Substance Abuse Treatment Evaluations and Interventions Program

Project Highlights:
HIV Interventions in South Africa and Around the World

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HIV/AIDS continues to have a devastating effect on the lives of many South Africans. UNAIDS estimates that 320,000 deaths occurred in 2005. South African women are disproportionately infected with HIV, and the potential impact of HIV on future generations through neonatal transmission is alarming. Prevalence rates among pregnant women reached their highest levels to date -- 29.5% in 2004. UNAIDS surveillance showed the highest HIV rates among women aged 25 to 34 (33%), with young women between 15 and 24 years of age showing significantly higher prevalence rates than men in their age range.

Although there has been substantial focus on the HIV epidemic in South Africa, less research attention has been given to understanding how the increasing problems of substance abuse and widespread violence against women contribute to the spread of HIV.

At RTI, we apply research and practical experience to design effective prevention interventions to reduce substance use, HIV risk behaviors, and sex-related violence. Our goal is to ensure that the interventions we design are gender specific and culturally appropriate for South African women.

Adapting HIV Interventions for High-Risk Women

With sponsorship from the National Institute on Drug Abuse (NIDA), RTI has developed, implemented, and evaluated innovative interventions that target hard-to-reach populations such as crack-using urban African-American women in the United States. With funding from sources, such as NIDA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute of Child Health and Human Development (NICHD), these innovations have been adapted for South African women who abuse substances such as alcohol and other drugs.

Our woman-focused interventions are organized on the principles of developing personal power by reducing substance abuse, strengthening negotiation skills for sexual protection, and increasing skills to prevent sexual violence. Participants are provided with culturally-relevant prevention strategies.
**Program Highlights of HIV Interventions in South Africa**

**Current Projects**

**Women's Health CoOp (WHC)-Pretoria (PI: Wechsberg)**

WHC-Pretoria (2003-2008) is a 5-year study in collaboration with Sizanang Centre for Research and Development that is funded by NIAAA. The primary objective of this community-based study is to understand the relationship between alcohol and other drug use, violence against women, and HIV risk. WHC-Pretoria also examines whether a woman-focused intervention can help women not only reduce risks associated with HIV, but also address personal goals, such as homelessness and unemployment, that could change the course of their lives. Preliminary study outcomes indicate that RTI's innovative research strategy to conduct outreach and brief interventions with active substance abusers in South Africa may lead to reductions in substance use and HIV risk behaviors.

**Western Cape Women's Health CoOp (PI: Wechsberg)**

This community-based effectiveness study (2007 -2012) builds on findings from our recently completed Cape Town Women's Health CoOp pilot study (2004 – 2006). The primary aim of the pilot study was to adapt a woman-focused HIV prevention intervention for substance-using Black and Coloured women. Findings from the pilot study indicated that study participants reported a reduction in their substance use, sexual risk behavior, and experiences with victimization at the 1-month follow up assessment.

With funding from NICHD, the Western Cape Women’s Health CoOp builds on findings from the WHC pilot study. In collaboration with the Medical Research Council (MRC) of South Africa, this study is designed to reach a larger sample of women via a full-scale study by adding a woman-focused intervention after voluntary counseling and testing (VCT). We will use a randomized controlled trial (RCT) to test the effectiveness of combining VCT with a woman-focused intervention in helping women reduce their substance abuse, sexual risk, and victimization compared to two control groups, a VCT only group and an equal-attention (nutrition) group. We will aim to recruit 900 women for this study which will incorporate in-depth interviews and repeated measures at baseline and 3-, 6-, 9- and 12-month assessments.

**Completed Projects**

**Sunnyside/Pretoria Women's CoOp-Pretoria (PI: Wechsberg)**

The purpose of this NIDA-funded study (2001-2003) was to determine whether an HIV prevention intervention designed for the United States could be adapted and translated for use with Black/African women sex workers in South Africa who abuse crack cocaine. Results showed that the woman-focused prevention program encouraged safer behaviors among the participants, including more frequent use of the female condom and a reduction in daily use of alcohol and crack cocaine.

**Cape Town Women's Health CoOp (Cape Town-WHC) (PI: Wechsberg)**

With funding from NIDA and in collaboration with the MRC, RTI adapted the brief woman-focused HIV prevention intervention to Black/African and Coloured high-risk substance-using women in the
Western Cape region of South Africa. This intervention was originally developed for crack-using women in the U.S., and later adapted for substance-using women in Pretoria, South Africa, Cape Town-WHC (2004-2006) evaluated the feasibility of abbreviating the original four-session intervention to a two-session individual intervention or a two-session group intervention. Preliminary study outcomes demonstrate a reduction in sexual risk behavior, substance use, and experiences with victimization. Findings also indicate commensurate levels of effectiveness in the group and individual formats.

**Cape Town Youth Study/Cape Town Methamphetamine Supplement (PI: Wechsberg)**

In collaboration with the Medical Research Council of South Africa and with sponsorship from NIDA, RTI conducted a survey among 13- to 20-year-old out-of-school females to examine the prevalence of methamphetamine use in poor Black townships and Coloured communities. The study (2005-2007) also assessed drug use and risk behaviors. This research is now being used to develop the Western Cape Women's Health CoOp (see future projects section).

