

FINAL REPORT: CONTRACT #84-84391

THE IV USER EDUCATION PROJECT

Prepared for

The A.I.D.S. Section
State Department of Health Services
Sacramento, California

by

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EXECUTIVE SUMMARY

The two members of the staff of the "IV User Education Project" designed and implemented a campaign aimed at impeding the spread of the AIDS virus among IV drug users. The campaign used both print and non-print media, and was conducted in five Bay Area counties (San Francisco, San Mateo, Alameda, Contra Costa, and Marin) between November 1984 and July 1985. IV user receptivity to existing risk-reduction materials was carefully analyzed by means of an interview study. New materials were prepared and disseminated among IV users in the five counties. The Project staff focussed both on IV users in treatment and users not in treatment.

The Project fell short of achieving its goals in that the distribution of materials to users in programs (at the "Agencies") took place much later than planned, and the distribution to users not in treatment did not occur at all. The cause for these failures was the extraordinary delay in the preparation of the basic educational materials; this matter is discussed further in Appendix 9. Because of this problem, evaluation of the effectiveness of Project activities was not feasible at the time of this writing.

On the positive side, the Project achieved notable success in the preparation of new materials for risk-reduction education among IV drug users. These materials were in the form of printed items (Appendices 1-3) as well as non-print-media forms (Appendix 4, and pp. 3-7). The Project also achieved new insights into the processes of "risk avoiding" behavior change-- and resistances to that change-- among various types of IV drug users (see pp. 1-3 and 8-10, and pp. 1-5 of the Second Quarterly Report.) Project staff played a decisive role in developing policies for drug treatment programs relevant to the HTLV-III test (Appendices 6 and 8) and in approving policy recommendations for San Francisco County's handling of the AIDS/IV user situation (Appendix 7). All of these achievements were summarized in a 15-minute video-taped "lecture module", now available for use by other agencies.

The Project achieved its ultimate goal of delivering ample quantities of risk-reduction materials to responsible parties in each of the five targeted counties (pp. 10-13). It is likely that each of these parties has been brought "up to speed" by the Project staff, so that the salutary efforts in those counties can continue after the end of this Project. Of even greater importance, the Project has created a "How to Carry Out an AIDS/IV User Risk-Reduction Campaign in a California County" summary (p. 15), which can serve as a model for the 53 remaining California counties.

The Project's expenditures fell within 2% of the original budget (Appendix 10). Ample coordination with, and support from, other agencies was enjoyed; this is discussed in the text and in Appendix 10.

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This is the third and final quarterly report on "The IV User Education Project", funded by the State of California under Contract #84-84391. The Project was managed by Youth Projects, Inc., at 1696 Haight Street in San Francisco. The above-listed authors of this report were the sole paid employees on the contract.

During the three-month period since the Second Quarterly Report, the contractors accomplished work in five major areas:

- (1) Revising, printing, and distributing printed materials in the five targeted counties.
- (2) Devising an educational outreach not dependent upon the print media.
- (3) Completing extensive ethnographic investigations in the targeted counties.
- (4) Turning over responsibilities and materials to in-county authorities, such that the educational campaign could continue after termination of this Project.
- (5) Participating in policy-making procedures relevant to AIDS and the IV drug user.

Each of these areas of work will be reported on in detail below. Work accomplished prior to this final quarter will be summarized briefly; for a fuller account, the reader is referred to the First and Second Quarterly Reports.

I. EDUCATIONAL MATERIALS: PRINT MEDIA

During the Fall and early Winter of 1984-85, a total of 46 San Francisco IV drug users were interviewed extensively about their needle-using habits and their attitudes and beliefs about AIDS. The design, methodology, and results of this interview study were presented in detail in the Second Quarterly Report. The key findings were that the existing pamphlet, "Shooting Up and Your Health", enjoyed both source and content credibility, and required only minor revisions, chiefly (a) a more pleasing color design, (b) an emphasis on both needle and syringe as capable of carrying AIDS-virus-tainted blood, and (c) a message to the effect of, "We strongly advise

against sharing needles, but if you must, you should clean them in this fashion..."

The interview study also made it clear that a significant portion of Bay Area users are marginally literate in English. Three alternative formats to the rather wordy "Shooting Up and Your Health" brochure were revealed as workable by the interview study: (1) posters, (2) card-size pamphlets, and (3) radio/TV spots. All three formats were subsequently worked on by the Project staff, with the following fruits:

(1) Posters. The Epidemiologist designed a simple, 30-word message, suitable to a 18" x 36" poster. A description of this poster was prepared for distribution to all drug treatment programs and other agencies which see large numbers of IV drug users. These agencies were advised to prepare their own posters (with minor, appropriate changes) using the Epidemiologist's model. A poster description is presented herein as Appendix 1.

(2) Cards. Project staff consulted at length with AIDS experts at the San Francisco General Hospital and at the University of California at San Francisco, on the wording of a short (80-word) message suitable for wallet-size (2.25" x 3.37") cards. It was decided that the message should be hard-hitting--that is, that the genuine peril of AIDS be emphasized, and that sharing needles be vigorously discouraged. It was also decided, however, to include a subtle message about "the best way to clean your works". The Project relied upon the advice of Dr. Jay Levy that sodium hypochlorite is the best agent to kill the AIDS virus. Since sodium hypochlorite is available as ordinary household bleach, Project staff felt it was wise to let the IV users know this, without seeming to encourage the use or sharing of needles. The resultant card is shown as Appendix 2.

(3) Radio/TV Spots. This non-print-medium format is described in Section II of this paper.

Project staff also worked with each targeted county to revise the basic "Shooting Up and Your Health" brochure. In addition to the revisions resulting from the interview study (see above), the back panel, "Where to Get Help in..." had to be altered so as to be appropriate for each county. This required extensive discussions with county administrators and treatment program representatives in each county. Also, these discussions revealed the need for Spanish-language versions of the brochure, in San Francisco, Alameda, and San Mateo Counties. Samples of the newly-printed brochures are shown in Appendix 3. The total print "run" for the five counties was as follows:

San Francisco	3,000 English 2,500 Spanish
Alameda	5,500 English 3,000 Spanish
San Mateo	2,000 English 500 Spanish
Contra Costa	500 English
Marin	2,000 English

In addition, 10,000 wallet-size cards were printed, and allocated as follows:

San Francisco	2,000
Alameda	3,000
San Mateo	2,000
Contra Costa	2,000
Marin	1,000

Substantial delays were experienced in preparing the materials for printing and getting them back from the printer. These delays are discussed in Appendix 9.

II. EDUCATIONAL MATERIALS: NON-PRINT MEDIA

At the outset of the Project, it was decided that the basic design of the educational outreach was to take the IV drug user through four "steps to increased AIDS consciousness", to wit:

- (1) "I know what AIDS disease is"
- (2) "I recognize that I could become an AIDS victim through needle-sharing"
- (3) "I recognize that I should change my needle-sharing habits"
- (4) "These are the steps I will take to change my needle-sharing behavior"

The careful work of the interview study (see Second Quarterly Report, pp. 1-5) showed that these "steps to increased AIDS consciousness" had made the least headway among certain

socially disadvantaged segments of the IV user population. These segments include:

- o Persons who are functionally illiterate and who must depend upon the spoken word for their information
- o Persons who are literate, but in a language other than English. In Northern California, Spanish is by far the most common alternative language of literacy for IV drug users
- o Persons who live "the street life" and are alienated from the normal economic life of the Bay Area. Included among these are young male hustlers and female prostitutes, who often support drug habits by turning "tricks"
- o Persons who adhere to the "punk" culture

Collectively, these segments may constitute as much as 50% of the IV heroin user population, and as much as 40% of the IV amphetamine user population. There are several factors which have a role in interfering with the "desired steps to increased AIDS consciousness" among these groups:

- o People may simply lack any accurate information about AIDS
- o Straight people may believe AIDS is a "gay disease" which can't affect them
- o Gay youths may believe that only older gays or "Castro clones" get AIDS
- o People may be so cynical and pessimistic as to believe that "we're all gonna die, anyway"
- o People may have heard much about AIDS, but remain doubtful, thinking, "they're just trying to scare us into not using drugs"

In any case, it had become clear that large segments of the IV user population were resistant to health education efforts, and that the abovementioned factors played a major role in that resistance. In the non-print-media approaches discussed below, we set about systematically to overcome these resistances.

Public Service Announcements. The principal approach to the problem of minimal literacy was to use radio as a medium of communication. It was found, in the interview study, that IV drug users are concentrated as a "radio audience" in two

useful ways: first, they prefer certain kinds of rock music stations, such as the Bay Area stations KFOG, KNEW, and KPOO: and second, they are far more likely than the general public to be listening in the late evening and late night hours (10 PM to 4 AM). Thus, Public Service Announcements (PSAs) could be advantageously geared to those stations and those hours.

The Project staff and volunteers developed texts for seven different PSAs, ranging in length from 10 to 20 seconds. These texts are presented in Appendix 4. The goal of these PSAs, in general, was simply to inform IV user listeners that sharing needles is a peril to their health, that AIDS is present in their community, and that the Haight-Ashbury Free Medical Clinic is available to provide additional information.

The Project staff felt that PSAs are a very inexpensive way to communicate a simple health-maintenance message to a rather "hidden" population. There remain, however, two disadvantages to this method which are difficult to surmount. First, the brevity of the messages precludes any real detailing as to the precise nature of the risk and of the array of risk-reduction measures available, such as provided by the "Shooting Up and Your Health" brochure. And second, radio stations may be reluctant to broadcast messages which imply that their listenership is dominated by "needle freaks".

The Lecture Module. A major effort on the part of the Epidemiologist was to develop a 15-minute presentation, titled "AIDS and the IV Drug User". This "lecture module" allowed essential information to be communicated verbally to staffs of agencies, who could in turn communicate relevant portions to their IV user clients. The presentation covered the following topics:

- AIDS transmission by needle
- The status of the epidemic among IV users
 - in New York and New Jersey
 - in the Bay Area
- HTLV-III studies of IV users
- The course of AIDS among IV users (PCP y. KS)
- The social process of needle-sharing
- Health education materials for IV users
 - information about AIDS
 - perception of their risk
 - changing behavior
- Ways of contacting the users: in programs or "hidden"
- Available resources
- Future projects and prospects

The presentation of all this information required 35 minutes when it was first done by the Epidemiologist. However, he

tape-recorded that first presentation, honed away the extraneous or repetitive elements, made a second presentation, and repeated the process until the basic "lecture module" was trimmed to 15 minutes. This module then became a useful tool for information outreach in the targeted counties. Three types of audience were sought for the Epidemiologist's delivery of the module:

- (1) Staff meetings of drug treatment programs
- (2) Meetings of residents or clients of residential outpatient drug treatment programs
- (3) "Providers' meetings" sponsored by a county, with representatives from each of the county's drug treatment programs in attendance.

A partial list of sites where the module was presented is given in Appendix 5.

Videotaping the Lecture Module. The Project staff found that they were frequently working together with Jeremy Landau, Ann Strack, and others from the Pacific Center in Berkeley. The targeted counties for the Pacific Center's and our own Project overlapped in two instances: Contra Costa and Alameda. The Pacific Center staff suggested, and we agreed, that our presentations should be videotaped, since between us we could effectively "cover the ground" on research, prevention, and treatment issues relevant to AIDS and substance abuse. Thus, Steve Dale of Televents was permitted to videotape a session at the 14th Street Clinic in Oakland, where the Epidemiologist, two persons from the Pacific Center, and one other person were making presentations. This worked out so well that it was decided to make a high-quality recording of the same presentations at a studio in Martinez. Hence, the Epidemiologist's lecture module is now preserved as a 15-minute videotape, suitable for playing at any agency which has a VHS tapedeck and television monitor. Copies of this (and the other) videotape modules can be obtained from Steve Dale, Televents, 2631 Pleasant Hill Road, Pleasant Hill, CA 94523 (phone 415-944-5926).

