

TITLE: A QUALITATIVE ASSESSMENT OF HIV-POSITIVE WOMEN'S EXPERIENCES IN A CLINICAL TRIAL TO REDUCE DRINKING.

AUTHORS: S.S. Canidate, C.L. Cook, & R.L. Cook

AFFILIATIONS: University of Florida, Gainesville, Florida, 32611, United States of America

ABSTRACT: Up to 20% of U.S. women consume alcohol at hazardous levels each year; however, women with HIV face additional individual and public health consequences. Interventions such as the prescription medication naltrexone have been effective in reducing drinking in non-HIV populations. We sought to explore experiences with drinking and attitudes, perceptions, and perceived outcomes of participating in a clinical trial of naltrexone vs. placebo to reduce drinking. Using a qualitative approach, we interviewed 20 HIV-positive women to explore their experiences associated with drinking, attitudes and perceptions of participation in the clinical trial, and reasons for utilization of alcohol treatment outside of research. Results were analyzed using methods consistent with grounded theory and dimensional analysis. All participants discussed changes that occurred as a result of participating in the clinical trial including: changes in alcohol consumption level, study medication effects, and individual issues surrounding adhering to treatment outside of a research setting including social support systems available and attitude towards cessation of alcohol use. Most participants reported a reduction or cessation in alcohol consumption whereas some participants reported stopping their drinking altogether. In regards to the study medication's effect on drinking, participants reported perceived positive and negative effective. Some participants mentioned that the medication helped to reduce, decrease, or stop their drinking whereas other participants reported no medication effect. A majority of participants reported the research study staff to be influential in reducing or quitting their drinking whereas others found increased self-motivation, and others used the study to reinforce their commitment to other alcohol treatments like AA. Lastly, participants also discussed the reasons they believed other women may not seek alcohol treatment outside of a research settings. Participants discussed potential barriers (things that keep you from doing something) including embarrassment, transportation, being in denial or not ready for change. Participants also described facilitators (things that help you do something) including having a support system, being open to change, and being reassured that the medication is effective. From the concepts, relationships, and recommendations identified in the analysis, we were able to identify some specific themes associated with successful reduction in drinking as a part of a clinical trial as well as barriers and facilitators of utilization of alcohol treatment outside of research studies. This research will be used to develop culturally appropriate interventions geared towards reducing hazardous drinking in minority women with HIV.