

**NIDA CTN 0017**  
**HIV and HCV Risk Reduction in Drug  
Detoxification and Treatment  
Settings**



**HIV and HCV**  
**Counseling and Education (C&E)**  
**Intervention Training Manual**

**Version 3.0**

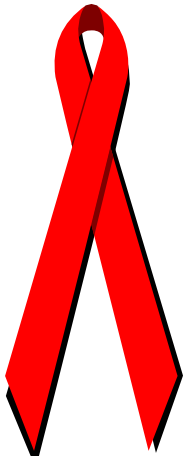
**Updated and revised from NIH Publication Number 93-3580**  
**“NIDA Counseling and Education Intervention Model”**  
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# **Introduction**



**Welcome to the Counseling and Education (C&E) Intervention Training Manual for CTN 0017, HIV (Human Immunodeficiency Virus) and HCV (Hepatitis C Virus) Risk Reduction in Detoxification Settings. This training manual is for CTN 0017 C&E interventionists and supervisors.**

**This manual is intended as a training tool and a quick reference guide for delivering the CTN 0017 protocol. The manual provides step-by-step instructions on how to conduct all aspects of the CTN 0017 C&E intervention and provides guidelines and templates for the development of Standard Operating Procedures (SOPs) for aspects of the protocol that will be specific to your site. Following the intervention as it is described in this manual will help ensure that each person delivers the protocol in a standardized way.**

**In addition to this manual, you will participate in a 3-day training on delivering pre- and post-test counseling. The training will include a review of this manual, role-plays, and observing the sessions as they are delivered by a C&E expert. Post-training will involve being recorded as you deliver the intervention.**

**This manual is a revised, updated version of the 1993 NIDA HIV Counseling and Education Intervention Model. It has been tailored to fit the CTN 0017 C&E intervention and to include HCV counseling and education in the intervention.**

# Overview



## Intervention Contents

Two education sessions which encourage confidential HIV and HCV antibody screening

The C&E Intervention consists of two education sessions that encourage confidential HIV and HCV antibody screening. The testing 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 seropositive or seronegative for HIV and/or positive or negative for anti-HCV. At the conclusion of the first counseling session is an offer of free HIV/HCV antibody testing. The second session is timed to coincide with the availability of test results.



## Intervention Goals

1. Educate IDU's
2. Teach Risk Reduction
3. Encourage the Adoption of Safe Behaviors

Counseling sessions are succinct and provided in one-on-one office settings. Informational cue cards have been developed to guide counselors through the sessions in a standardized manner.

The goals of the intervention are to: inform injection drug users (IDUs) about the meaning of test results; provide education about HIV, AIDS and HCV and the behaviors that transmit them; teach risk reduction strategies; and, encourage the adoption of safe behaviors.

# Theoretical Basis



## Theoretical Basis

1. Behavior change =
  - a. Problem recognition
  - b. Motivation to Act
  - c. Knowledge and Skills
2. Likelihood of action =
  - a. Removal of impediments in social environment
  - b. Incentives for change
3. Motivation for behavior change increased by perception of vulnerability to serious risk and ability to protect against it
4. Fear messages can function to motivate behavior change

The content of the C&E 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 behavior principles have two themes:

1. For behavior to change, individuals must recognize the problem, be motivated to act, and have 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 wherever possible.

The C&E intervention closely follows 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 additional theoretical underpinning of the intervention is 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).



### Session One

1. Lays out basic information about HIV and HCV
2. Focuses on risks associated with drug use practices, sexual behaviors and pregnancy
3. Emphasizes preventive value of stopping risky behaviors and the benefits of testing

Harmonizing with this model is fear arousal theory, which posits that fear messages effectively function to motivate behavior change, as 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 the HIV and HCV diseases. By focusing on HIV/HCV risks associated with drug use practices, sexual behaviors and pregnancy, the intervention is intended to show that participants' commonplace activities may be life-threatening. To alleviate vulnerability and fear, counselors next focus on the preventive value of stopping drug use or discontinuing the sharing or borrowing of drug injection equipment and on the benefits of drug treatment and HIV/HCV antibody testing.

The intervention also incorporates elements of social learning theory, which suggests that behaviors are learned through observing and practicing new behaviors (Bandura, 1977). For this reason, counselors demonstrate the correct use of bleach (or explain correct bleaching practices if a site elects not to demonstrate) and condoms during the first education session and ask clients to rehearse these skills (or explain) until the counselor is sure that he or she is able to use them effectively.



## Session Two

1. Varies depending on test results
2. Repeats prevention education and rehearsal of protection skills
3. Provides basic health care advice and medical referral if test results are positive
4. Discusses the benefits of partner notification if test results are positive

The content of the second session will depend on whether a client tests negative or positive for HIV or HCV antibodies (or 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 participants’ understanding and to secure their 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 C&E intervention seeks to provide the needed resources and support necessary to pave the way for the adoption and maintenance of safe behaviors. The C&E intervention calls for the free distribution of condoms and bleach after each intervention session. Moreover, literature is distributed each time to refresh memories about HIV and HCV transmission routes and the correct way to use the hygiene materials. The literature also includes referrals (names, phone numbers, addresses) that can help support clients in their desire to reduce health risks.

# Implementation Requirements



## Implementation Materials

- Bleach and water bottles
- Injection equipment
- Condoms
- Penis model
- Written materials
- Phlebotomy equipment
- Liaison with testing laboratory

## Facility

The C&E intervention can be delivered in a variety of settings and will depend on what is most realistic for your site. The minimum requirement is a private, comfortably furnished room for the counseling sessions and antibody testing, a storage area for supplies, and, ideally, a sink or basin for needle cleaning.

