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Transforming the Meaning of HIV/AIDS in Recovery from Substance Use: A Qualitative Study of HIV-Positive Women in New York

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Abstract

Recovery from substance use is a vital concern for many women with human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). This qualitative study explores the meaning of women's HIV infection for their transition from drug use to recovery. Interviews were conducted with 15 female clients of a drug treatment program and AIDS nursing home in New York City. For most participants, HIV did not constitute the main reason for starting their recovery. The dual diagnosis program, however, facilitates an important transformation of the meaning of HIV/AIDS. Previously viewed as just another reason to use drugs, women now increasingly perceive their HIV infection as an incentive to stay clean and sober.

Injection drug use accounts for 5%–10% of HIV infections globally. In some countries in Asia, Europe, the Middle East, the Southern cone of Latin America, and North America, between 25% and 80% of all HIV infections occur in injection drug users (UNAIDS, 2004). The majority of studies on the dual epidemics of drug use and HIV/AIDS internationally focus on men and not on women, who often constitute a smaller subgroup of the population. In this article we explore the meaning that women who are dually diagnosed with HIV/AIDS and drug dependence in North America attribute to their HIV infection in the context of their recovery from substance use.

In the United States, 163,396 women have been diagnosed with AIDS since the start of the epidemic, 38% of whom have a history of injection drug use (Centers for Disease Control and Prevention, 2004). Large cohort studies show that only 1 out of 10 women with HIV/AIDS injected drugs in the recent past (Barkan et al., 1998; Novotná et al., 1999; Wilson et al., 1999). This suggests that a significant proportion of HIV-infected women discontinue their injection drug use. No research to date explores the role that HIV/AIDS might play in their journey from drug use to recovery.

Recovery from substance use is a process that involves identity transformations and successive phases, often including relapses (Brown, 2002; Inciardi, Lockwood, & Pottieger, 1993; Prochaska & Velicer, 1997; McIntosh & McKeganey, 2000). Some recovering addicts describe moments of crisis such as “rock bottom” experiences at which time they decide to

stop using drugs (Biernacki, 1986) while others “drift” into recovery without experiencing specific turning points (Waldorf, Reinerman, & Murphy, 1991). For women, the realization of narrowing life options, difficulties in “taking care of business,” and pregnancy often provide an impetus to reduce or cease their substance use (Rosenbaum, 1981; Rosenbaum & Murphy, 1990). Furthermore, a number of internal and external factors are known to influence women’s decision to seek drug treatment. External motivators include interventions by social and health service providers, the threat of losing custody rights of children, court-ordered drug treatment in lieu of incarceration, encouragement or pressures from relatives and friends, and the need to escape from physical violence and abuse (Sterk, Elifson, & Theall, 2000; Taylor, 1993). Internal motivators include health concerns, physiological and psychological problems, a desire to fulfill parenting roles, and “hitting bottom” from the drug-using lifestyle (Sterk et al., 2000; Taylor, 1993).

Given that stressful life events can be instrumental in initiating women’s recovery, what impact does an HIV diagnosis have? HIV/AIDS is known to cause emotional distress and physiological problems in most people infected with the virus (Siegel & Lekas, 2002). Theoretically, this might constitute a motivating factor to seek drug treatment. Women with HIV/AIDS also report experiencing stress-related personal growth that leads to positive change (Siegel & Schrimshaw, 2000; Tangenberg, 2001). Testing positive for HIV is described as a “life altering event” that contributes to their decision to stop substance use (Moser, Sowell, & Phillips, 2001; Siegel & Schrimshaw, 2000). Receiving an HIV diagnosis also has negative effects, however, and can result in increased drug use. A study with HIV-positive women and men in California found that 30% of study participants reported using drugs and alcohol as a means of coping with their HIV infection (Vosvick et al., 2002). There is thus evidence for both increased and decreased drug use following an HIV diagnosis.

