An ADHS funded program
Since the beginning of the epidemic, an estimated 597,499 people with AIDS have died in the US.

In recent years the use of antiretroviral therapy has slowed the progression of HIV in many infected people, hence contributed to a decline in AIDS incidence.

This means that AIDS surveillance data are less able to represent trends in the incidences of HIV infection or the impact of the epidemic on the healthcare system.

All 50 states are now reporting confidential name based HIV infection, however only 37 states have been doing so long enough to report current statistics.

The HIV surveillance report for 2012 (to be published in 2014) will be the first time HIV data from all 50 states will be included.
# HIV/AIDS Facts for IDUs

AIDS diagnosis in 2006 – 2009

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HIV diagnosis in 2009

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AIDS deaths 2006 – 2008

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* based on United States & 5 independent areas
According to the CDC, approximately 40,000 people become infected with HIV each year in the US
- Approximately 10,000 of these are IDUs
- IDUs are said to account for more than 60% of new HCV infections in the US.
- It is estimated that 50 to 80 percent of IDUs acquire HCV within 5 years of their first injection.
- Of IDUs entering drug treatment facilities, rates of HIV infection range from 2 percent in Denver and Los Angeles to 37 percent in New York.
Research for the program was developed by California State University, Long Beach (CSULB), under the cooperation agreement of the National Institute on Drug Abuse (NIDA). This allowed development and evaluation of an innovative HIV prevention strategy for crack users and IDUs who reflected the ethnic diversity of Long Beach’s drug using population.
The epidemic demands that we implement prevention programs based on what we know works from the evidence of behavioral research. Safety Counts is a research based intervention that has been shown to be effective with both IDUs and non-IDUs.

Based on TERROS being able to implement Safety Counts to our target population, we have shown the successful changes among the participants who have enrolled and completed the program.

Safety Counts is driven by the stages of change framework.
Target Population

The Safety Counts intervention is a behavioral intervention targeting injection drug users, crack users and their sexual partners. This program provides participants with opportunities and techniques to begin to change personal behaviors that put them at risk for acquiring or transmitting HIV/STIs. TERROS doesn’t offer Safety Counts if participants are already engaged in other substance treatment programs although this excludes Narcotics Anonymous or any other self help program.

Through structural group and individual activities, the intervention assists participants in developing personal risk reduction goals and specific/realistic steps for achieving them once understanding what their risks are for HIV/STIs.

Ongoing support for achieving risk reduction goals is provided through sustained contact with program staff, interactions with peers who are enrolled in the program and exposure to the personal stories of other drug users in local communities who have been successful in reducing their own risks. Participant feedback helped support what we developed to be our Post Intervention Group.
Safety Counts

- This is a cognitive behavioral intervention, meaning that learning and experiential processes play an important role in the development and maintenance of HIV/STI risk reduction behaviors.
- Safety Counts allows participants to define their own risk reduction goals and provides supportive reinforcement for their risk reduction efforts once they have an understanding of HIV and their risks of it and other STIs.
- The program is tailored to be delivered within one month compared to the four months it was originally designed for while maintaining the fidelity of the program.
5 Core Elements/7 Sessions

After enrollment:
- Group sessions one and two (one each)
- Individual counseling session (one required)
- Social events (two minimum)
- Follow-up contacts (two minimum)
- HIV/syphilis testing offered
Objectives of Safety Counts:

- Introduce methods of reducing HIV/STI risks to participants.
- Assist participants in receiving counseling, testing and referrals (CTR) for HIV/STIs.
- Motivate and help participants choose and commit to specific behavioral goals that will reduce their risk of transmitting HIV/STIs.
- Assist participants in defining concrete steps toward achieving their personal risk reduction goals.
- Provide social support and problem solving in individual and group settings to assist through the process.
- Recognize how their own behaviors may put them at risk for HIV/STIs.
- Determine for themselves what they can reasonably do to reduce their risks for HIV/STIs.
- Take ownership of their personal risk reduction goals.
- Develop and manage specific steps for achieving these goals.
Stages of Change

- Not considering it
  - “I’m not thinking about it now, I have enough to deal with.”

- Planning to do it
  - “I’m thinking it through and intend to do it, but not sure when.”

- Taking steps
  - I’ve made it a goal and taken some steps; I’ll be doing it soon.”

- Doing it
  - I’m already doing it and taking it one day at a time.”