## Materials Check for match with ops man

Supplies required to implement the C&E intervention include:

- Bottles of bleach (for demonstration and distribution);
- Bottles of sterile water (for rinsing paraphernalia);
- BD syringes (for sites choosing to demonstrate cleaning procedures)
- Condoms (for demonstration and distribution; recommended 2-3 per session);
- Penis model to demonstrate how to put on condoms;
- Written materials about HIV and HCV transmission, HIV and HCV antibody testing and prevention agencies, drug treatment facilities, available medical treatment for HIV and HCV-infected clients, HIV and HCV-related services, and social and economic services;

## Step-by Step Intervention Guidelines

### Pre-Session One

Site Coordinators and Interviewers will take care of the pre-session steps. Please see the CTN 0017 operations manual and training plan for detailed guidelines for recruitment, screening, consenting, enrolling, and conducting intake assessments.

## **Session One**

### **Content**

The content of Session One should include only:

1. A discussion of the HIV and HCV prevention material listed on the set of cue cards in Appendix A;
2. A rehearsal of how to use condoms;
3. A rehearsal of how to clean injection equipment (only for sites electing to provide this)
4. A discussion of and emphasis on the use of new, sterile injection equipment;
5. The distribution of hygiene products;
6. A discussion of the HIV and HCV antibody tests;
7. The distribution of literature about HIV and HCV.

## **Script for Interventionists**



**Step One: Personalize the Session.**  
Provide the participant a comfortable place to sit



in the setting designated for this intervention. Introduce yourself by name and role as a health educator for the research study. 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 the session for each of your clients.

 **Step Two: Refer to the Cue Cards.** Refer to the cue cards in Appendix A (there are cue cards for most topics) and discuss the following points:

 **HIV and HCV: Cue cards A1-HIV and A1-HCV.**

These cards provide basic information about HIV and HCV. Discuss global and local statistics, making the point that HIV and HCV are community problems. Talk about the destructive effect of HIV on the immune system, and display and explain the diagram on the HIV spectrum. Also discuss the effect of HCV on the liver. To learn more about these diseases, see:

<http://www.cdc.gov/hiv/dhap.htm>; and  
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>.

 **Transmission Routes: Cue cards A2-HIV and A2-HCV.**

These cue cards prompt you to outline the various ways that HIV and HCV are transmitted and to

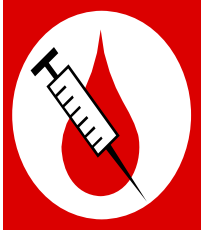


Session One Script

Step Three: Provide Literature and Referrals

Step Four: Conduct Antibody Testing (Voluntary)

debunk myths about transmission (such as HIV is transmitted by casual contact, saliva, tears, toilet seats, and insect bites).



**Risky Behaviors. Cue card A3.** Cue card A3 prompts you to describe behaviors that put people at risk. Ask the participant to assess his or her own risk situation for each disease as you discuss the risky behavior cue cards. 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. 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: Cue card A4.** Cue card A4 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). Remember, the risk of spreading HCV through sexual contact is extremely low, except for people having unprotected sex with an infected partner. At this point, stop your presentation and offer an unopened latex condom to the client. Open another package carefully and provide advice on 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.

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 model. 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:  
Risk Reduction Hierarchy: Cue card**

**A5.** 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 using the risk reduction hierarchy presented on cue card A5. Explain the options and their meaning in the hierarchy. For example, abstinence is at the top of the hierarchy, and offers the greatest prevention. With each level of the hierarchy, risks of disease are increased.

➤ **Rehearsal of Needle and Syringe  
Cleaning: Cue card A6.**

***A Note to Interventionists: It is highly preferable for injectors to not share and always use new needles, syringes and works. Is the remainder of this section in italics for a reason?*** When this is not possible,



cleaning and disinfecting techniques should be considered, however, while bleach can kill HIV **bleach has not been proven to kill the hepatitis C virus** and the virus may live outside of the body for several days.

**Techniques for cleaning and disinfecting needles and syringes should be promoted as a means of reducing but not eliminating the risk of HIV transmission and it should be emphasized that bleach will not kill HCV.** We continue to teach injectors to clean injection paraphernalia to ensure that if they cannot obtain new injection equipment, they are prepared to disinfect their works.

It is important for participants to attempt to disinfect all injection paraphernalia that is known or suspected to have been used.

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 HIV.



Cleaning and disinfecting is best accomplished **immediately** after injection equipment has been used. Once any residual blood in needles, syringes, or cookers has clotted, thorough cleaning and disinfection are more difficult to achieve. Studies to date suggest that an effective bleach disinfection procedure (for HIV) requires all contaminated surfaces to be exposed to full-strength bleach for at least 30 seconds.

**Cue card A6** asks “Why Clean Needles and Syringes?” Review the health risks associated with using drugs and, especially, sharing works, cookers, cotton, and rinse water. Emphasize the importance of using new paraphernalia for each injection and of not sharing equipment. Tell participants that needle cleaning is imperative if they believe that they cannot stop drug use or equipment sharing. Stop your presentation here and demonstrate how to use water and bleach to clean drug paraphernalia. If your CTP is not demonstrating how to use the water and bleach, you may use the recorded cleaning demonstration supplied on the CD, or use the New York City Department of Health guidelines to describe these procedures to clients.

