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TITLE: A Pretreatment Pilot for African American Crack Abusers at Risk for HIV

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ISSUE: North Carolina has had steady increases in HIV infection among substance abusers, and studies have found that out-of-treatment crack users are at particular risk, largely from their sexual behaviors. Many crack users are homeless, have never been in drug treatment, and face numerous barriers to treatment.

SETTING: We conducted a small study targeting African American crack users in one North Carolina County.

PROJECT: The study was a pretreatment pilot program funded by the Durham Center and UNC Center for AIDS Research for substance abusers on the streets and at risk for HIV infection. The purpose was to assess barriers to treatment, drug use and sexual risk, and to develop and pilot an intervention that would bridge the gap between the treatment program and the out-of-treatment substance abuser. The 3-session intervention worked with participants on recovery issues and on preparing them to enter and benefit from treatment. To provide for easier access to treatment, we also met with staff from several treatment programs to increase awareness of the many barriers and problems faced by African American crack abusers.

RESULTS: Barriers to treatment entry were found among both providers and patients. Substance abuse treatment programs are overwhelmed by case loads; they often must scramble for funding; often their patients must "fit their model;" sometimes they don't want to deal with "attitude;" and often they are frustrated with a fragmented service delivery system. Substance abusers report different degrees of drug and sexual risk, motivation and readiness for treatment, and stage of change; they may be HIV-positive; they may have co-occurring distress, including mental illness; they may have to deal with cultural barriers, isolation, and lack of trust; and they are unlikely to have insurance. Of the sixty-four patients who entered the pretreatment intervention, 23 have completed it to date, 20 were referred to treatment, 16 completed the treatment intake process, and I2 are still in treatment.

LESSONS LEARNED: To bridge the gap for substance abusers to enter treatment, understanding and a collaborative spirit must ensue. Potential recruits as patients must be prepared and motivated to deal with the process with gatekeepers and to begin the recovery process, and programs must work on being more accessible and timely with intake appointments, more acceptable in their expectations, more credible as caregivers, and more culturally and contextually sensitive. In addition, for substance abusers living with HIV, they must develop specialized treatment plans and goals, insure compassionate and supportive counseling styles, offer flexible service delivery arrangements and case management, support a multidisciplinary team, and conduct special client and family education and support groups, in addition to extending staff support. Thus, in an already overburdened system, the expectations and needs are high, but to stop the spread of HIV we cannot afford to P overlook this often-neglected group of at-risk drug users.

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