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Broadening substance abuse research and intervention efforts to address context

Sherry Deren, Ph.D. and

Center for Drug Use and HIV Research, NYU College of Nursing, NY.NY

Susan Tross, Ph.D.

HIV Center for Clinical and Behavioral Studies, Department of Psychiatry, Columbia University Medical Center, NY, NY and the Greater New York Node of the NIDA CTN

Dramatic progress has been made since the mid-1980's in mobilizing effective approaches to reduce problem substance use and sexual and other risk behaviors. This has occurred, in part, because of the formidable health challenges posed by HIV. However, this work has also highlighted the persistence of underlying factors (e.g., poverty, disenfranchisement, inadequate resources for services) that can be drivers of these behaviors. For many of the participants in our research studies, drug addiction and HIV are highly related to their social circumstances. To achieve further gains, a broad structural perspective, as has been described in the syndemic theory of epidemics (Singer & Clair, 2003) is needed. As noted by Singer and Clair (2003):

...diseases do not exist in a social vacuum nor solely within the bodies of those they inflict, thus their transmission and impact is never merely a biological process. Ultimately, social factors, like poverty, stigmatization, racism, sexism, ostracism, and structural violence may be of far greater importance than the nature of pathogens or the bodily systems they infect...(p.428)

As an example of the underlying socio-economic contextual factors influencing many of the populations we have studied, some of the characteristics of Puerto Rican drug users recruited for a study conducted by the first author (SD) are summarized. In a sample of 800 people who injected drugs (PWID) or smoked crack cocaine recruited in NYC, 62 % had not completed high school, 10 % were homeless, and 87% had a history of incarceration. Among the PWID, of those who had reported engaging in sex in the 30 days prior to the interview, 8% of males and 32% of the females had traded sex for drugs or money (Deren et al., 2003). While the directions of causation between these characteristics and substance use and HIV may be unclear, the fact of their association is unequivocal. However, these characteristics were not themselves studied, nor were recommendations made for addressing them. These gaps in our work are widespread limitations in the field of substance use intervention practice and research. While service providers and researchers are keenly aware of these factors, for many reasons (described below), integrating them into evidence-based interventions has been extremely difficult. While profoundly significant advances have been made through research, this is a crucial agenda for future work.

An important and useful evolution in studying HIV among substance users since it became a focus in the mid-1980s has been the change from examining primarily individual factors (e.g., depression, self-efficacy in practicing risk reduction) to also including social factors (e.g., peer influences) and structural factors (e.g., availability of drug treatment and syringe exchange programs). Several investigators have addressed the importance of the larger contextual social factors, e.g., housing (Aidala & Sumartojo, 2007) and employment (Aklin et al., 2014). However, this work is all too rare. These are several reasons for this lack of attention to these broader social contextual factors. Perhaps because these problems seem too pervasive and intractable, or have become part of the “white noise” in the background that is no longer even heard or cannot be readily targeted by the types of funding mechanisms available for research or service provision.

Because of the needs and interests of the research funding sources, and the aims of the funded proposals, investigators often make recommendations in terms of enhancing drug treatment programs, harm reduction programs, and interventions to reduce HIV transmission. These are certainly all important, but little is said regarding the identification and recommendations for addressing the underlying factors fueling much of the continued substance use and HIV risk behaviors. We propose bringing the broader syndemic perspective, recognizing the relationship of substance use/HIV to the underlying socio-economic conditions of many high risk groups, especially poor populations of color. Following from this perspective, we make recommendations for conducting research and developing interventions that will impact not only the substance use/HIV risk behaviors, but also the quality of life and contextual factors that must be addressed to impact the current epidemic (and likely future substance use-related epidemics).

