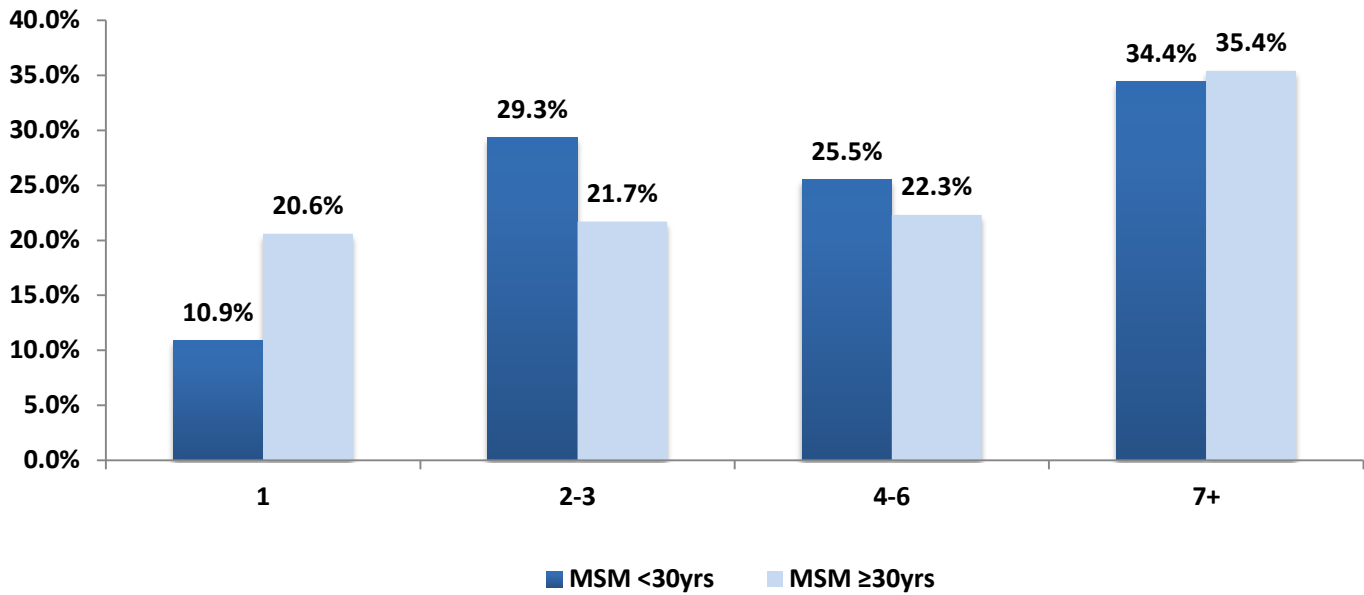
Partner Characteristics

Among the participants in the study, 60% reported their last partner as casual and 40% as a main partner – defined as someone you have sex with and who you feel committed to above anyone else. About 2% reported having an exchange sex at last sex, which was defined as having or paying for sex in exchange for money, shelter or drugs. Men of color were more likely to have an older partner than white men. In this study over a third of men have had over seven sex partners in past year. Overall older men were more likely to have fewer partners than younger men.

Proportion of Participants with an Older Sex Partner, By Age and Race/Ethnicity, DC Behavior Study, 2011, N=503



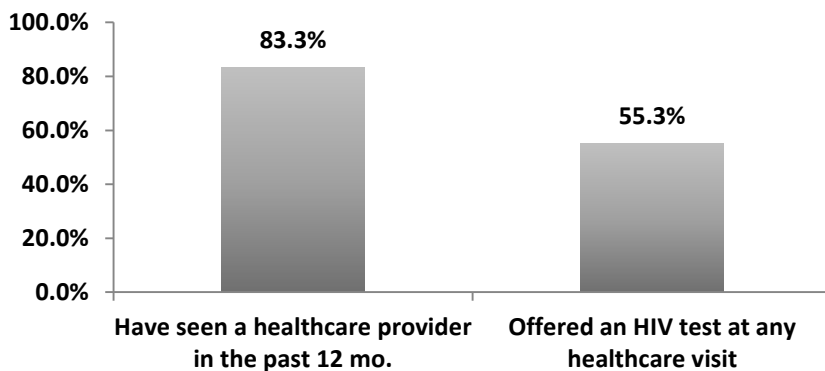
Number of Male Sex Partners in the last 12 Months, By Age, DC Behavior Study, 2011, N=503



