

# SEX AND DRUG EXCHANGES (SDE) AMONG AFRICAN AMERICAN MSM AT RISK FOR HIV/AIDS IN SAN FRANCISCO, CA

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## BACKGROUND

- African American MSM are at disproportionate risk for HIV in the USA—e.g., 29% of AIDS cases in 1999 (*CDC, 1999*)
- Sex and drugs are main factors for HIV risk—these are linked in SDE practices
- No data on African American MSM engaged in SDE

## OBJECTIVES

- Qualitatively describe phenomenon of sex and drug exchange among African American MSM in poorest area of San Francisco
- Quantitatively establish the relationship between SDE and sexual risk in this population

## COMBINED METHODS

### QUALITATIVE (Sample #1)

- 2 hr in-depth interview
- N=30 convenience sample African American MSM in Tenderloin area
- Coded texts reveal social phenomena and characteristics of HIV risk

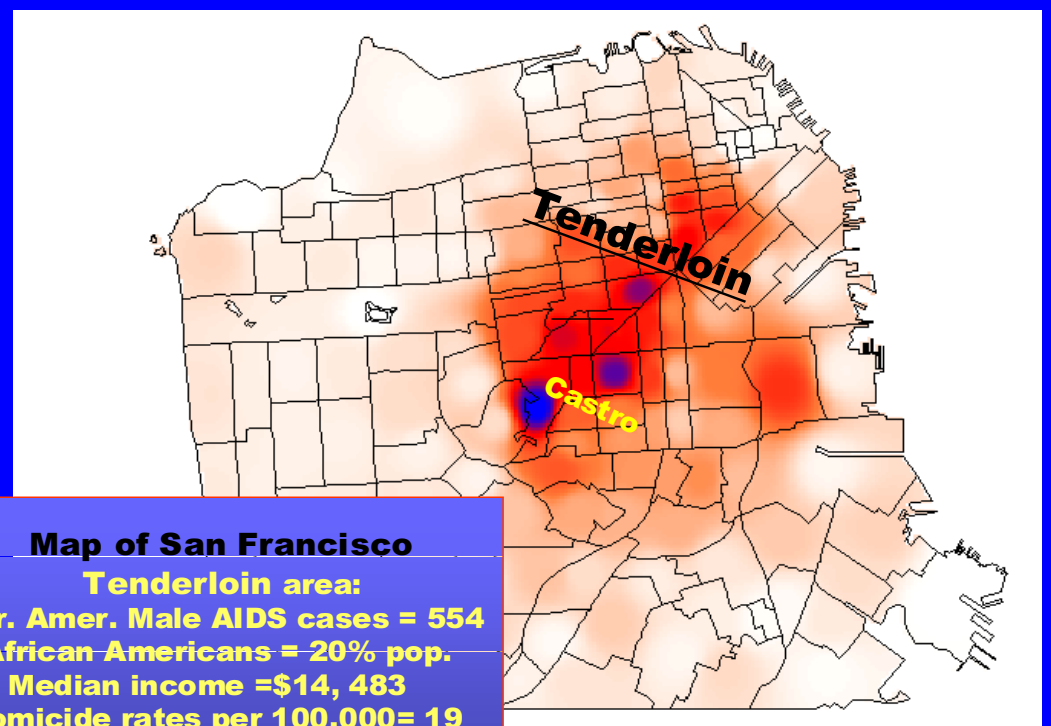
### QUANTITATIVE (Sample #2)

- Survey
- N=238 convenience sample in same target population
- Associations in SDE phenomena and HIV risk with Univariate and Multivariate methods

## What is Sex and Drug Exchange (SDE)?

- A bargaining system where sex, money, and drugs are being exchanged
- The system organizes social networks, sexual and substance use behavior, and HIV sexual risk taking

## San Francisco AIDS cases 1999 by census tract



Map and HIV data San Francisco Department of Public Health

## QUALITATIVE FINDINGS

### SOCIOCULTURAL FEATURES OF SDE

- Sex and drug practices often are inseparable
- Exist in parks, on streets, and within residential hotels (SRO) and in SRO networks
- SDE relationships viewed as meaningful—one of only forms of affective bonding
- MSM at risk for stigma-related violence
- Individuals conceptualize self and others as society's losers and "just a bunch of addicts"

### HIV RISK FEATURES OF SDE

- Condom use and serostatus disclosure rare
- Negotiating risk blocked by desire for drug or sex
- Condoms' associations with stigmas of being gay and having AIDS are barriers to use
- Often prevention and treatment programs accessed for material resources versus health-related information

## QUANTITATIVE FINDINGS

### FROM ENTIRE SAMPLE

- 45% of African American MSM sampled in Tenderloin (N= 238) engaged in SDE at least once in the past 12 months
- 26% of these had injected drugs in the past 6 months
- 37.3% of those engaged in SDE reported being HIV-positive

### MSM ENGAGED IN SDE HAD MORE...

- casual male sex partners (p. <.001)
- receptive UAI to ejaculation with casual partners (p.<.05)
- insertive UAI to ejaculation with casual partners (p.<.05)

### MSM ENGAGED IN SDE MORE LIKELY TO BE...

	OR	p-value
Transient or homeless	3.7	p. <.05
Diagnosed with AIDS	2.46	p. <.05
Involved in social networks of drug users	3.7	p. <.05
Crack user	4.8	p. <.001
Speed user	2.5	p. <.005
Engaging in anal sex under the influence of crack	6.04	p.<.005

### PREDICTORS OF MSM INVOLVED IN SDE

	OR	p-value
3 or more drug problems (e.g., memory loss, blackouts)	2.4	p.<.05
Anal intercourse under the influence of alcohol and/or drugs	8.8	p. <.0001

## CONCLUSIONS

- SDE is practiced by about half the African American MSM in Tenderloin
- HIV sexual risk is strongly associated with SDE
- Relationship of SDE and sexual risk occurs in contexts where threat of violence and social stigma are most influential upon risk

## IMPLICATIONS

- HIV prevention programs must account for problems those engaged in SDE face developing a personal prevention strategy
- Approaches should consider
  - better context-related risk assessment
  - more strategies than condom use and HIV disclosure
- Individuals need support with conflicts between meeting their material needs and prevention and treatment needs

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