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Contributions of Behavioral Research To AIDS Studies Recognized

By Neil Swan, NIDA NOTES Staff Writer

Behavioral and social sciences research is playing an increasingly critical role in the Nation's public health efforts to reduce the spread of AIDS, according to experts at a National Institutes of Health (NIH) symposium last summer.

Dr. James Curran, an AIDS epidemiologist and professor at Emory University in Atlanta, said that scientific research has made significant advances in recognizing the "previously marginal" role for behavioral studies related to AIDS. The symposium, Substance Abuse and AIDS: Research from the Behavioral and Social Science Research Institute at the NIH campus in Bethesda, Maryland, was cosponsored by NIDA.

AIDS is still a young epidemic, said Dr. Curran, formerly head of the Division of HIV/AIDS Prevention for Disease Control and Prevention (CDC) in Atlanta. Early public responses tended to "ghettoize" those affected by the disease, downplaying its spread into the general population through heterosexual contacts, he said. As a result, the public has mistakenly failed to recognize the importance of heterosexual contacts in the spread of HIV. Among these contacts, particularly among poor and minority women, heterosexual sex is key to the currently increasing rate of HIV infection, he said. Statistics from the CDC support this view. In September, the CDC reported that the number of new HIV infections is increasing faster among women than among men and that sex with infected men has overtaken drug abuse as the leading cause of HIV infection among women. From 1991 through 1995, the number of men diagnosed with AIDS increased by 12.8 percent, versus an increase of 63 percent for women. However, many of the sex partners of these HIV-infected women are men whose own infections are drug abuse related.

Behavioral factors play an important part in these gender differences, say experts. Studies show that men who now account for approximately 48 percent of all AIDS patients, are often well educated, aggressive in seeking treatment options, and responsive to prevention efforts. But many women with HIV are poor, are not well educated, and may have limited access to health care. As a result, these women may not respond as well as some men to prevention or treatment efforts. Behavioral studies are vital to learning more about the spread of the HIV infection, said William Paul, former director of NIH's Office on AIDS Research. After reviewing NIH-supported AIDS

outside experts recommended strengthening the social sciences and behavioral components of the research advice now being heeded in NIH's AIDS research agenda, said Dr. Paul. NIDA ranks third among NIH level of funding it receives for AIDS studies, and much of the NIDA-supported research is already devoted and social sciences investigations into the link between drug abuse and AIDS.

"Increasing access to drug abuse treatment is a legitimate and absolutely necessary HIV prevention activity."

"AIDS and drug abuse are two epidemics that are totally intertwined," NIDA Director Dr. Alan I. Leshn those attending the session. "It's impossible to speak about one and not the other. Behavioral and social is critical to gaining insights into the epidemiology of AIDS, and it helps the broader scientific community on this intersection of drug abuse and AIDS."

Studies of social and personal networks are vital to understanding HIV transmission and prevention, said a NIDA-supported researcher at Johns Hopkins University in Baltimore. "We need to look not so much behavior but more at social-network aspects of behavior," he said. "We need to learn more about support provide protection against HIV transmission and risk networks that actually promote high-risk behavior:

Numerous studies have documented that significantly lower rates of HIV risk behaviors are practiced by who are enrolled in treatment programs, said Dr. David Metzger, another NIDA-funded researcher at the Pennsylvania. "The consistency of these findings suggests that increasing the access to drug abuse treatment legitimate and absolutely necessary HIV prevention activity," he said. "Although the data [supporting the of drug abuse treatment in preventing HIV transmission] are strongest for methadone treatment of opiate there also is growing awareness of the important role that noninjection drug use has played in the sexual HIV."

He noted that the protective effects of drug abuse treatment are not immediate and not universal. This is need to investigate all modalities of treatment to document the effectiveness of each in changing behavior HIV transmission.

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