Caution is advised when expecting that HIV will necessarily affect women’s decision to stop using drugs. Most women with HIV/AIDS in the United States are low-income women of color who are subject to myriad stressful life events (Campbell, 1999; Moore et al., 1999), and HIV may not constitute their single most important concern (Farmer, Connors, & Simmons, 1996; Ward, 1996). In fact, women with HIV/AIDS often perceive violence, separation from their children, poverty, drug use, and housing needs as more urgent and significant matters than their HIV infection (Ciambrone, 2001; Mizuno, Purcell, Burkowski, Knight, & the SUDIS Team, 2003; Smith et al., 2001). Other factors unrelated to their HIV infection might thus be more pertinent for their decision to discontinue their substance use.

Drug-using women with HIV/AIDS describe active addiction as a key barrier to adherence to HIV treatment regimens (Pach, Cerbone, & Gerstein, 2003; Powell-Cope, White, Henkelman, & Turner, 2003). Recovering addicts are more likely to receive antiretroviral medication and to adhere to it compared with drug-dependent women who are not enrolled in a substance use treatment program (Celentano et al., 1998; Power et al., 2003; Strathdee et al., 1998). Given these important health benefits of recovery, especially in the context of managing a complex disease such as HIV/AIDS, it is surprising how little we know about the meaning of women’s HIV infection for their transition from substance use to recovery. In this study, we aim to address this void by analyzing narrative accounts of HIV-positive women who recently initiated their recovery from substance use.

METHODS

Participants were recruited at a residential substance use treatment facility and nursing home for people with AIDS. We introduced the study to staff members who then informed female residents through posted notes, announcements, and word of mouth. Fifteen HIV-positive

clients of the facility volunteered to participate in the study and agreed to be interviewed in English. Prior to the interviews we explained study purposes, procedures, and participants' rights and sought their written informed consent. Participants received \$15 in compensation for their participation in the study.

The interviews followed a flexible interview guide that encouraged participants to discuss their life history, including their sexual relationships, drug use, and HIV infection. The open format of the interviews allowed participants to lead the conversation and discuss topics most salient to them. The interviews, lasting 90 minutes on average, were audiotaped and subsequently transcribed.

Data analysis followed the procedures of "open coding," "focused coding," and memo writing described by Emerson and colleagues (1995). During "open coding" we identified a wide range of themes and topics that were discussed in the interviews. We created individual case memos as well as theoretical memos that summarized how these themes compared across cases. We realized that most interviews followed a similar format: Participants described their history of drug use and their journey to recovery. We called this overarching format "recovery story," given that participants recollected and reconstructed their past experiences in a way that gave meaning to their present recovery and provided orientation for a future life without drugs (Mattingly & Garro, 2000). The subsequent round of focused coding involved a fine-grained, line-by-line analysis and systematic comparison of women's recovery stories. Given our research question, we paid special attention to the meanings that women assigned to their HIV infection in each component of their recovery story. We created theoretical memos charting the connections between HIV and recovery, specifically focusing on how women's HIV infection affected the start of their recovery and how their current recovery in turn affects the meanings they assign to their HIV infection. We identified five main themes: (1) participants noted they were "too caught up to care" about HIV in active addiction; (2) HIV provided a reason to increase drug use, described as "going on a mission," and to relapse after periods of abstinence; (3) HIV motivated change; (4) HIV acted as an incentive to abstain from drugs in the future; and (5) attending to HIV-specific needs is a crucial element of successful recovery from substance use. Throughout the coding and memo-writing procedures, we actively sought variations from main patterns and discrepant evidence to increase the validity of our findings (Maxwell, 1996).

Setting

The study site, a residential program for people dually diagnosed with AIDS and chemical dependence, was located in a low-income neighborhood in New York City. The program specifically was tailored to substance users with HIV/AIDS. Clients received HIV education and social and therapeutic support in coping with their infection, and their HIV-related medical needs were attended to. The drug treatment arm of the program involved three phases—confinement, orientation, and reentry into the community—each lasting on average 3 months. As women progressed through the phases, fewer restrictions were placed on them, and they were granted more freedom to interact with others outside of the treatment facility. By coincidence, most interviews were conducted at a time when the rule to abstain from drug use had been breached. In order to therapeutically process the rule-breaking, all clients of the program were temporarily confined in a "closed house" and contact with individuals outside of the treatment program was more restricted than usual.

