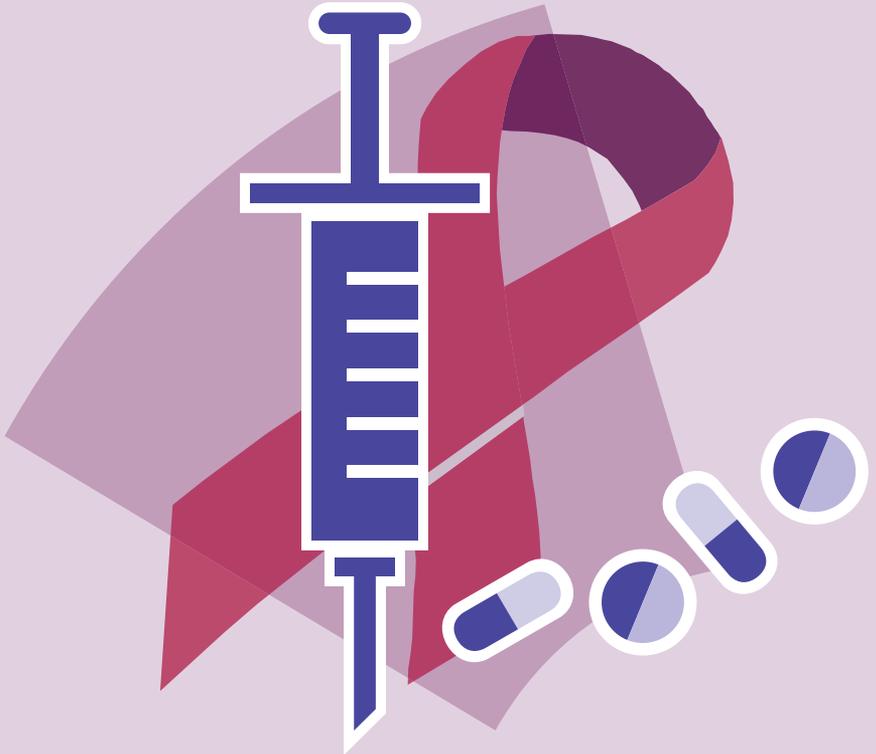




The Pennsylvania/MidAtlantic AIDS Education and Training Center
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Case Finding and Secondary Prevention for Substance Users: Clinical Risk Assessment and Screening Guide

A Reference Tool

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HIV risk assessments for a person with current or past substance use entering primary care are invaluable tools for clinicians and patients alike. HIV risk assessment is an ongoing process, not a one-time clinical intervention. Results can assist providers in: 1) knowing when to offer a voluntary HIV test; 2) identifying patients who are HIV positive yet unaware of their status; 3) identifying patients who are HIV positive but not in care; 4) reducing mother-to-child transmission by screening pregnant women or those considering pregnancy; 5) helping to prevent new infections by working with persons who are infected with HIV and their partners on risk-reduction strategies and care.

General Case Finding and Risk Assessment Guidelines for Substance Users

1. **Your approach to the patient.** Body language conveys as much information as verbal communication. Review the patient's chart before you enter the room; make direct eye contact and face the patient while speaking. Maintain an open body posture, avoid appearing hurried and take time to listen to the patient.
2. **Confidentiality is essential.** Assure patients that all answers are confidential. Inform the patient about your clinic's confidentiality policy. Make sure that the risk assessment occurs in a safe, private environment.
3. **Ask patients how they wish to be addressed.** Address patients professionally and in the appropriate gender based upon how they self-identify. If you are not sure about how a patient prefers to be addressed, ask the patient.
4. **Focus on cultural sensitivity and be non-judgmental.** Both primary care clinicians and HIV treatment specialists should approach the interviewing of substance users in a culturally sensitive, appropriate and non-judgmental manner regarding sex and drug and alcohol risk behaviors for HIV infection.
5. **Be honest!** If you don't know the answer to a specific question or issue, then say so. Patients appreciate honesty and it goes a long way toward establishing a good rapport.
6. **Assume nothing.** Just because a person does not "look or act like someone who might have HIV" does not mean that he or she may not be at risk for HIV infection or already HIV infected. Conduct a risk assessment with **all patients during every clinical encounter.**
7. **Explain that discussing sensitive topics may be uncomfortable.** Discuss and explain why you are asking about such personal topics. Discussing such issues is understandably difficult for patients and clinicians. Background, religion, gender and use of substances may impact a patient's ability to be frank about disclosing HIV risk behaviors, particularly when they may involve illegal activity.
8. **Explain the importance of the information for the patient's care.** Reinforce the clinical importance of the risk assessment in the patient's treatment plan. It may be useful to begin questions with: "Let's talk about some important issues. These may be uncomfortable to some people. I ask the same questions of all of my patients . . . The answers that you provide will help us determine your risk for many kinds of illnesses including HIV or other STIs. They will also help us to decide what kind of care and treatment you may need."

