

RACIAL DIFFERENCES IN ALCOHOL AND OTHER SUBSTANCE USE AMONG MSM: IMPLICATIONS FOR HIV PREVENTION

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OVERVIEW

Epidemiology and drivers of disparities

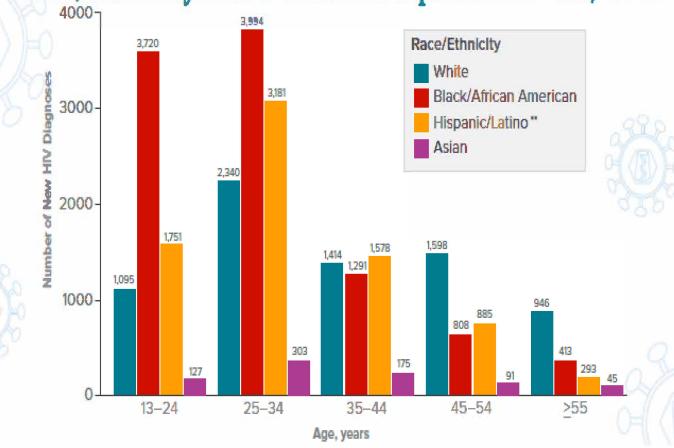
Some reflections

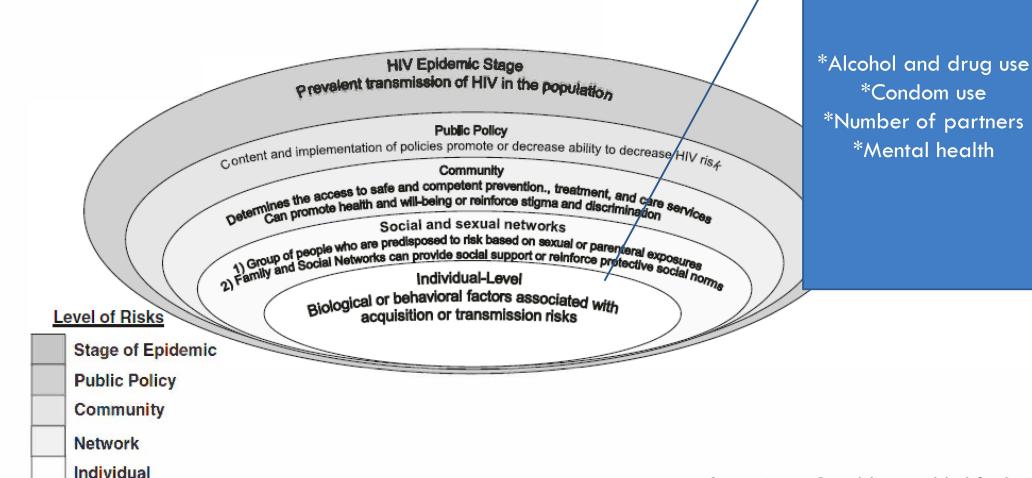
Future considerations

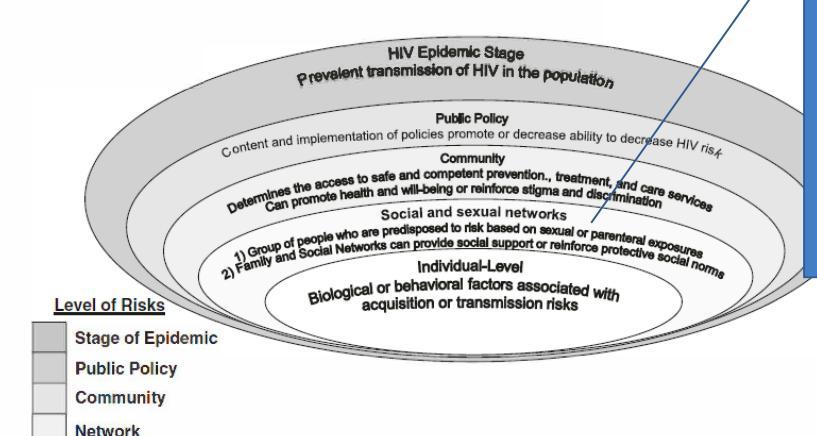
UNACCEPTABLE RACIAL DISPARITIES IN HIV INCIDENCE AMONG MSM

- Of the 40,324 HIV diagnoses in 2016:
 - 25% were among black gay and bisexual men
 - 3 out of 4 black gay and bisexual men who received an HIV diagnosis were between ages 13-34 years old
- From 2011 to 2015, HIV diagnoses increased
 30% among black gay and bisexual men aged
 25 to 34 years old
- Among black MSM, gaps in HIV care:
 - 20% unaware of HIV status
 - 71% receive care
 - 54% retained in care
 - 52% were virally suppressed

HIV Diagnoses Among Gay and Bisexual Men by Age and Race/Ethnicity in the US and 6 Dependent Areas, 2016







Individual

*Relationship
