

HIV/AIDS

Is your adult client at risk?

**A Pocket Tool for Substance Abuse
Treatment Providers**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Because substance abuse is associated with the risk of HIV infection, it is recommended that clients receiving substance abuse treatment be screened for HIV/AIDS. The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) has published this pocket tool to assist substance abuse treatment providers in this process.

The enclosed card contains two sets of questions that can be used with your clients. Part One, “Identifying Risky Behavior,” is used to identify what types of risky behavior, if any, a client may be engaging in. Part Two, “Talking Points for Reducing Risk,” contains questions to engage the client in a discussion about changing or avoiding such behaviors.

Key Points for Providers:

Clients need to feel comfortable talking about risky behaviors, especially sexual activities. If there is no one on the clinical staff with whom the client feels comfortable, you should make a direct referral to a listed HIV Counseling and Testing location (see back).

You should be comfortable—and prepared for—discussing any barriers a client might be facing in attempting to change his or her behavior, even if you must do background reading or obtain supervision to achieve that comfort or knowledge level. For clients who are willing, it can be helpful to discuss these issues in a group therapy setting.

A culturally sensitive and non-judgmental tone is essential, and motivational interviewing techniques can be helpful to expand the conversation.

Key Points for Your Client:

ANY risky behaviors at **ANY** time can result in HIV infection.

Early identification of HIV/AIDS is critical to improve treatment outcomes.

Clinics that offer HIV counseling and testing have standard procedures to ensure that those who receive testing also receive counseling about what the results mean and what to do.

Even if testing yields a positive diagnosis, many people are living successfully with HIV.

To protect a client's identity, both substance abuse treatment programs and local HIV counseling and testing sites are required by law to abide by confidentiality policies.

Because there are many strains of HIV, a positive diagnosis does not mean that the client no longer has to worry about HIV infection or reinfection.

Clients who are or may become pregnant should be assured that medication can now almost entirely eliminate the risk of the baby becoming infected with HIV.

PART ONE

IDENTIFYING risky behavior

Ask your client the following questions:

Since 1990 have you

- Had unprotected vaginal, oral, or anal sexual activity or intercourse?
- Had unprotected sex with a man who has had sex with another man or other men?
- Had unprotected sex with someone who has HIV or AIDS, or who you think might have been infected?
- Had unprotected sex with someone you believe has injected drugs (someone who “shoots up”)?
- Not properly and carefully used latex condoms with people who might have had HIV?

Did you ever

- Inject drugs, steroids, or vitamins, or have a sexual partner who did or does so?
- Share needles and/or the same cooker, cotton, rinse water, or other possibly contaminated materials?
- Have multiple sexual partners?

- Give or get money or drugs in exchange for sex?
- Have a sexually transmitted disease (STD), such as gonorrhea, syphilis, chlamydia, genital herpes or warts, or have a sexual partner with an STD?
- Receive transfusions of blood or blood components between early 1978 and mid-1985, or have a sexual partner who did?
- Have sexual partners who have had other sexual partners who did any of the above?

PART TWO

TALKING POINTS for reducing risk

Ask your client the following questions:

- 1.** How comfortable are you talking about safe sex with a sexual partner (or a potential sexual partner)?
- 2.** Do you know how and when to use a latex condom?
- 3.** Are you able to talk about correct use before you have sex?
- 4.** Do you have any trouble going into a drug store and buying condoms or getting them in some other way?

5. Can you refuse to “shoot up,” “skin pop,” or come into contact with contaminated materials, even if people around you are doing it?
6. How would you go about convincing a partner of the need for a condom?
7. Is it hard for you to avoid having unprotected anal intercourse?
8. Do you know when to use two condoms for protection?
9. How hard is it for you to ask a partner about his or her previous sexual partners, or other partners they might have now?
10. Do you have any trouble refusing to use a needle that has already been used?
11. How hard is it for you to avoid sex with someone you do not know very well if they want to have sex?
12. How hard is it for you to avoid people who might put you at risk for HIV infection, or to avoid risky situations in general?

If clients identify any of the points covered here as barriers, they may be putting themselves at risk. Let them know that being uncomfortable talking about these subjects is understandable. Also note that even people who recognize that their behaviors put them at risk may still engage in such behaviors because they haven't thought ahead of time about how to change the situation. Clients should know that you can role-play with them possible ways to behave differently and that you can discuss strategies with them for managing risky situations.

A helpful strategy

If a client finds it awkward to talk about HIV with a sexual partner or potential sexual partner, you can suggest that it might be easier to “break the ice” by beginning the conversation with a question, such as, “Are you ever afraid of getting HIV or of giving it to someone else?” Some people find it even easier to begin the conversation with a less direct question, such as, “Do you ever think about having a child (or another child)?” This may lead more naturally to a discussion about fears of getting HIV and its impact on being a parent.

If your client needs assistance in locating an HIV/AIDS testing facility, he or she can call the National Hotline of the Centers for Disease Control and Prevention (CDC) at:

1-800-342-AIDS

Or he or she can go online to find a location by visiting:

<http://www.cdc.gov/other.htm#states>

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This pocket counseling tool was created to accompany the publication *Substance Abuse Treatment for Persons With HIV/AIDS*, #37 in CSAT's Treatment Improvement Protocol (TIP) series. You can reference this TIP for further information about risk reduction, counseling clients at risk, proper use of condoms, and other related issues. The TIP series and its affiliated products are available free from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Call 1-800-729-6686 or 1-800-487-4889 TDD (for the hearing impaired), or visit www.csat.samhsa.gov.