Other Innovative Approaches. During the life of the Project, many conversations were had with IV users or with the staffs of agencies which work with users. As a result of these discussions about AIDS, a large number of imaginative suggestions were put forth, many of them by recovering users who seemed eager to help us solve our problem of providing adequate public education. The best of these suggestions were these:

Using IV Users as Educators. No one has better access to the "user on the street" than the street user himself.

Many such users are in and out of treatment, and have sympathetic relationships with treatment staff. Staff could therefore be urged to recruit street users to distribute our educational materials. Simple, straightforward materials such as the wallet-size card (Appendix 2) could be shared out by recruited users among their friends and associates, under the rationale of, "Here's a card that the good folks at the Clinic wanted me to hand out to everyone-- they're real concerned about our health, what with this AIDS disease."

Using Loudspeakers. The Ethnographer found that several areas, especially in San Francisco and Alameda Counties, were major "copping areas" for heroin and/or methamphetamine. Large numbers of IV users are congregated in a fairly small territory. Taking advantage of this, a car with a loudspeaker mounted on top could drive through, delivering a message such as, "The ----- Clinic wants you to know that AIDS is dangerous to you if you use drugs by needle. If you want to find out more, go to (nearby location) and pick up a copy of our health information brochure. We want you to play safe!"

Television Teasers. The essential message we want to get across-- "Don't share needles!" or "Don't use a needle without cleaning it first!"-- can be presented audiovisually in a very brief format, perhaps 20 second to 2 minutes. Television monitors could be placed in strategic indoor locations where IV users are concentrated, such as downtown SRO hotels, soup kitchens, welfare offices, or county jails. The educational messages could then be presented to these captive audiences, by means of a VCR.

Posters in Public Places. The Project developed a poster format (see Appendix 1) for use in treatment programs and other agencies. However, for the two-thirds or so of users who will not contact a treatment agency in a given twelve-month period, some kind of public outreach is desirable. Since users tend to concentrate in certain areas and hangouts, it was suggested that we plaster these areas with attractive, colorful, eye-catching posters, done in the style of Socialist Realism. These posters could illustrate messages such as the following:

- o A shared needle may bring a deadly disease!
- o Cleaning a needle between users could save your life!
(And here's how to do it, using simple household supplies)
- o Don't trust a stranger when you share needles!
- o Let's keep AIDS a White Man's disease!

III. ETHNOGRAPHIC INVESTIGATIONS

The task of the Ethnographer was to explore ways in which risk reduction information regarding AIDS could be distributed within the various out-of-treatment needle-using populations in the five targeted counties. Several important preliminary considerations had to be addressed: (1) that needle sharing existed in different kinds of populations (heroin users, methamphetamine users, cocaine users, etc.) and that these populations overlapped in some cases and were discrete entities in others; (2) that each of these different populations had special socioeconomic features which should be considered in the educational effort; and (3) that the social organization of these various categories would vary according to their ethnicity, common bonds, and geographic location.

The Process of Locating At-Risk Out-of-Treatment Groups. This task was a process of moving down the administrative hierarchy from county director to treatment personnel to in-treatment clients to on-the-street IV drug users. Each county had its own network of services, and we believed that the quickest and most expeditious route to making contact with treatment personnel would be to have our introduction to them arranged by the county director of drug programs, the agency which provided the programs with the bulk of their funding. In this way, the Project obtained immediate credibility among treatment programs. In order to select the appropriate treatment programs, each county director was asked to call a meeting of the county providers and their staffs, in which the Project staff presented risk-reduction information. In addition to the presentations, a questionnaire was distributed so as to determine which treatment programs were knowledgeable about the various at-risk IV user populations. Once that information was gathered, the Ethnographer arranged with the appropriate agency director to meet with his/her staff. In almost all situations, arrangements were made for the Ethnographer to attend a full staff meeting whereat to explain the goals of the Project and the ways in which they might cooperate. Once staff members with trusting relationships with clients who were knowledgeable about active IV using "street" groups were identified, arrangements could then be made to meet with clients who would then provide direct access to these out-of-treatment at-risk populations.

Obstacles to the Process. Obstacles to the smooth implementation of this plan were found in (1) geographic variations, (2) the nature of the relationship between treatment personnel and IV drug using clients, and (3) features within the subculture of drug users.

It was quickly discovered that each of the counties had distinctly different drug-using populations where social

composition and organization varied according to population density. In urban areas, there were groups of drug users whose social organization was identifiable. They had regular patterns of behavior and tended to use hangouts which could be accessed. In suburban areas, these social organizations were less defined, had fewer public gathering places, and tended to be of a private, hidden nature. To access them required a more intimate knowledge of their composition and membership. In rural areas, determining the existence of a social organization was difficult; in many cases, such a social organization was either not apparent or non-existent. In terms of creating a strategy for reaching these different populations, accessing rural IV drug users poses serious problems and can probably be carried out best on a case-by-case basis, if, in fact, individual cases outside of treatment programs can be found at all by health professionals. Suburban IV users pose less of a problem, although they remain a hidden population except to the insider or to cognoscenti. Because of the public nature of many urban IV users, especially the heroin addict of low socioeconomic status, accessing them is less problematic, although other features of their lifestyle make health promotion a difficult task.

The treatment relationships between agency staff and at-risk IV users in many-- probably most-- cases is, at best, superficial, particularly where there is a great emphasis on drug abstinence. There may be other reasons for this tension-- for example, in court referrals where confidential information about illicit drug use might compromise the client. In program after program, there appeared to be a treatment fiction of both abstinence and removal from old acquaintances that was mutually agreed upon by both parties to the treatment contract. In this fiction, the client presents him/herself as abstaining from illicit drug use and permanently detached from old friends who continue to use. In order to confirm this condition, the treater provides a kind of "accommodating ignorance" that leaves unquestioned these fictional achievements. The importance of this arrangement to our health promotion effort is that it disallowed employing many treatment staff members as a springboard to clients who might have good contacts on the street, because to do so would have jeopardized the fiction. Further, the absence of sound outreach efforts in almost all treatment programs left a gap between the programs and out-of-treatment IV users. This observation appears to hold more strongly with the therapeutic-community type of program, which often insists on abstinence, than with methadone-maintenance programs which were liberal in their relapse policies.

Within the subculture of committed drug users, there were additional obstacles to designing a risk-reduction effort. First, there appears to be a lack of interest in the AIDS issue among heroin users. Although some information is already known

about AIDS that indicates to them that they are at risk, they see AIDS as just one of many life-threatening risks in pursuing a "career" of heroin use. Although this aspect was not explored thoroughly in this study, it appears that the West Coast heroin user is more removed from knowledge about AIDS than his East Coast counterpart. AIDS, for the most part, is viewed as a "gay disease" which does not cross sexual preference boundaries.

All of these obstacles may be seen within the context of heroin-using behavior, which, when it becomes patterned and group-supported, has a compelling nature that screens out other health-related concerns.

Positive Aspects. Though the obstacles that mitigate against a successful health promotion campaign among IV users are formidable, they can be managed fairly easily when two conditions are met: (1) the identification of key treatment staff members with existing street contacts of their own, and (2) cooperative active IV users who are sympathetic to the goals of a risk-reduction effort. The experience of this Project indicates that both kinds of participants are more easily located in urban settings than in suburban and rural areas. Although such street-connected staff members appear to be rare, they can often be identified as ex-users who have not taken a hard-line abstinence route to recovery and hold less rigid views on drug consumption. When they are successfully identified and recruited to the health promotion effort, they provide the key link that is necessary to put material directly into the lives of at-risk populations in a manner that makes it credible. Similarly, there are active heroin users, either in treatment or out, who have humanitarian concerns for persons at risk and who wish to help in a health promotion effort. In a sense, they take on helper roles in other spheres of street life and are known and respected within their subculture. In most cases, they are willing to offer help in such a health promotion campaign, and their help would be facilitated by legitimizing their role through a paid position as a health aide. The difficult task is finding the "right" persons to provide the initial contacts. Once street contacts are made, however, a kind of "contagion of trust" develops, since the content of the effort is directed specifically toward the health and welfare of the at-risk group.

IV. TURNING OVER RESPONSIBILITIES TO THE COUNTIES

Throughout the life of the Project, the Epidemiologist strove to make clear to his contacts in the targeted counties that his work was of a "pump-priming" nature. He explained that his task was to contact all the relevant agencies in the county, to enlist their help in revising old materials and preparing new ones, to oversee the printing and delivery

of an initial supply of these materials within the county, to supervise the delivery of non-print-media educational materials, and to leave in place a clearly-defined system for continuing the delivery of these materials in the county after July 1985. The progress in conducting and concluding the work in each of the five targeted counties will be described at this point:

San Francisco County. San Francisco has enjoyed, for several years, a well-established system for the coordination of funding and procedures for drug treatment programs. The central county agency is the Community Substance Abuse Services (CSAS), located at 170 Fell Street in San Francisco. The great majority of funding for drug (and alcohol) treatment in the County is controlled by CSAS. "Providers meetings" are held regularly on the third Thursday of each month; at these meetings, providers receive ukases from CSAS, and have the opportunity to express concerns to the County and to one another. The Epidemiologist happens to be the representative of the Haight-Ashbury Free Medical Clinic to these providers meetings; as such, he has been able, for two years, to update the other providers on the AIDS risk-reduction strategy, and to provide sufficient quantities of the risk-reduction educational materials to them.

Certain of the staff of CSAS and of other San Francisco providers offered invaluable help on this Project, especially in two regards: (1) creating a Spanish translation of "Shooting Up and Your Health", in the appropriate "street" vernacular; and (2) devising a suitable wording for the "AIDS and Needle Use" wallet-size cards. Also helpful in the Project's work were the staff of the San Francisco AIDS Foundation. With their many contacts, they were able to facilitate a wider distribution of the risk-reduction materials in the county. Also, the Project worked in coordination with the Foundation in developing and implementing a risk-reduction education strategy for Marin County.

At the end of the Project, the excess supplies of risk-reduction materials were retained by John Newmeyer (the Epidemiologist) who will continue to be responsible for apportioning these materials to treatment programs in San Francisco, for distribution to IV user clients. Dr. Newmeyer can be reached at 415-431-2450.

Alameda County. The Alameda County Health Care Services Agency is the central coordinating body. The Project began by contacting Nancy Hall of that Agency, which is located at 499 Fifth Street in Oakland. Ms. Hall arranged for us to present our program at a specially arranged providers meeting. At this meeting-- and by means of postal communication with providers not present-- revisions in the "Shooting Up and Your Health" brochure were discussed and approved. In further discussions, Ms. Hall worked out the desired number of English- and Spanish-

language versions of the brochure, and the apportionment of these quantities to the county's providers.

Subsequent to the initial providers meeting, the Epidemiologist and/or the Ethnographer attended staff meetings at several Alameda County providers, and made presentations of the risk-reduction rationale and strategy (see Appendix 5). We coordinated this work with the staff of the Pacific Center, which has semi-official responsibility for AIDS education efforts in Alameda County.

In late July, 1985, the Epidemiologist turned over the supply of risk reduction materials to Nancy Hall (phone 415-874-6424), who will henceforth take responsibility for overseeing distribution to the programs.

Marin County. We began by contacting Mary Jo Burger at the Division of Health Services. She arranged a special meeting of providers, at which the providers were briefed on the risk-reduction campaign, and asked to recommend changes to the "Shooting Up and Your Health" brochure and to estimate their needs for this and other risk-reduction materials. When these comments were obtained, Ms. Burger worked with the Project to complete the revision and decide on the size of the printing run. The Project staff also delivered presentations at two treatment agencies in Marin (Appendix 5).

