PROGRAM AND ABSTRACTS

everyday lives

10th Social Research Conference on HIV, Hepatitis C and Related Diseases

National Centre in HIV Social Research
University of New South Wales
Sydney, Australia

27–28 March 2008

NCHSR

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10th Social Research Conference on HIV, Hepatitis C and Related Diseases

Hosted by
National Centre in HIV Social Research

Level 2, Robert Webster Building
University of New South Wales
Sydney NSW 2052 Australia

27–28 March 2008

NCHSR

Contents

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Welcome

As Acting Director of the National Centre in HIV Social Research, I have pleasure in welcoming you to our 10th Social Research Conference on HIV, Hepatitis C and Related Diseases, Everyday Lives.

The Social Research Conference on HIV, Hepatitis and Related Diseases has evolved over the years and in that process has become an ever more important feature of the National Centre's dissemination program. This year's conference is particularly important because it occurs at a time of transition at the National Centre that will see us welcome a new Director and see a number of new research initiatives start to really take shape. It is a period of excitement and expectation. The transitions taking place are also reflected in the conference program, which includes more presentations than ever before, and from a wider range of researchers in Australia, the broad Asia–Pacific region and beyond.

In this way the conference is becoming an important national, and increasingly important international, forum for researchers, community organisations, affected populations and policy-makers to engage in discussion and debate of cutting-edge issues affecting these related areas of research. This year's conference theme—everyday lives—cuts across the disciplinary boundaries of social research into HIV, hepatitis C and related diseases while at the same time capturing key developments.

I wish all participants every success for the conference. I encourage you to engage in the discussion and the debate. I personally look forward to hearing, and being part of, this debate that has become one of the hallmarks of the conference over the years.

John C.G. Imrie

Associate Professor John Imrie
Acting Director

General information

Food and drink

Lunch and morning and afternoon tea are included in the registration fee. They will be served on Thursday and Friday in the open area on Level 2 next to the offices of the National Centre in HIV Social Research (NCHSR) (see floor plan, page 53).

If you have special dietary requirements and have requested special meals, please approach the staff at the NCHSR front desk at the beginning of each break.

There are two cafés near NCHSR. **JGs** is to the west of the Robert Webster Building, towards Anzac Parade (map reference G12). **Coffee on Campus** is just off Engineering Road (walk south towards Barker Street, map reference J17).

There is also food available in UNSW Union outlets in the Quadrangle Building (immediately to the north of the Robert Webster Building). Among the Union outlets near Anzac Parade is a bar.

There are several Asian restaurants, pubs, etc., in Kingsford, a short walk south along Anzac Parade (see map, page 54).

Disabled access

The Robert Webster building is accessible to wheelchair users (ramp access from the University Mall and lift access to all floors). All conference activities take place on Level 2 of this building, which is also the location of NCHSR. If you have concerns about access, please contact the conference organisers.

Health and medical needs

The University Health Service is on the ground floor of the Quadrangle Building (map reference E17). Doctors are available for consultation Monday to Friday from 9 am to 1 pm and 2 pm to 5 pm. The Health Service is available to all students, staff and visitors to the campus. Telephone 9385 5425 for an appointment.

There is a pharmacy on campus in the Quadrangle Building (map reference E15): phone 9385 7617.

There is a private dental surgery on the premises of the University Health Service: phone 9313 6228.

Help points

There are several Help Points on campus. They are marked by a big yellow dot. If you need a security officer, press the button on the unit. This will connect you with UNSW Security.

Internet access

There will be no general internet access. If you do need internet access, please contact the staff at the NCHSR front desk.

Printing/Photocopying

For small numbers of photocopies, you are welcome to use the copier at NCHSR (see staff at the front desk).

Laser printing and large-volume photocopying are available at Arc Copy Centres located on campus on the ground floor of the Blockhouse (phone 9385 7726) and in the CLB Courtyard (9385 7675). Transparency copying, binding and scanning are also available.

Mobile phones and pagers

As a courtesy to all delegates and speakers, please switch off your mobile phone or pager (or set it to 'silent') during all sessions.

Messages

Please advise all callers to contact the NCHSR front office on (02) 9385 6776. A message board will be placed adjacent to the conference registration desk in the break area. We cannot guarantee to deliver your messages personally.

Name badges

For security purposes all attendees must wear their name badge at all times when on the UNSW campus. Entrance to all sessions will be limited to badge-holders only. If you misplace your badge please advise the staff at the NCHSR front desk.

Public transport to UNSW

Public transport to the university is by bus. From central Sydney to the Anzac Parade entrance to UNSW take a No. 394, 396, 397 or 399 from Circular Quay or Taylor Square, a journey of 15 to 30 minutes. From Railway Square or Cleveland Street take a No. 393 or 395. There is also a university special from Eddy Avenue, Central Station; No. 891 goes to High Street and 895 to Anzac Parade, a 15- to 20-minute journey. From the airport, take bus No. 400 or 410, a 20- to 30-minute journey. A taxi to or from the airport takes about 15 to 20 minutes and costs $20 to $25.

The Nos. 891 and 895 buses are 'pre-pay only'. Bus tickets can be bought at newsagents and from shops displaying the Sydney Transport logo.

For public transport information, phone 131 500, or go to www.131500.com.au

Parking

Casual day-parking is available on the top floor of the multistorey car park inside Gate 14, off Barker Street (turn right after coming through Gate 14) (map reference M17). Look for the 'All Day Pay & Display' bays. You will need coins to the value of $8 per day. If you have left your car on a lower floor in the area designated for cars with UNSW stickers, please move it, as police fines of $75 apply.

Personal mail

The conference organisers do not accept responsibility for personal mail. Please have all mail sent to your accommodation address.

Registration desk

The registration desk will be open from 8.00 am to 10.00 am on both mornings. Outside these times please direct all enquiries to staff at the NCHSR front desk (see Level 2 floor plan, page 53).

Smoking

Smoking is not permitted within any UNSW building. Please go outside to smoke and place your butts in the bins supplied.

Speaker preparation

All speakers must pre-load their presentations on the laptop computer in the relevant room. This should be done at the beginning of the day or at the very latest during the break before your session.

Video presentations should be given to the conference organisers at least a day before your presentation is scheduled.

Bookshop

The UNSW Bookshop is on the lower ground floor of the west wing of the Quadrangle Building. There will also be a bookstall at the conference.

Post office

The campus post office is located at the back of the Library, behind the Commonwealth Bank (in the upper campus).

Banking

On campus there are a Commonwealth Bank (in the upper campus) and an ANZ Bank (in the Quadrangle Building, next to the UNSW Bookshop).

The program at a glance

	Webster Building Level 2 Foyer	Webster Lecture Theatre B	Webster Building Room 250	Webster Building Room 251	NCHSR Meeting Room
Thursday 27 March					
8.30–9.15	Registration				
9.15–9.30		Welcome			
9.30–10.30		**1** Opening plenary **Raewyn Connell**			
10.30–11.00	Morning tea				
11.00–1.00		**2A** Proffered papers **HIV, health and depression**	**2B** Proffered papers **Health promotion for diverse groups**	**2C** Proffered papers **Drug ethnography**	**2D** Proffered papers **Indigenous research and health promotion**
1.00–2.00	Lunch				
2.00–3.30		**3A** Symposium **Changing risk of HIV and sexually transmissible infections among HIV-negative and HIV-positive gay men: data from two longitudinal cohort studies**	**3B** Symposium **Masculinity and sexual risk-taking in Asia and the Pacific**	**3C** Proffered papers **Hepatitis C: health promotion and peer support**	
3.30–4.00	Afternoon tea				
4.00–6.00		**4** Plenary **Everyday lives: from local to public**			
Friday 28 March					
8.30–10.30		**5A** Proffered papers **Drug treatments**	**5B** Proffered papers **HIV and risk for gay men**	**5C** Proffered papers **Alcohol, other drugs and pharmaceuticals in GLBT communities**	
10.30–11.00	Morning tea				
11.00–12.30		**6A** Proffered papers **Living with hepatitis C**	**6B** Proffered papers **Changing notions of HIV risk**	**6C** Proffered papers **Policy and programming: HIV, hepatitis C and illicit drugs**	**6D** Proffered papers **Sexual health**
12.30–1.30	Lunch				
1.30–3.30		**7A** Proffered papers **Drugs, blood-borne viruses and risk**	**7B** Proffered papers **Hepatitis C treatment**	**7C** Proffered papers **HIV international research**	**7D** Proffered papers **Law, kinship and media**
3.30–4.00	Afternoon tea				
4.00–5.00		**8** Closing plenary **Tim Rhodes**			
5.00–5.30		Closing remarks			
5.30–7.00	Cocktail party				

Breakdown of sessions

Session		First author/ Presenter	Title of presentation
THURSDAY 27 MARCH			
1	**Chair: Henrike Körner**		**Welcome and opening plenary**
9.15–10.30 Lecture Theatre B	9.15	John de Wit	Opening and welcome to the conference
		Nura Gili	Acknowledgment of country
	9.30	Raewyn Connell	***Opening plenary*** The everyday: concept, structure and change
	10.30	Morning tea	**Launch of new resource materials** from the Hepatitis C Council of NSW
2A	**Chair: Susan Kippax**		**HIV, health and depression** (Proffered papers)
11.00–1.00 Lecture Theatre B	11.00	Andrew Frankland	Health and community-related needs and barriers to accessing services amongst HIV-positive gay men
	11.30	Limin Mao	Factors associated with major depression among gay men attending high HIV caseload general practices in Sydney and Adelaide
	12.00	Christy Newman	Generational change or money trouble: making sense of differences in the everyday lives of men with HIV and depression
	12.30	Peter Canavan	HIV and mental health: coordination of care
2B	**Chair: Baden Chalmers**		**Health promotion for diverse groups** (Proffered papers)
11.00–1.00 Room 250	11.00	David Menadue	Needs assessment for HIV health promotion in the everyday
	11.30	Kathy Triffitt	‘Guys like us’: reframing ‘the everyday’ in HIV prevention
	12.00	Sonam Paljor	Reorienting the virtual world to diversity
	12.30	Louise Kolff	HIV doesn’t discriminate/is no picnic: representations of people living with HIV/AIDS in public awareness campaigns
2C	**Chair: Jeanne Ellard**		**Drug ethnography** (Proffered papers)
11.00–1.00 Room 251	11.00	Susan Hudson	Through her eyes: the female ethnographic experience
	11.30	Heidi Coupland	'Becoming good': respect and indebtedness in the lived experiences of shame among Indo-Chinese injecting drug users
	12.00	Rachael Green	Ethnographic exploration of the use of diverted dexamphetamine among young people in Perth, Western Australia
	12.30	David Moore	Developing an integrated ethno-epidemiology of psychostimulant use and related harms amongst young Australians
2D	**Chair: Loren Brener**		**Indigenous research and health promotion** (Proffered papers)
11.00–1.00 NCHSR Meeting Room	11.00	Sarina Solar, James Ward and Peter Hull	Showcasing the 'STIs and BBVs in Aboriginal communities in NSW' project
	12.00	Julie Mooney-Somers	Indigenous young people’s resilience to blood-borne and sexually transmitted infections: a participatory action research project
	12.30	Sallie Cairnduff	'Dr BBV': an interactive game for young Aboriginal people in New South Wales
	1.00	Lunch	
3A	**Chairs: Susan Kippax and John Kaldor**		**Changing risk of HIV and sexually transmissible infections among HIV-negative and HIV-positive gay men: data from two longitudinal cohort studies** (Symposium)
2.00–3.30 Lecture Theatre B	2.00	Iryna Zablotska	Serosorting as an HIV risk reduction practice
	2.15	June Crawford	How effective are different HIV risk reduction behaviours?
	2.30	Jeff Jin	The growing importance of sexual health: sexually transmitted infections as risk factors for HIV infection
	2.45	Garrett Prestage	Changing practices of recreational drug use and the link with HIV infection
	3.00	Andrew Grulich	Hepatitis C infection among Sydney gay men: our understanding of current risk factors
	3.15		Discussion
3B	**Chair: Norman Booker**		**Masculinity and sexual risk-taking in Asia and the Pacific** (Symposium)
2.00–3.30 Room 250	Panel: Michael Flood, Jason Lee, Jeffrey Grierson, Frances Akuani, Patrick Rawstorne		Interactive discussion between panel members and audience