*HIV diagnosis and
prevalence in sexual
network

Public Policy

Prevalent transmission of HIV in the population

Public Policy

Community

Community

Community

Determines the access to safe and competent prevention., treatment, and care services

Social and sexual networks

Social and sexual networks

Social and sexual networks

Individual-Level

Piological or behavioral factors associated with

Riological or transmission risks

Stage of Epidemic

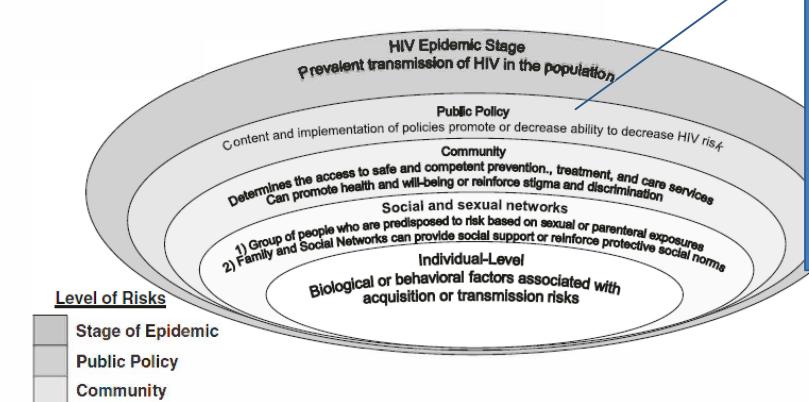
Public Policy

Community

Network

Individual

*Multiple stigmatized identities: sexuality, race, substance use, poverty, incarceration *Physical access to prevention and treatment services



Network

Individual

*Incarceration (lack of HIV testing, interrupts relationships and health services) *Criminalization of HIV *Criminalization of same-sex partnerships

WHAT DRIVES DISPARITIES AMONG BLACK MSM?

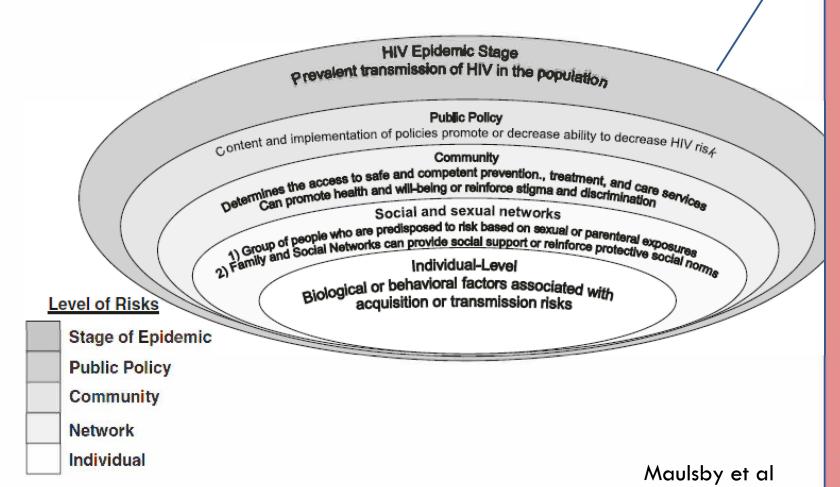
AIDS Behav (2014) 18:10-25 DOI 10.1007/s10461-013-0476-2

