



Short Communication

Binge drinking, stimulant use and HIV risk in a sample of illicit drug using heterosexual Black men

Larry Keen II ^{a,*}, Typhanye Penniman Dyer ^b, Nicole Ennis Whitehead ^a, William Latimer ^a^a Department of Clinical and Health Psychology, University of Florida, United States^b Department of Epidemiology and Biostatistics, University of Maryland, United States

HIGHLIGHTS

- Recent alcohol use associated with current HIV status
- Association between stimulant use and current HIV status
- Substance use and HIV examined in heterosexual Black male sample
- Call to examine these associations to tailor interventions for this group

ARTICLE INFO

Available online 13 April 2014

Keywords:

Black
Heterosexual
Drug use
HIV
Binge drinking
Men

ABSTRACT

Background: Relatively little research has examined the effects of binge drinking and HIV risk in heterosexual Black men. Even less research has explored this relationship in illicit drug using heterosexual Black men who are at an elevated risk of contracting and transmitting HIV through various vectors, including risky sexual behavior, in the Black community.

Purpose: The purpose of the current study is to examine the associations between binge drinking, drug use and HIV status in a community-based sample of 127 self-identified heterosexual Black men.

Results: Overall, 17% reported binge drinking in the past month. Both stimulant use (AOR 7.29; 95% CIs, 2.07, 25.70), and binge drinking (AOR = 5.28; 95% CIs, 1.34, 20.91) were associated with HIV status.

Conclusion: These findings will inform prevention interventions to reduce the HIV risk among Black heterosexual men.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

HIV in the United States disproportionately impacts Black men (CDC, 2012; Prejean et al., 2011). Black men account for approximately 70% of incident cases of HIV (CDC, 2012). Though having sex with men is the leading cause of HIV transmission for both men and women (CDC, 2012), there is a dearth of research which focuses on risk among men who have sex with women only (Bowen, Williams, Dearing, Timpson, & Ross, 2006; Bowleg et al., 2013; Cederbaum, Coleman, Goller, & Jemmott, 2006; Kuo et al., 2011; Raj & Bowleg, 2012; Raj et al., 2009; Siegel, Schrimshaw, & Karus, 2004). Heterosexuals account for 25% of new HIV infections, which recently has surpassed injection drug use (IDU) as the second leading vector of HIV transmission, which represents 8% of new cases (CDC, 2012).

The Black community has constricted sexual networks, given low availability of Black men due to incarceration and mortality to disease

(Cherlin, 1992; Pettit & Western, 2004). Moreover, older adult African Americans are more likely to have more sexual partnerships in their lifetimes in comparison to other races (Harawa, Leng, Kim, & Cunningham, 2011). Additionally, Adimora et al. (2003) found that men have a higher rate of concurrent partnerships in a sample of heterosexual Blacks. Despite these statistics, heterosexual Black men have been given very little attention from research examining their risk for HIV (Bowleg & Raj, 2012). Given the increasing risk among heterosexual Black men for HIV contraction and the risk to their female partners, it is critical to identify factors for HIV risk among self-identified heterosexual Black men who have never had sexual contact with another man. This is imperative in subgroups of Blacks, such as illicit drug users, as they are generally at an elevated risk for HIV contraction and transmission than their non-illicit drug using counterparts.

Illicit drug use is linked to HIV risk in numerous sample types (Baum et al., 2009; Mathers et al., 2008; Trenz et al., 2012). Specifically, IDU is associated with risk of HIV in samples of heterosexual men and women (Battjes, Pickens, Amsel, & Brown, 1990; Kane, 1991). Stimulant use has often been the target drug in Black communities (Harrell, Mancha, Petras, Trenz, & Latimer, 2012; Kuo et al., 2011). Stimulant

* Corresponding author at: 1225 Center Drive, Room 3140, Gainesville, FL 32611, United States. Tel.: +1 352 273 6040.

drug use (both injection and non-injection) is associated with risky heterosexual activity (Bowen et al., 2006), sex trade (Wright et al., 2007) and HIV diagnosis (Feist-Price, Logan, Leukefeld, Moore, & Ebreo, 2003). Moreover, Black communities have presented disproportionately high rates of crack cocaine usage over the past decade (Whitehead Ennis, Trenz, Keen, Rose, & Latimer, *In press*). However, HIV positive Black men and women who also smoke crack cocaine are more likely to not use condoms during intercourse (Timpson, Williams, Bowen, Atkinson, & Ross, 2010).

