**Substance Use and the Early AIDS Epidemic**

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**NOTE:** The original 1,000+ page manuscript for *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* had to be cut by more than half before its first publication in 1998. This is an edited excerpt that was deleted from the original manuscript.

In 1981 physicians in Los Angeles, San Francisco, and New York reported cases of a rare pneumonia and a rare skin cancer in young gay men whose immune systems had been mysteriously compromised. In 1982 the Center for Disease Control acknowledged the emergence of a new disease which was subsequently christened Acquired Immune Deficiency Syndrome (AIDS). A year later the Human Immunodeficiency Virus (HIV) was identified as the cause of AIDS.  

By 1993, more than 325,000 cases of AIDS were reported in the United States. It was discovered that transmission of the virus can occur through sexual contact, through sharing of contaminated needles by injection drug users, through transfusion with infected blood and blood products, and from infected mother to unborn child. In 1994, more than 30% of all AIDS cases were related to injection drug use. Injection drug use emerged at that time as the most common and fastest growing risk factor for women and children, people of color and heterosexuals. Addiction treatment programs became involved with persons who contracted HIV/AIDS via the whole spectrum of risk factors.  

As the AIDS epidemic spread, concern grew about the role alcohol and other drugs was playing in the epidemic. It was known that alcohol and other drugs could inhibit the immune system, and there was fear that substance use might heighten one’s vulnerability for HIV or speed the progression of AIDS. There was related concern about the role alcohol and drugs played in increasing high risk behaviors via pharmacologically induced impulsivity, risk-taking and impairment of judgement.  

There was also growing recognition that new patterns of cocaine use were contributing to the spread of HIV/AIDS. Crack cocaine became associated with unsafe sex and a potential pathway to injection drug use and increased HIV risk for men and women based on the following factors.
• Early stage cocaine use stimulated libido leading to increased sexual activity.
• The increased injection of cocaine alone or in combination or sequenced with heroin increased the frequency of daily injections affording greater opportunity for HIV transmission via needle sharing.
• Most cases of perinatal HIV transmission occur where one or both biological parents have a history of injection drug use.
• The exchange of sex for drugs or sex for money to get drugs became an increasing HIV risk factor in the 1980s.

In a New York City study, the primary HIV risk factor for women was identified as the sex-for-drugs dynamic within the shooting galleries and crack houses. By the mid-1980s, drug treatment professionals were bombarded with client reports of bartering high-risk sexual behavior for cocaine.