In late July, materials were turned over to Ms. Burger (415-499-4900), who will be responsible for allocating them as per her plan, to the programs and individuals who can get them into the hands of the county's estimated 2,000-3,000 IV drug users.

San Mateo County. The key contact person in this county was Adanna Henry, who is Drug Program Administrator for the county's Department of Health Services. San Mateo has the loosest structure of any of the five targeted counties; there are no regular providers meetings, nor is substance abuse funding centrally administered. However, Ms. Henry is in contact with all of the county's substance abuse programs. The strategy adopted in San Mateo, therefore, was to request Ms. Henry to arrange a tour of the major providers, wherein the Project staff could describe the risk-reduction strategy and materials (see Appendix 5). As in the other counties, these agencies were requested to make suggestions for revisions in the "Shooting Up and Your Health" brochure, and estimates of the quantities needed of each item. These revisions and requests were forwarded to Ms. Henry, who communicated them to us.

In late July, the materials were turned over to Ms. Henry (415-573-2541) for apportionment among the treatment agencies of the county. She will take responsibility for this process in the future.

Contra Costa County. As in Alameda County, we worked with the Pacific Center, which has semi-official responsibility for AIDS education in Contra Costa. We began by establishing contact with Rod Libby, the Drug Abuse Program Chief. The process was delayed because, soon after, Mr. Libby resigned his position. Contact was subsequently established with Jack Champlin, the new Program Chief. Mr. Champlin invited the Epidemiologist to a providers meeting, where the risk-reduction strategy was presented. Revisions and requests were obtained as in the other counties, and the revised materials were created in an appropriate printing run.

In late July, Mr. Champlin (415-671-4321) assumed responsibility for distributing materials to the providers.

V. POLICY-MAKING EFFORTS

During the course of the Project, testing for the antibodies to the HTLV-III "AIDS virus" became available in the Bay Area. There had been some use of this test in research studies conducted during the Fall and Winter of 1984-85; from this research, a very preliminary estimate was made that some 5% to 10% of heterosexual IV drug users in the Bay Area had been infected with the AIDS virus. Starting in the late Spring of 1985, the test became available to concerned citizens on a free, anonymous basis. The authors believe that this will have a considerable impact on the IV drug user population, many of whom had disclosed to us a concern about their exposure to the disease. One of the authors (JN) published an analysis, "Ten Possible Consequences of The Test", which is reproduced here as Appendix 6.

Given the low expected rate of "positive" Test results among the IV users, the largest consequence for them of taking the Test is likely to be an experience of relief as "negative" results are reported to them. The authors believe that this fear-followed-by-relief syndrome is beneficial, in that it increases the engagement of the IV user with his/her health status.

The other major consequence of the advent of the Test was the work of the Epidemiologist in developing policy for the County of San Francisco. Using the same contacts in that county that he had used to disseminate risk-reduction materials, the Epidemiologist convened representatives of drug treatment programs, the County Public Health Department, Community Substance Abuse Services, the San Francisco AIDS Foundation, the San Francisco AIDS Project, and San Francisco General Hospital. The initial purpose of these meetings was to consider the proposal of a "contagion control" program among the county's IV drug users. It was proposed that all IV users who enter

treatment be tested, and that those who test positive would be offered strong inducements to remove themselves as contagion factors. After lively and thoroughgoing discussion of the matter, the group decided that the infringement upon the civil liberties of IV users was a greater threat than the danger of AIDS morbidity and mortality, and recommended against a contagion control program. Instead, a series of five recommendations for meeting the threat of AIDS to IV users was hammered out. These recommendations are presented as Appendix 7; it should be noted that recommendation #1 addresses itself specifically to the work done by this Project. These recommendations have been forwarded to the policy-making level of the City and County of San Francisco.

One other consequence of the Test deserves mention. If a significant number of IV users take the HTLV-III Test and obtain their results, it may well be that users will come to desire to know the Test status of those with whom they share drugs. In this event, users will naturally prefer to share with "negatives" and will be cautious in any intimacy with known "positives". There may ensue a pattern of negotiating among needle-sharing pairs or groups, with a resultant increase in social pressure to take the Test and to disclose Test results to those with whom one intends to be intimate.

In working through these issues in San Francisco, the Epidemiologist discovered the importance of proper "counseling of IV users after they've got their Test results". The major issue was the potential for adverse psychological reaction among those who were informed that they were "positive" for the AIDS virus. The Epidemiologist consulted with a clinical psychologist at the Haight-Ashbury Free Medical Clinic (Dr. W. Craig McDermitt), who developed a "Counseling Protocol for Seropositive IV Drug User Clients". This protocol is reproduced herein as Appendix 8. We recommend that copies of this excellent protocol be made available to any California drug treatment program that is likely to find itself with substantial numbers of "seropositive test result" clients.

SUMMARY: HOW TO CARRY OUT AN AIDS/IV USER RISK-REDUCTION
 CAMPAIGN IN A CALIFORNIA COUNTY

- (1) Contact the State AIDS Activities Office (P.O. Box 160146, Sacramento 95816) or Dr. John Newmeyer (529 Clayton Street, San Francisco 94117) for a copy of the Final Report to "The IV User Education Project".
- (2) Contact Steve Dale (415-944-5926) to obtain a copy of the videotape of the 15-minute lecture module, "AIDS and the IV Drug User".
- (3) Telephone Dr. John Newmeyer (415-431-2450) or Dr. Don Des Jarlais (212-488-3965) for an update on the latest developments in the tactics of AIDS risk reduction among IV drug users.
- (4) (A) If the County has a central coordinating office for its drug treatment programs, ask that office to arrange a meeting of providers for discussion of the risk-reduction project.

 (B) If the County has no such central office, obtain a list of the County's drug treatment providers from the Department of Alcohol and Drug Programs, 111 Capitol Mall, Sacramento 95814. Contact these providers and invite them to send representatives to a special meeting.
- (5) At the meeting, show Dr. Newmeyer's 15-minute videotape. Lead a discussion as to the current extent of IV drug use in the County, and the current state of the AIDS epidemic in the County.
- (6) Share existing materials with the providers, and ask them if they will be acceptable. If changes are suggested, gain consensus for them. Obtain commitments from agencies who wish to be listed in a "Where to Get Help" section.
- (7) Finalize a public education plan, including both print media and non-print-media for outreach to IV users both in and out of treatment.
- (8) Draw up budget estimates for the costs of conducting the education campaign, including costs of printing materials, preparing PSAs, etc.
- (9) Submit the budget estimates to the County, to the State of California, to private foundations, or to other sources of support for "The AIDS/IV User Education Project for X County"
- (10) When commitments of support are obtained, carry out the campaign.

APPENDIX 1

The Poster

URGENT NOTICE

There has been a serious outbreak of AIDS disease among IV drug users in San Francisco. The Haight-Ashbury Free Medical Clinic strongly advises:

DO NOT SHARE NEEDLES !!

(This poster measures 18" x 36", and is posted in the waiting room of the H.A.F.M.C., with another copy in the pharmacy. The lettering is black on a white background, except that the top and bottom lines, and the underlining on the second line, are in red.)

APPENDIX 2

The Card

AIDS AND NEEDLE USE

- *You can get AIDS by sharing a needle or syringe with another person.*
- *People can look healthy and still be carrying the AIDS virus.*
- *Rinsing your works with water or alcohol won't get rid of the AIDS virus. Thorough rinsing with Clorox bleach is best, but not completely safe—and injecting bleach is hazardous!*
- *The only sure way of avoiding AIDS is to **NEVER SHARE NEEDLES!***

Prepared by the San Francisco General Hospital AIDS Clinic and the Haight Ashbury Free Medical Clinic.

AIDS HOTLINES: (415) 863-AIDS and (800) FOR-AIDS

APPENDIX 4

Texts of Public Service Announcements

- #1 (:20) SHARING NEEDLES TO SHOOT DRUGS MAY BE MORE DANGEROUS THAN YOU THINK. YOU COULD BE RISKING YOUR LIFE-- BECAUSE YOU CHANCES OF CATCHING AIDS ARE GREATLY INCREASED.
- WE HOPE YOU GET THE POINT.
- CALL US FOR MORE INFORMATION AT THE HAIGHT-ASHBURY FREE MEDICAL CLINIC. OUR NUMBER IS 621-2015; THAT'S 621-2015.
- #2 (:10) NOT ALL THINGS ARE MEANT TO BE SHARED: INJECTING DRUGS WITH NEEDLES USED BY OTHERS CAN SPREAD AIDS. CALL THE HAIGHT-ASHBURY FREE MEDICAL CLINIC FOR DETAILS, AT 621-2015.
- #3 (:15) DON'T GET STUCK WITH A SHARED NEEDLE WHEN YOU USE DRUGS. YOU MIGHT RISK CATCHING AIDS. FIND OUT THE WHOLE STORY BY CALLING THE HAIGHT-ASHBURY FREE MEDICAL CLINIC AT 621-2015; THAT'S 621-2015.
- #4 (:15) IF YOU'RE AN IV DRUG USER, DISCOVER THE FACTS ABOUT AIDS. SHARING NEEDLES WITH YOUR FRIENDS COULD BE DANGEROUS. CALL THE HAIGHT-ASHBURY FREE MEDICAL CLINIC AT 621-2015 FOR MORE DETAILS.
- #5 (:15) IF YOU SHOOT DRUGS THERE'S SOMETHING YOU SHOULD KNOW: SHARING NEEDLES GREATLY INCREASES YOUR RISK OF CATCHING AIDS. CALL THE HAIGHT-ASHBURY FREE MEDICAL CLINIC FOR DETAILS AT 621-2015; THAT'S 621-2015.
- #6 (:15) ATTENTION! IV DRUG USERS! AVOID SHARING NEEDLES WITH YOUR FRIENDS. FIND OUT HOW YOU MAY BE RISKING THE SPREAD OF AIDS. CALL THE HAIGHT-ASHBURY FREE MEDICAL CLINIC FOR MORE INFORMATION AT 621-2015; THAT'S 621-2015.
- #7 (:15) IF YOU KNOW SOMEONE WHO'S AN IV DRUG USER, PASS ON A HELPFUL TIP: SHARING NEEDLES CAN BE DANGEROUS TO YOUR HEALTH. FIND OUT THE FACTS ABOUT AIDS. CALL THE HAIGHT-ASHBURY FREE MEDICAL CLINIC AT 621-2015.

APPENDIX 5

Locales of Presentations by Project Staff

San Francisco County

County providers' meetings (twice)
AIDS Conference, Kyoto Inn
County AIDS Coordinating Committee
Health Center #5
Haight-Ashbury Free Medical Clinic

Alameda County

County providers' meeting
Veterans Administration Outpatient Clinic
Veterans Administration Methadone Clinic
Project Eden
H.A.A.R.T., Fairmont Hospital
Pacific Center
Fourteenth Street Clinic
East Oakland Recovery
Horizon House
Chrysalis House

Marin County

County providers' meeting
Marin Treatment Center

San Mateo County

Professional Treatment, Inc.
New Day
Public Health Nurses (E.P.A.)
Serenity
Pyramid Alternatives

Contra Costa County

County providers' meetings (twice)
Discovery Motivational House

APPENDIX 6

Ten Possible Consequences of The Test

John A. Newmeyer, Ph.D.
Haight-Ashbury Free Medical Clinic

March 19, 1985

The FDA has recently approved the ELISA test for antibodies to human type leukemia virus III (HTLV-III). Although this is not a diagnostic test for AIDS or even for the AIDS virus, it nonetheless is a worthwhile indicator of an individual's degree of exposure to that virus. I believe that there will be enormous social consequences of "The Test". Here are ten developments which I consider likely:

(1) There will be a tremendous rush of people wanting to take The Test. Included in this rush will be the majority of gay men in this country's major metropolitan areas. In San Francisco, the choice to take The Test will soon confront nearly every active gay man. The City's population of sexually active gay men will quickly trifurcate into three distinct groups: the "Negatives", the "Positives", and the "Refusers". The relative sizes of these groups will be in approximately the ratio 5:3:4, in San Francisco.