- Staying with it
  - It’s part of my life now and I’m staying on track.”
This is a brief checklist to show where individuals are in reducing personal risks for acquiring or transmitting HIV/STIs. The subjects focused on are:

- Using condoms for vaginal sex
- Using condoms for anal sex
- Practicing alternatives to vaginal and anal sex
- Having fewer sex partners
- Having sex with only one partner
- Having fewer sex partners where condoms aren’t used
- Having protected sex when under the influence
- Not sharing needles
- Not sharing injection equipment (water, cotton, cookers, etc.)
  - Using a new needle for every drug injection
- Cleaning needle(s) before every drug injection if a new needle isn’t available
- Decreasing/managing drug/alcohol use
- Getting into drug treatment
- Using HIV/STI counseling and testing services as appropriate (timeline)
Staff Training

- 3 days of Safety Counts program (CDC)
- 24 hours of Fundamentals of HIV Prevention (ADHS/MCDPH)
- 8 hours of HIV Partner Services (ADHS/MCDPH)
- 24 hours of Phlebotomy Technical Training (ADHS/MCDPH)
- 1 hour class/8 hours field, Field and Client Safety (TERROS)
- 1 hour class/3 days field, Outreach Training (TERROS)
- TERROS New Employee Orientation, ongoing required trainings*
Group sessions one and two

- Uses the stages of change framework to help participants identify their commitment to the make changes with regard to their sexual and drug related risk behaviors.
- Provides opportunity to talk with peers and agency staff about risk behaviors and prevention methods.
- Risk reduction plans are discussed to determine relevance, need and achievability.
- Stories are shared relating to reduced risks of HIV/STIs as motivators for change.
- By the end of group 2, participants set personal behavioral goals that will aid in reducing their risk and decide on first steps toward meeting them.
- Meals are provided at each group.
Individual Counseling Session

- More intimate setting for privacy, discussing risk taking behaviors in more detail.
- Conducted after the Group sessions, designed to reflect on goals, challenges and behaviors.
- Opportunity to revise/adjust goals.
- Opportunity to build on goals and/or add new ones if previous were easily achieved.
- Support person(s) identified.
- Additional needs (aside from Safety Counts) identified (medical, mental health, housing, etc.)
Personal Stories During Interactive Sessions

- Triggers of the event(s) leading up to the intention to change
- What led up to the talking moments of each participant
- What barriers were encountered trying to perform new behaviors
- How are these barriers overcome
- What assisted with working with new behaviors
- The point in which participants were able to move into action stage
- The process of maintaining new behaviors
- Process/share setbacks in how individuals deal with new triggers
Social Events

- Less formal setting, celebratory
- Participants are able to strengthen their relationships to the program, agency staff and peers.
- Support is given for achieving personal goals.
- Alumni are invited and share their stories addressing barriers, challenges and successes.
Follow-up Contacts

Subsequent to the Individual Counseling Session:

- Can be done anywhere (streets, office setting, etc.)
- Purpose is to review risk reduction progress.
- Reinforce efforts, assess progress, offer strategies if barriers/challenges.
- Referral needs are revisited (medical, mental health, housing, etc.).
Referral Options

- We work closely with community partners that are in place and essential to providing support for Safety Counts.
  - MCDPH
  - Care Directions
  - Phoenix Shanti
  - Southwest Behavioral Health’s PATH Program
  - Native Health
  - Ebony House
  - Salvation Army
  - Southwest Center for HIV/AIDS
  - Central Arizona Shelter Services (CASS)
  - DES
HIV/syphilis Testing

- Testing is encouraged however is voluntary.
- This is integrated into all sessions with advantages discussed.
- Clearview (finger prick) is the HIV test used for preliminary results, while a blood draw is done for syphilis testing.
- Additional testing needs (STIs) are explored, TERROS works collaboratively with MCDPH for additional testing referrals.
- If an HIV test results in a positive with a confirmatory process finalized, TERROS provides additional referral options.
Benefits

- Safety Counts is incentivized not only financially but also with transportation needs, showers and clothing exchange.
- Staff benefit as they get to see the gradual changes in participants.
- Participants begin to recognize additional treatment options they may have previously lost hope with.
- Strengthens community relations.
- Fact based information is gathered and shared to support funding efforts.
Due to many participants being transient, participants aren’t always able to commit to a cycle.

Due to active drug use, participants aren’t always able to maintain sobriety which challenges their commitment to the program.

Given the transient population, storage of earthly belongings during program has to be taken into consideration.

