



# **Substance Abuse Treatment Evaluations and Interventions Program**

## **Project Highlights: Community-Based Interventions in North Carolina**

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## Community-Based Interventions in North Carolina

RTI researchers studying various health issues recognize that certain populations bear a disproportionate burden of disease and injury, and face social, economic, or institutional barriers to accessing health care services. RTI has extensive experience working with these underserved populations to determine their health care needs, and is working intensively to find the most effective ways to meet these needs.

### Program Highlights of Community-Based Interventions in North Carolina

To address these disparities in health, Substance Abuse Treatment Evaluations and Interventions (SATEI) projects focus on substance abuse prevention interventions related to health issues among injecting drug users, crack users, women, youths, and underserved minority populations (e.g., African-American women, rural men who have sex with men). Projects in these areas, together with their principal investigators, are listed below.

#### Current Projects

##### **Woman-Focused HIV Prevention of African-American Crack Users (PI: Wechsberg)**

-- *Women's CoOp I*: Conducted from 1999 to 2002, this study compared a woman-focused HIV intervention for crack-abusing, African-American women in the Raleigh-Durham area with a revised NIDA (National Institute on Drug Abuse) standard intervention and a control group. All groups significantly reduced crack use and high-risk sex at each follow-up but only woman-focused intervention participants constantly improved housing and employment status (Wechsberg et al., 2004). Compared with control subjects at 6 months, woman-focused participants were the least likely to participate in unprotected sex; revised standard intervention women reported the greatest reduction in crack use. A woman-focused intervention can successfully reduce risk and facilitate employment and housing and may effectively reduce the frequency of unprotected sex in the longer term. This intervention was found to be a "best evidence" HIV behavioral prevention intervention by the U.S. Centers for Disease Control and Prevention (CDC) (Lyles et al., 2007). Please see our ["Best Evidence Woman-Focused HIV Prevention" brochure](#) for more information about this study and its adaptations.

-- *Women's CoOp II*: Following the success of the first Women's CoOp study in Durham and Wake Counties, Dr. Wendee Wechsberg and the project staff began a follow-up study in March 2004. Sponsored by the original funder, NIDA, this study aims to determine the long-term effects of the original Women's CoOp and offer booster sessions for risk reduction. In this study, women were interviewed at intake and at 6-, 12-, and 18-month follow-ups. More than 460 women were re-recruited for this study, which ended data collection in 2008. Currently, outcome and cost-effectiveness analyses are being conducted.

-- *Collaborations*: Dr. Kyla M. Kurian is currently working with Dr. Wechsberg to adapt the woman-focused intervention to African-American college women at a local historically black college and university (HBCU). Dr. Kurian can be reached at [kkurian@ncsu.edu](mailto:kkurian@ncsu.edu)

## **Woman-Focused HIV Prevention with Pregnant African-Americans in Treatment (PI: Wechsberg)**

With NIDA funding, RTI has developed, implemented, and evaluated innovative interventions that target hard-to-reach populations such as crack-using urban African-American women. In 2005, a grant was awarded to modify and pilot test the Women's CoOp intervention with pregnant African-Americans in substance abuse treatment in North Carolina. Data collection for the Pregnant Women's CoOp began in May 2007. This randomized controlled trial will allow us to determine whether our adapted intervention is effective in helping women to reduce their substance use and HIV risk behaviors more than treatment as usual.

## **Teen CoOp: Adapting the Women's CoOp for At-Risk Teens (PI: Wechsberg)**

Data from our Women's CoOp studies show that many African-American women in North Carolina are at risk for dropping out of school, using drugs, and becoming sexually active in their adolescence. For these reasons, a Teen CoOp study was proposed to target this population. The Teen CoOp is a 5-year study funded by the CDC that will adapt the Women's CoOp for at-risk African-American females between the ages of 16 and 18 in North Carolina. During the first phase of the study, we are soliciting input from teens and other community stakeholders on how to adapt the woman-focused intervention to teens. In the second phase, we will conduct a randomized-controlled trial with 400 teens to test the effectiveness of the adapted intervention relative to a standard control intervention. The adapted intervention will address knowledge of HIV and sexually transmitted infections (STIs), health consequences of substance use and abuse, healthy relationships with males and females, condom negotiation and communication with partners, positive social supports, gangs and violence prevention methods, and HIV, STI and pregnancy risk-reduction.

## **Rural Urban Health Study (PI: Zule)**

The Rural-Urban Health Study is one of four projects participating in the Sexual Acquisition and Transmission of HIV Cooperative Agreement Program (SATH-CAP), which is funded by NIDA. The primary objective of SATH-CAP is to examine the potential for the sexual transmission of HIV from traditional high-risk groups (e.g., drug users, men who have sex with men) to more general population groups. This study operated in Wake, Durham, Chatham, and Johnston counties between 2005 and 2008. More than 2000 participants were interviewed about their risk behaviors and underwent HIV/STI screening. Analysis of these data will help us learn how risk behaviors are shared within networks, similarities and differences between rural and urban areas and the impact of different combinations of substances on risk-taking, among other things. We are also developing a mathematical model of HIV transmission which might be used to predict how an epidemic could spread in different settings. These findings will be used to develop new network and behavioral interventions to combat HIV.