3C	**Chair: Martin Holt**		**Hepatitis C: health promotion and peer support** (Proffered papers)
2.00–3.30 Room 251	2.00	Grenville Rose	Positively C-een and Heard: experiences of hep C positive speakers
	2.20	Emma Ward	'Hep Connect': the value of peer support in hepatitis C
	2.40	Nick Bennett	Everyday lives, everyday links
	3.00	Jodie Walton	Principles of health promotion in practice: Picnics in the park
	3.10		Discussion
	3.30	Afternoon tea	**Book launch** *Substance and substitution: methadone subjects in liberal societies*, by Suzanne Fraser and kylie valentine, will be launched by Catherine Waldby
4	**Chairs: Asha Persson and Max Hopwood**		**Everyday lives: from local to public** (Plenary: invited papers)
4.00–6.00 Lecture Theatre B	4.00	Kate Holden	Myself and other strangers: heroin, sex work and surprises
	4.30	Peter Waples-Crowe	Not another burden on the everyday lives of Indigenous Australian
	5.00	John Rule	Advocacy-driven research to support HIV living and everyday lives?
	5.30	Niamh Stephenson	Postliberal public health? When public health preparedness for pandemic influenza loses interest in either the population or self-regulating individuals
FRIDAY 28 MARCH			
5A	**Chair: Limin Mao**		**Drug treatments** (Proffered papers)
8.30–10.30 Lecture Theatre B	8.30	Belinda Lloyd	Developing responsive treatment services for opioid users: a review of changes in the characteristics of opioid users entering treatment
	9.00	John J. Francis	The Treatment Service Users Project, Phase 2
	9.30	Suzanne Fraser	Repetition and rupture: the gender of agency in methadone maintenance treatment
	10.00	Rebecca Gray	The dynamics of shame: implications for the drug and alcohol counsellor when working in residential rehab
5B	**Chair: Patrick Rawstorne**		**HIV and risk for gay men** (Proffered papers)
8.30–10.30 Room 250	8.30	Garrett Prestage	Gay men who engage in group sex are at increased risk of HIV infection and onward transmission
	9.00	Jeanne Ellard	Challenging complacency: exploring contemporary knowledge of HIV and risk in the everyday lives of gay men
	9.30	Iryna Zablotska	Comparison of HIV risk management practices of gay men in seroconcordant HIV-negative regular relationships in three Australian states, 1998–2006
	10.00		Discussion
5C	**Chair: Robert Reynolds**		**Alcohol, other drugs and pharmaceuticals in GLBT communities** (Proffered papers)
8.30–10.30 Room 251	8.30	Nicky Bath	From hedonism to habits: alcohol and other drugs in gay, lesbian, bisexual and transgender communities
	9.00	Diana Bernard	Alcohol as a social lubricant in gay community: findings from the QUICKIE project
	9.30	Martin Holt	Medicine, risk factor, pleasure enhancer or safe sex aid? The use of Viagra and other sexuopharmaceuticals by gay men: findings from the QUICKIE project
	10.00	Kane Race	Against inhibition
	10.30	Morning tea	
6A	**Chair: Pol McCann**		**Living with hepatitis C** (Proffered papers)
11.00–12.30 Lecture Theatre B	11.00	Cathy Banwell	What's at risk? The contraceptive practices of women living with hepatitis C
	11.20	Nadine Krejci	Another day, another dollar? Living and working with chronic hepatitis C
	11.40	Magdalena Harris	Everyday resistances: alcohol and hepatitis C
	12.00	Loren Brener	Discrimination and its impact on the health status of people who use illicit substances
	12.20		Discussion
6B	**Chair: Diana Bernard**		**Changing notions of HIV risk** (Proffered papers)
11.00–12.30 Room 250	11.00	John de Wit	Do we have to practise safer sex forever? Understanding the impact of prolonged sexual restraint on safer sex fatigue and prevention motivation of gay men in Amsterdam
	11.30	Asha Persson	Serodiscordance, sex and heteronormalcy: women in relationships with HIV-positive men
	12.00	Kane Race	Generational shifts in risk imaginaries? Findings from the QUICKIE project

6C	**Chair: Carla Treloar**		**Policy and programming: HIV, hepatitis C and illicit drug use** (Proffered papers)
11.00–12.30 Room 251	11.00	Catherine Spooner	Assessing net reduction in harm: a focus on social exclusion
	11.30	Russell Westacott	An unplanned ageing
	12.00	Mark Denoe	HIV/AIDS and other STI patient journeys: South Eastern Sydney and Illawarra Area Health Service—HARP Redesign Project
6D	**Chair: John Imrie**		**Sexual health** (Proffered papers)
11.00–12.30 NCHSR Meeting Room	11.00	Dean Murphy	Everyday sexual health pedagogies: a model for analysis and evaluation
	11.30	Kath Albury	Raunch culture, health culture? Engaging with popular media in sexual health promotion
	12.00	Shaun Staunton	Class lessons: a sexual health project working with LGBT performers and entertainers
	12.30	Lunch	
7A	**Chair: Peter Hull**		**Drugs, blood-borne viruses and risk** (Proffered papers)
1.30–3.30 Lecture Theatre B	1.30	Matthew Dunn	BBVI risk behaviours among regular ecstasy users: implications for health promotion campaigns
	1.55	Carla Treloar	Blood, peers and videotape: developing innovative blood awareness messages using analysis of video recordings of injecting in a peer education framework
	2.20	Andrew Conroy	Social capital, socio-economic status and health behaviours of people who inject amphetamines and other drugs
	2.45	Max Hopwood	Stigma and 'the loop': pharmacy-based access to injecting equipment in Sydney, Australia
	3.10	Daniel Mogg	Moving beyond non-engagement with major stakeholders on regulated needle and syringe exchange programs in Australian prisons
7B	**Chair: Max Hopwood**		**Hepatitis C treatment** (Proffered papers)
1.30–3.30 Room 250	1.30	Pol McCann	Concerns of injecting drug users regarding trials of hepatitis C vaccines
	2.00	Ben Bawtree-Jobson	The impact of disclosure and discrimination on quality of life among people receiving treatment for hepatitis C virus (HCV) infection
	2.30	Melissa Fraser	Vietnamese culture and decision-making around hepatitis C treatment
	3.00	Magdalena Harris	'What if I get real sick and I can't work? Who is going to look after me?' Everyday concerns regarding treatment for hepatitis C
7C	**Chair: Augustine Asante**		**HIV international research** (Proffered papers)
1.30–3.30 Room 251	1.30	Angela Kelly	Barriers to and facilitators of ART adherence in men and women in PNG
	2.00	Frances Akuani	Secondary school students' attitudes towards sex and HIV: how girls and boys talk about sex, condoms and HIV
	2.30	Michael Burke	Discourses of disease: framing HIV and PMTCT for rural men in Tanzania, east Africa
	3.00	Alice Jinmei Meng	Conflicts between China's anti-prostitution legislation and HIV policy
7D	**Chair: Christy Newman**		**Law, kinship and media** (Proffered papers)
1.30–3.30 NCHSR Meeting Room	1.30	David Scamell	Is a nationally consistent approach to HIV transmission offences desirable or practical?
	2.00	Dean Murphy	The 'natural facts': kinship practices among gay men who have become parents through commercial surrogacy
	2.30	Asha Persson	Making monsters: heterosexuality, crime and race in recent western media coverage of HIV
	3.00	Discussion	
	3.30	Afternoon tea	
8	**Chair: Carla Treloar**		**Closing session**
4.00–5.30 Lecture Theatre B	4.00	Tim Rhodes	***Closing plenary*** Hope and the everyday HIV risk environment
	5.00	John Imrie	Closing remarks
	5.30	Cocktail party	

Sessions and abstracts

Welcome to the conference

Chair: **Henrike Körner**

Professor John de Wit, who will assume directorship of the National Centre in HIV Social Research on 1 July 2008, was originally mostly involved in behavioural and social psychological research concerning HIV in men who have sex with men. His more recent research addresses a broader range of health issues, including sexually transmissible infections, hepatitis B and sexual health, in increasingly diverse communities such as young people, drug users and minority adolescents. The central focus of John de Wit's research is on the theory-based study of individual and social determinants of practices and risk, and the evaluation of innovative prevention interventions derived from this understanding of behavioural determinants. John de Wit has co-edited two books, published numerous papers in peer-reviewed journals and contributed to the development, testing and implementation of a range of prevention interventions. His work has been well supported by competitive research grants. Currently John de Wit is Professor in Social Psychology of Health and Sexuality at Utrecht University, The Netherlands.

John de Wit

Incoming Director,
National Centre in HIV Social Research,
The University of New South Wales,
Sydney
(Currently Professor in Social
Psychology of Health and Sexuality,
Utrecht University, The Netherlands)

Invited paper

1 The everyday: concept, structure and change

Raewyn Connell

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Raewyn Connell is University Professor at the University of Sydney. She is author, co-author or editor of 21 books, including Masculinities, Ruling Class Ruling Culture, Making the Difference, Gender and Power, Sustaining Safe Sex, Schools and Social Justice, The Men and the Boys, Gender *and the forthcoming* Southern Theory. *A contributor to research journals in sociology, education, political science, gender studies and related fields, she has also been a long-term participant in the labour and peace movements. Her current research concerns neo-liberalism, global power holders and the changing role of intellectuals.*

'The everyday' is an old term, which became intellectually significant with the rise of critical theory in the 19th and 20th centuries. It was then interpreted in the global metropole as a facade for deeper forces, a site of the production of identities, and a locus of politics. Meanwhile the spread of European and North American power across the globe produced massive disruption in indigenous forms of life, a shock that has continued in the era of development and neocolonial globalisation. To 'think globally' we must understand the diversity of experience in relation to large-scale social structures, especially the structures of empire, class and gender, all of which are historically dynamic. In the last generation, structural change has been particularly shaped by the mutation of empire into global neoliberalism as an agenda of transformation. Subjectivity, organisational life, the 'private', are all being transformed in complex ways that reshape sexual practices and meanings as well as prevention and treatment strategies for HIV/AIDS.

The opening plenary is in honour of Professor Susan Kippax to mark her retirement as Director of the National Centre in HIV Social Research and to acknowledge her contributions to social research in HIV, hepatitis C and related diseases.

HIV, health and depression 2A

Chair: **Susan Kippax**

Health and community-related needs and barriers to accessing services amongst HIV-positive gay men

Andrew Frankland and Iryna Zablotska

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Introduction: The needs of HIV-positive gay men have changed over the course of the epidemic, particularly within the context of advances in treatment. Many men express ongoing needs related to their clinical health, as well as broader community-based support. A greater understanding of the nature of barriers that exist and their impact on the physical and mental well-being of HIV-positive gay men is needed.

Methods: The Positive Health (PH) cohort study provides extensive information on health, attitudes, behaviours and sociodemographic characteristics of HIV-positive gay men in Sydney, Australia. In 2006, 270 participants provided information about their needs relating to both health and community services, as well as any barriers they experienced in attempting to access these services. Factors such as age, education, employment status, residence and time since HIV diagnosis were considered as predictors of needs in health and community services.

Results: All participants expressed needs for various health-related services, most commonly a doctor with experience in HIV management (91.1%) or a dentist (79.6%). Of these men, 44.4% reported encountering any barriers to accessing such services. Although smaller proportions of men reported any community-based needs such as income support (22.6%) or accommodation services (20.0%), they reported greater difficulty in accessing relevant services.

Conclusion: HIV-positive gay men report a complex range of shifting needs relating to their physical and mental health that have evolved over the course of the epidemic. They also report considerable difficulty in accessing many relevant services, particularly those that provide community-based support. There remains a strong need to develop strategies that work with service providers to improve availability and access for HIV-positive gay men.