Reliable social supports once completing program.
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Post Intervention Group

Overall, this participant centered program is offered to those who complete Safety Counts with it benefiting the participant and the community. Our research has shown that the intervention compliments growth from Safety Counts, reduced HIV/STI risks by reducing drug use, increasing condom use, and increase self-reported entry into drug treatment programs. Additionally participants benefit from community referrals to medical and social services. For HIV positive persons, Safety Counts may allow them to deal with issues beyond substance use and HIV, such as addressing risk behaviors or triggers that can lead to contracting HIV and other STIs. The program continues to provide tools allowing participants to make healthier choices in their lives which support developing action steps to achieve goals, setting new ones along the way.

The Post Intervention Group is driven by the participants, facilitated by staff and is always topic focused which extends past their drug use and/or co-dependency issues to include basic needs to sustain their risk reduction. This program supports the fact that the majority of the participants are a transient population being homeless or near homeless and meets weekly.
Program Monitoring/Evaluation

Recent survey results:

My enrollment in Safety Counts was done in a timely manner:
18% good, 81.82% excellent

I felt safe and cared for during my participation in Safety Counts:
17.39% good, 82.61% excellent

The staff listened and addressed my individual concerns/issues:
13.04% good, 86.96% excellent

I received information and/or new options to lower my risk of HIV/STIs:
26.09% good, 73.91% excellent

My primary, first choice in which I intend to lower my risk of HIV is by practicing:
safe sex–47.83%; not sharing equipment–39.13%; abstinence from sex–4.35%;
abstinence from drugs–8.70%; no changes–0%

I would recommend Safety Counts to my friends/family members:
100% yes, 0% no

I have a support system:
78.26% yes, 21.74% no
Success profile #1  Jihad

- Jihad said that when he first came to Safety Counts he had a “jack-in-the-box” mentality. He did a tour in Vietnam as a US Marine, and he never knew when he was going to snap. His drug addiction began in 1977. When he came to TERROS, he was homeless, abusing multiple substances and drinking heavily. He referenced that one particular staff person saw the good in him when nobody else could and encouraged him to continue in the program. “TERROS staff”, Jihad comments, “you can count on them to help you”. In the program he learned about risky behaviors and was able to identify his risk reduction goals. As a results, he had been able to maintain sobriety and is now residing in his own apartment and a volunteer for our TOGETHER Programs and is a bell ringer for Salvation Army during the Christmas holiday. He is interested in learning everything he can by talking to people from all walks of life. His goal for the future is to counsel those who are seen as “throw away people”. He continues to attend 12 step meetings regularly, has a sponsor, and is helping others. He has reconnected with his son and visits him annually in Philadelphia.
Cathy is a female who is in her early 40’s. She entered the Safety Counts program through the Morning Program. Cathy has been homeless for more years than not. Her drug of choice was crack and she engaged in unprotected sex with a multitude of partners, including regular prostitution, and injection drug use. She now has a place to live and is thriving there. She was recently diagnosed again with breast cancer and has undergone chemotherapy and radiation. Her attitude remains upbeat and she continues to pursue recovery, with only a relapse with alcohol. With the return of her cancer she is currently receiving treatment. She also periodically volunteers for the Morning Program and has a spiritual nurturing disposition.
Success profile #3  Kelly

Kelly is a male in his mid 40’s who has been a repeat enrollee of Safety Counts. Upon this enrollment, it was explained to him that our expectations of him were greater than before due to the number of times he went through the program. Kelly’s drugs of choice have been crack and methamphetamine. He engaged in sharing injection equipment and unprotected sex. Upon completion of this cycle of Safety Counts, Kelly had a place to live, a job at Home Depot, and was attending 12 step meetings. He reports not using any drugs or alcohol at all. His health has improved and his attitude of indifference seems not to exist much anymore. He has done a wonderful job in pulling himself out of a dark hole, where he has spent many years. He did excellent work in Safety Counts his final time.
James is a male in his early 50’s who entered the Safety Counts program through street outreach efforts. His drugs of choice were crack and methamphetamine. He had numerous unprotected sexual experiences with prostitutes. Additionally he shared some of his drug paraphernalia with his street friends. James had been homeless for almost three years when he came to the program. He shared that he lost his first wife to cancer which he reported sent him on a downhill spiral. During his participation in Safety Counts, he was able to find housing, part-time employment and volunteers each morning at the Morning Program as well as other opportunities when available. He states that he has been totally drug free for almost a year but may have a beer every now and then. He is seeking full-time employment so that he can get his Commercial Drivers License back and earn a meaningful living.
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