INTRODUCTION

Although American Indian populations have higher alcohol and other drug abstention rates than non-American Indian populations (May, 1996), those American Indians who do engage in AOD use suffer serious behavioral health consequences. Although the link between alcohol and other substance misuse and sexual risk behaviors has been well documented among non-American Indian samples, only recently have researchers begun to examine this connection among American Indians (Simoni, Seigal, & Walters, 2004).

Sexual risk reduction among substance abusers has been modest at best with most of the risk reduction coming from decreasing the number of sexual partners rather than wide spread increase in condom use skills (Sorensen & Copeland, 2000).

Female drug users, even if they are in drug treatment, are at especially high risk for heterosexual transmission of HIV. Women in substance-using communities are one of the fastest growing groups of people living with AIDS in the U.S. First, they are often in primary sexual relationships with male drug users. Second, like their male peers, some continue to use drugs despite being in treatment (Tross, et al., 2008).

METHODS & MEASURES

Participants included 88 Native Americans seeking substance use disorder treatment on a rural reservation. Participants completed the CUSES and the Addiction Severity Index (ASI; McLellan et al., 1992), as part of a larger assessment in a randomized controlled trial of adapted Motivational Interviewing & the Community Reinforcement Approach (MICRA) compared to Treatment As Usual (TAU).

CUSES: A 28 item self-report survey using a 5-point Likert scale format, ranging from ‘strongly disagree’ to ‘strongly agree’. Higher scores indicate greater condom use self-efficacy. Possible scores range from 8 – 112, after reverse coding 7 items. A scoring method for the CUSES was used as described by (Berkley & Burn, 2000) that produced three subscales: (1) Appropriation (obtaining and using condoms), (2) STDs (stigma associated with STDs), and (3) Partner’s Reaction (partner’s feelings about condoms).

ASI: Two variables from the drug/alcohol use section of the ASI were used in the analyses to represent the participant’s alcohol and cannabis use:

- DPP30: Days of binge drinking in the past 30 days (defined as 5+ drinks in one sitting)
- DIO30: Days of cannabis use in the past 30 days

DATA ANALYSIS

Pearson correlation coefficients were calculated to determine the relationship between each of the CUSES subscales ( Appropriation, STD’s, and Partner’s Reaction) to the past 30-day cannabis use and past 30-day binge drinking. Independent t-tests were performed to assess for gender differences on each of the CUSES subscales, individual CUSES items (28 items), and composite CUSES scores. All data were analyzed using SPSS version 18.

Male and female Native American participants differed on one of the three Condom Use Self-Efficacy subscales ( Appropriation subscale). Specifically, males reported significantly higher confidence to purchase, carry, and use a condom ( Appropriation) relative to female participants (F[1,86]=9.74, p=0.006). Frequency of cannabis use (DIO30: past 30 days) was unrelated to any of the CUSES scales while frequency of binge drinking days (DPP30: past 30 days) was significantly and negatively related to partner’s feelings about condoms (Partner’s Reaction: r=-0.235, p<0.05).

RESULTS

Scoring out of a possible 112 points on the CUSES, no significant gender differences were observed. Although non-significant, the female participants scored higher on the CUSES relative to their male counterparts (Table 2).

By gender, male and female Native American participants differed significantly on 5 of 28 individual scale questions (Table 3). Males significantly reported higher confidence to Q3: “carry a condom they should need one” (F[1,86]=5.023, p=0.026). Males significantly reported higher confidence to Q14: “gracefully remove and dispose of a condom when we have intercourse” (F[1,86]=12.210, p=0.001). Females significantly reported higher confidence to Q23: “use a condom during intercourse without reducing any sexual sensations” (F[1,86]=3.965, p=0.05). Females significantly reported higher confidence to Q24: “use a condom even after I have been drinking” (F[1,86]=6.363, p<0.012). Females significantly reported higher confidence to Q25: “use a condom even if I were high” (F[1,86]=5.443, p=0.022).

Table 2: CUSES SCORES BY GENDER

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<tr>
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<th>Male CUSES Score* (Mean, S.D.)</th>
<th>Female CUSES Score* (Mean, S.D.)</th>
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<tbody>
<tr>
<td>Total CUSES Score</td>
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<td>54.53 (14.81)</td>
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<tr>
<td>Male</td>
<td>66.10 (7.2)</td>
<td>56.30 (14.81)</td>
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<td>Female</td>
<td>69.86 (6.73)</td>
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In general, our Native American sample had a ‘moderate’ level of confidence to use condoms. Native American men were more confident about condom appropriation than were the women. Heavy alcohol consumption was associated with less discomfort with partner reactions to condom use. Future intervention targets may work to increase women’s condom use self-efficacy, particularly regarding obtaining and using condoms. In addition, participants may benefit from coping skills interventions to reduce discomfort from partner reactions. Rather than cope through heavy alcohol use, communication and negotiation skills on condom use can be employed. Investigation of the relationship between actual condom use skills and comfort or confidence levels as related to substance use will be important in efforts to prevent and decrease STDS.

Although our male participants are confident in their perception of remembering to carrying a condom and being able to remove and dispose of one after intercourse, our female participants are more willing to delay sexual gratification (even under the influence of a substance) in order to ensure condoms are used before intercourse. Although preliminary in nature, future investigation is warranted to verify this claim.

REFERENCES


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