(2) Most of the gay leadership-- in San Francisco and elsewhere-- has advocated, "Don't take The Test." There will be some loss of the leadership's credibility, because the majority of the gay rank-and-file will not heed their advice. However, after the great tide of Test-taking has passed (possibly as early as midsummer 1985 in San Francisco) a sizable minority of "Refusers" will remain unTested-- about one-third of active gays.

(3) The Positives will take The Test only once or twice. Many Negatives, however, will do The Test again and again, so as to monitor their state of exposure in the face of their continued sexual activity. Thus, merely counting the gross ratio of negative to positive HTLV-III test results will give an underestimate of the actual proportion of the testees carrying the antibodies.

(4) The Negatives' lifestyle will not change significantly as a result of their Test results, except as noted in (6) below. The tendency of some Negatives to "resume partying" will be balanced by a tendency of other Negatives to "preserve this happy state of affairs."

(5) The Positives' lifestyle will change drastically. There will be a huge surge of health consciousness among them, and many will adopt stringent regimes of diet, exercise, stress reduction, hygiene, and vitamin/mineral intake. The Positives will thereby slow or halt the advance of any AIDS virus they

may be harboring. They will also markedly improve their overall health status; ironically, they may as a group become healthier than the Negatives. This would echo the observation that, "Gay male Americans are healthier in 1985 than at any time in history-- the lethal illness of the few has prompted the healthful reforms of the many."

(6) The Test will generate a great deal of "negotiating" among potential sexual pairings. Clearly, the greatest energy will be toward Negative-Negative pairings, because of the welcome release of inhibitions against "unsafe sex" permitted to such pairs. But Positive-Positive pairings, and perhaps even Refuser-Refuser pairings, could contain this same potential for disinhibition. On the other hand, a Negative and a Positive are likely to feel more inhibited about sexually relating to one another...

(7) For Negatives and Positives alike, the theme of "being clean y. being unclean" will play an even more important role than it already has among American gay men. AIDS has made many gay men feel unclean and alienated from American society. For Negatives, their Test result will take the form of a ritual cleansing, and will permit a sense of reintegration into the larger society. Positives will at first feel even more "unclean", but for many, the health regimens referred to in (5) will play a very important role in regaining a sense of being strong and "clean".

The unanswered question is: how will American society as a whole respond to this new clarification of the meaning of "clean" and "unclean" among gay Americans?

(8) Insurance companies will be intensely interested in The Test. Many insurers may require single males to take The Test, in order to obtain coverage.

(9) There will be fewer rapes in prison. Just as one can stave off a vampire by holding up a cross, so can one stave off aggressive inmates by holding up a "positive" HTLV-III test result. One need not be either a true Christian or a true "Positive"...

(10) There will be an even greater amount of support for people with AIDS from the gay male community, especially the Positives. A positive Test result will give an individual a sense of decreased social distance from a person with AIDS, and hence, an increased capacity for empathy. Donations of money and time will increase considerably.

APPENDIX 7Recommendations to the City and County of San Francisco

(Adopted by Task Force, July 18, 1985)

- (1) We should provide educational outreach in San Francisco to people who use needles, regarding (a) risk of AIDS, (b) role of alcohol and other drugs in enhancing the risk of AIDS, (c) risk of sharing needles, and (d) safe sex practices. This outreach should have a multicultural and multimedia form, including PSAs, posters, flyers, radio messages, etc., in appropriate languages.
- (2) We should provide educational outreach to staffs of agencies which contact the needle user (treatment programs, free food kitchens, the County Jail, family service agencies, domestic violence programs, shelters, high schools, etc.) regarding substance abuse issues, AIDS information, and community resources.
- (3) We anticipate an increase in use of program services by needle users who are PWAs, ARCs, or seropositives. Program capabilities should be expanded for those special populations, with additional resources allocated for these services. Ward 93 should be designated as the main methadone maintenance program for opiate addicts with AIDS or severe ARCs.
- (4) At the Alternative Test Sites, there will be staff who are capable of counseling needle users as to the meaning of the HTLV-III test to them. Needle users should be made aware of this fact.
- (5) We should continue epidemiological studies of HTLV-III antibody spread into the needle user community, and we should institute evaluation as to the efficacy of the educational outreach. Research utilizing the HTLV-III test should adhere to strict protection of confidentiality, and should provide supportive counseling as per the Alternative Test Sites model.

APPENDIX 8

Counseling Protocol for Seropositive IV Drug User Clients

W. Craig McDermit, Ph.D.

In counseling clients who know their HTLV-III test results, the following factors should be included:

- 1) Assure client of complete confidentiality. "No records will be kept. There will be no reference in your client chart."
- 2) Encourage free discussion of thoughts, feelings, etc.
- 3) Make your own assessment of the client's current mental status: extent of anxiety, depression, impulsivity, suicide ideation, reality testing, etc.
- 4) Explore reasons for having taken the Test, and their expectations of the Test.
- 5) Explore the client's understanding/interpretation of the results, putting in realistic perspective
 - dispelling myths, inaccuracies, etc.
 - providing accurate information/reassurance
 - what are the client's fantasies?
 - should the Test be taken again?
- 6) Explore the significance of both positive and negative Test results. What does this mean in the client's life?
- 7) What measures can be taken? How can the client better care for him/herself? Emphasize what can be done:
 - physical health: good diet, rest, lowered stress, lowered drug and alcohol consumption, good exercise, changes in sexual and socialization practices
 - mental health: support systems, community resources, meditation and other positive mental attitude exercises, etc.
- 8) Resistances to adopting positive health strategies?
- 9) Decisions to tell anyone else, and for what reasons?

APPENDIX 9

Delays in Obtaining Printed Materials

In the course of this Project, two factors contributed to cause huge, unanticipated delays in the preparation of the printed materials.

First, it was necessary, in each County, to clear the wording of the materials with appropriate persons and agencies. It was especially difficult to get agreement as to which agencies would be listed on the "Where to Get Help" panel of the "Shooting Up and Your Health" brochure. Often these decisions would require one or more staff meetings of the agencies concerned, so that they could decide whether or not they wanted to be listed. As agencies conduct staff meetings as infrequently as monthly, the delays added up. Thus, in the five counties, a range of three weeks to two and one half months was experienced between the submission of our "free printing" proposal and the submission of the final text to the typesetter. And because of the need to economize on printing costs, the texts for all five counties had to be obtained before any one of them could be run, so that we wouldn't have to pay for costly multiple printing runs.

Second, there was a bizarre set of circumstances which caused the actual typesetting and printing job to take six weeks longer than expected. These circumstances included (among several other things!) the diversion of texts between typesetter and printer, the misplacing of key plates at the printer, the printer's moving from one location to another, and serious labor problems at the printer's shop. A turnaround time of two weeks was extended to an agonizing eight weeks. (If a fuller explanation of these extraordinary events is desired, Mr. Jim Rivaldo, the graphic design consultant who supervised this work, should be contacted at 415-863-5560).

The second of these problems would most likely not recur in future work of this sort. However, the first problem is probably inherent in any work where a county's agencies are requested to agree with a text and with a listing of "Where to Get Help" agencies.

APPENDIX 10

Budgetary Matters

Agency Financial Statement

Expenditures, November 1, 1984 to July 15, 1985

Salary: John Newmeyer, Ph.D., Epidemiologist	██████████
Salary: Harvey Feldman, Ph.D., Ethnographer	██████████
Fringe Benefits	821.01
Communications: Telephone and Postage	356.72
Supplies	16.56
Duplicating (Xeroxing)	110.80
Travel (3,039 miles @ \$.225)	683.79
Educational Materials	
Spanish translations	70.00
Design	100.00
Typesetting and artwork	518.00
Printing	3,067.20
GRAND TOTAL	<u>\$10,818.50</u>

Income

Billed against State Contract #84-84391	\$10,190.00*
Haight-Ashbury Free Medical Clinic	309.00**
San Francisco AIDS Foundation	319.50**
GRAND TOTAL	<u>\$10,818.50</u>

* Includes \$190 cost overrun

** Pending

Other Funding Sources

The Project was benefitted by cash assistance from two sources, and donated professional time from seven sources, as follows:

The <u>Haight-Ashbury Free Medical Clinic</u> , cash payment for 800 English and 200 Spanish copies of the brochure, "Shooting Up and Your Health", plus 2,000 copies of the card, "AIDS and Needle Use"	\$309.00
The <u>San Francisco AIDS Foundation</u> , cash payment for 2,000 Spanish copies of the brochure, "Shooting Up and Your Health"	\$319.50
<u>William Paul, Ed.D.</u> , for 96 hours of donated professional time, for interviewing IV users (in and out of treatment) and analyzing the results, @ \$20/hour	(\$1,920.00)
<u>Lee Slome</u> , for 60 hours of donated professional time, for interviewing IV users (in treatment) and tabulating the results, @ \$10/hour	(\$600.00)
<u>W. Craig McDermitt, Ph.D.</u> , for 6 hours of donated professional time in preparing a counseling protocol, @ \$20/hour	(\$120.00)
<u>Steven Klot, M.A.</u> , for 3 hours of donated professional time, in preparing PSAs, @ \$12/hour	(\$36.00)
<u>Bernie Wagner</u> , for 3 hours of donated professional time, in preparing PSAs, @ \$12/hour	(\$36.00)
<u>Vickie Gurdock</u> , for 2 hours of donated professional time, in assisting with a Spanish translation, @ \$10/hour	(\$20.00)
<u>Rafael Flores</u> , for 2 hours of donated professional time, in assisting with a Spanish translation, @ \$10/hour	(\$20.00)
TOTAL SUPPORT: CASH	\$ 628.50
DONATED PROFESSIONAL TIME	(\$2,750.00)

PREVENTION OF A.I.D.S. AMONG I.V. DRUG USERS IN NORTHERN CALIFORNIA

Proposal prepared by

John Newmeyer, Ph.D.
Epidemiologist
Haight-Ashbury Free Medical Clinic
San Francisco

and

Harvey Feldman, Ph.D.
Urban Anthropologist
Youth Environment Study
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for

VD Control Program
State Department of
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Sacramento

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EXECUTIVE SUMMARY

There have been, to date, more than 1,200 cases of AIDS diagnosed in Northern California. Included in this caseload are some 140 IV drug users, mostly gay male amphetamine abusers resident in San Francisco County. The sharing of hypodermic needles is agreed to be one of the "high risk behaviors" pertinent to AIDS virus transmission.

An extensive risk-reduction campaign was conducted among San Francisco County's IV drug users during late 1983 and 1984. With the assistance of pilot project funding from the State of California, this effort was deepened in that County and broadened to four nearby counties (Alameda, San Mateo, Contra Costa, and Marin) during early 1985. The present proposal is to further broaden this prevention-education work, to fifteen other counties in Northern California.

The goal of the proposed project is to reach the maximum number of IV drug users in the fifteen-county target area in late 1985 and early 1986, and to deliver to them a message about the nature of AIDS and the means to reduce their risk.

