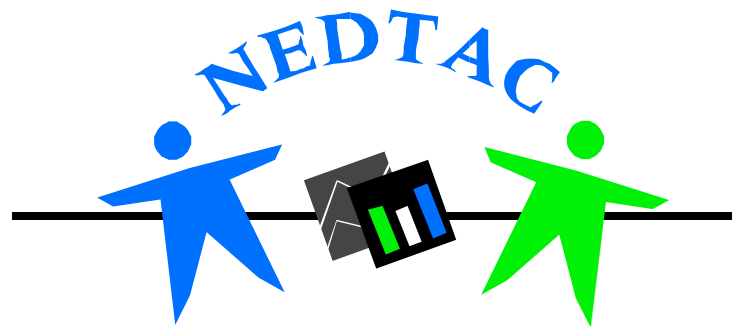


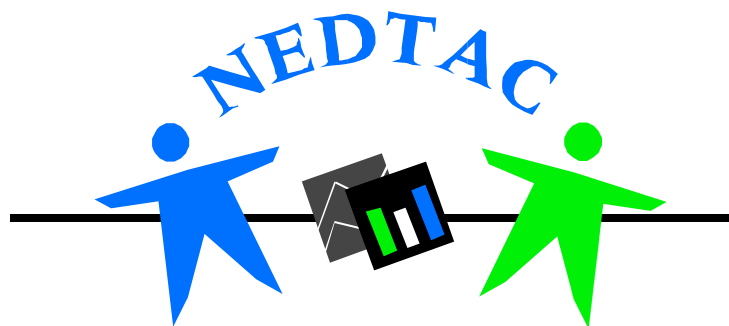
**NATIONAL EVALUATION DATA AND  
TECHNICAL ASSISTANCE CENTER**



**AIDS-RELATED ISSUES AND SUBSTANCE ABUSE  
TREATMENT: SELECTED BIBLIOGRAPHIES, 1990-1998**

**April 1999**

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**CSAT**  
Center for Substance  
Abuse Treatment  
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## FOREWORD

One of the missions of the Center for Substance Abuse Treatment is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse treatment.

A primary NEDTAC activity was to provide evaluation technical assistance and support to substance abuse treatment providers and evaluators. NEDTAC produced a series of bibliographies in key topic areas to further this objective. This document belongs to that series. This annotated and selected bibliography lists background reading on HIV/AIDS and substance abuse treatment. We hope that this material will assist professionals within the HIV/AIDS and substance abuse treatment community to increase their knowledge of effective and appropriate ways to serve diverse client populations.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Tifney Franklin for compiling and Beth Archibald Tang for reviewing this document.

Sharon Bishop  
Director  
National Evaluation Data and  
Technical Assistance Center (NEDTAC)

**I. AIDS AND SUBSTANCE ABUSE TREATMENT:  
ANNOTATED BIBLIOGRAPHY, 1990-1998**

## **I. AIDS AND SUBSTANCE ABUSE TREATMENT: ANNOTATED BIBLIOGRAPHY, 1990-1998**

Aday, L.A., Pounds, M.B., Marconi, K., & Bowen, G.S. (1994). A framework for evaluating the Ryan White CARE Act: Toward a circle of caring for persons with HIV/AIDS. AIDS and Public Policy Journal, 9, 138-145.

The Ryan White Care Act provides funds for communities to treat people with HIV. To better accommodate the needs of the community, members of the specific ethnicity, gender, or sexual orientation for which the program was geared were chosen as part of the planning boards. After discussing the obstacles to treatment and other treatment issues their clients would face, the different groups developed a list of common obstacles and issues. As a result, access to treatment was improved, as well as retention in treatment. (Author abstract modified)

Andersen, M.D., Hockman, E.M., & Smereck, G.A.D. (1996). Effect of a nursing outreach intervention to drug users in Detroit, Michigan. Journal of Drug Issues, 26, 619-634.

The National Institute on Drug Abuse (NIDA) Cooperative Agreement Project's Detroit site compared the effectiveness of two outreach interventions in decreasing the AIDS-related high-risk behaviors of active, injecting drug users and crack cocaine users not in treatment programs. A sample of 539 drug users (70% male) selected from two high-risk neighborhoods participated in two standard AIDS educational and counseling sessions. Half of the subjects then participated in an enhanced nursing intervention called Personalized Nursing Light. The two study groups were compared on number of times injecting heroin, crack cocaine usage, and number of episodes of unprotected sex during the preceding 30 days. The differences between the enhanced group's actual post-test behavior and the behavior predicted by standard treatment alone may be attributable to the addition of the enhanced treatment. The results show the differences were in the expected direction during year 2 of the study when program conditions were at their maximum, staff were on board and trained, and clients participated actively. Significant decreases were obtained for all three risky behaviors (injecting heroin, injecting crack, and engaging in unprotected sex); a dosage measure and participation in substance abuse treatment were also significant. These results show that enhanced treatment adds to behavior improvement beyond the contribution of the standard intervention—when the treatment conditions are operating as planned. (Author abstract modified)

Beardsley, M., Goldstein, M.F., Deren, S., & Tortu, S. (1996). Assessing intervention efficacy: An example based on change profiles of unprotected sex among drug users. Journal of Drug Issues, 26, 635-648.

This paper presents an example of a method for analyzing patterns of risk behavior change over time as a means of comparing the effectiveness of two interventions. Over 700 active drug users

in an AIDS prevention project were interviewed on two occasions, 6 months apart, to assess changes in HIV-related risk behaviors. Discussion of the results focuses on the number of unprotected sex acts reported in the 30 days prior to each interview and reflect five distinct patterns of risk level over time (a decrease, an increase, remaining at low risk, remaining at high risk, or no sexual activity at either time). Bivariate and multivariate analyses indicated that those who remained at a low level or decreased unprotected sex were more likely to be HIV positive when compared to persons at high levels of unprotected sex at follow-up. Age, living alone, and having a stable source of income were also significant predictors of risk pattern. Implications of the findings are discussed with respect to the assessment of efficacy of AIDS prevention interventions and the analysis of risk behavior changes over time. (Author abstract modified)

Booth, R. E., & Koester, S. K. (1996). Issues and approaches to evaluating HIV outreach interventions. *Journal of Drug Issues*, 26, 525-539.

The lack of a medical cure or preventive vaccine for HIV calls for interventions that reduce the occurrence of the behaviors known to be associated with infection. The development of effective interventions requires rigorous evaluations that, to date, have been noticeably lacking in the field. In particular, assessments of HIV prevention efforts have considered interventions as “black boxes,” with little attention to the actual services delivered. In this paper, issues related to evaluating outreach interventions are presented and an evaluation strategy to measure the delivery of outreach services, using both quantitative and qualitative techniques, is recommended.

Booth, R.E., Kwiatkowski, C.F., & Stephens, R.C. (1998). Effectiveness of HIV/AIDS interventions on drug use and needle risk behaviors for out-of-treatment injection drug users. *Journal of Psychoactive Drugs*, 30, 269-278.

This study evaluates the effectiveness of the AIDS Community-Based Outreach/Intervention projects implemented as part of the National Institute on Drug Abuse (NIDA) Cooperative Agreement (CA), which began in 1990 and is currently ongoing. Participants in the CA were randomly assigned to one of two interventions: a NIDA/CA-developed standard intervention (SI); or the SI plus a site-specific enhanced intervention (EI). Analyses of drug use and needle-related risk behaviors were conducted among injection drug users (IDUs) in eight participating cities where follow-up rates of at least 60 percent were obtained (N=3,743). Results indicated that IDUs significantly reduced their needle-related risk behaviors following delivery of the interventions and that a substantial portion entered substance abuse treatment; however, there was relatively little to support the effectiveness of more expensive and involved enhanced interventions. A number of factors associated with increasing or maintaining high-risk behaviors, including an HIV negative serostatus, were also observed. Continued outreach to drug injectors is recommended, as well as the development of new and creative interventions targeting

individuals who are HIV negative and those who are aware of their high-risk status but have not changed their behaviors in response to risk-reduction interventions. (Author abstract modified)

Boscarino, J.A., Avins, A.L., Woods, W.J., Lindan, C.P., Hughes, E.S., & Clark, W. (1995). Alcohol-related risk factors associated with HIV infection among patients entering alcoholism treatment: Implications for prevention. Journal of Studies on Alcohol, *56*, 642-653.