FINDINGS

Fifteen participants were interviewed, including 6 African American women, 5 Latinas of Puerto Rican descent, 1 Caucasian woman, and 3 women of mixed or unknown ethnic background. They were 30–52 years old (mean age 37). Participants' drug and alcohol

dependency had lasted between 5 and 28 years. Predominant drugs of choice were crack/cocaine and heroin, but most women were polysubstance users. They received their HIV diagnosis 1–12 years ago; the mean length of time since diagnosis was 6 years. At the time of the interview participants had been enrolled in the program for 2–18 months. Their “clean times” varied as some had been abstinent for more than a year, while others had used drugs in recent months. Participants were in different stages of recovery. Some expressed more confidence that they would abstain from drugs. Others mentioned that they still struggled with a strong desire to get high and feared that they might relapse into using drugs.

All participants discussed their HIV infection, albeit to a much lesser extent than other topics related to their drug use and recovery. They tended to elaborate more on their use of drugs; experiences of violence, sex work, and incarceration; previous attempts at abstaining from drugs; intimate relationships that often were abusive; the importance of children and parenthood; and goals for the future, than on topics related to their HIV infection. HIV was viewed mainly as a consequence of their drug-using lifestyle. Most participants received their HIV diagnosis during active addiction and did not attribute much significance to it at the time besides viewing it as one more reason to use drugs. In the current context of their recovery, however, HIV/AIDS assumed a new meaning. HIV was increasingly viewed as a reason to abstain from drugs. In most cases, this transformation was a result of their recovery, which was initiated by factors unrelated to their HIV infection. In some instances, however, participants’ HIV infection played a role in their decision to seek drug treatment and acted as a catalyst for their recovery from substance use.

(1) “TOO CAUGHT UP TO CARE”

Participants commonly described that they experienced a phase when their drug addiction dominated their lives. During such a phase, their life revolved around using drugs, often at the expense of their health and health-seeking behaviors. One participant explained:

When I was 22, and I started smoking the crack, I just became really sexually active, with just anybody. I wasn’t using any protection. You know. And I was catching a lot of stuff And I had it [pelvic inflammatory disease] so bad, that I couldn’t walk I was so caught up in smoking crack, I wouldn’t even care. I wouldn’t even go to the hospital, an ambulance had to come and get me. They knew, the people I would get high with, they’d be like, “You can’t sit in here like that.” And I’d be smoking, with pains, just, I mean, it was terrible, it was really terrible. The ambulance had, they’d be like, “You again?” ... And I was treated, and I would just come out again and do the same.

Some participants who received their HIV diagnosis during such phases of active addiction ignored their HIV status and continued their drug use. For example, one participant was told about her HIV infection when she donated blood in the mid-1980s:

They told me something was wrong I said, “What is wrong?” “We think you got some kind of virus.” I said, “What you talking about?” So I continued doing what I was doing, druggin’ and drinkin’. I didn’t pay it no mind.

HIV/AIDS was not well explained to her and she decided to ignore her test results. At the time of the interview, this participant still maintained that she did not take HIV “too seriously” and she did not attribute any more significance to it than to other sexually transmitted diseases that she acquired in the context of her drug-using lifestyle:

To me it was just like everything else I had, because of drugging and sex. So it was nothing big or anything like that. If these little things I had gotten before didn’t kill me, this is not going to kill me. You know, and it didn’t even stop me from drugging or using alcohol. So what? I’ve got some kind of disease. They will get a

cure, like they cure everything else I really don't take it seriously, like the way some people do I really don't have time to think about it, because I'm trying to structure my life, and if I put that in front, I'll never go nowhere. I sit in and listen to the studies in groups and all that. It doesn't mean anything to me though. I just believe that I'm going to continue living until He is ready for me. When it's my time, it's my time.

