

Effectiveness of Interventions for Marginalized and Particularly Vulnerable IDUs Including Prisoners, Indigenous, MSM, and Sex Workers

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Introduction

This summary outlines the prevalence of HIV in marginalized and vulnerable groups of injection drug users (IDUs), as well as interventions and the effectiveness of such interventions. These groups of IDUs are at a heightened risk of HIV infection. For example, men who have sex with men (MSM) and who inject are at risk through both their sexual and injection risk behaviors.

Prison Inmates

Although HIV prevalence is higher in most prison systems than in the communities, evidence of transmission is limited (Dolan 1997). Several outbreaks of HIV have been reported (Choopanya 1989; Taylor et al. 1995; Dolan et al. 1999). The World Health Organization (WHO) states that prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community (WHO 1993).

Evaluation of pilot prison syringe exchange programs in Switzerland, Germany, and Spain has been favorable in all cases. Drug use patterns reported at interview were stable or decreased over time. Reported syringe sharing declined dramatically and was virtually nonexistent at the conclusion of most pilot studies. No cases of inmates acquiring HIV, hepatitis B, or hepatitis C have been reported in any prison with a syringe exchange program. No serious unintended negative consequences have been reported. There have been no reported instances of initiation of injecting. The use of needles or syringes as weapons has not been reported. Staff attitudes were generally positive, but response rates to these surveys varied.

An observational study in 1994 found that methadone reduced the frequency of injection drug use among inmates in New South Wales. Significantly fewer injections were reported per week than among IDUs not on methadone, but only when methadone doses exceeded 60 mgs and when it

was provided for the entire duration of imprisonment (Dolan et al. 1998b). Initial reports from the heroin trial in a Swiss prison suggested methadone use was feasible as a treatment for heroin dependence (Kaufmann et al. 1997/98). Two studies of the bleach program in New South Wales prisons found that most inmates could obtain bleach and most were using it to clean injection equipment (Dolan et al. 1998a, 1999). The evaluation of the New South Wales condom program in prisons found that inmates thought the vending machines were accessible, incidents of improper disposal were rare, the level of safer sex was high among those who had sex, and there was no evidence of any unintended consequences as a result of condoms or dental dams being available (Lowe 1998).

Indigenous Populations

Despite the increased prevalence of injection drug use in indigenous communities, there is a dearth of literature dealing with harm-reduction strategies and programs for indigenous IDUs. Specific programs are typically based around HIV education and focus almost exclusively on sexual risk and, to a lesser extent, injection risk behavior change. Behavior change is often not reported, and no programs have measured HIV transmission.

Throughout Australia, Canada, and the United States there are a number of indigenous-specific health services. The cornerstone of these services has been the provision of health services that are sensitive to the culture, values, and belief systems of the client group. Importantly, many of these services provide substance abuse treatment programs. Given this, it would seem wise that such services be extended to incorporate harm-reduction strategies.

A number of commentators have suggested that HIV prevention strategies for indigenous IDUs, such as needle and syringe programs and methadone maintenance treatment (MMT), may be inconsistent with culturally appropriate treatment models (Meyerhoff 2000; Sellman et

al. 1997; Erickson 1992). Indeed, some of these services are not always equipped to deal with the complex needs of IDUs among indigenous populations. One commentator has argued that in some instances these services have served to alienate the IDUs in the indigenous population and that this is partly a result of under-resourcing of services and staff (Meyerhoff 2000).

Culturally appropriate HIV education programs

There has been some research into culturally appropriate HIV prevention education, although for the most part this has focused on sexual risks rather than injection risks. For example, Hill and Murphy reviewed health promotion materials and consulted with health workers who delivered HIV education materials to indigenous people in Northern Australia (Hill and Murphy 1992). They concluded that a great deal of the literature was inappropriate, largely due to low literacy levels among the target population, but also because the language did not always reflect the meanings as understood by the indigenous population (Hill and Murphy 1992).

Men Who Have Sex With Men

Research indicates that for some, homosexual sexual activity equates with a gay, lesbian, or bisexual identity, while for others, self-identity is not connected with sexual practices or preference (Bartos et al. 1993). As is the case with research on MSM in general (Parker et al. 1998; Stall et al. 2000), research on gay injection drug users primarily occurs in industrialized Western countries. Studies of male injectors have found higher HIV seroprevalence among MSM than their heterosexual counterparts (Deren et al. 1997; Lewis and Watters 1994).

The *African-American Men's Health Study* (www.caps.ucsf.edu; Peterson et al. 1996) included a session on "shooting up" in its program, but evaluation of the study concentrated on issues related to sexual practice rather than injecting (Peterson

et al. 1996). Some HIV/AIDS interventions targeting transgender injectors offer a holistic approach to health (Bockting and Kirk 2001; Derkee 1995; Welby 2000; www.tarcsf.org).

Sex Workers

The New Zealand Prostitutes Collective operates a full needle exchange service at numerous drop-in centers around the country, with drug use education, safer sex products, legal advice, free STD treatment services, and advocacy. In addition, the collective operates another agency, Pride and Unity for Male Prostitutes (PUMP) for male sex workers. Injecting equipment (which includes filters and other materials) is not free, although discounts are given when used equipment is returned.

The overarching issue with regard to HIV prevention among injecting sex workers or sex-trading injectors is the need to guarantee their rights to friendly, non-punitive, easily accessible services that can provide a safe place in which to discuss the realities of their lives and provide services in both sexual health and drug use harm reduction, including treatment.

Conclusion

The research on HIV prevention programs for marginalized and vulnerable groups is scant, despite these groups being at heightened risk of HIV. Few HIV intervention programs exist that specifically target high-risk, marginalized, and vulnerable groups.

The most commonly reported, evaluated projects are those that aim to educate IDUs about HIV and the risks associated with injection drug use. While these programs appear to be successful, there is limited information about evaluation, and a number of projects have not been evaluated. In many countries, groups such as MSM and transgenders are not recognized as present and vulnerable; their injecting sub-groups are therefore totally unknown and ignored. ■

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