Factors associated with major depression among gay men attending high HIV caseload general practices in Sydney and Adelaide

Limin Mao[1], Christy Newman[1], Susan Kippax[1], Michael Kidd[2] and Deborah Saltman[3]

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Aim: To explore factors associated with major depression (MD) among gay men attending high HIV caseload general practices in Sydney and Adelaide.

Method: Men who visited a participating clinic during a local survey period were invited to complete a patient survey. A self-screening tool (PHQ-9) based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) was used to measure current depression. Univariate and multivariate analyses were applied to explore factors associated with current MD.

Results: 509 men self-identified as gay and reported sex with other men in the last five years. The rate of MD (PHQ-9 score greater than 9) in this group is 24.6%. The reference rate in a general male population attending GP clinics in New Zealand is 14.5%. The rate of MD among the 195 HIV-positive gay men was 31.8%, significantly higher than that among the 314 non-HIV-positive gay men (20.1%, $p = .002$). In the multivariate model, current MD was associated with younger age, lower income, experiencing more major adverse life events in the past year, adopting denial and isolation as ways to cope, less interpersonal support, less involvement in gay community and experiencing more problems during sex in the past six months. HIV status, however, was not a significant factor.

Conclusion: Consistent with previous findings, one in four gay men attending high HIV caseload urban GP clinics reported symptoms of current MD. Education, prevention and clinical monitoring should target individuals who adopt negative stress-coping strategies, who receive insufficient social support or who have various sexual health complaints.

Generational change or money trouble: making sense of differences in the everyday lives of men with HIV and depression

Christy Newman[1], Limin Mao[1], Peter Canavan[2], Susan Kippax[1], Michael Kidd[3] and Deborah Saltman[4]

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Aim: To explore the conceptual implications of two alternative models for thinking about differences in the everyday lives of HIV-positive men with depression.

Method: The Primary Health Care Project on HIV and Depression collected qualitative and quantitative data at seven general practice (GP) clinics with high caseloads of HIV-positive patients in Sydney, Adelaide and a rural coastal town in New South Wales. This paper explores preliminary findings from the analyses of interviews with GPs, a survey of men attending those practices, and interviews with positive and negative gay men currently experiencing depression.

Results: Two important themes emerging from early analyses offer alternative models for thinking about everyday life for positive men with depression. ‘HIV generations’ proposes that key events in the social and medical history of HIV in Australia set apart men diagnosed in the early years, pre- or post- new treatments or more recently. ‘Socio-economic divides’ distinguishes the economic or financial position of different groups of positive men, from welfare dependence to very high salaries.

Conclusion: While there is much crossover between the two models, they offer different explanations for the complex relationship between HIV and depression. A generational model suggests it is historical change in the social and medical response to HIV that most shapes the present-day experiences of positive men, including their vulnerability to and ways of coping with depression. Alternatively, a socio-economic model suggests income and employment most dramatically shape experience, including the different emotional challenges of living in wealth and poverty.

HIV and mental health: coordination of care

Peter Canavan[1] and Limin Mao[2]

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[2]National Centre in HIV Social Research, The University of New South Wales, Sydney

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Aims: We explored existing resources for managing HIV and co-morbid mental health with foci on clinical management and community care.

Method: An effective response to HIV and co-morbidities should embrace a ‘shared culture of care’ model characterised by reflexivity and collaborative partnerships. We carried out a preliminary scoping exercise to map existing resources for managing depression among people living with HIV/AIDS (PLWHA) in Sydney during a six-week internship at NCHSR.

Results: The resource mapping reveals that there is a broad range of services, both HIV-specific and within the mainstream. These services range from community-based, hospital-based to general practitioner (GP) and specialist services. PLWHA with depression are largely serviced by HIV-specific GPs (s100 GPs) who, if necessary, often provide referrals to psychologists, psychiatrists or mental health teams. Gaps in the current service networks were also identified.

Conclusion: This mapping exercise reveals that it is important to synergise resources for clinical, community and self-management of HIV and co-morbidities, as PLWHA are living longer and getting older. The evidence also suggests that it is vital that s100 GPs continue to receive support and training to maintain and enhance ongoing excellence in clinical management.

Proffered papers

Health promotion for diverse groups 2B

Chair: **Baden Chalmers**

Needs assessment for HIV health promotion in the everyday

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How can, and do, organisations delivering HIV health promotion ensure that their services are meeting the ‘everyday needs’ of the communities that they serve? How can a national peak organisation assist member organisations to deliver services that are imbued within the everyday lives of people who are HIV-positive?

It has been argued that the success of the Australian response to HIV is, in part, due to the weight given to community or peer controlled HIV prevention and health promotion. This close relationship between the organisations delivering health promotion and the community helped to infuse the 'everyday' in HIV health promotion and vice versa. However, the move from the small scale, embedded community controlled, directed and delivered activities to broader based social marketing approaches raises questions for organisations such as NAPWA about how to facilitate broader based health promotion that is situated within the 'everyday life' of people living with HIV. This paper will investigate the role of a national peak organisation within this cultural change.

This paper will explore the findings and conclusions if a HIV Health Promotion Needs Assessment undertaken within NAPWA member organisations in 2007. The needs assessment was conducted through consultations with health promotion and education staff in state-based member organisations and aimed to ascertain the range and approach of HIV health promotion activities undertaken across Australia.

'Guys like us': reframing 'the everyday' in HIV prevention

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Aim: Drawing on a review of the PLWHA (NSW) (now Positive Life NSW) campaigns—*Positive or negative: HIV is in our lives* and *SEX PIGS: dark and dirty sex*—this paper will discuss the role of 'the everyday' in HIV prevention, in particular how understandings of health and the everyday are incorporated by HIV-positive gay men in their sexual lives.

Approach: HIV-positive gay men were involved in campaign development. Sharing their personal and social narratives enabled them to speak through the culture in which they are engaged and as a consequence open up for discussion the social, sexual and subjective spaces they occupy daily. Central investigative questions were designed to reflect on the contemporary constructs around sex, risk assessment and management, relationships and sexual health.

Description: Who defines 'the everyday'? And how might a critical practice intervene into the everyday sexual lives of HIV-positive gay men? These questions owe much to Foucault (1981, 1985) and de Certeau (1984) and suggest another way by which HIV-positive gay men speak about, understand and act upon their bodies, developing attitudes and skills, and learning to make decisions which are appropriate for them. As active participants in shaping their culture, they redefine what HIV, health and risk mean for them.

Conclusion: HIV prevention is not only acknowledged as a behavioural intervention, but is also recognised as a cultural activity, which engages in community norms, ethics and values. This is an encounter with, and a production of, life and living that has come to be expressed in 'the everyday'.

Reorienting the virtual world to diversity

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The World Wide Web (www) has added a whole new dimension to the concept of interacting with the public these past ten years. Since its inception, more and more organisations are using the virtual world as a front desk to process people's needs and provide timely services. However, while the internet may have helped overcome barriers of space and time for many bodies including HIV and hepatitis C organisations, it has had only limited success in extending this benefit to vulnerable populations such as people from culturally and linguistically diverse (CALD) backgrounds.

This paper will highlight how HIV and hepatitis C organisations may reorient their websites to accommodate the needs of marginalised populations. Specifically, it will illustrate the experience of the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) in operating its multilingual website and highlight how, despite the rapid technological innovations, it is still possible to provide services that are equitable and respectful of language and culture.

HIV doesn't discriminate/is no picnic: representations of people living with HIV/AIDS in public awareness campaigns

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Over the last three decades the lives of people living with HIV/AIDS (PLWHA) have mainly been portrayed in public through news reports, documentaries and popular culture. However, among public health and safer sex prevention campaigns there have also been a number attempting to convey the experiences and everyday lives of PLWHA. These messages range from anti-stigma appeals showing PLWHA as regular people, to warnings about the side effects of HIV medication. The campaigns have often led to controversy, with two main arguments dominating the debate: one warning that showing HIV infection through fear-based campaigns has no positive effect, repels the audience and leads to stigmatisation of PLWHA; the other claiming a glorification of living with HIV is counterproductive to prevention, undermining the urgency and seriousness of the epidemic.

This paper examines a number of Australian and North American campaigns depicting PLWHA. Drawing upon interviews with the creators of campaigns and the debate surrounding them, the aim is to explore how the perception of PLWHA is influenced by the depiction of their everyday lives, sex lives and medicated lives in public campaigns, as well as antiretroviral drug advertisements. In examining these visuals, the representation of the body is a central theme, particularly the impact of the normalisation or pathologisation of the HIV infected body, and the effect this may have on the course of the epidemic.

2C Drug ethnography

Chair: **Jeanne Ellard**

Through her eyes: the female ethnographic experience

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Aim: Ethnographic research among marginalised groups poses a range of challenges to fieldworkers, and these are well documented—from the male perspective. As a young woman conducting fieldwork for the first time, the author encountered challenges and, more importantly, rewards that could not have been anticipated. This paper seeks to explore the experience of a female ethnographer conducting research on the everyday lives of women who engage in injecting drug use and street-based sex work.

Method/Approach: Over eighteen months between 2005–2007 observational field notes were collected and in-depth interviews were conducted on the streets of Kings Cross, then transcribed and thematically analysed by the primary researcher. The research of other female ethnographers and their documented reflections on the research process were also explored.

Description of argument/Results: The experience of entering and negotiating the field is reflexively examined and contextualised drawing on field notes, in-depth interview data and personal journal entries. The result is a revealing look at the everyday experience of a female researcher among female participants and how this compares with the experiences of other female ethnographers.

Conclusions/Recommendations: Ethnographic research among street-based drug injecting populations has been a male-dominated enterprise. Making the female fieldwork experience explicit is an attempt to challenge the myopic view of drug use and street life generated through masculine lenses while at the same time raising questions about the fit between ethnographic methods and feminist approaches to research.

'Becoming good': respect and indebtedness in the lived experiences of shame among Indo-Chinese injecting drug users

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Previous research involving Indo-Chinese injecting drug users (IDUs) documented the profound shame associated with injecting drug use. This paper explores lived experiences of shame among this group and implications for service provision.

Ethnographic fieldwork and in-depth interviews were conducted with Cambodian, Lao and Vietnamese IDUs (n = 81), aiming to identify explanatory models of hepatitis C (HCV) prevention and management and their influence on health-seeking behaviours. Participants were recruited using theoretical and snowball sampling based on peer and street networks. A grounded theory approach was used to identify emergent themes.

Participants' feelings of shame were fundamentally shaped by immigration and resettlement. Experiences and parental accounts of hardship and sacrifice during this time solidified within participants a sense of indebtedness to family and Australia for being given an opportunity to 'make a better life'. However, recognition of profound difficulties in resettlement, particularly for participants arriving during adolescence, was diminished by parental notions of the 'easy' life in Australia and persisting expectations of academic success. Within this context, becoming an IDU represented the ultimate lack of respect to family members. Redemption and the need to 'repay' parents through cessation of drug use, and failure to achieve this goal, were enduring features of participants' accounts. Many expressed reluctance to seek assistance from family or services, preferring to distance themselves and subscribe to idealised cultural notions of stoicism and self-responsibility.

Results have implications for understanding Indo-Chinese IDUs' motivations in accessing services for drug-related problems including HCV treatment, and for the provision of culturally sensitive support and care.

Ethnographic exploration of the use of diverted dexamphetamine among young people in Perth, Western Australia

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Aim: The social contexts of psychostimulant use among young people in Australia and related harms are not well researched. This paper examines how the use of dexamphetamine, a pharmaceutical stimulant, is incorporated into practices of polydrug use among young people in Perth.

Approach: Ethnographic fieldwork was conducted over 18 months in Perth, Western Australia, among a network of approximately 50 young people who regularly used psychostimulants. Data collection involved participant observation conducted in 'natural' settings including nightclubs and private parties. In-depth interviews were conducted with 25 key contacts exploring drug use histories and themes emerging from fieldwork.

Results: Western Australia has the highest rate of dexamphetamine prescription in Australia and use of diverted dexamphetamine among young people is common. The pharmaceutical status of dexamphetamine disrupts the commonly made distinction between licit and illicit drugs in popular discourse and is perceived as 'safe' due to its 'medical' status. The research indicates that this perception leads to increased harm, particularly when dexamphetamine is used in conjunction with alcohol. The pharmaceutical status of dexamphetamine also means that young people did not necessarily perceive dexamphetamine as 'drugs' and were therefore more impervious to harm reduction messages.