This participant had relapsed into using drugs most recently and she noted that she has had great difficulties remaining abstinent for any length of time. She had been living with HIV/AIDS for 12 years, but the meaning of her HIV infection remained unchanged since she first received her positive test results. Unlike most other women in this study, participating in the groups at the program "doesn't mean anything" to her. Her interpretation of HIV illustrated an attitude that other participants characterized as part of their former drug-centered lifestyle and mentality.

(2) HIV AS A REASON TO INCREASE DRUG USE

When women received their HIV diagnosis during active addiction, this did not provide them with an incentive to stop using drugs. On the contrary, many interpreted their HIV test results as a death sentence and responded to the shock of the diagnosis with increased drug use:

When I found out, I thought that, I felt like somebody shot me in my chest. I felt real empty didn't know, I just thought that AIDS meant death, you know, I thought I was going to die I went on a mission, and I didn't care about anything, I didn't care about anybody.

Another participant described a very similar response:

[In] '94 I found out I had the virus, and I just freaked out. I went on another mission for months, no medication, no eating. Just getting high, every day. Going to stores, shoplifting, turning dates. And I did that for like a while.

Receiving an HIV diagnosis added fuel to a fatalistic outlook on life. Immersed in their drug-using lifestyle, they tended to view the news of their HIV status as another indicator that they would die soon anyway.

In some cases, HIV/AIDS also played a role in relapsing. All but 2 women had tried to quit using drugs in the past, at times managing to abstain for periods of up to 2 or 3 years before they eventually relapsed. One participant described how she started smoking crack again when her partner died of AIDS:

And '93 was when I got back active. From '91 to '93 I was clean, but when he died it was like I was lost. I felt alone, I didn't know what I was going to do. Because he accepted me for me. He knew I had the virus, he knew I couldn't have kids, and he still loved me. And I didn't think I was going to find another man like that, and I wasn't trying. So my thing was, "You got this virus on crack, that's how you're going to go out, smoking crack." And I was on a real suicide mission.

She used drugs to cope with the loss of her partner, a loss that seemed even more devastating in light of her HIV infection. She described how her HIV status and her infertility had undermined her self-confidence as a woman. This resulted in feelings of undesirability and fears that she would not be able to find another partner who would love and accept her despite her HIV status. In this sense, the negative meanings and social stigma associated with a positive HIV status contributed to her relapse. Other participants also described a link among HIV-related concerns, depression, and relapsing. This often occurred when participants lacked support and felt overwhelmed by stressful life demands. In these

moments, HIV-related worries added further weight to feelings of hopelessness and participants reverted to their old coping mechanism of drug use to ease the pain.

A similar pattern was described by women who “picked up” again when encountering HIV/AIDS-related physical complications. One woman noted that she used heroin to cope with pains following HIV-related surgery. Another participant explained that she developed HIV-related physical symptoms whenever she stopped using drugs. Interpreting these symptoms as a consequence of abstinence, she believed, “When I’m clean, that’s the only time I get sick That’s when my AIDS came out,” and she reverted to using drugs to protect herself from AIDS. In all of these cases, women’s HIV infection caused them emotional or physical distress. Caught in the logic of their drug addiction, lacking support and unable to interpret and approach their problems in a different way, participants resorted to using drugs to alleviate their HIV-related worries and discomforts.

