

Condom Use Rationale and HIV risk Behaviors and Attitudes among Young Adult Multidrug Users in the Club Scene

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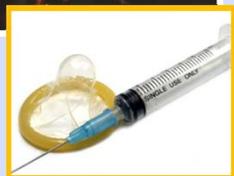


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The South Beach Project



A randomized clinical trial of behavioral interventions to reduce drug use and HIV risk among young adults in the club scene.



Background

Miami is an international center of nightclub culture, where alcohol, illicit drugs, and prescription drugs are often sequenced and/or combined. The tendency to mix numerous substances puts nightclub attendees at high risk for health problems; mental distress; unprotected sex with multiple partners; and sexually transmitted infections, including HIV.

Purpose and Methods

Purpose: Although drug use is a well-established risk factor for HIV transmission, reasons for condom use in a heterosexual context are not well documented among young adults participants in electronic dance music (EDM) scenes who use drugs. We examined differences in HIV risk perceptions and sexual behaviors between men and women who reported using condoms primarily for HIV prevention compared to those whose condom use was mainly for contraception or non-HIV disease prevention.

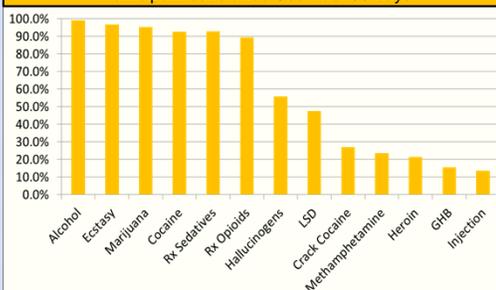
Methods: Using respondent driven sampling, we recruited 750 heterosexually active men and women ages 18 to 39 who use club drugs (e.g., cocaine, ecstasy, LSD) and misuse psychoactive prescription (Rx) medications (e.g., opioids, benzodiazepines). Participants also reported regular and frequent attendance at well known EDM nightclubs in Miami, Florida. The study is a 3-armed intervention trial designed to examine differences in behavior change by type of assessment modality (self- vs. interviewer-administered) and compared to a waitlist control. Data were collected in the two assessment arms (N=498) using identical standardized instrumentation.

Instrumentation: Participants were interviewed using a modified version of the Global Appraisal of Individual Needs (Dennis et al. 2002) structured interview, which includes measures of demographics/environment, substance use and dependence, sexual risk attitudes and behaviors, and mental health functioning.

Characteristics of Young Adult Multidrug Users in Miami's Club Scene (N=498)

	N	%
Female	222	44.6
Age (mean; SD)	25.3	(5.398)
Race/Ethnicity		
African American/Black	104	20.9
Hispanic	320	64.3
White	60	12.0
Other	14	2.8
More than 12 years of education	422	84.6

Participant substance Use Past 90 days



Analysis

- One way ANOVA and Chi-square tests were conducted with SPSS version 24.
- Variables measuring perceptions of HIV risk were four-point Likert-type scales ranging from "None" to "High" and were dichotomized as 1 = high or moderate risk vs. 0 = no or low risk.
- The mental health measure consists of 24 items inquiring about past year anxiety, depression and somatic symptoms; clinical serious mental illness is defined as 7 or more symptoms.
- The substance dependence measure consists of 7 items, including withdrawal symptoms and tolerance. Substance dependence is defined as 3 or more symptoms.

Results

MALE participants and primary condom use reason (N=276)					FEMALE participants and primary condom use reason (N=222)					
Condoms for HIV Prev.		Condoms for Other			Condoms for HIV Prev.		Condoms for Other			
N	%	N	%	p	N	%	N	%	p	
Demographics					Demographics					
Race/ethnicity					Race/ethnicity					
Caucasian or White	3	6.4	31	13.7		2	4.1	24	14.0	
African American or Black	17	26.2	36	15.9	.007	18	36.7	32	18.6	.028
Hispanic	27	57.4	152	67.0		28	57.1	111	64.5	
Other race/ethnicity	0	0	8	3.5		1	2.0	5	2.9	
Age (mean; SD)	26.9	(5.5)	25.6	(5.7)	n.s.	25.7	(5.4)	24.2	(4.9)	.067
> High school education	17	36.2	92	40.5	n.s.	23	46.9	94	54.7	n.s.
Health					Health					
Severe Mental Distress	24	51.1	91	40.1	n.s.	32	65.3	101	58.7	n.s.
Substance dependence	31	66.0	163	71.8	n.s.	32	65.3	123	71.5	n.s.
Sexual Risk (Past 90 Days)					Sexual Risk (Past 90 Days)					
Condomless sex freq. (mean; SD)	15.9	(25.9)	24.5	(28.6)	.058	21.1	(27.9)	24.5	(30.1)	n.s.
# of sex partners (mean; SD)	6.3	(5.1)	5.4	(4.6)	n.s.	5.9	(4.8)	4.1	(4.0)	.011
High for sex most of the time	21	44.7	83	36.7	n.s.	20	40.8	59	34.3	n.s.
HIV Risk Perceptions					HIV Risk Perceptions					
No risk of infection in the future	25	53.2	74	32.6	.007	23	46.9	79	45.9	n.s.
High/mod risk if high/drunk	37	86.0	185	83.7	n.s.	45	91.8	163	96.4	n.s.
High/mod risk if pull out	40	90.9	182	84.3	n.s.	44	89.8	161	96.4	.064
High/mod risk 50% condom use	42	93.3	181	81.9	.058	35	71.4	146	86.9	.010



Conclusions

Use of condoms primarily for HIV prevention was reported by 19% of the sample (n=96); no differences by age or gender were found. Black men (p=.007) and women (p=.027) were about twice as likely as those of other racial/ethnic groups to use condoms primarily for HIV prevention. Men, but not women, who used condoms primarily for HIV prevention were more likely to believe that they would never become infected (p=.007). Men, but not women, who used condoms primarily for HIV prevention also tended to report fewer unprotected sex exposures and to perceive inconsistent condom use as high risk, although these measures did not reach the .05 significance level. Women, but not men, who used condoms primarily for HIV prevention reported higher numbers of recent sex partners compared to women who used condoms primarily for other reasons (p=.013). Women who used condoms primarily for HIV prevention were less likely, compared to other women, to perceive certain condomless sex behaviors – pulling out and inconsistent condom use – to be of moderate to high risk of HIV transmission.

The majority of this sample of young adults reported using condoms primarily for contraception or for non-HIV disease prevention. Men and women who used condoms primarily for HIV prevention were more likely to be black, which may appropriately reflect greater exposure to the disease in their communities. There were significant differences by gender in the behavioral and attitudinal predictors of primary use of condoms for HIV prevention. The reasons for these gender differences are unclear, but understanding them may lead to better targeted intervention approaches.

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There are no conflicts to report.

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