Handout 0:

SAFETY COUNTS – MONTHLY RECRUITMENT AND RETENTION PLAN

CYCLE # __ __ __ SENT COPY PO: YES/NO DATE __ __/__ __/__ __

This monthly recruitment and retention tool is specifically designed to assist program managers and other supervisors to monitor the recruitment and retention activities for Safety Counts. Please feel free to add, subtract, or revise the content and format of this document.

Suggested procedure:

1. This monthly form will allow agencies, health departments and Project Officers to monitor their own progress.
2. Send monthly copies of this report to your Project Officer.
3. Please discuss with your Project Officer if the retention goals are not met (see met column) so to determine the context of the problem and hopefully request TA CBA.

Another simple way for supervisors and program officers to calculate proposed retention goals is to follow the rule of **60% plus retention rate.** So if the agency starts a cycle with 10 clients, it is suggested to retain 6 plus participants. Retention rates below 60% should be discussed with Project Officers and take immediate action for technical assistance.

For questions about the Safety Counts recruitment and retention plan, please contact Jonny F. Andia, PhD at efn4@cdc.gov

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Handout 0:

TASK TO BE COMPLETED						
DEVELOP GOALS FOR:	**SUGGESTED GOAL**	**Number Met**	**GOAL MET? (circle)**	**REQUESTED TA (for no answer)**	**WHO IS RESPONSIBLE**	**CORRECTED ACTIONS**
1. Number of cycles per month	__ __	__ __	Yes Partially No			
2. Number of participants enrolled in cycle	# __ __	__ __	Yes Partially No			
3. Number of participants successfully completing cycle (completed all 7 sessions)	# __ __	__ __	Yes Partially No			
4. RETENTION FORMULA # graduated ÷ # enrolled Example: 6 graduated/ 10 enrolled =60%	Retention Rate: __ __%	Retention Rate: __ __%	Yes Partially No			

Handout 1

A Table Target Population

Assume that the members at your table are the target population for Safety Counts. Construct population profile as if your table were a target population. You want to collect the following information:

Race/Ethnicity/Nationality:

Age (i.e. 0-20, 21-30, 31-40, 41-52, etc.):

Gender (M/F/TG):

Sexual Preference/Identity:

Favorite Food:

What other addictive behaviors do they have (i.e. shopping, caffeine)?

Handout 2

General Six Steps Approach to Develop a Recruitment Strategy

1. Know the Target Population

- What is the target population for Safety Counts?
    - HIV/HCV infection or transmission risk
    - Active drug users who are adults
    - Not-in-treatment
- What are the characteristics of your specific target population?
    - Demographic profile
        - Race/ethnicity
        - Gender
        - Age
        - Sexual orientation
        - Sexual identity
        - Sexual Practices
    - Social profile
        - Substance use patterns
        - Sex bartering
        - Social and personal relationships
        - Environmental conditions (e.g. homelessness, contingency living, policing patterns, geography of area, service provider networks)

Handout 2

2. Know Where They Are

- Identify where they:
    - Live
    - Socialize
    - Hang out
    - Work
    - Receive services
    - Meet partners
    - Engage in high risk behaviors
    - Are arrested
- Identify venues where drug users are most accessible
    - Where will they be most receptive to recruitment messages?
- When identifying venues consider
    - Confidentiality
    - Safety
    - Stigma
    - Trust
    - Drug use patterns
    - Primary drug of choice

3. Know When

- Determine population accessibility
    - When do drug users frequent identified locations?
    - When are drug users most receptive to what you have to say?

Handout 2

4 & 5. Know What to Say and How

- Recruitment messages should:
    - "Sell" the program or service
    - Identify benefits for potential participants
    - Provide information about the intervention
    - Capture attention
    - Speak personally to each individual
    - Be culturally and linguistically appropriate
- Address barriers to participation and service utilization
    - Consider why people aren't using prevention services
- Tailored to media used
    - Flyers, Posters, Post Cards
    - Newsletters
    - Public Service Announcements
    - Internet
    - Advertisements
- Include accurate information
    - Time, place, location
    - Participant commitment (2 group sessions,, 1 individual session, 2 social events, 2 follow-ups, 4 months total)
    - Relevant qualifiers (individuals interested in improving their health or reducing risk around HIV and Hepatitis)
- Easily understood
- Checked for accuracy and pre-tested for effectiveness.

