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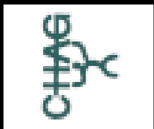
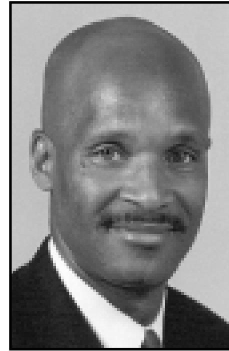


Guiding principles

A letter from Harry Simpson

All over the United States, organizations are struggling to save the lives of injection drug users. These organizations often have limited resources, varying degrees of access to HIV research and new technologies and limited opportunities for staff training and development. Each of these organizations is different; as are the communities they serve. And the programs they have developed, though effective, are also different and not always science-based. These organizations are on the front line, every day, fighting to survive.



Harry Simpson
Former executive director, Community Health Awareness Group

On the other side of the prevention coin are our government partners. They work in huge government organizations with acronyms like NIDA, CDC, SAMHSA, CSAT and HRSA. Often maligned and misunderstood, these government partners have a proven commitment to preventing and treating HIV disease in all communities, including drug users. They have limited resources, are often hampered by red tape, government regulations and a changing political environment. They also have access to the latest prevention research.

In order to address these and other issues, the National Institute on Drug Abuse convened an expert panel in January 2000. The panelists were noted experts in research, substance abuse, and HIV education, prevention and treatment.

Having a history of commitment to research-based prevention interventions for injection drug users, I was invited to participate on this panel. Our purpose was to develop a set of guiding principles for programs serving drug users. After a review of the current science

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When it comes to principles, CHAG leads the way

HIV prevention for drug users has been a focus of Community Health Awareness Group since its inception. In March, the National Institute on Drug Abuse (NIDA) released its research-based guide, *Principles of HIV Prevention in Drug-Using Populations*.

CHAG addresses all of these principles. We offer all the NIDA recommended coordinated services (or have collaborations for referrals) for a comprehensive program that addresses prevention for the drug using population of Detroit.

"Reducing the risk of HIV/AIDS in drug users is an achievable goal" is the first principle stated in the national guide. "Research has shown that appropriately designed prevention programs can reduce transmission of not only HIV but of other blood-borne diseases, e.g. hepatitis (B and C) and other sexually transmitted diseases as well." We at CHAG know this to be true and have developed our programs based on solid research.

Of these 17 *Principles of HIV Prevention in Drug-Using Populations*, CHAG has been featured by the national Centers for Disease Control and Prevention (CDC) in last year's satellite broadcast as an example of the third principle, and the one that pulls them all together: "Effective prevention programs require a comprehensive range of coordinated services."

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in the news

New CDC director's agenda

Dr. Julie Gerberding was named the 14th director of the national Centers for Disease Control and Prevention (CDC) on July 3. She has been the agency's acting deputy director for science and public health.

Question: "Your background is infectious diseases, and you've talked about making the global AIDS epidemic a priority. Will CDC be turning away from some of the other health problems — chronic diseases, obesity, tobacco — it tackled in recent years?

Gerberding: "HIV right now is the overwhelming global epidemic. To not put that on the front burner would simply be a sign of no credibility at all — it's a no-brainer. But in terms of a broader agenda: I'm a doctor, and I worked in an inner-city urban hospital. My patients had diabetes, hypertension, cancer, lung disease and AIDS. The prevention of all those diseases is within our responsibility. We have some programs that work and we need to get them out there." *(Atlanta Journal Constitution 07.04.02)*

"HIV right now is the overwhelming global epidemic. To not put that on the front burner would simply be a sign of no credibility at all — it's a no-brainer."

— Dr. Julie Gerberding, CDC director

HIV TOLL HEAVIER ON US BLACKS

The number of new HIV/AIDS cases in the United States appears to have stabilized during the last three years. However, US researchers said the impact is growing among disadvantaged populations, notably African-Americans, who now account for 75% of cases involving heterosexual transmission. This is "a hugely disproportionate total," said Ronald O. Valdisseri, a senior AIDS official at the CDC.