Conclusions: Diverted pharmaceuticals are absent in interventions targeting young people in Australia and existing harm reduction messages focusing on the adulterated and illicit status of drugs serve to reinforce a perception that dexamphetamine use is safe. Prevalent use of dexamphetamine in conjunction with other illicit drugs highlights the need to incorporate pharmaceutical drugs into harm reduction messages targeting young people.

Developing an integrated ethno-epidemiology of psychostimulant use and related harms amongst young Australians

David Moore[1], Rachael Green[1], Susan L. Hudson[2], Rebecca Jenkinson[3], Christine Siokou[1], Anne Dray[4], Paul Dietze[3], Lisa Maher[2], Gabriele Bammer[5] and Pascal Perez[4]

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Aims: Although ethno-epidemiology has made important contributions to the drugs field, there has been less discussion of the methodological and epistemological issues arising in such work. This paper outlines some of the issues and findings that arose during an integrated ethno-epidemiological study of psychostimulant use and related harms amongst young Australians.

Method: The research focused on street-based injecting drug use in Sydney, club drug use in Melbourne and recreational drug use in Perth. In each site, participant observation, in-depth interviews and two epidemiological surveys were conducted concurrently. Agent-based modelling was used to integrate the ethnographic and epidemiological data on individuals, social groups and drug markets.

Results: Regular communication between members of the research team facilitated ongoing discussion of several research integration issues. Ethnographic findings informed the design of the second survey instrument and the epidemiological findings contextualised some of the ethnographic findings in larger samples of young psychostimulant users. Agent-based modelling provided a focus for discussion, as well as quantifying how changes in individual, social and cultural factors affected the prevalence of use and harms. The integration also explored the epistemological tensions in combining qualitative and quantitative paradigms.

Conclusions: The research successfully integrated individual, social and cultural data on psychostimulant-related harms in the three research sites. It also established a framework for collaboration between research disciplines that emphasises the synthesis of diverse data types in order to generate new knowledge relevant to the reduction of psychostimulant-related harms.

Proffered papers

2D Indigenous research and health promotion

Chair: **Loren Brener**

Showcasing the ‘STIs and BBVs in Aboriginal Communities in NSW’ project

Sarina Solar[1], James Ward[2] and Peter Hull[3]

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These presentations will showcase the ‘STIs and BBVs in Aboriginal Communities in NSW’ project. The presenters will discuss the process of doing the research, the use of technology to collect data, and some preliminary results.

Indigenous young people's resilience to blood-borne and sexually transmitted infections: a participatory action research project

Julie Mooney-Somers, David Brockman and Lisa Maher
(on behalf of the Indigenous Resiliency Project*)

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Participatory Action Research (PAR) provides a framework for a community to identify, define and address issues that it deems important and relevant. This is research with an action orientation, which shifts control directly into the hands of the community itself.

Our project employs PAR to explore young Aboriginal and Torres Strait Islander people's perspectives on resiliency factors in relation to blood-borne and sexually transmitted infections. Young people are working collaboratively with members of an academic institution and three urban Aboriginal health services to develop the research and undertake data collection and analysis. This moves beyond simply documenting the everyday lives of 'ordinary' people; what questions are asked, how they are asked, how data is interpreted, and what we do with findings, are driven by 'ordinary' people rather than 'experts'.

Reflection and evaluation are fundamental to PAR. Field and meeting notes have been examined to reflect on and evaluate the preliminary stage of our project. The outcomes of the first training and research development workshop, held in one site with homeless Indigenous young people, are reported. We reflect particularly on our experiences of engaging young people as co-researchers, recognising and building on existing strengths and capacity, and supporting the acquisition of specific research skills.

PAR is not a fix-all for the disempowering effects of more conventional research methodologies; PAR raises multiple practical, ethical and theoretical tensions. This presentation explores the complexities that arose in the first stage of this innovative and ambitious project, and suggests some strategies to address them.

*Indigenous Resiliency Project members: Angie Akee, David Brockman, John Daniels, Francine Eades, Sandra Eades, Wani Erick, Dulcie Flowers, Colin Garlett, John Kaldor, Chris Lawrence, Lisa Maher, Litza Malamoo-Jib, Julie Mooney-Somers, Robert Scott, Maurice Shipp, Ted Wilkes and John Williams.

'Dr BBV': an interactive game for young Aboriginal people in New South Wales

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The Aboriginal Health and Medical Research Council of NSW (AH&MRC) is the peak Aboriginal health organisation in New South Wales. In 2005 the AH&MRC obtained funding to produce a resource for young Aboriginal people (13–17 years old) about hepatitis C and other blood borne viruses.

The project reference group identified existing educational games for young people that could be potentially adapted into a 'Blood Borne Virus game'. These included games that were produced by the Awabakal Newcastle Cooperative and the Youth Accommodation Association's

Health Outreach Team. After consultations with young Aboriginal people and Aboriginal health workers, ‘Dr BBV’ was developed for further focus group testing during the second phase of the project.

‘Dr BBV’ is designed to be facilitated by Aboriginal sexual health workers and other Aboriginal health workers, other sexual health workers and other people who work with young Aboriginal people in a variety of settings. The game is played in teams to encourage peer education, is Trivial-Pursuit style and is competitive.

The game includes:

- a players’ guide
- questions for the game which are graded into ‘hard’, ‘medium’ and ‘easy’
- a 1.5 m x 2.3 m canvas board for participants to stand on
- two large dice, one for each team.

The game will be distributed through the AH&MRC member services and the Aboriginal Sexual Health Network. The game will also be promoted to youth services and will be available on request to services that work with young Aboriginal people. Workshops will be held in New South Wales on using the game.

Changing risk of HIV and sexually transmissible infections among HIV-negative and HIV-positive gay men: data from two longitudinal cohort studies

3A

Background: The widespread use of highly active antiretroviral therapy (HAART) for HIV and the accompanying health benefits have done much to alter the way Australian gay men perceive and experience HIV transmission risk. This applies equally, albeit differently, to gay men regardless of HIV status. Over more than six years, two longitudinal cohort studies of gay men in Sydney have recorded these changes in respect to sexual behaviour and important determinants of HIV and STI transmission.

Aim: This symposium reports on five aspects of these changes drawing specifically on data from the Health in Men (HIM) cohort of HIV-negative men and the Positive Health (PH) cohort of HIV-positive men.

Papers: Five papers (of 15 minutes each) will be presented. There will be time for discussion at the end of the session.

Chairs:
Susan Kippax
John Kaldor

Presenters:
Iryna Zablotska
June Crawford
Jeff Jin
Garrett Prestage
Andrew Grulich

Serosorting as an HIV risk reduction practice

Iryna Zablotska

This presentation examines trends in serosorting practices among HIV-positive and HIV-negative men and discusses issues related to serosorting such as HIV disclosure and 'seroguessing'.

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How effective are different HIV risk reduction behaviours?

June Crawford

During the HIM study, 47 of the 1427 participants became HIV-seropositive. This paper presents an analysis of data on seroconversion. We report on the relative risk of: i) withdrawal; ii) UAI only with partners reported by HIM participants to be HIV-seronegative (sometimes called 'serosorting'); and iii) strategic positioning, that is, only insertive UAI.

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The growing importance of sexual health: sexually transmitted infections as risk factors for HIV infection

Jeff Jin

The Health in Men (HIM) study is perhaps the world's most comprehensive study of sexually transmitted infections (STIs) in homosexual men. This paper will present data on the relationship between STIs, particularly of rectal infections, and risk of HIV infection.

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Changing practices of recreational drug use and the link with HIV infection

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Use of illicit drugs among gay men is common, and has been associated with risk behaviour in both the HIM and pH studies, and with HIV seroconversion in HIM, particularly with respect to certain party drugs.

Hepatitis C infection among Sydney gay men: our understanding of current risk factors

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Evidence has been growing that hepatitis C may be transmitted sexually among gay men, particularly the HIV-positive, but there are very few longitudinal data. This presentation will look at data on incidence and risk factors for hepatitis C among HIV-positive and HIV-negative gay men in Sydney.

Symposium

3B Masculinity and sexual risk-taking in Asia and the Pacific

Chair:
Norman Booker

Panellists:
Michael Flood
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Jason Lee
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Jeffrey Grierson
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Frances Akuani
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Patrick Rawstorne
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This symposium will address the issues of masculinity and sexual risk-taking in Asia and the Pacific by means of a panel 'question and answer' session, which will include the audience. The panellists are:

Michael Flood Michael's current research includes examinations of how to engage men in policy and programming for gender equality, the primary prevention of men's violence against women, and shifts in boys' and young men's sexual cultures.

Jason Lee Jason will discuss preliminary observations from NCHSR's study of men who have sex with men in Timor Leste.

Jeffrey Grierson Jeffrey will present ideas about the place of performance in the practices of sex amongst men who have sex with men in Indonesia and Thailand. These data arise from the project 'The Dynamics and Contexts of Male-to-Male Sex in Indonesia and Thailand' (Pitts, Couch, McNally & Grierson, 2006), where in 2005 to 2006, in collaboration with in-country researchers, 105 semi-structured interviews were carried out in Surabaya, Batam Island, Manado, Chiang Mai and Bangkok.

Frances Akuani Frances has recently carried out focus groups with male high school students about sex and HIV in the Highlands of PNG.

Patrick Rawstorne Patrick will discuss sexual risk-taking among men who have sex with men (including 'beach boys') in Sri Lanka, arising out of the behavioural surveillance survey undertaken by NCHSR.

Hepatitis C: health promotion and peer support 3C

Chair: **Martin Holt**

Positively C-een and Heard: experiences of hep C positive speakers

Grenville Rose[1] and Carla Treloar[2]

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A substantial body of research has shown that a speakers' service that organises people from affected communities to speak about their personal experiences of a potentially stigmatising illness has been found to be an effective way of reducing stigma amongst health professionals and others. Some of the past experiences of illness and discrimination amongst these affected people are likely to have been traumatising, and there is a similarly substantial body of research that demonstrates that while reprocessing of a traumatic event may be therapeutic it can also have negative consequences.

The present study aimed to investigate the experiences of participants in the speakers service of the Hepatitis C Council of NSW. Interviews conducted with 4 of the 10 participants in the C-een and Heard speakers' service found that the speakers found the experience to be empowering and there were indications that being in the speakers' service had assisted in clarifying the issues in their private lives arising from being Hepatitis C positive. Even though the experience of speaking was overwhelmingly positive, the participants felt that it is helpful to have the support that the Council gives by having a worker attend the session or giving support by phone. The participants also felt that, although they would recommend participation in the service to others, they felt it was necessary to set clear boundaries about what you are comfortable discussing before you become involved in this type of service.'

'Hep Connect': the value of peer support in hepatitis C

Emma Ward and Niki Parry

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Living with hepatitis C, and undergoing treatment, can be extremely isolating and challenging experiences for many people, and can have significant physical, emotional and social impacts. Peer support has the capacity to improve people's coping skills and can break down the stigma and isolation which is often experienced.

The New South Wales state-wide peer support program, Hep Connect, was developed by the Hepatitis C Council of NSW as a 12-month pilot project, with the aim of assessing the usefulness and feasibility of this particular type of peer support.

Hep Connect links clients, via phone, with peer volunteers who have undertaken formal training provided by the Hepatitis C Council of NSW. They can talk about their shared experiences of living with hepatitis C and receive support and encouragement, especially as people prepare for or undergo the often gruelling course of treatment. For many callers it will be their first time speaking to another person who is also affected by the virus.

A key strength of the program's development and implementation lies in its connection with, and participation by, people affected by hepatitis C, utilising their skills, experiences and personal stories.

This presentation will outline the processes and challenges of creating a peer based support program related to hepatitis C treatment. It will share personal anecdotes from both peer volunteers and clients, and will discuss final evaluation findings regarding the impact that this type of peer support has for clients, and its feasibility as a model for the future.

