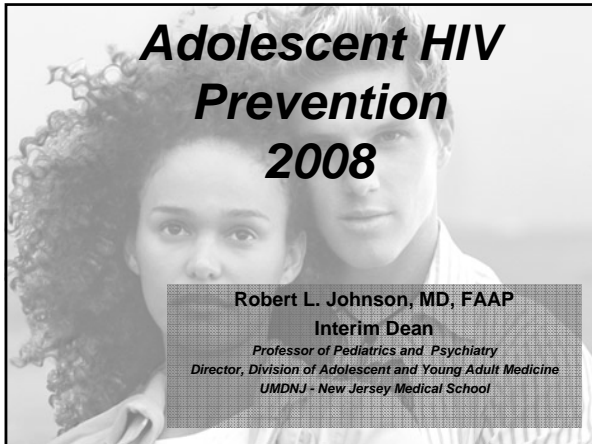


Adolescent HIV Prevention 2008



Robert L. Johnson, MD, FAAP
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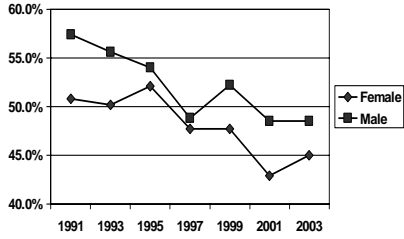
Agenda

- o Understanding Adolescent HIV Risk behaviors
- o Primary Prevention – methods, barrier, controversy
- o Secondary & Tertiary Prevention – methods, risk and controversy
- o The DAYAM Model – Lessons Learned

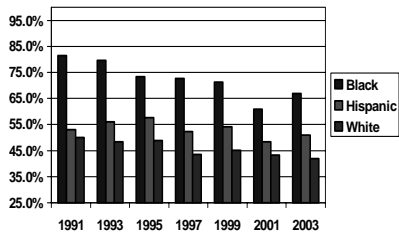
Three Types of Teens

- o Teens who are “Doing It”
- o Teens who are Thinking about “Doing It”
- o Teens who are “Lying about Doing It”
- o Teens who are lying about Thinking about Doing It”

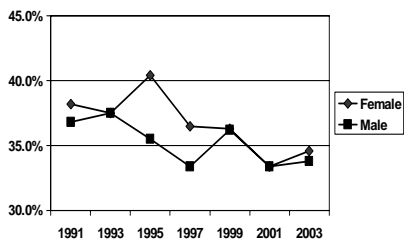
Ever Had Intercourse By Gender



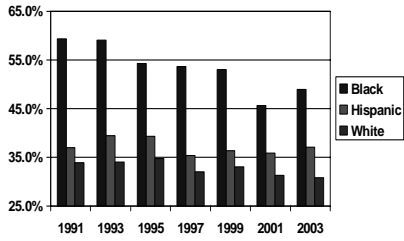
Ever Had Intercourse By Race



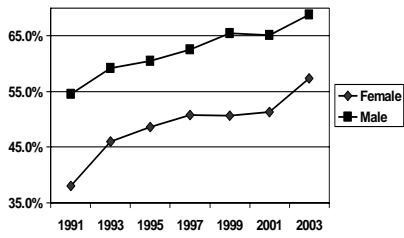
Currently Sexually Active By Gender



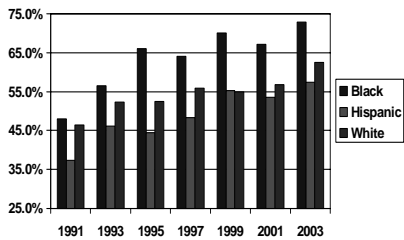
Currently Sexually Active By Race



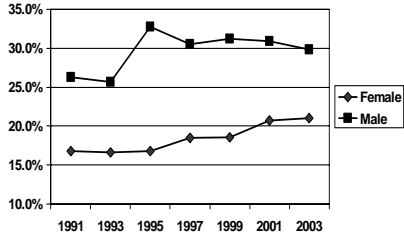
Condom Use By Gender



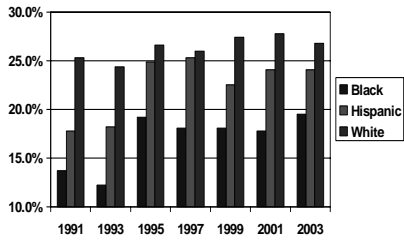
Condom Use By Race



Alcohol or Drug Use Before SI By Gender

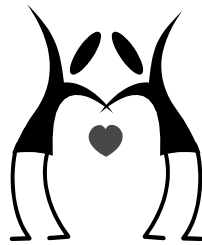


Alcohol or Drug Use Before SI By Race

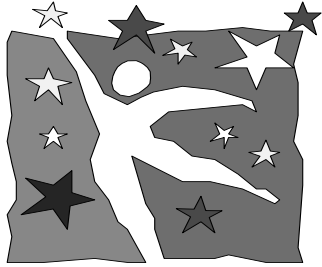


SEX...WHY?