6. Know Who Should Deliver the Message

- Messengers come in various forms (gatekeepers, stakeholders, members of the population)
- Credibility with drug users
- Culturally competent
- Trained to follow protocols
- Knowledgeable about the intervention
- Using language familiar to and used by target group

Handout 3

The Six Questions and Current/Proposed Recruitment Strategies

1. Who do you recruit?

2. Where do you recruit?

3. When do you recruit?

4. What message do you deliver?

5. How do you deliver the messages?

6. Who is the person(s) that conducts the recruitment?

Handout 4

Sample Design for Seed Training Workshop

I. Present what it is
   a. Icebreaker: Facilitator asks participants to state their name and the benefits they received from being in the program.
   b. Based on this discussion, facilitators explain the idea behind this recruitment program emphasizing that it is a chance for them to help others receive the same experience and benefits they had in the program.

II. Explain the process
   a. Facilitator explains the process utilizing a chart (which had been prepared prior to the training workshop on newsprint).

III. Review facts about the program. (In order to prepare them for any questions that might arise about the program).
   a. Play a game (that resembled Family Feud) to review the basic facts about Safety Counts. Questions can include:
      - It is a 4 month program
      - Everyone who participates determines their own goal.
      - The benefits of the program (incentives, social events, respect, no judgment)
      - It helps reduce your risk around HIV and HEP.

IV. Identify talking points
   a. Go over the talking points. Seeds are given a wallet size card with 6 talking points to share with their potential recruits.

V. Explore "how to talk"
   a. Facilitator asks for a volunteer to do a role-play with the facilitator. The volunteer is instructed that she/he would play a potential recruit, but they are to be resistant and show no interest in joining the program. The facilitator should demonstrate being aggressive. The facilitator then process by exploring what was ineffective about the facilitator's approach.

VI. Practice
   a. Divide participants into dyads. Give them the opportunity to practice thru role-play.

Handout 5

Recruitment Activity Scenarios

Scenario 1

You are the administrator of a community based organization which has recently been funded to do Safety Counts with young men (18 – 23yrs old) who have sex with men who use methamphetamine (smoke, sniff, inject). Your agency is located in a medium sized city that has a significant MSM population. Your agency is five years old and has only conducted one other intervention for the MSM population. It was a success but it ended two years ago. The information you have gathered suggests that there are a number of gay bars and two bath houses (one catering to younger patrons and one for older MSM) where outreach might occur. There is also a large university in your town which has a significant gay population. According to the police most meth arrests occur in bars where bikers hang out and they don't know how the drug finds its way into the gay community. There are two drug treatment programs in town, but neither has a specific program for gay men or methamphetamine abuse. There is one twelve step meeting a week of Crystal Meth Anonymous, and you know one of the men who attend. According to your demographic information most of the gay men in your area are either Latino or white and most have medium to high incomes. Recently a number of gay bashing incidents have occurred on the university campus and this has heightened the political awareness of the gay community. There is a free gay paper in town and a weekly free paper as well as a daily with a large circulation. You also know that many of the men find sex partners on gay websites.

Handout 5

Scenario 2

You are the administrator of a community based organization which was funded two years ago to do Safety Counts with heroin and cocaine injectors. Your agency is located in a large metropolitan area with a significant population of injectors and has been working with this population for over a decade doing needle exchange, HIV and HCV support groups and Safety Counts. Recently you find that you have graduated through Safety Counts most of the users that you know and that have accessed services over the years at your organization. With no new contacts, you gathered some information. The data suggests that much of the new use is occurring in the suburbs, which are linked to your city by a commuter rail system. You find that most of these new users are driving or taking the train in to buy drugs, use, and hang out with their city running buddies and then return home to the suburbs in the evening. The majority of these suburban users are white, while the inner-city users are of diverse racial and ethnic backgrounds. Many of the suburban users are younger than their inner-city peers and some only use sporadically. According to the police, the main copping spot in town, FivePoints, is still the center of drug trafficking in your city, yet you almost never see or interact with this new population of users during needle exchange in that area. According to some of your clients, these new users either have enough money to buy syringes in pharmacies or have their using city friends exchange for them. HCV is beginning to become a concern among these suburban users as many have just begun to inject.

Handout 5

Scenario 3

You are the administrator of a community based organization which has just been funded to conduct Safety Counts among methamphetamine users in a rural county. Information gathered indicates that most of the users in your county are white or Latino heterosexual males with a much smaller segment of white or Latina women. Many have been incarcerated and are on probation or parole, or are currently serving terms of less than a year in the county jail. You conduct HIV education classes in the jail once a month and have an excellent relationship with the substance abuse counselor and the clients who attend these sessions. You also find that many users access free or low cost health care in a van operated by the county public health authority. Many of these users are seasonally employed or underemployed and their living situations are often desperate. Most labor in the construction trades, are restaurant workers or work on the ranches in the area with livestock. The drug itself is being dealt out of two trailer parks in the area, but the situation in these trailer parks is tense with police surveillance and occasional violence. There are a number of bars in the county which users will frequent and the owners, while supportive, are unwilling to allow outreach workers into their establishments for fear of attracting police attention.