Everyday lives, everyday links

Nick Bennett, Ken Abrahams and Paul Harvey

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People can be marginalised by their disease, especially with socially distanced conditions like hep C. Online communities provide a very important way for people to contact others who are perceived to 'understand'. Peer forums are anonymous, confidential, fluid and responsive. It is the 'everyday-ness' of such communities that is the foundation of their success.

hepCaustralasia is Australia's largest and longest running online peer community hep C forum. Most new members just want to connect with others. They greatly appreciate the anonymous nature of the forum and usually focus on sharing their story of diagnosis and reaction to it. Many other conversations are about medical information regarding treatment and transmission routes, including sex and drug use. Doctor–patient relationships are also explored, as are issues of disclosure. These everyday conversations significantly help reduce the stigma and feelings of marginalisation that many people affected by hepatitis C experience. Members often join the forum, shy and timid and, within a period of weeks, find their voices and develop a sense of 'living' with hep C as opposed to being defined by it.

In our presentation we will describe the value of everyday communication in the forum. We will briefly outline how the forum works and then describe the benefits that members enjoy. We intend to draw directly from the forum, using anecdotes and excerpts from discussion threads on the site, and highlighting how everyday conversations and exchange of information between members help normalise people's experience of having hep C. We hope that our presentation will provide evidence that supports increased promotion of the forum within the hep C related health sectors in Australia and New Zealand.

Principles of health promotion in practice: Picnics in the park

Jodie Walton

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Hepatitis Council of Queensland has been delivering collaborative outreach health promotion programs in Queensland since 2003, including Small Grants Program, Community Activities Grants, Street Soccer, and Picnics in the Park. 'Picnics', a national award-winning project, is an ongoing collaborative effort to deliver innovative health promotion. It involves a peer-support approach and targets marginalised inner-city residents of Brisbane. This holistic approach to health promotion provides community and information stalls while allowing people to access food, and addresses social, health, emotional, shelter and equity concerns with appropriate delivery agencies in one place.

Based on the Ottawa Charter, it enables people and communities to increase control over determinants of health, and creates an environment that facilitates interaction with service delivery agencies. ‘Picnics’ combines social and recreational activities, such as live bands, sports activities, art workshops, drumming, karaoke, massage and advocacy-directed discussions. These provide opportunities for people with, or at risk of, hepatitis C to talk about issues and access support, and for clients to represent their perspective on health promotion programs and services, and to participate in evaluations that help direct future events and service delivery.

Peer workers from marginalised sections of the hepatitis C community are hired to promote Picnics and to participate in project planning and implementation. Effective health promotion requires a holistic response, community mobilisation and appropriate peer representation. ‘Picnics’ and other holistic community projects will be presented as a way to implement innovative and effective approaches to address the health and social issues affecting marginalised communities.

4 Everyday lives: from local to public

Chairs: **Asha Persson and Max Hopwood**

Myself and other strangers: heroin, sex work and surprises

Kate Holden

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Kate Holden is the author of In My Skin: A Memoir *(Text Publishing) about her five years as a heroin addict and prostitute in Melbourne. First published in 2005 and re-issued in 2007, her memoir was shortlisted for awards in Australia and has since been sold to the USA, the UK, Finland, Germany, The Netherlands, the Czech Republic, Turkey, Brazil, France and Italy. It was part of the Books Alive Great Read promotion in 2006 and one of the State Library of Victoria's 'The Summer Read' titles in 2007. Kate and her family featured in an episode of* Australian Story *(ABC) in 2005. She is regularly asked to speak at writers' festivals, libraries and private events. She is a graduate of the University of Melbourne and RMIT, where she is completing a Master of Arts. She is on the CAL Second Book Fellowship at Varuna, the Writers' House, and in 2008 she takes up an Australia Council for the Arts residency at the B. R. Whiting Library in Rome. Kate is now a full-time writer of reviews, essays and a fortnightly column for* The Age. *She has had a short play performed and is working on her first novel.*

Kate will speak about her experiences as a heroin user and sex worker in 1990s Melbourne, as described in her memoir *In My Skin* (Text Publishing, 2005, reissued 2007). She has been clean for seven years, but appreciates the chance to talk publicly about drug addiction and prostitution.

Kate will briefly describe her own story, and then discuss some of the issues of identity and safety, both physical and emotional. During the five years of her addiction, Kate was a bookseller, daughter, girlfriend, addict, thief, street prostitute, brothel worker, friend, lover, counsellor, professional, criminal, pariah, and success.

Both illegal-drug communities and the sex industry place a high premium on secrecy and anonymity, and yet it is possible to find a place for honesty and pride, as well as of safety. Even as she recast herself from a shy, naïve Arts student into a far more street-wise woman, Kate observed how she could keep her separate roles separate, and ultimately maintain a core sense of who she was. This, she believes, was fundamental to her emergence from her addiction. The 'hidden' world of heroin addicts (in rehabs, on the streets, in dealers' living rooms) and the other hidden world of the brothel were places in which her 'real' identity seemed eclipsed; but at other times it seemed to be coming into its own.

Since publishing her book, Kate has gained a profile as an ex-addict and ex-sex-worker. She will also speak about public response to her memoir.

Not another burden on the everyday lives of Indigenous Australians

Peter Waples-Crowe

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Peter Waples-Crowe works at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Melbourne, as a Public Health Policy Officer. Peter is a Koori, a descendent of the Ngarigo people of the Snowy Mountains of New South Wales. Peter has been working at VACCHO for the past three and a half years and in Indigenous health for over 15. He gained a lot of his interest and skills in research and public health while working on various projects for both mainstream and Aboriginal community controlled health organisations in New South Wales and Victoria. He is a graduate of the NSW Public Health Officer Training program and has postgraduate qualifications in Public Health, Health Promotion and Epidemiology.

This presentation will explore the impacts that HIV, hepatitis and other related diseases have on the everyday lives of Indigenous Australians. Available data suggests the rates of HIV, hepatitis and other related diseases are much higher in the Australian Indigenous population than in the general population, but the acknowledgment, understanding and treatment of these diseases are often relegated to the background in a community struggling with an over-burden of other health and social problems.

Some of the other issues related to HIV, hepatitis and other related diseases in Indigenous Australia include the high rates of injecting drug use, the overrepresentation of Indigenous people in prisons and attending needle and syringe programs, and the interrelationship between these factors. The presentation will also address the additional burden of marginalisation, shame and stigma attached to the risk factors of HIV and hepatitis within Indigenous communities.

Drawing on the presenter's experience in Indigenous health in both New South Wales and Victoria, the presentation will be broad in its overview but with a focus on what's working to address the issues outlined in this abstract, including new research addressing Indigenous knowledge and access to hepatitis C treatments, and projects that increase the capacity of the Indigenous health workforce to raise awareness of HIV, hepatitis and other related diseases amongst the wider Indigenous community.

Advocacy-driven research to support HIV living and everyday lives?

John Rule

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John is the Deputy Director of the National Association of People Living with HIV/AIDS Australia (NAPWA) and for the past two years has been the NAPWA representative on the Scientific Advisory Committee of NCHSR. John has worked at NAPWA since 1999 and has always been interested in the ways social and behavioural research constructs images of HIV living. His PhD research, completed at the University of Technology, Sydney, was an interrogation of the languages and social practices associated with activist and radical community work traditions in inner Sydney over the past 30 years. His thesis findings have been published in the research journal Studies in Continuing Education. *Through his work with NAPWA John has also been involved in developing peer based programs for HIV-positive people in PNG and Timor Leste.*

In this paper I argue that knowledge generated through research brought together with advocacy efforts has the potential to trouble power relationships and assist in social change and policy development.

In my paper I draw upon information from national conferences of people living with HIV/AIDS to explore some of the changing discourses of 'living with HIV'. Conferences titled 'Positive Voices' (2001), 'The Art of Living' (2003) and 'Our Place, Your Place … In the Bigger Picture' (2005) provide a sense of progression of interests but also a reminder that the experiences of stigma and discrimination have not disappeared. Nor has the challenge of trying to live well in the presence of disease reached any singular resolution for positive people. I argue that close listening, at a community level, will provide clues and feedback loops for advocacy-driven research.

Questions which interest me are: How are the 'everyday' and anecdotal, which are in the knowledge realm of community and community organisations, brought into systematic exploration and inquiry? How can research then inform policy and action in a way that might reshape (for the better) the everyday experience of living with HIV/AIDS?

My paper suggests that, based on review and experience to date, there is evidence that research and advocacy can, and have, worked together. I explore what has enabled this and what some of the barriers have been. My paper is presented with the hope that the challenges facing researchers and advocates, which remain as complex and demanding as they ever have been, continue to be addressed in a way that ultimately supports everyday living with HIV.

Postliberal public health? When public health preparedness for pandemic influenza loses interest in either the population or self-regulating individuals

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Niamh Stephenson is a Senior Lecturer in Social Science at the University of New South Wales. She researches the role of experience in socio-political change. Her book Analysing Everyday Experience: Social Research and Political Change *(co-authored with Dimitris Papadopoulos and published by Palgrave in 2006) examines the relationships between positive people's experiences and dominant discourses of HIV.* Escape! Power and Revolt in the 21st Century *(co-authored with Dimitris Papadopoulos and Vassilis Tsianos and to be published by Pluto in 2008) examines recent shifts in the politics of experience in the fields of health, labour and migration. She has published in the fields of social research and cultural studies and is currently undertaking work on pandemic influenza and biosecurity.*

Those working in the field of infectious diseases often identify, contest and rework how public health acts as a means of control. When public health takes the form of pastoral power, individuals are enjoined to internalise normalising notions of a 'good life' and to take responsibility for leading this life. This Foucauldian idea has been usefully employed—to question, for instance, the orthodoxies surrounding how people are expected to take individual responsibility for treatment management and outcomes. When public health attempts to manage populations, the second pole of pastoral power functions through attempts to identify and control populations and their characteristics. Starting with those working on HIV in the 1980s, public health's identification of who 'fits' in a population has been constantly contested. This conflict has been productive, for example, in shifting the focus of prevention efforts to practices rather than identities. But is it the case today that public health is moving beyond its familiar interest in individuals and populations?

This paper examines an, as yet, non-existent emerging infectious disease: pandemic influenza. The Australian government has been acknowledged internationally as excelling in its efforts to prepare for the prospect of an influenza pandemic. The main focus of these preparedness efforts has been on ensuring effective governance. That is, public health efforts are devoted less to managing individuals or populations and more to ensuring the seamless functioning of effective and strong governance in the event of a catastrophe. Broad concerns about biosecurity are shaping how public health is addressing the prospect of this infectious disease. This paper examines how the focus on effective governance functions to control people. I ask whether we are witnessing the rise of a postliberal public health and if there openings for contesting and reworking this new means of control.

5A Drug treatments

Chair: **Limin Mao**

Developing responsive treatment services for opioid users: a review of changes in the characteristics of opioid users entering treatment

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Background: Cultural shifts within drug user populations can significantly influence health outcomes, and also the provision of effective treatment and harm reduction strategies. Anecdotal reports suggest that there have been significant shifts in the characteristics of opioid users, including users seeking treatment of opioid dependence. There is a need to explore the changes occurring in these populations as these may potentially influence harms associated with use, access and utilisation of treatment, and also treatment outcomes.

Method: Data has been derived from routine treatment intake data collection from the Queensland Opioid Treatment Program. All registrations for treatment of drug dependence over the past ten years were included in a number of analyses. Of particular interest are drugs of concern causing patients to seek treatment, nature of drug use prior to entry into treatment, and changes in demographic characteristics of treatment populations.

Results: There have been significant shifts in the characteristics of treatment populations over the past decade, including substantial increases in pharmaceutical opiates as the primary drug of concern, as well as changes and the nature of drug use, and gender and age characteristics.

Conclusions: There are a number of social and cultural shifts in populations of illicit and dependent drug users that are beginning to be reflected in treatment populations, which have repercussions in terms of drug related harm and also treatment needs. These changes also have implications for the development of innovative and appropriate ways to engage both service providers and clients in a meaningful way.

The Treatment Service Users Project, Phase 2

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Aim: To improve the existing levels of consumer participation in drug treatment agencies.