9. **Use language that is understandable.** Questions should be clear and concise. Define terms when needed. Affirm the patient’s understanding periodically during the encounter.
10. **Demonstrate active listening skills.** Restate patient responses for clarity, lean forward slightly to show interest, and use “I see” and “um-hmm” where appropriate to indicate listening. Do not overuse these terms, since they can indicate lack of attention or disinterest in what the patient is saying.
11. **Ask open-ended questions.** Clinician–patient time is often limited. However, open-ended questions are more likely to help to ascertain the information you need. Listen without interruption to patient responses. It may be useful to begin with:
 - a. “How do you feel about . . . ?”
 - b. “What have you heard about HIV or other STIs . . . ?”
12. **Offer HIV testing to:**
 - a. All patients.
 - b. All pregnant women or to those considering pregnancy.
13. **Offer Sexually Transmitted Infection (STI) screening** (syphilis, hepatitis B, C, herpes, gonorrhea, chlamydia, etc.) to:
 - a. All primary care patients annually.
 - b. More frequently for those with at-risk behaviors.
14. **For the reluctant patient:** If the patient refuses to engage in a risk assessment during the initial visit, continue to approach the patient after trust and rapport have been established at future clinic visits.
15. **For frequently seen patients:** Assessments may begin with “Since our last visit . . .” and history questions may be tailored appropriately.

Determining Sexual Risk for All Substance Users

For all patients: • *Protect yourself* • *Protect your partner(s)* • *Get tested to find out*

A careful sexual risk assessment is essential for all patients. Incorporating HIV prevention and risk reduction into treatment and care is an effective tool for clinicians to understand the patient’s (and his or her sexual partners’) at-risk behaviors. It is also important to ask about sexual risk at all clinical encounters throughout the course of the treatment and care since information about HIV changes, the patient’s sexual behavior may change, and sexual partners may change. Furthermore, complicating factors may influence high-risk behavior such as onset of depression, anxiety, stress and alcohol and substance use.

General Sexual Risk Assessment Questions for All Patients

1. Have you ever or do you currently have sex with men? With women? Both?
2. Can you share with me the number of current sexual partners? How about in the past week? One month? Six months? One year?
3. Can you tell me about your past sexual activity?
 - a. What kind of sex have you had? Vaginal, anal, oral?
 - b. Do you use condoms?
 - c. If not always: “Tell me about the reasons you do not always use them.”
“For what kinds of sex do you use condoms?”
4. Do you or have you ever used female condoms or other barrier contraceptive methods?

5. Do you, or have you ever had, sex in exchange for money, housing, drugs, food or clothing?
6. Have you ever felt that a sex partner has put you at risk for sexually transmitted diseases? If so, which ones, and why?
7. Have you ever had a sexually transmitted infection? Which infection(s)? When?
8. What have you done to reduce your risk of getting or spreading HIV and other STIs?
9. Do you have sex at places where you obtain your drugs?
10. Do you use drugs at the same time you are having sex?
11. Do you use drugs to improve your sexual performance? Does it help?
12. Do you find you need more drugs to get the same effect?

Assessing Drug and Alcohol Risk

Risk associated with substance use contributes to HIV transmission. Substance use is more prevalent in the United States than clinicians realize. This is true for urban, suburban, and rural areas. The cognitive effects of substance use may result in more risk taking and unrecognized exposure to HIV, hepatitis B or C and other STIs. The risk exists not only for the person using substances but also for his/her sexual partners. Drug and alcohol use significantly impacts the virologic response of the HIV-positive person. Responses should be evaluated in terms of risky behavior that can potentially spread HIV-infection, either directly through sharing needles, syringes or works; or vaginal, anal or oral sex with someone who engages in these behaviors. Referral for substance use counseling or treatment is necessary to reduce harm.