Handout 6

Developing Recruitment Strategies

Instructions: Using the scenario given to your group develop one, and only one, recruitment for the target population as defined. Record your answers on the newsprint as provided. At the end of the exercise someone from your group will present these answers to larger group.

1. Who is being targeted?

2. Where is the most appropriate place to recruit?

3. When will recruitment occur?

4. What messages will be delivered?

5. How should the messages be delivered?

6. Who is the most appropriate person to conduct the recruitment?

Handout 7

Developing Retention Strategies

- Plan retention during recruitment
- Characteristics of the drug using population informs retention strategy
    - What types of communication or incentives will be well-received
    - What level of support is needed
    - What environment is comfortable
        - Culture
        - Comfort
        - Safety
- Utilize intake process (Program Enrollment Session)
    - Explain purpose of intervention
    - Be honest about requirements and expectations
    - Don't coerce
    - Secure client buy-in
    - Build client confidence for completion of intervention
- Secure client contact information at enrollment (Program Enrollment Form)
    - Contact info for client and one other person who does not live with client
    - Obtain permission to contact alternate person
- Build a sense of ownership during delivery of intervention
    - Involve clients in delivery process (Groups and Social Events)
    - Solicit their input on attrition
    - Encourage a supportive atmosphere to complete intervention
- Use process monitoring to see if retention strategies are effective

Handout 7

- Tailor strategies to fit intervention
    - Engage and get to know the individual
    - Communicate interest in the client as a person
    - Utilize good listening
    - Provide support
    - Involve significant others, family, friends (in a non-threatening fashion)
    - Retention strategies on the basis of race/ethnicity, gender, drug of choice, etc.
    - Communicate concern for absent clients
- Communication
    - Telephone calls
    - Post cards
    - Reminders at visits for other services
    - Newsletters
    - Email messages
    - Reminders at the end of sessions
    - Printed invitations
    - Via drug using partners, through social networks

Handout 8

Client Name or ID _____ Date _____

Risk Reduction Interview

Instructions to Interviewer: This instrument is intended to be administered individually to each client using an interview format. Read each question or statement to the client exactly as it is written. Do not change the wording of the items. Text that should be read aloud to the client is shown in bold. Record the client's responses by checking the appropriate box following each question or statement. Some of the 15 risk reduction behaviors may be skipped, as determined by the client's responses to the four general risk questions that are administered first.

For each one of the risk reduction behaviors listed, read the behavior aloud to the client (e.g., "using condoms for vaginal sex," then read each of the nine statements below it and mark "Yes," "Somewhat," or "No" for each statement according to the client's response. Do not let the client fill out the form him or herself. Be sure that the client responds to all of the statements in each block that is administered. As each block of statements is administered, check for obvious inconsistencies in responding (e.g., saying "No" to "I have tried doing this in the last 90 days," and "Yes" to "I have had 100% success doing this in the last 30 days"), and bring these to the attention of the client. Resolve response inconsistencies as they are encountered.

Interviewer Read Aloud: **This is a brief questionnaire to find out where you stand in reducing your personal risks of getting or giving HIV and viral hepatitis. It will take about 15 minutes to complete. I am going to describe some different ways of reducing HIV and hepatitis risk, and then for each way I am going to read aloud a list statements that go along with it. I want you to tell me how much you agree or disagree with each statement by saying "Yes," "Somewhat," or "No" as I read it to you. I'll help you with the first few—you'll see it's really easy once we get going. Before we get started, I need to ask you a few quick questions to get a general idea of your risk situation:**

1. Have you had vaginal sex in the last 90 days?	☐ Yes	☐ No
2. Have you had anal sex in the last 90 days?	☐ Yes	☐ No
3. Have you had sex of any kind with another person in the last 90 days?	☐ Yes	☐ No
4. Have you used injection drugs in the last 90 days?	☐ Yes	☐ No

Good, here is the first way of reducing HIV or hepatitis risk. *(Read the risk reduction behavior aloud.)*

Now, tell me how much you agree or disagree with the following statement: *(Read the first opinion statement aloud.)* **Say "Yes" if you agree with the statement and believe it is true for you, "No" if you disagree with the statement and believe it is not true for you, and "Somewhat" if your opinion is somewhere in between. So, for the statement I have just read, would you say "Yes," "No," or "Somewhat" so far as *[risk reduction behavior]* is concerned for you?**

Now, here is the next statement. Tell me "Yes," "No," or "Somewhat," depending on how you believe it applies to you. *(Read the second opinion statement aloud. Follow the same procedure for the remaining seven statements.)*

Here is another risk reduction behavior. *(Read the second risk reduction behavior aloud.)* **After I read it, I'm going to read the same statements again and ask you to tell me "Yes," "No," or "Somewhat" for each one.** *(Follow the same procedure for the remaining risk reduction behaviors.)*

