

# Development and Acceptability of an Electronic SBIRT Intervention for Sexual Minority Men Seeking HIV Testing at a Community Agency in Buenos Aires, Argentina

IVÁN C. BALÁN, PH.D.

RESEARCH PROFESSOR  
FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

DIRECTOR  
PROGRAM ON CLIENT-CENTERED RESEARCH AND CARE  
CENTER FOR TRANSLATIONAL BEHAVIORAL SCIENCE

# Research Team

- ▶ Rubén O. Marone, Lic (Nexo Asociación Civil)
- ▶ Victoria Barreda, Lic (Nexo Asociación Civil)
- ▶ Rebecca Giguere (Florida State University)

## NEXO ASOCIACIÓN CIVIL

- ▶ Established in 1992
- ▶ Serves the LGBT community
  - HIV testing, PrEP access, HIV treatment, support services



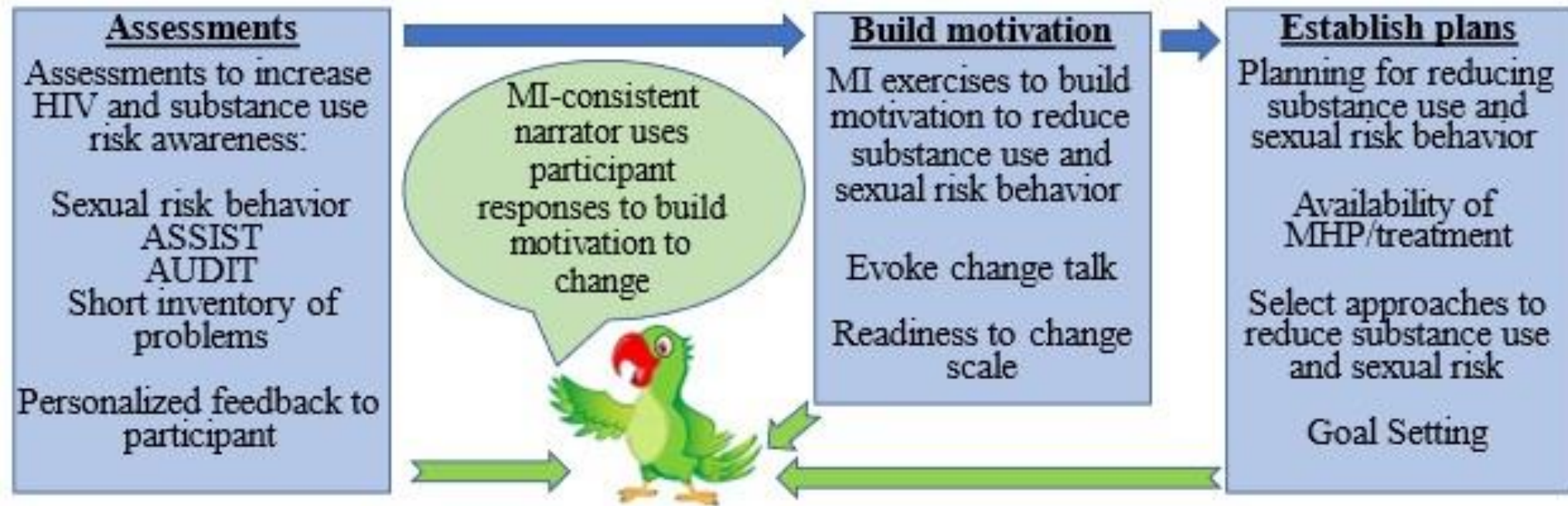
# SBIRT: Screening, Brief Intervention, Referral to Treatment

- ▶ Substance use is associated with greater HIV risk behavior
- ▶ SBIRT is effective in identifying and engaging individuals with PSU to reduce use.
- ▶ An eSBI would minimize use of scant resources and maximize standardization and fidelity of BI.
- ▶ An e-SBI tailored to sexual minority men may be particularly useful at the time of HIV testing, when individuals are already reflecting on their behavior.