The work will be based on the education campaign developed by one of the authors (JN) and described in the second paragraph above. Project staff will revise methods and materials appropriate to the enlarged, 15-county campaign. The points of delivery will be 140 to 150 treatment agencies and 60 of the most-used public gathering places ("hangouts") for the IV user population of the targeted counties. The Project will bolster its written message with direct training of treatment program staffs, personal contacts with opinion leaders among the IV user subculture, and periodic evaluation of its own efforts. The Project plans to leave in place an ongoing, sustainable public-education program in each of the fifteen counties.

The co-authors of this proposal will be the principal staff of the Project: one, an epidemiologist, will take responsibility for outreach to staff and clients of the drug treatment programs; the other, an urban anthropologist, will seek access to the "hangouts". Both individuals have had extensive experience in precisely the skill areas required for their proposed work on the Project.

This project's work will be carried out in coordination with local county efforts and the regional AIDS education centers.

CONTRACTOR: Youth Projects, Inc.

BUDGET SUMMARY

<u>Personal Services</u>	<u>Pay Period</u> <u>Salary</u>	<u>Percent of</u> <u>Time</u>	<u>Amount</u>
John Newmeyer, Ph.D.; Epidemiologist	12 mos./[REDACTED]	30%	[REDACTED]
Harvey Feldman, Ph.D., Urban Anthropologist	12 mos./[REDACTED]	20%	[REDACTED]
Outreach Manager	11 mos./\$17,100	50%	7,840
Fringe @ 19%			5,100
Consultants:			
Richard Blaustein (Printed materials design)			600
Lyn Paleo (San Francisco AIDS Foundation), 75 hours			0
Total Personal Services			\$32,540

<u>Operating Expenses</u>		
Printing:	16,000 brochures @ \$120/M	
	15,000 cards @ \$30/M	
	800 posters, various sizes, @ 40¢-90¢	\$2,850
Xeroxing:	2,500 pp. @ 5¢	125
Travel:	4,800 miles by the Epidemiologist @ 22.5¢	
	6,000 miles by the Urban Anthropologist @ 22.5¢	2,970
	2,400 miles by the Outreach Worker @ 22.5¢	
Telephone:	180 message unit calls within 415 Area @ 30¢	604
	550 long distance calls out of 415 Area @ \$1	
Office Supplies		100
Postage		270
Computer Time (CAIN, @ \$6/hour)		120
Total Operating Expenses		\$7,039
Total Overhead Expenses *		\$2,304
<u>TOTAL BUDGET</u>		<u>\$41,883</u>

- * Rent: ¼ of office space of 1694 Haight Street, San Francisco; 12 months @ \$150 = \$1,800
 Utilities: ¼ of gas, electricity, water, and garbage costs of above-mentioned office; 12 months @ \$22 = \$264
 Bookkeeping: 12 months @ \$20 = \$240

AGENCY DESCRIPTION

Youth Projects, Inc. ("YPI") will serve as the administrative agency for the proposed Prevention of AIDS Among I.V. Drug Users in Northern California project (hereinafter referred to as the "Project".) YPI is presently the administrative office for the several sections of the Haight-Ashbury Free Medical Clinic system. The YPI offices, and all but one of the sections it administers, are located in the central business district of the Haight-Ashbury neighborhood.

The seven sections of YPI provide these services:

- (1) detoxification, rehabilitation, and aftercare for persons suffering from drug dependence;
- (2) detoxification and counseling for alcohol abusers;
- (3) general medical care;
- (4) general dental care;
- (5) gynecological and other relevant services for women;
- (6) emergency medical care at rock concerts;
- (7) psychiatric care for incarcerated persons; and
- (8) training and education.

Funding sources for this array of services, in order of importance for the 1986 fiscal year, are: (1) the City and County of San Francisco, (2) third-party payments, (3) donations from individual clients, (4) donations from private foundations, (5) donations from individual benefactors, and (6) fundraising events.

The treatment clinics of the YPI system provide approximately 58,000 service units annually to some 6,400 clients. The geographic area served is the nine-county San Francisco Bay metropolitan area. Of these 6,400 clients, about 55% are male and 45% female. The median age is about 32½ years, with nearly one in four being 40 years or older. Some 59% of the clientele are White, 15% are Black, 14% are Hispanic, 9% are Asian, and 3% are of other races; this ethnic distribution closely resembles that of the San Francisco Bay Area as a whole. Nearly one-half of the clientele have had at least some college education; however, nearly 40% are unemployed or underemployed (less than 25 hours per week) at present.

YPI is governed by a Board of Directors, consisting of twenty-four community leaders from six Bay Area counties. Each section is managed on a day-to-day basis by an Executive Director. The total number of paid employees of the seven sections is 72, including 5 physicians and 22 other health professionals. There is currently a local contract with the Medical Section for AIDS screening (see Attachment 2). The relevant YPI agency staff for the proposed Project are listed in Attachment 3.

The purpose of all of the treatment-oriented sections of YPI is to provide supportive care, free of charge, to

Bay Area residents, with the goal of enhancing their ability to regain and sustain their own health.

The largest single section of YPI, and the one most concerned with the work of the proposed Project, is the Drug Detoxification, Rehabilitation, and Aftercare Project. This facility has been in operation since 1968, and has treated more than 17,000 Bay Area residents for drug abuse problems. The Detoxification Project specializes in the care of heroin, cocaine, and methamphetamine abusers. This section has played a leading role in research and education on drug use; one of the authors of this proposal (JN) has written or co-written some 33 published articles.

PROJECT GOAL

The goal of this prevention project will be to reach the maximum number of intravenous drug users in a 15-county area of Northern California, so as to deliver a message about the nature of AIDS and the means to reduce one's risk. This work will be done either by providing direct services in the targeted counties, or by providing technical assistance to agencies in the counties to enable them to deliver these services. The Project will, in general, be expanding upon work done in the five-county San Francisco/Oakland SMSA during the period ending in June 1985.

THE PROBLEM

The at-risk population is defined as those persons who will use hypodermic needles to inject psychoactive drugs in the period from July 1985 to June 1986. Survey research by one of the authors (Newmeyer, 1984) indicates that the majority of these IV drug users admit to sharing needles with other users.

The Project will be concerned with fifteen Northern California counties:

Humboldt	Sacramento
Mendocino	Solano
Sonoma	Yolo
Napa	San Joaquin
Shasta	Santa Clara
Butte	Santa Cruz
Sutter	Monterey
Yuba	

The 1985 population of these fifteen counties is approximately 4,650,000. A recent study of drug abuse prevalence (Foster et al, 1984) made estimates for eight of the largest of these counties, accounting for 85.1% of the fifteen-county population. The estimates totalled 31,300 heroin abusers for the eight counties. If it is assumed that virtually all heroin abusers were using the intravenous route, and that they accounted (as in San Francisco) for about 60% of all IV drug users, then it can be estimated that some 61,000 persons were using drugs intravenously in the fifteen counties. Of course, some of these individuals never share needles; but work in the pilot project conducted by this proposal's authors (Newmeyer and Feldman, 1985) indicates that this proportion is not greater than 20%. Therefore, the population at risk for AIDS transmission by needle in the fifteen counties can be estimated as at least 49,000. This is the target population for the proposed Project.

Recent data on the prevalence of AIDS shows that some 79 cases were reported in the fifteen counties as of March 5, 1985. About 95% of these fell into the "gay/bisexual male" category. However, the hierarchical presentation of AIDS data conceals a substantial number of cases who were both homosexually active and IV drug users (Ginzburg, 1984). For example, in San Francisco as of February 28, 1985, 992 AIDS cases had been reported; 974 were classed as "gay or bisexual male" but of these, 123 also had a history of IV drug use.

Another study (Newmeyer, 1985) found that, among a sample of 62 heterosexual IV drug users obtained at two clinics in San Francisco, four individuals (6%) tested positive for HTLV-III antibodies. This must be regarded as a very preliminary measure of the proportion of seropositives among the IV user population; nonetheless, if it proved accurate for the fifteen counties herein targeted, there would currently be roughly 3,000 heterosexual IV drug users who had been infected, or who are now infected, with the AIDS virus. If one reflects upon that possibility, and upon the likelihood that a far higher proportion of homosexual/bisexual male IV drug users are seropositive, and also upon the probability that most IV drug users are continuing to share needles, it is obvious that a public health threat to the IV user population looms as a clear and present danger.

PRIOR WORK

San Francisco County, being the hardest hit by AIDS, has taken the lead in developing a public-education response for its IV drug user residents. The Haight-Ashbury Free Medical

Clinic developed a brochure, "Shooting Up and Your Health" in the Summer of 1983. During the following year, more than 9,000 copies of this brochure were distributed to San Franciscans. In June of 1984, an evaluation of the efficacy of the public education was made. This evaluation made it clear that public education would work among the IV drug users, and the behavior change toward less "risky" patterns was well under way, in San Francisco. Based on this, a pilot program was designed for deepening the prevention effort in San Francisco County, and broadening its reach to the four other counties of the San Francisco/Oakland SMSA (Alameda, Contra Costa, San Mateo, and Marin.)

The pilot project was funded by the State of California, and has accomplished the following:

(1) An interview study of 45 IV drug users was conducted, to examine (a) their beliefs and attitudes about AIDS, (b) their needle-using behavior and its relationship to the risk of AIDS, (c) the sources of information which shaped those beliefs, attitudes, and patterns of behavior, and (d) their view of the existing prevention materials, in terms of "source" and "content" credibility. These interviews were face-to-face sessions requiring about 30 minutes' time. The interviewees were a representative cross-section of men and women, gays and straights, and Blacks, Whites, and Hispanics. About three-fifths of the group were primarily heroin abusers, and meth-amphetamine abusers constituted most of the remainder. Thirty interviewees were clients of the Haight-Ashbury Free Medical Clinic's Detox Project, and fifteen were persons not in treatment who were located by several chain-referral approaches.

The principal findings of the interview study were these:

- (a) Most respondents felt vulnerable to AIDS, but a sizeable minority did not. The latter group tended to be younger, and gave a wide variety of rationalizations for their "invulnerability".
- (b) Nearly all respondents admitted to sharing needles with at least one other person in the past year.
- (c) Needle-cleaning was practiced by more than half the group at least occasionally. However, the cleaning methods described tended to be incomplete and ineffective; again, rationalizations and myths prevented their clear understanding of the risks at hand.
- (d) There were clear social barriers to effective cleaning between users. The major theme seems to be, "it's uptight to do that".
- (e) There is a desire for a truly effective cleaning

method, provided it is cheap, quick, and easily managed.

(f) The existing prevention materials (principally "Shooting Up and Your Health") are effective for only about one-half of the at-risk population. Simpler formats are needed for a substantial number who are functionally illiterate or "not inclined to read things." A Spanish-language format is needed for perhaps 10% of the San Francisco at-risk group. A more "Third World" format would also be helpful.

(g) "Source credibility" is at least as important as "content credibility". Among all the sources inquired about, the top two were the Haight-Ashbury Free Medical Clinic and San Francisco General Hospital. The high regard for the H.A.F.M.C.'s credibility was found in both the in-treatment and the not-in-treatment portion of the interview group.

(h) In terms of alternative media, posters and radio spots appear to be the two most worthwhile possibilities.

(2) With the help of the results from the just-described interview study, and with the advice of experts in virology and AIDS treatment, a new battery of prevention-education materials was prepared. This battery consisted of:

(a) A revised version of the "Shooting Up and Your Health" brochure. The major changes were to substitute bleach for alcohol as the recommended cleaning agent, and to alter the "Where to Get Help" portion to be suitable for other counties than San Francisco.

(b) A Spanish-language version of the revised "Shooting Up and Your Health" brochure.

(c) An abbreviated (80 words), calling-card-sized item, titled "AIDS and Needle Use", which describes risks and risk-avoidance measures in the briefest possible manner.

(d) A poster for display in treatment programs, titled "Urgent Notice", which warns IV drug users that an outbreak of AIDS is occurring and that they are strongly advised not to share needles.