**These guidelines state:**

**If you have to share, always clean the needle and syringe with bleach and water. It is unknown how long you need to clean needles with bleach to kill hepatitis C.**

**To clean:**

- **Fill the syringe with water from a clean container. Shake for at least 30 seconds and squirt out. Repeat this step twice, and use the new water each time.**
- **Do the same thing with bleach.**
- **Rinse at least 2 times with water.**
- **If possible, take apart the syringe and soak it in bleach (as long as you can) then rinse it out several times with clean water.**



**The following needle and syringe materials should be available:**

- **Cup or bottle 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.**

## Steps for Disinfection:

1) 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.

2) REPEAT

3) After using bleach, rinse the syringe and needle. Draw clean water through submerged needle to fill syringe and squirt out to dispose. (Do not dispose into clean water!).



4) REPEAT

5) If cooker is also being cleaned, water can be used to flush out residual bleach. **DO NOT REUSE WATER OR BLEACH!**

Remind participants 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.***

Next, 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. (No cue card.)**

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



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

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

## **Risks Associated with Cocaine.**

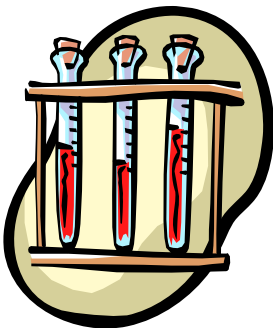
**Cue card A7.** Cue card A7 prompts you to point out the risks related to cocaine. Especially emphasize the link between using cocaine, crack, and rock and losing the ability to practice safer sex, and also how these drugs may compromise the immune system. Advise clients to get off the drug. If they believe they cannot, urge them to practice safer sex and be sure not to start injecting.



## **Benefits of Drug Treatment. Cue card A8.** Cue card A8 prompts you to highlight the benefits of drug treatment – to get off drugs, to

provide social support for coping with AIDS and/or HCV or kicking the habit, and to connect participants with health and social services. Mention that participants will have 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 have therapeutic communities that treat other kinds of substance abuse). Remind participants that even if they can't get into drug treatment now, they can get on a waiting list.



**↩ HIV and HCV Antibody Testing:** Cue cards A9-HIV and A9-HCV. These cue cards prompt you to review the antibody testing procedure and the meaning of test results. Discuss both the advantages and disadvantages of testing, and pay special attention to early medical treatment and confidentiality issues.

Inform participants 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 benefits can include early treatment and the ability to plan a healthy strategy that is best for the participant and his or her family and community. Despite the benefits, you must also assure participants that testing for either or both HIV and HCV is voluntary.

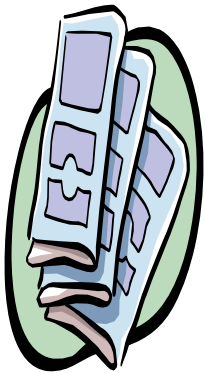


 **Infection: Cue card A10.** This card prompts you to outline healthy behaviors for participants to practice if infected. Encourage early medical intervention, and warn against taking in more virus by practicing risk reduction. Review ways for participants to take care of their health.

**3**

### **Step Three: Provide Literature and Referrals.**

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



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

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### **Step Four: Conduct HIV and HCV Antibody Testing. (Voluntary.)**

Participants do not have to agree to be tested in order to participate in the study. If they do agree to be tested, their study informed consent they signed earlier covered all they need to know about



### **Standard Operating Procedures (SOPs)**

Work with the study coordinator and RA to develop SOPs that specify the details of how testing will be conducted at your site

See Appendix D for SOP outlines.

File final SOPs in your regulatory binder

the risk and benefits of testing. Testing must be conducted on the day of Session One.

## **A Note About Testing:**

The types of tests used for HIV and HCV antibody testing should be uniform across research sites.

### **HIV**

The tests used to determine the presence of HIV antibodies should be the ELISA and the Western Blot analysis. Both are highly reliable. The ELISA is more likely to have a false positive, therefore, if a sample tests positive through the ELISA, it should be re-tested (by the lab) several times, and then re-tested using the Western Blot analysis, which is more likely to have false negative results, for confirmation.

The Western Blot detects antibodies to various viral proteins and is more specific than the ELISA test. Common criteria for positive interpretation include any two of the following protein bands: p24; gp41; gp120/gp 160. This definition has an accuracy rate of 99.9%.

Re-drawing blood after a positive result is not recommended.

An indeterminate result is reported if two or more positive ELISAs are recorded, but no bands are present in the Western Blot. Indeterminate tests are treated as a negative result. If there is suspicion of a recent exposure, the test should be repeated in 3 to 6 months. (Participants will be



### **Interpreting Test Results**

Work with your lab to determine which test will be conducted and to find out how to read the test results

Write all of this in an SOP (See Appendix D)



### Interpreting Test Results

An Anti-HCV positive person has tested positive on an EIA test and on a supplemental test