(3) FINDING THE MOTIVATION TO CHANGE

Given that the receipt of an HIV diagnosis per se did not provide an incentive to stop, when and how did study participants make the decision to discontinue their substance use? The great majority described reaching a point of saturation with their drug-using lifestyle, commonly referred to as “getting sick and tired.” This usually occurred after a number of years of daily use, which for many was accompanied by repeated incarceration, severe abuse experiences, isolation from their families, and homelessness. Participants explained that the pleasurable effects of using drugs were wearing off and that they began to realize the heavy toll that their addiction was taking on their social relationships and their emotional and physical well-being. The realization itself did not necessarily lead to change as some women felt frustrated for a number of years before actually attempting to stop using drugs. Participants stressed that they needed to get to a point where they felt “ready” to stop using drugs. Those who entered the program voluntarily usually described this readiness prior to the start of the treatment program, while others noted that they became more “ready” and committed to change after commencing the mandated program.

Diverse pathways had led them to enroll in the current drug treatment program. Seven women described their enrollment as voluntary, 6 were mandated by a court to undergo treatment instead of serving a prison sentence, and 2 participants had to undergo treatment to regain custody of their children. Three of the participants who were mandated to attend the treatment program did not speak as highly of the treatment program as the other study participants. Having been mandated, however, did not necessarily preclude commitment to recovery, and the majority of mandated women still noted that they benefited from the program and that they had discovered a new outlook during their participation. One woman, for example, noted that the program offered opportunities to find employment and to access benefits and care that she had not been aware of before. Another was appreciative of the medical care at the dual diagnosis program and said that she welcomed the court decision in retrospect:

We still have that thing behind our ear saying, you know, “I want to use drugs, I want to use drugs.” But ... I am tired of going in and out of jail, going through all this sickness. This is a very painful sickness You know, when you give up and you say you’re tired, you hit the bottom rock. I feel that way.

In her case, various HIV-related physical symptoms played a crucial role in fostering a commitment to abstain, and she seemed to have arrived at a turning point during her stay in the program. Four more women described a “rock bottom” experience, that is, a moment of crisis when they reached an emotional or physical low point in their lives that cemented their desire to abstain from drugs. One participant decided to seek treatment after a period of increased crack and alcohol use following the break up of a relationship:

I was drinking and using, every day And I did that for a whole year until I called my scattered site housing counselor, said, "No, I can't do this no more. I need help." ... Just before I came here, it was the worst it's ever been. Paranoia, somebody coming to get me, the sickness, being HIV positive, having AIDS on top of that, and getting sicker. You know, it brought me to my bottom. Getting high and on top of having AIDS brought me to my bottom.

Concerns regarding her HIV infection and a deterioration of her health added to this woman's distress, resulting in her decision to seek treatment. The majority of participants, however, did not describe undergoing a crisis or reaching "rock bottom." In fact, in many cases there was no pivotal moment at which the decision to quit was made once and for all. Instead, women reported that the decision to stop using drugs and their commitment to staying abstinent grew over time. A former crack user explained that her recovery started about 2 years ago when she finally "admitted" to having a drug habit during a period of incarceration. Interestingly, she was also breaking out of "denial" regarding her HIV infection around the same time. Shortly after being released from prison she was rearrested. Facing the prospect of a long prison sentence she chose drug treatment:

I was scared this time. I didn't want to go upstate. I knew I was going to be like 3 years. And, uhm, I know my status, you know. And I was just scared, I was like, I can't keep doing this. Every time I go to jail, I'm scared I'm going to die of the virus, but I would come out and do the same shit, over and over again. And I just knew that it was time for me to do something for myself.

She felt even stronger about this decision during her stay at a nursing home for people with AIDS where she waited for an opening at the drug treatment program. Witnessing others in late stages of the disease and dying of AIDS "put the icing on the cake" of her decision to abstain from drugs:

When I went in that nursing home, I think that like put the icing like on the cake, that I didn't want to use no more. Cause when I saw all them sick people, that's when like AIDS, like, hit me, and a lot of them were young people. They had went out and got high, and that's how they were, you know, why they were sick like that.

