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Treatment and Outreach Research on AIDS: Identifying and Treating Those at Risk

By Neil Swan, NIDA NOTES Contributing Writer

NIDA's drug abuse treatment and outreach research is taking the Institute's AIDS prevention mission on of the battle against HIV infection. NIDA-supported researchers in these programs work face to face wit populations to learn and implement more effective ways to reduce the risk of contracting HIV and AIDS component in both treatment and outreach programs has been the search for ways to reduce HIV risks re injection practices.

Treatment Research

NIDA's years of experience in developing and implementing drug abuse treatment programs have enable identify, study, and modify drug-use behaviors that increase HIV transmission risks among people who

The Institute's AIDS-related treatment research has three major goals: improving therapies and getting n treatment, integrating effective HIV risk-reduction tactics into existing treatment programs, and designir services for targeted at-risk subgroups. These subgroups include gay men who are also drug users, wom abuse drugs but who have sex with men who do, HIV-positive addicts, and drug abusers who are in pris otherwise involved with the criminal justice system.

NIDA-funded studies have shown repeatedly that injecting drug users who are in treatment programs ar engage in high-risk sexual and drug-using behaviors than are comparable addicts who are not enrolled in example, a 1988 study of methadone treatment programs for heroin addicts found that comprehensive di treatment is effective in reducing injection drug use and needle sharing among most heroin addicts.

Subsequent NIDA-funded studies have reinforced these initial findings. University of Pennsylvania rese

heroin addicts in Philadelphia found that out-of-treatment subjects were injecting drugs, sharing needles shooting galleries, and practicing unsafe sex at significantly higher rates than in-treatment subjects. The found that the addicts who did not receive treatment had a conversion rate to HIV-positive status that was higher than the rate among in-treatment injecting drug users who had been regularly exposed to risk-reduction counseling, and other strategies.

Unfortunately, HIV risk-reduction education and counseling, HIV testing, and AIDS risk behavior assessments have not yet been assimilated into many existing treatment programs for heroin and cocaine addicts. In response, encouraging researchers who are developing and testing behavioral therapies for drug abuse and dependence to develop HIV risk-reduction interventions that can be readily incorporated into existing drug-abuse treatment programs.

The Institute's behavioral therapies development program announcement has recently been expanded to encourage behavioral research to develop HIV risk-reduction interventions. The program will identify, test, and introduce new behavioral therapies for drug abuse that ultimately can be used in community treatment centers. Researchers will develop behavioral counseling, cognitive therapies, and other types of treatment design that reduce the risk of HIV infection and will explore ways to improve treatment compliance, keep potential dropouts engaged, and appeal to those who resist treatment.



Case Manager Andrea Coward (left) listens to a client describe his life in a culture of drug abuse. "Hearing themselves say things to another person, a light bulb will go on, and it helps them realize what they can do to help themselves," Ms. Coward says.

Another new effort will seek to expand basic behavioral research to develop models of behavior and beliefs relevant to HIV risk. These will include psychological, social, and biological approaches to explain and related behaviors among persons and groups in various settings. A significant aspect of this initiative will be to bring together researchers from different disciplines in a collaborative way to integrate scientific approaches in order to develop effective ways to address the HIV/AIDS problem.

Outreach Programs

Two landmark outreach programs, initiated by NIDA's Community Research Branch in collaboration with other agencies around the country, have set the standard for investigations that shoulder the dual responsibility of AIDS prevention, drug abuse outreach and treatment.

The National AIDS Demonstration Research (NADR) Project, conducted from 1987 to 1992, funded 29 community-based HIV-prevention programs for out-of-treatment injecting drug users and their sexual partners. The

Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program, launched currently evaluating the effectiveness of NADR intervention programs among different populations in different communities across the Nation, as well as looking at ways to expand the programs. As the examples cited illustrate, the interventions for out-of-treatment drug users undertaken in both programs accomplished significant and clinically meaningful decreases in HIV-related risk behaviors.

NADR lived up to its description as an outreach program, reaching thousands of out-of-treatment drug users and their sexual partners during its 5-year life span. Reductions in risk behavior, from initial assessment to follow-up 6 months, were striking and encouraging. Follow-up data revealed that 46 per-cent of NADR participants stopped injecting drugs, 37 per-cent reduced or stopped sharing needles, 50 percent reduced or stopped using needles, and 60 percent reduced or stopped sharing other injection equipment. In addition, a substantial number of injecting drug users underwent treatment after intervention, many for the first time in their lives.

Although changes in high-risk sexual behaviors were less marked than changes in drug-use behavior, there was a substantial improvement. For example, the proportion of injecting drug users who always used condoms increased from 10 per-cent before intervention to 19 per-cent afterward. The decrease in the percentage of subjects who had two or more sexual partners dropped from 44 to 36 percent.

The Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program continues to have the goals of preventing the further spread of HIV infection among drug users and their sexual partners. Like NADR, the program uses street-based, face-to-face outreach and risk-reduction interventions and pretest and post-test antibody counseling. The Cooperative Agreement takes NADR's research one step further, with controlled clinical research. Specific, well-defined populations have been recruited for intervention at multiple sites, and a standardized intervention is being used. The Cooperative Agreement is currently the only system of its kind that captures epidemiologic information on hard-to-reach, out-of-treatment drug-using populations.



Counselor James Gaines (left), Community Outreach Program in Long Beach, California, discusses risk reduction with patient. NIDA-funded studies show that injecting drug users in treatment programs are much less likely to engage in high-risk sexual and drug-using behaviors than are comparable users not in treatment.

As with research results from NADR, results from the Cooperative Agreement reveal a remarkable success in reducing HIV risk behaviors. Examples of changes in risk behavior, from initial assessment to follow-up 6 months, include:

- a 41 percent reduction in frequency of injection, from 64 times in the past 30 days prior to intervention to 37 times after 6 months.

in the past 30 days after intervention;

- a 54 percent reduction in reusing other persons' syringes, with 17 percent reusing another person's intervention and 8 percent at followup; and
- a reduction from 22 percent to 14 percent in the proportion of sexual partners who injected.

Outreach approaches are still being developed and evaluated. As the epidemiologic characteristics of the continue to change, becoming increasingly concentrated in hard-to-reach populations and subgroups, ne monitoring the extent of HIV disease prevalence and for delivering effective interventions are critical in effective prevention strategies. NIDA is now funding new epidemiology studies to better define the com demographic subgroups in which HIV is spreading, to further identify the specific behavioral risk factor spread of HIV in each subgroup, and to evaluate what has been learned about using effective risk-reduct tailored to the needs of these subgroups. Research will concern the unique health care needs of high-risk drug users, seeking ways to better meet their medical and social service needs.

Needle Exchange and Hygiene

NIDA has taken the lead in fighting the spread of AIDS among injecting drug users by studying various reduce HIV risks related to needle use.

One such study, the first federally funded needle-exchange evaluation, tracked the use of syringes amon users in New Haven, Connecticut, over 3 years. Data from the locally operated project, which includes I medical monitoring, show that after the needle-exchange service was provided, the proportion of needle positive for HIV dropped significantly. Using these data, the New Haven researchers estimated that ther percent reduction in new cases of HIV infection among injecting drug users as a result of the needle-exc Significantly, they also have reported that 17 per-cent of the study subjects have been referred to drug al NIDA is now funding similar evaluations in six other cities.

NIDA's multisite observation of needle hygiene practices among injecting drug users in 1993 provided i another HIV risk involved in injection drug use - indirect sharing, which can occur when water or cooke drugs, cotton swabs, or a drug solution that contacts the bleach of one injecting drug user is used by ano process of preparing or injecting drugs. Indirect sharing also can occur with the transfer of drugs from o another before injection. NIDA researchers' data show that, despite reductions in the frequency of syring users, indirect sharing remains a common practice, and some high-risk subgroups have not yet been targ reduction interventions.

NIDA research in the 1980s suggested that common household bleach is more effective than most other solutions such as alcohol and hydrogen peroxide in disinfecting needles and syringes used by injecting c Bleach soon became the standard for use in needle hygiene programs, and small bottles of bleach and ot reduction educational materials were widely distributed by outreach workers throughout the country. Be disparities in bleach disinfection techniques by drug users, in 1993 NIDA issued a Director's Alert and l the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services A Center for Substance Abuse Treatment in issuing a bulletin on the most effective bleach disinfection pro urging the use of new or sterile equipment.

Now NIDA is recruiting re-searchers for a second generation of studies to examine strategies used in dif risk-reduction projects - counseling, education, the crafting of messages targeting specific subgroups, lir treatment, and other variable components.

Sources

National Institute on Drug Abuse. Cooperative Agreement for AIDS Community-Based Outreach/Interv Program, 1990-Present. Rockville, Md.: NIDA, 1995.

National Institute on Drug Abuse. Outreach/Risk Reduction Strategies for Changing HIV-Related Risk Drug Users. NIH Publication No. 94-3726. Rockville, Md.: NIDA, 1994.

Special Note

The photos in this article are taken from a newly released videotape that NIDA has produced for drug at "Drug Abuse and HIV: Reaching Those at Risk" highlights NIDA's indigenous leader outreach interven tape shows outreach workers in their communities teaching injecting drug users to change behaviors tha of contracting HIV. While the indigenous leader outreach model is the videotape's primary focus, a stan intervention program and an AIDS risk-reduction intervention model are featured as well.

To order the 17-minute video, "Drug Abuse and HIV: Reaching Those at Risk," call the [National Cleari Alcohol and Drug Information](#) at (800) 729-6686. Refer to NIDA Videotape Series, April-May 1995, N #VHS74.

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