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## IN THIS ISSUE

### Poppers still a major factor in HIV risk

Researchers and experts on the use of inhaled nitrates among men who have sex with men (MSM) say clinicians, public health officials, and AIDS groups are ignoring the impact of poppers, a popular party inhalant, on HIV risk behaviors and even seroconversion . . . . . cover

### An overlooked impact

African-American women's share of AIDS cases has been growing steadily in the past decade, and now represents one-third of all new AIDS cases reported among African-Americans, CDC data show. The challenge for public health officials is developing prevention programs that do not treat African-American women as one monolithic group, according to Victoria Cargill, MD, of the Office of AIDS Research . . . . . 64

### Prevention for women of color

Clinicians, AIDS service organizations, and public health officials who are looking for new strategies for reaching African-American women through HIV prevention programs might find useful ideas in how two very different programs handle HIV education . . . . . 66

*In This Issue continued on next page*

## Research shows 'poppers' use is connected with infection among MSM

*Little is done to address problem*

Early in the AIDS epidemic, public health officials thought that poppers, a popular party inhalant used by gay men, might be a cause of the disease. When AIDS was proven to be caused by an infectious agent, most people dismissed poppers as having no relevance to HIV.

Now, more than 20 years later, research continues to show a strong link between the use of poppers and HIV risk behaviors. The studies that ask separately about popper use consistently show that it falls just below alcohol and marijuana as a substance of choice among men who have sex with men (MSM).<sup>1</sup>

And some research has found that popper use is related to unprotected anal intercourse, both insertive and receptive, whereas other drugs are not.<sup>2</sup>

Also, some studies have shown that poppers are associated with HIV infection and increasing HIV rates and not just risk behavior. All of this suggests that more education and HIV interventions that discuss the use of poppers, as well as other drugs, are needed.

"When HIV was discovered, the scientific, research, clinical, and gay communities crossed poppers off their list to be concerned about," says **Hank Wilson**, founder of the Committee to Monitor Poppers/Survive AIDS of San Francisco.

"But if we let gay men know that poppers make them more susceptible to HIV infection, then I think we'd see a big shift and change in behavior," he says.

*(Continued on page 63)*

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*In This Issue* continued from cover page

**Risky business in San Francisco**

Investigators have found a disturbing trend of increased levels of sexual risk behavior among a small, little-studied group: Asian/Pacific Islander MSM ..... 68

**The forgotten Americans: Older adults**

Sometimes clinicians and health officials who work with HIV-infected people who are older than 50 may feel like John the Baptist crying out in the wilderness: They talk and talk, and no one seems to be listening. But in Florida, their share of the epidemic runs to 14% of the population. .... 69

**FDA Notifications**

**Hep C drugs approved** ..... 71

**Common Sense About AIDS**

**Using poppers could increase risk of HIV infection**

Here's the lowdown on poppers and why they may be more harmful than you imagine. .... insert

**COMING IN FUTURE ISSUES**

- **HIV and election-year politics:** HIV funding may come out the big loser in 2004
- **HCV infection ignored too often in poor HIV patients:** Study offers look at problem
- **Sub-Saharan African pandemic:** Genital tract infection, contraception, and uncircumcised partners all appear to play role in spread of HIV, new studies show
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**Editorial Questions**

For questions or comments, call **Melinda Young** at (864) 241-4449.

HIV investigators are more cautious in their assessment of the impact of popper use on HIV, but those who have done research into it acknowledge that the substance should not be ignored by the prevention and research communities.

“Several groups, ours included, in the early days of the epidemic found this association between people who were among the earliest to become HIV-infected and popper use,” says **Kenneth H. Mayer, MD**, an infectious disease physician at Miriam Hospital and a professor of medicine and community health at Brown University in Providence, RI. Mayer also is a medical research director at Fenway Community Health in Boston.

“It’s still tricky to disentangle whether popper use is a marker for risky sexual activity or a marker for HIV infection,” he says. “There are studies that suggest that people who use poppers during anal sex have increased susceptibility of becoming HIV infected — it’s a correlation, not a causality.”

Poppers is a slang term for fluids that contain amyl, butyl, or isobutyl nitrate, and which are inhaled from small bottles that traditionally made a popping noise when opened. They are basal dilators that relax the sphincter muscles, making anal intercourse less painful. This, in turn, can lead to more trauma in the rectum, which could be a factor in HIV transmission, Wilson says.

Another theory is that poppers increase blood flow to the rectal area and that could make it easier for a person to become infected when exposed to HIV through anal intercourse, says **Grant Colfax, MD**, director of prevention studies in the HIV Research Section of the San Francisco Department of Public Health.

It’s also possible that poppers cause immunosuppression. “Animal studies have shown that there is some immunosuppression — the immune cells don’t function as well,” Colfax says. “I don’t think you can make any conclusions about what may be happening in people, but it suggests there might be something else going on with poppers.”

**Lee S. F. Soderberg, PhD**, has researched the impact of inhalant use and Kaposi’s sarcoma in HIV-infected populations. He studied tumor growth in mice exposed to inhaled isobutyl nitrate and found that exposure to the inhalant increased tumor incidence and tumor growth rate by nearly four fold.<sup>3</sup> Soderberg is a professor in the department of microbiology & immunology at the University of Arkansas.

His research also concluded that after five daily exposures to inhaled isobutyl nitrate, the

induction of specific T cell mediated cytotoxicity was inhibited by 36% and the tumoricidal activity of activated macrophages was inhibited by 86%.<sup>2</sup>

Soderberg’s investigations also found that nitrate inhalants compromise a variety of immune mechanisms and may play an active role in promoting HIV replication and the growth of Kaposi’s sarcoma cells.<sup>4</sup>

Even without evidence suggesting a connection between popper use and HIV seroconversion, there is ample data to support the conclusion that popper use is a major risk factor among at-risk MSM.