Most women in the study recounted a sequence of events that led to their current recovery effort. Some interpreted these events in light of religious or spiritual beliefs, while others stated that they merely went along with what was available, ordered, or suggested at the time. Practical considerations played a role for 2 women who simply needed a place to stay. Participants' HIV infection was neither the sole nor the most important reason for starting their recovery. As shown above, however, for some, concerns about their HIV infection and fear of death contributed to their decisions to start treatment and to their overall commitment to their recovery. This was especially the case for women who suffered from HIV-related physical symptoms or who witnessed others become sick and die of AIDS. Some women were referred to the program because of HIV-related medical needs, and for these women in particular HIV/AIDS constituted a real and pressing concern.

It should be noted, though, that physical symptoms did not necessarily work in favor of recovery efforts. As described earlier, one participant used to interpret the onset of HIV-related symptoms as a reason to use drugs again. This participant since had a chance to benefit from antiretroviral treatment and through conversations with her medical care providers she came to realize that using drugs only provided short-term alleviation, but no mid-or longer-term protection against HIV-related symptoms. She had reached a new understanding of the relationship between HIV/AIDS and drug use and attributed a very different meaning to her symptoms. She now viewed them as a warning sign and "wake up call" from God to help her "get her life back." They provided an incentive to abstain rather

than to use drugs. The support, information, and treatment she received from health and social service providers were of crucial importance for this meaning transformation.

(4) HIV AS INCENTIVE TO STAY CLEAN AND SOBER

Almost all participants acknowledged that they gained important knowledge about HIV prevention, medication, and adherence issues since entering the dual diagnosis program. For many, this was the first time they had access to HIV-related information:

I didn't really get educated about the virus until I came here I learned a lot about my virus, and I needed that, because I didn't know anything about it.

At the program, participants realized that their HIV infection is a chronic illness that can be managed through antiretroviral medication. This knowledge became a building block of their recovery. Determined to start a new life without the use of illicit substances, HIV medication provided the hope that this might be possible despite being diagnosed with HIV/AIDS. The significance of treatment options is illustrated in the following quote from a woman who was asked what her "life priorities" were at the moment:

My health. Staying on top of taking my medication properly, because that's what's gonna keep me living a normal life. Not to pick up a drink or drug, and use other people when I'm feeling like that. And to talk about it, because I know that I can't do this alone. To be a productive member of society, a parent to my children. And to enjoy life.

She clearly expressed a desire to start a more healthy, "productive," and enjoyable life. No longer interpreting her HIV infection as a death sentence, she hoped that with the help of combination therapy a "normal life" would be possible. Information on HIV treatment options and adherence thus provided hope that recovery could be achieved despite being diagnosed with a life-threatening illness.

Staying healthy and taking care of their HIV infection commonly was described as a priority for the future, especially for participants who already experienced HIV-related complications. One participant who was hospitalized seven times for HIV-related complications described her outlook:

I know for a fact that, if I pick up again, I'll die. The doctors say that I get too sick too easily, and they give me a month. If I used again, I'd die within a month. And I don't want to die. So no more drug use in my life, no more, it's all over. And I'm, I'm relieved. I'm sad that it took HIV to stop me from using, but I'm also glad that I did get it. Finally I realize that I cannot use anymore, because I really think if I didn't have the AIDS virus, I think I'd still be using.

For her, the prospect of HIV-related sickness and death acted as strong incentives to remain committed to her recovery in the future. She felt she had the choice to live or to die and in this sense the late stage of her HIV disease added an urgency to abstain from substance use. Her medical providers not only emphasized the urgency, they also offered another option: a longer life on HIV medication without substance use. This helped her make the choice to live.

(5) HIV-SPECIFIC DRUG TREATMENT NEEDS OF DUALY DIAGNOSED WOMEN

Participants generally were optimistic about the outcome of the treatment program and their chances of staying clean and sober in the future. One participant, however, was concerned that HIV/AIDS might jeopardize her recovery:

Participant: Sometimes I wonder if I'm going to die today or tomorrow Sometimes I wonder, how it's going to be, if I'm out there, and if I'm sick, can I do

for myself, will I be able to take care of myself? Also, I wonder if I'm gonna always have to take medication It gets me depressed, because I know it's a challenge I'm really and truly dealing with two illnesses: the drug illness, and I'm dealing with AIDS. So there's two things that I'm fighting for. And one is always, seems like it's kind of always, seems over the other one.

