

Lowered Drug Use Reduces Risky Behaviors Among Gay/Bisexual Males

A study published in *Experimental and Clinical Psychopharmacology* (Vol. 15, No. 3, 2007, pgs 301-307) found that gays/bisexuals who reduce their use of methamphetamines also experienced a reduction in their risky sexual behaviors and their overall depression.

Researchers at the University of California, Los Angeles, surveyed 162 self-identified gay or bisexual males involved in an outpatient treatment program. They hypothesized that “participants displaying the most rapid decreases in drug use during the treatment would simultaneously show correspondingly higher rates of improvement in their depression symptoms and fewer report high-risk sexual behaviors.”

The researchers found that “Greater reductions in methamphetamine use presaged greater reductions in other maladaptive behaviors in a linear fashion. This finding supports the idea that although depression and high rates of sexual risk behaviors are correlated with methamphetamine use, individuals are likely to experience the greatest relief simply by focusing on sustaining methamphetamine abstinence.”

CDC Funds Pilot Program To Fight Syphilis Among Gays

Public health officials in Pennsylvania are concerned about the spike in syphilis cases in the state. The most recently reported cases are from 2005. The 199 cases that year hit a 20-year high and more than double the 78 cases reported in 2000.

According to health officials, most cases involved men having sex with men from the Pittsburgh and Philadelphia areas. Stephen Kowalewski, a senior public health adviser, however, says that these men do not necessarily consider themselves gay or bisexual. He told local health directors in Harrisburg that the term used to describe this kind of sex is “down low.”

Kowalewski says the upward spike of syphilis cases reflects a reduced fear of contracting HIV. On the West Coast, outbreaks of syphilis among men were linked to increased use of crack cocaine and trading sex for drugs.

Kowalewski has invited six counties to participate in a pilot program to find non-traditional means of finding and testing those at risk. The U.S. Centers for Disease Control and Prevention has provided a \$200,000 grant to fund the pilot program. According to Kowalewski, “It seems the traditional messages are not completely effective with this population.”

Untreated, syphilis can cause headaches, sore throat, fever, rashes, eventual brain damage and death. (Source: *The Morning Call*, Allentown, Pennsylvania, September 24, 2007)

Kaposi's Sarcoma Reappears In San Francisco

A report in the San Francisco Chronicle (October 13, 2007) notes that several Kaposi's Sarcoma (KS) cases have emerged in the city among long-term HIV positive individuals.

Fifteen patients are being treated for KS. “This could either be the canary in the coal mine, or it could just be a collection of rare events that will continue to occur when people are given what appears to be effective treatment,” said Dr. Jeffrey Miller, a San Francisco General Hospital epidemiologist and KS expert.

This disease was once widespread and was known as “gay cancer.” Beginning in 1995, anti-viral drugs resulted in the disappearance of the disease. Columbia University researchers found that KS was caused by a herpes virus, HHV-8. This disease migrated to the lungs, lymph nodes and throat. Death was frequently the result.

According to epidemiologist Dr. Marcus Conant, “I believe some other virus, or infection, is stimulating HHV-8 to replicate.”

Study Finds Correlation Between Religiosity And Reduced Promiscuity

A new survey, “Religiosity, Denominational Affiliation and Sexual Behaviors among People with HIV in the United States,” (*Journal of Sex Research*, Vol. 44, Issue 1, 2007, pgs. 49+) studies the impact of religious belief on sexual behaviors.

The authors note: “There is reason to believe that religiosity may promote safer sex practices. ... Studies examining the relationship between religiosity and sexual behaviors more generally (i.e., outside the HIV-risk context), have found that individuals who attend religious services more often are less likely to be sexually active, and if active, have fewer sexual partners and less frequent sexual intercourse ... These results suggest that religiosity may deter individuals from engaging in behaviors that could transmit HIV infection.”

The primary aim of this current study was to “test whether religiosity and denominational affiliation among people with HIV, taking into consideration other characteristics of the infected population, such as sexual orientation and gender.”

The sample for the study was taken from the HIV Cost and Services Utilization Study (1999). Religiosity questions were adapted from the Midlife Development Inventory developed by the MacArthur Foundation Research Network on Successful Midlife Development (1996). Data was collected in 1998.

Respondents to the study were given a choice of 46 denomina-

tional affiliations. Each participant was asked about his or her sexual activities with the five most recent partners. The sexual orientation of each person was self-reported.

The researchers found that “Religiosity was associated with fewer sexual partners and a lower likelihood of engaging in unprotected sex and in high-risk sex. ...

“A lower likelihood of unprotected sex was reported by heterosexual men compared with gay-bisexual men, and higher likelihoods of both unprotected sex and high-risk sex were reported by African Americans compared with Whites. Latinos were also

more likely to report high-risk sex than were Whites.”

In addition, “Our data suggests that religiosity is more important than denominational affiliation as a predictor of sexual behaviors.”

A further comment noted: “...this study found support for the importance of religiosity in reducing risk behaviors associated with the transmission of HIV and for exploring ways of incorporating value-oriented motivators (such as religiosity) for practicing safer sex into HIV prevention programs.”