Approach: Phase 2 will establish five demonstration projects in three Australian states/territories where consumer participation activities will be implemented and evaluated. The findings will then be disseminated within the sector and all key stakeholders brought together to develop a national framework for consumer participation.

Description of arguments: Phase 1 found that consumer participation was important for the planning and delivery of high-quality drug treatment services. While only low levels of consumer participation existed, there was widespread support for moving to higher levels. Phase 2 will focus on the development and evaluation of projects where consumers are more actively involved, and provide resources to selected drug treatment agencies to improve the capacities of service providers and consumers.

Conclusions

- Improve levels of consumer participation in drug treatment agencies.
- Develop a national framework for consumer participation in the drug treatment sector.
- Create more conducive environments for consumer participation.

The project at selected sites will also seek to:

- increase the skills and capacity of service providers and consumers
- develop policy at the local level which supports the sector and stakeholders
- improve consumer satisfaction and quality of service delivery
- strengthen partnerships among key stakeholders in the drug treatment sector.

Consumer participation can be very effective for improving the quality of services and be central to the process of continuous improvement.

Repetition and rupture: the gender of agency in methadone maintenance treatment

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Addiction is commonly understood to be a problem of compulsion: the compulsion to repeat an activity that brings harm to the self, to others and to society as a whole. Methadone maintenance treatment (MMT) is concerned with satisfying this compulsion, again through repetition—the daily repetition of dosing. There are several respects in which addiction is associated with femininity within Western societies, and the compulsion positioned at the centre of addiction and treatment, along with the repetition that signifies and materialises it, are prime sites of this gendering. In this paper I demonstrate these associations and explore their implications for the social and political status of MMT and those who participate in it.

The paper is based on 87 in-depth semi-structured interviews conducted with MMT clients, service providers and policy makers in New South Wales and Victoria. The interviews were recorded, transcribed verbatim, and analysed with the assistance of the data management software, NVivo.

The analysis focuses on a prominent issue in the data directly related to the question of compulsion and repetition: that of agency. Touching on the work of de Beauvoir, I begin by arguing that repetition is often treated as the polar opposite of innovation, creativity and value in Western discourse. Represented instead in terms of sameness—the quotidian, the unoriginal, the everyday—it is assigned a low social and political status. The paper examines the construction of gender and agency in participants' statements on the MMT clinical encounter, heterosexual relationships and gender violence, drawing out the connections participants make between femininity, repetition, addiction and passivity. In the final section repetition is considered from the point of view of Butler's work on performativity, and questions are posed about how repetition might be thought differently in relation to MMT.

The dynamics of shame: implications for the drug and alcohol counsellor when working in residential rehab

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Counsellors who work in residential rehab often encounter shame in therapeutic interactions. This shame relates to the stigma and sense of failure at entering rehab, where the identity of a client is imbued with a sense of defect or monstrosity, as well as the shame inspired by long-term intra-psychic processes that emerge from personal and social adversity in relation to significant relationships and cultural phenomena. And yet, this public health space raises contradictory issues relating to shame and counselling practice in the treatment of attending clients.

This project aims to observe the impact of chronic shame, primarily as a treatment barrier, and how chronic shame relates to multiple axes in treatment: addiction, the identity of the 'addict', the treatment model, and ultimately the treatment setting. Furthermore, greater awareness of this dynamic may create space to counteract contradictions in a way that enhances the relationship between client and counsellor and ultimately increases the opportunities for the client in their recovery, in whichever form this recovery takes.

Through a series of qualitative interviews, this work seeks to give voice to front-line workers, where there is currently a dearth of research. The paper will present emerging themes in order to examine the relationship between shame, addiction and identity, and gain a clearer understanding of the impact of context in relation to treatment dynamics. Ultimately, the research is based around the dilemmas that confront counsellors when working to professional boundaries in an alcohol and other drug (AOD) residential setting, the primary dilemma being that a residential rehab is contract bound, punitive in structure and stigmatising in its nature. How can we counsel AOD clients, who present with shame issues, in a shaming environment?

Proffered papers

5B HIV and risk for gay men

Chair: **Patrick Rawstorne**

Gay men who engage in group sex are at increased risk of HIV infection and onward transmission

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We sought to identify if gay men who engage in group sex are at increased risk of HIV infection and onward transmission. The Three or More Study (TOMS) surveyed 587 gay men who engaged in group sex, using both online and onsite recruitment. Among TOMS participants, 15.7% reported unprotected anal intercourse (UAI) with any partners whose HIV serostatus they did not know at their most recent group sex encounter and 8.0% reported UAI with any partners they knew to be serodiscordant; in total 17.7% reported UAI with partners who were not known to be seroconcordant. For the most part, when men knew their partner was serodiscordant they avoided UAI, particularly if they themselves were HIV-negative, but when they lacked knowledge of their partner's HIV status they were more inclined to engage in UAI, regardless of their own HIV status. Among those who engaged in any risky UAI, there was little evidence of other risk minimisation strategies. Not knowing oneself to be HIV-negative, not having a clear intention to use condoms, and more frequently engaging in group sex were independently associated with UAI. Men who engage in group sex also engage in behaviours that are potentially high risk for HIV, and represent an important priority for targeted HIV prevention activities and research.

Challenging complacency: exploring contemporary knowledge of HIV and risk in the everyday lives of gay men

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Aim: The early years of the 21st century have seen rises in the number of HIV notifications among homosexually active men in many western countries around the world including Australia. These increases in infection rates have coincided with the introduction of antiretroviral (ARV) therapy and new HIV testing technologies. Drawing on the accounts of Sydney gay men recently diagnosed with HIV, this paper explores contemporary knowledge of HIV risk among gay men in Sydney in order to better understand why these increases are occurring.

Method: The data for this paper are drawn from in-depth interviews with Sydney gay men who participated in the Risk Factors for HIV Infection study. The study documents understandings of the event or events men believe led to their seroconversion.

Results: Most participants were initially very distressed by their HIV diagnosis and concerned about their health and future quality of life. Many men had minimal or no knowledge of ARV therapy prior to seroconversion and did not regard HIV as a manageable chronic illness. While these men often had sophisticated levels of knowledge about HIV transmission risk, they were less knowledgeable about HIV prevalence in inner-Sydney where most of them sought their sexual partners. Further, men often relied on flawed assumptions about their own and other men's serostatus.

Conclusion: The introduction of ARV therapy has greatly benefited those living with HIV but it has perhaps also inadvertently made HIV less visible, or at least differently emphasised, in the daily lives of gay men. The decreased prominence of HIV has contributed to some gay men making inaccurate assumptions about the prevalence of HIV in their community and the serostatus of potential partners.

Comparison of HIV risk management practices of gay men in seroconcordant HIV-negative regular relationships in three Australian states, 1998–2006

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Introduction: How HIV-negative gay men manage HIV transmission risk in their regular relationships may affect incidence trends in the context of a mature low-prevalence epidemic.

Methods: Using the data from HIV-negative men in regular relationships recruited in the gay community periodic surveys (GCPS) in New South Wales, Victoria and Queensland from 1998 to 2006, we investigated trends in practices related to risk management within HIV-negative regular relationships. Among men in relationships of six months' duration or longer, we explored seroconcordance of regular partners, unprotected anal intercourse with seroconcordant regular partners, safety agreements about sex within and outside relationships, the practice of negotiated safety and reported UAI outside relationships. We used the χ^2 test for trend with a two-sided p-value of .05.

Results: We found no meaningful changes over time in the proportion of men in HIV seroconcordant regular relationships. UAI in these relationships increased during the period 1998 to 2002 and then stabilised in New South Wales, but continued to increase in Victoria and Queensland. Significantly more HIV-negative men in seroconcordant relationships had safety agreements and practised negotiated safety in New South Wales than was the case in Victoria or Queensland. UAI outside of regular relationships was higher in all three states among men who did not have safety agreements with their regular partners.

Conclusion: Our findings appear to suggest that men in New South Wales are using risk reduction strategies in seroconcordant HIV-negative regular relationships more than men in the other Australian states.

Proffered papers

5C Alcohol, other drugs and pharmaceuticals in GLBT communities

Chair: **Robert Reynolds**

From hedonism to habits: alcohol and other drugs in gay, lesbian, bisexual and transgender communities

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For a variety of complex reasons, alcohol and other drugs play a central role in the lives of many gay, lesbian, bisexual and transgender people. An increase in the use of crystal methamphetamine has shifted debate in the community to view the use of substances in a more analytical way.

This paper will explore from a historical cultural perspective the role of various substances within the GLBT community. It will examine the centrality of alcohol and other drug use in the lives of many GLBT people and the impact of changing drug trends.

Research has identified that rates of alcohol and other drug use are generally higher among homosexually active men and women than among their heterosexual counterparts. Such changing trends pose great challenges for GLBT community based services and the wider AOD sector.

This presentation will address many of the intricacies that GLBT people who use alcohol and other drugs need to manage including dependency, co-infection issues, mental health and sexual health. It will demonstrate that there is an urgent need for GLBT issues to be included in drug and alcohol policy, planning, service delivery and research at all levels of government and in a variety of sectors.

Alcohol as a social lubricant in gay community: findings from the QUICKIE project

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Aims: To examine the representation of alcohol in the HIV research literature and the accounts of gay men in the Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) study in order to understand the implications of alcohol use for HIV prevention and the reduction of licit drug related harm.

Methods: The sample comprised 31 gay-identified men living in the Sydney metropolitan area. Purposive recruitment strategies were used. Semi-structured interviews were conducted in locations convenient for participants around key topic areas (such as sex, relationships, drugs and community) and were digitally recorded. A thematic analysis of men's accounts is presented.

Results: QUICKIE participants discussed the social role and value of alcohol use in terms of socialising and sexual contacts. Accounts of problematic alcohol use described incidents of being 'out of control' that were similar in tone to accounts of problematic crystal methamphetamine use.

Conclusions: Alcohol is commonly used by gay men, but is infrequently discussed in research as a feature of their social and sexual lives. Accounts of problematic alcohol use suggest a need for harm reduction information and enhanced education strategies.

Medicine, risk factor, pleasure enhancer or safe sex aid? The use of Viagra and other sexuopharmaceuticals by gay men: findings from the QUICKIE project

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Aims: To analyse representations of Viagra and other drugs designed to treat erectile dysfunction ('sexuopharmaceuticals') in the research literature and accounts of gay men. To identify implications of sexuopharmaceutical use for HIV prevention and harm reduction among gay men.

Method: 31 gay men were interviewed in Sydney for the Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project. A discursive analysis of their accounts of sexuopharmaceutical use is presented here. The HIV research literature is also drawn upon to illustrate how Viagra is considered a risk factor for HIV transmission.

Results: Participants' accounts suggest that Viagra is seen as a safe sex aid by some gay men, a drug that can offset erectile difficulties when using condoms, particularly in the context of alcohol or other drug use. We suggest that the following contribute to a perception among gay men that Viagra and similar drugs are benevolent and pose few risks: i) the status of sexuopharmaceuticals as medicines and sexual enhancers; ii) gendered expectations that men should be able to perform sexually on demand; and iii) trends that encourage biomedical or technological fixes to behavioural problems, particularly in the realm of HIV prevention.

Conclusions: Negative outcomes associated with sexuopharmaceutical use may be overlooked by gay men. The idea that problems with condom use and safe sex can be solved through pharmaceutical intervention reflects broader shifts in the ways in which the social, the sexual and the biomedical are interrelated in everyday practices, and requires ongoing and critical attention.

