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National Institute on Drug Abuse

The NIDA HIV Counseling and Education Intervention Model

Intervention Manual

U.S. Department of Health and Human Services
Public Health Service
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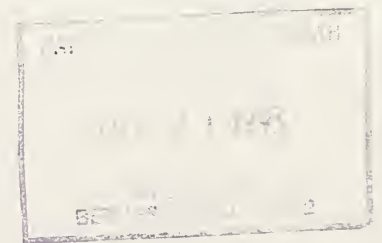
Intervention Manual

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ACKNOWLEDGEMENT

This manual describes an individual-level HIV prevention intervention developed as part of the Cooperative Agreement Program for Community Based Services, initiated by the National Institute on Drug Abuse (NIDA) in 1990. The core intervention consists of two education and counseling sessions that structurally bracket—and encourage—confidential HIV antibody screening. The manual is intended to provide program administrators, clinical staff, counselors, and others involved in AIDS education and prevention efforts with complete information and procedures regarding the intervention so that it can be implemented or modified as desired with minimum effort.

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INTRODUCTION

This manual describes an individual-level HIV prevention intervention developed as part of the Cooperative Agreement Program for Community Based Services, initiated by the National Institute on Drug Abuse (NIDA) in 1990. The core intervention consists of two education and counseling sessions that structurally bracket—and encourage—confidential HIV antibody screening. The screening decision, however, is up to the individual, and the content of the intervention is sufficiently flexible to accommodate clients who decline to be tested as well as clients who test either seronegative or seropositive. At the conclusion of the first counseling session is an offer of free HIV antibody testing; the second session is then timed to coincide with the availability of test results. Thus, the intervention is particularly well suited to sites offering HIV antibody screening services.

Another important feature of the NIDA intervention is that it minimizes the amount of resources necessary to provide comprehensive AIDS education. Counseling sessions are succinct and provided in one-on-one office settings; informational cue cards have been developed to guide interventionists through the sessions; no audiovisual equipment is required; and referral services can be restricted to the provision of written referrals (although sites with sufficient resources have the option of offering HIV-infected clients more active referral services). The NIDA intervention is designed for projects with outreach and recruitment services but can be adopted by projects that serve walk-in clients only.

The goals for the intervention are to educate out-of-treatment injection drug users (IDUs) about AIDS and the behaviors that transmit HIV, to teach them risk reduction strategies and the meaning of test results, and to stimulate them to adopt safe behaviors. In addition, the encouragement of blood screening makes the NIDA intervention particularly appropriate for projects with HIV surveillance as a program component.

BACKGROUND

Starting in 1987, NIDA sponsored the National AIDS Demonstration Research (NADR) Project to provide HIV counseling and education interventions to out-of-treatment injection drug users and their sexual partners. While the ultimate aim of the NADR Project was to eliminate the incidence of HIV infection among injection drug users and their sexual partners, more proximate goals were the reduction or elimination of behaviors that

risk transmitting the virus (such as the avoidance of sharing needles and other equipment) and the promotion of behaviors that protect against infection (such as the use of bleach to sterilize needles).

Experience from the NADR program suggests that certain intervention components are particularly effective in promoting positive behavioral change in the targeted audience. These include:

- Outreach work among out-of-treatment drug users, their sexual partners, and people at risk of injecting drugs
- Basic education (including the correction of misinformation) about HIV disease, HIV transmission routes, and antibody screening
- Instilling a sense of personal vulnerability to the virus
- Social support for the adoption and maintenance of positive behavior
- Resource support for positive behavioral change.

To work effectively, these elements are to be used in combination, as any single element appears insufficient to produce behavioral change.

In addition to participation in HIV risk reduction interventions, NADR program staff routinely offered IDUs assistance in securing admission to treatment. In many cases, IDUs contacted by the program were unwilling to enter treatment. Often, participants were unable to enter treatment because of unavailability of treatment slots. However, participation in NADR HIV risk reduction often led to decreases in frequency of injection among IDUs. Additionally, at follow-up interview, many had sought or entered treatment, often for the first time.

THEORETICAL BASIS FOR THE INTERVENTION

The content of the NIDA intervention is based on fundamental principles about human behavior as well as on practical experience. As characterized by Turner, Miller, and Moses (1989:260), these behavioral principles have two major themes:

1. For behavior to change, individuals must recognize the problem, be motivated to act, and have the knowledge and skills necessary to perform the action.
2. To increase the likelihood of action, impediments in the social environment must be removed or weakened and inducements for change provided whenever possible.

The NIDA intervention hews closely to these principles. The model uses the establishment of trust and basic education as the logical and necessary starting points for behavioral intervention, but moves rapidly to personalized motivational messages, the modeling of new behaviors, and the provision of support to overcome impediments and foster the adoption of change.

An amalgam of theories underlies the specific components of the intervention. Communication theory suggests, for example, that for individuals to recognize the problem of disease transmission, the message must be understandable and come from a credible source. Effective communicators need "referent power"—the characteristic of a person used by others as a frame of reference or of an influential person who provides a normative reference (Janis, 1982).

Since outreach workers will make the initial contacts (and in some programs be continuously available in the community), it is important for HIV prevention projects to enlist workers who will reflect the makeup of the neighborhoods they will serve. Former drug users can be particularly effective outreach workers because of their experience with the target population and potential for acting as role models. Such "indigenous" workers have referent power as they serve two functions: informal street intervention and recruitment into the formal intervention. As street interventionists, outreach workers will circulate within communities to establish their own trustworthiness and to promote general awareness of HIV prevention steps that drug users can take. As recruiters, outreach workers will make additional overtures to bring people in for the two-part counseling and education sessions.

In projects where outreach workers refer clients to counselors, the counseling staff will need to be culturally sensitive to the clients they serve and to develop a rapport with each client, especially when discussing the meaning of test results. In part, counselors will derive authority by providing a normative, knowledgeable influence; in additional part, counselors can establish their credibility by working together with the client to rehearse the skills required for safe injection and sex practices.

Other theoretical bases for the NIDA intervention include the Health Belief Model and fear arousal theory. According to the Health Belief Model, motivation for behavioral change requires that individuals perceive their own vulnerability to serious risk as well as their ability to protect against risk (Janz and Becker, 1984). Harmonizing with this model is fear arousal theory, which posits that fear messages effectively function to motivate behavior change so long as they are carefully linked to instruction about new behaviors that a client can adopt (Sutton, 1982). To this end, the

first education and counseling session is designed to lay out basic information about the dimensions of HIV disease. By focusing on the HIV risks associated with drug use practices, sexual behaviors, and pregnancy, the intervention is intended to show that clients' commonplace activities—pleasurable and relatively safe only a few years ago—have become life threatening practices in an era of AIDS. To alleviate vulnerability and fear, counselors next focus on the preventive value of stopping drug use or discontinuing the sharing/renting/borrowing of drug injection equipment and on the benefits of drug treatment and HIV antibody testing.