African-American men compose 40% of the infections among gay and bisexual men, according to figures from 25 states analyzed by the CDC. And in a separate study of high-risk populations in six major U.S. cities, 91% of HIV-infected African-American men who have sex with men did not know their status, compared with 60% of HIV-infected white males. Also, 70% of infected Hispanics were unaware. "That's a stunning number," Valdisseri said, adding that the problem was compounded with the finding that over half of them had not been using condoms.

The data were released at the start of the 14th International AIDS Conference in Barcelona, Spain. Peter Piot, director of UNAIDS, said the new trends in the US epidemic seemed to have similarities with patterns of the disease in Africa. (CDC summary from *Boston Globe 7.08.02*)

CLINTON SAYS HE WAS WRONG TO BAN NEP FUNDING

Former President Clinton acknowledged, "I was wrong" about one of the most controversial AIDS decisions of his presidency: his refusal to lift the ban on federal funding of needle exchange programs (NEPs).

A government panel advised him at the time that the practice, used to slow the spread of HIV among injection drug users, was effective and did not promote drug abuse. But Clinton sided with his drug czar, Gen. Barry McCaffrey, who opposed it because of "the message it would send on the drug front," Clinton said Thursday. *(Wall Street Journal 07.12.02)*

meet the new staff at CHAG

- **Darren Craddeith,** Driver
- **Rodney Burt,** Driver
- **Christy Meteer,** Case Manager
- **Marc Hunt,** Administrative Coordinator
- **Mégan Pittman,** Receptionist/ Operator.
- **Roderick Gillison,** promoted to Outreach Worker.
- **Alton (A.J.) Hines,** promoted to Outreach Worker.
- **Benita Tucker,** promoted to Prevention Coordinator.
- **Derrick Willis,** now pursuing graduate studies, continues as a part-time consultant.

Congratulations to Benita Tucker and her family on the arrival of her daughter, Laila Danielle. She was born on 03/01/2002. We happily welcome Laila into the CHAG family.

Congratulations to all staff and our community partners for the success of CHAG's First National HIV Testing Day Community Health Fair on June 27. Along with great food, music, and children's activities, over 50 people were tested for HIV. Thank you all for your contributions.

We would like to give special thanks to Agouron Pharmaceuticals Inc., a Pfizer Company, for their continued support to CHAG and the HIV/ AIDS community.

Principles of HIV prevention in drug-using populations

Prepared by the National Institute on Drug Abuse

Reducing the risk of HIV/AIDS in drug users is an achievable goal. To prevent the spread of HIV and other blood-borne infections, drug users must reduce or eliminate those behaviors that place them and others at risk. Research has shown that appropriately designed prevention programs can reduce transmission of not only HIV but of other blood-borne diseases (e.g., hepatitis B [HBV], hepatitits C [HCV], and other sexually transmitted diseases [STDs]) as well.

A community must start HIV/AIDS prevention programs as soon as possible. Even when HIV/AIDS is well established in a community, prevention programs can significantly limit the further spread of HIV/AIDS.

Effective prevention programs require a comprehensive range of coordinated services. Given the diversity of drug users and their sexual partners, no single prevention strategy will work for everyone. A comprehensive approach that can readily adapt to changing needs and circumstances is the most effective approach for preventing HIV/AIDS and other blood-borne infections in drug users, their sexual partners, and their communities. This approach should include such services as community outreach, HIV testing and counseling, drug abuse treatment, access to sterile syringes, and services delivered through community health and social service providers. Services must be carefully coordinated within a community.

Prevention programs should work with the community to plan and implement interventions and services. Involving the local community increases the likelihood of developing and implementing culturally appropriate HIV/AIDS prevention strategies that the community accepts and that can effectively reach drug users and their sexual partners in their natural environments.

Prevention programs must be based on a thorough, continuing assessment of local community needs, and the effectiveness and impact of these programs must be continually assessed. Because the nature and extent of drug abuse and the HIV/AIDS epidemic vary widely, prevention strategies must be adapted to local community needs and resources. Local drug use and HIV/AIDS risk-behavior patterns must be tracked to refine program approaches over time and to evaluate program outcomes.

