New AIDS Prevention Strategies for the I.V. Drug User

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AIDS prevention strategies must be based on principles of health education and must promote risk reduction activities if they are to be effective. Health educators are experienced in promoting behavioral change in a variety of settings and have successfully used a number of strategies. While no one model of intervention offers a "cookbook" solution to the demands of every health-related problem, health educators rely on a theoretical approach, based on previously conducted research, and sometimes "gut feelings" to design new approaches to new problems. Prevention strategies aimed at slowing the spread of HIV infection are often based on previously successful models of behavior change used to promote healthier lifestyles.

A central problem in any behavioral change program is that we all exhibit varying levels of resistance to change. Principles derived from the PRECEDE model of health education (Green, 1980) suggest that to adopt new behaviors we must succeed at the following tasks:

1) recognize that the behavior is truly risky to our health;
2) personalize the risk in such a way that we begin to "own it";
3) gain skills for beginning as well as sustaining the required changes.

Risk reduction programs that have incorporated these concepts have been effective in curbing the spread of HIV infection among gay men in the major cities of developed countries. We must learn from these programs and adapt them to meet the challenge of reaching other populations at risk for HIV infection.

High Priority: The I.V. Drug User

Since needle-sharing is one of the primary modes of HIV transmission and thus far constitutes the primary source of heterosexual and pediatric AIDS cases in the United States and other developed countries, health officials must give a high priority to aggressive interventions to discourage needle-sharing among I.V. drug users. Health educators must address these barriers in planning intervention strategies. Some obstacles are inherent characteristics within the I.V. drug use subculture; for example,

1) lack of trust for public health authorities;
2) a position of low regard in society;
3) many language and literacy problems;
4) little sense of community as seen in other populations;
5) activities that have a high likelihood of negative consequences are deeply embedded within subcultural norms and rituals; and
6) a fatalistic acceptance of health risks in general.

These are powerful forces that traditionally thwart health education interventions aimed at I.V. drug users.

Outreach Strategies

The traditional and least controversial strategy for reducing HIV transmission among I.V. users is to discourage continued drug use and to offer treatment, information, and counseling. Statewide drug abuse administrations under the guidance and support of the National Institute on Drug Abuse (NIDA) have developed programs to offer this information to all new and current clients. However, many health educators have argued that these efforts are inadequate given that only 10-20% of all active users are in treatment at any one time. In addition, the number of available drug treatment slots could not accommodate the many individuals who might seek treatment.

Recruitment and training of volunteer outreach workers has been encouraged not only to increase the pool of educators but also to use the participatory process itself as a risk reduction strategy.

The design of a prevention program for I.V. drug users must build upon the knowledge and experience gained during the last few years from other HIV risk reduction efforts. A basic tenet of these programs has been the active participation by the learner, often gay and bisexual men. Evaluations of these programs for gay men, however, have revealed generally higher levels of education, socio-economic status, and sense of community than are frequently found among the I.V. drug-using population. Can such programs be modified to influence risk reduction changes among I.V. drug users not in treatment?

The first step in designing such an outreach program for I.V. drug users is to assess their existing knowledge base. Researchers were surprised to discover the relatively high levels of AIDS awareness and even initial behavior changes already taking place among New York City addicts in treatment as early as 1985. In one such study, 59% of the I.V. drug users interviewed reported having made behavioral changes to reduce their risk of HIV infection, including increased use of new needles, more needle cleaning, and less needle sharing (Friedman, Desjarlais, Sotheran, 1986). Almost 97% of interviewed I.V. drug users in treatment knew that AIDS is transmitted through needle-sharing (Selwyn, 1985). Although not a direct indicator of AIDS awareness and behavior change on the streets, these data confirmed a high interest in prevention information among I.V. drug users.

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Over the past two years, several cities in the U.S., Western Europe, and Australia have initiated outreach projects for I.V. drug users. Many of these efforts incorporate active participation of former I.V. users responsible for delivering specific AIDS prevention messages in an accurate, credible, and ongoing fashion. The impact of these projects to date has been extremely promising, but the long-range effects of such interventions will not be felt for some time.

The HERO Outreach Program

In early 1986 the Maryland Drug Abuse Administration provided funding to the Health Education Resource Organization (HERO) to operate in Baltimore a five month pilot project targeted at active I.V. drug abusers not in treatment. HERO is the primary AIDS prevention organization for the Baltimore metropolitan area. The Street Outreach AIDS Prevention (SOAP) project was designed to reduce the spread of HIV within this population using indigenous, ex-addict community health educators. Due to the uncertain feasibility of such a program in a city like Baltimore, HERO conducted an evaluation of the outreach effort in cooperation with the Harvard School of Public Health under the supervision of William McAuliffe, Ph.D. Program areas under study included recruitment and training methods, the likelihood for drug relapse by workers if they are continually placed in a high-risk environment, the impact of such an intervention on active addicts, and the community's willingness to endorse such efforts.