The NIDA intervention also incorporates elements of social learning theory, which suggests that behaviors are learned through observation and copying, coupled with expectations of self-efficacy about practicing new behaviors (Bandura, 1977). For this reason, counselors demonstrate the correct use of bleach and condoms during the first education session and ask clients to rehearse these skills until the counselor is sure that he or she is able to use them effectively.

The content of the second session will depend on whether a client tests negative or positive for HIV antibodies (or has declined to be tested). Despite some variation between session "tracks," the second sessions share repeated education about HIV prevention and rehearsal of protection skills. These booster sessions are intended to clarify clients' understanding and to secure clients' competence and self-efficacy about practicing new behaviors. Prevention alternatives to protection skills are stressed, such as drug treatment, abstinence from drugs and sex, discontinuation of sharing drug paraphernalia, and reduction in the number of sexual partners. Basic health care advice and medical referral is provided at the second session if the client tests seropositive, and the benefits of partner notification are discussed.

To help remove impediments to positive change, the NIDA intervention seeks to provide the needed resources and support necessary to pave the way for the adoption and maintenance of safe behaviors. The NIDA intervention calls for the free distribution of condoms and bleach during outreach and after both of the education sessions. Moreover, literature is distributed each time to refresh memories about HIV transmission routes and the correct way to use hygiene materials. The literature also includes referrals (names, phone numbers, addresses) to social and economic service agencies that can help support clients in their desire to reduce health risks. If resources permit, sites have the option to make phone calls and provide transportation to referral services for HIV-infected clients. Finally, outreach services provide regular and consistent reminders of safe needle and sex practices to support behavioral change.

EFFECTIVENESS OF THE INTERVENTION

As noted above, the content of the NIDA intervention is based on practical experience about what has recently worked to instill a sense of susceptibility and to induce drug users to make positive behavioral changes. For example, in a quasi-experimental study of drug users in New Orleans, Perkins et al. (1991) found that clients in a NADR intervention had a greater sense of personal vulnerability to AIDS than did a matched group of methadone treatment clients not exposed to the intervention. Watters (1987) reported dramatic increases in needle hygiene and decreases in needle sharing among San Franciscan drug injectors following a NADR intervention of outreach and bleach distribution with instructional brochures.

Chitwood et al. (1991) studied IDUs in Miami and found pre-post decreases in frequency of injection, needle sharing, and shooting gallery use after participation in a NADR intervention of AIDS education and bleach/condom skills demonstrations. Similarly, Stephens, Feucht, and Gibbs (1991) studied drug users in Cleveland and found significant pre-post increases in condom use and decreases in sharing drug paraphernalia, using heroin and cocaine, and having sex with IDUs following exposure to a NADR intervention that included basic AIDS education and a "hands-on" demonstration of bleach and condoms.

Kroliczak (1991) followed Hispanic injection drug users in Laredo and San Diego before and after exposure to a NADR intervention of outreach, distribution of bleach, condoms, and literature, and AIDS education. She found that higher proportions of IDUs in both cities reported proper needle cleaning, and fewer reported needle sharing after the intervention.

Siegal et al. (1991) focused on drug users in Dayton and Columbus, Ohio, who did not always use new or decontaminated needles at intake into the NADR Project. At follow-up, after exposure to a modified Health Belief Model, the majority of subjects reported they always used new or sterile needles, and a dose-response relationship between intervention and outcome was observed.

Finally, Reinhart and Rosenthal (1991) found that drug users in and out of treatment in three cities—Providence, Rhode Island, Washington, D.C., and New York City—reported less frequent drug injection following exposure to a NIDA-funded education intervention that stressed the risks of injected drug use.

This reservoir of findings from the NADR programs demonstrates that substantial needle risk reduction is associated with exposure to the various elements of the NIDA intervention. Moreover, causal inference is possible through the consistency, strength, and time sequence of the association across the programs, as well as the logical plausibility that follows deductively from established theories about human behavior and behavior change.

PROGRAM IMPLEMENTATION

Facilities

The NIDA intervention can be delivered in a variety of settings. What is minimally required is a private, comfortably furnished room for the counseling sessions and HIV antibody testing, a storage area for supplies, and a sink or basin for needle cleaning. Beyond these minimum standards, a site should select facilities that are appropriate for enabling and maintaining client contact. HIV prevention projects may operate out of treatment centers, storefront offices, public health departments, or mobile vans. The choice of settings should take into account the accessibility of services in each community, including the wide geographic area that some projects wish to cover. Note that projects should establish neighborhood acceptance of their intervention program before setting up in local storefronts or deploying mobile vans.

Materials

Minimal supplies required to implement the NIDA intervention include:

- Bottles of bleach (for demonstration and distribution)
- Bottles of sterile water and paper cups (for rinsing drug paraphernalia)
- Drug injection paraphernalia, such as needles, syringes, cookers, and cotton (to demonstrate cleaning)
- Condoms (for demonstration and distribution)
- Vibrator or other penis model (to demonstrate how to put on condoms)
- Written materials about HIV transmission, project facilities and services, HIV antibody testing and prevention agencies, drug treatment facilities, available medical treatment for HIV-infected clients, HIV-related services, and social and economic services
- Phlebotomy equipment for HIV antibody blood testing (onsite phlebotomy services are strongly recommended, since antibody testing is a key intervention component and knowledge of antibody status is critical to getting appropriate medical care)
- If the host facility does not have an HIV antibody testing laboratory, the project will have to establish liaison to obtain the blood work; the laboratory should be chosen on the basis of quality and amount of time needed for test results.

Staffing

Outreach staff should reflect the makeup of the neighborhoods in which they will work and thus have a basis for understanding the backgrounds of the clients they will serve. Because a potential client may prefer to talk with a man or a woman, it is valuable to hire outreach workers of both sexes.

Similarly, racial and ethnic preferences should be taken into account, including the possible need for bilingual workers. "Indigenous" workers such as these are important for serving as referent models and for establishing and maintaining client contact, especially if follow-ups are intended to stimulate clients' return for booster counseling and HIV antibody test results. For protection and support on the streets, outreach workers should operate in pairs.

It appears somewhat less important to "match" clients with educator-counselors than with outreach workers. Perhaps this is because the initial overtures and trust have been developed in the outreach phase, and perhaps because the counselors derive referent power in view of their authoritative influence and sharing of knowledge and skills. Still in all, they will be most effective if they, too, are culturally sensitive to the clients they serve and can establish genuine rapport.

Finally, a phlebotomist or other medically trained staff member is recommended to draw blood for HIV antibody testing.

As an example of staffing requirements, it is proposed that a project serving 600 to 800 clients a year designate:

- 2.0 full-time equivalent (FTE) outreach workers
- 2.0 FTE counselors
- 0.5 FTE supervisor
- 0.5 FTE phlebotomist (if outreach workers or counselors cannot provide phlebotomy services).