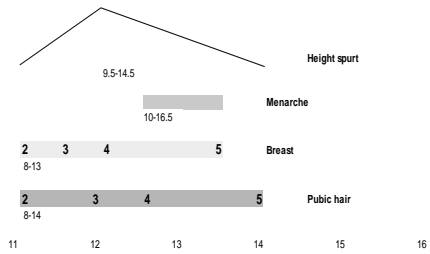
- Adolescent development is permissive of sexual expression
- Earlier onset and completion of sexual maturation
- Peer pressure – Social norms
- The media
- Love



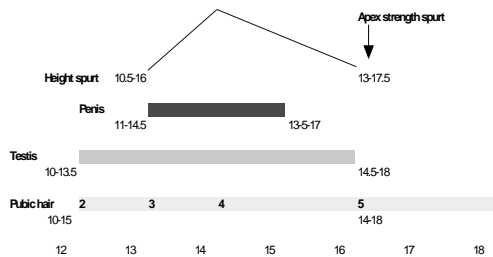
Puberty



Female Puberty

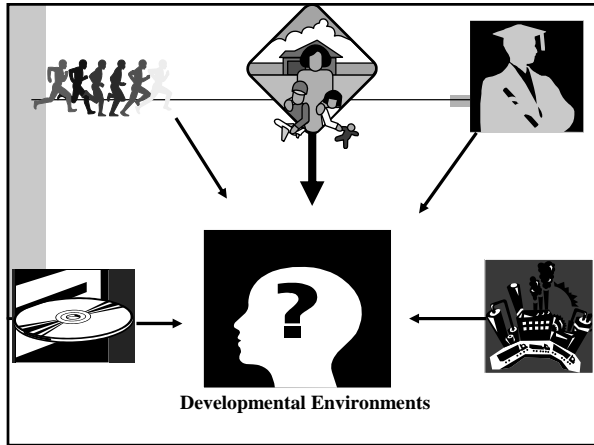


Male Puberty



ADOLESCENCE





TASK OF ADOLESCENCE

■ EMANCIPATION



TASK OF ADOLESCENCE

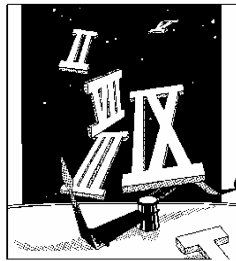
IDENTITY

- INTELLECTUAL
- SEXUAL
- FUNCTIONAL



TASK OF ADOLESCENCE

- COGNITION



EARLY ADOLESCENCE

- CONCRETE THOUGHT PATTERNS
- DEFINES BOUNDARIES
- PEER AFFILIATIONS
- SEXUAL EXPLORATION

ARMOR OF MIDDLE ADOLESCENCE

- THE HELMET OF OMNISCIENCE
- THE BREAST PLATE OF OMNIPOTENCE
- THE SHIELD OF INVINCIBILITY




LATE ADOLESCENCE

- ABSTRACT THOUGHT
- EMANCIPATION COMPLETE
- STABLE RELATIONSHIPS
- FUTURE ORIENTATION



National Longitudinal Study of Adolescent Health – Risk & Protective Factors



Age at Sexual Debut: Risk Factors

- Recent family suicide attempt/completion
- Same sex attraction
- Perceived risk of untimely death
- Paid work >20hr/wk
- Appears older than peers