Work with your lab to select a supplemental test. Write it all down in an SOP



### HCV Testing\*

The Centers for Disease Control (CDC) recommend following this testing algorithm

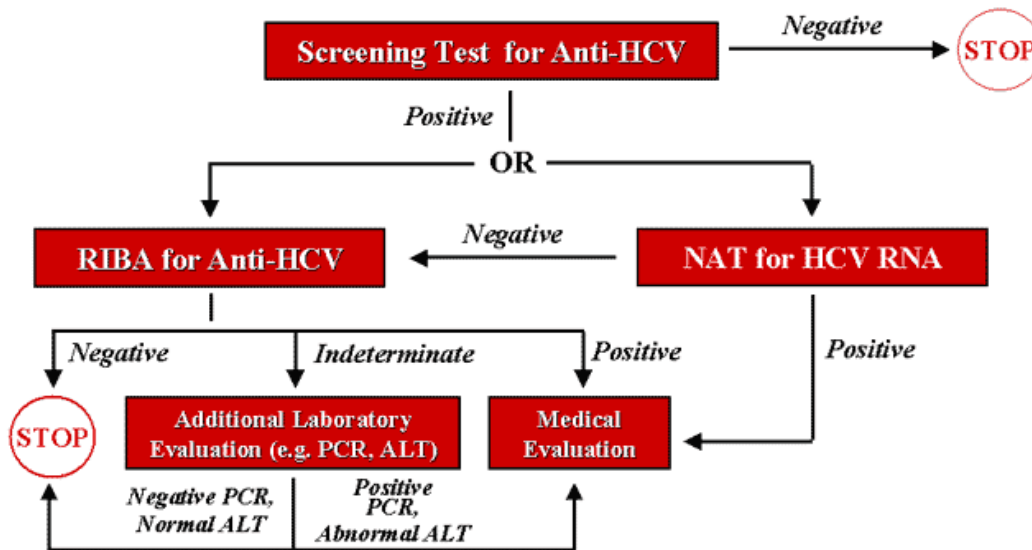
HCV testing must be performed in accredited labs that adhere to recognized standards of good laboratory practices

offered a referral for HIV/HCV testing following the 6-month follow-up visit

## HCV\*

The only tests currently approved by the Food and Drug administration (FDA) for diagnosis of HCV infection are those that measure HCV antibodies (anti-HCV). These tests detect anti-HCV in 97% of infected patients. An Enzyme Immunoassay (EIA) will test for anti-HCV. However, an EIA will not distinguish between acute, chronic, or resolved infection, thus a supplemental test with a more specific assay is necessary. An anti-HCV positive person is defined as one whose serologic results are EIA-test positive **and** supplemental test positive. (The Recombinant Strip Immunoblot Assay (RIBA™) is one effective supplemental test.) Referral for medical evaluation and further testing is always indicated with a positive result.

## HCV Infection Testing Algorithm for Diagnosis of Asymptomatic Persons



Source: MMWR 1998;47 (No. RR 19)

**\*Centers for Disease Control, [www.cdc.gov](http://www.cdc.gov), "Testing for HCV Infection."**

# Session Two



## Session Two

### Timing:

Session Two should be held within 14 to 21 days of the HIV/HCV antibody testing

### Duration:

Track A - 20 to 40 minutes  
Track B - 30 to 60 minutes

### Content:

**Track A** Provision and explanation of test results and booster session for participants who test negative and untested participants

### Track B

Provision and explanation of test results and booster session for participants who test positive for HIV and/or HCV

## Protocol

The second session of the C&E intervention should be held within 14 to 28 days of the initial session. Session Two should be conducted in a private, one-on-one interview format.

The expected duration of Track A – the booster session for participants who test negative for HIV and HCV and participants who have declined testing – is 20 to 40 minutes. The duration of Track B – the booster session for participants who test positive for HIV and/or HCV – 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 Participants Who Test Negative and Untested Participants

The content of the second session will be the same for study participants who test negative for both viruses and those who have not tested. The content will include:

1. Provision of the negative test results, if the participant tested;
2. A discussion of risk reduction and the meaning of HIV and HCV antibody positive and negative test results, based on the set of cue cards in **Appendix B**;



### Serious Adverse Events

Participants receiving positive test results may experience severe emotional distress. For this protocol, severe distress resulting from test results is considered an SAE.

Follow your local SAE reporting requirements and be sure to follow the SAE to completion.

Record all contact in the progress notes and in your communication log.

3. A review of HIV prevention strategies, based on a subset of cue cards in **Appendix A** (cards A2 through A10);
4. The distribution of literature about HIV and HCV and service referrals; and
5. The distribution of social and economic service referrals.

### **Content Track B: Booster Session for Participants Who Test Positive for HIV and/or HCV**

The content of the second intervention session for participants who test positive for either HIV or HCV (or both), or who self-report of having tested positive in the past for either virus will include:

1. Provision of the test results;
2. A discussion of the meaning of HIV antibody positive test results and/or positive HCV antibody test results, based on the set of cards in **Appendix C**;
3. A discussion of medical follow-up and early treatment;
4. The distribution of literature and referrals.

# Script for Interventionists: Track A



Session Two  
Script: Track A  
(Negative on  
Both Tests or  
Non-Testers)

Step One:  
Personalize the  
session

Step Two:  
Provide Test  
Results

Step Three:  
Refer to cue  
cards in Appendix  
B to discuss:

1. The meaning of positive test results
2. The meaning of negative test results
3. High risks behaviors

Step Four:  
Refer to the cue  
cards in Appendix  
A to review the  
components of  
Session One.

Step Five:  
Provide literature  
and referrals on  
the information  
discussed in the  
cue card section



## Step One: Personalize the Session.

Welcome the participant 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 the session. Encourage the participant to ask questions and voice concerns.



## Step Two: Provide Test Results.

With participants who elected to be tested, inform him or her of the negative test results and show the lab slip. Allow time for the participant to react and to verbalize feelings about the results.

Explain what positive and negative results mean and how participants can reduce the spread of HIV and HCV.



**Step Three: Refer to the Cue Cards in Appendix B.** Use these cue cards to discuss the following:



### **The Meaning of Positive Test Results: Cue cards B1-HIV and B1-HCV.**

These cue cards relate basic information about the meaning of seropositive HIV test results and positive HCV test results; even though the participant did not test positive, he or she should know what such results mean. B1-HIV prompts you to note that a participant who is seropositive for HIV is at risk of taking in more virus, unless he or she practices protective behaviors. Moreover, 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 participants the meaning of children's antibodies to HIV and HCV.

