

Hispanic/Latinos, Substance Use, and HIV/AIDS

Since the beginning of the HIV/AIDS epidemic, injection drug use (IDU) has directly and indirectly accounted for more than one-third (36%) of AIDS cases in the U.S.¹

At the end of 2006, an estimated 353,825 male adults and adolescents were living with HIV/AIDS, 17% had been exposed through injection drug use and 7% had been exposed through both male-to-male sexual contact together with intravenous drug use.² A greater proportion of IDU-associated HIV/AIDS cases occur among adolescent and adult women. Of the estimated 131,195 female adults and adolescents living with HIV/AIDS, 26% had been exposed through injection drug use.³ A significant number of women diagnosed with HIV/AIDS in 2006 were infected through high risk heterosexual contact with a male who was infected with a history of intravenous drug use.

IDU-associated HIV/AIDS disproportionately affects Latino communities in the U.S. At the end of 2006 in 33 states with confidential name-based reporting, 14,427 male adult or adolescent Hispanics living with HIV/AIDS became infected through injecting drugs with HIV contaminated needles, representing 23% of Hispanic males living with HIV/AIDS.⁴ Latino males become HIV positive through IDU more often than other communities in the U.S.—IDU was the primary mode of transmission for 22% of African American males living with HIV/AIDS and 9% of non-Hispanic White males living with HIV/AIDS in the U.S.⁵ The burden of IDU-associated HIV/AIDS is even greater for Latinas. Approximately 5,528 female adult or adolescent Latinas living with HIV/AIDS accounted for IDU-associated HIV/AIDS cases, representing 28% of Hispanic females living with HIV/AIDS at the end of 2006.⁶ This statistic is alarming because the rate of IDU-asso-

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ciated transmission among Latinas climbed from the previous year's rate—in 2005, Latina women represented 25% of the IDU reported HIV/AIDS cases.⁷

According to the National Institute of Drug Abuse, behavior associated with drug and alcohol use is now the single largest factor in the spread of HIV infection in the U.S.⁸ Alcohol use is associated with multiple risk factors for exposure to HIV infection, especially among youth, including risky sexual behaviors such as having multiple sexual partners and inconsistent condom use.^{9,10} Among students who were currently sexually active in 2005, 25.6% of Hispanic/Latino students reported drinking alcohol or using drugs before last sexual intercourse, compared with 25.0% of white students and 14.1% of black students.¹¹

Drug use through injection and methods of drug delivery in general increases the risk for HIV transmission because of the tendency to engage in risky sexual behaviors while under the influence of a substance and the practice of sharing of needles or other injection equipment.¹² Substance users who share injection equipment—syringes, cookers, water and cotton—while injecting or splitting drugs are at a higher risk for HIV infection and other STIs.¹³ Unprotected sexual activity is a high risk factor for men and especially women with IDU male partners.¹⁴ Another way people may be at risk for HIV is simply by using drugs—regardless of whether a needle and/or syringe are involved. Users of non-injection drugs (such as some forms of crystal meth or cocaine use) are also more likely to be exposed to HIV infection—according to a CDC study, crack smokers are three times more likely to be infected with HIV than non-smokers.¹⁵ Risk also varies depending on drug use; for example, methamphetamine increases sexual desire and has been shown to lead to unsafe sex.¹⁶

Methamphetamine (Crystal Meth) and HIV Risk Among Latino MSM

The increased use of methamphetamine amongst population subgroups in the U.S. raises concern. Methamphetamine is a highly addictive stimulant that affects the nervous system with a high potential for abuse and psychological or physical dependence.¹⁷ The drug can be taken orally, by snorting, by needle injecting, or by smoking.¹⁸ Among those who inject the drug, HIV and other sexually transmitted infections can be spread through sharing HIV contaminated needles, syringes, and other shared injection equipment. However, the drug also has the dangerous affect of altering behavior, judgment, and inhibition, making methamphetamine non-injection drug users more prone to high-risk taking behavior for HIV transmission. MSM methamphetamine users report an increased number of sexual partners, decreased use of condoms, multiple-partner sexual activities, engaging in sex with casual and anonymous partners, engaging in unprotected receptive and insertive anal sex with casual partners, an increased likelihood of being HIV-infected or having a sexually transmitted infection, and an increased likelihood of contracting hepatitis A, B or C infection.¹⁹ Studies of HIV positive methamphetamine users demonstrate that there is a strong association between methamphetamine use and risky sexual behavior for contacting HIV and other STIs.²⁰ A recent study of