Age at Sexual Debut: Protective Factors

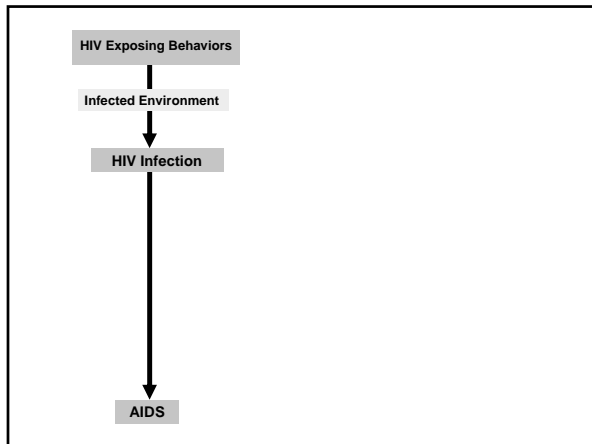
- School connectedness
 - Average daily attendance
 - Parochial school
 - Religious identity
 - Pledge of virginity
 - Grade point average
 - Appears younger than peers
- Parental/family connectedness
- Perceived parent disapproval of adolescent sex
 - Perceived disapproval of adolescent contraception

Pregnancy History Protective Factors

- Effective contraceptive use
 - Perceived consequences of pregnancy
- Perceived parent disapproval of adolescent sex
- Perceived disapproval of adolescent contraception

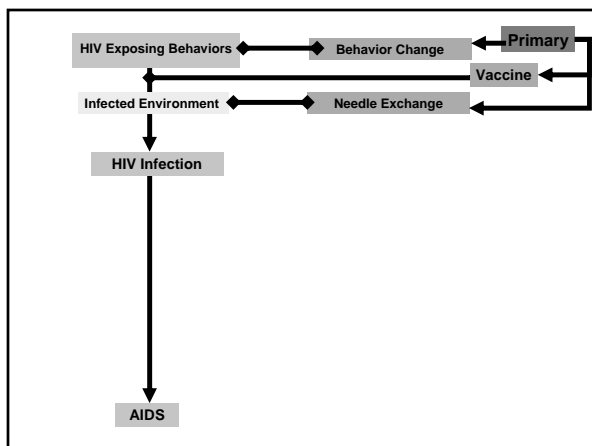
Pregnancy History Risk Factors

- Time since sexual debut



Primary Prevention

- **Prevention of the occurrence of a disease or injury.**
 - Specific protection of persons against disease agents
 - or the establishment of barriers against agents in the environment.
- **Adolescent HIV Primary Prevention Goal**
Decrease the occurrence of initial HIV infection

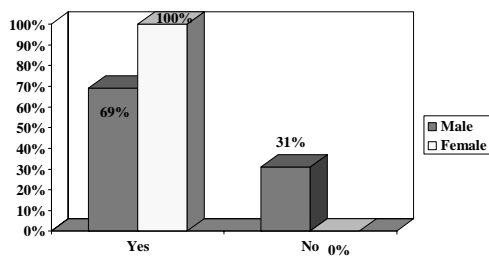


Primary Prevention Fails Because.....

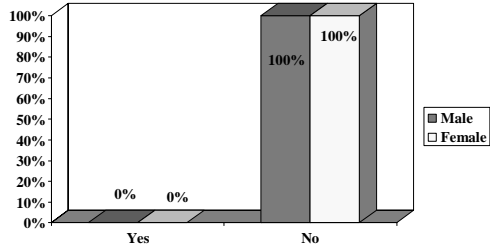
- Most (95%) of school based sexual behavior change is abstinence based using methods that have been proven ineffective
- Condom availability programs although proven effective and accepted by parents are not used
- Although needle exchange has been proven an effective prevention method it is used in few places in US

