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What's drugs got to do with it?

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BACKGROUND

• Exchanging money, drugs, and other goods for sex has been associated with sexual risk behaviors and increased STIs/HIV

• Data on sexual networks and sexual behaviors of men who report transactional sex are limited

OBJECTIVE

• To describe the prevalence and correlates of transactional sex among men participating in the mSTUDY, which is a longitudinal study designed to assess the epidemiological and immunological impact of substance use and HIV on Men of Color who have sex with men (MCSM)

METHODS

• Longitudinal analysis of data collected from August 2014 – May 2017, as part of the mSTUDY

• Participants were recruited from two community based sites in Los Angeles, CA and those eligible to participate were (1) ≥ 18 years of age years; (2) male; and (3) if HIV-negative, reported condomless anal intercourse with male partner in the past 6-months; by design participants were half HIV-negative and half HIV-positive

• Computer assisted self-interviews used to collect information on demographics, sexual behaviors including transactional sex, sexual network characteristics, and substance use

RESULTS

Among the 422 participants enrolled thus far, the median age was 31 years with 43% identifying as African American, followed by 36% Hispanic/Latino

The prevalence of recent transactional sex as defined by receipt of either money, drugs, or shelter in exchange for anal sex, in the past 3 months was 18% (n=190 of 1,081 study visits)

The prevalence of transactional sex was much higher among those who reported unstable housing, concurrent sexual partnerships, and transgendered sex partners (Table 1)

HIV viral load was independently associated with transactional sex (adjusted OR=1.4; 95% CI 1.1-1.7) as was testing positive for an STI (adjusted OR=1.9; 95% CI 1.0-3.7)

Among those who reported sex work, the majority reported exchanging drugs for sex, with the most commonly reported drug being methamphetamine (58%) (Figure 1)

CONCLUSIONS

• The prevalence of transactional sex among this cohort of high risk HIV-negative and HIV-positive MCSM was relatively high

• These findings highlight the fact that current sexual health services and HIV prevention strategies need to address substance abuse given its association with risk for HIV transmission