The authors examine several alcohol-related risk factors for HIV infection among patients entering substance abuse treatment in an AIDS epicenter. The objective is to identify key factors for HIV prevention and screening among populations receiving treatment for alcohol abuse or alcohol dependence. Over 900 clients who entered five treatment centers in the San Francisco Bay area underwent an interview and blind serotesting for HIV antibodies (76% were male, 16% were men who had sex with men, 50% were black, 10% were Latinos, and 6.5% were HIV seropositive). Controlling for demographics and traditional HIV risk factors, logistic regression was used to predict HIV serostatus from five possible alcohol-associated risk factors (alcohol impairment, attitudes about socializing in bars, increased sexual risk expectancies when drinking, enhanced sexual expectancies when drinking, and decreased nervousness when drinking). Male and female heterosexuals and men with a history of homosexuality were analyzed separately. The research suggests it may be important to focus HIV screening and prevention on alcohol-related risk factors in AIDS epicenters. (Author abstract modified)

Broadhead, R.S., Heckathorn, D.D., Weakliem, D.L., Anthony, D.L., Madray, H., Mills, R.J., & Hughes, J. (1998). Harnessing peer networks as an instrument for AIDS prevention: Results from a peer-driven intervention. Public Health Reports, *113*(Suppl 1), 42-57.

Since 1985, community outreach efforts to combat acquired immunodeficiency syndrome (AIDS) among injecting drug users (IDUs) in the United States have overwhelmingly depended on a provider-client model that relies on staffs of professional outreach workers. The authors report on a comparison of this traditional outreach model with an innovative social network model, termed “a peer-driven intervention” (PDI). The latter provides IDUs with guidance and structured incentives that permit them to play a much more active role in the outreach process, thereby harnessing peer pressure on behalf of human immunodeficiency virus (HIV) prevention efforts. The authors compare the performance of a traditional outreach intervention and a PDI. Comparisons are based on the number and representativeness of IDUs recruited at each site, the effectiveness of HIV prevention education, compliance rates with AIDS risk-reduction recommendations, and relative cost. The analyses were based on 522 initial interviews and 190 6-month follow-up interviews conducted during the first 2 years of each intervention’s operation. Both interventions produced significant reductions in HIV risk behaviors, as measured using self-reports. The PDI outperformed the traditional intervention with respect to the number of IDUs recruited, the ethnic and geographic representativeness of the recruits, and the effectiveness of HIV prevention education. The findings suggest that, given guidance and nominal incentives,

IDUs can play a more extensive role in community outreach efforts than the traditional model allows. The findings also suggest that both interventions reduce HIV-associated risk behaviors, but the PDI reaches a larger and more diverse set of IDUs more cost effectively. (Author abstract modified)

Celentano, D.D., Vlahov, D., Cohn, S., Shadle, V.M., Obasanjo, O., & Moore, R.D. (1998). Self-reported antiretroviral therapy in injection drug users. Journal of the American Medical Association, 280, 544-546.

The purpose of this study was to assess antiretroviral therapy (ART) use in HIV-infected injection drug users (IDUs). The design was a cross-sectional survey of self-reported ART use in IDUs in a community-based clinic. A total of 404 HIV-infected IDUs were recruited into a longitudinal study. Self-reported ART use was assessed: no current therapy, monotherapy, or combination therapy with or without a protease inhibitor. One half of the patients reported no recent ART. A total of 14 percent had monotherapy, 23 percent were receiving combination therapy without a protease inhibitor, and 14 percent had triple-combination therapy with a protease inhibitor. Those HIV-infected IDUs not receiving ART had less contact with health care providers. Not all information was available on clinical judgment regarding treatment decisions or whether persons were prescribed therapy not taken. The authors found that the proportion of subjects who reported receiving ART suggests that strategies for improving treatment in this population are indicated. Expanding simultaneous treatment services for HIV infection and substance abuse would enhance the response to these related epidemics. (Author abstract modified)

Centers for Disease Control. (1996). AIDS associated with injecting-drug use—United States, 1995. Rockville, MD: Author.

This report characterizes persons with, and trends in, injection drug user (IDU)-associated AIDS reported to the Centers for Disease Control and Prevention (CDC) through 1995 from the 50 states, the District of Columbia, and U.S. territories. Cases reported in 1995 were analyzed by sex, race/ethnicity, state, and region. Injection drug use is the second most frequently reported risk behavior for infection with HIV. When analyzed by sex and sexual orientation, 66 percent of AIDS cases reported among women and 85 percent among heterosexual men with an identified exposure category were IDU related. In the 5-year period from January 1990 through June 1995, the quarterly number of estimated IDU-associated AIDS cases among adolescents and adults increased 48 percent. Among non-Hispanic, black IDUs, cases increased from the first half of 1990 to the first half of 1995 by 59 percent. The findings of this report underscore three important trends in the AIDS epidemic. First, although annual increases in the number of cases associated with IDUs continue to occur, these increases have been progressively smaller while AIDS incidence among heterosexual partners of IDUs has continued to increase steadily. Second,

IDU-associated AIDS has disproportionately increased among heterosexual minorities. Finally, although the highest rates of IDU-associated AIDS continued to occur in the Northeast, the numbers of cases in the South and West continued to increase while increases in the Northeast have slowed. (Author abstract)

Des Jarlais, D.C., Friedmann, P., Hagan, H., & Friedman, S.R. (1996). The protective effect of AIDS-related behavioral change among injection drug users: A cross-national study. American Journal of Public Health, 86, 1780-1785.

This study assessed the relationship between self-reported AIDS behavioral change and HIV serostatus among injection drug users (IDUs). The study sample involved 4,419 IDUs recruited from substance abuse treatment and non-treatment settings in 11 cities on five continents. The World Health Organization multi-site risk behavior questionnaire was used, and either blood or saliva samples for HIV testing were obtained. Subjects were asked, "Since you first heard about AIDS, have you done anything to avoid getting AIDS?" The protective odds ratio for behavioral change against being infected with HIV was 0.50 (95% confidence interval=0.42, 0.59). While there was important variation across sites, the relationship remained consistent across both demographic and drug use history subgroups. The study found that IDUs are capable of modifying their HIV risk behaviors and reporting accurately on behavioral changes. These behavioral changes are associated with their avoidance of HIV infection. (Author abstract modified)

Donovan, C., & McEwan, R. (1995). A review of the literature examining the relationship between alcohol use and HIV-related sexual risk-taking in young people. Addiction, 90, 319-328.

Young people have been targeted as a potentially vulnerable population for the spread of HIV. More recently, studies have attempted to illuminate the relationship between alcohol use and sexual risk-taking in relation to HIV transmission. In a review of literature, three important points are highlighted for researchers in this area. First, methodological problems make establishing any relationship extremely difficult. Second, the concept of sexual risk-taking has to be developed to include acknowledgment of the context in which sex takes place rather than defining risk only in terms of sexual acts. Finally, populations of gay men, men who have sex with men, and lesbians are sufficiently different from heterosexuals with regard to the influence of alcohol on sexual behavior. (Author abstract modified)

Effectiveness of drug abuse treatment: Implications for controlling AIDS/HIV infection. (1990). Washington, DC: Government Printing Office.

This paper has the dual role of examining evidence for the effectiveness of treatment for drug abuse and evaluating drug abuse treatment as a strategy to prevent the spread of the human immunodeficiency virus (HIV). Because most intravenous drug users are not in treatment, the study also examines other approaches to HIV prevention among this high-risk group. The report summarizes main findings and reviews the current situation regarding drug use and HIV infection in the United States. The report also provides background information about the drugs abused and various treatment modalities, and reviews existing literature on the effectiveness of drug abuse treatment and its role in preventing HIV infection. The appendices describe the method of this study, outline the drugs abused (other than opiates and cocaine), summarize cost-benefit analysis of treatment, and review highlights of the most recent National Drug and Alcoholism Treatment Unit Survey. (NCADI abstract modified)

Elovich, R. (1996). Staying negative—it's not automatic: A harm reduction approach to substance use and sex. *AIDS and Public Policy Journal*, 11(2), 66-77.

