# ARCHIVED INTERVENTION

# MODELO DE INTERVENCIÓN PSICOMÉDICA (MIP)

Best Evidence - Risk Reduction

# INTERVENTION DESCRIPTION

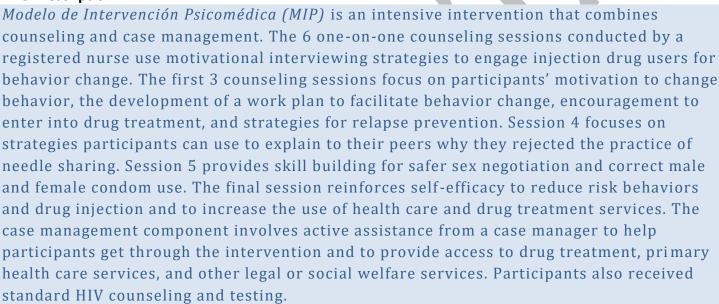
## **Target Population**

• Hispanic injection drug users

#### Goals of Intervention

- To reduce injection-related HIV risk behaviors
- To engage injection drug users in drug treatment and health care
- To enhance self-efficacy





### **Theoretical Basis**

Miller's Motivational Interviewing Model

## **Intervention Duration**

6 weekly sessions with ongoing case management

#### **Intervention Setting**

• Study site or drug treatment program

#### **Deliverer**

Registered nurse and case manager

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## **Delivery Methods**

- Counseling
- Case management
- Demonstrations
- Goal Setting

- Motivational interviewing
- Role plays and practice
- Risk reduction supplies (condom and hygiene materials)

#### INTERVENTION PACKAGE INFORMATION

In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) <u>announced</u> that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV. <u>Modelo de Intervención Psicomédica (MIP) will no longer be funded by DHAP</u> for diffusion, adoption, and implementation.

## **EVALUATION STUDY AND RESULTS**

The original evaluation study was conducted in Vega Baja, Puerto Rico between 1998 and 2001.

## **Key Intervention Effect**

- Reduced continued injection drug use in the overall sample and among participants entering drug treatment
- Reduced needle sharing among participants who continued to inject

## **Study Sample**

The baseline study sample of 557 injection drug using Puerto Rican men and women who were not in treatment is characterized by the following:

- 100% Hispanic/Latino
- 89% male; 11% female
- 34.4% < 25 years; 36.6% 25 to 34 years; 29% 35 years or older

## **Recruitment Settings**

Copping areas, shooting galleries, prostitute strolls, and hang outs frequently by drug users

#### **Eligibility Criteria**

Injection drug users who were at least 18 years of age, not currently in treatment, and injected drugs during the past 30 days

#### **Assignment Method**

Participants were randomly assigned to either the MIP intervention (n = 226) or a comparison intervention (n = 214).

### **Comparison Group**

The comparison intervention included 2-sessions of HIV counseling and testing. The pretest counseling session included a discussion of HIV/AIDS, the practice of safer needle use and safe sex skills, a discussion of HIV

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testing and an invitation to return to the study site for the HIV test results. The posttest counseling session included provision of HIV test results and referrals for drug treatment and health care services. A registered nurse delivered the counseling sessions, and outreach workers delivered condoms and needle hygiene materials to participants at shooting galleries and other drug locations.

#### **Relevant Outcomes Measured and Follow-up Time**

- Drug injection behaviors during the prior 30 days and prior 6 months (including percentage continuing injection drug use, percentage sharing needles, and percentage sharing cotton) were assessed 6 months post-baseline.
- Sexual risk behaviors during the prior 30 days and prior 6 months (including unprotected vaginal or anal sex with any partner, primary partner or non-primary partner) were assessed at 6 months post-baseline.
- The follow-up time point translates to approximately 3.5 months after the MIP intervention and 5.5 months after the comparison intervention.

## **Participant Retention**

- MIP Intervention:
  - o 79% retained at 3.5 months post-intervention
- Comparison
  - o 79% retained at 5.5 months post-intervention

## **Significant Findings**

• At the follow-up, injection drug users receiving the MIP intervention reported a significantly greater reduction in continued injection drug use than those in the comparison group (p = 0.04). This significant reduction in injection drug use was also found among the subsample of drug injectors who entered drug treatment (p < 0.05). Among participants who continued to inject at follow-up, those receiving the MIP intervention were significantly less likely to report needle sharing than those receiving the comparison intervention (p < 0.05).

#### **Considerations**

• There were no significant differences in sexual risk behaviors between the intervention and comparison groups at the follow-up.

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## REFERENCES AND CONTACT INFORMATION

Robles, R. M., Reyes, J. C., Colón, H. M., Sahai, H., Marrero, C. A., Matos, T. D., . . . Shepard, E. W. (2004). Effects of combined counseling and case management to reduce HIV risk behaviors among Hispanic drug injectors in Puerto Rico: A randomized controlled study. *Journal of Substance Abuse Treatment*, 27, 145–152.

Marrero, C. A., Robles, R. R., Colón, H. M., Reyes, J. C., Matos, T. D, Sahai, H., . . . Shepard, E. W. (2005). <u>Factors associated with drug treatment dropout among injection drug users in Puerto Rico</u>. *Addictive Behaviors, 30*, 397–402.

Lead researcher for *Modelo de Intervención Psicomédica (MIP)*, **Dr. Rafaela R. Robles** passed away on August 12, 2014. **At this time there is no current contact information for this intervention.** 