SOAP selected outreach workers according to specific criteria including knowledge of the streets and drug culture, interpersonal communication skills, length of time in treatment, and the recommendations of treatment counselors. Seven prospective workers attended a two-day orientation and training session conducted by HERO and the state Drug Abuse Administration. Upon completion, four of the seven participants began a four-week "internship" period as SOAP outreach workers to test their education skills on the streets under the close supervision of the project's director. Each day for one month teams of two or three outreach workers canvassed selected sites. The project director (a social worker with extensive drug treatment experience) and the outreach workers selected target areas known for their high drug use activity. Such sources often relied on inside reports about the frequency, amount, and quality of the drugs available as well as the level of police surveillance. The intent was both to disseminate AIDS prevention information to integrate workers into the neighborhood, thus increasing their level of acceptance and credibility.

SOAP workers used a variety of educational techniques in their outreach efforts. In addition to providing literature and posters to neighborhood businesses and organizations serving the target population, the "ten minute AIDS rap" became the hallmark of the project. On street corners, in store fronts, at bus stops, and in doorways, SOAP workers would approach passers-by with a prepared opening statement about AIDS and engage them in a brief personalized risk assessment and risk reduction lesson. The intervention would then conclude with the distribution of both educational literature and condom samples.

Program Evaluation

SOAP workers interviewed one or two users each day before providing them with any information to determine the level of baseline knowledge on the street. One month later outreach workers conducted follow-up phone interviews with those who offered their names and phone numbers. Eighty-three percent of all individuals were re-interviewed.

The study found that the use of indigenous outreach workers is an extremely operational and cost-effective educational technique. Proper selection, training, and supervision of the workers were noted as the most significant contributions to the success of the project. The pre- and post-surveys of participants' AIDS knowledge indicated significant improvements in awareness. Although measures of behavior change were positive, differences did not prove statistically significant.

Recommendations from the study team included:
1) expanding the program to match better the scope of the drug problem in Baltimore,
2) intensifying the impact of the intervention by increasing the number of visits to an area and offering small bottles of bleach with instructions for cleaning needles,
3) performing periodic serologic testing of addicts to determine better the impact of behavioral changes on seropositivity rates, and
4) expanding the level of community networking performed by the program staff to augment available resources.

Program Administration

At present the SOAP project still operates according to its original model while successfully incorporating some of the recommendations from the evaluation. The project has developed into a comprehensive outreach program with strong community linkages. The program director oversees all administrative management of the program's staff and activities. An outreach team leader (a member of the original outreach worker staff) is responsible for supervising four full-time outreach workers while a case manager assigned to the program responds to requests for social case work and counseling services by the ever-increasing pool of addicts in need of AIDS-related services.

In addition to the monthly street contacts, outreach workers have been invited to conduct educational presentations to clients awaiting intake in a number of drug treatment programs in the area. This has become so popular that weekly scheduled presentations are now provided, allowing AIDS risk awareness to begin early in the treatment process. In addition, outreach to adolescents at risk has begun via regularly scheduled educational presentations and "fun days" sponsored at local community centers that serve this population.

Concerned about the risk of infection and transmission for prostitutes, outreach staff have also conducted several "Women's Health Days" in areas of high activity. Services offered include blood pressure screening, breast examinations, pap smears, anonymous antibody testing and counseling, as well as information and condom distribution. These programs have proven extremely popular and are now scheduled regularly.

Indications of Success

Since the initiation of the special outreach programs in 1986, HERO has learned several lessons about how to intervene effectively with I.V. drug users. These can be summarized as follows:

1) As innovative interventions continue to be developed, professionals must re-evaluate their attitudes regarding addicts' ability to change behaviors in the face of the AIDS epidemic;
2) Similar to the response observed within the gay community, active participation of individuals with I.V. drug use as a risk factor is an important aspect of successful AIDS prevention messages among I.V. drug users. In addition to the extremely positive response by addicts to the outreach workers, the responsibility assumed by the outreach workers themselves has had a profound
impact on their own personal commitment to fighting AIDS. Recruitment and training of volunteer outreach workers has been encouraged not only to increase the pool of educators but also to use the participatory process itself as a risk reduction strategy.

3) Most human service organizations can mount successful outreach efforts to I.V. drug users. Community-based AIDS service organizations are in key positions to conduct outreach efforts to this target population. Preparation is essential. Staff must understand relevant issues related to substance abuse as well as AIDS. They also must take deliberate steps to establish rapport and credibility within the substance abuse field.