Against inhibition

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The concept of disinhibition has gained some currency in HIV prevention discourse in the context of trying to understand the relation between substance use and unprotected sex. But what does this concept actually mean? A common-enough notion in everyday as well as scientific discourse, it holds that substance use can lead people with 'good intentions' to engage in 'bad behaviour'. The concept is applied straightforwardly to substances that act quite differently on the neurochemical pathways—sedatives, stimulants, tranquilisers, nitrates, psychedelics. It is also carried over into psychosocial science to draw causal inferences from very general correlations. But disinhibition does more than fuel cultural suspicions around intoxicating substances; it is also a source of value. For example, while scientists and antidrug activists use the concept to ascribe initial causality to drugs, gay men's accounts of crystal use put this relation almost completely the other way around, and put the desire for disinhibition first. The concept of disinhibition may even heighten the appeal of certain substances and make their use for sex seem more compelling, since it offers a legitimised explanation for disapproved sexual practice. In this paper I argue that sexualised drug use can be considered a response to unworkable normative standards around sexual practice—one that is naturalised by the notion of disinhibition. But it is not only that. We need an understanding of sex, drugs and pleasurable relations that is (i) more in tune with the queerness of everyday practice and (ii) less structured by the notion of intentionality.

Living with hepatitis C 6A

Chair: **Pol McCann**

What's at risk? The contraceptive practices of women living with hepatitis C

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In this paper we describe the differing contraceptive experiences of Australian women living with hepatitis C. We interviewed 109 women with hepatitis C from two cities in Australia—Melbourne (Victoria) and Canberra (in the Australian Capital Territory)—about their alcohol and other drug use, their contraceptive history and their experiences of hepatitis C. We wanted to understand why a high proportion of women living with hepatitis C (66%) had previously reported that they were not currently using contraception.

Women had often used contraception previously but were currently not using it because they had experienced contraceptive failure or uncomfortable side effects. Others were concerned about the impact of contraception on their fertility, were planning to get pregnant or considered themselves to be celibate. Having hepatitis C appeared to have little impact on their contraceptive practices but, for some women, illicit drug use was influential. Some sought long-term forms of contraception that reduced their chances of pregnancy while their lives were unpredictable, while others found that drug-taking discouraged contraceptive use. Women were generally more concerned about preventing HIV/AIDS and other sexually transmissible infections than pregnancies, suggesting that the risks of unintended pregnancies have been downplayed in sexual and reproductive health education campaigns.

Another day, another dollar? Living and working with chronic hepatitis C

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Paid employment is perhaps the most persistent and constant demand of adult life. In addition to the material standard of living and other life opportunities made possible by earned income, paid work provides many of us with our primary sense of identity. Employment is also widely believed to have positive health benefits.

An estimated 197 000 people are currently living with chronic hepatitis C in Australia, predominantly working-age people with a history of injecting drug use. Not surprisingly, employment has been identified as a problematic area of daily life for people living with this chronic illness due to the impact of symptoms, treatment (side-)effects, stigma and discrimination. Little scholarly research, however, has purposefully explored the employment experiences of people living with chronic hepatitis C.

This paper presents an initial analysis from ‘Getting on with it?’, a grounded theory study being undertaken as part of a Masters by Research degree with the National Centre in HIV Social Research. This study explores the employment experiences of 15 to 20 people living with chronic hepatitis C in the New South Wales Hunter Region. During semi-structured in-depth interviews, participants discuss the impact of hepatitis C on their employment, the impact of work on their health and well-being, workplace disclosure, what paid work means for them and their concerns for the future.

With an expected increase in Australia's hepatitis C related burden in the coming years—approximately 500 000 by 2020, depending on future patterns of injecting drug use—this study will have important implications for policy, advocacy and service provision.

Everyday resistances: alcohol and hepatitis C

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Current harm reduction messages recommend that individuals with hepatitis C cease or limit alcohol intake. This paper explores the meaning that alcohol has for people living with hepatitis C and how the injunction to limit alcohol use can impact on their social relationships and interactions with the medical system.

This paper draws on a qualitative sociological study of the concerns and experiences of 40 individuals living with hepatitis C: 20 living in Auckland, New Zealand, and 20 in Sydney, Australia. Semi-structured interviews were conducted in 2004 and 2006.

Recommendations to cease or limit alcohol use were implemented or resisted by participants with varying effects. Some heavy drinkers justified alcohol use with reference to clinical markers such as normal liver function tests. Others reconciled alcohol consumption and liver damage with reference to the pleasure that alcohol brought them in their lives. Some participants found limited drinking difficult to sustain which impacted on their self-esteem, social relationships and interactions with the medical profession.

With reference to de Certeau's 'modes of operating' I will explore how, for some people living with hepatitis C, the decision to drink is a considered prioritisation of pleasure and/or an expression of autonomy in constraining circumstances. There is a need for those working in the hepatitis C field to be mindful of the meaning and function that alcohol has for people with hepatitis C and, if possible, provide information on less harmful alternatives.

Discrimination and its impact on the health status of people who use illicit substances

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Recently there has been a burgeoning literature that specifically focuses on injecting drug use and hepatitis C related discrimination. This research has highlighted the most common reported experience of discrimination by people with hepatitis C as occurring among health care professionals. Literature in other areas has illustrated that discrimination can and does impact on the health status of stigmatised groups. In the first study to independently examine discrimination by health care workers versus discrimination by others outside the health care community, we analysed responses from 685 illicit drug users who were administered a questionnaire addressing issues around health status and discrimination. We examined perceived discrimination by health care workers as well as by non-health-care workers to determine whether the source of perceived discrimination would differentially impact mental and physical health. Our findings indicated that discrimination by health care workers had a disproportionately higher impact on the health status of people who injected drugs than discrimination from other sources. This finding is significant and adds greater impetus to the need for initiatives to support health care workers through education to prevent the enactment of discrimination in health care.

Proffered papers

Changing notions of HIV risk 6B

Chair: **Diana Bernard**

Do we have to practise safer sex forever? Understanding the impact of prolonged sexual restraint on safer sex fatigue and prevention motivation of gay men in Amsterdam

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This paper assesses to what extent the prolonged HIV epidemic may have instilled a sense sexual deprivation in gay men (i.e. perceived sexual restraint, desire to make up for missed experiences, and the notion that older generations were better of), and what aspects of this sense of deprivation promote safer sex fatigue and reduce prevention motivation. Data were obtained from almost 400 HIV-negative men enrolled in a cohort study in Amsterdam, who self-completed questionnaires in prospective semi-annual waves. Findings showed that sexual deprivation subscales were meaningfully related to prevention motivation and (prospective) risk behaviours. Importantly, the study also showed that our measurement of sexual deprivation in MSM was valid, and illustrates that risk-taking not only reflects rational reasoning, but that motivations and motivated reasoning also need to be taken into account. Further findings, conclusions and implications will be discussed.

Serodiscordance, sex and heteronormalcy: women in relationships with HIV-positive men

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Aim: This paper explores how women's HIV-negativity figures in serodiscordant heterosexual couples. It asks: What meanings are invested in their HIV-negativity? What performative significances does it have in a relationship? How are these meanings managed by couples emotionally and sexually?

Method/Approach: Straightpoz is a qualitative longitudinal cohort study of heterosexual men and women who live with HIV, including HIV-negative partners. In-depth, semi-structured interviews were conducted with 46 participants in 2004 and 2006, including with 19 serodiscordant couples. This paper focuses on the serodiscordant couples in which the women were HIV-negative.

Arguments/Findings: The women's HIV-negativity constituted a powerful conduit to heteronormalcy for many men. The mixing of serostatuses made it possible for the men to assume a kind of proxy negativity, a desired state of redeemed masculinity. This proxy negativity was contingent on the women's continued HIV-negativity, which acted as a barometer of the men's health and 'proper' masculinity. Yet, this did not translate into safer sex in any straightforward way. The performative significance of the women's HIV-negativity played out in complex ways in the sexual practices of the couples, placing some women in a precarious position. Some couples attentively safeguarded their serostatus difference through the use of condoms. In other couples, there was a blurring of serostatus or, more precisely, a kind of 'disappearing' of his HIV status into her HIV-negativity and its reassuring heteronormalcy, thus removing any rationale for protected sex.

Discussion/Conclusions: As the life expectancy of HIV-positive people continues to increase (at least in Western countries), there is a need for greater understanding of how people make sense of serodiscordance. Such an understanding requires not only a nuanced analysis of gender, but also critical attention to how gender may intersect with meaning-making around opposite serostatuses to produce both intimacy and vulnerability among HIV-positive people and those who share their lives.

Generational shifts in risk imaginaries? Findings from the QUICKIE project

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Aim: This paper aims to investigate how risk is imagined in the context of diversified HIV prevention strategies and generational change.

Method/Approach: 31 gay men were interviewed in Sydney about contemporary gay life for the Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project. We undertook a discursive analysis of understandings of risk, with attention to generational differences in risk imaginaries and historical change.

Description of argument/Results: In sexual matters, danger is often associated with deviance, and 'dirt' with 'disease'. Historically, safe sex could be understood as an intervention into this logic: condoms interrupted not only viral transmission, but social stigma against 'deviant' and 'high risk' individuals and groups. In the context of diversified risk strategies, including negotiated safety and serosorting, it is possible that some gay men are reverting to more stereotyped and moralised constructions of risk. There may also be generational differences in the risk imaginaries of gay men. Those less versed in the ideology of safe sex sometimes describe risk in terms of cultural stereotypes of 'dirt' and 'deviance'.

Conclusions/Recommendations: Some gay men may be relying on stereotyped notions of 'safety', 'health', 'danger' and 'disease', and these notions may be entering into their selection of partners, activities and practices. In practice, the assessment of 'moral deviance' may not be a good frame for responding to HIV risk.

Policy and programming: HIV, hepatitis C and illicit drug use 6C

Chair: **Carla Treloar**

Assessing net reduction in harm: a focus on social exclusion

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Drug policies and strategies aim to achieve a net reduction in harms related to drug use. Planning and evaluation generally focus on a small number of outcomes for users or for the community. However, interventions generally have multiple positive and negative impacts on multiple groups. Planning and evaluation rarely consider the full range of positive and negative impacts on all stakeholders to identify whether *net* harm reduction has been achieved.

One impact of interventions can be to stigmatise drug users and contribute to their social exclusion. Some argue that these impacts contribute to demand reduction. Others argue that they represent a violation of human rights. Research suggests that being stigmatised and socially excluded contributes to a range of problems for individuals (e.g. self-defeating behaviour, aggressive behaviour, mental health problems and barriers to accessing care) and for the community (social inequalities and social division). While the importance of social inclusion has been recognised in many areas, there has been less concern with the concept in relation to drug interventions.

In this presentation, the possible positive and negative impacts of a number of interventions (e.g. police interventions, harm reduction services) will be considered. It will be argued that: i) planning, implementation and evaluation of drug approaches need to consider all impacts for all stakeholders to assess the net impact on harm; ii) the issue of social exclusion needs attention; and iii) a more caring and inclusive culture is needed.

An unplanned ageing

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Living with HIV in Australia in 2008 is dramatically different than at any other time of the epidemic. In the early days of the epidemic, living with HIV went hand in hand with planning for life-threatening illnesses, possible progression to death and ultimate arrangements of funerals and wills. Today, due to more than a decade of the successes of highly active antiretroviral therapies, most people living with HIV are now negotiating completely new concepts of living with HIV, new concepts that are very much centred on living. Today, living with HIV offers new experiences that we may never have considered in the earlier days of the epidemic. The contemporary experience of living with HIV is inextricably connected with ageing. As a growing number of HIV-positive people yield optimistic health results, planning for ageing with HIV becomes a growing reality for many; ageing and being HIV-positive brings its own unique circumstances. Drawing on the experiences of a range of HIV-positive people who participated in a series of ACON fora that targeted this audience, this presentation will highlight the distinctive experiences and challenges being faced by many people living with HIV as the reality of an unplanned ageing becomes true in the lives of this population. What are the strategies that people are putting in place? What are the services that need to be considered? What are the stories of those who never thought they needed to consider growing older?

HIV/AIDS and other STI patient journeys: South Eastern Sydney and Illawarra Area Health Service—HARP Redesign Project

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The HARP (HIV and related programs) Redesign Project is an initiative to improve patient journeys through HIV and STI services across SESIAHS. The project is a collaboration between the HARP Unit, the SESIAHS Clinical Redesign Unit and external partners KPMG.

Key elements of the project were interviewing 103 stakeholders across the area and undertaking patient and carer interviews. The purpose of the patients' and carers' interviews was to better understand the client's perspective of using services. Direct patient consultation took place through 19 interviews using a methodology which has been developed and implemented by the NSW Health Clinical Services Redesign Program.

