

HIV and High Risk Behavior

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What we know

- 17% increase in HIV among gay men since 1999
- High rates of methamphetamine use among MSM population (Stall et al., 2001)
 - Meth characterized as “sex drug” (Reback, 1997)
 - Connection between meth and high risk sexual behavior (Frosch et al., 1996; Shoptaw et al., 2002)
- HIV infection highest among MSM meth users compared to heterosexual meth users (Molitor et al., 1998; Semple et al., 2002)



Rural Communities

- Prevalence of HIV/AIDS increased 82% in the 1990s (CASA, 2000)
- Meth use on the rise
 - Southern Illinois Methamphetamine Needs Assessment (2007)



HIV Needs Assessment

- Illinois Dept. of Public Health funded
- Purpose—assess needs and identify AODA in people living with HIV/AIDS in rural communities of southern Illinois
 - Using the GAIN
 - Treatment needs
 - Referral
- Special Challenges
 - Lack of appropriate treatment
 - Transportation
 - Stigma



Southern Illinois Methamphetamine Project (SIMAP)

- Overview
 - Methamphetamine specific outpatient tx
 - CSAT funded
 - 64 clients being served (as of October 2007)
 - Matrix Model
- Global Appraisal of Individual Needs (GAIN)
 - 100 page, global assessment
 - HIV risk scale
 - Sexual risk index
- GPRA data



Methods--SIMAP

- GAIN (31 clients)
 - HIV risk scale—needle use, unprotected sex, multiple partners
 - 51.6% at risk
 - Sexual Risk Index— multiple partners, sex while partner was high, sex with IV drug user, sex with condom/barrier



Results SIMAP

- Sexual Risk Index (sexual behavior past 12 months)
 - 22.6% had 2 or more partners
 - 1-4 partners
 - 45.2% had partner who was high/intoxicated
 - 51.6% had unprotected sex
 - 3.2% regularly use condom/barrier
 - 0% anal sex
 - 0% MSM



GPRA data

- Risky Behavior Outcome Report
- Change from intake to 6 month follow-up
 - IV drug use
 - Intake 9.1%; 6 month 0.0%
 - Unprotected sex with someone high
 - Intake 66.7%; 6 month 0.0%
 - Had any unprotected sex
 - Intake 75.0%; 6 month 100%



Future Directions?

- HIV as a chronic disability
- What do we know about co-existing disabilities?
- How do we address AODA in people with chronic disabilities?
- Need to *actively* address HIV risk in AODA treatment programs.