Continued needle-sharing among I.V. drug users poses a critical challenge to health officials and health care workers committed to stopping the spread of HIV infection. The initial success experienced with the SOAP program emphasizes that well-designed strategies beyond traditional approaches merit consideration. An especially important component of the SOAP program has been the ongoing monitoring and evaluation of program methods, orientation, and training. Finally, the effectiveness of the SOAP program indicates that AIDS prevention is possible even among the hard-to-reach population of needle-sharing I.V. drug users.

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Diagnosis/Treatment/Prevention

HIV and Homeless Youth

G. Cajetan Luna

The extent of the problem of homeless youth is international and enormous. UNICEF has estimated that more than 40 million youth live in the streets throughout Latin America. The hardships and survival strategies of the gamins of Colombia, the garotos of Brazil, the gypsy children of Europe, the street boys of Egypt, and the gadaus of India, parallel a problem which exists in the United States, where each year more than one million youth live in the streets throughout Latin America.

Economic deprivation has been the major cause for the large number of youth living on the streets of the major cities of the world. Poverty and its social sequelae take a toll on the family unit and are important causal factors which force children out of their families and onto the streets. Many of these youth are loved and wanted, but their families are unable to support them financially. They survive on their own. In addition to poverty, pervasive neglect and physical and sexual abuse are also significant causes.

During the adolescent developmental years, youth explore their sexuality, often including periods of promiscuity and homosexuality. For some unskilled street youth, their bodies may be their only marketable asset. Prostitution is certainly not the only means of survival available to these youth; however, it can provide them with the economic means necessary to remain independent and to provide shelter for themselves. After a life of negative self-image and/or abuse, prostitution can provide an illusion of success for street youth. Many homeless youth drift into street prostitution following the path of least resistance, as they are ill-prepared emotionally, educationally, and vocationally to provide for themselves. Thus, as a result of prostitution, and sometimes needle-sharing I.V. drug use, street youth are at risk for HIV infection.

Although the risk of HIV infection is quite real, the number of reported cases of AIDS in adolescence is small (139 from ages 13 to 19 as of March 30, 1987). Given the long incubation period of HIV infection, theoretically one need only look to those diagnosed with AIDS in their twenties to get a better indication of initial infection among teenagers. The number of cases among those in their twenties is 7029 or approximately 21% of the total.

Three main subpopulations at particularly high risk for HIV infection include (1) street prostitutes - both male and female, hetero and homosexual; (2) refugee youth, and (3) kept youth, or those youth who are supported in part or in full by non-relative adults. This latter group has generally been neglected.

During the past two years the National Institute of Mental Health sponsored in-depth interviews with more than one hundred teenagers on the West Coast who were in the past or are presently being supported by non-relative adults (sometimes referred to as "sugar daddies.") The majority of kept youth interviewed believed their lives were better than in the past, that they were more secure than street prostitutes, and that they were with people who cared for them. Eighty-two of one hundred youth stated they had not had any contact with social service or health care providers since entering the kept relationship. The primary motivation for youth entering these relationships is their need for some semblance of stability in their lives, something that most have never had. However, in most instances, kept relationships eventually result in rejection or further disillusionment.

There is a fear among both service providers and homeless youth that any attention given to this problem will only result in restrictive local or national policy, i.e. surveillance, arrests, and quarantine, at the expense of investments in AIDS-related programs and the necessary measures to improve the homeless situation. Efforts to address this problem must be sensitive to the fact that youth on the streets or in kept relationships are victims.

The following related issues will determine which interventions or education programs will prove successful with homeless youth.

First: Societal views about how adolescents should behave sexually are a tangle of contradictions. Given the urgency of instituting proper preventive measures, it is imperative to disentangle moral judgments on sexuality from health care recommendations.

Second: Street youth generally avoid service agencies which could be of potential help. Many fear agencies might contact parents, returning them to an abusive environment or sending them to youth institutions believed to be harsher or more unjust than the streets. In order to address the risk of HIV infection among this population, simultaneous efforts must be made to create more programs for independent living, offer vocational training and job opportunities, provide educational services, and most importantly provide extended housing.

Given the transient nature of homeless youth, any education program which is not embedded in the information flow of the street will prove ineffectual.

If they are to be successful, AIDS prevention programs must reach the population at highest risk developmentally; namely adolescents, since behavioral patterns incorporated during this period are often carried into later life. Those individuals vulnerable to exploitation and abuse among the world's adolescent street populations must be targeted by public health intervention programs specifically.

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BRIEFS

Recent Reports

Drug Use and Sexual Behavior Change. Men using recreational drugs (marijuana, cocaine, volatile nitrites, amphetamines, sedatives, hallucinogens, and opiates) are significantly more likely to engage in sexual practices believed capable of transmitting HIV infection, according to researchers conducting the Multicenter AIDS Cohort Study (MACS). In a cohort of 5000 gay and bisexual men in five U.S. cities, both baseline and six-month follow-up evaluations revealed the association between drug use and high-risk activities; the connection was found to be independent of numbers of sexual partners. The findings emphasize the importance of discouraging drug use in order to slow the sexual spread of HIV infection.

