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GET REAL

Substance Abuse & HIV Prevention Services for Adolescents

Camille Lashlee, M.A. & Charles Brown, Ph.D.

NEED FOR SUBSTANCE ABUSE & HIV PREVENTION SERVICES

- In 2007, 15 public high schools and 6 private high schools in Nashville, Tennessee participated in the Centers for Disease Control, Youth Risk Behavior Survey (YRBS).
- Among the youth participating in the YRBS survey, 20% of African American youth and 23% of white youth reported having engaged in binge drinking on more than one occasion during the past 30 days.
- Additionally, in 2007 among African American youth completing the YRBS survey, 55% reported having used alcohol or drugs the last time of intercourse.
- Prevention services tailored to reduce the onset of substance abuse and transmission of HIV, particularly for minority adolescents (age 12-17), in the Nashville-Davidson-Murfreesboro MSA are needed.

METHODS

- Baseline and exit data were collected from 278 participants who reside in the 13-county Davidson-Nashville-Murfreesboro Metropolitan Statistical Area, using the SAMHSA/CSAP Youth Questionnaire.
- Participants were matched on four outcome variables which included number of days within the past 30 days an individual used alcohol and illegal drugs, demonstrated healthy belief and clear standards for substance abuse, knowledge of HIV, and self efficacy skills to avoid unprotected sexual intercourse. Descriptive statistics were performed to measure the changes over time.
- **Sample Characteristics:**
 - Gender: 58.0% males, 42.0% females
 - Age Range: 52.4% were 12-14 years old, 40.0% were 15-17 years old, and 7.6% were 18 years old
 - Race: 62.0% Black/African-American, 31.2% White/Caucasians, and 6.8% Multi-Racial/Other
 - Education: 84% reported completing 8th grade or higher

TARGET GEOGRAPHIC LOCATION



- Cannon
- Cheatham
- Davidson
- Dickson
- Hickman
- Macon
- Robertson
- Rutherford
- Smith
- Sumner
- Trousdale
- Wilson

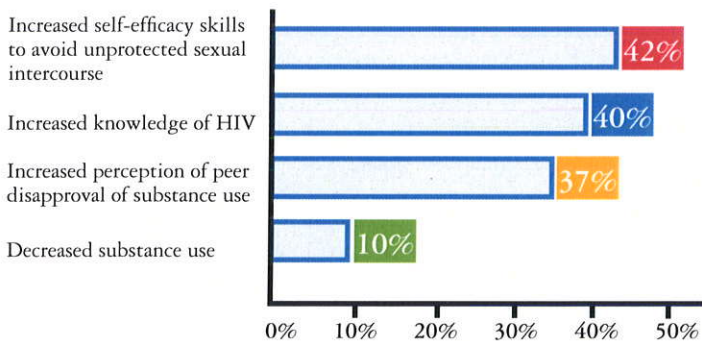


PROGRAM COMPONENTS

- **Evidence- Based Intervention**
Program staff deliver comprehensive, culturally sensitive, evidence-based curricula [to youth ages 12-17] through a series of lessons via group discussions, interactive activities, and video segments. Two evidence-based curricula have been selected to address these issues:
 - Keepin' It REAL – Substance Abuse Prevention curriculum [ETR and Associates]
 - Be Proud! Be Responsible! – Abstinence-Based HIV Prevention curriculum [Select Media]
- **Outreach**
Program staff provide community education and information dissemination to increase awareness [of adults and youth] regarding risk/prevalence of SA/HIV via professional conference presentations, community event sponsorships, participation in community events [health fairs, parent night at schools, community festivals, etc.]
- **HIV Testing**
Program staff provide free, confidential Rapid HIV testing. Participants under the age of 13 require parental consent for testing.

RESULTS

Percentage Change in Youth Outcomes



CONCLUSIONS

Abstinence-Only Sex Education

Barrier: Tennessee legislatures passes abstinence-only sex education bill to prevent educators from discussing a comprehensive sex education curriculum in Tennessee schools.

Action: Tailor curriculum for abstinence-only sex education during school hours and offer the comprehensive sex education curriculum after school hours (i.e., community-based settings).

Stigma of HIV Testing

Barrier: Fear of a positive HIV test result

Action: Promote the benefits of knowing your HIV status and administer the HIV screening test in a confidential setting.

Collecting Follow-up Data

Barrier: Difficulties in collecting follow-up data

Action: Offer non-cash incentives and provide gift cards as appropriate to increase the rate of completed follow-up surveys.



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