(e) Public Service Announcements for radio broadcast, of 20-, 30-, and 60-second durations.

(f) A 20-minute lecture module for use by the Epidemiologist in his presentation to drug treatment programs. This lecture module sets forth the problem at hand, the strategy in combatting it, and the tactical use of the prevention materials at hand.

(3) Liaison was established with (a) the county offices responsible for coordination of drug treatment services, and (b) the AIDS Educational Service Area Center (ESAC) for each

county. The purpose of this was to insure coherent, non-duplicating efforts between our pilot project, the AIDS ESACs, and the county agencies. (For example, in Alameda County, the County Health Care Services agency is in charge of coordinating drug treatment services, and the Pacific Center serves as the ESAC for that county among several others.) Another purpose of this liaison is to reprint the "Shooting Up and Your Health" brochure with appropriate service providers listed under, "Where to Get Help", and with suitable sponsors to help out the "source credibility" aspect.

(4) Our resources-- listed in (2) above-- were then offered to all drug treatment programs in each county. The offer came "through" the county coordinating agency, with their blessing.

(5) With the help of program staff in the local areas, "hangouts" (places where IV drug users congregate in significant numbers) were identified in two of the four counties.

All the work described above was completed prior to April 4, 1985, and is discussed in detail in the pilot project's quarterly report (Newmeyer and Feldman, 1985).

The pilot project will not be completed until June 30, 1985. Ongoing work to be completed by then is as follows:

(6) Actual delivery of the resource materials to the requesting agencies.

(7) Maintenance of an ongoing channel of communication with each agency which is using our materials, for purposes of feedback and resupply.

(8) Identification of the "hangouts" in the remaining two counties, and delivery of a "field" module, primarily cards and a 1-minute version of item (f) under (2) above, to the areas in all four counties.

(9) Turning over of the means whereby to continue an effective, coherent public education campaign among IV drug users, to the county coordinating agencies of Alameda, Contra Costa, San Mateo, and Marin. It is expected that those counties' risk-reduction efforts will be "self-generating" after June 30, 1985.

RATIONALE FOR ETHNOGRAPHIC WORK

To insure that health promotion materials reach the IV drug user at the street level, it is necessary to understand

(1) the specific social organization of needle-using groups, and (2) the specific needle-using practices of those groups. Ethnography, or urban anthropology, provides an ideal research method to accomplish both aims. Simply put, ethnography is the study of a culture or social group from the perspective of its members. Through participant observation or field work, the research attempts to meet members of the culture or group in their natural environments and to identify their everyday practices. With regard to IV drug users, this entails collecting information about their specific drug-using patterns and the manner in which hypodermic needles are employed in those practices. By collecting data directly from members of needle-using groups, it is possible to have first-hand information on current practices rather than hearsay or second-hand information from drug treatment providers, who may or may not have accurate and/or current information. Since some of these practices change over time, information is frequently "dated". For example, until recently heroin addicts in New York City routinely constructed private sets of works made from commercial eyedroppers attached to hypodermic needles. Today, such equipment has been almost entirely supplanted by needles obtained from medical sources. Sometimes these needles are shared and re-used. Further, there are in the New York area about 1,000 "shooting galleries" where heroin addicts rent needles and other equipment. The connection between AIDS and needle use being now well known within heroin using circles, street entrepreneurs have taken to selling packaged needles as a way of avoiding AIDS transmission. It was found that used and contaminated needles were being sold as "new and clean." This information was obtained through ethnographic research.

The task in the proposed Project is to reach the street level user who is not in treatment. Before that can be accomplished, it is necessary to identify, as much as possible, the various kinds of needle-using groups which exist in the county under study. This can be achieved in a three-step approach: (1) contact with existing drug treatment providers, who, in turn, will (2) provide introductions to indigenous knowledgeable observers (e.g., former heroin addicts), who, in turn, will (3) provide direct contact with members of existing needle-using groups of drug users.

An important benefit of the work that we do "on the street" is that drug users may be encouraged to seek treatment, if for no other reason than to reduce the very real risk of contracting AIDS-- a risk of which we will hasten to inform them. Entering treatment will allow other problems, common to drug abusers, to be addressed. Among these problems, the

following are most frequent:

- o Unemployment or under-employment
- o Criminal activities, especially crimes against property
- o Low self-esteem
- o Despair for the future ("Half in love with easeful Death")
- o Psychiatric disturbances
- o Inability to form lasting intimate relationships
- o Poor general health status
- o High risk for needle transmitted diseases

The general purpose of the Project is to increase access to services for the IV drug users, so that all of the above problems can be addressed. The specific purpose of the Project is to reduce the incidence of needle-sharing, so that the last-named problem is ameliorated.

OUTCOME OBJECTIVES

The Project has set three outcome objectives, relevant to the general goals of increasing drug users' access to treatment, and reducing their incidence of needle sharing:

- (1) To design a scheme for maximizing distribution of information to IV drug users in the fifteen counties.
- (2) To carry out this distribution work.
- (3) To leave in place an ongoing, sustainable public-education network.

The Project staff is aware that mere distribution of educational literature is not sufficient for success, even if the beliefs and attitudes of the target population are completely changed in the desired manner. Changes in behavior are the key to our success-- and it is not a single big change we hope for, so much as incremental change in a dozen or more regards. Thus, our information campaign will be designed to encourage modest behavior changes such as: (a) refusing to accept newcomers to one's needle-sharing group; (b) "cutting" gay men from one's present needle-sharing group; (c) instinctively pulling away from a drug-loaded syringe, because the needle has just been in someone else's arm; (d) stocking one's house with bleach, alcohol, or other cleaning agents; (e) purchasing an extra supply of needles when the opportunity arises; (f) getting the HTLV-III test; (g) developing the habit of taking vitamin supplements; (h) joining an exercise or other health-maintenance program; (i) hastening to see a doctor when

certain disease symptoms are noted; (j) asking needle-sharing partners pointed questions about their sexual and drug-sharing practices; and so on. If our prevention efforts are met with success, it will be because the social milieu of the IV user population has changed in many subtle ways, in such a way as to vivify awareness of the "unclean" aspects of their lifestyle.

PROGRAM ACTIVITIES

The work of the Epidemiologist and of the Urban Anthropologist will proceed in separate but parallel fashion. Each will be assisted by the Outreach Worker, who will divide his/her time in helping those two professionals.

The Epidemiologist's work will proceed as follows:

(1) He will initiate contact with each county by first conferring with the ESAC for that county (for example, the ESAC for Santa Cruz County is the Santa Clara County Health Department.) Contact will then be made with the drug program coordinating agency for the county, or, lacking such, with the county health department.

(2) The drug program coordinating agency (or health department) will be asked to sponsor a meeting of all drug treatment providers. The AIDS risk reduction campaign will be presented by the Epidemiologist, and a group discussion will be held. Decisions will be made about appropriate tactics for the county, and about the way in which the Project materials (see items (2)a-f on page 7) will be reprinted for the county. A decision will also be made as to whether the Project will handle actual service delivery to the programs, or will merely provide technical assistance to the central county agency so that it can do the actual service delivery.

(3) Letters will be sent to all the county's drug treatment agencies (including those not represented at the meeting), informing them of the work accomplished at the meeting, and providing samples of the prevention-education materials. Each agency would be asked to return a questionnaire, with replies as to their needs (if any) for those materials for the ensuing 12-month period.

(4) The questionnaires would enable the preparation of materials in the right quantities for each county. Printing would be done inexpensively in the Bay Area, at a single location.

(5) Materials would then be disseminated to the programs, either by the central county agency or by the Project itself. In the latter case, the Epidemiologist would schedule himself

for 20-minutes verbal presentations to the program staffs. These presentations would be arranged so as to make efficient use of the time and transportation of the Epidemiologist-- ideally, three or four presentations in a single day, along a tour-route with no detours.

(6) A liaison person would be nominated from each program staff. This liaison person would be telephoned at least every 30 days during the remainder of the Project period, for purposes of feedback, evaluation, and materials resupply.

(7) In counties where the Project handles the actual dissemination of materials, the Epidemiologist will endeavor to complete his work by turning it over to the drug program coordinating agency (or health department) at the end of the Project year. A sufficient amount of time-- two to four hours-- will be allowed to convey the necessary information to each county's personnel, with an eye toward full assumption of responsibility by the county for this aspect of the AIDS prevention effort. This work would be done in close coordination with parallel work to be done by Lyn Paleo of the AIDS Foundation, and other ESAC personnel, in regard to prevention education among gay males of the same counties.

(8) The Epidemiologist would also be responsible for further revisions of the prevention education materials, as appropriate.

(9) The Epidemiologist would take responsibility for evaluation, recordskeeping, and summary reporting on the Project's activities.

In the meantime, the Urban Anthropologist's work will be proceeding as follows:

(1) He will accompany the Epidemiologist to the providers' meeting described in (2) on the previous page. At this meeting, he will discuss the usefulness of early identification of AIDS symptoms among drug program clients, and of the role of the HTLV-III test in this work. He will also ask providers to identify "street-level knowledgeable" staff or patients.

(2) He will conduct interviews with the knowledgeable staff and patients, asking these persons to identify drug-use subculture participants, preferably those of high status.

(3) The Urban Anthropologist will then conduct a series of interviews to ascertain information on needle-using and needle-sharing practices. (In his judgment, these practices will vary widely according to region, drug of choice, ethnicity of user, and age of user.)

(4) He will then tailor an intervention strategy appropriate to the particular user subculture. This "tailoring" will take the form of modification of the wording and format of the calling-card-sized items, and of the decision whether or not to employ posters, radio spots, or and/or brochure distribution. A concerted attempt will be made to establish a liaison person-- for example, a high-status user participant-- to assist in the intervention work.

(5) He will endeavor to reach as many user subcultures as possible, with an eye to making efficient use of his time and of the materials.

(6) The Urban Anthropologist will assist the Epidemiologist in activities (7), (8), and (9), described on page 12.

PROCESS OBJECTIVES

There are six specific process objectives for the Project:

(1) To revise existing materials and create new materials, including but not limited to: (a) English- and Spanish-language versions of "Shooting Up and Your Health"; (b) an abbreviated, card-sized version of that brochure, rendered in a variety of versions suitable to various subcultures; (c) posters suitable for public display in "hangout" areas; (d) posters suitable for display in drug treatment programs; (e) radio public service announcements; and, (f) a lecture module, both in a full 20-minute version and a summary 1-minute version.

(2) To make presentations to the staffs of all major drug-treatment programs in the fifteen-county target area, either directly or through central county agencies which would have been provided technical assistance. There are between 140 and 150 programs in the fifteen counties.

(3) At these treatment programs, to distribute 12,000 brochures, 5,000 cards, and 200 posters.

(4) To identify and visit 60 major locales where drug users congregate.

(5) At these locales, to distribute 4,000 brochures, 10,000 cards, and 600 posters.

(6) To identify the key public-health education agencies in the fifteen counties (probably either the central coordinating office for drug treatment programs, or the county health department) and to turn over to them the means for continually extending Objectives (2) through (5); before June 30, 1986.

UNUSUAL FACTORS

There are two unusual aspects to this Project:

(A) The Street Ethnography. We mean to do something that is normally very daunting: to locate "speed freak" and "junkie" hangouts and break in among them with our educational materials. Having Dr. Feldman as our Urban Anthropologist will facilitate this work. He has more than twenty years' experience in working with drug abusers; he is familiar with the local street vernacular; he is very attuned to the fears and hesitations of IV users; and he has shown mastery in the art of developing rapport with such persons. Our work will be further eased by the nature of our contact: we aim to take nothing-- not even sociological information-- away from the IV user subculture, but only desire to give the users information and materials which are manifestly in their interest.