# Primary Study Aims of R34

1. Develop and pilot a tailored e-SBI program for MSM seeking HIV testing to reduce substance use and HIV risk behavior.
2. Conduct a pilot RCT of e-SBI vs. screening only to establish the infrastructure for a future efficacy trial and to assess the feasibility and acceptability of integrating the e-SBI into the Nexo HIV testing program

# Initial Conceptualization



# Computerized Intervention Authoring System (CIAS 3.0)

## ► Like Powerpoint

- No need for specialized programmers
- Blank slate with specific functionalities



CIAS  
standardizes  
the e-SBI with  
minimal  
resources

## ► Includes

- Branching for individual tailoring of intervention
- Animated character can be programmed to interact with user based on responses entered
- Interactions were guided by Motivational Interviewing



# Iterative development process

## ▶ CAB

Use common names for drugs; acknowledge positive aspects of substance use; reduce oral narration to avoid slowing down the respondent.

## ▶ Development

### ▶ Focus Group (2; n=16)

Without client centered context, questions felt judgmental and moralistic; helped participants reflect on their substance use; taboo topic rarely discussed; 2 requested referrals

### ▶ Individual (2 waves; n=12)

Found the intervention respectful; helped them reflect on their substance use; found narrator annoying at times, but helpful in highlighting key issues

### ▶ Pilot (n=46)

High acceptability; respectful; more closely tie impact of substance use on HIV risk behavior;

Pilot RCT

***REFLEXIONES***



# Pilot RCT (Methods)

- ▶ n=196 (Intervention, n=145; Control, n=51)
- ▶ Eligibility
  - 18+ years of age, identifies as a man, coming to Nexo for HIV testing
- ▶ Completed
  - Electronic 30-day Timeline Followback Calendar
    - Any drug use, alcohol drinks per day, occasions “unprotected” anal intercourse
  - *Reflexiones* Intervention or Control (assessments only)
- ▶ Follow-Up
  - 3-month: 30-day TLFB
  - 6-month: 30-day TLFB, e-SBI assessments, In-depth interview (n=35)

