

THE ROLE OF MENTAL HEALTH ISSUES IN HIV ACQUISITION AMONG FEMALE DRUG USERS

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BACKGROUND

Spain has one of the highest rates of HIV infection among female drug users (FDU) in Europe. 33% of treatment seeking FDU in outpatient drug treatment centres in Barcelona are infected with HIV [1]. Furthermore, recent studies indicate that without a better understanding of FDU's risk behaviours to inform the development of effective interventions, these rates will remain unchanged [2]. FDU report greater HIV risk behaviors, psychiatric co-morbidity and intimate partner violence than their male counterparts, putting them at greater risk of HIV [3-7].

AIMS

To study the role of psychiatric disorders, personality traits, intimate partner violence and assertiveness in HIV acquisition among FDU.

METHODS

The study has a mixed methods design. To date, 103 FDU in treatment have been assessed using the Psychiatric Research Interview for Substance and Mental Disorders [8] and the Revised Temperament and Cloninger's Character Inventory (TCI-R) [9]. Intimate partner violence [10], childhood abuse [11], HIV sexual and injection related risk behaviours [12], assertiveness [13] and HIV status were also assessed.

Unadjusted odds ratios (OR) and 95% confidence intervals (CI) and independent t-tests were calculated. Qualitative interviews have been conducted with 28 FDU (13 HIV +ve) and analysed using NVivo.

PRELIMINARY RESULTS

To date 103 FDU have been interviewed (mean 38.89 years, sd. 7.75). Clinical records reported that 29.1% (30/103) were HIV positive and 49.5% (51/103) were hepatitis C (HCV) positive. The majority of HIV positive FDU were also HCV positive (96.7%). Most (81.6%) met criteria for lifetime poly substance abuse or dependence; most commonly cocaine (75.7%), heroin (60.2%) and alcohol (38.8%); and 55% had ever injected. Over half (50.5%) met criteria for any lifetime depressive disorder (25.2% for a substance induced depressive disorder), 24.3% for lifetime PTSD, 18.4% for lifetime antisocial personality disorder and 35.9% for lifetime borderline personality disorder. Almost half (47%) had experienced intimate partner violence in the previous year or in their last relationship and 68% had experienced childhood abuse.

HIV positive FDU were more likely to have lifetime substance-induced depression, antisocial or borderline personality disorder, lifetime poly substance abuse or dependence, and lifetime sedative or heroin abuse or dependence (Table 1). HIV positive FDU were also more likely to have (had) a partner who was an IDU or who has (had) HIV or HCV, to have injected with used needles, to report having had unsafe sex with people who could be HIV positive or with IDUs or their partners, to have ever been involved in prostitution and to have ever been homeless (Table 1). There were no differences between FDU with or without HIV in the following personality traits measured by the TCI-R: novelty seeking, harm avoidance, reward dependence, persistence, self directedness, cooperativeness and self transcendence. FDU with HIV scored higher in the drug use risk subscale of the HIV Risk Taking Scale, and showed greater assertiveness with regards to contraception and STD prevention in the Sexual Assertiveness for Women Scale (Table 2).

CONCLUSION

Psychiatric comorbidity, gender inequalities and intimate partner violence may decrease FDU ability to negotiate safer interactions in their drug and sex networks/relationships. HIV risk behaviour and prevention interventions should be understood in the context of FDU sexual and drug using relationships with their partners [14].

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Table 1. Lifetime Mental and Substance Use Disorders, and lifestyle factors by HIV status (n=103)*

Lifetime Mental Disorders	HIV status		OR (95% CI)
	No	Yes	
Any Depressive Disorder	31 (42.5%)	21 (70.0%)	3.16 (1.28, 7.84)
Major Depression	22 (30.1%)	10 (33.3%)	1.16 (0.47, 2.88)
Substance Induced Depression	13 (17.8%)	13 (43.3%)	3.53 (1.38, 9.02)
Post Traumatic Stress	14 (19.2%)	11 (36.7%)	2.44 (0.95, 6.27)
Borderline	21 (28.8%)	16 (53.3%)	2.83 (1.18, 6.81)
Antisocial	9 (12.3%)	10 (33.3%)	3.56 (1.27, 9.97)
Lifetime Substance Use Disorders			
Polysubstance	55 (75.3%)	29 (96.7%)	9.49 (1.21, 74.71)
Heroin	34 (46.6%)	28 (93.3%)	16.06 (3.56, 72.44)
Cocaine	54 (74.0%)	24 (80.0%)	1.41 (0.50, 3.97)
Alcohol	30 (41.4%)	10 (33.3%)	0.72 (0.29, 1.75)
Sedatives	15 (20.5%)	15 (50.0%)	3.87 (1.55, 9.64)
Lifestyle factors			
Intimate Partner Violence	33 (45.8%)	14 (50.0%)	1.18 (0.49, 2.83)
Any Childhood Abuse	47 (64.4%)	23 (76.7%)	1.82 (0.69, 4.81)
Any Partner IDU	34 (54.8%)	24 (92.3%)	9.88 (2.15, 45.49)
Any Partner HIV +ve	15 (26.8%)	20 (90.9%)	27.33 (5.69, 131.29)
Any Partner HCV +ve	23 (42.6%)	18 (85.7%)	8.09 (2.13, 30.76)
Lifetime unsafe sex with people who could be VIH+ve or IDUs/ their partners	20 (30.3%)	16 (57.1%)	3.07 (1.23, 7.65)
Ever injected with used needle	17 (23.9%)	24 (85.7%)	19.06 (5.80, 62.69)
Ever been homeless	16 (22.5%)	13 (43.3%)	2.63 (1.06, 6.54)
Prostitution	15 (23.1%)	19 (67.9%)	7.04 (2.64, 18.77)

*Discrepancies due to missing data

Table 2: Assertiveness and risk taking behaviours by HIV status (mean)

HIV Risk Taking Scale* (past month)	HIV status		p
	No	Yes	
Drug use risk subscale	0.34	1.47	0.007
Sexual risk subscale	2.96	1.97	0.169
Total	3.30	3.43	0.874
Sexual Assertiveness for Women Scale^o			
Information/Communication subscale	25.83	24.20	0.256
Initiation subscale	18.17	17.57	0.422
Refusal subscale	16.22	15.60	0.422
Contraception/STD prevention subscale	14.68	17.60	<0.001

*HIV Risk Taking Scale - higher score greater risk

^oSexual Assertiveness for Women Scale - higher score greater assertiveness

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