AND MAYBE THE MAJOR
PARADIGMS ARE WRONG

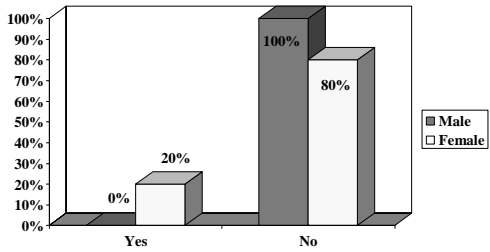
Had Sex with a Male



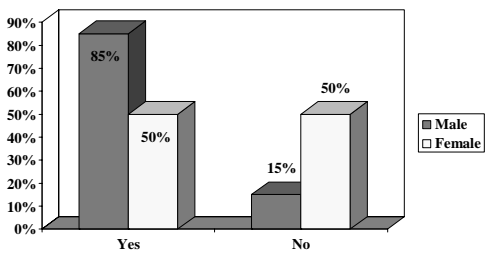
Shared Needles in the Past 6 Months



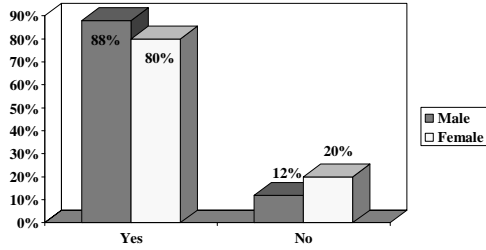
Exchanged Sex for Money/Drugs



Ever Had an Sexually Transmitted Infection



Used a Condom at Most Recent Sexual Encounter



Secondary Prevention

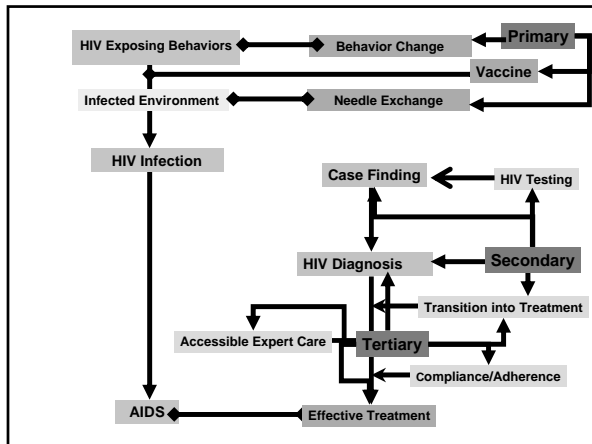
Early detection and intervention to reverse, halt, or at least retard the progress of a condition.

- Early diagnosis and prompt treatment to prevent sequela and limit disability.
- Adolescent HIV Secondary Prevention
Decrease the occurrence of AIDS...

Tertiary Prevention

The minimization of the effects of a condition.

- Treatment of illness and sequela
- Rehabilitation
- Adolescent HIV Tertiary Prevention
Decrease the occurrence, severity and progression of AIDS symptoms and sequela.....



Secondary Prevention Fails Because.....

- There is little to motivate teens to be tested and when motivated testing is not easily available
- Pre and post test counseling is not designed to appreciate adolescent developmental issues
- Nagging legal issues remain un-clarified
- Teens identified as at high risk are not routinely tested in health care settings, i.e. - Juvenile detention facilities, STD clinics
- HIV infected teens are not routinely transitioned into care

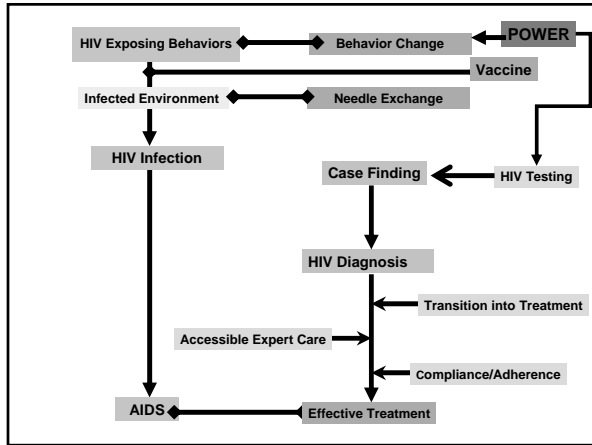
.....and treatment (tertiary prevention) is problematic because

- Most infected teens are not in care
- Developmentally appropriate adolescent specific care and case management is rare
- Current treatment regimens conflict with adolescent lifestyles
- Developmentally appropriate adolescent specific compliance and adherence methodologies have not been developed
- Adolescent specific mental health issues are rarely addressed

The DAYAM Model

&

Lessons Learned

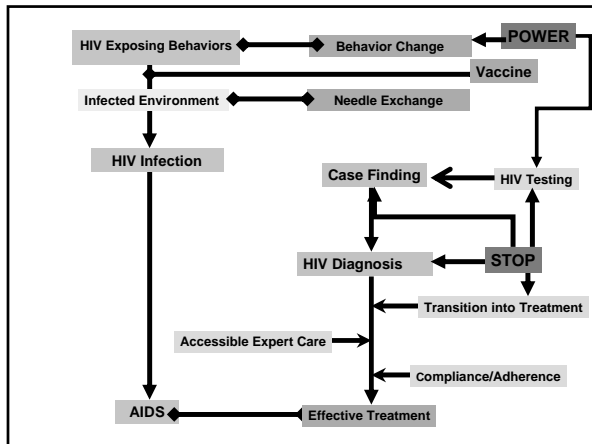


POWER

PEER OUTREACH WORKERS EDUCATING RISK-TAKERS

INTERVENTION METHODOLOGY:
PEER OUTREACH TO YOUTH AT RISK OF HIV INFECTION

- > STREET/SCHOOL BASED HIV PEER EDUCATION
- > STREET/SCHOOL BASED DISTRIBUTION OF HIV RISK REDUCTION LITERATURE AND DEVICES
- > STREET/SCHOOL BASED HIV PEER "EDUTAINMENT"
- > REFERRAL FOR HIV TESTING AND TREATMENT



