

WHY INVEST IN HIV PREVENTION EFFORTS?

A number of recently released scientific studies have provided compelling evidence that targeted prevention efforts are working to reduce risk behaviors and prevent the spread of HIV. It is clear that if our nation is to reduce the 40,000 new HIV infections that occur each year, these programs represent a diverse portfolio from which to build upon. In the absence of a medical cure, prevention of HIV transmission is our best weapon in the fight against HIV/AIDS. The following published reports demonstrate that targeted prevention efforts have proven effective in reducing risk behaviors:

Community-Level HIV Interventions: An ongoing, five-city study funded by the Centers for Disease Control and Prevention published in the March 1999 issue of the *American Journal of Public Health* found that community-level interventions have succeeded in reducing unsafe behaviors in at-risk populations. The study utilized a change of behavior scale to measure risk reduction, and among other positive results found a five times greater change in behavior in condom use with non-main partners and a 74% increase in observed condom carrying in target communities. The intervention “led to significant community-wide progress toward consistent HIV risk reduction.”

The Success of Peer Counseling: A randomized, case-control project focused on men patronizing gay bars found that training popular homosexual men from a community to spread endorsements for behavior change through conversations reduced the frequency of unprotected anal intercourse (1.7 occasions in the past two months to 0.6 occasions) and increased use of condoms (from 45% before the intervention to 67% afterwards). Published in *The Lancet* in November of 1997, this study’s efficacy speaks to the value of using community members to elicit risk reduction in their own social circles.

Using Small Groups to Prevent HIV: The June 19, 1998 issue of *Science* published findings from the National Institute of Mental Health’s Multisite HIV Prevention Trial, the largest randomized, controlled, HIV behavioral intervention study of low-income, urban African-American and Latinos. One year after the intervention, those attending the sessions “reported significantly fewer unprotected sexual acts, had higher levels of condom use, and were more likely to use condoms consistently.” Michael Merson of Yale University School of Public Health said that the study, “demonstrate[s] that well-designed, behavioral programs are effective in preventing HIV infection and other sexually transmitted diseases in high-risk, vulnerable, disenfranchised populations.”

Sex Education Saves Lives: While over 93% of all public high schools offer courses on sexuality or HIV, those programs which rely solely on providing information about sex have failed. Teenagers have the highest rates of sexually transmitted diseases of any age group, with one in four young people contracting a STD by age 21. Certain initiatives, like the AIDS Prevention for Adolescents in School in New York City, use more in-depth, straight-forward messages about HIV risk behaviors and have achieved striking increases in condom use among sexually-active students.

Drug Abuse Treatment as AIDS Prevention: A study by researchers at the University of Pennsylvania published in *Public Health Reports* in June 1998 definitively stated that individuals who enter substance abuse treatment programs are less likely to engage in high risk behaviors and consequently have fewer infections of HIV compared with those who are not in treatment.

Underlying these successful prevention initiatives is the fact that, according to the CDC’s report at the 1998 International Conference on AIDS, only 1,255 infections need to be prevented each year to make our investment in prevention cost-effective.

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