Interviewer: So which you feel is more powerful?

Participant: Powerful? The drug.

Interviewer: The drug is more powerful. Are you worried you'll go back to that life again?

Participant: Yes, I do, I worry. But I put my hand, and my life, into my higher power, and my higher power will guide me through this.

This participant described fears of HIV-related symptoms and difficulties adjusting to the uncertainty of the illness and to the prospect of lifelong medication and eventual death. She wondered whether she would be able to handle HIV-related problems after she left the supportive environment of the drug treatment program, when she would be "out there" on her own again. The potential challenges arising from her HIV infection might pose an obstacle to maintaining her recovery from substance use in the longer term. If HIV-related problems overwhelm her, this might increase the risk of relapsing into drug use. This fear illustrates how closely HIV-related needs and drug treatment needs are intertwined for dually diagnosed women.

Participants generally perceived their drug addiction as the greater challenge of the two, especially when they were in good health as the participant cited above. HIV-related concerns, however, still constituted an integral part of their recovery from substance use. The great majority of participants were full of praise for the dual diagnosis program that combined drug treatment with HIV education and care:

This is the best thing I could have ever done for myself Everyone in here has the virus, and they treat you, in here they treat you with respect, you know, they don't make you clean and stress you. Cause we all have the virus here This is a good place, you can learn about your addiction and your virus at the same time, and these counselors care about us.

Many participants recollected previous experiences in treatment communities that were more punitive and less attentive to their HIV-related and gender-specific needs. One woman noted that issues relating to being an HIV-positive mother had been neglected in previous drug treatment programs:

I had a whole lot of relapses, especially during the time when I found out that my daughter was infected. And until I got here, I didn't never get in touch with none of those issues, feel anything about them issues until I got here. Cause every program I went to, in like 7 years, didn't have people in there dealing with the virus I went into a program, but I never really talked about my issues with it, HIV, I never talked about that.

The dual diagnosis program was the first program that linked drug treatment and HIV-related needs for this participant. Providing a space to interact with other recovering addicts with HIV/AIDS, it allowed her for the first time to deal with HIV-related parenting concerns, feelings of guilt as a mother who used drugs *and* was HIV positive, and to address her fears for the health and future of her children. Receiving support as an HIV-positive mother who also was caring for an HIV-infected child was a crucial element of this woman's recovery from substance use.

DISCUSSION

In their recovery stories, participants placed surprisingly little emphasis on their HIV infection. The significance of HIV somewhat depended on participants' health status, but even women who experienced more HIV-related physical complications spent far more time discussing their drug use and recovery than their HIV infection in the interview. HIV/AIDS was interpreted as a symptom of the more significant drug problem. It took secondary place throughout the journey from drug use to recovery. This confirms the limited significance of HIV in the context of the stressful lives of many low-income, ethnic minority women with HIV/AIDS in the United States (Ciambrone, 2001; Smith et al., 2001; Ward, 1996).

The receipt of an HIV diagnosis during active addiction merely added stress to their lives and resulted in continued or increased drug use. This attests to findings in the literature that indicate that drug-using women tend to cope with the emotional impact of the test result with denial and more drug use (Avants, Warburton, & Margolin, 2001; Raveis, Siegel, & Gorey, 1998). In contrast, other studies find that some women view their HIV diagnosis as a life-altering event that made them realize that they needed to stop using drugs (Moser et al., 2001; Siegel & Schrimshaw, 2000). To understand this discrepancy one has to bear in mind that HIV-positive, drug-using women are a diverse group of individuals who respond to HIV in varied ways. Furthermore, it is important to specify when and how women attribute significance to HIV/AIDS. Women in this study stressed that HIV became a motivating factor for their recovery not at the receipt of the test results but at onset of HIV-related physical symptoms, when they witnessed others suffering from AIDS or after they had stopped using drugs and enrolled in the program for other reasons.