THE INTERVENTION MODEL

GOALS

The near-term goals for the NIDA intervention are:

- Accurate and comprehensive knowledge about AIDS and the behaviors that transmit HIV
- The adoption of prevention behaviors—ideally, abstinence from drug use and adoption of monogamous and protected sex; or, at least, reducing the frequency of drug use and the number of sexual partners, avoiding shooting galleries, and avoiding the renting, borrowing, and sharing of injection equipment (needles, syringes, cotton, cookers, and rinse water)
- Complementary prevention behaviors—entry into drug treatment, whenever feasible, is strongly encouraged, as are HIV antibody testing, partner notification, and family planning
- The adoption of protective behaviors—specifically, the use of sterilization procedures for needles and syringes and the use of condoms or other protective products for sexual contact
- The correct application of protection skills—specifically, correct needle sterilization techniques and use of condoms.

INTERVENTION DESIGN

Each client is scheduled to participate in a series of activities: an initial counseling session that precedes HIV antibody testing, informed consent and the HIV antibody test itself (voluntary but encouraged), and a follow-up session approximately 2 to 3 weeks later (or whenever test results are available). It should be understood that outreach itself is an important intervention and may be provided individually or in groups.

OVERVIEW

Outreach

The NIDA intervention begins with outreach services, with prevention projects sending workers into the host community. Outreach workers serve dual roles as street interventionists and as recruiters. As street interventionists, they circulate within the community to become familiar with neighborhood patterns of drug use, establish their own trustworthiness, and foster general

awareness of HIV risks and prevention steps that drug users and their partners can take. As recruiters, they make additional, concentrated overtures to the target audience to discuss the benefits of HIV antibody screening and to encourage participation in the two-part intervention.

Session One

Session One features the fundamental AIDS education and personalized risk reduction messages and demonstrations that are offered in many HIV antibody pretest counseling sessions. What characterizes the NIDA HIV counseling and education intervention is that it takes place in private, one-on-one interview formats of 20 to 30 minutes duration and includes demonstrations and rehearsals of the effective use of bleach and condoms. Additionally, service referrals are made.

HIV Antibody Testing (Voluntary)

If clients elect to be screened for HIV antibodies, counselors should ask for informed consent (if locally mandated) in one-on-one interview formats. The blood draws shall also be conducted in private and in accordance with State and local provisions. Although blood draws are voluntary, they are encouraged to permit the client to be fully informed of his/her HIV antibody status.

Session Two

The second intervention session provides, in effect, HIV antibody posttest counseling to people who have been tested and a risk reduction booster session to all participants whether or not they have been tested. Projects will offer one of two sets of counseling materials to study participants: track A is designed for participants who are not tested *or* who test negative for antibodies, and track B is designed for participants who test positive or whose self-report of seropositivity has been confirmed in writing by the project.

**STEP-BY-STEP PROCESS OF THE
NIDA HIV COUNSELING AND EDUCATION
INTERVENTION MODEL**



OUTREACH

Protocol

Because individual drug users and their sexual partners can be difficult to locate and even more difficult to recruit into counseling, it becomes incumbent upon HIV prevention projects to get to know the neighborhoods where they congregate. Some projects will have ethnographers available to observe, interview, and identify areas of high drug use activity; others will rely on pertinent indicators of drug use (drug treatment records, drug arrest statistics, and so on) to guide their selection of communities.

Once areas of high drug use activity have been selected, outreach workers should be deployed in pairs into the communities. It is important for them to visit congregation areas and nearby business establishments, to see and be seen, and to establish their own credibility by explaining their own backgrounds and why they are there.

Once workers have established their trustworthiness and interest in the community, they can initiate recruitment overtures. During recruitment, they may approach people individually, in pairs, or even in small groups, but should remember to maintain a level of discretion and confidentiality with the people they contact.

While most recruitment will likely be done in street settings (i.e., in or near "copping areas"), recruitment can also be done at hospital emergency rooms (overdose victims), lock-ups and jails, and STD clinics or other health facilities. Recruitment from other than street settings will obviously require some initial investment of time and effort by program staff to establish contacts and procedures.

Content

The next step is to establish the credibility of the intervention project with the client population. Thus, the content of outreach and recruitment activities should cover the following: (a) concern that HIV disease is a community problem; (b) a description of HIV transmission and risk factors; (c) the active distribution of hygiene materials; (d) a description of the intervention; (e) the active distribution of elementary HIV-related literature, including written HIV-related referrals; and (f) when appropriate, written referrals to social and economic services (e.g., Assistance to Families with Dependent Children [AFDC] or food stamps). Written referrals should include lists of support agencies with their addresses, phone numbers, and hours of operation.

SCRIPT FOR OUTREACH WORKERS

Introductory Comments

Introduce yourself and tell potential recruits a little bit about your background. Raise the issue of AIDS as a general problem, but one that especially affects communities with pervasive drug use. Don't imply that recruits are users themselves.

Discussion of Risk Factors

After developing some rapport, begin to discuss specific risk factors for transmission of HIV. For example, note that HIV is transmissible by sharing, borrowing, or renting needles, syringes, cotton, cookers, and rinse water, and by having sex with someone who injects drugs or has multiple sexual partners. Be sure to stress that HIV infection is preventable by avoiding these behaviors.

Distribution of Bleach and Condoms

Additionally, tell your street contacts that the risk of HIV infection can be reduced by using condoms and full-strength bleach. At this point, offer them condoms and bleach. Remember to be discreet by providing literature that, in words and pictures, describes the proper use of these materials. Be prepared to answer questions about the use of such products.

Description of the Intervention

Explain the project you are working for, and make the following points: (1) the usual amount of time spent in the intervention sessions; (2) the location of the project; and (3) the benefits of participation, including the availability of free HIV antibody testing. Ask people if they or someone they know would be interested in participating. When appropriate, offer assistance in getting to the intervention site.

**Distribution of
Other Literature**

In addition to the hygiene materials, provide literature about:

- Basic, primer-type information about HIV transmission and symptomatology
- A description of the project facilities and services
- A local referral list to drug treatment agencies (if available)
- A local referral list for HIV prevention and testing agencies.

Because it is more easily concealed, a small card describing HIV disease symptoms is sometimes more acceptable to potential recruits than a pamphlet.

**Social and
Economic
Service Referrals**

If you become aware that people require social and economic referrals (e.g., to welfare, shelter, food pantries), provide the appropriate written materials.

SESSION ONE

Overview

Session One offers basic AIDS education and risk reduction messages at the intervention site. By focusing on the HIV risks associated with drug use practices, sexual behaviors, and pregnancy, the intervention is intended to personalize the risk message by showing that clients' commonplace activities have become life threatening in the context of the AIDS epidemic. After raising a sense of personal vulnerability, counselors next attempt to alleviate clients' fears by advising them about preventive and protective practices (e.g., the preventive value of stopping or decreasing injection and/or the borrowing, renting, and sharing of all paraphernalia; the protective value of bleach to clean needles and condom use for safer sex; the benefits of drug treatment and HIV antibody testing).

In addition, the first session is intended to build on the social learning principles of observation and copying. To this end, counselors demonstrate the correct use of bleach and condoms and ask clients to rehearse these skills until the counselor is sure that he or she is competent to use them effectively. Finally, referrals to service agencies are provided.

Protocol

Session One takes place in private, one-on-one interview formats. Although some clients who arrive for the first intervention will have had an initial contact with an outreach worker, this will not always be the case. At many sites, walk-in clients will arrive, often for the express purpose of being tested and/or to collect literature and hygiene materials.