STOP
SPEND TIME ON PREVENTION

INTERVENTION METHODOLOGY:
ON-THE-STREET HIV SEROLOGIC TESTING

- ◆ ADOLESCENT ORIENTED PRE-TEST COUNSELING
- ◆ HIV TESTING
- ◆ ADOLESCENT SPECIFIC POST TEST COUNSELING
- ◆ LINKAGE TO HIV TREATMENT

Lessons Learned:
Outreach and Case Finding

- **Peer Outreach Workers**
 - Selection must match target
 - Training predicts effectiveness
 - Supervision must be intensive
 - Obligations to POW's

Lessons Learned:

Outreach and Case Finding

■ Community Presence & Access to Testing

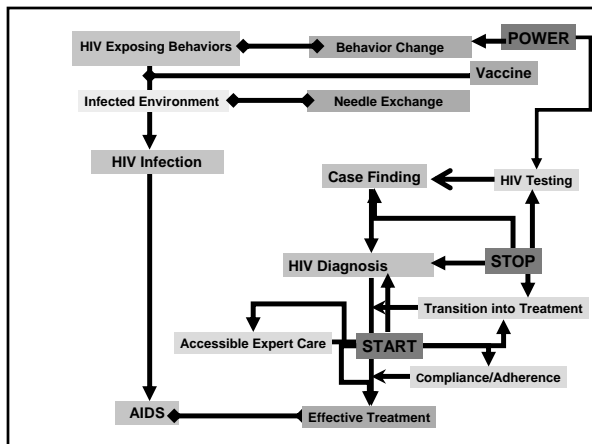
- On the street identification
- Simplified targeted messages
- Distribution materials
- Immediacy and ease of testing

Lessons Learned:

Outreach and Case Finding

■ Case-Finding

- Unanticipated effect of community presence
- Identification and targeting of social networks



START

SCREENING, TREATMENT AND RISK REDUCTION FOR TEENS

- ◆ OUTREACH TO HIV INFECTED YOUTH
- ◆ ENGAGEMENT AND TREATMENT
- ◆ CASE MANAGEMENT AND SUPPORT SERVICES
- ◆ MENTAL HEALTH EVALUATION AND TREATMENT
- ◆ COMPLIANCE AND ADHERENCE INTERVENTIONS
- ◆ RISK REDUCTION
- ◆ PEER ADVOCACY

■ *Lessons Learned*

Developing and Maintaining Adherence

■ Medications

- Quality of living enhancing therapeutics
- Intra-group social norms

■ *Lessons Learned*

Developing and Maintaining Adherence

■ Psychosocial barriers to adherence

- Mental health issues
- Family
 - Childcare
 - Support
- Social network norms and barriers

Lessons Learned

Developing and Maintaining Adherence

■ Peer Advocates and Support Groups

- Intra-group social norms
- Support network

Lessons Learned

Ancillary Services Needs

■ Emerging needs

- Violence
- Direct Outreach
- Reentry services
 - Education
 - Job training/placement

Lessons Learned

Ancillary Services Needs

■ Case Management

- Adolescent specific
- Collocated services
- Enhanced services

Lessons Learned

Ancillary Services Needs

- Scheduling appointments
 - Redefinition of compliance

Where Do We Go From Here?

- Case Finding
 - Rapid Diagnosis
 - Social Networks

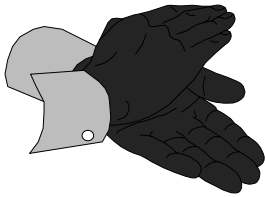
Where Do We Go From Here?

- Chronicity
 - Long Term Compliance and Adherence
 - Long Term Harm Reduction
 - Untoward Drug Effects
 - Transitions into adult care
 - Long Term Quality of Living

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