

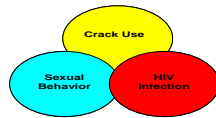


Background

Crack-cocaine use and HIV

- Crack-cocaine users are at risk for sexual transmission of HIV.
- Inner city hospitals continue to have a large number of HIV-infected persons admitted who have failed to be linked to prevention and treatment services due to ongoing drug use.

Intersecting Epidemics



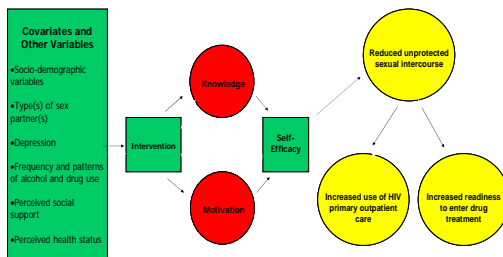
Hospital Setting as a Potential Setting for Intervention

- Hospitalized HIV-infected crack users are often not connected to outpatient care
- These patients often have high HIV-1 viral loads and may be engaged in unprotected sex
- The hospital stay may provide a 'teachable moment' during which patients might be open to benefit from a behavioral intervention
- Most hospitals are passively linked to HIV outpatient settings, drug treatment programs, and other HIV prevention services

Specific Aims of Project HOPE

- To evaluate the efficacy of a 'Prevention Care Advocate' (PCA) intervention in reducing unprotected sexual intercourse (anal or vaginal sex w/o a condom) by HIV-positive crack users recruited from the inpatient/hospital setting.
- To evaluate the impact of the intervention on use of HIV primary outpatient care.
- To evaluate the impact of the intervention on readiness for and entry to drug treatment.

Conceptual Model: PCA Intervention



Project HOPE Sites



GMH (Emory)	JMH (Miami)
•980 unique patients seen in HIV service/ yr	•945 unique patients seen in HIV service/ yr
•27% female, 73% male	•41% female, 59% male
•74% Black, 18% White	•78% Black, 22% White
•30% patients report crack use	•40% patients report crack use

Materials and methods

Recruitment

Interviews were conducted at bedside with 773 HIV-infected patients deemed stable, in two inner city hospitals in Miami, FL and Atlanta, GA from June 2006 – February, 2007.

Screener Questionnaire

- Screening conducted with HIV admissions to GMH and JMHS to detect eligible participants for Project HOPE
- Screening is anonymous and verbal consent is obtained
- Screening and baseline interviews were conducted at bedside and data were collected on handheld device.

Baseline Questionnaire

- Randomized trial began 8/2006
- Eligibility criteria: 1) **Hospitalized HIV patients**
2) **Sexually active w/in 6 months**
3) **Crack-cocaine use w/in 1 yr**
- Baseline interview: Questionnaire takes approximately 1 hour, focusing on demographic, sexual and drug use risk behavior, HIV care utilization, readiness for drug treatment and their correlates.

Data Analysis of Screener and Baseline Interviews

- Univariate analyses were used to describe demographic, drug use and sexual risk behavior characteristics.
- Multivariable logistic regression analyses were employed to assess variables associated with ever having an HIV primary care provider.

Results

1. Screener Data 8/2006 – 12/2006

Demographic Characteristics (N = 773)

Race	Black (82%), Hispanic (5%), White (8%)
Age	44.7 yrs (median)
HIV diagnosis	<5 yrs ago (34%), 5-12 yrs (35%), 12+ yrs (32%)
Education	40% did not graduate high school
Income	56% have incomes < \$5,000
Housing	55% reported living in non-stable housing
Children	19% report daily care of children < 10 yrs of age

Healthcare and Prevention Needs

Provider	22% - Never have seen HIV provider 42% - Have not seen provider in past 6 months
Treatment	57% - Currently not on HIV medications
HIV Status	CD4 count - 163 cells/uL (mean) and 89 cells/uL (median) HIV-1 viral load - 178,519 copies/ml (mean); and 55,289 copies/ml (median)
Sexual History	42% - Report having sex in past 6 months 17% - Report having unprotected sex 9% - Report having sex with HIV - negative or unknown status partner
Crack Use	37% - Report Crack-cocaine use in past 6 months
Alcohol Use	36% - Report heavy alcohol use in past 6 months

Logistic Regression Results

Table showing association of variables with never having an HIV Provider

	Adjusted OR	95% C.I.
Crack use in past 6 months	2.56	(1.59, 4.13)
Drug Treatment	0.60	(0.37, 0.98)
Time since HIV diagnosis		
< 5 yrs	1.00	
5-12 yrs	0.21	(0.13, 0.34)
12+ yrs	0.18	(0.11, 0.31)
<\$5 K income	1.74	(1.12, 2.70)
Heavy Alcohol use in < 6 months	1.64	(1.08, 2.51)

Logistic Regression Results Continued

Crack users were almost twice as likely as non users to never having an HIV PCP aOR = 2.56, CI (1.59, 4.13) while controlling for other variables.

Crack users were more likely than non-users to be sexually active (53.8% vs. 33.3%, p<.001), and to have had unprotected sex with an HIV-negative/unknown partner (12.9% vs. 5.6%, p<.05).

Crack users were less likely to have ever received HAART (66.7% vs 78.7%, p<.01).

2. Baseline Data 8/2006 – 12/2006 (N = 105)

	Total	Male (N=49)	Female (N=56)
Age (mean)	43.1 yrs	43.6 yrs	42.6 yrs
Race			
Black	93.1%	94.0%	92.6%
White	3.9%	2.1%	5.6%
Hispanic	2.0%	4.2%	0.0%
Sexual Identity			
Heterosexual	82.9%	69.4%	94.6%
Homosexual	5.7%	12.2%	0.0%
Bisexual	11.4%	18.4%	1.8%
Currently homeless	81.6%	75%	87.3%
HIV Treatment			
Ever put off care b/c of drug/alcohol use	55%	48%	60.7%
Crack-cocaine use			
Use in past 3 months	88.6%	85.7%	91.1%
Had Unprotected sex			
-With HIV+ partner	17.1%	12.2%	21.4%
-With HIV- partner	22.9%	18.4%	26.8%

Conclusions

Over a third of hospitalized HIV patients reported recent crack use. Many of them are not receiving HAART, have never seen an HIV Primary Care Provider, and are still engaging in high-risk sex.

Crack users are at major risk for transmission and fueling the epidemic.

The hospital presents an opportunity to identify high risk patients such as crack users who are not using care and prevention services and to link them to these services.

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