Previous research has presented higher rates of stimulant drug use and binge drinking in metropolitan low income heterosexual Black communities in comparison to the national averages of their racial counterparts (Kuo et al., 2011). However, very few studies have explored relationship between substance use and HIV risk in heterosexual Black men (Raj et al., 2012; Reed et al., 2012; Wohl et al., 2002). In a nationally representative survey examining drinking behaviors in middle-age and elderly community adults, Black men reported a higher percentage of binge drinking despite having less than half of the responders as their White male counterparts (Blazer & Wu, 2009). To date, only Raj et al. (2009) have explored binge drinking as a determinant of HIV status in heterosexual Black men. Specifically, this study found a higher prevalence of binge drinking than national rates (34% in comparison to 19%) and that binge drinking increases the likelihood of having riskier sex and HIV diagnosis. The authors' findings suggest an association between binge drinking and risky sexual behavior, HIV diagnosis. Interestingly, illicit drug use was a global measurement, and did not present primary drug of choice or whether this global measurement itself was associated with HIV risk.

The purpose of the current preliminary study is to identify substance use determinants of HIV risk among self-identified heterosexual Black men who reported never having sex with another man in their lifetimes. Our hypothesis is that binge drinking will significantly predict HIV diagnosis even in the presence of demographic and illicit drug use covariates.

2. Methods

2.1. Participants

One hundred and twenty-seven heterosexual Black men were recruited through flyers and street recruitment in Baltimore, Maryland for the parent study entitled "NEURO-HIV Epidemiologic Study." Inclusion criteria for the parent study included individuals who were 18 years of age and older, no history of brain injury and illicit drug use in the past six months. The University of Florida institutional review board approved this study. A total of 726 participated in the parent study, but only males who responded "no" to the item "Have you ever had [any] sexual contact with another man" and those who had complete binge drinking, illicit drug use, and HIV diagnosis data were included in the current study. The median age was 36 years. The current sample contained 70 (55%) participants who tested positive for opiates, 63 (50%) for cocaine and 16 (13%) for cannabinoids upon entry into the study. Six participants had missing data for urine drug testing due to problems with the testing kits, but were not excluded from the study.

2.2. Procedure

Participants in this study consisted of self-identified heterosexual Black men taken from the baseline assessment of the NEURO-HIV Epidemiologic Study. The study was originally designed to explore the behavioral and neuropsychological risk factors associated with HIV and sexually transmitted infections among injection and non-injection drug users. Participants were recruited through street recruitment utilizing referrals and advertisements from the Baltimore City community area. Upon entering the study, participants were given detailed information about the study and informed consent was obtained.

Participants were administered a semi-structured interview where they were asked questions about their substance use and sexual history. Participants also completed paper and pencil measures, which included a demographic questionnaire. Participants received \$45 as remuneration for completion of assessment.

2.3. Measures

Measures in the current study were selected from a battery of neuro-behavioral measures, which included demographic constructs, sexual history and current drug use. Demographic variables utilized in the current study were age, education, income and homelessness. Age was split at the median for use in statistical analyses. Education was split into three levels, some high school or less, high school diploma or GED and some college or training and above. Homelessness in the past six months and income from a regular job were single yes or no items within the battery.

The "binge drinking" variable was created from the single item "On average, how many drinks do you have in one sitting in the past month?" As determined by the National Institute of Alcohol Abuse and Alcoholism (NIAAA, 2004), those who reported five or more drinks in one sitting were considered binge drinkers. Binge drinking participants were dummy coded as "1" and all values below were coded as "0".

The illicit drug use variables consisted of lifetime IDU and stimulant use versus use of other illicit drugs. The lifetime IDU variable was a single item "Have you ever injected any drug?" The responses were coded as "1" for yes and "0" for no. The stimulant versus other variable was created by recoding the levels of the question "What drug do you use regularly?" Crack, cocaine and speedball were coded as "1" and all other drugs were coded as "0."

HIV diagnoses were determined based on blood drawn upon entry into the larger study. HIV antibody testing on oral fluid samples was performed using the OraQuick Advance HIV-1/2 rapid antibody test. The HIV-1/2 rapid test is FDA approved and CLIA waived with 99% sensitivity and 99% specificity.

2.4. Data analysis

Frequency distributions of demographic information, self-reported substance use and disease diagnosis were tabulated. A series of unadjusted logistic regression analyses were conducted to examine the influence of demographic and substance use variables on the odds of having

Table 1
Demographic and substance use characteristics (N = 127).

	n	%
<i>Demographics</i>		
Under 36 years of age	68	54
Did not graduate from high school	41	32
Diploma/GED	64	50
College/technical training	22	17
Homeless last 6 months	13	10
Income from regular job last 6 months	72	57
<i>Substance use</i>		
Lifetime injection drug use	67	53
Primary drug used regularly: heroin	79	62
Primary drug used regularly: crack	14	11
Primary drug used regularly: marijuana	13	10
Primary drug used regularly: speedball	12	9
Primary drug used regularly: cocaine	8	6
Primary drug used regularly: other	1	1
Positive for opiates (n = 121)	70	55
Positive for cocaine (n = 121)	63	50
Positive for cannabinoids (n = 121)	16	13
Binge drinker past month	22	17
<i>Disease risk status</i>		
HIV	17	13

Download English Version:

<https://daneshyari.com/en/article/898759>

Download Persian Version:

<https://daneshyari.com/article/898759>

[Daneshyari.com](https://daneshyari.com)