“The problem with poppers is that every time you look at sexual behavior in the Multicenter AIDS Cohort Study (MACS) cohort, you always see that popper use is associated with higher risk sex behavior and seroconverting to HIV, if a person was negative to begin with,” says **David Ostrow, MD, PhD**, coordinator of the Behavioral Working Group within MACS, which is based in Chicago; Pittsburgh; Washington, DC; and Los Angeles.

“The seroconversion rate was much closer related to popper use than the amount of unsafe sex they were having, so popper use is not just facilitating anal sex, it’s maybe making the virus easier to get into you,” Ostrow says. “But nobody wants to believe that — there’s tremendous denial in the gay community that something seen as a very innocuous substance that gives a lot of pleasure to some people should be banned.”

Actually, popper use was banned nationally in 1991, and for a while, it was difficult to find the drug; but that has been reversed since the Internet became popular, Wilson explains. “Today, we have over four dozen web sites that sell poppers on the Internet. They call it video head cleaner, leather cleaner, and the biggest manufacturer sells 25,000 daily.”

Wilson is irked especially by Internet ads for poppers, which make claims that they are as safe as aspirin and have nothing to do with the AIDS epidemic. Although poppers are permitted to be sold only as incense, cleaners, air fresheners, and the like, the ads discuss the use of poppers as a sexually enhancing compound and offer advice on what to do if popper use causes a headache or impotence. The answer on one web site is: “Open the window, and take a deep breath.”

The poppers web sites also warn against the use of poppers with Viagra, although they fall short of mentioning deaths that have occurred from the commingling of the two drugs, which both cause a drop in blood pressure.

To combat misinformation distributed on-line

about poppers, communities and public health departments should distribute literature that more accurately explain the dangers of popper use, Wilson says. (See *Common Sense About AIDS guide to poppers, inserted in this issue.*)

"The challenge to prevention workers is that if we can predict that people will be offered poppers, are we offering them information so they can make an informed choice?" Wilson says. "Do we arm people with refusal skills?"

However, few programs meet this challenge.

"The problem is the denial in the community and the lack of public health campaigns," Mayer says. "It's something AIDS service organizations are not paying much attention to."

For instance, while there currently is a big focus on crystal methamphetamine, there hasn't been a focus on poppers in the gay community for years, Mayer notes.

Also, researchers correctly point out that some drugs that are used by fewer people than use poppers can cause a great deal of physical damage that is in addition to HIV infection, and then there are substances such as alcohol that are used by such a large percentage of at-risk people, that it should be a top priority in any intervention program.

Unfortunately, there are no proven HIV interventions that address popper use or the use of any other substances, says **Ron Stall**, PhD, chief of the Prevention Research Branch of the Centers for Disease Control and Prevention (CDC).

The National Institutes of Health has funded two completed studies, which have not demonstrated their interventions' effectiveness, and now the CDC has plans to begin a third study, called Project Mix, this fall, he adds. "There is strong evidence that substance use is intimately connected among seroconversion of MSM, and that's why the CDC is funding a new trial."

Project Mix is designed to help men examine the effects of substance use in their sexual decision making, Stall says. If the trial succeeds, its intervention strategy will be made available to community-based organizations as a tool to disentangle substance use and HIV infection, he explains.

As far as addressing popper use specifically, Stall says the spectrum of substance use among at-risk MSM is the real problem — not any one substance. "There are numerous studies now looking at substance use among MSM, and it's very clear that MSM have higher rates of drug use than are found in the general population of

men in America. However, very little of this use appears to be intravenous drug use; almost all are nonintravenous drugs, and particular drugs are popular among MSM, including poppers."

Another cluster of popular drugs used by MSM are cocaine, methamphetamine, and the so-called "party drugs."

"Another profile that's very striking is that very few gay men use only one substance," Stall says. "So because of the many different drugs used in the gay community and because of multidrug-use patterns, it would be hard to say you could attribute HIV seroconversion to any one drug."

This multidrug-use pattern is one reason why some researchers have given up the specific study of poppers and HIV, researchers say.

"Nowadays, we don't even separate poppers when we look at the [MACS] data," Ostrow says. "Our current investigations aren't trying to gain further understanding of poppers — once you've done it 10 times, nobody wants to hear about it any more, so now the focus is on party drugs like Ecstasy."

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## AIDS is a major killer of African-American women

*Many women are in denial*

**A**IDS has been the No. 1 cause of death among African-American women, ages 25-34, in the United States, and it's one of the top causes for African-American women ages 20 to 44, according to data from the Centers for Disease Control and Prevention (CDC).

Moreover, African-American women's share of AIDS cases has been growing steadily in the past

decade, and now women represent one-third of all new AIDS cases reported among African-Americans, the CDC data show.

“Women of color represent the largest group of women impacted and affected by HIV transmission,” says **Victoria Cargill**, MD, MSCE, OAR, director of minority research and director of clinical studies at the Office of AIDS Research at the National Institutes of Health in Bethesda, MD.

African-American women represent two-thirds of all new infections among women in the United States, according to the CDC.

The challenge for public health officials is developing prevention programs that do not treat African-American women as one monolithic group, Cargill says. “Women have peripubical and pubical and childbearing years with different hormonal issues and different interpersonal issues. If you’re talking about adolescent girls, you have to understand the construct and context of sexual debut.”