Perinatal Transmission of HIV in I.V. Drug Users. Fifty percent of infants of HIV seropositive mothers became seronegative within one year, and most of these infants have remained healthy, according to a study conducted by the Montefiore Medical Center of New York and the Centers for Disease Control. Since September of 1985 researchers have studied 16 infants of 15 seropositive mothers and 30 infants of 29 seronegatives. Infants were examined at birth and at three month intervals. Other results from the study showed that a maternal HIV positive status did not adversely affect perinatal or neonatal outcome, that the rate of HIV transmission may be less than 60%, and 83% of the infants retaining their HIV antibody positive status had possible HIV-related disease.

Presence of HIV in Exchanged Needles and Syringes. A pilot sterile needle and syringe exchange program was established in an inner city neighborhood of Sydney, Australia in an attempt to reduce the sharing of needles and syringes among I.V. drug users. As part of the program, researchers examined the contents of exchanged syringes for the presence of HIV antibodies. Of a sample of 300 needles and syringes exchanged, 1% were found to be antibody positive and thus possibly infectious. The researchers concluded that the findings emphasize the need to remove used needles and syringes from circulation in addition to supplying sterile equipment. This method of monitoring exchanged needles and syringes can also serve as a means of evaluating efforts designed to slow the spread of HIV infection among I.V. drug users.

Coupons for Free Drug Treatment. In New Jersey the majority of AIDS cases are among I.V. drug users, yet less than 10% are enrolled in a drug treatment program. The imposition of patient fees in 1981 resulted in a loss of patients, especially black men. To encourage drug users into treatment programs, the state Department of Health employed ex-user AIDS outreach workers to distribute coupons redeemable for a free outpatient detoxification. Eligible recipients were I.V. drug users who had not sought treatment in at least one year. By January 1987, 76% of 607 coupons had been redeemed. Those who redeemed their coupons were 76% black and 81% were male; 41% reported no previous attempts at treatment and 44% had one to three treatment attempts. AIDS education was provided to more than 90% of coupon redeemers.

Common Disinfectants for Drug Paraphernalia. Researchers in Sacramento and Davis, California tested the ability of commonly available potential disinfecting agents to inactivate HIV. HIV was not infective after exposure to dilute household bleach or dish detergent, rubbing alcohol, vodka, or wine; beer and cola drinks were ineffective. Paraphernalia withstood exposure to these substances at least 50 times without any damage to the instruments. Seventy percent of interviewed I.V. drug users reported that one or more of these anti-HIV disinfecting agents was available the last time they shot up, and they expressed interest in learning simple techniques for disinfection. The California researchers are developing an instructional program for drug users emphasizing a simple and practical two-step disinfection technique in which paraphernalia are rinsed in any active disinfecting agent and then in water before sharing with a partner.

Note: The above reports were presented during the Third International Conference on AIDS held in Washington, D.C. in June 1987.

FOCUS

A GUIDE TO AIDS RESEARCH

The amount of research information now appearing in the medical and lay press staggers most AIDS health care and service providers. The goal of FOCUS is to place the data and medical reports in a context that is meaningful and useful to its readers.

Next Month

The popular term AIDS Related Complex (ARC) has always been clouded in uncertainty. Epidemiologists consider ARC to be an elusive category, and the number of cases has never been counted. Social service agencies often fail to provide help to people with less than an AIDS diagnosis. Researchers find that those with ARC often experience a greater degree of anxiety, stress, and isolation than that felt by people with AIDS. In the early days of the AIDS epidemic, ARC was said to represent "a grey zone"; for many today it still does.

In the October issue of FOCUS, William R. Vitiello, PhD, LCSW will provide a conceptual framework for doing group work with people with ARC. Vitiello and his colleagues in San Francisco developed a short-term group model and a drop-in group format to help people with ARC learn to cope with their illness. Vitiello is currently a psychotherapist with the San Francisco Community Mental Health Services.

Editor's Note: The AIDS Health Project has just published "AIDS and Substance Abuse: A Training Manual for Health Care Professionals." The 75 page volume provides a comprehensive examination of the complex issues that challenge health care professionals who work with individuals who have difficulties related to AIDS and substance abuse. Edited by Barbara G. Faltz, RN and Joanna Rinaldi, the manual offers self-assessment surveys to help readers determine their feelings and beliefs about substance abuse, case histories and nursing plans, and counseling guidelines for the several separate population groups affected by AIDS.

Copies of "AIDS and Substance Abuse" are available at $25.00 each, including postage and handling. Make checks payable to "U.C. Regents" and mail to the AIDS Health Project, Box 0884, San Francisco, CA 94143-0884.