

Researchers Find Gender Differences In How Drug Abusers Respond To HIV Prevention Strategies

By **Steven Stocker**, NIDA NOTES Contributing Writer

Men who abuse drugs are more likely to reduce their sexual risks of HIV infection if they are given risk-reduction information on the street, while women drug abusers respond better if they are given this information in an office with counseling. This is one of the findings of a NIDA-funded study on the effectiveness of HIV risk-reduction programs tested in two towns in Arizona.

Dr. Robert Trotter and his colleagues at Northern Arizona University in Flagstaff developed two enhanced programs for reducing drug-related and sexual risks for HIV transmission and added the programs to a standard program developed by the Centers for Disease Control and Prevention and modified by NIDA. The standard program recruits drug abusers on the street and then provides HIV risk-reduction information at the project office. In the office, counselors provide information on proper condom use and bleach disinfection of drug injection equipment. Drug abusers also are offered testing for HIV infection.

One of the enhanced programs developed by the researchers, called the active outreach intervention, provides the HIV risk-reduction information on the street rather than in the office. Later, the entire network of people who use drugs together and share drug use equipment is invited into the office for a group discussion of HIV transmission risks.



Dr. Robert Trotter of Northern Arizona University discusses with his staff possible strategies for reducing HIV transmission risks among drug abusers who use drugs together and share drug injection equipment.

The other enhanced intervention, called the office-based intervention, involves the same recruitment procedure as the standard intervention, but additional counseling techniques are used when the drug abuser visits the office. In the office, the person is first asked to identify at least one HIV risk in his or her life. The person is then asked how this risk might be reduced and is encouraged to do so. Like the active outreach intervention, the office-based intervention also involves a subsequent group session with

the network of drug abusers.

All three interventions, both the standard and the two enhanced, reduced HIV risk behaviors; however, for reducing sexual risks, the researchers found that the active outreach intervention worked better for men, and the office-based intervention worked better for women. The men seemed to respond well to being taught about HIV risk-reduction on the street because that was the environment in which HIV risks often occurred, Dr. Trotter speculates. "Some pretty solid social science theory states that, for certain kinds of behavior, providing the behavior reduction intervention in the context in which the behavior occurs is more effective," he says.

However, this theory did not apply to the women in the study. The women told the researchers that they felt safe discussing sensitive matters in the office, where they were not under pressure from family and other drug abusers. "If we had conducted the interventions with these women on the street or in their homes, people would be around who might hear what they were saying, and the women were afraid of the repercussions. In the office, the women felt emotionally and physically protected," Dr. Trotter says.

Source

Trotter, R.T.; Bowen, A.M.; Baldwin, J.A.; and Price, L.J. The efficacy of network-based HIV/AIDS risk-reduction programs in midsized towns in the United States. *Journal of Drug Issues* 26(3):591-605, 1996.

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