This study describes the implementation of a Substance Use Counseling and Education (SUCE) program at Gay Men's Health Crisis in New York City. This program is one of the earliest efforts by a community-based AIDS organization to expand the principles and methods of harm reduction to non-injection substance users. It seeks to apply the staging model of behavior change that matches educational interventions to stages of readiness for change, and to develop approaches that address some of the theoretical challenges being raised in the area of HIV prevention for gay men. These challenges include the development of prevention services targeted specifically to HIV-negative gay men; interventions that address the psychological toll of the epidemic over the passage of time; and psychosocial, educational, and counseling strategy for gay men that specifically focuses on strengthening egos, clarifying values, building communication skills, and developing alternative coping strategies. SUCE programs also provide mentoring and peer-groups that offer a therapeutic experience for gay men. The strong association between the use of alcohol and recreational drugs and sexual risk taking has led to the SUCE program model of harm reduction. This model identifies a range of risk, encourages gay men to start where they can protect themselves or their partners, and helps them set their own realistic targets at their own pace. This model emphasizes that ambivalence and relapse are a part of the process at each stage.

El-Sadr, W. et al. (1994). Managing early HIV infection (Quick Reference Guide for Clinicians No. 7). Rockville, MD: Public Health Service.

This document highlights the Clinical Practice Guideline on Evaluation and Management of Early HIV Infection, developed by a private-sector panel of health care providers and consumers. Selected aspects of evaluating and managing adult and child patients who are in the early stages of human immunodeficiency virus infection are presented. Selected topics include: disclosure of

HIV status, treatment of syphilis, pregnancy counseling, diagnosis of HIV infection in infants and children, and development of a comprehensive case management system. Algorithms are included that show the sequence of events related to evaluating and managing early HIV infection in adults and children. (Author abstract)

Fisher, D.G., & Needle, R.H., (Eds.). (1993). AIDS and community-based drug intervention programs: Evaluation and outreach. Binghamton, NY: Harrington Park Press.

The risk that injection drug users (IDUs) have for contracting the human immunodeficiency virus (HIV) led to governmental requests for interventions to prevent its spread. At the same time, there was an urgent need to evaluate the effectiveness of these proposed interventions. The authors believe that both quantitative and qualitative research methods should be employed in this effort. In this paper, the authors discuss the differences between the two approaches, consider how they can complement one another, and present findings derived from their joint application to a particular risk behavior—needle sharing. Despite behavioral changes in a number of high-risk activities, significant reductions in borrowing syringes were not reported by participants in structured interviews. Evidence obtained through participant observation and open-ended interviews indicated Colorado's paraphernalia law may have played a major role in encouraging this behavior. (Author abstract)

Giannetti, V., & Freyder, P. (1998). HIV risk among the homeless. Journal of Health and Social Policy, 10(2), 27-38.

This study presents an exploratory analysis of the extent of drug and alcohol abuse among the homeless population and the relationship of substance abuse to high-risk behavior for AIDS. The study also attempted to document the level of accurate knowledge regarding AIDS among the homeless population. Responses from 104 participants (80% male) who responded to questions concerning demographics, substance use abuse history, living arrangements, employment history, high-risk sexual practices, health history, and knowledge of AIDS transmittal were analyzed. Results indicate that 71 percent of the homeless used drugs or alcohol within a week prior to the administration of the questionnaire; 64 percent of the sample received substance abuse treatment; a significant proportion had been arrested for drug- or alcohol-related offenses; 84 percent had sexual relations with an average of seven partners; 51 percent indicated that sexual activity occurred more often without a condom; 11 percent reported testing positive for HIV; 40 percent were unaware that a latex condom could be used to prevent transmission of AIDS; 35 percent did not know that AIDS could be transmitted by oral sex; 26 percent believed that AIDS could not be transmitted by sharing needles; and 34 percent reported that they injected drugs. It is concluded that the homeless continue to be at high risk for AIDS.

Gleghorn, A.A., & Corby, N.H. (1996). Injection drug users' reactions to guidelines for bleach disinfection of needles and syringes: Implications for HIV prevention. Journal of Drug Issues, 26, 865-881.

In order to determine injection drug users' (IDUs) reactions to, and willingness to adopt, new provisional guidelines for bleach disinfection of needles and syringes (NS), 154 IDUs participated in 17 focus groups in eight cities. Process evaluations of transcriptions were completed utilizing qualitative techniques. Active IDUs expressed willingness to adopt most new recommendations. Syringe agitation and use of full strength bleach were acceptable. Pre-bleach water rinse, complete filling of the NS, post-bleach rinsing with fresh water, and longer bleach contact times were possible under favorable injection conditions. Cleaning both before and after injection and disassembling the NS for cleaning were unlikely to be adopted. Multiple barriers to consistent bleach use were identified. IDUs were willing to attempt new guidelines, but many circumstances interfere with adequate bleach disinfection. To avoid HIV exposure, increased access to sterile NS is necessary. Implications for HIV prevention are discussed. (Author abstract modified)

Grella, C.E., Anglin, M.D., Rawson, R., Crowley, R., Hasson, A. (1996). What happens when a demonstration project ends: Consequences for a clinic and its clients. Journal of Substance Abuse Treatment, 13, 249-256.

The Los Angeles Enhanced Methadone Maintenance Project was a 5-year research demonstration project with the goal of reducing high-risk behavior for HIV among heroin users. A clinic was established for the purposes of the study and 500 clients with high-risk profiles were recruited into treatment. Follow-up assessments demonstrated that clients had reduced their drug use, criminal behavior, and HIV-risk behaviors after entering treatment. At the end of the project, clients were given the option of continuing treatment at the clinic on a fee-for-service basis, transferring to another treatment provider, or undergoing detoxification. Clients who were eligible for Medicaid were likely to continue receiving methadone treatment, but those without Medicaid funding were not. The implications of terminating treatment among a high-risk population recruited into a research demonstration project are discussed. (Author abstract modified)

Grella, C.E., Anglin, M.D., & Annon, J.J. (1996). HIV risk behaviors among women in methadone maintenance treatment. Substance Use and Misuse, 31, 277-301.

This article reports on the HIV risk behaviors of a sample of 158 women heroin addicts admitted into the Los Angeles Enhanced Methadone Maintenance project. Risk behaviors for HIV were associated with age, lack of education, ethnicity, relationship with a drug user, HIV status, and higher scores on measures of illegal activity, suicidality, depression, polydrug use, and alcohol

use. Significant reductions in the number of male sex partners and needle-sharing partners were reported at follow-up, although frequency of condom use was unchanged. (Author abstract)

Grella, C.E., Anglin, M.D., & Wugalter, S.E. (1997). Patterns and predictors of cocaine and crack use by clients in standard and enhanced methadone maintenance treatment. *American Journal of Drug and Alcohol Abuse*, 23, 15-42.

This paper reports on the patterns of cocaine use among subjects (N = 427) admitted to a methadone maintenance treatment demonstration project designed to reduce risk for HIV. Assessments were conducted at intake and at approximately 18-24 months after treatment admission. Self-reported data on cocaine use was compared with results of urinalysis tests at both intake and follow-up; 29 subjects who falsely reported no use were recorded as users. Over one-third used some form of cocaine at both intake and follow-up, while approximately 30 percent abstained at both points. Approximately 20 percent ceased cocaine use between intake and follow-up. Use of powder cocaine, either alone or combined with heroin in "speedballs," decreased at follow-up, whereas crack use increased. Discriminant function analyses were performed to determine the predictors of the different patterns of cocaine use by type. Receipt of enhanced methadone treatment compared with standard methadone treatment, treatment duration, or average duration of counselor contact appeared unrelated to cocaine use. Cocaine use at follow-up was associated with polydrug and alcohol use, illegal activity, a negative emotional state, and sex work. Crack users were more likely to be African American than nonusers; continuous users of powder cocaine were more likely to also be using heroin than were nonusers; and continuous speedball users were more likely to be women sex workers with high levels of depression. This analysis demonstrated that cessation or continuation of cocaine use after entry into methadone maintenance treatment is not uniform. (Author abstract modified)

Guinan, M.E., & Leviton, L. (1995). Prevention of HIV infection in women: Overcoming barriers. *Journal of the American Medicine and Women Association*, 50(3/4), 74-77.

