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## Risky sex as a result of drugs or alcohol? <sup>[1]</sup>

Dear Alice,

Do you know of any HIV/STD prevention efforts that focus on the link between substance abuse (other than IDU) and risky sex (sex without a prophylactic)? Most of the literature and school curricula seem to focus upon injection-drug users, although more people are likely to engage in sex after they've been drinking (or using cocaine, marijuana, etc.) than to be engaging in injected drug use.

—Realistic

### Answer

Dear Realistic,

Substance use can definitely impact ones (safer) sex practices. Research has shown a significant relationship between cocaine and unsafe (sans prophylactic, multiple partners, etc.) sex practices in particular, but there are also links between unsafe sex and alcohol, methamphetamines, ecstasy, GHB, and marijuana. Understanding how each of these substances can influence sexual decisions is key in developing effective prevention work, but human behavior is so complex!

Have you ever resisted doing something even though you felt an intense urge to do it? Maybe you wanted to tell someone off, ask someone out, ride a scary ride, or steal something.

But you didn't.

Whatever your reasons for stopping yourself, a particular part of your brain was involved in your inhibition: The frontal lobe. Here is the seat of a person's ability to logically consider facts and weigh costs and risks. The frontal lobe helps a person engage in healthy risk-taking, but most recreational substances actually inhibit this inhibition center. For example, a regular condom user might decide to forgo the condom if s/he were to have sex after using a drug that impacts the frontal lobe.

For some people, substance use and engaging in risky sex practices are about recreation and for others, there are deeper underlying issues, sometimes related to economic or psychological

survival. Hence, some in the prevention and intervention community take a "harm reduction" approach. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself. Thus, simply telling someone to stop doing something (like using drugs or having risky sex) is not likely to be effective because there may be many reasons for the individual to continue with these activities.

Harm-reduction involves providing every opportunity for an individual to do a behavior they want or need to do *in the safest way possible*, while acknowledging that reduction and eventual elimination of self-destructive behaviors are still an ideal goal. Harm reduction's effectiveness has been supported by years of research, and here, Realistic, you are correct — most of this research is on the effectiveness of syringe exchanges in reducing HIV and STI transmission. However, here are some resources that address substance use and STI prevention beyond injected drugs:

- [Dugs + HIV: Learn the Link](#) [2]
- [Young Women's Empowerment Project](#) [3]
- [Dance Safe, promoting safe night club community](#) [4]
- [National Institute on Drug Abuse \(NIDA\)](#) [5]
- [Harm reduction research](#) [6]

The prevention question is one that still needs a great deal of exploration. Good luck on your quest!

Alice!

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