

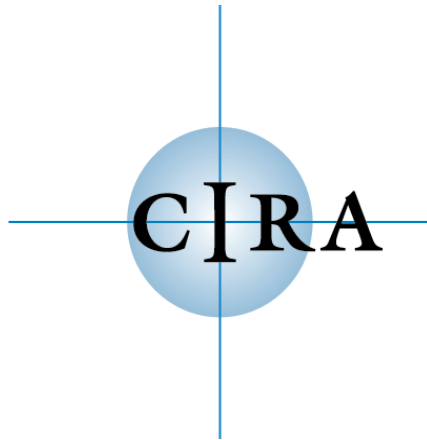
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SHARING FINDINGS: HIV RISK AND  
INTRAVENOUS DRUG USERS  
ROUNDTABLE SUMMARY

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Center for Interdisciplinary Research on AIDS  
Community Research Core

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## Introduction

On February 26, 2004 a diverse group of people—including AIDS service providers, educators and outreach workers, needle exchange program workers, drug treatment advocates, substance abuse workers, pharmacists, law enforcement officials, and those doing HIV research in the substance abuse field—gathered for a roundtable discussion entitled, “Sharing Findings: HIV Risk and Intravenous Drug Users.” Sponsored by the Community Research Core of Yale’s Center for Interdisciplinary Research on AIDS (CIRA), the meeting was designed to provide community partners with summaries of current research at CIRA and to discuss programmatic and research implications of the findings.

This report serves as a summary of points discussed at each of six roundtables following a presentation by Dr. Robert Heimer, CIRA scientist, and Mark Kinzly, community leader, on research findings pertinent to injection drug users (IDUs), particularly surrounding HIV and Hepatitis C. Research from several studies, including those of New Haven and Hartford syringe exchange programs (SEPs) were presented. Roundtable discussions centered on three areas: prior knowledge of the findings presented, implementation of such findings for organizations, and any remaining research gaps.

## Summary of Roundtable Discussions

### 1. Knowledge of findings

#### ▪ Have you heard about these findings? If so, in what context?

Prior to this conference, many participants had heard of the findings discussed in the presentation either through involvement with the research studies or through meetings among SEP personnel from the region. Additionally, when data are needed for a specific advocacy cause, SEP organizers directly contact researchers to obtain the findings that would be most useful for that particular issue. Participants indicated that CIRA researchers and particularly Leif Mitchell, CR Core Coordinator, have been an accessible and generous source of information in these instances. Some participants noted that although they already knew many of the findings, it was highly informative to learn how such data is collected and analyzed in order to better understand and explain such information.

The reality, however, is that there are few opportunities to share ideas for program implementation across locales. The “quarterly” meetings for SEP personnel have been dwindling in number such that they occur only twice a year. One participant described the labor to get information as “all a networking effort” since funding is no longer provided to attend or organize conferences. Learning how to make changes has become more difficult. Additionally, the concern was expressed that researchers and/or funders of research studies working with IDUs are no longer invited to attend SEP network meetings.

Notably, however, many participants were not familiar with research demonstrating that Hispanic communities having reduced access to clean syringes.

#### ▪ What suggestions do you have for distributing research findings?

It was recommended that in addition to focusing on distribution of research findings from the top down (e.g. from CIRA to IDU program leaders to community members), to also work from the bottom up to build on grassroots community support. Such focus should include local and county governments, the media, and churches.

Key groups to target dissemination efforts should include policymakers, funders, the media (print and television), IDUs, other researchers, professors (of social work, pharmacy, public health, law), students, practitioners/frontline workers, law enforcement officers, and pharmacists.

Participants suggested several mechanisms of dissemination to such groups. Many thought verbal communication, such as presentations or roundtables, was ideal. Novel suggestions for dissemination mechanisms included Department of Public Health community meetings, pharmacist conferences, and community forums organized by community-based organizations. In addition, the suggestion was made to intertwine personal stories with research findings to make them more accessible and provide a stronger impact.

## **2. Implementation Successes and Failures**

- **How can/have you implemented these findings in your work/practice? What are the barriers?**

Numerous barriers to implementing the findings were discussed in the roundtables. In particular, participants noted the inability to use federal funds for SEP, state funding cuts, political and community opposition, limited participation by pharmacies in providing clean syringes, inconvenient access to pharmacies, stigma, police harassment, and unavailability of syringes after SEP hours. There was discussion surrounding the particularly urban model of SEP, noting that in rural and even suburban areas it is very difficult to access needles.