The proportion of total reported cases of acquired immunodeficiency syndrome (AIDS) in U.S. women increased annually between 1988 and 1994 from 10 percent to 18 percent, indicating an urgent need for prevention measures. Interventions designed to reduce unsafe sex and drug-using behaviors in women have been limited. Barriers to human immunodeficiency virus (HIV) prevention for women include a disproportionately low investment of resources, inadequacy and inaccessibility of substance abuse treatment programs, the crack/cocaine epidemic and resulting unsafe sex behaviors, lack of a woman-controlled method to prevent sexual transmission of HIV, and unique social and cultural factors that limit women's power in decision making. Some interventions have been successful in reducing women's risk behaviors. Expanding prevention efforts targeted to women is necessary in order to stem the rising rate of HIV infection.

Guydish, J., Clark, G., Garcia, D., & Bucardo, J. (1995). Evaluation of needle exchange using street-based survey methods. Journal of Drug Issues, 25, 33-41.

This paper describes the demographic and drug use characteristics and levels of HIV-related risk behavior for a sample of injection drug users (N=50) participating in the San Francisco needle exchange program. Exchange patrons were recruited as they approached the street-based exchange program, and were interviewed immediately to minimize dropout. Clients reported high levels of satisfaction with exchange services, and many reported decreasing HIV risk behavior since participating in the exchange. Regular participation in the exchange was associated with lower levels of HIV risk behavior, but number of months since first visiting the exchange was not. Participation in needle exchange may negatively impact drug use behavior for a small minority of clients, and this issue warrants further study. (Author abstract)

Harris, R.M., & Kavanagh, K.H. (1995). Perception of AIDS risk and high-risk behaviors in African-American methadone-dependent women. AIDS Education and Prevention, 7, 415-428.

AIDS poses a particularly serious threat to African-American women who are or have been intravenous drug users. This study evaluated relationships among AIDS knowledge, perceptions of the chance of contracting AIDS, and high-risk AIDS behaviors in 102 low-income African-American women from four methadone-maintenance clinics in Baltimore who volunteered to answer questions about AIDS and their sexual and drug-use behaviors. The participants demonstrated a high level of AIDS knowledge, which was significantly correlated with their perception of likelihood of having the AIDS virus ( $r=.49$ ,  $p<.05$ ). However, there was little evidence of avoidance of high-risk sexual behaviors. Despite this knowledge, these data indicate that understanding how the virus is transmitted does not assure a change in behavior. The issue is complicated by the question of how knowledge possessed by individuals relates to their sense of powerlessness or empowerment and the risks and benefits associated with using that knowledge.

Holtgrave, D.R., Pinkerton, S.D., Jones, T.S., Lurie, P., & Vlahov, D. (1998). Cost and cost-effectiveness of increasing access to sterile syringes and needles as an HIV prevention intervention in the United States. Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology, 18(Suppl 1), S133-S138.

The authors determined the cost of increasing access of injection drug users (IDUs) to sterile syringes and needles as an HIV prevention intervention in the United States and the cost per HIV infection averted by such a program. They considered a hypothetical cohort of one million active IDUs in the United States. Standard methods were used to estimate the cost and cost-effectiveness of policies to increase access to sterile syringes and syringe disposal at various levels of coverage (e.g., a 100% coverage level would ensure access to a sterile syringe for each injection given current levels of illicit drug injection in the United States; a 50% coverage level would ensure access to one half of the required syringes). A mathematical model of HIV

transmission was employed to link programmatic coverage levels with estimates of numbers of HIV infections averted. A policy of funding syringe exchange programs, pharmacy sales, and syringe disposal to cover all illicit drug injections would cost just over \$423 million for 1 year. One-third of these costs would be paid for as out-of-pocket expenditures by IDUs purchasing syringes in pharmacies. Compared with the status quo, this policy would cost an estimated \$34,278 per HIV infection averted, a figure well under the estimated lifetime costs of medical care for a person with HIV infection. At very high levels of coverage (>88%), the marginal cost-effectiveness of increased program coverage becomes less favorable. Although the total costs of funding large-scale IDU access to sterile syringes and disposal seem high, the economic benefits are substantial. Even at high levels of coverage, such funding would save society money. As part of a comprehensive program of HIV prevention, policies to increase IDUs access to sterile syringes urgently need further consideration by public health decision makers. (Author abstract modified)

Jacobs, N.T. (1998). AIDS risk behaviors and related factors among women jail detainees. Dissertation Abstracts International, 58(11), 6237-B

This study estimates the prevalence of HIV/AIDS-related sex and drug use risk behaviors in 1,272 women jail detainees, and determines whether demographics, types of psychopathology, and/or history of sexual abuse predict sex and drug use risk behaviors. Subjects were interviewed using the AIDS Risk Module to obtain information on sex and drug use risk behavior and using the Diagnostic Interview Schedule to determine lifetime prevalence of psychiatric disorders. Weighted and unweighted sex and drug use risk behavior scores were developed for each subject. Results showed high rates of both sex and drug use risk behavior. Women with high sex risk scores exhibited antisocial personality disorder, histories of sexual abuse, non-intravenous (IV) drug abuse, IV drug use, anxiety disorders, unemployment, poor education, and were of white racial background. Women with high drug use risk scores were older; tended to be white; and exhibited antisocial personality disorder, unemployment, and poor education. Implications for developing HIV/AIDS sex and drug use risk behavior prevention and treatment strategies for women jail detainees are discussed.

Kirby, K.C., Marlowe, D.B., Carrigan, D.R., & Platt, J.J. (1998). Counselor prompts to increase condom taking during treatment for cocaine dependence. Behavior Modification, 22, 29-44.

This study examined whether active prompting would increase the number of free condoms taken from dispensers placed in counselors' offices in a cocaine abuse treatment clinic. Using a combined multiple baseline and reversal design, two teams of counselors were instructed to actively prompt and encourage condom taking during some conditions and to avoid commenting on or encouraging condom use in other conditions. To monitor accuracy of implementing the

intervention, counselors completed a checklist for every subject they saw in their office during the day. Overall, the number of condoms taken per visit during prompting conditions was almost six times greater than during baseline conditions. However, implementation declined during the study, and all counselors complained about the intervention. Implications for dispensing free condoms to reduce HIV risk in drug abuse treatment clinics are discussed.

Lampinen, T.M. (1991). Cost-effectiveness of drug abuse treatment for primary prevention of acquired immunodeficiency syndrome: Epidemiologic considerations. In W.S. Cartwright & J.M. Kaple (Eds.), Economic costs, cost-effectiveness, financing, and community-based drug treatment (pp. 114-128). Rockville, MD: National Institute on Drug Abuse.

The author examines cost-effectiveness issues in the prevention of AIDS. He reviews epidemiologic and public health issues in evaluating cost-effectiveness of drug treatment as an AIDS prevention strategy. According to the author, Federal AIDS prevention funding is distributed to areas with the highest cumulative incidence rates of diagnosed AIDS cases. This is problematic because AIDS among intravenous drug users is underweighted in resource discussions and allocations and because the latency period for AIDS is long. In assessing alternative prevention strategies for intravenous drug users, the author notes that the drug treatment approach may be limited by the lack of treatment slots and the costs associated with treatment. Outreach initiatives to conduct AIDS education and prevention still remain the most logical alternative given the limits of the drug treatment system. Finally, consideration must be given to epidemiologic information on rates of infectivity in weighing prevention strategies so that resource allocations will be more effective.

Longshore, D., & Anglin, M.D. (1995). Number of sex partners and crack cocaine use: Is crack an independent marker for HIV risk behavior? Journal of Drug Issues, 25, 1-10.

Prior research on the sex-for-crack phenomenon has described high behavioral risks for HIV transmission among crack-dependent women who have sex with multiple partners in order to obtain the drug. But research has not shown that the number of sex partners is elevated for crack users overall, regardless of the circumstances or intensity of use. In addition, crack is only one of several elements comprising high-risk lifestyles of many users; thus it cannot be concluded from prior research that crack use itself is an independent marker for risky sexual behavior. In this sample of Los Angeles arrestees interviewed between 1988 and 1991, more sex partners were reported by women and men who had smoked crack in the past year than by those who had not. These findings were not an artifact of demographic differences between crack use and other high-risk behaviors. Therefore, it may be important to widen the targeting of HIV preventive education to include users of crack cocaine regardless of the intensity or circumstances of use. (Author abstract)

Longshore, D., & Hsieh, S. (1998). Drug abuse treatment and risky sex: Evidence for a cumulative treatment effect? *American Journal of Drug and Alcohol Abuse*, 24, 439-451.

