The Prevalence of High-Risk Sexual Behavior in Male Intravenous Drug Users with Steady Female Partners

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Abstract: A sample of 149 (70 White, 79 Black) male intravenous drug users with steady female sexual partners was interviewed in 1987, in treatment and street settings, about sexual practices during the previous five years. Eighty-three percent had multiple partners, 15 percent reported male sexual contact, 38 percent reported heterosexual anal intercourse, and 73 percent never used condoms. Thirty-seven White and 30 Black subjects reported bisexuality or heterosexual anal intercourse or both. (Am J Public Health 1990; 80:465–466.)

Introduction

Research on AIDS (acquired immunodeficiency syndrome) prevention among intravenous (IV) drug users has focused primarily on needle sharing, 1,2 with few studies to date on high-risk sexual behavior. 1,3 Since sexual behavior may prove more difficult to change than needle behavior, 2,4,* more information is needed to design effective AIDS education programs. This paper presents the prevalence of high-risk sexual behavior in a sample of male IV drug users in San Francisco.

Methods

Data on sexual behavior were collected in early 1987 from 149 male IV drug users with stable female sexual partners. The men were a sub-set of a larger study of risk behaviors for human immunodeficiency virus (HIV) transmission among 632 male and female IV drug users. Of the 411 male subjects, 34 had exclusively male sexual contacts during the previous five years and 377 had sexual contact with females during that period. Of these 377, 134 were White, 171 were Black, and 82 were Hispanic or other ethnic backgrounds. Participants were asked: "Do you have a steady sexual partner (or partners)?" If they answered yes, they were asked whether the partner(s) was male, female, or both. Of the 377 males, 201 reported a steady partner or partners; 184 had a steady female partner, 14 had a steady male partner, and three had both a male and a female partner. One White and one Black male reported both a female and a male as steady partners. Information on length of relationship was not obtained. Men with no steady sexual partners, those whose partners were exclusively male, and those of Hispanic or other ethnic backgrounds were not included in this study.

Subjects were recruited from a 21-day methadone clinic and a symptomatic (nonmethadone) clinic, and from three

street settings. In-treatment subjects had a documented history of opiate addiction (the methadone clinic), or were identified by staff as having injected drugs during the three weeks prior to admission (the symptomatic clinic). Of those contacted in the two clinics, 86 percent agreed to participate. Out-of-treatment subjects, recruited via word of mouth through a targeted sampling technique,⁵ reported needle use within three weeks of interview and showed signs of recent venipuncture. The refusal rate for street subjects is unknown because of the chain-referral recruitment method.

Structured 45 minute interviews were conducted by trained interviewers who questioned subjects about demographic characteristics, medical history, drug use patterns, and AIDS awareness, as well as sexual behavior. Subjects were asked their total number of female sexual partners during the previous five years; if they had sexual contact with males; if they ever engaged in heterosexual anal intercourse, and the percent of time of condom use.

Results

Of the 149 subjects, 70 were White and 79 were Black; less than one-fifth (18 percent) of the subjects were currently married. Age ranged from 20 to 66 years; the median age of Whites was 33.5 years, of Blacks 36 years. Eighty-eight (59 percent) of the men were interviewed out-of-treatment, 27 (39 percent) of the White subjects and 61 (77 percent) of the Black subjects.

High Risk Sexual Activities

Over four-fifths (83 percent) of the men reported more than one female sexual partner during the previous five years, 60 percent had five or more, and 39 percent had 10 or more. Whites had a median of 7.5 partners and Blacks a median of five partners.

Twenty-two (15 percent) of the 149 men reported sexual contact with a male (13 percent of the Whites and 17 percent of the Blacks). White subjects who reported same-sex activity had a median of 20 female partners and three male partners. Black subjects who reported bisexual activity had a median of 10 female and three male partners.

Heterosexual anal intercourse was reported by 56 (38 percent) of the men (46 percent of the Whites and 30 percent of the Blacks). Almost three-fourths (73 percent) of the men said they never used condoms.

Table 1 shows the distribution of subjects engaged in high-risk sex by treatment status and by ethnicity. Twenty-seven of 61 in-treatment subjects and 29 of 88 out-of-treatment subjects reported either bisexuality or heterosex-ual anal intercourse. In all, 33 White and 23 Black subjects reported either male sexual contact or heterosexual anal intercourse; seven Black and four White subjects engaged in both activities (see Table 1).

The majority of men engaged in high-risk sex reported non-use of condoms (Table 1). Fourteen of 22 men who had male sexual contact, and 41 of 56 men who engaged in

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TABLE 1—High-Risk Sexual Behaviors in 149 Intravenous Drug Users According to Treatment Status and Ethnicity

	(1)	(2) Heterosexual Anal	(3)		(4)
			(1)+(2)	Either Heterosexual Anal or Bisexual	Never Use Condoms
In-Treatment (N)			-		
Black (18)	1	9	1	8	16
White (43)	3	20	2	19	33*
Total (61)	4	29	3	27	49*
Out-of-Treatment (N)					
Black (61)	12	15	6	15	38
White (27)	6	12	2	14	21
Total (88)	18	27	8	29	59
Total (N)					
Black (79)	13	24	7	23	54
White (70)	9	32	4	33	54
Total (149)	22	56	11	56	108

^{*}One subject with a missing answer.

heterosexual anal intercourse said they never used condoms (data not shown).

Discussion

Overwhelmingly research on IV drug users is conducted in treatment programs.^{5.6} In this study, the majority of subjects were recruited out-of-treatment. Because this was not a random sample, the results may not be generalizable. Other limitations are a lack of information on duration of partner relationships and the problem of bias in recalling and accurately portraying past sexual activity.

Due to a lack of comparable studies, it is unknown whether the range and level of sexual activity reported by these subjects is similar to other IV drug users. The sexual risk taking in this sample may be connected with recent increases in cocaine injection and smoking.^{7,8} Because cocaine has been linked with heightened sexual activity in some studies,^{9,10} the impact of it and other drugs on high-risk sexual behavior merits study.

The numerous sexual partners and the high-risk practices reported by a majority of these IV drug users indicate the potential for widespread secondary transmission of HIV. The difficulty in reducing sexual risk behavior is shown by the high proportion of subjects in this study who reported non-use of condoms, despite out-reach risk reduction programs, initiated in 1986, which included widespread distribution of free condoms to IV drug users in San Francisco. 4.**

Further research is required on ways to overcome barriers to condom use and to reach heterosexually identified male IV drug users engaged in sexual activity with males. Continued aggressive culturally sensitive out-reach sexual

risk reduction strategies are needed, since many IV drug users may not be enrolled in treatment programs.^{11–13}

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