ORIGINAL PAPER

HIV Among Black Men Who Have Sex with Men (MSM) in the United States: A Review of the Literature

Cathy Maulsby • Greg Millett • Kali Lindsey • Robin Kelley • Kim Johnson • Daniel Montoya • David Holtgrave

WHAT DRIVES THESE DISPARITIES?



... "elevated rates of HIV among black MSM cannot be explained by differences in HIV risk behavior..."

Need to "better understand the social impacts of incarceration among black MSM and how incarceration affects the sexual networks of black MSM"

"Rates of STDs and rates of undiagnosed HIV seropositivity continue to be higher among black MSM"

... "black MSM who are aware of their HIV infection are less likely to be on ART"

CONSIDERATIONS IN ADDRESSING THE ROLE OF ALCOHOL IN HIV RISK AMONG BLACK MSM

- Alcohol use:
 - Event-level with diaries, ecological momentary assessments
 - Trajectory-based analyses
 - Spatial considerations
 - Biomarker-based assessments (e.g., phosphatidylethanol, biosensors)
- Other considerations?
 - Multi-substance use
 - PrEP adherence
 - Self-efficacy, stigma

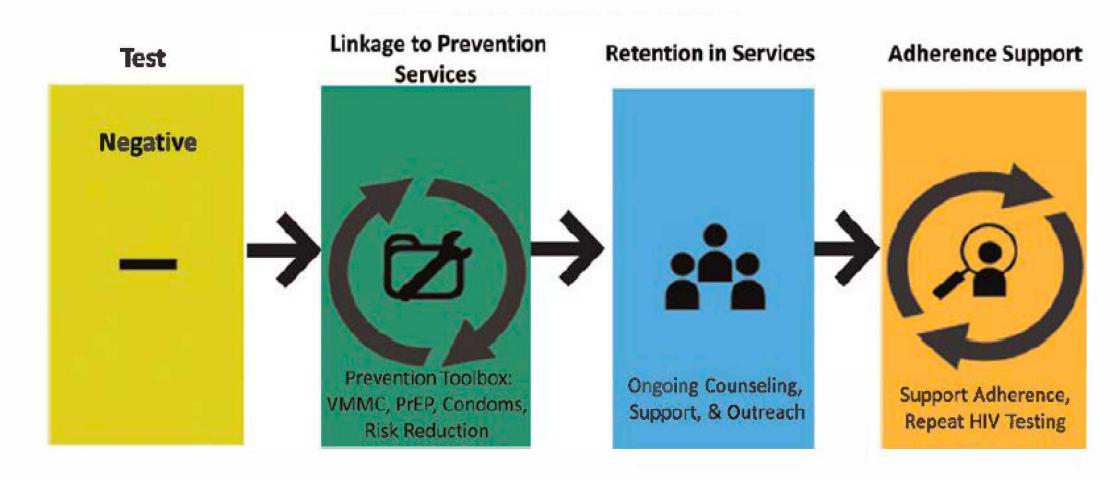
Am J Addict. 2011 July; 20(4): 330–336. doi:10.1111/j.1521-0391.2011.00138.x.

