11.6 Female crack smokers respond well to standard HIV risk-reduction sessions

Findings Work among poor, inner-city female crack smokers in Atlanta has shown the potential impact of just two standard sessions addressing sex- and drug-related HIV risk behaviours.

Outreach workers recruited over 300 sexually active African-American women who tested negative for HIV, injected drugs or smoked crack, but were not in treatment. They were given appointments at a local project and randomly assigned to one of three risk-reduction interventions. The most basic was the two sessions recommended by the US health department to provide information, develop skills and review progress. Over four sessions, the other options additionally addressed risk-reduction obstacles specific to women and to this sample in particular, such as poverty and gender power imbalance. One aimed primarily to enhance motivation, the other offered training in risk-reduction skills, especially negotiating safer drug use and sex. Changes relative to baseline were assessed at the end of the interventions and six months later, when generally the earlier improvements had been sustained.

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Among crack smokers (the great majority of the sample *report* ❶), the standard intervention was usually followed by improvements at least as great as the longer interventions. For example, at six months 42% had stopped using crack and use episodes had almost halved, slightly better than after the other options. There were, however, some signs that these had made the expected impacts, for example in condom use with a steady partner after negotiation training.

Among injectors (❷), gains from the extra sessions were clearer, including cuts in injecting from near daily to a few times a month. Extra gains were also seen in the proportions trading sex for money or drugs – as expected, greatest after negotiation training. The motivational group made greatest progress in avoiding risky injecting venues.

In context Outreach is an important way to reach female drug users concentrated in prostitution zones. Then arranging HIV counselling and testing, though worthwhile for medical reasons, does not generally reduce risk behaviour unless the test is positive. It takes more. This and allied studies effectively ask how much more and what. The study shows that even without treatment, much can be achieved through just two well-structured sessions, and that extra customised sessions help but not consistently and usually not by very much. Other studies have found similar results.

Findings of sexual as well as drug-related risk-reduction are notable, because the former has proved more difficult to achieve. Enhanced sexual health benefits from the negotiating skills addition are a useful pointer for future work.It is also another demonstration that, given in this case energetic follow-up, straightforward interventions can prompt a substantial minority to stop or reduce crack use. However, this was a self-selected and perhaps highly motivated sample and few were homeless, a significant impediment to extracting oneself from inter-linking sex work and drug use.

Practice implications For drug users at risk of HIV but not in treatment, outreach followed by a few well-structured information and skills-development sessions can lead to worthwhile reductions in drug- and (to a lesser degree) sex-related HIV risk. A tried and tested US model is available (*Additional reading*) which could be adapted for Britain. It could have widespread applicability as an enhancement to needle exchange and outreach services and be incorporated in treatment programmes to further reduce HIV risk or on exit to prepare for potential relapse. Where concrete factors such as homelessness impede behaviour change or drug use is particularly entrenched, additional sessions and referral to other services will be required.

Featured studies ❶ Sterk C.E. *et al.* "Effectiveness of a risk reduction intervention among African American women who use crack cocaine." *AIDS Education and Prevention*: 2003, 15(1), p. 15–32. DS ❷ Sterk C.E. *et al.* "HIV risk reduction among African-American women who inject drugs: a randomized controlled trial." *AIDS and Behavior*: 2003, 7(1), p. 73–86. DS

Additional reading *The NIDA community-based outreach model: a manual to reduce the risk of HIV and other blood-borne infections in drug users.* National Institute on Drug Abuse, 2002. Copies www.health.org.

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