

# PROJECT ECHO

## Best Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- High risk HIV-negative episodic substance using men who have sex with men (MSM)

#### Goals of Intervention

- Reduce HIV-related sexual risk behaviors

#### Brief Description

*Project ECHO* is an individual-level intervention adapted from *Personalized Cognitive Counseling (PCC)* for episodic substance-using MSM. The session is delivered by a trained counselor and includes participant recall of a recent risky encounter and cognitive-behavioral components to address self-justifications for risky sexual behavior and concurrent substance use. The participants also explore strategies to avoid similar high-risk situations in the future. Three months later, a booster counseling session tailored to individual risk profiles is conducted. Depending on participants' responses to risk behavior questions, they are provided with counseling on explicit communication or general risk reduction.

#### Theoretical Basis

- Bandura's theory of self-regulation
- Transtheoretical model
- Gold and colleagues concept of self-justifications for high risk sexual behaviors among MSM

#### Intervention Duration

- One 30-50 minute PCC session; One booster counseling session three months later

#### Intervention Setting

- Health department

#### Deliverer

- Counselor

#### Delivery Methods

- Counseling

### INTERVENTION PACKAGE INFORMATION

**An intervention package is not available at this time.** Please contact **Phillip Coffin**, Substance Use Research Unit, San Francisco Department of Public Health, 25 Van Ness Avenue, Suite 500, San Francisco, CA 94102.

**Email:** [phillip.coffin@sfdph.org](mailto:phillip.coffin@sfdph.org) for details on intervention materials.

## EVALUATION STUDY AND RESULTS

The original evaluation was conducted in San Francisco, California between 2010 and 2012.

### Key Intervention Effects

- Reduced condomless anal intercourse

### Study Sample

The baseline study sample of 326 men is characterized by the following:

- 47% white, 26% Hispanic/Latino, 11% Asian/Pacific Islander, 10% black or African American, 6% mixed/other
- 100% male
- 100% MSM
- 71% completed some college or had a college degree
- Mean age of 34 years

### Recruitment Settings

Community venues, bars, grocery stores, gyms, community-based organizations serving African American, Latino, and Asian/Pacific Islander MSM

### Eligibility Criteria

Participants were eligible if they were male, 18 years of age or older, HIV negative, reported condomless anal intercourse with another man while under the influence of drugs and/or alcohol in the prior six months, not currently in substance abuse treatment and had not injected any substances in the prior six months.

### Assignment Method

Men (N = 326) were randomized to 1 of 2 study arms: Project ECHO (PCC) (n = 162) or control (n = 164).

### Comparison Group

The control group learned about rapid HIV testing and received information on HIV test procedures and transmission.

### Relevant Outcomes Measured and Follow-up Time

- Sexual risk behaviors (including number of sex partners; number of receptive and insertive condomless anal intercourse events; and number of condomless anal intercourse events with primary and non-primary partners in the last 3 months) were measured at 3 and 6 months after the initial PCC session (which translates to immediately after and 3 months after intervention completion).

### Participant Retention

- Project ECHO intervention
  - 92.6% retained at 3 months after initial PCC counseling session
  - 93.2% retained at 6 months (3 months after booster counseling session)
- Control
  - 95.7% retained at 3 months after initial PCC counseling session
  - 98.2% retained at 6 months (3 months after booster counseling session)

### Significant Findings

- In subgroup analyses, across the 3 assessments, intervention participants who used substances, but were not considered substance dependent, reported a significantly greater reduction in number of condomless anal intercourse events with the 3 most recent non-primary partners during the past 3 months (RR = 0.56; 95% CI = 0.34 - 0.92; p = .002) compared to control participants.
- In subgroup analyses, across the 3 assessments, intervention participants who were substance-using MSM of color, but not considered substance dependent, reported significantly greater reductions in total number of condomless anal intercourse events during the past 3 months (RR = 0.41; 95% CI = 0.18 - 0.95; p = 0.04) and in number of condomless anal intercourse events with the 3 most recent non-primary partners during the past 3 months (RR = 0.37; 95% CI = 0.16 - 0.87; p = 0.02) compared to control participants. These findings only meet good evidence criteria due to an analytic sample size of < 50 per arm.

### Considerations

- The only significant outcomes were among subgroups of the study sample. There were no significant intervention effects using the entire sample at 3 or 6 months on any of the outcomes (total number of condomless anal intercourse events, number of condomless anal intercourse events with three most recent non-primary partners, number of insertive, condomless anal intercourse events, number of condomless anal intercourse events with HIV positive partners, number of condom-protected anal intercourse events, and number of condomless anal intercourse partners).
- Across the 3 assessments, intervention participants reported a borderline significantly greater reduction in the number of receptive condomless anal intercourse events than control participants (RR=0.57; 95% CI=0.33-1.01; p=0.052).
- The study is an adaptation of *Personalized Cognitive Counseling (PCC)*, a single-session evidence-based intervention (EBI) to reduce condomless anal sex among MSM of negative or unknown HIV infection status between the ages of 18 and 49 years. Project ECHO researchers adapted PCC for episodic substance-using MSM. The PCC info sheet can be accessed [here](#).
- The original PCC intervention was updated to include some components of the Project ECHO intervention for episodic substance using MSM. An updated PCC intervention manual can be accessed at <https://effectiveinterventions.cdc.gov/>.

### Funding Sources

Centers for Disease Control and Prevention (cooperative agreement UR6PS000684)

## REFERENCES AND CONTACT INFORMATION

Coffin, P. O., Santos, G. M., Colfax, G., Das, M., Matheson, T., DeMicco, E., . . . Herbst, J. H. (2014). [Adapted personalized cognitive counseling for episodic substance-using men who have sex with men: A randomized controlled trial](#). *AIDS and Behavior*, *18*, 1390-1400.

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