Both primary care providers and substance abuse professionals must collaborate to offer information, skills, support, safer sex education, adherence counseling, partner notification and outreach, risk-reduction strategies, integrated case finding, early referral to HIV treatment and secondary prevention. *See Secondary Prevention section on page 5.*

Common behaviors of persons doing drugs that impact risk taking include needle and/or works sharing, lowering of inhibitions and hypersexuality. Poor nutrition, little/no prenatal care for pregnant women, risk of other infections, physical or emotional abuse, violence, and homelessness are also concerns.

1. Do you drink alcohol or use drugs? How much per day? Per week? Have you had sex while under the influence of alcohol or drugs? How many times in the past month? Past six months?
2. Do you or your sexual partners currently inject drugs (cocaine/crack, heroin, speed/amphetamines, steroids)? Have you in the past?
3. Have you or any of your partners ever shared needles, syringes or works to inject drugs? What about equipment for body piercing and tattoos?
4. Have you or your sexual partners ever had unprotected vaginal, anal or oral sex with a person who injects drugs or shares needles, syringes or works?
5. Have you or your sexual partners ever had sex in exchange for money, drugs or alcohol?
6. Do you or have you had sex while under the influence of drugs or alcohol?

Look for track marks or injection sites on the arms and legs since they are not always in unexposed body sites. Ask if the person has had any injection-related infections.

Keep in mind that drug/substance use extends broadly across the socioeconomic spectrum. Some clients/patients do not think of marijuana, amphetamines, "club drugs," or alcohol as substances that can cause harm. These substances can impair judgment and lead to risky behaviors.

All HIV-Positive Substance Users

• *Protect yourself* • *Protect your partner(s)* • *Get and stay in care*

The following additional questions will help assess special health risk factors for the HIV-positive substance users and target areas for support and resources. In addition, adherence to HIV medication can reduce the risk of HIV transmission by lowering viral load. Other measures to reduce the risk of transmission are safer sex education and partner notification outreach.

1. Have you notified your partner of your HIV status?
 - a. If yes, what was his/her reaction? (If a threat or violence occurred, offer referral for domestic violence counseling.)
 - b. If no, why not? Would you like help from a partner notification program?
2. Has your partner been tested?
 - a. If yes, how long ago and what were the results?
 - i. If positive, is he/she under treatment?
 - ii. If negative, reaffirm importance of safe-sex practices and suggest new test if it has been six months or longer.
 - a. If no, why not? Counsel on the benefits of testing.
3. Are you currently on antiretroviral medications?
 - a. If yes: What medicines do you take and when? (Frequently, patients may be confused and take medication incorrectly.)
 - b. If not currently, have you ever been on antiretroviral regimens? If yes, when, what medications, and what dosage?
 - c. How often do you take your medication exactly as prescribed?
 - i. If less than 90%-95% adherence, what keeps you from taking your medication exactly as prescribed?
 - ii. If due to side effects, discuss medical management of specific side effects and adherence counseling.
4. Are you currently actively using illegal drugs?
 - a. If so, which ones?
 - b. How often?
5. Do you know what re-infection is?
 - a. Explain that HIV-positive patients can become re-infected with other strains of HIV. Explain the complications associated with re-infection.
 - b. Discuss the importance of condom use during vaginal, anal, or oral sex with all partners to reduce the spread of HIV or re-infection.
6. Has becoming HIV positive affected your outlook or behavior?
 - a. Do you feel depressed? Anxious?
 - b. Do you feel more irritable?
 - c. Do you have trouble falling asleep or waking up early?
 - d. Are you using alcohol or drugs when you feel anxious or depressed?
 - e. Are you having more or less sex since your diagnosis?
 - f. Are you using illegal drugs more often?
7. Are you involved in a substance use treatment or support program?
 - a. AA?
 - b. NA?
 - c. Drug rehab?

Secondary prevention is essential to prevent further HIV transmission.

You should:

1. Focus counseling on risk-reduction topics, such as safer sex practices, clean needles, syringes, and drug treatment.
2. Explain re-infection and the associated complications.
3. Focus on realistic goals for risk reduction and drug abstinence.
4. Address the client's ability to communicate with his or her partner about their risk.
5. Identify successful attempts at risk reduction and obstacles to risk reduction.
6. Discuss options for drug treatment and referral.
7. Support and encourage the client to seek drug treatment before starting ART, if possible.
8. Provide reinforcement and feedback if the client has reduced sexual risk behaviors, reduction in drug use, engagement in drug treatment, adherence to treatment appointments, and adherence to ART.