This paper presents evidence regarding the possibility of a cumulative effect of drug abuse treatment on reducing risky sexual behavior among individuals entering drug abuse treatment in the United States from 1991-1993 and participating in the Drug Abuse Treatment Outcome Study (DATOS). Analyses were done on the relationship between lifetime treatment exposure and risky sex by drug users during the year before intake into DATOS. Analyses controlled for age, drug-use severity, criminal history, antisocial conduct disorder, and other factors that might have confounded the relationship between treatment exposure and risky sex. Results indicated that users with more lifetime treatment exposure had lower scores for risky sex. This finding is consistent with the hypothesis that successive episodes of treatment may have long-term cumulative effects on drug users' HIV risk behavior.

McCusker, J., Goldstein, R., Bigelow, C., & Zorn, M. (1995). Psychiatric status and HIV risk reduction among residential drug abuse treatment clients. *Addiction*, 90, 1377-1387.

The authors investigated the associations of psychiatric symptoms and diagnoses with HIV risk behaviors among 405 clients of two United States residential drug abuse treatment programs at admission and at follow-up. Measures of psychiatric status included the Beck Depression Inventory (BDI), selected diagnoses assessed with the Diagnostic Interview Schedule (DIS-III-R), and the Addiction Severity Index psychiatric composite score (ASI-P). Measures of risk behaviors included: drug injection risk (including sharing and bleaching of needles and syringes), multiple sexual partners, and condom use. In multivariate analyses, the BDI at baseline and change in the BDI at follow-up were strongly associated with drug use at follow-up (both injection and non-injection), but not with other risk behaviors. In contrast, psychiatric diagnoses were not statistically associated at follow-up when baseline behavior was controlled. (Author abstract)

National Minority AIDS Council. (1996). *HIV/AIDS treatment education manual*. Washington, DC: Author.

The manual contains strategies for designing HIV/AIDS treatment education and related programs at community-based AIDS service organizations. The manual is intended to help case managers, educators, counselors, and advocates who work directly with people with HIV/AIDS stay abreast of the most important new treatments. (CDC abstract modified)

O'Neill, K., Baker, A., Cooke, M., Collins, E., et al. (1996). Evaluation of a cognitive-behavioral intervention for pregnant injecting drug users at risk of HIV infection. *Addiction*, 91, 1115-1125.

Pregnant injection drug users were randomly assigned to: (1) individually receive a six-session cognitive-behavioral intervention in addition to their usual methadone maintenance treatment (intervention condition (I) (n = 40)); or (2) their usual methadone maintenance treatment only (control condition (C) (n = 40)). There was no change in drug use per se in either group after the intervention. However, at the 9-month follow-up, the I group had significantly reduced some HIV risk-taking behaviors (in particular, injecting risk behaviors). The I group reduced the needle risk associated both with “typical” use (drug use in the month before interview) and “binge” use (drug use in the month nominated as the heaviest month of drug use in the previous 6 months). The intervention had no effect on sexual risk behaviors. The finding of reduced injecting risk behavior following the six-session intervention suggests that such an intervention may be of benefit for individuals persisting with injecting risk behaviors despite methadone maintenance treatment and the availability of sterile injection equipment. (Author abstract)

Paul, J.P., Barrett, D.C., Crosby, G.M., & Stall, R.D. (1996). Longitudinal changes in alcohol and drug use among men seen at a gay-specific substance abuse treatment agency. Journal of Studies on Alcohol, *57*, 475-785.

This study describes changes over a 12-month period in prevalence and frequency of alcohol and other drug use and correlates of change at 12 months in a sample of gay/bisexual men entering gay-identified outpatient substance abuse treatment. A sequential sample of gay/bisexual men (N = 455) were recruited for a study in which substance use, sexual risk, and psychological factors were assessed every 3 months. Changes in substance use were evaluated in 321 men who used substances in the 90 days before entering treatment and who completed at least one follow-up interview, whether or not they continued in treatment. The results showed that at baseline, 95 percent of the sample reported alcohol use in the prior 90 days; 64 percent reported marijuana/hashish use; 46 percent, amphetamine use; 33 percent, inhalant nitrites use; and 31 percent, cocaine use. Most men were polydrug users. Thirty-nine percent used four or more drugs while 10 percent reported using only one drug (including alcohol). A marked reduction occurred in prevalence of use over time. Declines on the order of 50 percent occurred in the first 90 days, then prevalence stabilized in remaining assessments. Frequency of usage by those reporting use of any given class of drugs also declined. No consistent predictors of reduction or cessation of use across different drug categories were found at 1 year. At conclusion, substance use declined considerably in this sample. Given the scope of substance abuse problems among gay/bisexual men, and linkages to the HIV epidemic, considerable resources need to be focused on treatment and prevention for gay/bisexual men. (Author abstract)

Petry, N.M., Bickel, W.K., & Badger, G.J. (1998). A 12-year study (1975-1986) of mortality in methadone-maintenance patients: Selected demographic characteristics and drug-use patterns of AIDS and non-AIDS-related deaths. Substance Use and Misuse, *33*, 2521-2534.

This paper describes changes in demographic characteristics and drug use patterns of persons who died while enrolled in a New York City methadone-maintenance program during the years preceding and subsequent to the AIDS epidemic. Persons dying from AIDS were more likely to be younger, Hispanic, and male than those dying from other causes. Drug use increased during the 12-year study period, and the spread of the HIV infection among drug users may be reflected in an increased use of injectable drugs.

Remien, R.H., Goetz, R., Rabkin, J.G., Williams, J.B.W., Bradbury, M., et al. (1995). Remission of substance use disorders: Gay men in the first decade of AIDS. Journal of Studies on Alcohol, 56, 226-232.

Participants in a 5-year prospective study of HIV-seropositive and HIV-seronegative gay men demonstrated a significant decline in the rate (from lifetime to current) of alcohol and other DSM-III-R psychoactive substance use disorders. The goal of the study was to identify factors associated with the cessation of problematic substance use, to observe rates of relapse over 4 years, and to describe factors associated with relapse and no relapse. A volunteer community sample of self-identified gay men (N=56) was administered a semi-structured interview and several self-report measures by trained mental health clinicians, twice annually over a 5-year period. Retrospective and prospective data revealed a significant decline in substance use and problems associated with use in the decade of the 1980s. This change occurred, for the most part, without formal treatment. Numerous motivating factors were associated with this change, which included a fear of AIDS, a change in attitudes in the gay community, changes in other risk-taking behaviors, and concerns about self-image.

Sibthorpe, B., Fleming, D., Tesselaar, H., Gould, J., et al. (1996). The response of injection drug users to free treatment on demand: Implications for HIV control. American Journal of Drug and Alcohol Abuse, 22, 203-213.

Injection drug use is a major risk factor for human immunodeficiency virus (HIV) infection and drug treatment is widely recognized as a core component of the public health effort to limit the spread of HIV. The assumption is frequently made that lack of immediate access to treatment is a significant barrier to the success of this effort. However, little empirical data exist to support this belief. We conducted a trial of no-cost outpatient drug-free treatment made available on demand to a cohort of out-of-treatment injection drug users (IDUs) in Portland, Oregon, through a coupon program. Of 824 IDUs, 272 (33%) expressed an interest in treatment, 225 (27%) accepted a coupon, 66 (8%) redeemed a coupon, and 9 (1%) remained in treatment for 6 months. These numbers indicate that simply enhancing access is not adequate. Additional strategies to increase motivation to enter and remain in treatment are needed if drug treatment is to play an important role in reducing the spread of HIV among injection drug users, their sexual partners, and their infants. (Author abstract)

Stevens, S.J., & Estrada, A.L. (1996). Reducing HIV risk behaviors: Perceptions of HIV risk and stage of change. Journal of Drug Issues, 26, 607-618.