Denial is one of the first issues that needs to be addressed in tackling the problem of HIV among African-American women, says **Bob Tucker**, MA, a mental health coordinator at the Good Samaritan Project in Kansas City, MO. “It’s very difficult because for many years AIDS was seen as a gay disease, so to even mention you might have it means there’s a lot of shame centered around that particular issue,” he explains.

Tucker heads a Disclosure Group at the Good Samaritan Project. The group consists entirely of African-American women and their families.

One of the hardest aspects of disclosure for the women is letting their children know that they have HIV, he notes. “Many children have been humiliated, discriminated against because of HIV; and I think a lot of families have been very reluctant to tell their children they have HIV because of those issues. Particularly, shame is the driving force for keeping it a secret.”

Part of the shame also involves how the woman became infected. For an estimated 67% of African-American women, the HIV infection was due to heterosexual sex, according to the CDC. And many of these women were in monogamous relationships and did not realize they were placed at risk for HIV infection by men who were engaging in sex with other men on the side, Tucker adds.

Called the “down low,” the phenomenon involves men who have a wife or girlfriend who help them maintain a heterosexual profile, while they also seek sexual partners who are other men.

“It’s often a shock and surprise — the way the

women find out,” Tucker says. “They couldn’t understand how they got HIV from a spouse or boyfriend, and then things begin to unravel.”

Since many women at risk for HIV are poor and have other socioeconomic issues with which to contend, HIV prevention is low on their priority list, notes **Jean Johnson**, an outreach coordinator for the Good Samaritan Project.

“Getting a partner to use a condom is one of the barriers for some of these women,” she says. “Because some are in homeless shelters and have low self-esteem, the fact is that HIV is not a priority right now.” They are more concerned about finding a place to live and feeding their children, Johnson says. “Plus there’s the opinion that ‘It won’t happen to me.’ A lot of women don’t know what ‘men on the down low’ means.”

Often, HIV prevention programs directed at African-American women take into consideration the fact that women often are juggling more important life concerns than HIV infection. Johnson has developed prevention and intervention programs for African-American women, using incentives and assistance that address those concerns. **(See story on prevention programs for African-American women, p. 66.)**

Another prevention program, called Healthy Love developed by SisterLove Inc. in Atlanta, addresses the needs of African-American women as this group’s risk for HIV grows, says **L. Nyrobi Moss**, MA, Healthy Love program coordinator. “We wanted to create a program that first recognized that women had more to deal with than just HIV and sexual status. They had to deal with the fact that they are mothers and partners.”

Programs such as the ones developed by SisterLove are important interventions for preventing HIV and helping women grasp ways to control their risk, Cargill points out. “The bottom line is that for any intervention, it can’t be a one-size-fits-all [method]; it has to be a culturally and contextually appropriate intervention. If I’m a 60-year-old woman who doesn’t live in public housing, I won’t go downtown for an HIV intervention because I don’t think I need it anyway.”

Likewise, young girls who are just beginning to engage in sexual behavior may view sexual activity as part of their initiation into a group of peers, so in order to teach prevention to this group, there needs to be an understanding of their culture, she says.

“In some cultures, once you’ve developed hips, it’s time to get out there and be sexually active,” Cargill says. “There have been anthropological

studies done of upper- and middle-class girls attending a juice bar in Connecticut, and while these girls were going to a nonalcoholic environment, the men they were meeting were a little older and trying to engage the girls in sexual risk behavior with them."

Likewise, teenage girls might be meeting sexual partners at church; so it's important to understand the social networks and how these contribute to HIV transmission, she explains. "The girls think, 'I'm safe because I'm only in this group.'"

"The work of adolescence is going from the childhood philosophy of black and white, right and wrong, into sexual identity and learning judgment and that there are shades of gray," Cargill notes. "I consider that the perfect storm for the risk of HIV transmission is adolescence."

"People make mistakes, and that's how we learn," she adds. "But making a mistake where risk of HIV transmission is high is the perfect storm." ■

## Some innovative ideas for preventing HIV

*Educators meet women on their turf*

Clinicians, AIDS service organizations, and public health officials who are looking for new strategies for reaching African-American women through HIV prevention programs might find useful ideas in how two very different programs handle HIV education.

SisterLove Inc. of Atlanta, started its Healthy Love prevention program informally through a support group for black women, says **L. Nyrobi Moss, MA**, program coordinator.

"We've been doing Healthy Love from the beginning, but it just formalized itself over the years," she says.

The Good Samaritan Project in Kansas City, MO, has HIV prevention and intervention programs for African-American women that draw on the knowledge and experiences of **Jean Johnson**, an outreach coordinator who also is African-American. "A lot of these ideas are my ideas because I'm African-American, and I know how to communicate with people who look like me," she says. "I place a lot of emphasis on African-Americans with HIV because that's where HIV is now."

Johnson goes to where she's most likely to find African-American women, including day care centers, homeless shelters, beauty shops, and African-American bars.

Moss and Johnson describe their different prevention/intervention programs:

- **HIV/AIDS 101.**

This interactive program developed by SisterLove creates a safe environment in which participants will discuss HIV, sexually transmitted diseases (STDs), and reproductive issues, Moss says. "We talk about risk assessment, saying, 'Here's an activity, and where do you stand on high, medium, and low risk?' We do condom demonstrations with both the female and male condoms."

SisterLove coordinators visits for groups of women who gather at college dorms or in other casual settings. In the context of a party environment, coordinators discuss safer sex in an erotic context, she explains. "We show it can be erotic and sexy and fresh and new when you pick up a condom. We teach women how to put a condom in their mouths."

