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HIV/AIDS Drug Use and Vulnerable Populations in U.S.
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There is growing recognition of the substantial burden of HIV infection and the potential for HIV transmission among individuals under the supervision of the criminal justice system. This is, in part, attributable to the high number of drug users under supervision and the close linkages between injection and non-injection drug use and HIV risk behaviors and infection. While there have been a growing number of interventions developed and tested to reduce HIV risk among individuals while they are incarcerated and when they return to the community, few HIV prevention interventions have been tested among the growing numbers of individuals who are diverted to community based supervision and treatment. The proposed study is designed to evaluate the efficacy of a brief, personalized and automated HIV prevention intervention delivered to substance abusing offenders in the City of Philadelphia's drug treatment court program.

Despite their well established efficacy in reducing recidivism and drug use (Festinger et al, 2002, Marlowe, Festinger, Dugosh et al., 2007), drug courts have yet to be evaluated in their ability to reduce HIV risk. Given the prevalence of high risk behaviors (e.g., Belenko at al., 2004) and the alarming rates of HIV infection and STIs among criminal offenders (14%-26%: Hammet et al, 2002; Spaulding et al., 2009), drug courts represent an important yet unexplored opportunity to deliver risk reduction interventions. As a centralized component of drug court, case management units typically help clients access adjunctive services and provide consultation on a number of important social and health related issues such as employment, housing, and routine medical care. Although HIV/AIDS risk reduction fits within the domain of services provided by drug court case managers, the addition of more intensive services is constrained by limited staff and resources. Fortunately, there is support for the efficacy of computerized brief interventions for reducing HIV risk (see Noar et al., 2009).

We will randomly assign 400 felony drug court participants to receive either a brief computerized HIV intervention or an attention control procedure following their first three case management sessions. We will compare the groups on a number of outcomes including engagement in high risk behaviors, rates of HIV testing, and condom procurement (in addition to condom use measured as a risk behavior). We will also examine the effect of the intervention on drug court related outcomes including case management attendance, graduation rates, and urinalysis confirmed drug use.

This study will be the first to examine the efficacy of using a brief, computerized HIV risk reduction intervention in drug courts. Findings will provide useful information on the utility of a practical strategy for reducing HIV risk in the growing population of substance using offenders in our communities. Findings will also have major implications for expanding the focus of drug courts and other community based correction programs beyond reducing criminal recidivism and drug use.