

# SNIFFER

## Good Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Intranasal heroin users

#### Goals of Intervention

- Eliminate or reduce non-injection drug use
- Prevent transition to injecting drugs

#### Brief Description

*SNIFFER* is a four-session, small-group, social learning based, AIDS/drug injection prevention intervention for intranasal drug users. The intervention is designed to create a support-group type of atmosphere so participants feel comfortable discussing personal problems and seeking help from the facilitators and their peers. The sessions include information on AIDS, drug use, drug injection, sexual behavior and AIDS, and seeking entry into drug treatment programs. Coping skills, such as self-assertion, dealing with depression, and seeking treatment, are addressed. Through role play, participants learn how to refuse an offer to inject drugs and learn to seek entry into a drug treatment program. Participants are taught 'safer' injection procedures, such as cleaning drug injection equipment with bleach to decontaminate. As part of the intake procedures, all participants are provided HIV pre-test counseling and are offered HIV testing. Post-test counseling is provided to those electing to take the HIV test and Hepatitis B testing was required for all participants.

#### Theoretical Basis

- Social Learning Theory

#### Intervention Duration

- Four 60-90 minute sessions delivered over 2 weeks, plus HIV pre- and post-test counseling

#### Intervention Setting

- Community store-front

#### Deliverer

- Two group facilitators

#### Delivery Methods

- Counseling
- Exercises
- Group discussion
- Lecture
- Risk reduction supplies (condoms)
- Role play
- Video

## INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Sociometrics](#) under the name [SNIFFER](#).

## VALUATION STUDY AND RESULTS

The original evaluation was conducted in New York City between 1986 and 1988.

### Key Intervention Effects

- Reduced initiation of injection drug use

### Study Sample

The baseline study sample of 104 intranasal heroin users is characterized by the following:

- 51% white, 26% black or African American, 23% Hispanic/Latino
- 70% male, 30% female
- 75% heterosexual, 11% homosexual, 13% bisexual
- Mean age of 27 years, range 16-48 years
- Mean education of 13 years, range 7-16 years

### Recruitment Settings

Community (through newspaper ads and referrals)

### Eligibility Criteria

Subjects were eligible if their primary route for using heroin in the previous 6 months was intranasal (“sniffing”), if they had not injected more than 60 times in the previous 2 years, and if they were HIV-negative or hepatitis B antibody negative (if refused HIV testing).

### Assignment Method

Participants (N = 104) were randomly assigned to 1 of 2 groups: SNIFFER (n not reported) or comparison (n not reported).

### Comparison Group

The comparison group participants only received a Hepatitis B test and HIV pre-test counseling, along with post-test counseling if they elected to take an HIV test.

### Relevant Outcomes Measured and Follow-up Time

- Injection drug use and condom use during past 6 months were measured on average 8.9 months (range from 5 to 21 months) after the intervention.

### Participant Retention

- Overall study sample
  - n = 83 at follow-up
  - 80% retained at follow-up
- SNIFFER intervention (baseline n not reported, but if all lost-to-follow-up participants came from this group, retention rate would be 66%)
  - n = 40 at follow-up
  - ≥ 66% retained at follow-up
- Control (baseline n not reported, but if all lost-to-follow-up participants came from this group, retention rate would be 67%)
  - n = 43 at follow-up
  - ≥ 67% retained at follow-up

### Significant Findings

- At follow-up, the intervention participants were significantly less likely to report injecting any drugs than control participants ( $p < .05$ , one-tailed test).

### Considerations

- This intervention fails to meet the best-evidence criteria due to small analytical sample sizes, low retention rates, and using a one-tailed test.
- As part of intake procedures, all study participants were given HIV pre-test counseling and offered HIV antibody testing. Post-test counseling was provided to all who accepted HIV testing (87%). Hepatitis B testing was required for those not electing to take the HIV antibody test to be used as a surrogate measure for HIV serostatus.
- The total baseline (n = 104) and follow-up (n = 83) sample sizes were reported, but baseline sample sizes and retention rates by group were not reported and are not available. The sample sizes were reported at follow-up, so lowest possible retention rates were calculated by subtracting all baseline subjects that were not retained (n = 21) from each group in turn. Since the actual retention rates would have been as good as or better than the worst-case calculated rates, this study meets the good-evidence criteria.
- The intervention targets heroin “sniffers” at high risk of transitioning into injection drug use. At baseline, 45% had injected in the past and 12% reported injecting in the past 6 months.

## REFERENCES AND CONTACT INFORMATION

Des Jarlais, D. C., Casriel, C., Friedman, S. R., & Rosenblum, A. (1992). [AIDS and the transition to illicit drug injection – results of a randomized trial prevention program](#). *British Journal of Addiction*, 87, 493-498.

**Researcher: Don C. Des Jarlais, PhD**

Director of Research, Beth Israel Medical Center  
The Baron Edmond de Rothschild Chemical Dependency Institute  
160 Water Street, 24th floor  
New York, NY 10038  
Email: [dcdesarla@aol.com](mailto:dcdesarla@aol.com)

ARCHIVED