(B) The Module Printing Format. We will need to print fifteen or so versions of "Shooting Up and Your Health", so that the back panel's information on "Where to Get Help" will be appropriate to each county's service network. It will be crucial to get good estimates of the materials requirements for each county, so that printing costs can be held to a minimum.

The other materials will be tailored-- with advice from the Urban Anthropologist-- in such a way as to maximize the likelihood of risk-reduction behavior in the target population. We intend to use whatever tricks of the advertiser's trade are available. We have retained an experienced advertising design consultant, Richard Blaustein, for this purpose.

ORGANIZATIONAL INVOLVEMENTS AND MOBILIZATION OF RESOURCES

(1) We must arrange affairs at 1694/1696 Haight Street, so that office space, a typewriter, a telephone, and a Xerox machine are all convenient to the use of the Project. All of these elements are currently in place, but some coordination with other YPI staff is required.

(2) Liaison with Lyn Paleo of the San Francisco AIDS Foundation will be continued. Liaison will also be established with the relevant AIDS Educational Service Area Centers for the fifteen counties, which will probably be:

River Community Services-- Sonoma County

Sacramento AIDS Foundation-- Shasta, Butte, Sutter, Yuba, Sacramento, Yolo, and San Joaquin Counties

San Francisco AIDS Foundation-- Napa, Mendocino,
and Humboldt Counties

Pacific Center for Human Growth-- Solano County

Santa Clara County Health Department-- Santa Clara,
Santa Cruz, and Monterey Counties

(3) The Outreach Manager must be hired, and trained in such a way as to provide maximum relief on the less-available, and more expensive, time of the Epidemiologist and the Urban Anthropologist. An articulate and energetic person in this role will be a vital help in scheduling our contacts, in overseeing our printing jobs, in helping to keep our records of agency contacts, and in updating our liaison with these agencies.

(4) A master calendar and good maps will be used to facilitate efficient scheduling of the staff's time. Names and phone numbers of agency contacts will be kept in a systematic and easily accessible fashion.

(5) A bookkeeping system for our accounts will be established, with attention given to careful monitoring of (a) staff time, (b) car mileage, (c) phone usage, (d) printing jobs and costs, (e) CAIN usage, and (f) Xerox machine usage.

(6) We will use the H.A.F.M.C. computer terminal to access CAIN, both to alert other CAIN users of our activities and resources, and to solicit assistance as appropriate. About 20 hours such usage, scheduled in the inexpensive evening hours, is anticipated.

(7) At the end of each month, the Epidemiologist will be responsible for assembling the bookkeeping records for the month, summarizing them, double-checking this work, and invoicing the State of California in triplicate.

(8) On a weekly basis, the Epidemiologist and the Urban Anthropologist will recheck the records for the work in the agencies and the hangouts, to ascertain that correct information on phone numbers, addresses, quantities of materials delivered, comments and suggestions of staff, and estimated rates of distribution of materials, have been recorded.

EVALUATION

Evaluation will be conducted approximately on a four-monthly basis, beginning on November 1, 1985, March 1, 1986, and July 1, 1986. The work of evaluation will be the joint

responsibility of the Epidemiologist and the Urban Anthropologist, and will be completed in about one week. The evaluations are for public consumption, and are intended to culminate in written Project Performance Reports.

Evaluation will consist of seven quantifiable measures:

- (1) A count of the agencies to which the Epidemiologist has given presentations, along with a count of other such presentations facilitated by technical assistance provided by the Epidemiologist.
- (2) A count of the hangouts at which the Urban Anthropologist has begun making literature distributions.
- (3) A rating, on a seven-point scale, of the "response success" at each agency or hangout.
- (4) A count of the number of materials of each sort distributed at each agency or hangout.
- (5) An enumeration of the number of contacts with liaisons at each agency, and of the additional requests for materials therefrom.
- (6) A report on the number and kind of materials successfully designed and printed.
- (7) An enumeration of the monthly incidence of hepatitis-B cases in each county, commencing with July 1983 and continuing through May 1986.

It is anticipated that the first six measures will provide a fairly complete picture of the success of the Project in preparing and disseminating materials to the estimated 61,000 IV drug users in the fifteen-county target area. However, access to information, and attitude change resulting therefrom, would not in themselves spell success in achieving the Project's goals. Behavior change is the bottom-line criterion-- and measure (7) is the single best gauge that we will have. Just as changes in the incidence of rectal gonorrhea reflect changes in "risky" behavior among gay males, so will changes in the hepatitis-B rate reflect changes in "risky" practices among IV drug users.

It would be desirable to have a second behavior change measure to support the results from measure (7). Project staff will endeavor to devise and undertake such a measurement. One possibility is to locate, in June 1986, a sample of 40 to 60 IV drug users who had been subjected, some months before, to the early phases of the Project's education outreach.

PRIVATE FUNDING PLAN

The Project sees itself as the catalyst for devising and initiating appropriate public-education work among the IV drug users of a county. As described above, the Project would convey its materials and network information to appropriate public-health officials in the county, and then would phase itself out of that work in the county. The work would continue, with funding coming from local sources.

If the Project's role as "catalyst" can be shown to be clearly cost-effective, there is an excellent chance for funding from Federal sources, especially if a nationwide prevention effort-- comparable to those against influenza epidemics of the past 30 years-- gets underway.

WORK PLAN AND TIMETABLE

The work plan and timetable for the Project's life, from July 1, 1985 through June 30, 1986, is presented in Attachment 4.

A WORD ABOUT CONFIDENTIALITY

The Project is concerned about the privacy and confidentiality of information obtained from IV users it deals with, especially the liaisons from hangouts and other public gathering places. The staff of the Project hereby asserts its commitment to protect the privacy and confidentiality of these individuals as much as is possible. The staff further affirms its commitment to abide by State and Federal regulations in regard to confidentiality of information.

WORKPLAN AND TIMETABLE

July 1, 1985 - June 30, 1986

Page 1 of 2

SCHEDULE			OBJECTIVES AND ACTIVITIES	MEASUREMENT OF PERFORMANCE
1st Period	2nd Period	3rd Period		
7-15-85			Hire Outreach Manager	Manager begins first day of employment.
7-15			Begin contacts with Group 1 counties (Santa Clara, Santa Cruz, Monterey)	Meetings are scheduled as appropriate
8-15			Complete Group 1 providers' meetings	Minutes of meetings in hand
9-1			Begin contacts with Group 2 counties (Sacramento, Yolo, San Joaquin, Butte, Shasta, Yuba, Sutter)	Meetings scheduled as appropriate
9-10			Complete revision of Group 1 materials	Printer's job numbers in hand
10-20			Complete Group 2 providers' meetings	Minutes of meetings in hand
10-25			Complete first-round distribution of materials to Group 1 counties	Records of distribution obtained and summarized
11-1			Begin first evaluation	Summary notes on the evaluation completed within one week
11-8			Complete first Project Performance Report	Project Performance Report mailed to State
	11-10		Complete revision of Group 2 materials	Printer's job numbers in hand
	11-20		Complete first-round distribution of materials to Group 2 counties	Records of distribution obtained and summarized
	12-15		Complete first-round contacts with "hangouts" in Group 1 counties	Records of contacts obtained and summarized
	12-15		Begin contacts with Group 3 counties (Napa, Mendocino, Solano, Sonoma, Humboldt)	Meetings are scheduled as appropriate
	1-15-86		Complete Group 3 providers' meetings	Minutes of meetings in hand

WORKPLAN AND TIMETABLE

July 1, 1985 - June 30, 1986

Page 2 of 2

SCHEDULE			OBJECTIVES AND ACTIVITIES	MEASUREMENT OF PERFORMANCE
1st Period	2nd Period	3rd Period		
	2-10		Complete revision of Group 3 materials	Printer's job numbers in hand
	2-20		Complete first-round contacts with "hangouts" in Group 2 counties	Records of contacts obtained and summarized
	3-1		Begin second evaluation	Summary notes on the evaluation completed within one week
	3-10		Complete second Performance Report	Performance Report mailed to State
		3-15	Complete first-round distribution of materials in Group 3 counties	Records of distribution obtained and summarized
		4-15	Complete first-round contacts with "hangouts" in Group 3 counties	Records of contacts obtained and summarized
		4-15	Start work with county agencies or public health officials, to shift public-education responsibility away from Project	First transfer of network listings and materials to local officials
		6-25	Finish work with county agencies, thus shifting public-education responsibilities for the 15 counties completely away from the Project	Transfer of final batch of network listings and materials to local officials
		6-25	Begin third and final evaluation	Summary notes on the evaluation completed within one week
		7-10	Complete final Performance Report	Performance Report mailed to State

(C)

SECOND QUARTERLY REPORT: CONTRACT #84-84391

John Newmeyer, Ph.D.
Harvey Feldman, Ph.D.

This is the second of three quarterly reports on "The IV User Education Project", funded by the State of California under contract #84-84391. The Project is being managed by Youth Projects, Inc., at 1696 Haight Street in San Francisco. The above-listed authors of this report are the sole paid employees on the contract.

During the three-month period reported upon herein, the contractors accomplished work in four major areas: (1) completing the interview study of IV drug users in and not in treatment, and analyzing those interview results; (2) revising the AIDS risk-reduction educational materials, in light of the interview findings; (3) establishing liaison with the five targeted counties; and (4) locating the major "hangouts" where IV users tend to concentrate. Each of these areas of endeavor is reported upon in detail below.

I. THE INTERVIEW STUDY

An interview protocol was designed, with the aim of examining (a) IV users' beliefs and attitudes about AIDS, (b) their needle-using behavior and its relationship to the risk of AIDS, (c) the sources of information which shaped these beliefs, attitudes, and patterns of behavior, and (d) the IV users' view of the existing prevention measures in terms of "source credibility" and "content credibility". The protocol was pilot-tested, and a second draft prepared, which proved suitable to the full study. This second draft is presented herein as Appendix 1.

A total of 46 persons were interviewed. Thirty-two (70%) were clients in treatment at the Drug Detoxification Project of the Haight-Ashbury Free Medical Clinic, while fourteen (30%) were obtained by chain referral at various "street hangouts" in the Downtown, Polk Street, Tenderloin, and Mission areas of San Francisco. Approximately two-thirds of the sample group were primarily users of heroin, and the remaining one-third were primarily "speed" (methamphetamine) users. Of the group, thirty-four (74%) were male and twelve (26%) female. Nearly three-fourths of the group were White, with the remainder divided equally among Blacks and Hispanics. The group was younger than most samples of IV drug users, with 44% aged 24 or less, and only 34% aged 30 or more. All except one person admitted to using drugs intravenously within the past month.

Fully 96% of the respondent group (44 out of 46 persons) admitted to sharing needles with others. Fifty-two percent spoke of engaging in this practice "often". Although a few of the group restricted their sharing to a single other person, the great majority (78%) described sharing with more than one person, and 28% spoke of doing so "often". To the question, "how many usually share a needle?", fully 35% indicated that three or more individuals were usually in on the sharing pattern. Thus, it is obvious that-- for this group of San Francisco IV users, at least-- the risk of transmitting disease by sharing needles is very real, and nearly universal.

However, there appear to be constraints on the type of person(s) with which needles are shared. These "shooting partners" tend to be trusted friends and/or intimate, sexual partners. Only about two-fifths of the group described sharing among "two or more casual or mutual friends", and almost no one spoke of "often" sharing in this pattern. Well over half the group said that "one close friend, or lover" was the most common sharing situation. In terms of sexual orientation, twenty-one persons admitted to sharing needles in a heterosexual sexual context, while sixteen described sharing in a homosexual sexual context. For all but a few of these persons, the sexual-situation-sharing was engaged in "often".