 **Negative Test Results: Cue card B2.**

This card prompts you to talk about seronegative HIV test results and negative HCV tests results, like that of the participants in this track. Point out that 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 HIV and HCV, and the fact that, for HIV, some people never develop antibodies even though they are infected. If the participant 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 a participant has engaged in any risky behavior since 1977.

 **HIV and HCV Infection Are**

**Preventable: Cue card B3.** Remind the participant that many drug and sex behaviors carry the risk of spreading HIV and HCV and can be modified. Ask the participant to review his or her own risk situation and advise him or her that there are several ways to reduce risk:

- Stop using drugs, or, at least, reduce the frequency of drug use;
- Stop or reduce the frequency of sharing, renting, and borrowing of needles, syringes, cookers, cotton and rinse water;
- Sterilize works;
- Use non-injectable forms of drugs if drug use is continued;

- Adopt monogamous sex; or, at least, use condoms and other protective barriers; and
- Decrease the 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.



**Step Four: Refer to the Cue Cards in Appendix A.** Use the cue cards in *Appendix A* to review what you discussed during Session One. Refer to Page 8 of this manual for discussion guidelines.



**Step Five: Provide Literature and Referrals.** Before wrapping up the session, probe for questions and provide written material about the information discussed in the cue cards and in the session. In addition to factual information about HIV and HCV diseases, HIV and HCV transmission, and risk reduction, the literature should include a local referral list to drug treatment agencies (if available) and a local referral list for other HIV prevention testing agencies. Offer support and provide lists of social or economic services if they seem appropriate for the client.

# Script for Interventionists: Track B



Session Two Script:  
Track B  
(Positive on Either or  
Both Tests)

Step One:  
Personalize the  
session

Step Two:  
Provide Test Results

Step Three: Refer to  
cue cards in Appendix  
C to discuss:

1. The meaning of  
positive test  
results
2. The meaning of  
negative test  
results for each or  
both viruses
3. Health care and  
medical treatment  
for each or both  
viruses
4. Partner notification

Step Four:  
Provide literature and  
referrals on the  
information discussed  
in the cue card  
section



## **Step One: Personalize the Session.**

Welcome the participant 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 the session. Encourage the participant to ask questions and voice concerns.



## **Step Two: Provide Test Results.**

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




## **Step Three: Refer to Cue Cards in Appendix C.**

Discuss the following points:



**Positive Test Results: Cue cards C1-HIV and C1-HCV.** These cards relate basic information about the meaning of positive results. Explain that positive results mean that he or she is infected with the human immunodeficiency virus and/or with HCV, even though symptoms of AIDS and/or HCV may not have appeared. Go slowly and sensitively. Tell the participant 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, especially for HIV, as well as the uncertain meaning of maternal antibodies in children. Strongly encourage the participant 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: Cue card C2.** This card 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 participants 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 participants to seek medical care and get 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. Enumerate all approved medical treatments that are locally available and can help avert symptoms and opportunistic infections, and tell participants that they need to stay abreast of new medical procedures.

 **Partner Notification: Cue card C3.** Cue card C3 prompts you to discuss partner notification issues. This may be a sensitive area.

Counsel participants that their partners may also want to consider changing their behaviors. Let them know that partners may need testing and medical treatment, and that the health department can help locate and talk to partners. If local partner notification laws pertain, this is the time to discuss them.



#### **Step Four: Literature and Referrals.**

At this point, you should provide written literature and referrals 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 should include: a local referral list to medical treatment agencies, clinics and physicians in the area who treat HIV/AIDS and HCV; a local referral list of drug treatment agencies; 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.