Moss says she will amaze the women participating in the program by facilitating the whole session with a condom in her cheek, then she will demonstrate how to put on the condom, using a phallic model.

Although the education session may deteriorate into a sorority-type of laughing and shrieking match after this demonstration, it gets the young women's attention and greatly demystifies condom use and safe sex behavior, she explains.

- **Freebies for HIV testing.**

Johnson never advertises HIV testing, instead marketing HIV services through the incentives of free bus passes, free gift certificates, etc.

"I use the word 'free' a lot because that draws attention," she notes. "We give women a \$2 bus pass to get tested for HIV, and then we give them another \$5 for getting their test results."

Johnson passes out HIV educational material in African-American bars and will leave condoms in the restrooms.

HIV fliers make it clear that HIV is a risk factor in the community and that HIV testing will be free and confidential. Since women sometimes will object to going to a specific clinic for testing because they know someone who works there, Johnson provides information about different testing locations and she hands out bus passes whenever transportation is an issue.

Likewise, when a woman tests positive for HIV,

Johnson offers financial incentives to encourage the woman to make all of her initial doctor's appointments. For each doctor's appointment that a woman attends, she receives \$20 in gift certificates to restaurants and companies of her choice, she says. These incentives are given out for the first five visits for a total of \$100.

Johnson says that CD4 cell counts and viral load counts have improved for all of the women who have completed their five doctor's visits through the incentive program. When they are finished with the five visits, she sends them a letter that thanks them for participating in the program and says, 'Hope you're keeping scheduled medical appointments and staying healthy.'

- **Sex and candy game.**

When showing groups of women why they might be at a greater risk for HIV than they imagine, Moss often uses a game that simulates transmission of sexually transmitted infections (STIs).

She will hand out pieces of candy that have numbers written on the wrappers. Each number corresponds to a specific disease. Participants are told to not eat the candy, but to swap candy with other participants. When they're finished swapping their candy, Moss says they can eat the candy, saving the wrapper. Then she displays a board that describes each disease and the number representing it.

"I use this as an analogy for how STIs are shared," she explains. "Then we go through a discussion of what each STI is." The idea is to show how STIs can be transmitted from one person to another without the original person knowing that he or she has it. This type of game also helps to make the group more comfortable and serves as an icebreaker, Moss adds.

- **Color swap game.**

This game demonstrates HIV transmission through the use of color swaps that have people's names on them. Using Post-it notes, Moss gives each person a red, green, and orange piece of paper and asks them to write their names on each piece.

"Then we come into a room and I say we're going to swap, and the object of the game is to get rid of your name on your three Post-it notes," she adds. "So I swap and stick my notes on people and they stick on me."

When the color swapping is done, Moss asks people to take the notes off their bodies and look at the Post-it notes they have. She tells them that if they have a red note then that means they participated in safe activities like going to the movies or giving a boyfriend a massage.

If they have a green Post-it note, then everybody who has a green note has practiced safe sex during each sexual encounter, Moss adds. But if they have a blue Post-it note then they have participated in unsafe sex, she says.

"Then I say, 'I have a confession to make: I'm HIV-positive, and I went to the doctor and my gonorrhea is acting up, and I slept with anyone who has a blue Post-it and put it on me,'" says Moss, who is not HIV-positive.

Next, she has the people with blue Post-its to read the names of the people on those until everyone who has been connected through a blue Post-it back to Moss is standing. "Then there are maybe 30 people standing out of 50 people, including myself. And this is how the spread of the virus happens — the one time you didn't use safe sex."

- **Sassy and Safe and outreach programs.**

The Good Samaritan Project has begun plans for a community party in its parking lot, Johnson says.

Called Sassy and Safe, the event will increase HIV awareness in the target population of African-American women between 25 and 44, and it will have a local African-American radio station as host, she says. "It will be about prevention, intervention, and testing — pre- and post-counseling."

Johnson locates churches in areas with increased HIV infection rates, and asks these churches to permit her to hand out fliers on risky behavior. She'll pay the church a stipend when necessary, and in some cases, she'll visit the church and give a presentation on HIV and AIDS.

"Some of the ministers are very open and say to go all the way — talking about how to use condoms," she notes. "Some will set up women in one prevention class and men in another and teens in another."

When churches are less open to detailed information about safe sex, Johnson will present statistics and information about why HIV is spreading so quickly in the African-American community, including information about men on the down low, men coming out of prison, and people having more than one partner while in a relationship, she explains.

Future programs may include providing HIV prevention information to barber shops, where Johnson says she hopes to reach men who identify themselves as straight and to convince them that AIDS is not just a gay, white man's disease.

- **Empowerment and Healthy Love programs.**

Since the reality is that many women are not in a position to demand that their sexual partners

use condoms, Moss teaches women negotiation skills through an empowerment program.

"We teach assertive behavior, using 'I' statements," Moss says. "The example I use is how I want a lovely ring from my husband, and one month I'll say to him that there's a really nice ring that would be fabulous, and then another time I'll tell him that the ring is on sale."

The idea is to plant seeds for the behavior that the women wish to influence, Moss explains.

"A woman in an abusive situation maneuvers things every day," Moss says. "One woman said, 'Let them think it's their idea, and that's ok.'"

SisterLove's Healthy Love program is focused on showing women how they are personally responsible for their own health and choices, Moss says.

"I will go into groups of black upper-middle class women, who will say, 'I've been married for 10 years, and I make sure I tell my kids about safe sex; but I don't have to worry about that because I've been married for 10 years,'" Moss recalls. "So we play a trip down memory lane game with oldies and goodies."