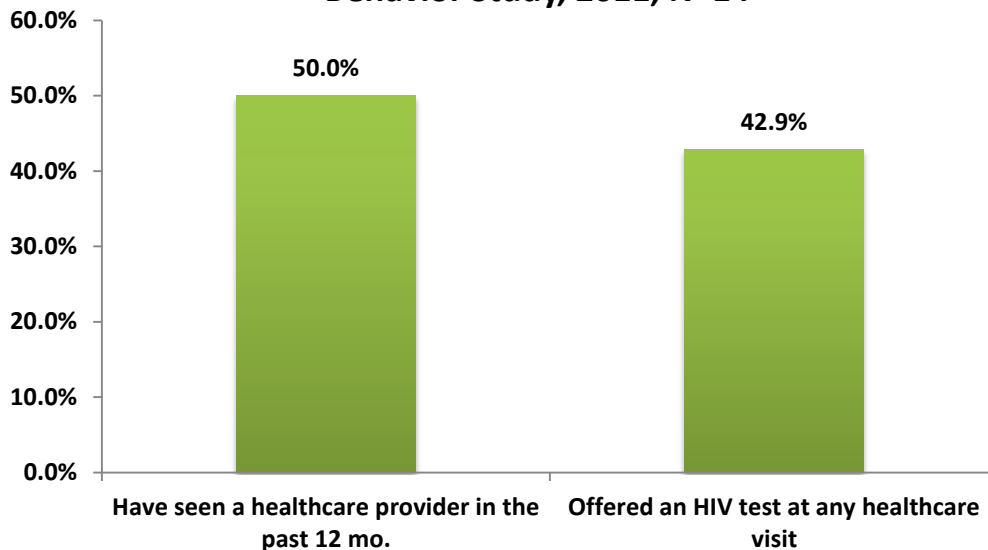
HIV Testing

The study shows there continues to be missed opportunities for HIV testing. More than 4 out of 5 participants saw a healthcare provider at least once in the past 12 months with more than half (55.3%) of providers offering an HIV test. Among the persons newly diagnosed in the study, 50% had seen a healthcare provider at least once in the past 12 months. Among new positives that had seen a healthcare provider in the last 12 months, 42.9% were offered an HIV test.

HIV Testing Behaviors, DC Behavior Study 2011, N=503



HIV Testing Behaviors among New Positives, DC Behavior Study, 2011, N=14



While the Department of Health recommends that men who have sex with men are HIV tested twice a year, the study reports that over two-thirds of participants were HIV tested in the past year. Among those tested, a little more than half were screened in a medical setting (36.0% private doctor, 15.7% community health center, 2.7% emergency room). The other half of participants got HIV tests at HIV testing sites, mobile vans and other locations. This finding raises the need to support men talking to their medical providers about their sexual orientation. A CDC study in New York found that 39% of gay men had not disclosed their orientation to their medical provider.

Other Factors



The study considered a number of other factors that can contribute directly or indirectly to HIV:

Mental Health

- Slightly more than one-quarter (26.6%) of participants reported symptoms of depression. About 1 out of 10 (11.1%) reported emotional or physical abuse within the last 12 months.

Substance Use

- About half of the participants (46.5%) reported non-injection drug use. Among those participants using drugs, marijuana had the highest rate at 75.6% followed by poppers (45.3%) and powdered cocaine (32.1%). The “party drugs” were also used: ecstasy (17.9%), crystal meth (12.0%), GHB (7.7%) and Special K/ ketamine (4.7%).

Concurrent Partners

- Having partners outside of a relationship with a partner at the same time (concurrent) can increase risk of transmission. Among participants, 45.1% believed their last partner had sex with other partners outside of the relationship and 46.6% self-reported having sex with other partners outside of the relationship.

Hepatitis

- The hepatitis virus is the leading contributor to liver cancer and deaths related to liver disease. Hepatitis B is a particular concern for gay and bisexual men. The Department of Health recommends that all gay and bisexual men be screened for hepatitis at least once and get the hepatitis A and B vaccination. Overall, 8.4% of the participants reported that they had been told by a health care provider that they had hepatitis with nearly half of them having hepatitis B. Overall, 67% of the participants reported having a hepatitis vaccination, with 84.1% of reporting being vaccinated for both hepatitis A and B.

