Available online at www.sciencedirect.com
ScienceDirect
Drug and Alcohol Dependence 95 (2008) 45–53
DRUG and ALCOHOL DEPENDENCE
www.elsevier.com/locate/drugalcdep

Rapid assessment of drug-related HIV risk among men who have sex with men in three South African cities

Charles Parry [a,b,*], Petal Petersen [a], Sarah Dewing [a], Tara Carney [a], Richard Needle [c], Karen Kroeger [c], Latasha Treger [d]

[a] *Alcohol & Drug Abuse Research Unit, Medical Research Council, P.O. Box 19070, Tygerberg 7505, South Africa*
[b] *Department of Psychiatry, Stellenbosch University, P.O Box 19063, Tygerberg 7505, South Africa*
[c] *National Center for HIV, STD and TB Prevention, Global AIDS Program, U.S. Centers for Disease Control & Prevention, 1600 Clifton Road, Mailstop E-04, Atlanta, GA 30333, USA*
[d] *U.S. Centers for Disease Control & Prevention, Global AIDS Program, South Africa, 877 Pretorius Street, Pretoria 0001, South Africa*

Received 3 August 2007; received in revised form 7 December 2007; accepted 8 December 2007
Available online 1 February 2008

Abstract

The current assessment was undertaken to examine the link between drug use and sexual risk behavior among men who have sex with men (MSM) in locations known to have high prevalence rates of drug use and sexual risk behavior in Cape Town, Durban and Pretoria, South Africa. Street intercepts and purposive snowball sampling were used to recruit drug-using MSM. A rapid assessment was undertaken which included observation, mapping, key informant interviews and focus group interviews with MSM. Drug using key informants were tested for HIV. The use of drugs like crack cocaine, cannabis and methamphetamine to specifically facilitate sexual encounters was evident. Drugs led to inconsistent condom use and other high-risk sexual activities despite HIV risk knowledge being high. Many injecting drug-using MSM shared needles and reused equipment. Among MSM who agreed to HIV testing, one-third tested positive. Views about drug and HIV treatment and preventive services and their efficacy were mixed. Various barriers to accessing services were highlighted including homosexual stigmatization and availability of drugs in treatment facilities. Recommendations include addressing the gap between HIV-risk knowledge and practice, extending VCT services for MSM, increasing the visibility of drug abuse services within communities, addressing concerns about drug availability in treatment centers as well as reintegration issues and the need for after-care services, reducing stigmatization in drug and HIV services for MSM and finally, strengthening the link between drug treatment services and HIV prevention by integrating HIV/drug-related risks into HIV prevention efforts and HIV risks into drug use prevention efforts.

Keywords: HIV/AIDS; Men who have sex with men; Injecting drug users; Risk behavior; South Africa; Rapid assessment

1. Introduction

South Africa is recognized as one of the countries worst impacted by the HIV/AIDS pandemic (Joint United Nations Programme on HIV/AIDS, 2006). The overall HIV prevalence rate is estimated to be 10.8% (Shisana et al., 2005). The virus is primarily transmitted through heterosexual contact and high-risk groups such as illicit drug users have received scant attention in health prevention efforts (Department of Health, 2006).

Since South Africa's first democratic elections in 1994 there has been a rapid increase in the transshipment of a wide variety of drugs through South Africa. This has concomitantly led to an increase in local consumption of a broad range of drugs including cocaine, heroin, Ecstasy and more recently methamphetamine (Parry and Pithey, 2006; Plűddemann et al., 2006; Siegfried et al., 2001; United Nations Office on Drugs and Crime, 2005).

In many countries drug-related transmission of HIV accounts for a substantial proportion of HIV cases (Winstanley et al., 2006). In South Africa, few studies have linked these two health burdens in any meaningful way. Exceptions have included research on drug use among sex workers and their increased risk

* Corresponding author at: Alcohol & Drug Abuse Research Unit, Medical Research Council, P.O. Box 19070, Tygerberg 7505, South Africa.
Tel.: +27 21 9380419; fax: +27 21 9380342.
E-mail address: cparry@mrc.ac.za (C. Parry).

0376-8716/$ – see front matter © 2008 Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.drugalcdep.2007.12.005

of contracting and spreading HIV (Leggett, 2001), research on substance use and HIV linkages among adolescents (Morojele et al., 2006), and research specifically looking at the effect of methamphetamine use and sexual risks for HIV (Simbayi et al., 2006).

Internationally, concern about a re-emerging threat of the spread of HIV among MSM has been noted (Bacon et al., 2006; Xia et al., 2006), and MSM accounted for 47% of all HIV/AIDS cases diagnosed in the USA in 2004 compared to 33% of persons exposed through heterosexual contact (Centers for Disease Control and Prevention, 2004). Sexual risk-taking among MSM is increasing in many countries and some of it has been linked with alcohol or drug use (Joint United Nations Programme on HIV/AIDS, 2006). Purcell et al. (2001), for example, found high rates of substance use among HIV-positive MSM, higher rates of substance use among men who engaged in sexual transmission risk behavior with casual partners, a higher proportion of sexual transmission risk behavior among men who used certain substances (e.g. amphetamines and cocaine/crack), and higher rates of transmission risk among men who used alcohol before or during unprotected insertive anal intercourse or drugs before or during unprotected receptive anal intercourse with casual partners.