# Participant Demographics

▶ Mean age: 34 years old

▶ Sex

- Male 96.5%
- Non-binary 2.8%
- Other 0.7%

▶ Sexual Identity

- Gay/homosexual 84.4%
- Bisexual 12.8%
- Heterosexual 0.7%
- Other 2.12%

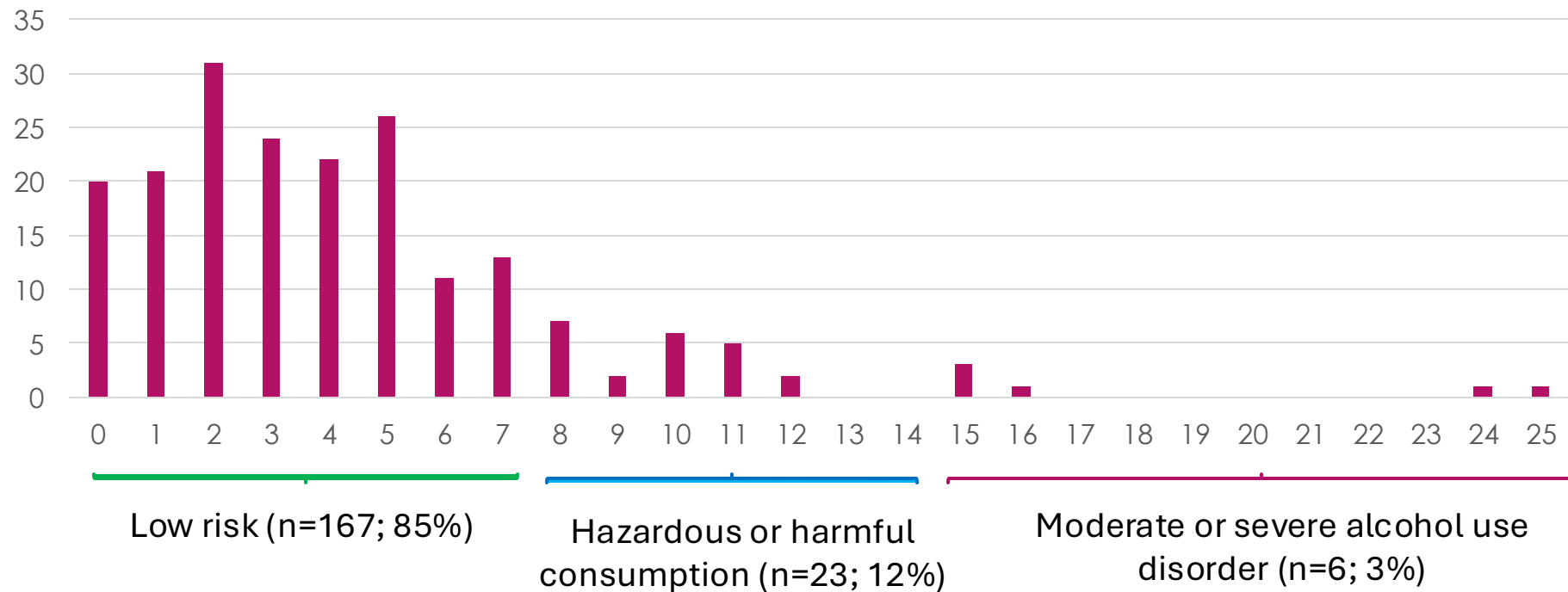
▶ Latino: 94.3%

▶ Race:

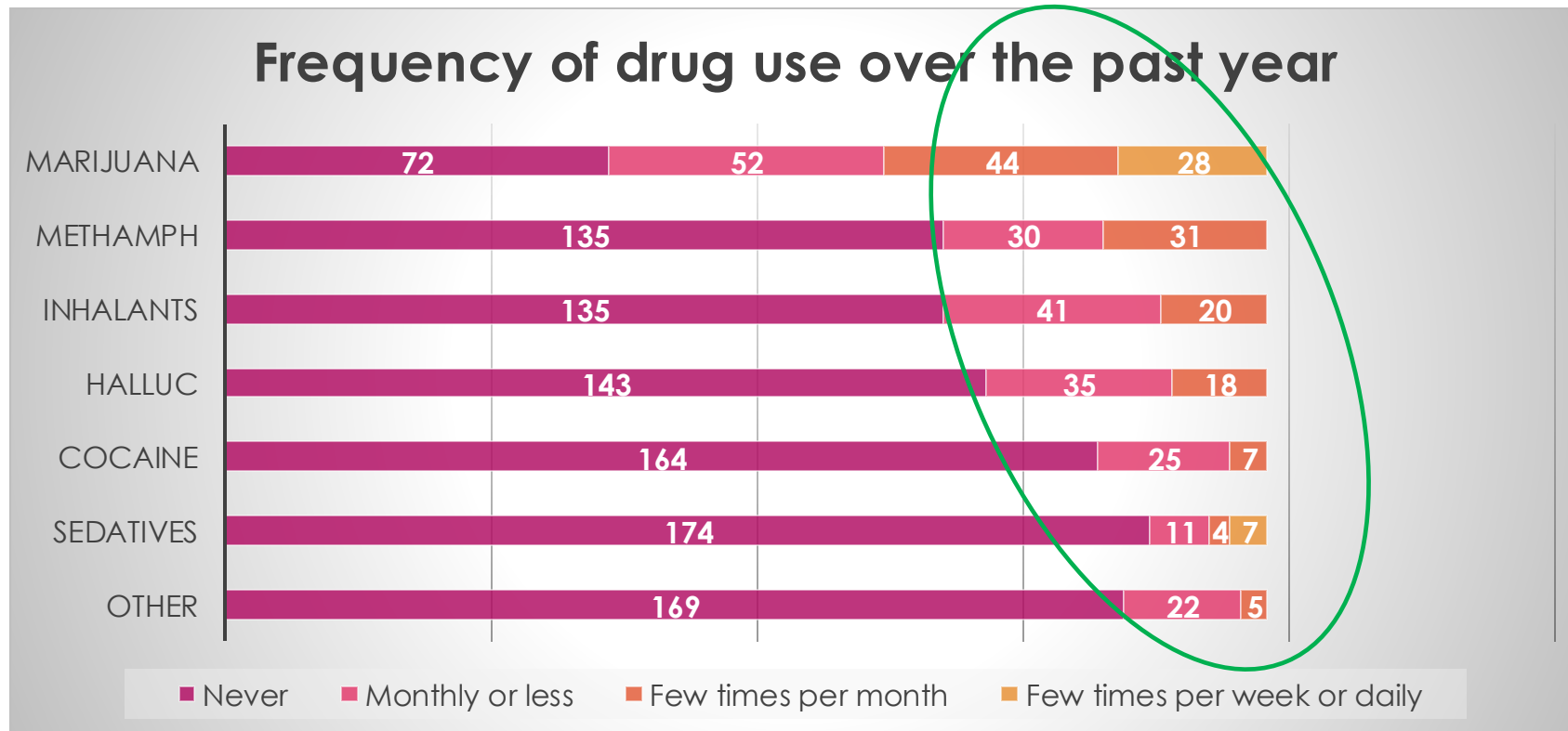
- White: 61.0%
- Black/African-American: 4.4%
- American Indian: 4.4%
- Mixed/More than 1: 5.9%
- Don't know: 16.9%
- No response: 7.4%