Moss will play a record of an old song and suggest that women think back to when they were young and wild and free, and she will play a song to bring back these memories. Then while playing the song, she'll ask how many women have had unprotected sex while listening to this song, and when women raise their hands to the various songs, she'll explain that the incubation period for AIDS is up to 15 years.

*[Editor's note: Moss trains HIV facilitators to use the various HIV prevention programs. For more information, contact Moss at (404) 753-7733 or visit the web site at [www.sisterlove.org](http://www.sisterlove.org).] ■*

## Data reveal high sexual risk among Asian MSMs

*More intervention work is needed*

Investigators have found a disturbing trend of increased levels of sexual risk behavior among a small, little-studied group: Asian/Pacific Islander (API) men who have sex with men (MSM).

Sexual risk behavior among this group has increased at a faster rate than with white MSM. This includes increases in unprotected anal

intercourse with multiple partners, which rose from 12% in 1999 to 20% in 2002, compared with an increase from 19% to 20% in white MSM.<sup>1</sup>

At first glance, these findings may not be particularly alarming because the API MSM population has a very low rate of HIV infection, says **Willi McFarland**, MD, PhD, director of HIV/AIDS Statistics and Epidemiology at the San Francisco Department of Public Health.

But public health officials are concerned because this could be a sign that the window of opportunity is closing and HIV may soon begin to have a greater impact on this community, McFarland says.

"Now if sexually transmitted diseases (STDs) and risk behavior are equal to whites; who had experienced larger HIV transmission, then you could assume that HIV transmission will increase," McFarland says.

The key question is whether health officials will see a larger integration of the Asian community into the mainstream community, which would result in more sexual mixing, and a higher HIV prevalence pool might extend into the lower HIV prevalence pool, McFarland says.

At present, the HIV prevalence rate among API MSM is about 2.6%, and the incidence rate is 1.8%, says **Kyung-Hee Choi**, PhD, associate professor at the University of California, San Francisco.

"So that's almost two out of 100 young Asian/Pacific Islander MSM are getting infected," Choi says. "Now, the incidence rate may go up, and that's a concern."

One factor that may have prevented the HIV incidence rate from rising in the API community thus far is that it appears that when an API man has sex with a man who is white, Latino, or African-American, he is less likely to engage in risk behavior, Choi notes. "What's happening within the API MSM community is that when a sexual partner is API they are more likely to engage in risk behavior. Since HIV prevalence within the API community is low and they don't use condoms with other APIs, then HIV won't spread."

The unknown factor is whether this pattern of ethnic serosorting will continue, Choi explains.

Also, the HIV testing rate is relatively low among API MSM, so they may assume an API partner is HIV negative when that's not always the case, Choi says.

"There should be a continuing effort to stress that people need to be tested for themselves, but also to find out the status of their partners," Choi adds.

While there may not be many HIV prevention programs specifically designed for the API community, there is one in San Francisco that is culturally savvy. The Asian and Pacific Islander Wellness Center has individual and group HIV interventions, as well as outreach programs, says **Maximilian Rocha**, LCSW, director of health education at the center.

The center provides outreach services to sex clubs, bars, and to local businesses where APIs congregate, including restaurants and salons, he says. "Through outreach, we try to recruit for risk reduction counseling or some form of case management. We try to attract clients to come in for services by providing social groups and educational workshops."

Outreach workers also attend community events, street fairs, and health fairs to keep HIV services in the public eye for those who may be reluctant to take a brochure right then because of the stigma associated with HIV, Rocha notes. "We try to be integrated with our services and in collaboration with an internal HIV testing team."

One of the key priorities of the center's HIV prevention work is to be culturally competent and linguistically capable, he says.

There are Chinese, Thai, and Filipino-language educators, and, previously, there was a Vietnamese health educator, Rocha says. In all, the center has access to people who speak 20 different API languages, he adds.

An example of an intervention directed to one portion of the API community is the DOWNETime support group for Filipino men who do not identify as MSM, but who are on the down low — that is, they are having sex with men, Rocha explains.

While some support groups and social groups are sponsored by the center, there also are community groups that are held wherever people wish to congregate, including private homes, he says.

Although the program's anecdotal evidence suggests increased condom use after counseling and interventions, the outcomes have not yet been studied, and there's still work to be done, Rocha notes. "Resistance still is there. Men struggle with [using condoms] because it doesn't feel good, and sometimes, in our conversations with clients, we hear that this is not a top priority."

API men often are struggling with other issues, including housing, social needs, accessing peers, and having social relationships, Rocha adds.

In addition, the stigma of HIV and being gay poses a significant barrier to HIV prevention work.

For example, one health educator, who worked with the Vietnamese community, found that in Vietnam, the images associated with HIV are of women who are scantily dressed, who work as prostitutes, and who are on drugs and dying, he explains.

"So the stigma is that it's not me and only those kinds of people will get HIV," Rocha says. "So upon arriving here, they find that it's not true and that anybody can get HIV, and you may get it if you engage in these other risk activities."

## Reference

1. Truong HM, McFarland W, Folger K, et al. Increases in rates of unprotected anal intercourse and sexually transmitted diseases in Asian MSM in San Francisco. Presented at the 11th Conference on Retroviruses and Opportunistic Abstract 844. Infections. San Francisco; February 2004. ■

## HIV and older Americans: Forgotten in AIDS focus?

### *Denial runs rampant in public perception of AIDS*

Sometimes, clinicians and health officials who work with HIV-infected people who are older than 50 may feel like John the Baptist crying out in the wilderness: They talk and talk, and no one seems to be listening.