A suggestion was made not to use the terms NEP or SEP. Rather, a term such as Community Health Program should be used to reflect the fact that NEP/SEP is typically only one of many services provided by these programs.

The Bridgeport and Hartford SEP experiences were discussed at length to shed light on the different social and programmatic obstacles faced by different cities. There was a significant amount of discussion regarding police intimidation and harassment in Bridgeport, where SEP personnel feel that both city and law enforcement officials are reluctant to work with and hear the concerns of the SEP. Arrest and citation for miscellaneous charges (e.g., loitering) have increased fear among SEP and methadone maintenance clients of being identified and targeted by law enforcement.

In contrast, Hartford SEP personnel feel that the police department has been cooperative and receptive to their concerns and issues. One example of this is that law enforcement officers bring drug injectors to the SEP and do not interfere with the program's activities. It was noted that in Bridgeport, a larger societal misperception about SEPs might be feeding resistance to implementing reforms in police training and behavior.

The need for police training on SEP-related issues was underscored, especially for new cadets who may not have any familiarity with public health and SEP perspectives. In addition, the need for training during roll call and "in the field" was mentioned as a critical way to maintain the knowledge gained during training in the academy.

Participants felt that we need to do a better job integrating hepatitis into all education and advocacy. In particular, several participants noted that it will be useful to educate people that Hepatitis C can still be transmitted through dried blood even after 30-32 days—a fact learned by many that day. The medical community needs to be educated about Hepatitis C, especially its ease of transmission, so that this information could be passed on to patients.

All participants agreed that evenings are critical to providing services to a larger client base. The Hartford experience has been that a greater number of women and employed drug users take advantage of SEP services during these extra hours. Without funding, however, it is difficult or impossible to provide at least two staff members for the SEP van at all times and keep a consistent schedule for services. An optimal outreach strategy (if funding were available) would be to keep the SEP open late in the afternoons and evenings in addition to weekends (or, at least Saturday mornings).

Participants also agreed that increasing the number of pharmacies that provide access to syringes and needles is also crucial. To facilitate this, IDUs should be educated about proper behavior when utilizing pharmacies (e.g., don't throw dirty needles behind pharmacy).

▪ **Do any of these findings surprise you? How?**

Many participants thought more people were using syringe exchange programs than the research demonstrated.

Some found it surprising that a few SEPs are able to issue “starter kits” for first-time users to reduce their risk of infection, considering that a strict one-for-one exchange policy is often used as evidence that SEPs are not encouraging new users.

### **3. Research Gaps**

▪ **What additional research is needed?**

Numerous suggestions for research topics were noted, as listed below.

- A preparatory study of Narcan, in light of recent state legislation permitting its prescription
- Further behavioral research on drug users from suburban areas, younger drug injectors, and bisexual or lesbian IDUs
- Evaluation of the effectiveness of evening hours of SEP services and what prevention activities could be safely conducted, for example comparing the effectiveness of reaching clients during various time shifts
- The cost-benefits of heroin maintenance (as compared to methadone)
- An estimation of the number of IDUs in New Haven to demonstrate that the number has not increased since SEPs were implemented
- Comparison of the Chicago model versus the Connecticut SEP model
- Research to demonstrate how many needles get off the streets as a result of SEPs and how more people go into treatment as a result of SEP outreach programs
- Research on secondary exchangers in suburban and rural areas
- Identification of strategies for identifying and intervening with new injectors
- Estimation of the costs and implications of overdosing in Connecticut

- Ethnographic studies of SEP participants
- Studies of IDU stigma and interventions to reduce IDU stigma
  - **Are there interesting observations that you have seen in the drug using population that you'd like to document with research?**
- Participants from Hartford have observed that women injectors are able to maintain their socioeconomic status longer than their male counterparts, in addition to being able to stay clean longer; this could suggest research on gender differences in risk, socioeconomic status, housing, and custody rights
- One participant observed that little work focuses on lesbian and bisexual IDUs, who are a strong, and potentially growing contingency within the IDU community