Examining Naltrexone and Alcohol Effects in a Minority Population: Results from an Initial Human Laboratory Study

Jennifer G. Plebani, PhDe, David W. Oslin, MD^{1,2}, and Kevin G. Lynch, PhDe ¹Department of Psychiatry, University of Pennsylvania, Philadelphia, Pennsylvania ²Philadelphia Veterans Administration Medical Center, Philadelphia, Pennsylvania

Prior clinical findings have indicated a potential lack of naltrexone efficacy among African Americans with alcohol dependence. However, no definitive conclusions have been drawn due to the relatively small numbers of African Americans in most alcohol treatment trials. The purpose of this study was to examine alcohol and naltrexone effects on healthy African American individuals in a laboratory environment. Non-alcohol dependent social drinking adults of African descent (n = 43) were recruited for participation. After consenting and completing the baseline assessment, they participated in four separate alcohol challenge sessions each separated by at least 10 days. During each of the sessions, subjects were administered alcohol or sham drinks, after pretreatment with either naltrexone (50mg/day) or placebo in a double-blind fashion. The order of the four sessions was randomly assigned. During each session, breath alcohol levels and subjective responses were measured. Results indicate an alcohol effect among these subjects for subjective responses, but no naltrexone effect. Similar to the apparent lack of clinical efficacy findings, naltrexone does not appear to impact alcohol effects in African American social drinkers. Future studies should investigate African American populations with heavy drinking as well as alcohol-dependent subjects in order to strengthen the parallels to clinical findings.

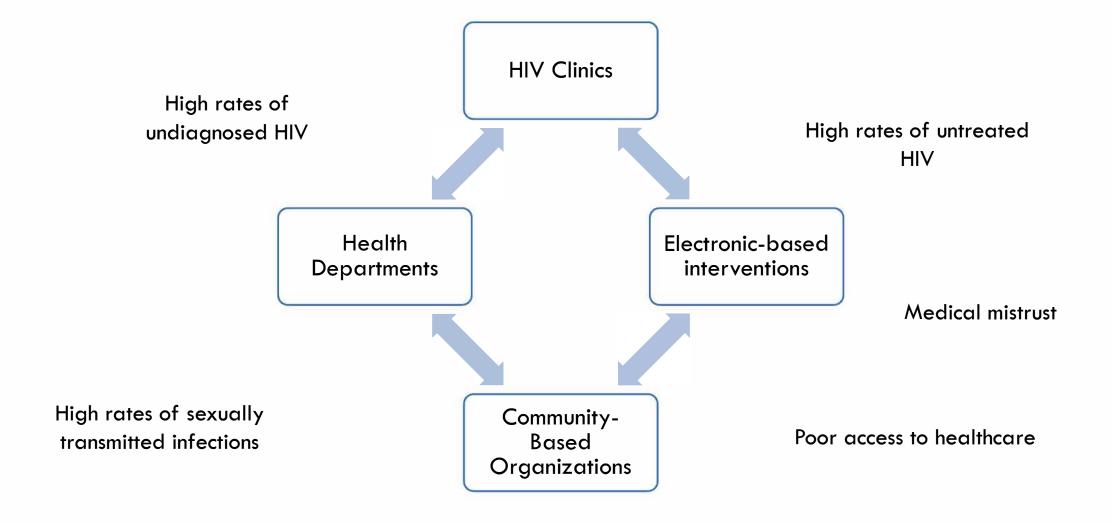
HIV PREVENTION CONTINUUM



STRUCTURAL BARRIERS TO HIV TESTING AND PREVENTION AMONG BLACK MSM

| Structural dimension | Key Findings |
|------------------------------------|--|
| Material resources and allocations | *Many black MSM lack health insurance *Some black MSM report high perceived costs and low perceived benefits of healthcare visits *HIV testing and prevention services are not widely accessible in correctional facilities |
| Informal social influences | *Black MSM experience racism and homophobia during visits with healthcare and HIV prevention service providers *Black MSM experience barriers to disclosing sexual behavior to healthcare providers *Experiences of stigma and discrimination in the general community are associated with negative mental health outcomes, which can hinder black MSM from accessing HIV prevention services *Voluntary testing is stigmatized |
| Formal social control mechanisms | *Many healthcare providers lack cultural competency related to sexual identities of black MSM |
| Social interconnectedness | *Experience of stigma and discrimination operate as barriers to HIV testing and prevention services through relationships and social interactions with healthcare providers and members of social networks |
| Settings | *Black MSM live in areas with lowest density of HIV prevention services |

IMPLEMENTATION



COMMENTS?