Although the scheduled length of time for the first intervention session is typically 20 to 30 minutes, the session may take longer to educate walk-in clients about what is involved in the intervention.

Content

The content of Session One should be restricted to: (a) a discussion of the HIV prevention material listed on the set of nine cue cards in *Appendix A*; (b) a rehearsal of how to use condoms; (c) a rehearsal of how to clean injection equipment; (d) the distribution of hygiene products; (e) a discussion of the HIV antibody test; and (f) the distribution of literature about HIV. If requested, counselors should also be prepared to provide (g) social and economic service referrals.

SCRIPT FOR COUNSELORS, SESSION ONE

Personalize the Session

Provide your client a comfortable place to sit in a private setting, and introduce yourself by name and role as a health educator/interventionist. Summarize what you are going to talk about and why. While a large portion of the material to be covered seems didactic in nature, remember to pace the session to allow questions and interaction. By asking and encouraging questions, listening for concerns, and offering support, you can personalize this session for each of your clients.

Refer to the nine cue cards in *Appendix A* and discuss the following points:

HIV Disease

(1) Cue card A.1 relates basic information about AIDS and its viral source. Discuss global and local statistics, making the point that AIDS is a community problem. Talk about the destructive effect of HIV on the immune system, and display and explain the diagram on the HIV disease spectrum.

Transmission Routes

(2) Cue card A.2 prompts you to outline the various ways HIV is transmitted (semen, blood, pregnancy, and so on) and to debunk myths about HIV transmission (such as by casual contact, saliva, tears, toilet seats, and insect bites).

Risky Behaviors

(3) Cue card A.3 prompts you to describe behaviors that put people at risk. Ask the client to assess his or her own risk situation as you discuss this card. Emphasize the risks associated with the common practice of sharing drug paraphernalia (needles, syringes, cookers, cotton, rinse water).

Also emphasize the risks of unprotected sex, especially with persons who have a history of drug use or with multiple sexual partners. Warn against the disinhibiting effects of drugs and alcohol that may lead to risky behavior or even jeopardize the immune system.

Rehearsal of Condom Use

- (4) Cue card A.4 asks "Why Use Condoms?" Review the benefits of condoms to prevent the spread of AIDS (and other sexually transmitted diseases, which in turn can promote the transmission of HIV). At this point, stop your presentation and offer an unopened latex condom to the client. Open the package carefully and advise how to avoid tearing the product as you do so. Explain that the tip of the condom should be pinched to release the air and allow room for the ejaculate. Unroll the condom over a penis model, explaining that condoms are never to be pulled on. A vibrator is a preferred penis model, being less realistic (and less anxiety provoking) than a dildo, but more realistic (and less frivolous) than a vegetable.

Explain that, after orgasm, one partner should hold on to the condom at its base to keep it from slipping off. Talk about the correct removal and disposal of the condom after use. Ask the client to demonstrate his or her proficiency by fitting a condom on the vibrator. Continue such playback until proficiency is achieved.

Discuss the types of condoms that protect against HIV transmission and the types of lubricants that can be safely used with condoms. Answer any questions, and distribute free condoms.

Stopping Unsafe Sex Practices

Clearly, condoms are not the only way to reduce the risk of infection through sexual behavior. To personalize the session, offer a flexible array of risk reduction practices, such as:

- Abstinence
- Non-penetrative sex
- Mutual masturbation
- A reduction in the number of one's sexual partners.

Needle and Syringe Cleaning and Disinfection Guidelines

Much remains to be learned before practical disinfection guidelines for IDUs can be established without qualification. Until then, recommendations for cleaning and disinfecting procedures are likely to abound. Such techniques should be promoted as a means of reducing but not eliminating the risk of HIV transmission. Clearly, it is preferable for injectors to not share and always use sterile supplies. When this is not possible, cleaning and disinfection techniques should be considered.

It is important for clients to attempt to disinfect all injection paraphernalia that is known or suspected to have been used by someone else.

Full-strength bleach is one of the more effective disinfectants. If bleach is not available, a mixture of detergent and water, alcohol, or even vinegar may be used in an attempt to clean injection equipment as thoroughly as possible. This may not offer 100% protection, but it is likely to reduce the risk of contaminated supplies spreading infection.

Cleaning and disinfecting is best accomplished immediately after injection equipment has been used. Once any residual blood in needles, syringes, or cookers has clotted, both thorough cleaning and disinfection are more difficult to achieve.

Studies to date suggest that an effective bleach disinfection procedure requires all contaminated surfaces to be exposed to full-strength bleach for at least 30 seconds.

Rehearsal of Needle and Syringe Cleaning

- (5) Cue card A.5 asks "Why Clean Needles and Syringes?" Review the health risks associated with using drugs and, especially, sharing works, cookers, cotton, and rinse water. When clients believe that they cannot stop drug use or equipment sharing, tell them that needle cleaning is imperative. Stop your presentation and demonstrate how to use water and bleach to clean drug paraphernalia.

The following needle and syringe cleaning materials should be available:

- Cup with rinse water
- Container with full-strength, household bleach
- Empty cup.

Stress that only full-strength, household bleach and clean, never-used water should be used for bleach disinfection of needles and syringes.

Draw full-strength bleach through submerged needle to fill barrel of syringe. Shake and/or tap barrel with finger to agitate contents for 30 seconds. Squirt out bleach to dispose or discharge into cooker if this is also being cleaned. REPEAT.

After using bleach, rinse the syringe and needle. Draw clean water through submerged needle to fill syringe and squirt out to dispose. REPEAT. If cooker is also being cleaned, water can be used

to flush out residual bleach. DO NOT REUSE WATER OR BLEACH!

Be sure to clean all injection equipment after each use.

NOTE: Suggest that clients take the syringe apart (remove the plunger) to improve the cleaning/disinfection of parts that might not be reached by flushing with water and bleach.

Ask the client to demonstrate his or her proficiency by cleaning the needle and syringe as directed. Continue such playback until proficiency is achieved.

Stopping Unsafe Drug Use

Clearly, cleaning needles is not the only way to reduce the risks associated with using drugs. To personalize the session, offer several possible ways to control unsafe drug use. Urge your client to:

- Stop using drugs, or at least reduce the frequency of use
- Stop sharing, borrowing, lending, or renting equipment.

Emphasize that while stopping these behaviors is best, reducing their frequency will give the client a greater degree of protection against AIDS than he or she has now.

Risks Associated with Cocaine

- (6) Cue Card A.6 prompts you to point out the risks related to cocaine. Emphasize especially the link between using cocaine, crack, and rock* and losing the ability to practice safer sex, and also

* Local terminology may differ, and cue cards should be modified to reflect local usage. The cards may need to be periodically updated.

how the drugs may compromise the immune system. Advise clients to get off the drug. If they believe they cannot, urge them to practice safer sex and be sure not to start injecting the drug.