The HIV epidemic has had a dramatic impact on the lives of individuals, families, and communities around the world. Originally identified in homosexual men, HIV increasingly affects others, including: those who inject drugs, non-injection drug users who engage in unsafe sex, and non-drug using heterosexuals who engage in high-risk sexual behaviors. The need for effective HIV prevention interventions is critical. All too often interventions have lacked sound theoretical frameworks. Some attempts have been made, however, to ground HIV risk behavior interventions in behavior theories such as: the health belief model, the cognitive social learning theory, the theory of reasoned action, and the trans-theoretical model of behavior change (TMBC). This paper describes an HIV prevention intervention that was developed from the TMBC model. The TMBC model hypothesizes stages of change. In this study, injection drug users (IDUs), crack cocaine users (CCUs), and female sexual partners of IDUs and CCUs identified their stage of change and were given an intervention based upon their identified stage. Baseline and post intervention follow-up data were obtained on participants' perceived stage and reported HIV sexual risk behavior. The data indicated that there was little congruence between perceived stage and reported risk. In spite of this incongruence, significant decreases in HIV risk behaviors were evidenced. (Author abstract)

Sullivan, T.R. (1996). The challenge of HIV prevention among high-risk adolescents. Health and Social Work, 21, 58-65.

This article reports findings from an exploratory study of HIV knowledge and risk behaviors among 60 teenagers and young men engaged in the street life of Hollywood, California. The sample was composed largely of homosexual or bisexual youths who were substance abusers, prostitutes, or both. The data suggest that although community-based education efforts may be associated with lower-risk behavior among this population, the overall risk profiles of these socially marginalized youths remained high. Inferences are drawn about the cofactors of risk that must be addressed and the education needed to enhance the health prospects of these youths.

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

Combining current psychosocial theories with social network outreach and prevention paradigms is an effective mechanism for reducing both drug-related and sexual risks for HIV transmission in active drug users in midsized towns in the United States. Five hundred and seventy-nine individuals were recruited in two towns, one of 50,000 and one of 10,000 population. Several approaches to intervention were tested. These approaches included: (1) an intensive outreach program using indigenous outreach workers providing reinforcement of an HIV risk-reduction program, and (2) a low intensity outreach program combined with a more intensive office-based

HIV risk-reduction program. Both conditions were compared with the National Institute on Drug Abuse (NIDA)'s recommended standard intervention. Each of the enhanced interventions produced a reduction in HIV-related risk taking reported by the participants. The intensive outreach combined with office intervention and the intensive office intervention without outreach reinforcement each produced significant reductions in sexual risk taking in active drug users, beyond the reductions reported for the NIDA standard program. The enhanced risk-reduction programs produced differential impacts for males and females, respectively, between the two high and low intensity outreach models. (Author abstract)

Trotter, R.T., & Potter, J.M. (1993). Pile sorts, a cognitive anthropological model of drug and AIDS risks for Navajo teenagers: Assessment of a new evaluation tool. In D.G. Fisher & R.H. Needle (Eds.), AIDS and community-based drug intervention programs: Evaluation and outreach (pp. 23-39). Binghamton, NY: Harrington Park Press.

This article presents data that support the use of a cognitive anthropology research method, pile sorting, to complement and enhance the qualitative and quantitative evaluation tools used by drug prevention programs. The method was employed in the assessment of a substance abuse and AIDS prevention program conducted by a community-based organization. The assessment significantly informed the cognitive models of risks held by Native American teenagers while providing a method to determine target areas for revision of the prevention and intervention program, as well as assessing the impact of the existing program. Pile sorting proved to be simple to administer, fun for respondents, and provided analytical information at a positive ratio between time-on-task compared to richness of result. (Author abstract modified)

Walters, J.L., Canady, R., & Stein, T. (1994). Evaluating multicultural approaches in HIV/AIDS educational material. AIDS Education and Prevention, 6, 446-453.

In recent years health educators have become more aware of the impact of culture on the success of health education programs. This awareness has prompted experimentation with the use of cultural elements in HIV prevention and education efforts. The literature on multicultural education offers little guidance to the health educator on how to evaluate the appropriate and effective use of culturally distinctive messages in educational materials. The authors describe common errors in the development and design of printed HIV educational material and suggest a framework for evaluating the impact of cultural elements on HIV education programs. The guidelines help one determine how effectively language and visual images are used in a given material, as well as how clearly information is conveyed.

Wechsberg, W.M., Desmond, D., Inciardi, J.A., Leukefeld, C.G., Cottler, L.B., & Hoffman, J. (1998). HIV prevention protocols: adaptation to evolving trends in drug use. Journal of Psychoactive Drugs, 30, 291-298.

Applied research in HIV prevention with out-of-treatment substance abusers takes place in a constantly changing environment. Researchers must be able to identify changes in drug use and sexual risk patterns, develop and evaluate appropriate interventions to respond to those changes, and find ways to make effective use of new technologies as they are developed. An example of this process is the collaborative revision made to NIDA's Standard Intervention for HIV prevention by the final six study sites funded under the NIDA Cooperative Agreements for AIDS Community-Based Outreach and Intervention Research. To illustrate the process of responding to changes in the substance abuse environment, advances in knowledge about risk, and newer technologies, this article provides an overview of the history of two federally funded HIV-prevention programs for out-of-treatment substance abusers and reviews recent changes made to the standard intervention protocol. The rationale for the changes is discussed, and the substance abuse population in the study is described.

Weeks, M.R., Himmelgreen, D.A., Singer, M., Woolley, S., Romero-Daza, N., et al. (1996). Community-based AIDS prevention: Preliminary outcomes of a program for African-American and Latino injection drug users. Journal of Drug Issues, 26, 561-590.

This paper presents preliminary outcomes of a community-based AIDS prevention program for drug users called Project COPE II, the National Institute on Drug Abuse (NIDA) cooperative agreement study in Hartford, Connecticut. COPE II's efficacy study compares the NIDA standard intervention against two culturally targeted, enhanced interventions—African Americans and Puerto Ricans. A sample of 188 out-of-treatment injection drug users (IDUs) with matched baseline and 6-month follow-up interviews were compared for changes in monthly injection rates and proportionate use of new and pre-used needles and used injection supplies. Effects of injection outliers, attrition, and ethnic differences were examined for impact on outcome measures and to identify subgroups within the study population for whom the intervention had differential effects. These preliminary analyses suggest that attendance in culturally targeted enhanced interventions may increase the likelihood of positive program outcome, including drug-related risk reduction for some populations. However, subgroups of IDUs, such as extremely high injectors or individuals who drop out before initiating or completing the program, may require different intervention approaches. Further research is needed to understand the relationship between intervention and behavior change, reasons for attrition, and moderating factors affecting project outcomes. (Author abstract)

Weiner, A. (1996). Understanding the social needs of streetwalking prostitutes. Social Work, 41, 97-105.

Prostitutes are vulnerable to violence and are at risk for sexually transmitted diseases. Since April 1989, a mobile van from a private foundation has been contacting prostitutes throughout the five boroughs of New York City to provide HIV testing and counseling and to distribute condoms, bleach kits for cleaning needles, and HIV prevention information. Data collected from 1,963 female prostitutes are discussed in this article. Information is provided on demographics, family and living arrangements, sex and drug practices, HIV status and risk-reduction practices, and health history. Methods are discussed for social workers to develop creative ways to provide outreach and develop relationships with a vulnerable population.

Weissman, G., Melchior, L., Huba, G., Smereck, G., & Needle, R. (1995). Women living with drug abuse and HIV disease: Drug abuse treatment access and secondary prevention issues. *Journal of Psychoactive Drugs*, *27*, 401-411.

In collaboration with the National Institute on Drug Abuse, the Health Resources and Services Administration is conducting a multisite, longitudinal study on issues of service needs, service utilization, and access to care for drug abusers with HIV. This article discusses access to drug abuse treatment and HIV secondary prevention for 116 women interviewed during the study's first year in five U.S. cities. Using interview data from 115 service providers in those same cities, it also discusses drug abuse treatment availability and barriers to service expansion for drug users with HIV. Study findings indicate that there are highly significant gaps between the drug abuse treatment services these women feel they need and those they have been able to receive; these were particularly pronounced for drug detoxification and residential and outpatient drug-free treatment. Women who used crack cocaine or injection drugs had particularly high levels of need for residential and outpatient drug abuse treatment, while women who used crack alone were found to have significantly less experience with the drug abuse treatment system than IDUs. HIV secondary prevention was also found to be a critical need for these women, many of whom were engaging in behaviors that place them at risk for HIV infection, infection with other diseases, and transmission to others. Providers indicated that lack of funding was the major barrier to expanding services for this population; other barriers, such as lack of ancillary services and transportation, were also noted. Two positive findings were that many drug abuse treatment agencies in these cities provide a wide range of ancillary services and that many different kinds of agencies offer drug abuse treatment services. (Author abstract)

Wells, E.A., Calsyn, D.A., Clark, L.L., Saxon, A.J., et al. (1996). Retention in methadone maintenance is associated with reductions in different HIV risk behaviors for women and men. *American Journal of Drug and Alcohol Abuse*, *22*, 509-521.