# **Appendix A: Cue Cards for Session One**

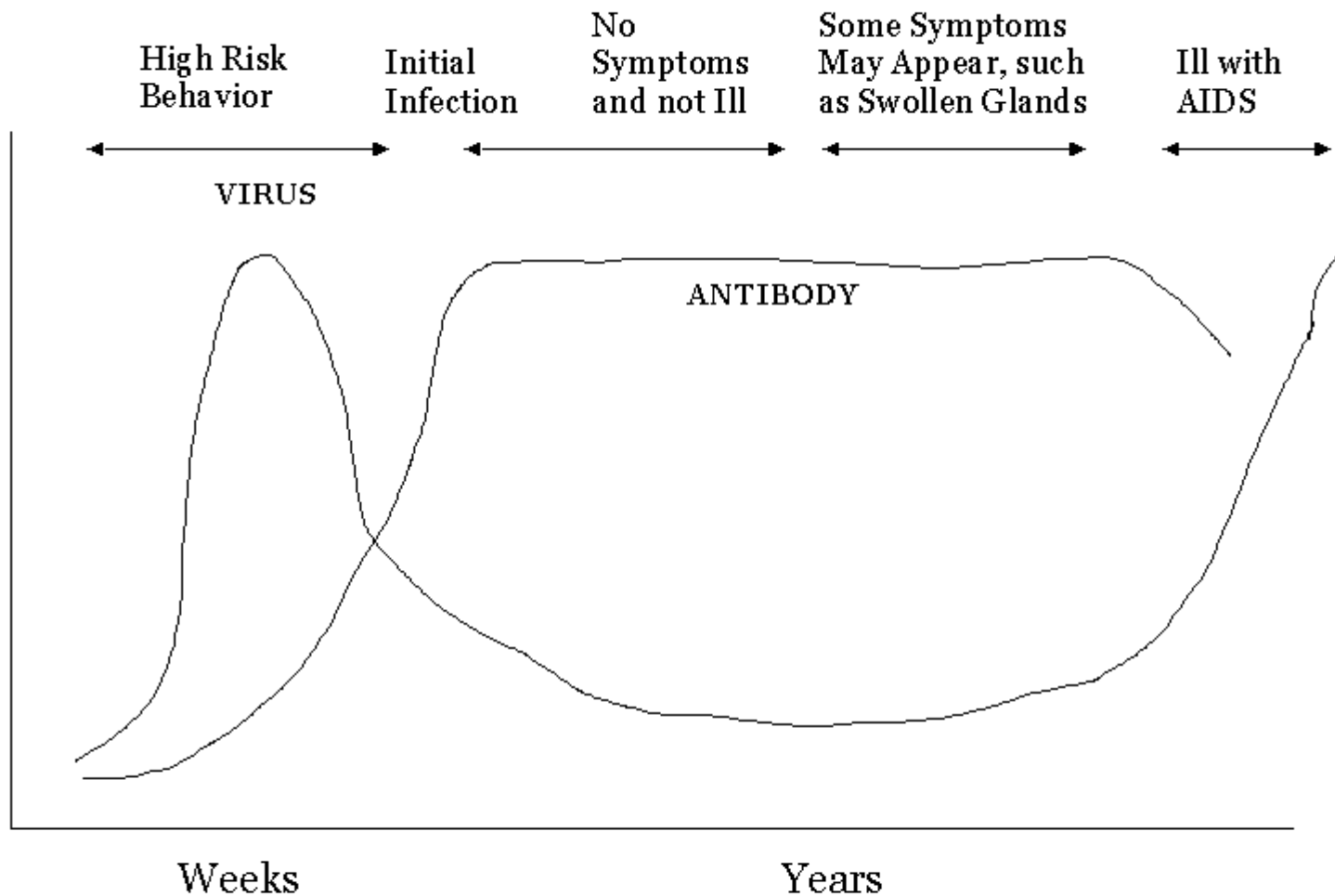
## **What is HIV Disease?**

- **HIV and AIDS are serious health problems in our country and around the world.**
- **As of October 2003, there were 830,274 (400 per 100,000 population) AIDS cases reported in the United States. As of December 2002, 501,669 deaths from AIDS had been reported. In 2002 alone, over 42,000 cases were reported.\***
- **AIDS is an acronym for Acquired Immune Deficiency Syndrome.**
- **AIDS is caused by the Human Immunodeficiency Virus (HIV).**
- **AIDS is the point at which CD4 cells fall below 200 and new infections start.**
- **AIDS is an advanced stage of HIV disease.**
- **HIV can destroy the body's ability to fight off infections and disease.**
- **Spectrum of the disease (next page)**

*\*Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report 2002; 14(1-40)*

**Cue Card A1-HIV**

# The HIV Disease Spectrum\*



*\*Original graphic developed by David Baltimore, Whitehead Institute for Biomedical Research, Cambridge MA. From Institute of Medicine. (1988). Confronting AIDS. Washington D.C: National Academy Press.*

# **How Does Someone Get Infected with HIV?**

- **The HIV is present in semen, blood, vaginal fluid and breast milk.**
- **HIV is transmitted by sexual acts like oral, anal, and vaginal intercourse, by sharing needles and other drug injection equipment, or by receiving blood from an infected person.**
- **Pregnancy and HIV: a mother can infect her child during pregnancy or the birth process, as well as through breast feeding.**
- **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 mosquito bite or other insect bites.**

**Cue Card A2-HIV**

## **What Is HCV?\***

- **HCV stands for Hepatitis C Virus, also known as “Hep C.” Hep C is a problem in communities all around the United States.**
- **As of September 2002, about 3.9 million Americans had been infected with HCV and 2.7 million had chronic HCV infection. In 2000 alone, about 30,000 new infections had occurred.\***
- **Most people with HCV infection develop chronic infection, which frequently leads to chronic liver disease.**
- **Symptoms of infection can be quite mild for 20 to 30 years, so those infected frequently do not know it and may unknowingly transmit the virus to others.**
- **In many cases, signs and symptoms do not appear until the liver disease is advanced, making treatments less effective.**

*\*Source: Centers for Disease Control, National Center for HIV, STD and TB Prevention. 2002. “Viral Hepatitis and Injection Drug Users.”*

**Cue Card A1-HCV**

## **How Does Someone Get Infected with HCV?\***

- **HCV infection occurs when blood (and to a lesser extent, bodily fluids) from an infected person enters the body of an uninfected person.**
- **Injection drug use is the major risk factor for HCV infection. It is four times more common than HIV in injection drug users.**
- **Between 50 and 80% of injection drug users become infected with HCV within 5 years of beginning injection drug use. Several factors contribute to the rapid spread of HCV among injection drug users:**
  - ⇒ **HCV is transmitted quickly through blood exposure;**
  - ⇒ **A large number of individuals are already infected, providing many opportunities for infection;**
  - ⇒ **Injection drug users often jointly purchase and prepare the drug solution together and divide it. Sharing the drug solution, syringes, and other equipment (like cotton, cookers and rinse water), increase the risk of transmission.**

*\*Source: Centers for Disease Control, National Center for HIV, STD and TB Prevention. 2002. "Viral Hepatitis and Injection Drug Users."*