"Until it's your grandmother or your mother, it doesn't become real," says **Suellen T. Cirelli**, MSN, ARNP, ACRN, clinical coordinator and clinical consultant for the Florida Caribbean AIDS Education and Training Center in Orlando.

Older Americans always have accounted for about 10% of the HIV population, but in Florida their share of the epidemic runs to 14% of the population, and the fastest growing rate of people newly diagnosed with HIV are women older than 50, Cirelli says.

At the center's unadvertised over-50 HIV clinic, the number of people served has jumped from a handful a couple of years ago to nearly 400, Cirelli says. "It's split 50-50 between men who have sex with men and people infected through heterosexual transmission."

"The rate is higher for women because they don't know how to negotiate sexual practice; they don't know their partner's history of drug use and who they're involved with at the same time, and so many women are sharing men in that

older age group," Cirelli notes. "Especially in the African-American women cohort, there aren't that many men in the ratio to women, so there's a lot of sharing going on."

The use of Viagra and other drugs that contribute to more active sex lives among older Americans also plays a factor, and yet, clinicians who prescribe these drugs rarely mention that the person using them should be certain to practice safe sex with condoms, Cirelli says.

Then there is the added dilemma of women who are married to men who have secret lives in which they are having sex with other men, but hiding this from their wives and families. "Wives come in a lot of times after their husband has died, or they are hospitalized, and that's when they are diagnosed," Cirelli adds. "Unfortunately, at that stage, they're getting an AIDS diagnosis from a condition that caused them to be admitted to the hospital."

AIDS conditions easily are overlooked among older women because symptoms such as night sweats could be attributed to menopause, Cirelli notes.

Another factor is that women who are post-menopausal have thinner vaginal linings, which makes it easier to become infected with sexually transmitted diseases (STDs), including HIV, Cirelli says.

The sense of reproductive freedom that accompanies women who are post-childbearing age also may be a contributing factor to HIV infection rates, says **Victoria Cargill**, MD, MSCE, OAR, director of minority research and director of clinical studies for the Office of AIDS Research at the National Institutes of Health in Bethesda, MD.

"Their childbearing is over; the children are out of the house, and there is no fear of pregnancy," she explains. "Plus, they come from a generation for whom condoms are only for dirty people or people who have diseases."

Unfortunately, these perceptions are not the reality for many older Americans. For example, STD data show that for African-American and Latino men, the rates of gonorrhea, syphilis, and chlamydia remain as high for men in their 60s and 70s as for men younger than 40, Cargill says.

Likewise, older African-American women are at greater risk of exposure to HIV through sexual relationships, and this often is a risk they and their clinicians haven't even considered, she says. "I'd like clinicians to be aware of their own ageism; if you deny someone the role of client because of how they look or what shade of gray their hair is,

then you deny them the information they need to make informed decisions."

This is why it's so important for clinicians to make sexual history taking a routine part of the practice, rather than questions that are asked when a patient appears to be someone who has an active sex life, Cargill says.

When clinicians fail to inquire about their older clients' risk activities, they may miss an opportunity to give people another decade or two of health and life, Cirelli points out.

"It's really incredibly important to get older people diagnosed as soon as possible, so that you can boost and support their immune systems," Cirelli says. "Once you lose the older T cells, it's hard to bring them back, and the literature supports the idea that the older you are when you are diagnosed the more quickly the HIV will course through you and have a terminal outcome."

Prevention programs targeting older women could emphasize the need to introduce condom use early in a relationship and could demonstrate negotiation skills, Cargill adds. An HIV prevention coordinator might talk about how a woman will begin seeing a man, having a drink together; and then one thing leads to another, and they end up in the bedroom, she explains.

By then, it's difficult to bring up the idea that the man should wear a condom, so a better strategy is for women to develop a habit of bringing up condom use while they're still in the kitchen talking — long before they reach the bedroom, Cargill suggests.

"Also, it's harder to introduce the idea of condom use later in a relationship because then it takes on a context that he can interpret as she's been fooling around on me or she thinks I'm fooling around on her," she says.

"Women can introduce the topic of condoms as a generic, 'I hear there is so much going around out there,' type thing," Cargill says. "Then they can bring it closer to home as in, 'We've been seeing each other for a while, and before we have sex, maybe we should talk about how you feel about condoms'; or 'I think you should use a condom because I care so much about you that even though I think I'm safe, I wouldn't want to pass anything on to you.'"

Another strategy is for a woman to say to her partner that he is her only partner and she can be his only partner, but if he isn't comfortable with that, then they would need to use condoms, Cargill adds. ■

# FDA Notifications

## FDA approves Hep C drugs

On April 6, 2004, FDA approved two generic versions of the drug, ribavirin, Ribavirin Capsules, 200 mg (Sandoz, Princeton, NJ — formerly Geneva Pharmaceuticals) and Ribasphere Capsules, 200 mg, (Three Rivers Pharmaceuticals, L.L.C, Cranberry Township, PA), for the treatment of Chronic Hepatitis C. ▼

## Oral fluid-based rapid HIV test approved

The FDA on March 26, 2004, approved the use of oral fluid samples with a rapid HIV diagnostic test kit that correctly identified 99.3% of specimens from infected people (sensitivity) and 99.8% of specimens from uninfected people (specificity) in limited studies provided by the manufacturer. The test provides the result in approximately 20 minutes.

