

AFAO/NAPWA HIV EDUCATORS' CONFERENCE 2004

May 20-21, Powerhouse Museum, Sydney

SEARCH STREAMS

This document outlines the search streams to be held during this year's HIV educators' conference. Delegates are asked to nominate one search stream in which they will participate. They will then be assigned to a group based on their chosen topic. Groups of up to ten people in total will meet during the conference to research, debate and problem solve the questions that are posed in each search stream. Each group will be facilitated and there will be a rapporteur who will gather together the findings from each stream. Groups will pass on their findings to rapporteurs through their facilitators. Rapporteurs will then report back a summary of findings to the conference during the closing plenary session.

Please review the search streams below and register for one stream by emailing your choice to Dion Butler at AFAO (dbutler@afao.org.au). Additional reference materials or discussion papers (if applicable) will then be emailed to you. Please register ASAP to allow time for papers to be circulated.

If you are one of a number of delegates attending the conference from the same organisation, please confer with your colleagues so that you do not all register for the same search stream. You may also wish to nominate yourself as a group facilitator or rapporteur.

SEARCH STREAM ONE – RISES IN NEW HIV INFECTIONS: CURRENT CHALLENGES AND RESPONSES

In the last few years there have been notable increases in new HIV infections among gay men around Australia. A rise in new infections was first observed in Victoria in 2000, and similar rises were then seen in NSW and Queensland, and, most recently, South Australia. In NSW total new diagnoses rose 15% in 2002 and a further 18% in the first half of 2003. In Queensland, new HIV diagnoses rose 22% in 2002.

A variety of trends have been associated with increases in HIV infection rates among gay men, which may or may not explain the increase in rates around the country. These include:

- slowly increasing rates of unprotected anal intercourse with casual partners between 1996 and 2003
- gay men having more anal sex (both protected and unprotected)
- increasing numbers of positive men on treatment breaks or not starting treatments
- the increasing incidence of STIs and their effects on HIV susceptibility and infectivity
- falls in the frequency of HIV testing and an increase in numbers of recently infected men who are unaware of their status
- a tendency for new infections to occur among gay-identified, community-attached men in their 30s

In addition, other social trends, such as the rise of the Internet as a way for men to meet each other, the waning significance of HIV in 'post-crisis' gay communities, and the perception that some men are disengaging from 'traditional' gay community structures, mean that educators have perceived challenges in reaching gay men for continued HIV education and prevention. The emergence of 'new' drugs (particularly crystal methamphetamine and, to a lesser extent, GHB) and the perception that they increase risk-taking behaviour among gay men has complicated the picture. Nevertheless, campaigns addressing the rises in new infections have been rolled out in the affected States and continue to be developed. Questions to consider include:

1. What can we learn from current campaigns addressing new HIV infections? What are the most productive avenues for intervention? Where does more work need to be done?
2. Are there regional differences in new HIV infections across the States? How are these to be addressed?
3. Is the rise in new HIV infections a temporary 'blip', a periodic variation or part of a lasting trend among gay men? How does this affect the way we respond?

SEARCH STREAM TWO – POSITIVE IN PREVENTION

HIV-positive men and women have significantly contributed to and continue to participate in HIV prevention and education. As the 'body positive' continues to grow, maintaining HIV-positive involvement in education and prevention strategies is vital in developing interventions that address the challenges of a shifting and ongoing epidemic, such as building 'cultures of care' between sex partners and drug users. But how do we create environments in which positive people want to participate? And should they even want to? How do we encourage collective responsibility for action and prevention while maintaining the individual rights of PLWHA, some of whom continue to battle poor health, stigma and discrimination? And how do we allow for the persistent influence of science, medicine and technology on the lived experience of being positive?

The idea of 'positive in prevention' implies an engagement with the ethics of positive sexual practice that examines both the rights and responsibilities of bearing 'the virus' when dealing with others. It also suggests that we attend to the ways that technology (such as testing, treatments and scientific expertise) both enables and constrains positive practice, and what that means for prevention efforts. For example, how does knowledge about viral load affect PLWHAs' sense of being 'infectious' and decision-making about sexual practice? How do PLWHA experience both the promise of treatments (the chance of a near 'normal' future) and the ongoing uncertainties of resistance, toxicity and unexpected side effects?

Questions to consider include:

1. What can we learn from existing models of positive participation in education and prevention? What new models are emerging here and overseas?
2. What conditions are required to encourage positive participation? What are the barriers and how can they be overcome?
3. What are the politics of encouraging greater positive participation in prevention? How do we subvert expectations of responsibility and pos/neg divisions to build coalitions for prevention?
4. How do scientific and medical technologies of HIV affect the experience and practice of being positive? How do we incorporate our understanding of these effects into prevention efforts?

SEARCH STREAM THREE – LOOKING TO THE FUTURE: HIV EDUCATION AND PREVENTION IN THE NEXT 10 YEARS

Over recent years, much has been made of the fact that the communities HIV educators serve (particularly gay male communities) are changing. The 'mainstreaming' of gay communities and culture, the apparent disengagement or distancing of some gay men from traditional community structures, and the waning significance of HIV as a focus for community action 'post-crisis' are just some of the challenges for educators trying to reach their constituencies. At the same time, recent increases in new HIV infection rates demand continued vigilance and innovation in education and prevention. Although it can sometimes feel that we lag behind cultural shifts, technological innovations and emerging trends in sex and drug practices, educators and community organisations have twenty years experience in working on HIV education and prevention strategies in Australia. We have demonstrated that we can work with communities, policymakers and researchers to adapt to changing circumstances and periodic crises. However, when dealing with the 'here and now' of HIV it can often be difficult to think about where the epidemic is heading and the conditions we may face in the future. This may give us a sense of reacting to changes rather than preparing for upcoming challenges and opportunities. This search stream therefore asks participants to reflect on their experience of HIV education to date, to consider the effects of prospective cultural, sexual, political and technological developments, and in light of these, to consider where the HIV education sector will be in 10 years time. What will be our education and prevention priorities in the future? What developments can we foresee that we should be planning for now?

Questions to consider:

1. What communities will we be addressing over the next 10 years? How might they change?
2. Are current sex and drug practices here for the long-term? How do we imagine sex and drug trends will develop?
3. What role will 'new' media such as the Internet, digital television and mobile technology have in our education and outreach activities?
4. What effects will technological developments such as pre-exposure prophylaxis (PREP), microbicides, and 'treatment vaccines' have on sex practices and prevention efforts? How will these technologies be used 'on the ground'?
5. What funding and political challenges does the sector face over the coming decade?