New Prevention Strategies

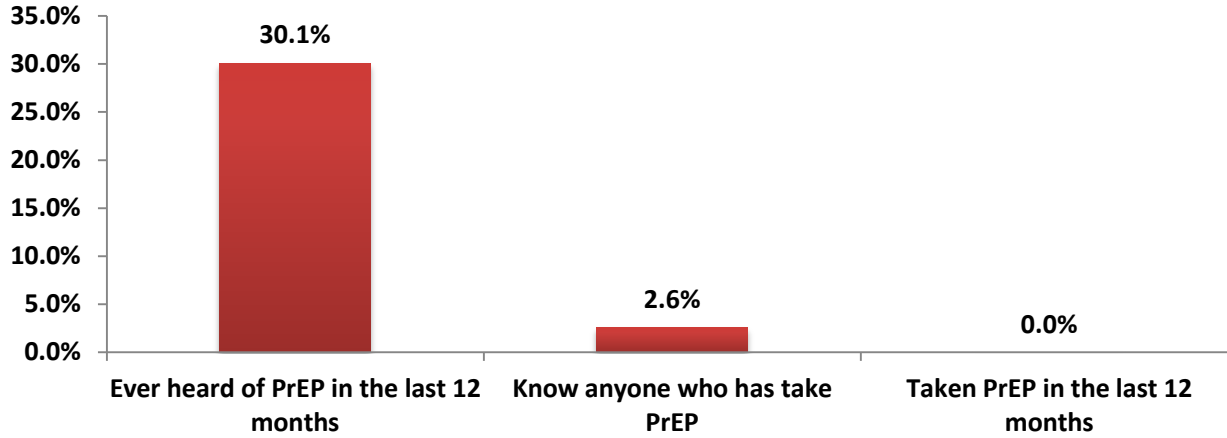
Based on scientific studies of effectiveness, there are two new prevention strategies that use HIV medications for prevention. Pre-Exposure Prophylaxis (PrEP) is the use of HIV medications by HIV negative persons to prevent becoming infected with HIV. Post-Exposure Prophylaxis (PEP) is the use of HIV medications for a short period of time following potential exposure to HIV from unprotected sex or other exposure.

In 2010, the iPrEx study found that when used on a daily basis HIV medications could be built up sufficiently in the body to prevent someone who is HIV-negative from being infected with HIV by someone who is positive. Overall the study found PrEP to be 46% effective among all participants and 93% effective when the participants took the drugs consistently every day. In 2012, the FDA approved the HIV medication known by the market brand Truvada as the first drug for both treatment and prevention (PrEP) of a disease.

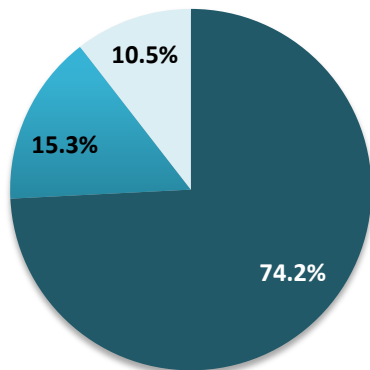
This study asked participants their knowledge and acceptability of PrEP. Most participants were not familiar with PrEP, with even fewer participants knowing anyone who used it; no one had taken it themselves. When asked whether they would use PrEP, about three-quarters responded they would be likely to use it. The majority of persons reported that PrEP would not reduce their safe sex behavior, with 4.6% reporting they would no longer practice safe sex and 8.0% would change their sexual behaviors.

Significant questions about PrEP remain: will it reduce the effectiveness of the HIV medications for treatment? Will it cause people to engage in unsafe sex? Will people follow the regimen regularly or will they take it only intermittently (the latter has not proven to be effective)? The Department of Health is considering these questions seriously. It is also planning a PrEP demonstration project that will seek to answer many of these questions.