Referral Opportunities

The goal of risk assessment is to identify people who are unaware of their HIV status and get them into care. During this process, clinicians may uncover a variety of issues that may be a priority for the patient and if addressed effectively can support the HIV-positive person in getting into care and treatment. Although no clinician can be expected to address every patient need, providers should be knowledgeable about potential resources and expert at facilitating good referrals.

1. When the risk assessment reveals problems, ask open-ended questions, such as: "Of the things that we have talked about today, which would you like help with?"
2. Discuss the referral options and the patient's readiness to accept referrals for drug treatment, ART.
3. Discuss referrals to social services for housing, legal, sustenance, and financial support.
4. Due to the complexity of the substance user's clinical issues, the treatment team needs to develop a coordinated treatment plan.
5. Clear objectives, direction and limits should be included in the approval to the substance user.

Remember!

1. Refer to known and trusted services.
2. There may be stigma attached to getting help for some issues, especially mental health and HIV services.
3. Patients may need help accessing referral services.
4. Offer referrals that the patients have defined as a priority for them and readiness.
5. Follow up at the next visit about success in referral and scheduled appointment.
6. Human service and other support systems may differ according to jurisdiction; please consult the list of resources for guidance and support.

Barriers to Case Finding and Secondary Prevention

How providers and clinic personnel speak with patients about HIV prevention is the foundation of **Case Finding and Secondary Prevention**. Without provider willingness to address the subject, clinician education on the subject matter, and effective communication between providers, patients, and staff, asking the hard questions remains difficult. Here are some typical issues that emerge about case finding and secondary prevention:

Barrier #1: “We already ask about sexual history. Isn’t it the same as risk assessment?” The information gathered during the medical history is part of the clinical evaluation. Client-centered risk assessment is a tool providers use to help clients reduce their risk of contracting or spreading HIV and other sexually transmitted infections.

Barrier #2: “There are too many time constraints to conduct an in-depth interview like this!” Conducting a thorough risk assessment takes about 10 minutes. Risk assessment captures a range of patient characteristics and issues that contribute to the development of a comprehensive plan of care for the patient. Risk assessments can be an effective continuous quality improvement (CQI) tool. When incorporated into the medical chart, providers can report valuable data on the patients assessed, including epidemiology and demographic markers for HIV infection.

Barrier #3: Clinic philosophy does not incorporate HIV assessment into the care of every patient. This issue is a national priority; therefore, it is important that all primary care settings adopt a philosophy that incorporates HIV prevention into the treatment and care of all patients. The entire treatment team must share in this responsibility. Clinics should consider making risk-reduction activities and assessments part of the patient chart enabling clinicians to monitor this important ongoing intervention.

Barrier #4: Lack of clinic policy on HIV prevention. It is important that all clinics have policies that encourage the integration of risk assessment and risk reduction into primary care and offer training to all staff.

Barrier #5: Clinicians feel uncomfortable with the topic. “I know that I’m supposed to be a doctor who knows all of this information, but I still have a hard time talking to patients about sex and drugs.”

Training that involves role play and case studies is important in improving clinicians’ comfort and performance.

Barrier #6: Lack of training for clinicians and staff. It is important to integrate ongoing education on case finding and risk reduction for clinicians and staff. Contact your regional AIDS Education and Training Center for assistance.

Additional Resources



Pennsylvania/MidAtlantic AIDS Education and Training Center
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Pittsburgh, PA 15261
Phone: 412-624-1895
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www.pamaaetc.org/

Selected Web Sites

AETC National Resource Center	www.aidsetc.org/
AIDSinfo—HIV/AIDS Medical Practice Guidelines	www.aidsinfo.nih.gov/guidelines/
Centers for Disease Control and Prevention	www.cdc.gov
Divisions of HIV/AIDS Prevention	www.cdc.gov/hiv/dhap.htm
Health Resources and Services Administration	www.hrsa.gov
HRSA HIV/AIDS Bureau	www.hab.hrsa.gov
Pennsylvania Department of Health	www.health.state.pa.us
Pennsylvania/MidAtlantic AIDS Education and Training Center	www.pamaaetc.org/

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