### **Reducing risk to health care workers**

In addition to simplifying the testing process, precluding the need for a blood sample, use of the oral collection component reduces risk to health care workers performing the test by reducing exposure to blood and sharps. The original version of this rapid test — the OraQuick Rapid HIV-1 Antibody Test (OraSure Technologies Inc., Bethlehem, PA) was approved in 2002 for detection of antibody to HIV-1 in blood. The test can quickly and reliably detect antibodies to HIV-1, can be stored at room temperature, and requires no specialized equipment.

The device has an exposed absorbent pad at one end that is gently swabbed around the mouth between the teeth and the outer gums. It is then inserted into a vial containing a solution. In as little as 20 minutes, the test device will indicate whether HIV-1 antibodies are present in the solution by displaying either one bar (the control indicator, showing a negative HIV response) or two bars (the control plus reactive test indicator) in a small

## CE/CME questions

21. Some research shows a link between the use of inhaled nitrates or poppers and HIV; which describes the connection?
  - A. Animal research suggests poppers may suppress the immune system.
  - B. Studies show that among MSM, popper use is related to unprotected anal intercourse, whereas other drugs are not.
  - C. Research consistently shows popper use is one of the top three substance use factors associated with MSM and HIV.
  - D. all of the above
22. AIDS is the No. 1 cause of death among which cohort of Americans?
  - A. African-American men younger than 20
  - B. Latino women, 18-25
  - C. African-American women, 25-34
  - D. Caucasian men, 25-34
23. Some public health officials and researchers are concerned about HIV risk in the Asian/Pacific Islander community because of what findings?
  - A. HIV risk behaviors among API men who have sex with men have risen in recent years to the levels of white MSM.
  - B. HIV prevalence rates have doubled in the API community between 2000 and 2003.
  - C. HIV incidence rates have tripled in the API community since 1999.
  - D. all of the above
24. The problems with HIV risk among older American women includes which of the following:
  - A. Older Americans are having more sex now than previously because of the success of drugs like Viagra.
  - B. Older women tend to feel they are not at risk; their vaginal linings are thinner, and they have cultural barriers to condom use and risk-taking negotiations.
  - C. Older Americans have higher rates of sexual risk behavior than younger people.
  - D. none of the above

## CE/CME directions

To complete the post-test for *AIDS Alert*, study the questions and determine the appropriate answers. After you have completed the exam, check the answers **on p. 72**. If any of your answers are incorrect re-read the article to verify the correct answer. **This concludes the semester. An evaluation form has been enclosed. Complete and return to receive your credits.**

window on the device. Two bars indicate a presumptive positive result, requiring a Western Blot test to confirm HIV infection. ■

## Updated antiretroviral guidelines available

The *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* were updated March 23 and are available at the AIDS info web site.

The guidelines were developed and updated by the panel on Clinical Practices for Treatment of HIV Infection, convened by the Department of Health and Human Services.

The changes in this update are outlined here:

1. "Table 12a — Antiretroviral Regimens Recommended for Treatment of HIV-1 Infection in Antiretroviral Naive Patients": Additions: 01 Fosamprenavir and ritonavir-boosted fosamprenavir to be added as part of Alternative PI-based regimens for initiation of therapy in treatment-naive patients. "Abacavir + lamivudine" has been added as an alternative 2-NRTI backbone.

**Deletions:** Ritonavir-boosted amprenavir has been removed as an alternative PI-based regimen for initiation of therapy in treatment naive patients. Indinavir (unboosted) has been removed as an alternative PI-based regimen for initiation of therapy in treatment-naive patients.

2. New safety information regarding the risks of nevirapine-associated symptomatic hepatic events has been added to the text of the guidelines (sections on "NNRTI-Based Regimens" and "Hepatotoxicity") and the respective tables (Tables 12a, 12b, and 19).

3. Characteristics and drug interaction information for fosamprenavir have been added to the respective tables (Tables 17, 20, 21, 22a, 22b, 23, and 30).

4. A new table (Table 13) — "Antiretroviral Dosing Recommendations for Patients with Renal or Hepatic Dysfunction" has been created.

The complete, updated adult and adolescent guidelines are available at <http://AIDSinfo.nih.gov>. ■

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## CE objectives

After reading this issue of *AIDS Alert*, CE participants should be able to:

- identify the particular clinical, legal, or scientific issues related to AIDS patient care;
- describe how those issues affect nurses, physicians, hospitals, clinics, or the health care industry in general;
- cite practical solutions to the problems associated with those issues, based on overall expert guidelines from the Centers for Disease Control and Prevention or other authorities and/or based on independent recommendations from specific clinicians at individual institutions. ■

### CE/CME answers

21. D

22. C

23. A

24. B.

# Common Sense About AIDS®

## Using poppers could increase risk of HIV infection

*Expert answers all of your poppers questions*

People have been using “poppers,” the slang name for inhaled nitrates for decades as a way to enjoy a quick high during sexual activity. However, what most people don’t realize is that popper use is not safe and risk-free, despite what companies selling the items advertise on the Internet.

Popper use has been shown by numerous studies to be associated with HIV risk behaviors and HIV infection, says **Hank Wilson**, founder of the Committee to Monitor Poppers/Survive AIDS in San Francisco.

Also, people who use poppers and become infected with HIV are more susceptible to Kaposi’s sarcoma, and when people use poppers while on some erectile dysfunction medications, it could kill them, he adds.

Here are some answers to your questions about poppers and HIV:

- **What exactly are poppers?**

Poppers are a fluid that contains amyl, butyl, or isobutyl nitrate. They often are advertised as video head cleaners, incense, leather cleaners, and air fresheners, but they most commonly are used illegally as inhalants.

Traditionally, when the

bottles were opened they made a popping sound, which is why they are called poppers.