The knowledge of their HIV infection alone and HIV-related symptoms or concerns by themselves did not provide a motivation to stop using drugs. The occurrence of HIV-related symptoms provided some women with a reason to use more drugs and others with a reason to abstain. The meaning and effects of women's HIV infection for their drug use or recovery depended on the conditions under which women engaged in the process of meaning making. During active addiction and when women felt hopeless, depressed, and were lacking support, they tended to view their HIV infection as just another reason to use drugs. In contrast, when they had reached a level of frustration with their drug-using lifestyle, when they were "ready" to change, and when they were able to find treatment and support, they tended to perceive their HIV infection in a different light. In some cases, women mentioned that their HIV infection contributed to "rock bottom" experiences and to their decision to abstain from drugs.

Even women who entered the treatment program for reasons unrelated to their HIV status noted, however, that participation in the program changed their understanding and interpretation of their HIV infection. This resonates with other qualitative studies that also show that recovery from substance use transforms women's outlook on life and changes the meaning they attribute to their HIV infection (Lather & Smithies, 1997; Tangenberg, 2001). In the current study women noted that the treatment program provided them with an opportunity to become more educated about the illness and more concerned about their health. They were able to consider their HIV diagnosis more carefully and it ceased to represent a reason to use drugs. Instead, treatment options provided hope that it is possible to live with HIV. Those who were already in more advanced stages of the disease described the prospect of HIV-related symptoms and death as important incentives to remain clean and sober in the future. The process of recovery thus clearly transformed the meaning of HIV/AIDS for the women who participated in this study.

The treatment program that combined HIV care and drug treatment constituted an important catalyst for this transformation. Participants reported having had a limited understanding of HIV education, treatment, and care prior to their enrollment in the program. At the dual diagnosis program they received much-needed basic information on HIV and HIV-related treatment options. They were supported as mothers and caretakers of other people who also might be infected with HIV, and program staff attended to the notable levels of distress that they experienced due to sexual and physical abuse and feelings of guilt, depression, and unhappiness with their drug-using lifestyles. The need for gender-sensitive drug treatment programs has been described previously in the literature (Covington, 2002; Inciardi et al., 1993; Nelson-Zlupko, Morrison Dore, Kauffman, & Kaltenbach, 1996). This study further suggests that comprehensive treatment programs must address the complex social, medical, and mental health needs of women dually diagnosed with chemical dependence and HIV/AIDS. Programs that are tailored to meet these multilayered needs can be of great value in transforming women's HIV infection into part of the fabric that sustains their recovery from substance use.

This study has several limitations. The sample size is very small and findings are not representative of women with HIV/AIDS who are in recovery from substance use. Recruiting participants from a treatment program further limits the study to an "institutionalized population," and we do not know whether HIV-positive women who stop using drugs on their own view their recovery and HIV/AIDS in similar ways. Furthermore, the circumstance of conducting the interviews at the time of a "closed house" might have increased the pressure for participants to present themselves as committed to and successful in their recovery. Participants also described ambivalent feelings, difficulties, and shortfalls, however, in their recovery efforts, suggesting that their narratives provide accurate accounts of their experiences.

Despite these limitations, the study contributes to a contextual understanding of women's HIV infection and its potential for aiding the process of recovery from substance use. For many drug-using women, testing positive for HIV during active addiction only seems to encourage more substance use. Once the conditions for change are ripe, however, and especially once women are enrolled in a treatment program that attends to both their HIV-related and drug treatment needs, HIV can assume a very different meaning. When treated in a gender-sensitive fashion, surrounded by others with HIV/AIDS, and provided with much-needed HIV education, treatment, and care, women are able to transform the meaning of their HIV infection. It becomes a building block of their recovery and a reason to abstain from drug use in the future.

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