**Cue Card A2-HCV**

# **What Behaviors Put You at Risk for HIV and HCV?**

- **Sharing needles and syringes;**
- **Sharing cookers, cotton, and rinse water;**
- **Unprotected vaginal, oral, or anal sex with someone who carries the HIV or HCV virus. You increase your chances of contracting either disease 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;**
  - ⇒ **Multiple sex partners.**
- **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.**

**Cue Card A3**

## **Why Use Condoms?**

- **Condoms have been shown to help prevent the spread of sexually transmitted diseases, including HIV and HCV.**
- **Sexually transmitted diseases often cause lesions or sores. When these occur, it is easier to get infected with HIV and HCV because of the exposure to infected blood.**
- **Besides not having sex, the best preventive measures against HIV and HCV 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 sex partners.**
- **Nonoxynol-9 and other spermicidal agents should not be relied upon to kill the virus. Nonoxynol-9 has been shown to increase transmission.**
- **Demonstration and rehearsal.**

**Cue Card A4**

# Risk Reduction Hierarchy

## Abstinence

No Sex.  
No Drug Use.

Least Risk

Non-Penetrative Sex  
Not Injecting Drugs  
(Smoking, Snorting,  
Swallowing Instead)  
Oral Sex with a Condom or Barrier

**1 Monogamous Sex Partner who is HIV  
and HCV negative and who is not an IDU  
Using One Needle per Person Per Injection and  
Not Sharing Cotton, Cooker, or Rinse Water (New  
Needle Each Time)  
Oral Sex without a Condom or Barrier**

Increased Risk

**Condom Use with Anal or Vaginal Sex  
with One Partner  
Bleaching Needles Before Use for Full 30 Seconds and Not  
Sharing Cotton, Cooker, or Rinse Water**

**Condom Use with Anal or Vaginal Sex with Multiple  
Partners  
Bleaching Needles for 30 Seconds but Sharing Cotton, Cooker or Rinse Water**

**Any Type of Sex with Partner Whose HIV Status is Unknown and No Condom  
Cleaning Needles with Something Other Than Bleach or Bleaching for less than  
30 Seconds**

Greatest Risk

**Anal or Vaginal Sex with Multiple Partners and No Condom  
Sharing Needles with One Partner Only without Bleaching  
Sharing Needles with Several People without Bleaching  
Using Found Needles without Bleaching**

## Cue Card A5

### Why Clean Needles and Syringes?

- **You can get infected with HIV, HCV or both by sharing works another person has used; you can also get HIV, HCV or both by sharing cookers, cotton and rinse water.**
- **Shooting drugs can lead to serious liver, heart and lung problems that can lead your body defenseless against HIV and HCV infection.**
- **Stopping drug injection or using a new, sterile needle every time is the only way to eliminate the risk of acquiring or transmitting the virus.**
- **To reduce your injection risk: stop using drugs; use a new, sterile needle each time you shoot up; stop using needles, stop sharing needles; clean your works.**
- **Do not share rinse water, cotton, or cookers.**
- **Demonstration and rehearsal (with either demonstration kit, demonstration DVD, or the New York Department of health cleaning demonstration guidelines).**
- **Dispose of needles in a sharps container; Never break needles; you may risk puncturing yourself.**

## Cue Card A6

## **What About Cocaine and Crack?**

- **Sometimes people smoke crack or snort cocaine rather than injecting it. Even so, research shows that heavy cocaine use increases their risks for HIV and HCV infection.**
- **Cocaine has a stimulating effect on sex drive; people often have sex more when they use cocaine, and they forget to practice safe 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.**
- **Studies show there may be a connection between snorting cocaine and HCV infection.**
- **If you are a crack or cocaine user, you can protect yourself by getting off the drug.**
- **If you relapse back into drug use, be sure to practice safer sex – your life depends on it.**

# **The Benefits of Drug Treatment**

**Drug treatment can help you in many ways. Drug treatment can**

- **Help you get off drugs;**
- **Provide support for dealing with HIV 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 and want to help themselves;**
- **If you are unable get into treatment now, you can get on a waiting list.**

**Cue Card A8**

# **The HIV Antibody Test**

- **The HIV antibody 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 the infection and when the results show 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 3 months can clarify the issue. (See Table 1.)**
- **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.**

**Cue Card A9-HIV**

## **The HIV Antibody Test (Continued)**

- **It is beneficial to take the test and learn your HIV test results because:**
  - ⇒ **Treatments are available for HIV infection;**
  - ⇒ **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 and cause disruption in their lives. Please take the time to decide whether you want to be tested and feel free to ask questions or ask for support services.**

**Cue Card A9-HIV**

# **The HCV Antibody Test**

- **The HCV antibody test screens for the presence of antibodies that have developed in response to the virus.**
- **A positive test indicates infection with HCV and the ability to transmit it to others.**
- **Like HIV antibodies, HCV antibodies may not show up right away. There is a window of about 6 months for the antibodies to show on a test. People that test soon after they have engaged in risky behaviors or who continue risky behaviors after the test should test again in 6 months.**
- **Similar to HIV testing, public health officials recommend HCV 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.**

**Cue Card A9-HCV**

## **The HCV Antibody Test (Continued)**

- **It is beneficial to take the test and learn your HCV test results because:**
  - ⇒ **Treatments are available for HCV infection;**
  - ⇒ **The earlier HCV is treated medically and/or with lifestyle changes, the better the chance for treating the infection and preventing damage to your health;**
  - ⇒ **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 HCV can be distressing and can cause disruption in their lives. Please take the time to decide whether you want to be tested and feel free to ask questions or ask for support services.**