## **Men's Attitudes on Sex and Health (MASH) Study (PI: Zule)**

MASH is part of a cooperative agreement funded by the CDC to pilot interventions to reduce sexual risks for HIV transmission among gay and bisexual men who use methamphetamine. MASH is testing a single session intervention using motivational interviewing (MI), a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. MI has been used to treat a variety of substance use problems, including

methamphetamine, and is currently being studied as a way to reduce sexual risk behaviors. Our proposed single session format for reducing sexual risk behaviors is untested.

After a year of formative work with current and former meth users and service providers, we have refined our intervention and will be testing it with up to 80 men in the Raleigh-Durham and Charlotte areas beginning Summer 2008. Participants will come in for a baseline visit (which includes a computerized risk assessment and optional rapid HIV test), a separate MI session and a two-month follow-up visit. More information on the project can be found at [www.mashstudy.com](http://www.mashstudy.com).

### **Adapting a “Best Evidence” HIV Prevention Intervention for Latinas (PI: Hernandez)**

To adapt the “best evidence” Women’s CoOp for Latinas, RTI will conduct three focus groups with staff from community-based organizations that work with Latinas in the Triangle (Raleigh, Durham and Carrboro). The objectives of the focus groups are: (1) to collect information on Latinas and the community-based organizations they frequent; and (2) to identify effective delivery mechanisms for an HIV prevention program for Latinas. Topics during the focus groups will include the specific STI/HIV risks and barriers to treatment Latinas face when attempting to access these services. Staff members from the organizations that serve Latinas will also be asked to discuss their insights into stigma, health and HIV related services and programs offered within their communities. Establishing new opportunities for collaboration with community-based organizations will aid in developing culturally-sensitive HIV prevention efforts for Latinas. This formative work will lay the groundwork for future prevention research with the Hispanic population in the Triangle.

### **Completed Projects**

#### **The Initial Community-Based Study: NC CoOp (PI: Wechsberg)**

The NC CoOp was one of 23 CA sites funded by NIDA. The protocol for the CA required each site to develop a site-specific "enhanced" intervention and compare it with the NIDA standard intervention, which was similar across all 23 CA sites. The original protocol limited the percentage of non-injecting crack users in the sample at each site to 30%. Since the initial focus of the CA program was on injectors, the bulk of the NIDA standard intervention dealt with injection risk behaviors, and was not relevant to non-injecting crack users. As the CA program progressed, it became clear that crack users were also at risk for HIV and, in many sites, non-injectors far outnumbered injectors. Consequently, the protocol was modified to allow sites to enroll more non-injecting crack users, and the number of non-injecting crack users in the study eventually exceeded the number of injectors in many sites. The NIDA standard intervention was revised for the last six sites in the CA program to emphasize non-injecting drug use and sexual risk (Wechsberg et al., 1998).

#### **Pretreatment of African-American Crack Abusers (PI: Wechsberg)**

This study examined the effects of a pretreatment intervention designed to enhance treatment motivation, decrease crack use, and prepare crack abusers for treatment entry. Using street outreach, African-American crack users were recruited in North Carolina and randomly assigned to either the pretreatment intervention or the control group. At a 3-month follow-up, intervention group participants were more likely to have initiated treatment. No differences were found in treatment enrollment, however, suggesting that structural barriers remain in accessing treatment.

## **The Holloway Street CoOp (PI: Zule)**

The Holloway Street CoOp was a NIDA-funded intervention study that works with out-of-treatment injecting drug users in the Raleigh-Durham area. The primary objective of the study was to compare the effects of two different interventions -- a motivational intervention and an educational intervention -- to reduce behaviors that may lead to transmission or progression of HIV or the hepatitis C virus (HCV). The project ended in 2008, and has generated a number of findings, both published and under review, important to improving health within this group. Compared to the educational intervention, at 6-month follow-up, people who received the motivational intervention were significantly less likely to be drinking alcohol (Zule et al., in press). This study also found that methamphetamine use by both sexual partners increased the likelihood of unprotected sex with a new partner, anal sex alone and vaginal and anal sex during the same encounter (Zule et al., 2007). Other findings regarding syringe acquisition patterns, and the impact of syringe design on HIV risk are currently under review.

## **The NC Community Advisory Board**

An important component of our projects in North Carolina is our NC Community Advisory Board (CAB), which has been in existence since 1995. The NC CAB comprises key service providers, academics, researchers and members of the target populations of our studies. The CAB also includes several members who do not work in HIV or substance abuse fields, ensuring a voice from the larger community. CAB members are involved throughout all stages of the research process and provide valuable perspective on community problems and concerns to ensure community support of our projects. Members also help identify vital community resources and services for participants in the community-based studies, and assist in the interpretation and dissemination of study findings. If you are interested in serving on our CAB, please contact Rachel Middlesteadt Ellerson at 919-541-7255 or [rachelm@rti.org](mailto:rachelm@rti.org).

Read about related HIV intervention programs that RTI researchers are conducting in [South Africa and around the world](#).

## **Program Contacts**

For more information about community-based interventions that RTI conducts in North Carolina, please contact:

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