Benefits of Drug Treatment

- (7) Cue Card A.7 prompts you to highlight the benefits of drug treatment—to get off drugs, to provide social support for coping with AIDS or kicking the habit, and to connect clients with health and social services. Mention the opportunity to connect with other people like themselves, too.

Discuss the different types of locally available treatment programs and, if appropriate, how they may serve different needs (e.g., methadone programs only treat opiate addicts, but your locality may also have therapeutic communities that treat other kinds of substance abuse). Remind clients that even if they can't get into drug treatment now, they can get on a waiting list.

HIV Antibody Testing

- (8) Cue Card A.8 prompts you to review the HIV antibody testing procedure and the meaning of HIV antibody test results, including the uncertain nature of negative test results and the uncertain prognosis of positive results. Discuss both the advantages and disadvantages of testing, and pay special attention to early medical treatment and confidentiality issues.

Inform clients that public health officials recommend testing and that this official position is based on the belief that potential benefits far outweigh potential drawbacks. Note that the benefits include early treatment for HIV

infection and the ability to plan a health strategy that is best for the client and his or her family and community. Despite the benefits, you must also assure clients that HIV antibody testing is voluntary.

Infection

- (9) Cue card A.9 prompts you to outline healthy behaviors for a client to practice if infected. Encourage early medical intervention, and warn against taking in more virus by practicing risk reduction. Review ways for your clients to take good care of their health.

Literature and Referrals

Before wrapping up the session, probe for questions and provide written material about the information discussed in the cue card session. In addition to factual information about HIV disease, HIV transmission, and risk reduction, the literature shall include a local referral list to drug treatment agencies (if available) and a local referral list for other HIV prevention and testing agencies.

Offer support and provide lists of social or economic services if they seem appropriate for the client.

HIV ANTIBODY TESTING (VOLUNTARY)

If clients elect to be screened for HIV antibodies, you or the phlebotomist should ask for informed consent in a one-on-one interview format. In eliciting informed consent, explain (1) any foreseeable discomfort, (2) the expected benefits of testing, (3) the extent to which records will be held confidential, and (4) a declaration that the blood test is voluntary.

To secure compliance, it is wise to draw blood for HIV antibody testing on the day of Session One or as soon thereafter as possible. Blood may be drawn at the project location or at a referral location in accordance with State and local requirements.

SESSION TWO

Protocol

The second session of the NIDA intervention should be held within 14 to 21 days of the scheduled HIV antibody testing (or later, if laboratories are unable to provide test results in 21 days). Session Two shall be conducted in a private, one-on-one interview format.

The expected duration of Track A—the booster session for seronegative clients and clients who have declined testing—is 20 to 40 minutes. The duration of Track B—the booster session for seropositive clients—can be longer, but will probably vary according to client needs; a range of 30 to 60 minutes is suggested.

Content, Track A:

Booster Session for Seronegative and Untested Clients

The content of the second session will be the same for study clients who test negative for the virus and those who have not been tested. The content will include: (a) provision of the test result, if applicable; (b) a discussion of risk reduction and the meaning of HIV antibody positive and negative test results, based on the set of three cue cards in *Appendix B*; (c) a review of HIV prevention strategies, based on a subset of six cue cards in *Appendix A* (cards A.2 through A.7); (d) the distribution of literature about HIV and HIV service referrals; and (e) the distribution of social and economic service referrals.

**Content,
Track B:**

Booster Session for Seropositive Clients

The content of the second intervention session for clients who test positive for the virus, or whose self-report of seropositivity has been confirmed in writing by program staff, will include: (a) provision of the test result; (b) a discussion of the meaning of HIV antibody positive test results, based on the set of three cue cards in *Appendix C*; (c) a discussion of medical follow-up and early treatment; and (d) the distribution of literature and referrals.

SCRIPT FOR COUNSELORS, SESSION TWO, TRACK A

Personalize the Session

Welcome your client and provide a comfortable place to sit in a private setting. If necessary, reintroduce yourself by name and state briefly what you are going to talk about during this session. Encourage your client to ask questions and voice concerns.

Provision of Test Results

When the client has elected testing, inform him or her of the negative test results and show the lab slip. Allow time for the client to react and to verbalize feelings about the results.

Explain what positive *and* negative results mean and how clients can reduce the spread of HIV.

Refer to the three cue cards in *Appendix B* and discuss the following points:

Positive Test Results

(1) Cue card B.1 relates basic information about the meaning of seropositive test results; even though your client did not test positive, he or she should know what such results mean. The cue card prompts you to observe that a client who is seropositive is at risk of taking in more virus unless he or she practices protective behaviors. What is more, he or she can infect others, even though he or she may not have symptoms of AIDS. Discuss the possibility of infection between sexual partners or shooting buddies, as well as from parents to children. Finally, tell your clients the meaning of children's antibodies to HIV.

**Negative
Test Results**

(2) Cue card B.2 prompts you to talk about seronegative results, like your client's. Point out that HIV antibodies have not been detected by this test; however, they can show up later. Discuss the lag time between infection and the production of antibodies to the virus, and the fact that some people never develop antibodies even though they are infected. If your client has engaged in risky behaviors in the last 6 months, urge him or her to be retested in the future. Warn against donating blood if the client has engaged in any risky behavior since 1977.

**HIV Infection
Is Preventable**

(3) Cue card B.3 prompts you to remind the client that many drug and sex behaviors carry the risk of spreading HIV and can be modified. Ask your client to review his or her own risk situation and advise him or her that there are several ways to reduce this risk: (a) stop using drugs, or, at least, reduce the frequency of drug use; (b) stop or reduce the frequency of sharing, renting, and borrowing of needles, syringes, cookers, cotton, and rinse water; (c) sterilize works; (d) use noninjectable forms of drugs if drug use is continued; (e) adopt monogamous sex; or, at least, use condoms and other protective barriers; and (f) decrease his or her number of sexual partners. This cue card will allow you to move into a review of some components of Session One, using the cue cards in *Appendix A*.

Refer to the subset of six cue cards in *Appendix A* and discuss the following points:

**Transmission
Routes**

(4) Cue card A.2 prompts you to outline the various ways HIV is transmitted (semen, blood, pregnancy, and so on) and to debunk myths about HIV transmission (such as by casual contact, saliva, tears, toilet seats, and insect bites).

Risky Behaviors

(5) Cue card A.3 prompts you to describe behaviors that put people at risk. Emphasize the risks associated with sharing drug paraphernalia (needles, syringes, cookers, cotton, rinse water). Also emphasize the risks of unprotected sex, especially with persons who have a history of drug use or multiple sexual partners. Warn against the disinhibiting effects of drugs and alcohol that may lead to risky behavior or even jeopardize the immune system.

**Rehearsal of
Condom Use**

(6) Cue card A.4 asks "Why Use Condoms?" Review the benefits of condoms to prevent the spread of AIDS (and other sexually transmitted diseases, which in turn can promote the transmission of HIV). At this point, stop your presentation and offer an unopened latex condom to the client. Open the package carefully and advise how to avoid tearing the product as you do so. Explain that the tip of the condom should be pinched to release the air and allow room for the ejaculate. Unroll the condom over a vibrator (or other penis model), explaining that condoms are never to be pulled on.