Knowledge and Usage of PrEP among Participants, DC Behavior Study, 2011, N=379

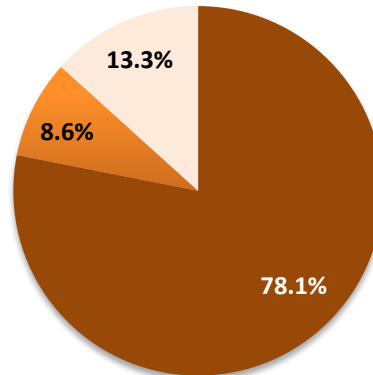


Proportion of Participants Reporting the Likelihood of PrEP use with Unprotected Insertive Sex with HIV+ Partner, DC Behavior Study, 2011, N=379



Very Likely Somewhat likely Not at all likely

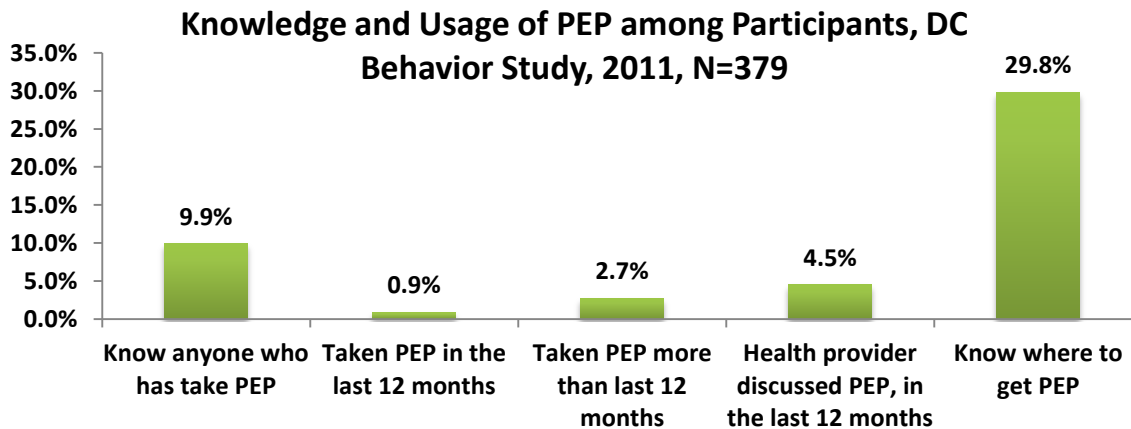
Proportion of Participants Reporting the Likelihood of PrEP use with Unprotected Receptive Sex with HIV+ Partner, DC Behavior Study, 2011, N=379



Very Likely Somewhat likely Not at all likely

PEP has been primarily used in work-related accidents, such as needle sticks or blood exposure by medical providers or emergency medical technicians. PEP is an effective procedure to prevent HIV transmission in unintended exposure. The regimen is strict. It must be taken within 72 hours of exposure and the person must take the HIV medications daily for at least 28 days. The CDC considers PEP a potential strategy to prevent HIV for persons who have been exposed through unprotected sexual activity or use of shared or contaminated needles.

This study asked participants about their awareness and use of PEP. Overall, a small percentage of participants had taken PEP, discussed it with their healthcare provider or knew anyone who had taken it. However, nearly one-third were aware of where to get PEP. There was also a majority of participants who would use PEP if they had unprotected sex (84.4% receptive and 78.1% insertive anal sex).



Next Steps

This study provides more guidance for individuals, government, and community response to the epidemic among gay and bisexual men. The Department of Health is already taking some action steps from the study findings including:

- New social networking HIV testing program to reach gay and bisexual men who may not be getting tested.
- New medical provider education project going door to door to private physicians promoting routine HIV testing.
- Continue social marketing programs on HIV testing and condoms for gay and bisexual men and developing new campaigns on the female condom and stigma.
- Develop a PrEP demonstration and will be considering recommendations on PrEP and PEP for the District.
- New outreach and education materials for persons who are HIV positive.

The Department of Health will also be reviewing the strategic plan it developed for gay and bisexual men for revision and updating.

As with all studies on HIV in the District, this one is not meant to sit on the shelf. It is meant to be used as a tool and have an impact on the District's epidemic. To achieve that goal, it must be used by government, community and individuals as a guide for policies, programs and personal action.

This study was completed by the combined efforts of many individuals in the District of Columbia Department of Health HIV/AIDS Administration, with major contribution from The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics. In addition, this study would not have been possible without the hard work, dedication and contribution of persons with HIV/AIDS, HIV/AIDS health care providers, venue owners and managers community groups, researchers, and members of the community.

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The study is available on the DC HIV/AIDS website at: www.doh.dc.gov/hiv

NOTES





MSM in DC:
A Life Long Commitment
to Stay HIV Free

July, 2013

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Department of Health
HIV/AIDS, Hepatitis, STD, & TB Administration



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