19,000 men in Los Angeles showed that new HIV infections were three times higher among methamphetamine users than among nonusers.²¹

In the U.S., methamphetamine use is a significant problem among urban MSM. Methamphetamine and other “party” drugs (such as ecstasy) are used by MSM as a means to decrease social inhibitions and enhance sexual experiences.²² These drugs, along with alcohol have been strongly associated with risky sexual practices among MSM.²³ MSM methamphetamine users report an increased number of sexual partners, decreased use of condoms, multiple-partner sexual activities, engaging in sex with casual and anonymous partners, engaging in unprotected receptive and insertive anal sex with casual partners, an increased likelihood of being HIV-infected or having a sexually transmitted infection, and an increased likelihood of contracting hepatitis A, B or C infection.²⁴

Until recently methamphetamine was perceived as a problem of the White MSM community and not for Latino MSM. However, recent studies show methamphetamine use among Latino gay

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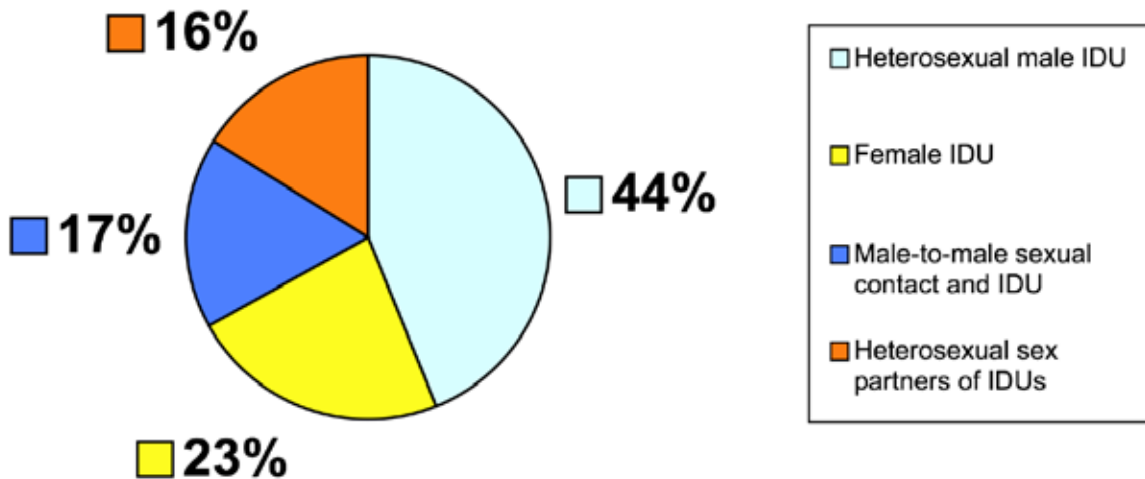
men is similar to white gay men.²⁵ According to research done by the Cesar Chavez Institute in California, which studied Latino gay men in San Francisco (N=300), crystal meth was the most frequently used drug.²⁶ It was used monthly or more frequently among 50% of the studied population. In a 2005 survey of a larger group of Latino gay men (N=2,000+) in San Francisco, 15% of these Latino gay men reported using methamphetamine.²⁷ According to the authors: "Latino gay men were found to rely on methamphetamine for reasons related to sexual enhancement, possibly to meet cultural expectations and norms of sexual prowess and sexual success in the gay community".²⁸ In the same study, the authors found that the majority of methamphetamine use was found among Latino men who were recruited from the

internet chat rooms, with two-thirds reporting methamphetamine use in the last six months.²⁹ Approximately 72% of Latino gay men who use methamphetamine report at least one instance of unprotected anal intercourse within a period of 6 months.³⁰ This is the highest HIV risk rate ever reported for any Latino MSM group studied.³¹

Despite this alarming fact, there are not nearly enough campaigns that are culturally appropriate for Hispanic methamphetamine users. There is a critical need for crystal meth prevention and treatment programs designed by Latinos rather than just translated programs designed for White non-Hispanic MSM.³²

Estimated Proportion of AIDS Cases Associated with Injection Drug Use, by Transmission Category Diagnosed in 2006—United States and Dependent Areas³³

NOTE: US Dependent Areas include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands



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