Explain that, after orgasm, one partner should hold on to the condom at its base to keep it from slipping off. Talk about the correct removal and disposal of the condom after use. Ask the client to demonstrate his or her proficiency by fitting a

condom on the vibrator. Continue such playback until proficiency is achieved.

Discuss the types of condoms that protect against HIV transmission and the types of lubricants that can be safely used with condoms. Answer any questions, and distribute free condoms.

Stopping Unsafe Sex Practices

Clearly, condoms are not the only way to reduce the risk of infection through sexual behavior. Ask the client to also consider:

- Abstinence
- Non-penetrative sex
- Mutual masturbation
- A reduction in the number of one's sexual partners.

Needle and Syringe Cleaning and Disinfection Guidelines

Much remains to be learned before practical disinfection guidelines for IDUs can be established without qualification. Until then, recommendations for cleaning and disinfecting procedures are likely to abound. Such techniques should be promoted as a means of reducing but not eliminating the risk of HIV transmission. Clearly, it is preferable for injectors to not share and always use sterile supplies. When this is not possible, cleaning and disinfection techniques should be considered.

It is important for clients to attempt to disinfect all injection paraphernalia that is known or suspected to have been used by someone else.

Full-strength bleach is one of the more effective disinfectants. If bleach is not available, a mixture of detergent and water, alcohol, or even vinegar may be used

in an attempt to clean injection equipment as thoroughly as possible. This may not offer 100% protection, but it is likely to reduce the risk of contaminated supplies spreading infection.

Cleaning and disinfecting is best accomplished immediately after injection equipment has been used. Once any residual blood in needles, syringes, or cookers has clotted, both thorough cleaning and disinfection are more difficult to achieve.

Studies to date suggest that an effective bleach disinfection procedure requires all contaminated surfaces to be exposed to full-strength bleach for at least 30 seconds.

Rehearsal of Needle and Syringe Cleaning

- (7) Cue card A.5 asks "Why Clean Needles and Syringes?" Review the health risks associated with using drugs and, especially, sharing works, cookers, cotton, and rinse water. When clients believe that they cannot stop drug use or equipment sharing, tell them that needle cleaning is imperative. Stop your presentation and demonstrate how to use water and bleach to clean drug paraphernalia.

The following needle and syringe cleaning materials should be available:

- Cup with rinse water
- Container with full-strength, household bleach
- Empty cup.

Stress that only full-strength, household bleach and clean, never-used water should be used for bleach disinfection of needles and syringes.

Draw full-strength bleach through submerged needle to fill barrel of syringe. Shake and/or tap barrel with finger to agitate contents for 30 seconds. Squirt out bleach to dispose or discharge into cooker if this is also being cleaned. REPEAT.

After using bleach, rinse the syringe and needle. Draw clean water through submerged needle to fill syringe and squirt out to dispose. REPEAT. If cooker is also being cleaned, water can be used to flush out residual bleach. DO NOT REUSE WATER OR BLEACH!

Be sure to clean all injection equipment after each use.

NOTE: Suggest that clients take the syringe apart (remove the plunger) to improve the cleaning/disinfection of parts that might not be reached by flushing with water and bleach.

Ask the client to demonstrate his or her proficiency by cleaning the needle and syringe as directed. Continue such playback until proficiency is achieved.

Stopping Unsafe Drug Use

Clearly, cleaning needles is not the only way to reduce the risks associated with using drugs. Urge your client to:

- Stop using drugs, or at least reduce the frequency of use
- Stop sharing, borrowing, lending, or renting equipment.

Emphasize that while stopping these behaviors is best, reducing his or her frequency will give

the client a greater degree of protection against AIDS than he or she has now.

**Risks Associated
with Cocaine**

- (8) Cue Card A.6 prompts you to point out the risks related to cocaine. Emphasize especially the link between using cocaine, crack, and rock* and losing the ability to practice safer sex, and also how the drugs may compromise the immune system. Advise clients to get off the drug. If they believe they cannot, urge them to practice safer sex and be sure not to start injecting the drug.

**Benefits of Drug
Treatment**

- (9) Cue Card A.7 prompts you to highlight the benefits of drug treatment—to get off drugs, to provide social support for coping with AIDS or kicking the habit, and to connect clients with health and social services. Mention the opportunity to connect with other people like themselves, too.

Discuss the different types of locally available treatment programs and, if appropriate, how they may serve different needs (e.g., methadone programs only treat opiate addicts, but your locality may also have therapeutic communities that treat other kinds of substance abuse). Remind clients that even if they can't get into drug treatment now, they can get on a waiting list.

- (10) Inform clients that public health officials recommend testing and that this official position is based on the belief that potential benefits outweigh potential drawbacks. Note that the benefits include early treatment for HIV

* Local terminology may differ, and cue cards should be modified to reflect local usage. The cards may need to be periodically updated.

infection and the ability to plan a health strategy that is best for the client and his or her family and community. Despite the benefits, you must also assure clients that HIV antibody testing is voluntary.

- (11) Cue card A.9 prompts you to outline healthy behaviors for a client to practice if infected. Encourage early medical intervention, and warn against taking in more virus by practicing risk reduction. Review ways for your clients to take good care of their health.

Literature and Referrals

Before wrapping up the session, probe for questions and provide written material about the information discussed in the cue card session. In addition to factual information about HIV disease, HIV transmission, and risk reduction, the literature shall include a local referral list to drug treatment agencies (if available) and a local referral list for other HIV prevention and testing agencies.

Offer support and provide lists of social or economic support agencies (names, addresses, phone numbers, hours, etc.) that provide social or economic services (e.g., welfare, shelter) without waiting for a specific client request. Where resources permit, counselors may actively intervene with all appropriate service referrals by contacting agencies on behalf of clients or providing transportation to service providers.

SCRIPT FOR COUNSELORS, SESSION TWO, TRACK B

Personalize the Session

Welcome your client and provide a comfortable place to sit in a private setting. If necessary, reintroduce yourself by name and state briefly what you are going to talk about during this session. Encourage your client to ask questions and voice concerns.

Provision of Test Results

Inform your client of the positive test results and show the lab slip. Allow time for the client to react and to verbalize feelings about the results. Anticipate dismay and confusion, and pace yourself accordingly. It will be harder for seropositive clients to listen to the advice you are about to provide. Listen carefully to concerns and assure clients that support is available.

Refer to the three cue cards in *Appendix C* and discuss the following points:

Positive Test Results

(1) Cue card C.1 relates basic information about the meaning of positive results. Explain that seropositive results mean that he or she is infected with the human immunodeficiency virus, even though symptoms of AIDS may not have appeared. Go slowly and sensitively. Tell the client that he or she can infect others, and that his or her loved ones or shooting buddies may also be infected if they have practiced risky behaviors with them. Also, explain the possibility of infection between mother and child as well as the uncertain meaning of maternal antibodies in children. Strongly encourage the client to protect himself or herself against taking in more virus and to seek medical care for self and children. Warn against donating blood.