Using AIDS Initial Assessment questionnaire (AIA) data from 353 injection drug users (IDUs) newly admitted to methadone maintenance (MM), three dimensions of injection risk behavior were identified ("sharing with sexual partner," "sharing with others," and "new needle use"). Among IDUs who continued to inject drugs at 1 year, men retained in treatment obtained lower scores on the "sharing with others" scale than men not retained, even when controlling for initial

scale scores and injection frequency. Associations between retention in MM and changes in sexual risk were examined using two AIA measures of sexual risk behavior (“number of IDU sexual partners” and “relative frequency of unprotected vaginal intercourse”). Controlling for injection frequency, prior sexual risk, and age, there was no difference in sexual risk for men retained in treatment versus those not retained. Among women, those who stayed in MM for 1 year reported significantly fewer IDU partners. (Author abstract)

Wiebel, W. (1993). The indigenous leader outreach model. Intervention manual. Rockville, MD: National Institute on Drug Abuse.

The Indigenous Leader Outreach Model is utilized to teach injection drug users (IDUs) and their sexual partners about HIV and its prevention. Members of the target community are trained to perform the outreach, enabling the target population to trust and use the program much more readily. This outreach program has helped in the reduction of both drug use and behaviors that put IDUs and their sex partners at risk for HIV. The manual describes the program design, implementation, and the step-by-step intervention process.

Williams, M.L. (1990). Intergenerational differences in IV drug use behaviors: Implications for HIV prevention. New York: Marcel Dekker Journals.

The spread of the human immunodeficiency virus through the IV drug-using population poses a serious public health threat. The tendency is to consider all IV drug users the same. There are likely subtle differences, however, in the behaviors of IV drug users depending on sexual, ethnic, and age differences. This study looks at IV drug-using behaviors of young adults 18 to 25 and adults over the age of 40. The drugs injected and rates of injection do differ for the two groups. This would suggest that HIV prevention should be tailored in response to age differences of the targeted drug users. (Author abstract)

Word, C.O., & Bowser, B. (1997). Background to crack cocaine addiction and HIV high-risk behavior: The next epidemic. American Journal of Drug and Alcohol Abuse, 23, 67-77.

Increasing rates of sexually transmitted diseases among users of non-injection drugs prompt speculation that crack cocaine users who do not inject are at a particularly high risk of human immunodeficiency virus (HIV) infection. By street outreach, 331 primarily African-American men, aged 18-29, were contacted in an area of San Francisco where crack cocaine is sold openly. One-half were regular crack users, and the other half had never used the drug. Few reported injection drug use or male-to-male sex. In a face-to-face interview, participants reported on their drug use, knowledge of HIV, sexual practice, condom use, and demographic characteristics. Following counseling, each was tested for HIV and syphilis. Comparisons showed that demographically similar crack users reported more sexual partners in the last 12 months; more sexually transmitted diseases in their lifetime; and greater frequencies of paying for sex,

exchanging sex for drugs, and having sex with injection drug users. Users reported greater (current) depression, anxiety, and social isolation. They also reported earlier initiation into alcohol use and less positive parenting experiences during their adolescence. These results are consistent with findings that report the comorbidity of drug abuse and mental illness.

**II. AIDS AND SUBSTANCE ABUSE TREATMENT:  
SELECTED BIBLIOGRAPHY, 1990-1998**

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- Adams, R.A., Piercy, F.P., Jurich, J.A., & Lewis, R.A. (1992). Components of a model adolescent AIDS/drug abuse prevention program: A Delphi study. Family Relations, 41, 312-317.
- Baker, A., Kochan, N., Dixon, J., Heather, N., & Wodak, A. (1994). Controlled evaluation of a brief intervention for HIV prevention among injecting drug users not in treatment. AIDS Care, 6, 559-570.
- Brown, B.S., & Needle, R.H. (1994). Modifying the process of treatment to meet the threat of AIDS. International Journal of the Addictions, 29, 1739-1752.
- Centers for Disease Control and Prevention. (1994). AIDS among racial/ethnic minorities—United States, 1993. Morbidity and Mortality Weekly Report, 43, 644-647, 653-655.
- Centers for Disease Control and Prevention. (1995). Update: Trends in AIDS among men who have sex with men—United States, 1989-1994. Morbidity and Mortality Weekly Report, 44, 401-404.
- Centers for Disease Control and Prevention. (1996). U.S. Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. Morbidity and Mortality Weekly, 44, no. RR-7.
- Centers for Disease Control and Prevention. (1997). Factors associated with client-reported HIV infection among clients entering methadone maintenance treatment. AIDS Education and Prevention, 9 (Supplement B), 205-217.
- Chitwood, D.D., Inciardi, J.A., McBride, D.C., McCoy, C.B., McCoy, H.V., & Trapido, E. (1991). A community approach to AIDS intervention: Exploring the Miami outreach project for injecting drug users and other high-risk groups. Westport, NC: Greenwood Press.
- Compton, W.M., Cottler, L.B., Shillington, A.M., & Price, R.K. (1995). Is antisocial personality disorder associated with increased HIV risk behaviors in cocaine users? Drug and Alcohol Dependence, 37, 37-43.
- Coyle, S.L., Boruch, R.F., & Turner, C.F. (Eds.). (1991). Evaluating AIDS prevention programs (expanded ed.). Washington, DC: National Academy of Science.
- Cunningham, R.M., Cottler, L.B., & Compton, W.M. (1996). Are we reaching and enrolling at-risk drug users for prevention studies? Journal of Drug Issues, 26, 541-560.

- De Leon, G. (1997). Therapeutic communities: AIDS/HIV risk and harm reduction. Journal of Substance Abuse Treatment, 13, 411-420.
- DePhilippis, D., Metzger, D.S., Woody, G.E., & Navaline, H.A. (1994). Attitudes toward mandatory human immunodeficiency virus testing and contact tracing. A survey of intravenous drug users in treatment. Journal of Substance Abuse Treatment, 9, 39-42.
- Des Jarlais, D.C. (1991). Potential cofactors in the outcome of HIV infection in intravenous drug users. In P. Hartsock & S. Genser (Eds.), Longitudinal studies of HIV infection in intravenous drug users: Methodological issues in natural history research (NIDA Research Monograph No. 109, pp. 114-123). Rockville, MD: National Institute on Drug Abuse.
- Ewing, H., & Foran, M. (1993). The role of prenatal care services in assisting families affected by drugs, alcohol, and AIDS. In R.P. Barth, J. Pietrzak, & M. Ramler (Eds.), Families living with drugs and HIV: Intervention and treatment strategies (pp. 82-115). New York: Guilford Press.
- Farnham, P.G., Gorsky, R.D., Holtgrave, D.R., Jones, W.K., & Guinan, M.E. (1996). Counseling and testing for HIV prevention: Costs, effects, and cost-effectiveness of more rapid screening tests. Public Health Reports, 111, 44-53.
- Ferrando, S., Goggin, K., Sewell, M., Evans, S., Fishman, B., & Rabkin, J. (1998). Substance use disorders in gay/bisexual men with HIV and AIDS. American Journal on Addictions, 7(1), 51-60.
- Ferrando, S.J., Wall, T.L., Batki, S.L., & Sorensen, J.L. (1996). Psychiatric morbidity, illicit drug use and adherence to zidovudine (AZT) among injection drug users with HIV disease. American Journal of Drug and Alcohol Abuse, 22, 475-487.
- Glossary of HIV/AIDS-related terms. (1995). Rockville, MD: CDC National AIDS Clearinghouse.
- Guydish, J., Temoshok, L., Dilley, J., & Rinaldi, J. (1990). Evaluation of a hospital based substance abuse intervention and referral service for HIV affected patients. General Hospital Psychiatry, 12, 1-7.
- Hoffman, J.A., Klein, H., Clark, D.C., & Boyd, F.T. (1998). Effect of entering drug treatment on involvement in HIV-related risk behaviors. American Journal of Drug and Alcohol Abuse, 24, 259-284.
- Holmberg, S.D. (1996). The estimated prevalence and incidence of HIV in 96 large U.S. metropolitan areas. American Journal of Public Health, 86, 642-654.