For many gay men drug use is often specifically connected to seeking or having sex with other men (Shernoff, 2005). From their exploration of drug using MSM's descriptions of their substance use during sexual encounters, Myers et al. (2004), outline six roles of substances within the sexual lives of these men. These include: enhancing the sexual experience, increasing sexual arousal, facilitating sexual encounters, increasing the capacity to engage in sexual behaviors, increasing sexual longevity or prolonging sexual experiences, and increasing the capacity to engage in sex work.

Very little research on HIV and drug use issues among MSM in South Africa has been conducted to date. Nevertheless, anecdotal information on the increasing number of HIV/AIDS cases among MSM and their known high rates of alcohol and other drug (AOD) abuse, makes understanding the social and psychological context of AOD use and sexual behavior of these men imperative. This assessment aimed to explore how a group of highly vulnerable drug-using MSM in Cape Town, Durban and Pretoria, explain the relationship between drug use and sexual risk behavior in their lives. It also aimed to assess their knowledge and understanding of HIV, drug and HIV services and explore their views as well as those of various local service providers, on how to improve access to services. The final objective of the research was to identify possible strategies for reducing drug-related risk behavior among MSM.

2. Methods

Data for the rapid assessment were collected through an integrated set of qualitative methods, including mapping, observation, key informant and focus group interviews. The rapid assessment model, which includes the use of this integrated set of methods, facilitates the triangulation of data. This enables confirmation from multiple methods and sources (Needle et al., 2003). The research was undertaken in Durban, Cape Town and Pretoria. Data collection was carried out by indigenous field team members recruited from the local community who received 6 days of training in rapid assessment principles and data collection techniques. Guided by an anthropological perspective, these methods are used to elicit detailed descriptions of the context and meaning of risk behaviors from the experience and perspective of MSM.

2.1. Sampling and recruitment

Mapping and observational methods were used to identify the locations where high-risk populations of MSM congregate and engage in potentially risky drug use and sexual practices. Street intercepts and snowball sampling techniques were used to identify drug using MSM, for key informant (KI) or focus group (FG) interviews in these areas. The sampling strategy was designed to recruit MSM who have in-depth knowledge and experiences engaging in high-risk practices.

To be included in the assessment, participants had to be at least 18 years of age, able to understand and speak English, had to have used illicit drugs in the past week, and could not have been in drug treatment within the past month. Interviewees were provided with a small chain store gift voucher for participating in the study.

Data on drug using MSM were collected as part of a broader assessment of drug use among vulnerable populations. However, the focus of this paper is on the 78 MSM who participated in 46 KI and 6 FG interviews.

The MSM KIs were aged between 18 and 54 years with a mean age of 28.9 years and represented racial diversity across the three sites, with African Black, so called "Coloured", Indian and White participants of varying levels of education and socio-economic backgrounds being interviewed. The terms White, African Black, and "Coloured", refer locally to demographic markers and do not signify inherent characteristics. They refer to people of European, African and mixed (African, European and/or Asian) ancestry, respectively. The continued use of these markers in South Africa is important for monitoring improvements in health and socio-economic disparities, identifying vulnerable sections of the population, and planning effective prevention and intervention programs. Over half of the participants explicitly indicated they were male sex workers (MSWs) and a third indicated they were injecting drug users (IDUs) at the time at which they were recruited into the study (Table 1). The FGs with MSM comprised of 4–8 persons per group. FG interviewees represented racial diversity, were aged between 19 and 55 years, with education levels ranging from Grades 5 to 12 (Table 1). Fourteen of the 32 FG participants indicated they were MSWs and 18 indicated they were IDUs.

2.2. Procedures and instruments

Thematic guides were developed to elicit responses from KI and FG interviewees. Topical areas included patterns of drug use, sexual and injection related risk practices and HIV risk perception, use and barriers to utilization of drug treatment and HIV intervention services, and recommendations for introducing and improving drug- and HIV-related services. Fieldwork was conducted over six weeks in October and November 2005.

All interviews and focus groups were facilitated by a team of two trained fieldworkers. Interviews were audio recorded using a digital recorder and field notes were also taken. Interviewees gave written, informed consent at the beginning of the interview and were assured of anonymity. Ethical approval for conducting the study was granted by the University of Stellenbosch. Interviews were conducted in English, however interviewers with local level language capacity were trained to observe the interviews and assist if confusion about the questions arose.

2.3. HIV testing

Drug using key informant interviewees were offered free Voluntary Counseling and Testing (VCT) for HIV by certified VCT nurses using the Smart Check Rapid HIV-1 Antibody Test (finger prick), and confirmatory tests for those testing positive were performed using the Acon Rapid HIV-1/2 Antibody Test. Referral to treatment and other services were provided as required.