

Abstract: A comprehensive approach to secondary HIV prevention and care among positives

PI: Carl A. Latkin

3R01CA157577-02S1

The proposed competitive revision responds to tobacco regulatory science mandated by the *Responsiveness to the Family Smoking Prevention & Tobacco Control Act (FSPTCA), Public Law 111-31*. The study's goals are to inform tobacco regulatory science, and inform socioculturally tailored approaches to tobacco control and prevention among low income African Americans (AAs) with chronic behavioral (drug use) and somatic conditions (HIV/AIDS). In our 20 years' community based intervention research with former or current drug using, urban AAs living with or at risk for HIV, we find persistently high (>80%) prevalence of smoking. The study brings together a new, outstanding multidisciplinary research team to examine multilevel communications channels and identify appropriate messages for affecting tobacco perceptions and behaviors among low income AAs, and potential differences by drug use or HIV statuses.

The proposed study adds a tobacco research component to the parent study (DA032217; 2011-16), a randomized controlled trial (RCT) to test a peer influence, social network approach to altering social norms of uptake of health services for addressing urban AA drug users' disparities in HIV prevalence and health outcomes of HIV infection. The parent study uses our highly successful social network, social diffusion approach to primary HIV prevention, which has demonstrated long-term HIV behavioral risk reduction among AA former and current drug users. The parent study represents our first test of the model's application to secondary HIV prevention. The parent study will train HIV+ drug users to be peer health educators and conduct community outreach advocating HIV risk reduction, HIV testing and, for those who test HIV positive, entry into HIV care among their high risk network members. The intervention represents a low cost, sustainable model for health related behavior change in hard-to-reach populations. The original SHIELD intervention has been designated a highly recommended HIV primary prevention intervention by CDC and SAMHSA, and has been successfully implemented with numerous US and international populations.

The proposed study comprises qualitative research (six focus groups; n=60); and an experimental test of tobacco packaging, claims, ads and warnings; and survey of a sample (n=500) equally stratified by current or former drug use and HIV (HIV+/HIV-) serostatus. The parent study is currently in its developmental stage, with recruitment planned to begin in the fall of 2012, the intended time of initiating the proposed data collection.

The aims of the parent study are to test the intervention's effects on current drug using, HIV+ participants' HIV risk behaviors, recruitment for HIV testing, and utilization of primary healthcare. The parent study enrolls only current drug using, HIV+ persons (n=300; "index" participants who will be randomized to the intervention or control arm) and their high risk network members (n=270) who indexes recruit to the study site for HIV testing and test HIV+. The proposed study will recruit an additional 250 HIV negative current and former drug users, who are current smokers and African American, and 60 focus group members.

The proposed study aims to explore a topic (tobacco), which is not part of the parent study, and recruits from a broader population (i.e., only current smokers, but also including former drug users and HIV- persons). The parent study will use street and community recruitment to recruit 300 HIV+ active drug users as index participants. For the proposed study, we will enroll from the parent study 125 HIV+

current drug users who are smokers and AA. In addition, for the proposed study, we will augment the recruitment by expanding the enrollment criteria. We propose enrolling an additional 375 AA smokers (125 HIV+, former drug users, 125 HIV- current drug users, and 125 HIV- former drug users). Eligibility criteria for the proposed study will include: (a) cigarette smoker (>100 cigarettes in one's lifetime and smoking cigarettes in the past week), (b) low income, (c) AA, and (d) former or current drug user. Other proposed study procedures to avoid potential contamination of the parent study results include that parent study index participants randomized to the intervention arm will not be eligible to participate in the focus groups, as groups may discuss tobacco intervention approaches and messages. We expect no major challenges recruiting for the study as we have maintained excellent community (non-clinic) recruitment and retention rates (>85% annual retention of active drug using and HIV+ low income urban AAs) in our prior studies. Based on our prior studies, we anticipate that of persons screening for parent study eligibility, more will be potentially eligible for the proposed study than the parent study. As the recruitment period for the proposed study will fully coincide with the parent study's recruitment, this will enable our efficient recruitment and timely completion of the proposed study.