

***Safer Sex Protocols for Men and
Women (CTN0018 and 0019)
The Community Perspective***

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The Community Treatment Program within the CTN

- **150 programs nationwide**
- **Ideas on what should be researched**
- **Protocol development – “could you do this in the real world?”**
- **Incorporating research into the organization**
- **Providing access to the participants**
- **Interpreting the results**
- **Dissemination**
- **Enriching the research and moving effective interventions to practice**

Community Treatment Programs in Safer Sex protocols

- Each study conducted in twelve sites: many different areas of the country, opiate replacement and psychosocial rehab programs. Goal to obtain diversity of participants
- All sites received pre-implementation training for research staff and counselors. Columbia University and U of Washington

The Community Perspective
LRADAC: research and
intervention delivery

- **LRADAC is a large psychosocial program that includes medical detox, outpatient and women's residential services. Philosophy of treatment is based on 12 step and disease model**
- **First research experience for LRADAC**
- **Counselors: new method to provide treatment, new material**

The Community Perspective
LRADAC: research and
intervention

- **Research staff conducted a previous CTN protocol at another program**
- **CTP participation in protocol development**
- **Concern over lengthy assessment; rarely a problem**
- **Computer based assessment of sexual behavior**
- **Safety issues: high risk population**

Lessons Learned per Research Staff

- **Recruitment was relatively easy for women (residential setting); more difficult for men. Counselors, word of mouth, gift cards, newspaper**
- **Clinical staff: is HIV risk reduction important in recovery?**
- **Attendance strategies: transportation, scheduling at convenient times, snacks**

Lessons Learned per Research Staff

- **Protocol staff comfort with sexual material**
- **Therapeutic value of assessment**
- **The things you hear.....**
- **Follow-up is possible, if done correctly**

Lessons Learned Counselors

- **Anxiety of training and certification**
- **Adjusting to manualized therapy, time constraints**
- **Luxury of co-facilitation**
- **Sensitivity, assumptions**
- **Supervision as positive experience**
- **Flexibility needed to work for two masters**

Lessons Learned - Recommendations: Counselors

- **Integrate manualized exercises into primary drug abuse treatment**
- **Identification of pockets of community need – take the intervention to those sites**

Results

- **How will we know if it works?**
- **Feasibility questions vs. outcomes**
- **Release of outcome data**

Implications for Treatment Providers

- **Supervision: important to clinical implementation of the intervention**
- **Specific strategies needed to train substance abuse counselors to address sex and drug connection, including their own discomfort with sexual material**