Research-related recommendations:

- *Funding targets* –funding opportunities are needed that emphasize addressing socioeconomic factors. Research on communities with high prevalence of those factors we know are related to HIV (substance use, depression, violence) are likely to be more efficient ways to address a multitude of negative health outcomes (beyond substance use-related).
- *Cross-institute collaborations and set-aside funding* - Each NIH institute should have a portion of its funds designated for cross-Institute efforts (individuals have multi-morbidities, so are not aligned with institute specific mandates, with an expedited path for tying findings directly to policy-making and programming, Although an increased focus on implementation research has emerged in recent years, more direct ties with promising intervention study results should be provided.
- *Research training* – interdisciplinary training has received increased emphasis in recent years but has not been fully harnessed in studying populations with multiple risk factors. Training investigators to work in multidisciplinary research teams, beginning at the pre-doctoral level is needed and should be incentivized in research and training proposals.

Intervention-related recommendations:

- *Provide education, training and employment opportunities for substance users-* It is well established that providing training in basic skills and employment, especially for individuals who have few skills and little formal education, will lead to improvements in terms of reduced substance use and criminality. Large-scale efforts, based on public-private collaborations, can identify those at high risk and engage them in programming in areas of their interest leading to employment. These programs must also include needed support services (e.g., mental health and substance use counseling, housing).
- *Devote funds to implementation of this programming and to determine the most successful models-* The social-contextual risk factors related to substance use and HIV risks in poor communities of color have been well-established. Identification of the most effective types of programming to address them requires program implementation and evaluation efforts.

Finally, what do we do now, and going forward, with current or enhanced resources? The constellation of societal poverty-related challenges raised in this essay are persistent, and changes to attain the desired goals will be slow. Following are some suggestions that can be implemented to begin to address them:

- Expand harm reduction programming. These efforts focus on reducing the harms associated with drug use, with harm reduction having a higher priority than reduction of drug consumption itself (Wodak & McLeod, 2008). A comprehensive program includes peer- based education about the risks associated with sharing injection equipment, syringe exchange programs, and drug treatment programs (including opiate substitution treatment).
- Support self-help and peer-driven mechanisms for populations engaged in substance abuse. Multiple studies have shown that reaching and engaging drug users in health programs have been successful for outcomes related to HIV (Broadhead et al., 2002) and substance use (Magura, 2008). Based on the premise that for peers with shared problems and experiences (particularly stigmatized ones such as substance use), peer-driven program can provide multiple benefits, including helping disseminate health and other messages, giving the disempowered populations voice, and providing support for communities.
- Enhance resources for existing programs that reach the most affected populations to provide services lacking in poor communities. Examples include expansion of services provided through drug treatment and harm reduction programs so that meaningful vocational training can be incorporated as part of welfare-to-work programs, with case management and linkage services.

It should be noted that these proposals will not necessarily lead to the cessation of substance abuse or HIV risks for populations living in poor social settings. However, these underserved populations of color are a substantial component of the substance user population, and the negative consequences of their socio-economic circumstances are likely to lead to other poor outcomes, including other substance-abuse related epidemics, even if

our current efforts to reduce use of a particular substance or a particular risk behavior are successful.

Biographies

Sherry Deren, Ph.D. is the Director of the NIDA-funded P30 Center for Drug Use and HIV Research (CDUHR), located at the New York University (NYU) College of Nursing. Dr. Deren is a social psychologist, and has been Principal Investigator for many NIDA-funded research projects related to drug use and HIV. Her recent research interests have focused on multi-level influences on HIV risk behaviors among Puerto Rican drug users in Puerto Rico and NYC. CDUHR, focused on the socio-behavioral study of drug use-HIV/AIDS, has been funded since 1998, and provides a research infrastructure to support over 60 research projects, at NYU and affiliated institutions, related to the Center's theme: "Discovery to Implementation & Back: Research Translation for the HIV/Substance Use Epidemic."

Susan Tross, Ph.D. is a psychologist with expertise in developing, delivering, and evaluating intervention programs in substance abuse, HIV risk behavior, and psychological adaptation to HIV. Her research has focused on work with poor, disenfranchised people, at highest risk for HIV or living with HIV, and proceeded directly from her close partnerships with community collaborators, in agencies that serve them. She is an Associate Professor of Clinical Psychology in the Department of Psychiatry at Columbia University Medical Center. There, she is Co-Director of the Intervention Science Core of the NIMH-supported HIV Center For Clinical and Behavioral Studies, and in the Greater New York Node of the NIDA Clinical Trials Network (CTN).

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