Prevention services can most effectively reach drug-using populations when they are available in a variety of locations and at a range of operating times. Drug users are dispersed throughout communities and have varying lifestyles. Thus, reaching them requires providing HIV/AIDS prevention services in a wide range of settings, including community health and social service agencies, hospitals and clinics, and drug abuse treatment and correctional facilities. Coordinating these services in various community settings and at a range of operating times enhances the impact of interventions and reduces the unnecessary duplication of services.

Prevention and treatment efforts should target drug users who already have the HIV infection, as well as their sex partners. People who have the HIV infection may need help gaining access to services and adhering to treatments that can prevent HIV from progressing to AIDS. Research has demonstrated that HIV-positive drug users are able to make major behavioral changes to protect their injecting and sex partners from contracting the infection.

Prevention efforts must target not only individuals, but also couples, social networks, and the broader community of drug users and their sex partners. Risky behaviors typically occur in the context of social groups. Community-based outreach interventions that engage these groups can be highly effective in reducing risks and preventing the spread of infection. Behavioral norms that permit drug users to share injection equipment also need to be modified within the community. Relying on opinion leaders within these groups can be an effective strategy to influence the drug-using behaviors of individuals and their social networks.

Community-based outreach is an essential component of HIV/AIDS prevention and must be directed to drug users in their own neighborhoods. Drug abuse is usually a covert activity, making it difficult to contact drug users and their sex partners through traditional health and social service agencies. Indigenous outreach workers who are familiar with the drug use subcultures and local neighborhoods in their communities have been shown to be effective agents of behavioral change and referral sources to service agencies and drug abuse treatment facilities.

Prevention interventions must be personalized for each person at risk. Effective prevention entails discussing the many behavioral changes a drug user must make to

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Stages of Change

Precontemplation
Has no intention to take action within the next 6 months.

Contemplation
Intends to take action within the next 6 months.

Preparation
Intends to take action within the next 30 days and has taken some behavioral steps in this direction.

Action
Has changed overt behavior for less than 6 months.

Maintenance
Has changed overt behavior for more than 6 months.

Termination
Overt behavior will never return, and there is complete confidence that you can cope without fear of relapse.

Principles of HIV prevention in drug-using populations

Continued from page 3

reduce his or her risks for HIV/AIDS. It may require showing drug users and their sex partners how to assess their own risk behaviors. It may also require helping people identify barriers that keep them from changing their behavior, informing them about available resources to help them make those changes, encouraging them to seek voluntary HIV testing and counseling, and teaching them how to develop specific, achievable strategies to protect themselves and others from contracting HIV and other infections.

Drug users and their sex partners must be treated with dignity and respect and with sensitivity to cultural, racial/ethnic, age, and gender-based characteristics. To successfully engage drug-using populations in interventions, it is important that outreach workers and service providers show that their concern for drug users is genuine and that they believe that drug users are capable of changing their HIV-related risk behaviors. Outreach workers and service providers should use socially and culturally appropriate, non-judgmental approaches to engage drug users and their sex partners.

As part of a comprehensive HIV prevention program, injection drug users should have ready access to sterile injection equipment to reduce their use of previously used injection equipment. Individuals who inject drugs are at high risk for HIV and other infections if they share or reuse someone else's syringe and other injection equipment, including cookers, cottons, and rinse water. Research has shown that access to sterile syringes, one component of a comprehensive HIV prevention approach, effectively reduces syringe sharing and prevents the spread of HIV.

In a comprehensive program, interventions that target injection risk must address sharing other injection equipment in addition to syringes. Sharing other injection equipment, including cookers, cottons, and rinse water, and drug solutions that have been prepared for injection, presents another potential route of infection for HIV and other blood-borne diseases. Sharing drug solutions (drugs mixed with water in preparation for injection) is a significant, but frequently overlooked, HIV transmission risk. Targeted interventions can help drug users reduce these associated risks.

While necessary, risk reduction information alone cannot help drug users and their sex partners make lasting behavioral changes. In addition to offering accurate and up-to-date information on risky behaviors, effective HIV/AIDS prevention programs focus on enhancing individuals' motivation to change their behavioral patterns, teaching concrete strategies and behavioral skills to reduce risk, providing tools for risk reduction, and reinforcing positive behavior change.