**Community Advisory Boards – Pretoria and Western Cape**

An important component of our projects in South Africa is our Community Advisory Boards. Our Community Advisory Boards (CABs) comprise representatives from the community, NGOs, government, and professionals from the Gauteng and Western Cape Provinces. CAB members provide input and valuable support to help make our work more effective. CAB members also help to identify other resources and services for women who participate in our CoOp studies, identify gaps and/or difficulties in the project, and help with interpretation of findings. If you are interested in serving on our CAB, please contact Dr. Bronwyn Myers at Bronwyn.Myers@mrc.ac.za.

Read about related HIV intervention programs that RTI researchers are conducting in [North Carolina](#).

**Program Contacts**

For more information about HIV interventions with high-risk women in South Africa, contact

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Other Interventions Around the World

Russia

According to the 2006 Report on the Global AIDS Epidemic, Russia is experiencing the largest HIV epidemic in Europe. The report indicates that new annual HIV diagnoses in Russia reached their highest level in 2001 and have remained relatively stable in recent years. At the end of 2005, an estimated 940,000 Russian adults aged 15 to 49 were living with HIV and the national adult HIV prevalence was an estimated 1.1%.

Research has shown that unsafe injecting drug practices are the predominant mode of HIV transmission in Russia. An overall prevalence rate of 12.4% has been reported among injecting drug users in the Russian Federation; however, the epidemic is the most severe among users in St. Petersburg, with an estimated HIV prevalence of 30%. Reports indicate that heroin and psychostimulants are the primary injected drugs in Russia. As a population that is particularly vulnerable to HIV acquisition, the prevention needs of injecting drug users require urgent attention.

Although the link between injecting drug use and commercial sex work has not been clearly established in Russia, it is anticipated to be considerable. While some women enter sex work to fund their drug habits, a larger proportion of sex workers turn to injecting drug use to help them face the challenges of sex work. Most women who enter sex work do so at relatively young ages and, consequently, begin injecting drugs at young ages as well. UNAIDS (2006) reports that at least 75% of new HIV infections in Russia are in young people under 30 years old; and increasingly, young women account for a larger proportion of newly reported HIV cases. Many of these women were infected with HIV through injecting drug use or unprotected sex with HIV-infected men. Young Russian women who inject drugs and also engage in high-risk sex behaviors are largely underrepresented in the literature. Effective prevention efforts, including harm-reduction programs, need to be developed for young female injecting drug users to reduce unsafe injecting and sex practices.

Future Studies

Women's CoOp - Russia: Adapting the Women's CoOp for Injecting Drug Using Women in Russia (PI: Wechsberg)

With our partners at the Leningrad Regional Center of Addictions, we are testing an adapted version of the Women's Health CoOp study to investigate injection drug use and HIV risk in Russia. One hundred female injecting drug users will be recruited for this study. To be eligible for the study, an individual must: (a) be female, (b) injected drugs in the past year, (c) currently be in substance abuse treatment, (d) be between the ages of 18 and 30 years old, (e) consent to participate in the study, and (f) provide locator information for follow-up assessment in the St. Petersburg area.

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Republic of Georgia

In the Republic of Georgia, HIV prevalence among injecting drug users (IDUs) is currently estimated to be less than 1%. Nonetheless, the rapid increases in recent years in the prevalence of injection drug use in Georgia and in HIV among IDUs in several neighboring countries (Ukraine, Moldova, Belarus, and parts of the Russian Federation) raises the possibility that Georgia may be on the verge of an HIV epidemic among IDUs. The handful of studies that have been conducted to date with IDUs in Georgia has found a relatively high prevalence of HCV (> 50%) and substantial direct and indirect injection sharing behaviors and risky sexual practices. These findings increase the urgency of taking steps to prevent an epidemic in Georgia before it occurs.

Also of concern is the fact that very little is known about men who have sex with men (MSM) in Georgia. Available data estimate the prevalence of HIV among MSM at 3%. However this is believed to be an underestimate as the behavior is highly stigmatized and therefore largely unreported. To date there are no published studies of MSM behavior in the Republic of Georgia.

Current Studies

Assessment of HIV Risk Factors Among IDUs and MSM in the Republic of Georgia (PI: Zule)

This study builds on current NIDA-funded work with HIV and HCV among drug users and MSM in the U.S. It will be undertaken in collaboration with the Georgian Institute on Addiction. The aim of the study is to identify the socio-contextual factors that appear most salient in influencing HIV transmission in Georgia and determine how these factors may be affecting the distribution and spread of HIV. Some of the factors that may be most important include:

1. The organization of risk networks and of broader social and familial networks on drug use behaviors
2. Policy and law enforcement regarding syringes
3. The extent of MSM behavior
4. The extent of risky sexual practices among IDUs and MSM, including patronage of commercial sex workers, unprotected and group sex, and concurrent sexual partnerships
5. Current levels of knowledge about and perception of HIV risk among IDUs and MSM

Program Contacts

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