

JACKSON STATE UNIVERSITY  
African American Prevention Intervention Network

Positive Prevention Intervention Center  
**SANKOFA FACT SHEET**

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**Holistic Harm Reduction Program for HIV Positive Injection Drug Users**

**Description of Intervention**

This is a 12-session, manual-guided, group level program to reduce harm, promote health, and improve quality of life. The program is based on the Information, Motivation, Behavior (IMB) model of behavior change. The Holistic Harm Reduction Program (HHRP) counselor manual was designed to be highly “user-friendly” as it contains both relevant background and theoretical material and detailed scripts for each session. This minimizes the need for extensive prior training. In this program, HIV-positive injection drug users are viewed as autonomous individuals responsible for making informed, personal choices concerning behaviors that pose varying degrees of risk to themselves and others. The primary goal of HHRP is to provide group members with the resources (i.e., knowledge, motivation, and skills) they need to make choices that reduce harm to themselves and others.

Because HIV-positive injection drug users may have unique medical and psychosocial problems that contribute to illicit drug use and other high-risk behavior, and which may include neuropsychological and/or psychiatric impairment, addressing these problems may help clients to make healthier lifestyle choices for health promotion. Therefore, in addition to providing substance abuse treatment, HHRP addresses medical, emotional, and social problems that may impede harm reduction behaviors, and uses cognitive-remediation strategies to improve knowledge, increase motivation, and teach skills needed for harm reduction and health promotion.

**Core Elements**

1. HHRP is a 12-session, manual-guided group intervention for HIV-positive injection drug users with three primary treatment goals - harm reduction, health promotion, and improved quality of life.
2. HHRP’s focus on harm reduction entails reducing drug use and other high-risk behaviors, including sharing of drug paraphernalia and unsafe sexual practices. Although abstinence from illicit drug use is a primary aim of treatment, patients who do not attain abstinence, but who reduce drug use and other harmful behaviors, are not considered treatment failures.
3. HHRP’s focus on harm reduction entails addressing medical, emotional, and social problems that may be associated with disease progression, and includes enhancing medication adherence, improving communication skills with health care providers, and becoming informed concerning basic health components.
4. HHRP’s focus on improving quality of life entails respecting and drawing upon clients’ spiritual and religious beliefs, helping clients cope with stigma and grief, teaching stress management techniques, and acknowledging and addressing fears of death and dying.
5. HHRP is guided by IMB model. Each group provides patients with the information, motivation, and behavioral skills needed to attain and implement treatment goals in real world settings.
6. Because HIV-positive injection drug users may present to treatment with mild to moderate cognitive difficulties, HHRP utilizes easily administered, cognitive remediation strategies, such as behavioral games and visual presentation of material (e.g., slides). Behavioral games and visual presentation materials are included in the treatment manual to help improve knowledge, increase motivation, and teach skills needed for harm reduction, health promotion, and improved quality of life.

**Target Population**

HIV-positive injection drug users

Sources: **Procedural Guidance for Selected Strategies and Interventions for Community-Based Organizations funded Under Program Announcement 04064**, Dec. 2003, 148-155, Centers for Disease Control and Prevention’s National Center for HIV, STD, and TB Prevention, Atlanta, Ga. To obtain additional information, please visit the training link at <http://www.3-s.us>.

For more information, call the technical assistance analyst at the Mississippi Urban Research Center, 1-866-JSU-MURC (578-6872).