1. Using condoms for vaginal sex *(Skip if no vaginal sex last 90 days: Q1=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

2. Using condoms for anal sex *(Skip if no anal sex last 90 days: Q2=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

3. Not having vaginal or anal sex *(Skip if no vaginal or anal sex last 90 days: Q1 & Q2=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

4. Having fewer sex partners *(Skip if no sex partners last 90 days: Q3=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

5. Having fewer sex partners I don't use a condom with *(Skip if no sex partners last 90 days: Q3=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

6. Having sex with only one partner *(Skip if no sex partners last 90 days: Q3=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

7. Having protected sex when drunk or high *(Skip if no sex partners last 90 days: Q3=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

8. Not sharing needles *(Skip if no injection drug use last 90 days: Q4=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

9. Not sharing injection equipment (water, cotton, cookers) *(Skip if no injection drug use last 90 days: Q4=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

10. Using a new needle for every drug injection *(Skip if no injection drug use last 90 days: Q4=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

11. Bleaching my needle before every use if a new needle is not available *(Skip if no injection drug use last 90 days: Q4=No)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

12. Decreasing or managing my drug use *(Ask of everyone)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

13. Getting into drug treatment *(Ask of everyone)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

14. Using HIV counseling and testing services every 3 months *(Ask of everyone)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

15. Using hepatitis counseling and testing services every 3 months *(Ask of everyone)* Score ____	Yes (2)	Somewhat (1)	No (0)
I believe doing this can keep me from getting or giving HIV or hepatitis.			
Doing this has more positives than negatives in my mind.			
I believe that I am ready to do this.			
I am confident in my ability to do this.			
I have planned how to go about doing this.			
I have tried doing this in the last 30 days.			
I have been able to do this in the last 30 days.			
I have had 100% success doing this in the last 30 days.			
I feel certain I will be able to continue doing this for the next six months.			

Scoring Instructions: For each risk reduction behavior, compute the total number of points for the nine responses to the statements in that block. Count 2 points for each statement checked "Yes," 1 point for each statement checked "Somewhat," and 0 points for each statement checked "No." Write the score obtained in the blank provided. Each risk reduction behavior should be scored separately. There is a maximum possible score of 18 points for each behavior. (Part IV of the Program Manual provides a scoring example.)

Behavior scores may be interpreted in terms of the five stages of change, as shown below. These ranges are suggestive rather than exact, but they do provide a general indication of the position of an individual on the widely used stages-of-change continuum.

Score	Stage Description	Stage Name
0	Not Considering It	Pre-contemplation
1-8	Planning to Do It	Contemplation
9-14	Taking Steps	Preparation
15-17	Doing It	Action
18	Staying with It	Maintenance

Note: The maintenance stage as measured by this instrument is most accurately described as a "maintenance intention" stage. This is because, strictly speaking, to be in maintenance a person must have actually performed a particular risk reduction behavior for a period of at least six months, as opposed to merely expressing the intention to do so.

Handout 9

Drug User Profiles - Retention Activity

1. David is a 22 year old Latino college student who injects heroin and cocaine periodically. He generally shares needles with a group of buddies from the neighborhood with whom he injects. He has a girlfriend named Stephanie. She does not know he injects drugs. He doesn't think she would accept him if she found out about it. He doesn't generally use condoms because he thinks it's unnatural. He agreed to join Safety Counts after someone stated he was putting his girlfriend in danger by sharing needles with others.

2. Annie is a 36 year old white single mother of two boys. She left her children's father because he was abusive with her. She is now dating a new man with whom she uses methamphetamine. She is presently unemployed and is on public assistance. He has gone through Safety Counts and has spoken to her about joining. He keeps saying she would get a lot out of the program. She doesn't really like the idea of talking to strangers about her life, but she is willing to try it mostly because she likes the idea of the incentives (it might be helpful to her).

3. China is a 42 year old transgender, black heroin injector. She is HIV and HCV positive. She is currently homeless and lives in a shelter. She believes that HIV is a manmade virus developed to kill off unwanted populations. She does not trust the government or organizations that are funded by the government. She dates and hangs out with a lot of younger users. She spends a lot of time talking to them about not become infected with the viruses she has acquired. She has agreed to join Safety Counts because she heard it is a program that helps people not get HIV and HCV and that is what she wants to do with her life.

4. Leslie is a 58 year old black woman who was recently released from prison. She had stopped using while she was incarcerated, but when she came out, she begun to hang with her old friends and started injecting cocaine again. She doesn't really feel like she could stop using. One of her old buddies with whom she use to share syringes told her she could not share with her anymore because she was HIV positive. This scared her. Although she is not ready to stop, she is concerned about getting infected. She continues to share with her other friends. She believes they would tell her if they were positive.