Poppers are vasodilators, meaning they cause the heart to beat faster and send increased blood to the brain, creating a short, euphoric effect. “One of the physiological effects of nitrates is to relax muscle tissue, like the sphincter tissue, which facilitates painless anal intercourse,” Wilson says.

In other words, men who have sex with men sometimes use poppers to make it easier for them to be the receiver in anal sex. “When more blood gets into the brain you get this feeling of a rush, and within seconds of inhaling, there’s a lightheadedness, a kind of euphoria for some people, and it’s very disinhibiting,” he notes.

This makes it more likely that someone will engage in sex without bothering to use a condom, Wilson adds.

Poppers may enhance the experience of an orgasm, but they also can cause someone to lose their erection, he says.

- **Aren’t cocaine, methamphetamines, and other drugs used more commonly than poppers?**

Studies of gay men who use substances have consistently

shown that while alcohol and marijuana are the two substances most used by men who are at the greatest risk of HIV infection, poppers is the third most-used substance. Typically, more men report using poppers than use cocaine and the party drugs, and often the men who do use poppers are more likely to engage in the riskiest of sexual behavior.

- **Didn’t health officials decide in the 1980s that poppers aren’t the cause of AIDS?**

Very early in the AIDS epidemic, doctors were seeing gay patients who had similar disease symptoms and many of them had used poppers, so some people thought that poppers might be causing the immune problems. However, these theories were quickly debunked when the public health community determined that a virus was causing AIDS.

Now, researchers know poppers do not cause AIDS, but they also know that popper use is linked to unsafe sex practices and HIV infection, Wilson says.

- **What are the dangers of using poppers?**

What is known is that poppers can cause death if they are combined with Viagra or similar

drugs because they both lower a person's blood pressure, Wilson says. And if used repeatedly, they can cause major headaches, he notes.

"Poppers can cause a bad headache that lasts for a day," Wilson says. "The reason is that when the blood vessels expand, even when dilated, that includes the vessels in the head, and so some people experience excruciating headaches that last for a day."

Since poppers are flammable, they can burn users or explode and seriously hurt someone, and they can reduce oxygen in the blood and turn feet and hands blue. "If a popper is spilled on your lip or nose or if you drop the bottle on your skin, you can have a serious burn," Wilson says. "If you use a popper near a candle or lighter it can explode."

Sometimes, poppers cause impotence right at the time a person wants to have an orgasm, and there are studies that show that popper use appears to make it easier for a person who has HIV to develop Kaposi's sarcoma.

But one of the most alarming risks is that poppers can make it more likely that someone will become HIV infected during sex. While this has not been proven beyond a doubt, enough researchers believe that poppers can increase the risk of infection in several ways:

1. Poppers might lower a person's immune response, making it easier for the virus to win that first battle over infection.
2. Poppers make it easier to have anal sex, so a person might have more anal sex, which leads to more tearing in the rectum; and this could make it easier to become infected.
3. Poppers cause the blood to concentrate in the rectal area, and this also makes infection easier.

4. Poppers cause a person to lose inhibitions and so someone using poppers might be less likely to have a partner wear a condom.

- **Poppers are offered at all the best parties — how does someone avoid them?**

"A lot of people are introduced to poppers nonverbally," Wilson says. "One person — maybe a hot partner — pulls out a bottle, takes a sniff, and hands it to you, and no words are exchanged."

This makes it exciting to the person whose been offered the drug, and it is tempting to go ahead and take a sniff without asking first what's in the little brown bottle, Wilson says.

"I was introduced to poppers exactly like this," Wilson says. "I had a person who was sniffing this thing and then handed it to me, and so what did I do? I used it, even though I didn't know what it was."

Wilson, who has had very close friends die from AIDS, now teaches other people how to say "no" to popper use.

However, if a person knows that by going to a certain club or party they might be offered poppers, they can come up with ways to say "no" before they even arrive. For example, they could say that they've just taken a pill that they think is Viagra and can't use poppers this night. Or they could say that poppers give them headaches, or they could just smile and pass it on.

- **Some web sites say that poppers are safe, why shouldn't these be believed?**

Mos of the information about poppers that can be found on-line is written by the major companies that make and sell poppers for recreational use. That information is not written by scientists or doctors and is mostly false.

Here are some fallacies about poppers as well as the facts:

— **Fiction:** One web site says, "There is a large body of data that appears to demonstrate that these products are perfectly safe."

— **Fact:** Scientific evidence does not find poppers to be safe; on the contrary, much of the scientific data available show how poppers can increase HIV risk and cause other health problems.

— **Fiction:** Poppers are perfectly legal.

— **Fact:** Poppers were banned by the U.S. Congress more than a decade ago, and while they can be sold as cleaners and for non-inhalant uses, it is not legal to use them as an inhalant drug.

— **Fiction:** There's little reason not to use poppers to enhance one's sex life.

— **Fact:** Poppers are dangerous in a variety of ways, and while they may give people a momentary feeling of euphoria, many people would agree that when weighing the risks against the benefits that they simply are not worth the risk.

- **If poppers aren't safe, why don't doctors talk about it?**

Most clinicians are too busy to ask their patients about their sex lives and substance use, and even those who do ask sometimes forget to mention poppers. Outside the gay and bisexual communities, poppers are less common; and some doctors may have heard that poppers were banned years ago and aren't aware it's still very easy to buy and use them. ■

To the health care worker: *Common Sense About AIDS* is written especially for your patients and other laymen. It explains important issues concerning AIDS in a thorough, yet easy-to-understand style.

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