Prevention efforts must address the risks of transmitting HIV and other infections sexually as well as through drug injection. Drug and alcohol use may reduce inhibitions and increase the likelihood of engaging in unsafe sexual behaviors. Injecting and non-injecting drug users, their sexual partners, and people who exchange sex for drugs or money are at risk for sexually transmitting HIV, STDs, and other infections.

HIV/AIDS risk-reduction interventions must be sustained over time. Although research has shown that brief interventions have significantly reduced risks for HIV and other infections among substantial numbers of drug users and their sex partners, brief interventions are typically not sufficient. Sustained and repeated interventions are usually needed.

Community-based prevention is cost-effective. Sustained, well-designed prevention programs are cost-effective and can substantially reduce health care and social service costs associated with treating and caring for people with HIV/AIDS and other infectious diseases.

mark your calendar

Sunday, August 25: First Annual Swing Against AIDS Golf Challenge
CHAG will sponsor this first annual golf fundraising event at Detroit's Chandler Park Golf Course, featuring golf, food, and prizes. Tee-off: 8 a.m.

Sunday, September 15: AIDS Walk Detroit - A Steppin' Out Event
This annual day-long 5 kilometer fundraising walkathon will once again be held in downtown Royal Oak. For more information, please visit www.aidswalkdetroit.org.

Saturday, September 28: AIDS Walk Michigan, City of Detroit
Once again, CHAG will be participating in this day of awareness and fundraising. Registration at 10 a.m; walk starts at noon. For more information, please visit www.aidswalkmichigan.org.

Please contact CHAG (313) 872-2424 for more information on any of these upcoming events.

Saturday, October 12: CHAG Prayer Breakfast 2002
"The Role of the Black Church in HIV Prevention and Compassionate Care" is scheduled for 9am at the Crowne Plaza Pontchartrain Hotel in Detroit. Once again, this event will bring together members of the faith, business, and health care communities for this entertaining, educational, and informative forum.

CHAG leads the way continued from Page One

A comprehensive HIV/AIDS prevention approach

"Given the diversity of drug users and their sexual partners," the guide stresses, "no single prevention strategy will work for everyone. A comprehensive approach that can readily adapt to changing needs and circumstances is the most effective approach for preventing HIV/AIDS and other blood-borne infections in drug users."

Our services include community outreach, HIV testing and counseling, (referrals for) drug abuse treatment, access to sterile syringes, and (referrals to) community health and social services that are coordinated within the community, as well as providing some services on-site. This comprehensive and collaborative approach to prevention is the hallmark of CHAG's program.

Ready access to sterile injection equipment

While on the one-hand the federal government (both NIDA and the CDC) is recommending incorporation of access to sterile syringes into programs as good science, few programs nationally have been able to include this as successfully as Community Health Awareness Group. Neither the federal nor the state government will support this activity with funding and few communities have rallied around allowing it legally. We successfully collaborated with the Detroit Health Department to lobby the Detroit City Council to amend the drug paraphernalia ordinance, which in 1996 allowed for Detroit's first license to CHAG for its Life Points syringe exchange program. It is now one of several legally operating in Michigan.

But syringe exchange is only one component of a comprehensive HIV/AIDS Prevention strategy for drug users. "At every contact with a drug user, outreach workers, interventionists and counselors deliver drug- and sex-related risk-reduction messages and provide the means to reduce or eliminate risks for transmitting HIV and other blood-borne infections."

Community-based outreach

Hand-in-hand with providing comprehensive services is having the ability to reach out into the community to provide those services, or links, where the drug users are, on their own turf. It is "difficult to reach drug users and their sex partners through traditional health and social service agencies." CHAG staff includes trained outreach workers who are "familiar with the drug use subcultures and the neighborhoods" where they can be reached and are an integral component to effective community-based outreach. Prevention intervention from staff perceived as peers and who treat clients "with dignity and respect and sensitivity," and approach messages of risk-reduction without judgment can be effective.

Personalized interventions

Michigan has been a leader in providing client-centered interventions by HIV test counselors. "To successfully engage drug-using populations in interventions, it is important that outreach workers and service providers show that their concern is genuine and that they believe that drug users are capable of changing their HIV-related risk behaviors."

