Overview
RTI conducts multisite, multidisciplinary research to develop, implement, and determine the efficacy and effectiveness of evidence-based interventions that address health risk behaviors. We also assess treatment need and help to improve overall health and well-being.

We apply our scientific expertise in partnerships with community agencies and advisory boards comprising citizens and professionals who are dedicated to improving the lives of substance abusers and other at-risk populations. Teaming with our community partners, we address social problems by
- Working with hard-to-reach populations in community-based settings
- Developing, implementing, and evaluating appropriate interventions
- Disseminating research findings to the community.

Research Populations
Our research focuses on the prevention of HIV and other sexually transmitted infections among substance users and other high-risk and underserved populations in domestic and international settings:
- Injecting and non-injecting drug users
- At-risk women and adolescents
- Gay and bisexual men
- Racial/ethnic minorities in the United States (African Americans and Hispanics/Latinos) and South Africa.
- Sex workers
- Pregnant women
- Couples
- Rural residents

Current Projects with Key Affected Populations
Injecting Drug Users
- Tajikistan Low Dead Space Syringe Study (National Institute on Drug Abuse [NIDA]): This 3-year study is developing and testing a strategy to help needle and syringe programs implement the World Health Organization (WHO) recommendations to offer and encourage their clients to use low dead space needles and syringes. The study is being conducted with needle and syringe programs in two cities in Tajikistan.

Women with Substance Use Disorders
- Combination Prevention for Vulnerable Women in South Africa (NIDA): This study is designed specifically to reach at-risk, vulnerable alcohol and other drug using women and is being conducted in Pretoria. It combines a biomedical strategy (i.e., testing, treating, and retention) with an evidence-based behavioral intervention (i.e., the Women's Health CoOp Plus [WHC+]) to maximize the efficacy of both strategies.
• Developing Empowering Strategies for Female Drug-Using School Dropouts in Cape Town (NIDA): This study will adapt and expand the bio-behavioral WHC+ intervention to reach high-risk female adolescents, ages 16–21, who have dropped out of school and are living in Cape Town. It aims to reach extremely vulnerable young women who are experiencing the greatest burden of new HIV infections in South Africa.

• Implementation Research for Vulnerable Women in South Africa (National Institute on Alcohol Abuse and Alcoholism): This study seeks to develop and test an implementation strategy for sustainably integrating the Women’s Health CoOp (WHC) into existing clinics and rehabilitation centers in South Africa. The study uses an implementation science framework to assess barriers and facilitators associated with acceptability and implementation of the WHC, and it engages key stakeholders and substance-using vulnerable women in developing the integration plan.

Global Reach
Our researchers are conducting community-based research projects worldwide, including
• Gauteng and Western Cape Provinces, South Africa
• Kulob and Khujand, Tajikistan

Future Possibilities
• The WHC, which is a woman-focused intervention that addresses sexual risk, alcohol and other drug use, and victimization, has been packaged and is ready for implementation and scale-up in a variety of settings throughout sub-Saharan Africa.
• The WHC has been further developed into a Couples Health CoOp and a Men’s Health CoOp in South Africa. These interventions can be modified and refined for a variety of international settings.

Our Research Methods
RTI conducts epidemiological, intervention, and evaluation studies to inform, develop, and test the impact and efficacy of interventions for hard-to-reach populations in community-based settings. Our research approaches include the following:

• Easily accessible field sites in inner-city and rural communities
• Participant recruitment conducted via snowball sampling, respondent-driven sampling, and outreach workers who are well known in the community
• Quantitative and qualitative data collection using culturally appropriate techniques
• Development of culturally appropriate HIV prevention interventions tailored to local contexts and based on formative research with community members and other experts
• Randomized controlled trials to determine intervention (behavioral and/or medication) efficacy, effectiveness, and comparative efficacy
• Social epidemiological methods
• Social and sexual network analysis
• HIV counseling and testing and drug testing
• Referrals to community health and social services
• Follow-up assessments to determine long-term intervention effects
• Community collaborative boards and local experts in each setting.

More Information
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