**Discussion of
Health Care and
Medical
Treatment**

(2) Cue card C.2 prompts you to encourage healthy behaviors and medical intervention. Personalize this message by offering an array of things they can do to stay as well as possible. Warn clients against taking in more virus. Note that infected people can stay healthier by reducing drug use, getting good nutrition, sleep, and exercise, and by cultivating a positive attitude (with support groups, counseling, etc.). Urge clients to seek medical care and regular check-ups, especially for lab tests to tell how the immune system is functioning and for early treatments that may prevent infections and slow the progression of HIV disease. Enumerate all approved medical treatments that are locally available (e.g., AZT or aerosolized pentamidine) and can help avert symptoms and opportunistic infections, and tell clients that they need to stay abreast of new medical procedures.

**Partner
Notification**

(3) Cue card C.3 prompts you to discuss partner notification issues. This may be a sensitive area. Counsel clients that their partners may also want to consider changing their behaviors. Let them know that partners may need testing and medical treatment, that the health department can help locate and talk to partners, and that you will see the partner with or without the client, as desired. If local partner notification laws pertain, this is the time to discuss them.

Literature and Referrals

At this point, you should provide written literature about the information discussed in the cue card session. In addition to factual information about the meaning of test results, healthy behaviors, and local partner notification laws, the literature shall include: a local referral list to medical treatment agencies, clinics, and physicians in the area who treat HIV/AIDS (if available); a local referral list of drug treatment agencies (if available); a local referral list for HIV prevention and testing agencies; and a local referral list to social or economic services, such as shelters, food and clothing banks, AFDC, food stamps, and the like. Referral lists should include pertinent information such as names, addresses, phone numbers, hours of operation, etc.

If resources permit, you should actively intervene by contacting referral agencies on behalf of clients or providing transportation to service providers.

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APPENDIX A

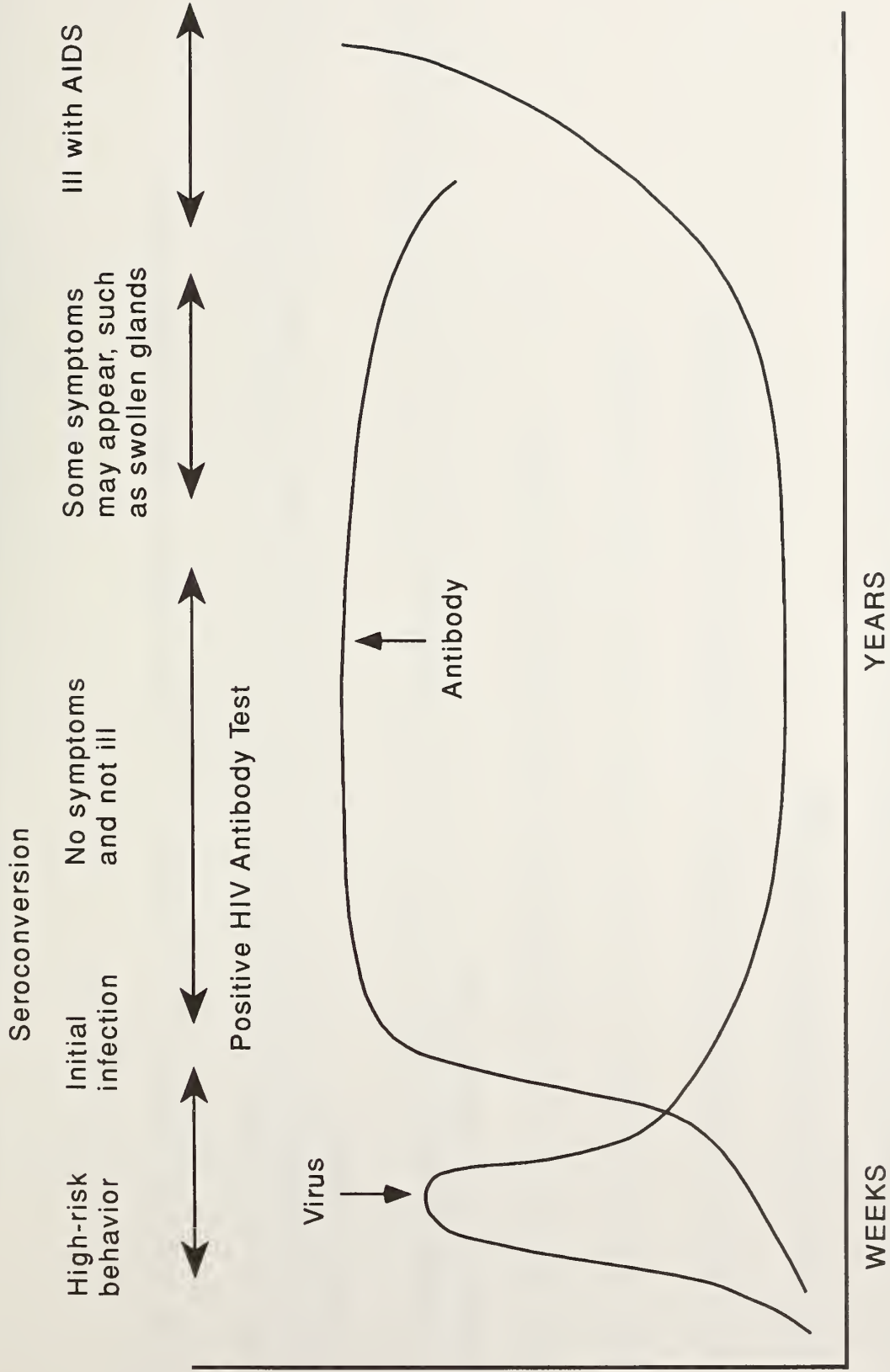
CUE CARDS FOR SESSION ONE

What Is AIDS?

- Acquired immune deficiency syndrome (AIDS) is a serious health problem in our country and around the world.
- National and local statistics.
- AIDS is caused by the human immunodeficiency virus (HIV).
- HIV can destroy the body's ability to fight off infections and disease.
- Spectrum of the disease.



The HIV Disease Spectrum*



* Graphic developed by David Baltimore, Whitehead Institute for Biomedical Research, Cambridge, MA.
Taken from: Institute of Medicine. (1988). *Confronting AIDS*. Washington, DC: National Academy Press.



How Does Someone Get Infected?

- The AIDS virus (HIV) is present in semen, blood, and vaginal fluid.
- HIV is transmitted by sexual acts like oral, anal, and vaginal intercourse, and by sharing needles and other drug injection equipment or receiving blood from an infected person.
- Pregnancy and AIDS: mother to child during pregnancy or the birth process; possibly breastfeeding.
- The virus is not transmitted through everyday contact.
- You can't get HIV from saliva, sweat, tears, urine, or feces.
- You can't get HIV from clothes, a telephone, or a toilet seat.
- You can't get HIV from a dry kiss.
- You can't get HIV from a mosquito bite or other insect bites.



What Behavior Puts You at Risk?