**Cue Card A9-HCV**

## **If You Are Infected with HIV and/or HCV**

- **The most important things to do right away are:**
  - ⇒ **Get early medical intervention because it can help control the infection;**
  - ⇒ **Stop drinking alcohol. If you have HCV, which attacks the liver, alcohol will make the liver disease worse;**
  - ⇒ **Try to stop injecting drugs. If you can't stop, follow safe injection practices;**
  - ⇒ **If you have HCV, you should get immunized against Hepatitis A and B. Hepatitis A and B can be very dangerous if you already have Hepatitis C.**
  
- **If you continue high-risk behaviors like sharing needles and not using condoms, you could take in more virus. Taking in more virus can make you sicker. Practice risk reduction.**
  
- **In general, try to 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.**

**Cue Card A10**

**ADD CARD ON DISTRIBUTION OF HIV/HCV LITERATURE AND LIST OF  
PHARMACIES AND NEEDLE EXCHANGE PROGRAMS>>>**

## **Appendix B: Cue Cards for Session Two: Track A**

## **Meaning of Seropositive Results - HIV**

- **A person who tests positive is infected with the AIDS virus (HIV) 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 safer behaviors.**
- **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.**

**Cue Card B1-HIV**

# **Meaning of Seropositive Results - HCV**

- **A person who tests positive is infected with HCV and can infect others.**
- **A person who tests positive may not have symptom for quite a while. If they do have symptoms, these might include jaundice, fatigue, dark urine, abdominal pain, loss of appetite, nausea.**
- **People who are infected with HCV can make the disease much, much worse if they drink alcohol and continue to use drugs.**
- **Sexual partners and shooting buddies of people who test positive may also be infected. Infection of children born to HCV positive mothers is also possible.**
- **An HCV positive person should not donate or sell blood.**
- **An HCV positive person should seek regular medical care right away and get immunized against Hepatitis A and B. (Hepatitis A and B in people with HCV can make liver disease even worse.)**
- **An HCV positive woman risks passing the virus to the fetus if she is pregnant. The chance of infecting her fetus is even higher if she also has HIV. Infection of newborn babies is not associated with breastfeeding or the way that the baby is delivered.**

**Cue Card B1-HCV**

# Meaning of Negative Test Results

- **Negative results on HIV and/or HCV tests mean that antibodies have not been found in the blood.**
- **Individuals who test negative may still be infected with HIV and/or HCV. 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 with HIV and up to 3 months after someone is infected with HCV for their bodies to produce a detectable level of antibodies. In a small number of people infected with HIV, it can take up to 3 years for antibodies to show. 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 and HCV in the next 6 months.**
- **Everyone should be vaccinated against hepatitis A & B.**

**Cue Card B2**

# **Reduce Your Risk and Stop the Spread of HIV and HCV**

## **Drugs**

- **Don't use drugs.**
- **Use new needles and syringes every time.**
- **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 as great a 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.**
- **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.**

**Cue Card B3**

# **Appendix C: Cue Cards for Session Two, Track B**

# **Meaning of Seropositive Results - HIV**

- **A person who tests positive is infected with HIV and can infect others.**
- **A person who tests positive may not have symptoms of HIV Disease.**
- **People who are infected can take in more virus and get sicker unless they protect themselves with safer behaviors.**
- **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 should test negative by 19 to 24 months of age.**

**Cue Card C1-HIV**

# **Meaning of Seropositive Results - HCV**

- **A person who tests positive is infected with HCV and can infect others.**
- **A person who tests positive may not have symptoms of HCV for quite a while. If they do have symptoms, these might include jaundice, fatigue, dark urine, abdominal pain, loss of appetite, nausea.**
- **People who are infected with HCV can make the disease much, much worse if they drink alcohol and continue to use drugs.**
- **Sexual partners and shooting buddies of people who test positive may also be infected. Infection of children born to HCV positive mothers is also possible.**
- **An HCV positive person should not donate or sell blood.**
- **An HCV positive person should seek and seek regular medical care right away and get immunized against Hepatitis A and B . (Hepatitis A and B in people with HCV can make liver disease even worse.)**
- **An HCV positive woman risks passing the virus to the fetus if she is pregnant. The chance of infecting her fetus is even higher if she also has HIV. Infection of newborn babies is not associated with breastfeeding or the way that the baby is delivered.**

**Cue Card C1-HCV**

# **What to do When You Are Infected with HIV and/or HCV**

- **It is very important to get early medical intervention. Medical intervention can help control both diseases. HIV cannot be eliminated, but infections from the virus can be delayed with proper treatment. There are effective treatments to treat HCV. HCV treatments are not right for everyone, but if you have HCV you should see a doctor to find out if treatment is right for you.**
- **Don't take in more of either virus – it can make you sicker. Practice risk reduction.**
- **Try to stop drinking alcohol. If you have HCV, alcohol will increase the damage to your liver much faster and much worse.**
- **If you have HCV, get vaccinated against Hepatitis A & B. Hepatitis A & B can be dangerous for people with HCV.**
- **In general, stop or reduce drug use, practice good nutrition, get proper rest, and think positively (maybe join a support group).**
- **Use condoms with sex and clean needles even if partner is HCV infected.**
- **(Interventionist: Provide a list of local treatment resources.)**

**Cue Card C2**

## **Partner Notification**

- **Partners may want to consider changing their behaviors too.**
- **Partners may want to seek HIV and HCV antibody testing and medical treatment if they are infected.**
- **The health department can help you locate and counsel partners.**
- **(Interventionist: Review partner notification law SOP.)**

**Cue Card C3**