The respondent group described a variety of needle-cleaning practices, which may also act as a constraint upon the risk of disease transmission. Of those who admitted to sharing needles, nearly all (95%) spoke of "cleaning needles between partners" at least occasionally, while 54% said they "often" did so. In terms of cleaning methods, "washing the needle with water until it is clear of blood" was by far the commonest; essentially all of those who shared needles used this method. About two-thirds of the group also used the method of "washing the needle with alcohol until clear"-- but the general pattern was to use water "often" and alcohol "occasionally". Less than one person in three had practiced the method of "holding the needle over a flame", and only one of these did so "often". Finally, only one-fourth of the group had used the method of "boiling the whole outfit in water", none of them "often".

The needle-sharing practices of San Franciscans-- insofar as they are represented by this sample group-- can be summed up thus: the City's IV users indeed do generally share needles, but they do not do so "promiscuously", as they tend to limit their sharing to a few close friends or sexual partners. They practice a variety of needle-cleaning techniques, but tend to prefer the more convenient and less effective methods.

There is a strong desire for improvement in needle-cleaning techniques, as evidenced by answers to the query, "if there were a newer, safer cleaning method available, would you use it?"

All respondents answered in the affirmative, although the majority made some comment to the effect that the new method should be "cheap" or "hassle-free" or something to that effect. Nearly 85% claimed that they would use the new method "often", but when asked, "would your friends use it?", there was more skepticism, with only one in four saying "often" and the majority saying "occasionally".

This sample of IV drug users was apparently well-informed about the nature of AIDS' threat to them, as evidenced by this pattern of replies:

Question	"Yes" or "Probably"	"No" or "Probably not"
"Is AIDS spread by sharing needles?"	43	0
"Do your friends think so?"	34	2
"Can straight people get AIDS?"	40	2
"Do young people (17 to 25) get AIDS?"	24	11

However, the perceived risk to oneself or to others varies, as shown by this pattern of answers:

"Is there a lot of concern about AIDS?"	19	15
"Do you feel a personal risk from AIDS?"	20	20
"Do your friends feel a risk?"	19	20
"Do straight people feel a risk?"	24	10
"Do young people feel a risk of AIDS?"	11	20

The proportions who do not feel a risk seem to be approximately half accounted for by a feeling that one's sharing habits are conservative and cautious, and about half by a "Devil-may-care" feeling of invulnerability and/or hopelessness.

The survey inquired about "trustworthy sources" of information about AIDS. Eleven specific agencies or entities were asked about. Only two agencies emerged as trustworthy sources: the Haight-Ashbury Free Medical Clinic and San Francisco General Hospital. The HAFMC was the overwhelming favorite, with no individual in either the HAFMC sample or the "street" sample offering a negative rating. Only seven persons rated the SFGH negatively. Thus, it was clear that, at least in San Francisco, educational materials should be sponsored by the HAFMC and/or SFGH, to take advantage of the very real "source credibility" enjoyed by those two entities.

The respondent group was asked to evaluate the brochure, "Shooting Up and Your Health", which has been undergoing wide-spread distribution in San Francisco since September 1983. Their answers grouped as follows:

Question	"Yes" or "probably"	"No" or "probably not"
"Is it persuasive and effective?"	30	5
"Is the source trustworthy"	36	1
"Will it convince most people to stop sharing needles?"	13	20
"Will it convince people to clean needles between users?"	17	14
"Is the graphic appearance persuasive and effective?"	30	7

The brochure clearly enjoys both "source" and "content" credibility among this sample. What direct criticisms there were centered upon the color design (red shades upon a black background) which several respondents found to be grim, morbid, or otherwise off-putting. The majority of the group felt that even an ideal brochure could not convince users to stop sharing needles; they perceived this as simply too ingrained a pattern. However, by a small majority, the sample felt that those who shared needles could be convinced to clean their "works" between users-- needles and syringes both.

The direction of revision of the "Shooting Up and Your Health" brochure, then, was one of minor changes: (1) use more pleasing color design; (2) continue to emphasize the theme, "We strongly advise against sharing needles, but if you must, you should clean them..."; (3) mention that both needle and syringe should be cleaned between users.

Finally, the group was asked about alternative modes of communication. Scoring "yes" replies as +2, "probably" as +1, "probably not" as -1, and "no" as -2, four different modes scored as follows:

Posters	+1.48
Radio/TV spots	+1.23
Card-size pamphlet	+ .98
"Popular people in the music scene"	+ .70

The first three of the above-listed modes seem to be likely candidates for further endeavor.

There were few discernible differences among the group in their replies to the survey, insofar as race, sex, sexual

orientation, age, or drug of choice was concerned. Only two differences were prominent enough to merit mention: (1) the gay males and the "speed" users tended to engage in more sharing of needles, with a greater number of persons, and more often in sexual situations; (2) the younger persons and the "speed" users felt less of a risk from AIDS, and perceived their friends as also feeling less of a risk, than was the case with the remainder of the sample.

Although a substantial minority of the sample appeared to be resigned and insouciant about the risks to their health, the interview format generated a great deal of positive response and constructive criticism. Many persons, of course, recommended that "needles be provided to users". Several individuals suggested hydrogen peroxide as a cleaning agent. Others were articulate around the theme of, "cleaning rigs between users is uptight and uncool." One respondent suggested hiring "some kids for street-level outreach", advice which may well be put to use.

In general, the interview study provided a wealth of information on the current situation of needle-sharing and the perceived risk of AIDS in San Francisco. This information helped in the next stage of our work.

II. REVISING THE EDUCATIONAL MATERIALS

In addition to the interview study described above, the two employees of this contract sought the counsel of (a) virologists at the University of California; (b) AIDS experts at San Francisco General Hospital, the University of California, and the San Francisco AIDS Foundation; (c) a Spanish-language translation service; (d) a printing design expert; and (e) the most recent (late 1984/early 1985) published literature on AIDS. These sources were employed to help in the creation of six elements for our battery of prevention-education materials, to wit:

(1) A revised brochure. "Shooting Up and Your Health" was reworded slightly, so as to inform users that they should clean syringes as well as needles, and that bleach was as good a cleaning agent as alcohol. Also, the "Where to Get Help" portion was reworded so as to be suitable for counties other than San Francisco (see III. below).

(2) A Spanish-language brochure. A professional translation service was retained to render the revised "Shooting Up and Your Health" into Spanish. Two Spanish-speaking drug program staff were then asked to go over the translation, changing the wording to more closely approximate the "street" vernacular, as appropriate.

(3) An abbreviated (80 words) form of the risk-reduction material, to be printed on one side of a wallet-size card. The text of the card reads: "You can get AIDS by sharing a needle with another person / / People can look healthy and still be carrying the AIDS virus / / Rinsing your works with water or alcohol won't get rid of the AIDS virus. Thorough rinsing with Chlorox bleach is best, but not completely safe-- and injecting bleach is hazardous! / / The only sure way of avoiding AIDS is NOT TO SHARE NEEDLES-- EVER!" The card is titled, "AIDS and Needle Use", and bears the imprimatur of the Haight-Ashbury Free Medical Clinic and the San Francisco General Hospital AIDS Clinic. The wording is somewhat stronger and less "user friendly" than that of the "Shooting Up and Your Health" brochure; this, it was felt, would provide agencies with a choice of "friendlier" or "stronger" messages.

(4) A poster for display in treatment programs, titled "Urgent Notice", which warns IV drug users that an outbreak of AIDS is occurring and that they are strongly advised not to share needles.

(5) Public Service Announcements for radio broadcast. Two 20-second versions, three 30-second versions, and a 60-second version, were prepared. The design of these communications was straightforward: various paraphrasings of, "The Haight-Ashbury Free Medical Clinic wants to warn people who use drugs by needle, that they are running the risk of contracting AIDS, and they must avoid sharing needles at all costs, and clean any needles they do use thoroughly with bleach, etc."

(6) A lecture module of about 20 minutes' duration, for use by Dr. Newmeyer in his presentation to drug treatment programs or similar agencies. This lecture module sets forth the problem at hand, the strategy in combatting the problem, and the tactical use of the prevention materials which are available.

III. ESTABLISHING LIAISON WITH THE TARGETED COUNTIES

The contract specified San Francisco, Alameda, Contra Costa, Marin, and San Mateo as the targeted counties for this prevention effort. The contractors had originally planned to work directly with the drug treatment programs in each county. They quickly found, however, that it was both politically wise and cost-efficient to work through the central coordinating agency in at least four of the five counties. The strategy, therefore, was changed: (1) a county coordinating agency would be contacted and asked to call a meeting of all drug treatment providers in the county; (2) at the meeting, Drs. Newmeyer and Feldman would present the prevention-education materials and describe what they hoped to accomplish in terms of revision and distribution; (3) with the help of the county

coordinator, any providers not present at the meeting would be contacted by letter; (4) with feedback from providers, the prevention-education materials would be revised as appropriate for each county, and a judgment would be made as to how large each printing "run" should be; and (5) actual allocation of materials would be made through the county coordinating agency.

This revised strategy was followed in San Francisco, Alameda, Marin, and Contra Costa counties. It had the great advantage that the ultimate aim of this contract-- to turn over the prevention-education program to the counties themselves on or before June 30, 1985-- would be achieved far earlier than planned. Also, the correct political channels were followed, and no county's proper lines of authority or communication were circumvented. Further, it was important to involve the "AIDS Educational Service Area Center" (ESAC) in the entire process (there are approximately twelve ESAC's in the State of California, each responsible for several counties.)

The county contact person and ESAC for each of the five targeted counties was as follows:

<u>San Francisco:</u>	County liaison:	Nancy Presson
	ESAC:	San Francisco AIDS Foundation
<u>Alameda:</u>	County liaison:	Nancy Hall
	ESAC:	Pacific Center for Human Growth
<u>Contra Costa:</u>	County liaison:	Rod Libbey
	ESAC:	Pacific Center for Human Growth
<u>Marin:</u>	County liaison:	Mary Burger
	ESAC:	San Francisco AIDS Foundation
<u>San Mateo:</u>	County liaison:	(not yet determined)
	ESAC:	Santa Clara County Health Department

As of April 8, 1985, the intended work was well under way in San Francisco, Alameda, and Marin Counties, was just beginning in Contra Costa County, and was not yet started in San Mateo County.

IV. CONDUCTING AN ETHNOGRAPHIC STUDY OF "HANGOUTS"

In order to distribute materials at other than treatment agencies, it was necessary to determine where IV drug users-- and particularly, IV drug users not in treatment-- congregate.

The ethnographer for this contract, Dr. Harvey Feldman, was quite familiar with the "hangouts" of San Francisco County, because of work done during 1982-1984 as part of the Youth Environment Study project. For the remaining counties of the targeted area, he sought the counsel of knowledgeable treatment program staff, from whom he could establish "chains of referral" to reach the "street" locales. In Alameda, Contra Costa, and Marin Counties, he has employed a questionnaire survey whereby to begin this process with the easily-accessible treatment agency staffs.

As of April 8th, the process of locating "hangouts" was essentially complete in San Francisco, was well underway in Alameda and Marin, and was just beginning in Contra Costa and San Mateo.

V. BUDGET ISSUES

As of March 31, 1985, the billings for Contract #84-84391 were well below the pro-rata expectations of the contractors; only \$3,788 of the total of \$10,000 had been billed. The reasons for this low billing-rate were: (1) low personnel costs, with Dr. Feldman absent from the billings during the first two months (November and December 1984) and Dr. Newmeyer's vacation occurring during the greater part of January 1985; and (2) no bills from the printer payable until April 1985.

It is anticipated that the savings experienced in personnel costs will be reallocatable to printing costs, so that the five counties can be left supplied with adequate prevention-education materials as of June 30, 1985.