- Sharing needles and syringes.
- Sharing cookers, cotton, and rinse water.
- Unprotected vaginal, oral, or anal sex with someone who carries the virus. You increase your chances of contracting HIV if you have unprotected sex with:
 - ◆ Someone who may have engaged in high-risk behaviors
 - ◆ Someone who has several sexual partners
 - ◆ Someone who injects drugs.
- Alcohol and/or other drug use may increase sexual stimulation and decrease sexual inhibitions; alcohol and drugs may also weaken the immune system, making people more receptive to HIV and other infections.



Why Use Condoms?

- Condoms have been shown to help prevent the spread of sexually transmitted diseases, including AIDS.
- Sexually transmitted diseases often cause lesions or sores. When these occur, it's easier to get infected with HIV.
- Besides not having sex, the best preventive measures against AIDS are non-penetrative sex or mutual masturbation (not oral sex); condoms are the next best.
- To reduce your sex risk: no sex; no penetration; condoms; other barriers; reduce number of sexual partners.
- Nonoxynol-9 and other spermicidal agents should not be relied upon to kill the virus.
- Demonstration and rehearsal.



Why Clean Needles and Syringes?

- You can get infected with HIV by sharing works another person has used; you can also get HIV by sharing cookers, cotton, or rinse water.
- Shooting drugs can lead to serious liver, heart, and lung problems that can leave your body defenseless against HIV infection.
- To reduce your injection risk: stop using drugs; stop using needles; stop sharing needles; clean your works.
- Do not share rinse water, cotton, or cookers.
- Demonstration and rehearsal.



What About Cocaine and Crack?

- Sometimes people smoke crack or snort cocaine rather than injecting it. Even so, research shows that heavy cocaine users increase their risks for HIV infection.
- Cocaine has a stimulating effect on sex drive; people often have more sex when they use cocaine, and they forget to practice safer sex.
- Crack and cocaine may weaken the immune system, making people more receptive to HIV and other infections.
- Some people sell sex to get cocaine or to get money for cocaine.
- If you are a crack or cocaine user, you can protect yourself by getting off the drug.
- If you can't get off the drug, be sure to practice safer sex — your life depends on it.



The Benefits of Drug Treatment

- Can help you get off drugs.
- Can provide support for dealing with AIDS and other crisis issues.
- Can help you get other health and social services.
- Can put you in touch with other people, like yourself, who may have problems like you, who want to help themselves.
- If you cannot get into treatment now, you can get on a waiting list.



The HIV Antibody Test

- The test screens for the presence of antibodies that have developed in response to the virus.
- A positive test indicates infection with HIV and the ability to transmit it to others.
- A negative test may mean that a person is free of the virus, that he or she has not been infected. However, there is a period of time between infection and when the disease actually shows up on the test. This is called the window period, and during this time it is possible to test "negative" for HIV antibodies and really be "positive." Another HIV test in 6 months can clarify the issue.
- In general, public health officials recommend HIV antibody testing as important and beneficial. But, your testing is voluntary. Whether or not you decide to have the test will not affect participation in the study or compensation.
- It is beneficial to take the test and learn your test results because:
 1. Treatments are available for HIV infection.
 2. You can plan a course of action that is best for you, your family, your friends, and your community.
- Some people are anxious about taking the test or getting the results. Finding out they have the virus can be distressing. Please take time to decide whether you want to be tested, and feel free to ask questions or ask for support services.



If You Are Infected with HIV

- It is important to get early medical intervention because it can help control the disease.
- Don't take in more virus — it can make you sicker. Practice risk reduction.
- In general, reduce your drug use, practice good nutrition, get proper rest and exercise, think positively (maybe join a support group), and get regular preventive medical care.



APPENDIX B

CUE CARDS FOR SESSION TWO, TRACK A



Meaning of Seropositive Results

- A person who tests positive is infected with the virus and can infect others.
- A person who tests positive may not have symptoms of AIDS.
- People who are infected can take in more virus and get sicker unless they protect themselves with safe behaviors.
- The sexual partners, shooting buddies, or children of people who test positive may also be infected.
- A seropositive person should not donate or sell blood.
- A seropositive person should seek and receive regular medical care.
- A seropositive woman risks passing the virus to the fetus if she is pregnant and to her child if she is breastfeeding.
- About 30 percent of children born to infected women are infected with HIV. Infected children also need to receive regular medical care and to have their health monitored.
- All children are born with their mothers' antibodies, but if a child tests positive, he or she may not necessarily be infected. If a child is not infected, he or she should test negative by 18 to 24 months of age.



Meaning of Seronegative Results

- Negative results mean that HIV antibodies have not been found in the blood.
- Individuals who test negative may be infected with HIV. This can happen if your body hasn't yet produced enough antibodies to be detected.
- It usually takes 2 weeks to 6 months after someone is infected for their bodies to produce a detectable level of antibodies. In a small number of people, it can take up to 3 years. A very small number of people never show antibodies, even though they are infected.
- Anyone who has engaged in risky behaviors in the last 6 months should be retested for HIV in the next 6 months.
- Anyone who has engaged in risky behaviors since 1977 should not donate or sell blood.



Reduce Your Risk and Stop the Spread of HIV and AIDS

Drugs

- Don't use drugs.
- Don't share drug needles and syringes.
- Don't share cookers, cotton, or rinse water.
- If you can't stop sharing, disinfect works with full-strength bleach and water.
- If you inject heroin, consider smoking or snorting instead, since these routes do not present the HIV risk that injecting does.

Sex

- Don't have sex.
- Don't have sex with penetration.
- Use latex condoms and other protective barriers, such as dental dams or plastic wrap.
- Decrease number of sexual partners.
- If needle hygiene and safer sex are not practiced, infected people can give the virus to others and can expose themselves to additional doses of the virus.



APPENDIX C

CUE CARDS FOR SESSION TWO, TRACK B



Meaning of Seropositive Results

- A person who tests positive is infected with the virus and can infect others.
- A person who tests positive may not have symptoms of AIDS.
- People who are infected can take in more virus and get sicker unless they protect themselves with safe behaviors.
- The sexual partners, shooting buddies, or children of people who test positive may also be infected.
- A seropositive person should not donate or sell blood.
- A seropositive person should seek and receive regular medical care.
- A seropositive woman risks passing the virus to the fetus if she is pregnant and to her child if she is breastfeeding.
- About 30 percent of children born to infected women are infected with HIV. Infected children also need to receive regular medical care and to have their health monitored.
- All children are born with their mothers' antibodies, but if a child tests positive, he or she may not necessarily be infected. If a child is not infected, he or she should test negative by 18 to 24 months of age.



What to Do When You Are Infected with HIV

- It is important to get early medical intervention because it can help control the disease.
- Don't take in more virus — it can make you sicker. Practice risk reduction.
- In general, reduce your drug use, practice good nutrition, get proper rest and exercise, think positively (maybe join a support group), and get regular preventive medical care.
- Medical checkups are needed to test the immune system. Medical treatment can help avert infections and delay symptoms of AIDS.
- Local treatment resources.



Partner Notification

- Partners may want to consider changing their behaviors, too.
- Partners may want to seek HIV antibody testing and medical treatment if they are infected.
- The health department can help locate and counsel partners.
- Partner notification laws.





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