- Huebert, K., & James, D. (1992). High-risk behaviors for transmission of HIV among clients in treatment for substance abuse. Journal of Drug Issues, *22*, 885-901.
- Lehman, J.S., Allen, D.M., Green, T.A., & Onorato, I.M. (1994). HIV infection among non-injecting drug users entering drug treatment, United States, 1989-1992. Field Services Branch. AIDS, *8*, 1465-1469.
- Levine, D.P., & Sobel, J. (1991). Infections in intravenous drug abusers. New York: Oxford University Press.
- Leukefeld, C.G., Battjes, R.J., & Pickens, R.W. (1991). AIDS prevention: Criminal justice involvement of intravenous drug abusers entering methadone treatment. Journal of Drug Issues, *21*, 673-683.
- Leviton, L.C., Hegedus, A.M., & Kubrin, A. (Eds.). (1990). Evaluating AIDS prevention: Contributions of multiple perspectives. San Francisco: Jossey-Bass.
- Libmen, H., & Witzburg, R.A. (Eds.). (1990). Clinical manual for care of the adult patient with HIV infection. Boston: Boston City Hospital, Dept. of Medicine.
- Lynch, M.A. (1998). Double duty: Treating the dual diagnoses of HIV and substance abuse. Advances in Nurse Practice, *6*(5), 47-50.
- Marlatt, G.A., Tucker, J., Donovan, D., & Vuchinich, R. (1997). Help-seeking by substance abusers: The role of harm reduction and behavioral-economic approaches to facilitate treatment entry and retention. Beyond the therapeutic alliance: Keeping the drug-dependent individual in treatment (NIDA Research Monograph No. 165, pp. 44-84). Washington DC: Government Printing Office.
- McCoy, C.B., Chitwood, D.D., Khoury, E.L., & Miles, C.E. (1990). The implementation of an experimental research design in the evaluation of an intervention to prevent AIDS among IV drug users. Journal of Drug Issues, *20*, 215-222.
- McCoy, C.B., & Khoury, E.L. (1990). Drug use and the risk of AIDS. American Behavioral Scientist, *33*, 419-431.
- McCoy, H.V., Dodds, S.E., & Nolan, C. (1990). AIDS intervention design for program evaluation: The Miami community outreach project. Journal of Drug Issues, *20*, 223-243.
- McCusker, J., Bigelow, C., Frost, R., Hindin, R., Vickers-Lahti, M., & Zorn, M. (1994). The relationships of HIV status and HIV risky behavior with readiness for treatment. Drug and Alcohol Dependency, *34*, 129-138.

- McCusker, J., Stoddard, A.M., Zapka, J.G., Morrison, C.S., Zorn, M., & Lewis, B.F. (1992). AIDS education for drug abusers: Evaluation of short-term effectiveness. American Journal of Public Health, *82*, 533-540.
- McCusker, J., Willis, G., McDonald, M., Lewis, B.F., Sereti, S.M., & Feldman, Z.T. (1994). Admissions of injection drug users to drug abuse treatment following HIV counseling and testing. Public Health Reports, *109*, 212-218.
- Mutter, R.C., Grimes, R.M., & Labarthe, D. (1994). Evidence of intraprisson spread of HIV infection. Archives of Internal Medicine, *154*, 793-795.
- National Community AIDS Partnership. (1993). Evaluating HIV and AIDS prevention programs in community-based organizations. Washington, DC: Author.
- National Native American AIDS Prevention Center. (1992). HIV prevention in Native American communities. Oakland, CA: Author.
- Nelson, K.E., Vlahov, D., Solomon, L., Cohn, S., & Munoz, A. (1995). Temporal trends of incident human immunodeficiency virus infection in a cohort of injecting drug users in Baltimore, MD. Archives of Internal Medicine, *155*, 1305-1311.
- Normand, J., Vlahov, D., & Moses, L.E. (Eds.). (1995). Preventing HIV transmission: The role of sterile needles and bleach. Washington, DC: National Academy Press.
- Passannante, M.R., Wells, D.V., Quinones, M.A., Jackson, J.F., & Rotkiewicz, L.G. (1991). AIDS education in drug user treatment programs. International Journal of the Addictions, *26*, 577-594.
- Public Health Service. (1995). First 500,000 AIDS cases—United States, 1995. Morbidity and Mortality Weekly Report, *44*, 849-853.
- Public Health Service. (1995). Syringe exchange programs—United States, 1994-1995. Morbidity and Mortality Weekly Report, *44*, 684-685, 691.
- Public Health Service. (1996). HIV/AIDS education and prevention programs for adults in prisons and jails and juveniles in confinement facilities—United States, 1994. Morbidity and Mortality Weekly Report, *45*, 268-271.
- Rhodes, T., Donoghoe, M., Hunter, G., & Stimson, G.V. (1994). HIV prevalence no higher among female drug injectors also involved in prostitution. AIDS Care, *6*, 269-276.

- Rivers, J.E. (1993). Substance abuse and HIV among criminal justice populations: Overview from a program evaluation perspective. In J.A. Inciardi (Ed.), Drug treatment and criminal justice (pp. 228-246). Newbury Park, CA: Sage Publications.
- Rosenbaum, M. (1996). Kids, drugs, and drug education: A harm reduction approach. San Francisco, CA: National Council on Crime and Delinquency.
- Rosenbaum, M., Washburn, A., Knight, K., Kelly, M., & Irwin, J. (1996). Treatment as harm reduction, defunding as harm maximization: The case of methadone maintenance. Journal of Psychoactive Drugs, 28, 241-249.
- Ross, M.W., Stowe, A., Wodak, A., Miller, M.E., & Gold, J. (1993). A comparison of drug use and HIV infection risk behavior between injecting drug users currently in treatment, previously in treatment, and never in treatment. Journal of Acquired Immune Deficiency Syndrome, 6, 518-528.
- Roswell, R.M., & Kusterer, H. (1991). Care of HIV infected Native American substance abusers. Journal of Chemical Dependency Treatment, 4(2), 91-103.
- Selwyn, P. (1996). Impact of HIV infection on medical services in drug abuse treatment programs. Journal of Substance Abuse Treatment, 13, 397-410.
- Siegal, H.A., Falck, R.S., Carlson, R.G., & Wang, J. (1995). Reducing HIV needle risk behaviors among injection-drug users in the Midwest: An evaluation of the efficacy of standard and enhanced interventions. AIDS Education and Prevention, 7, 308-319.
- Sorensen, J.L. (1991). Preventing HIV transmission in drug treatment programs: What works? Journal of the Addiction Diseases, 10, 67-79.
- Springer, E. (1991). Effective AIDS prevention with active drug users: The harm reduction model. Journal of Chemical Dependency Treatment, 4, 141-157.
- Vogtsberger, K.N., Desmond, D.P., & Maddux, J.F. (1993). Problems in implementing an AIDS prevention program for injecting drug users. American Journal of the Addictions, 2, 320-324.
- Wallace, B.C. (1992). Toward effective treatment models for special populations: Criminal, pregnant, adolescent, uninsured, HIV-positive, methadone-maintained, and homeless populations. In B.C. Wallace (Ed.), The chemically dependent: Phases of treatment and recovery (pp. 310-336). New York: Brunner/Mazel.

- Weddington, W.W., Haertzen, C.A., Hess, J.M., & Brown, B.S. (1991). Psychological reactions and retention by cocaine addicts during treatment according to HIV-serostatus: A matched-control study. American Journal of Drug and Alcohol Abuse, *17*, 355-368.
- Williams, A.B., McNelly, E.A., Williams, A.E., & D'Aquila, R.T. (1992). Methadone maintenance treatment and HIV type 1 seroconversion among injecting drug users. AIDS Care, *4*, 35-41.

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