Client-centered HIV test counselor training – required by all counselors certified by the Michigan Department of Community Health, including CHAG staff – is based on behavioral research theory (Stages of Change and Harm Reduction). Using this science-based approach, the counselor assesses where a client is along the continuum of the process of change in order to intervene at that point.

Respectfully approaching a drug user – or anyone who requests an HIV test – with an honest exchange in an atmosphere of trust allows a counselor to assess both the client's risk and where he is psychologically along the continuum of change in order to help the client take steps to reduce risk behavior. In other words, if a client is in the precognitive stage *(see "Stages of Change" on page 3)* with injection drug use, the counselor wouldn't try to rush him off to a rehab center. At this stage, offering syringe exchange and condoms to protect sex partners – along with risk education – is the responsible public health response. This is all part of the harm-reduction approach which centers on the clients needs, not the desires of the counselor.

See all 17 "Principles of HIV Prevention in Drug-Using Populations" as published by NIDA on page 3. For the complete report, NIH Publication No. 02-4733, visit the NIDA website: www.nida.nih.gov/POHP/.

WHERE TO CALL

HOTLINES

National AIDS & STD hotline
(800) 342-2437
24 hours daily

in Spanish
(800) 344-7432
8 a.m. to 2 a.m. daily

Michigan AIDS hotline
(800) 872- AIDS (2437)
9 a.m. to 9 p.m. weekdays

HOTLINE FOR WOMEN
(800) 554-4876
2 to 9 p.m. Mon., Wed., Fri.

COMMUNITY HEALTH AWARENESS GROUP
(313) 872-2424

Founded in 1985, Community Health Awareness Group (CHAG) is a not-for-profit, minority operated, community-based AIDS service organization.
Our mission is to address current health issues and concerns of the African American citizens of Detroit, to provide compassionate and nonjudgmental services through culturally appropriate and ethnically sensitive programs, and to develop effective ways of promoting and implementing positive health strategies to influence the overall quality of life of the African American community.

HIV treatment issues

■ **New treatment guidelines** suggest symptom-free HIV patients can wait longer than previously recommended to begin taking AIDS drugs. The new guidelines appear in the July 10th issue of the Journal of the American Medical Association.

■ **T-20, a novel experimental drug** is showing highly promising results in two large phase III clinical trials, offering new hope for thousands of patients with drug-resistant HIV, scientists reported at the 14th International AIDS Conference in July. The drug is a member of a new class of drugs called fusion inhibitors.

Unlike the current AIDS drug combination that inhibits the division of infected cells, T-20 keeps the HIV cell from fusing with healthy immune cells, preventing cell infection. When added to current drugs, injections of T-20 significantly reduced high levels of HIV in the blood of patients with drug resistant virus.

■ **Black and Hispanic patients** infected with HIV are less likely than whites to participate in clinical studies of new treatments or to receive experimental drugs. Blacks make up 33 % of adults receiving HIV care nationally, but constituted only 23% of clinical trial participants. (*New England Journal of Medicine 5.02.02)*

■ **The number of infants born** in the United States with HIV has declined by 80% during the last decade, new research shows. The progress is attributed to increased voluntary HIV counseling and testing of pregnant women and to the use of AIDS therapy, according to the CDC. *(AP 7.09.02)*

XIV International AIDS Conference

For more highlights from the conference, log on to www.blackaids.org/ to join a global network of people of African descent concerned about HIV, provided by the African American AIDS Policy and Training Institute.

Guiding principles

Continued from Page One

on HIV prevention among drug users, the panel developed the principles described in this issue of *Village Drum*.

These principles are suggestions, not mandates. They are wide-ranging and thorough, addressing issues critical to preventing, identifying and treating HIV disease in drug users. They are based on current research and they work.

Thousands of drug users become infected with HIV, hepatitis and other blood borne infections each year. Each of these cases can be prevented. These principles can help, but only if they are used. I encourage you to review them carefully.

Harry Simpson is the former executive director of CHAG and now serves on the Board of Directors. Under his leadership, the first licensed needle exchange program in the City of Detroit, LifePoints, was started on World AIDS Day, December 1,1996. Mr. Simpson is nationally recognized for his expertise in HIV prevention for injection drug users.

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