# Alcohol Use (n=196)

Distribution of AUDIT scores



# Use of other substances (n=196)



# Substance use consequences past 6 months

	%
I have been unhappy because of my use	16
I have failed to do what is expected of me because of my use	14
When using my personality has changed for the worse	8
When using, I have done impulsive things that I later regretted	14
I have had money problems because of my use	5
My physical appearance has been harmed by my use	6
A friendship or close relationship has been damaged by my use	5
My use has gotten in the way of my growth as a person	8
My use has damaged my social life, popularity, or reputation	5
I have spent too much or lost a lot of money because of my use	10

37% report consequences  
16% 1 consequence  
21% 2+ consequences

# Acceptability (n=145)

TFA Questionnaire: (1=strongly disagree to 5=strongly agree)	Mean
I liked the intervention.	4.48
It took a lot of effort to engage in the intervention.	2.11
The intervention was respectful to people who use alcohol or drugs and engage in behavior that places them at increased risk of HIV infection	4.61
The intervention helped me reflect on my use of alcohol, drugs, and sexual risk behavior.	4.11
It is clear to me how the intervention will help me reduce drug/alcohol use and HIV risk behavior.	4.30
I felt confident that I could complete the intervention.	4.61
Completing the intervention interfered with my other priorities.	2.10
Overall, the intervention was acceptable to me.	4.58

# Qualitative findings

- ▶ Important issue but topic is usually taboo so not discussed
- ▶ Intervention was very respectful; not invasiveness; good vibe
- ▶ Helped participants reflect on their behavior
  - Helped them realize things you had not thought about before (association between personal substance use and HIV risk behavior)
  - Realized nothing new, but was good to reflect vs just normalizing their substance use
- ▶ Praise for the narrator
  - Was engaging and added interest to what is just a questionnaire
  - At times he just summarized, but other times, what he said made me reflect more
- ▶ TLFB calendar was impactful for reviewing behavior and visualizing it over a month

# Conclusions

- ▶ An e-SBI delivered at the time of HIV testing reaches SMM with risky substance use
- ▶ Iterative development process with the inclusion of intended end users resulted in a highly acceptable intervention
- ▶ The intervention generated reflective thinking about substance use and HIV risk behavior
- ▶ Co-developing the intervention with an HIV CBO ensured that the intervention would be feasible during HIV testing encounters in a real-world setting.

## Next Steps





# Acknowledgements

- ▶ Our participants
- ▶ Members of the CAB
- ▶ The research team in Argentina
- ▶ NIDA

This research is supported by a grant from the U.S. National Institute of Drug Abuse (R34 DA055503; PI: I. Balán). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

Thank you!

ibalan@fsu.edu