NSW Health requires that all NSW Health Redesign projects undertake patient and carer interviews to understand the patient journey and experience. The project team identified there were significant differences between the HIV/AIDS population and the STI population and elected to undertake approximately 10 interviews for each group.

The approach focuses on a number of critical aspects of the health care process as identified through research undertaken by the Picker Institute. The NSW Health Redesign approach uses the Picker dimensions of care as valued by patients and carers. It involves identifying and inviting relevant patients and carers to consent to facilitated conversations with health professionals. During semi-structured interviews, patients were asked what was good about their experience and what could have been better. The discussions were documented and analysed as per those key dimensions of care providing both qualitative and quantitative results. The detail of the patient experience was of value not only in terms of problems and weaknesses identified but also regarding areas which are seen as being of particular importance and value to service users.

Proffered papers

6D Sexual health

Chair: **John Imrie**

Everyday sexual health pedagogies: a model for analysis and evaluation

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HIV educational resources for gay men move knowledge between two domains: i) the domain of everyday lives (especially gay men's sex lives and the sexual contexts in which they participate); and ii) the domain of specialised and medically informed knowledge about STIs and other sexual health issues. The process of distributing knowledge between domains in this fashion is described by British educational sociologist Basil Bernstein as 'recontextualisation'. Recontextualisation describes the process whereby knowledge from one, often specialised, domain, is transformed into differently shaped knowledge. In the process, knowledge becomes 'pedagogised' to facilitate educational redistribution. Gay men's sexual culture and medico-scientific knowledge are both specialised knowledge domains with their own discursive formations. Each of these knowledge domains changes over time. Sexual health education strategies targeting gay men must continually recontextualise knowledge between these domains in order to maintain their effectiveness.

This paper presents a framework for understanding the process of recontextualisation as it shapes the pedagogy of gay men's sexual health education. It then applies this frame to considerations of the effectiveness of sexual health educational resources targeting gay men by focusing on how these resources translate or shift knowledge between domains and the pedagogical effects of such transformations. The paper will conclude with a discussion of the usefulness of this model in processes of educational development and evaluation.

Raunch culture, health culture? Engaging with popular media in sexual health promotion

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Increased rates of chlamydia infections (and the implication of increasing levels of unprotected sex) call for new health promotion and education strategies targeting young women and men. While campaigns aimed at gay men have traditionally sought to promote community affiliation, and emphasised sexual and social practices as sources of pleasure, campaigns aimed at young women who have sex with men face a number of specific challenges.

Recent media debates around young people's sexuality have focused on 'raunch culture' (also known as porno-chic), and condemned changing trends in sexual behaviours—notably the increased acceptance of non-coital sexual practices. Young women's sexuality has been especially problematised in these debates. While many commentators draw on the vocabulary of feminism to express their concerns, most have criticised young women's appearance and conduct, rather than emphasising women's rights to sexual pleasure, safety and health.

This paper draws on feminist cultural studies methodologies to examine media and popular culture as sites of contemporary sexual storytelling. Rather than seeking transparently 'empowering' or 'demeaning' messages in popular media aimed at young women, it considers the ways that gendered sexual subjectivities can be challenged, shaped and reflected through an engagement with pop culture. In particular, it looks at cultural sites where female sexual agency is already promoted, celebrated and/or eroticised. Finally, it suggests ways that education or health promotion campaigns focused on young women's sexual health, safety and pleasure might take up the challenges and opportunities offered by the everyday consumption of contemporary media and pop culture texts.

Class lessons: a sexual health project working with LGBT performers and entertainers

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New ways to reach target audiences are becoming even more important as LGBT HIV services must work harder and smarter to compete for the attention of the gay community.

This workshop will examine an innovative method of working with artists and various types of performers who perform on the LGBT scene. The Scene Performers Masterclass was carried out by the Queensland Association for Healthy Communities (QAHC), with a primary aim of placing sexual health information within performances.

Scene Performers were brought to Brisbane where they attended a two-day workshop run by key members of the performing scene, who each presented on different areas of expertise in relation to performing skills. The class also included sexual health content presented by QAHC staff and discussions were held about how to incorporate health messages into performances.

Some topics covered in the workshop will include:

- enticements and barriers to participants
- class promotion and unexpected hiccups
- participant diversity and why it matters
- the people you need to run a good class
- failures and successes.

The final area of discussion will cover participant/facilitator feedback and the organisational evaluation of the class, with a focus on how to expand on this trialled model, and how to avoid the key problems identified with this type of project.

Drugs, blood-borne viruses and risk 7A

Chair: **Peter Hull**

BBVI risk behaviours among regular ecstasy users: implications for health promotion campaigns

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Targeted health promotion campaigns may fail to reach those who are not members of identifiable communities. Regular ecstasy users (REU) may constitute a large group of drug users who, despite engaging in injecting and sexual risk behaviours that could place them at risk for blood-borne viral infections (BBVI), may fall outside the reach of traditional health promotion messages.

The aims of the current study were to: i) describe the occurrence of BBVI testing among a sentinel group of regular ecstasy users; ii) explore the prevalence of BBVI among this group; and (iii) investigate engagement in BBV risk behaviours, including sexual practices and injecting drug use.

Data were collected from 741 REU recruited from all eight capital cities as part of the 2007 Ecstasy and Related Drugs Reporting System, an early warning system designed to detect emerging patterns in the use and harms for ecstasy and related drugs.

Half of the sample had never been tested for HCV or HIV, with past-year testing reported by 25% and 30% respectively. Thirty-two participants reported testing HCV positive and seven participants reported testing HIV positive. The incidence of needle sharing was low, though 38% of recent injectors reported sharing other injecting equipment. Three-quarters of the sample reported having unprotected sex in the past six months and 88% reported having sex under the influence during this time.

The results from the presentation may help inform health promotion campaigns to target a diverse group of drug users who may fall outside the reach of current health promotion activities.

Blood, peers and videotape: developing innovative blood awareness messages using analysis of video recordings of injecting in a peer education framework

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Blood awareness messages have been used for some years in blood borne virus (BBV) prevention efforts but have achieved only limited success. Innovative means of reaching people who inject drugs are required. This project reports on an innovative methodology to develop BBV prevention messages.

Phase 1 of this project involved videotaping injecting episodes of 13 clients of the Sydney Medically Supervised Injecting Centre. Participants were interviewed the following day and asked to review their video and comment on their injecting practice. A peer researcher was present and engaged the participant in discussion around safe practice and explored the participants' explanations of their practice.

The aim of Phase 2 was to take forward insights from Phase 1 by developing and pre-testing safer injecting interventions in a peer education framework. Phase 2 of the project involved a series of three focus group discussions with drug users in three sites (inner city Sydney, outer metropolitan Sydney, regional New South Wales) to develop intervention messages which the participants tested with their networks.

Results of Phase 1 focused on the influences of misguided attempts at hygiene (particularly focused on the use of swabs pre and post injecting) and automaticity (such as reliance on routine and global schemas of practice) on injecting practice and in producing potential situations of risk for BBV transmission. These concepts were workshopped during a series of discussions and tested by participants with their drug using networks.

This research was conducted in partnership with a peer researcher and a drug user organisation to ensure that the results and interpretations were grounded in the lived experience of those living with or at risk of BBV as a result of injecting drug use. The results have implications for the content of education messages in BBV prevention and in the models of peer education used in these situations.

Social capital, socio-economic status, and health behaviours of people who inject amphetamines and other drugs

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This paper explores the role of social capital and socio-economic status in the health behaviour of people who inject amphetamines and other drugs, particularly in relation to their exposure to blood borne viruses and other injection-related harms. In June to August 2007, over 600 amphetamine users were recruited using a distributed peer network approach, and took part in structured interviews conducted by peer researchers. Eighty per cent of the interviews were conducted outside Brisbane, and 44% outside South-East Queensland. The questionnaire covered various health topics, including participants' injection practices and awareness of blood borne viruses, in addition to an array of demographic and social topics, including an adaptation of the Social Capital Questionnaire, used previously in Australian research. The study results reflected its regional focus, as well as being consistent with population data on drug use. Nearly 10% of the sample identified as Aboriginal or Torres Strait Islander, and almost half (46%) were involved either in manual work, trades or machinery operation. Those who were unemployed or involved in manual work were, compared to other occupational groups, more likely to inject their amphetamines and had higher levels of amphetamine dependence. They also had less access to or engagement in community activities. For people who were unemployed, the use of drug-related health services and access to testing for hepatitis C was also relatively limited. In the context of these findings, this paper will outline some of the challenges of providing adequate harm reduction programs and services throughout different types of regions.

Stigma and 'the loop': pharmacy-based access to injecting equipment in Sydney, Australia

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Aim: Since the mid-1990s, people who attend needle and syringe programs (NSPs) have been surveyed annually. However, comparatively little is known about people who primarily access injecting equipment from pharmacies. This study aimed to explore pharmacy-based access to injecting equipment, including pharmacy attendees' experiences of needle and syringe distribution, attitudes to the fitpack scheme, injecting risk practice and access to harm reduction information.

Method: In 2006, a multi-site, mixed-method study was conducted into people who attend pharmacies to access injecting equipment in Sydney, Australia. This paper reports data from 15 in-depth, semi-structured interviews which explored access to injecting equipment.

Results: Participants reported that they preferred accessing their equipment from pharmacies than NSPs as this reduced interactions with health professionals and other people who used illicit drugs (i.e. 'the loop'). Pharmacy access: i) afforded anonymity and privacy about personal drug use; ii) circumvented the stigma of being seen at NSPs with other people who injected; iii) assisted personal efforts to reduce illicit drug use; and iv) minimised the likelihood of involvement in criminal activity and escalating drug use.

Conclusions: For some people who inject in Australia, pharmacy access to injecting equipment is an effective means of minimising injecting-related stigma, reducing drug-related harm, avoiding coercion into drug treatment and enhancing self-regulation of illicit drug use.

Moving beyond non-engagement with major stakeholders on regulated needle and syringe exchange programs in Australian prisons

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Australia is at a fork in the road with the possibility of a needle and syringe exchange program (NSP) to be introduced at the new prison in the ACT. However, the current situation is characterised by non-engagement between major stakeholders and overt resistance from others. This presentation examines the discourse between these stakeholders regarding the introduction of an NSP at the new ACT prison and explores why, despite the weight of health, human rights and economic arguments, there continues to be strong opposition from prison staff.

We explore why informed discussion will not be enough to convince prison officers, policy makers and the wider community of the benefits of prison-based NSPs. Other methods of engagement and communication will be proposed—in particular the fields of psychology, social marketing and peace studies may provide avenues for 'breakthrough' toward effective consultation and collaboration with correctional services staff on the appropriateness and effectiveness of an NSP within Australian prisons.

7B Hepatitis C treatment

Chair: **Max Hopwood**

Concerns of injecting drug users regarding trials of hepatitis C vaccines

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Worldwide, the hepatitis C virus (HCV) affects approximately 3% of the population. Treatments for HCV have limited efficacy, are costly, require administration and monitoring over a period of months, and have significant side effects. An HCV vaccine will have benefits for national economies and the personal experiences of people at risk of HCV.

The aim of this study was to explore the attitudes of people who inject (IDUs) towards immunisation, understandings of effectiveness of vaccines, barriers to participation in vaccination programs or in vaccine trials, motivation to enrol in such trials, and factors influencing completion of the regimens required for vaccine drug trials. This project aims to draw from the lived experiences of IDUs an understanding of their knowledge about vaccines, specifically in relation to HCV.

Focus group discussions were conducted with staff of a drug user organisation, community-based organisations and government health services as well as with IDU who self-reported being HCV negative.

The results of this project have implications for producing strategies for ensuring informed consent of participants in vaccine trials and for enhancing overall trial literacy of people who inject drugs and the organisations and services that engage with IDUs. Main issues of concern were discrimination issues (related to future antibody results), inability to commit to trial regimens in the face of other competing demands, and mistrust of the medical profession both in terms of surveillance and being experimental subjects. Recruitment provided challenges, as IDUs are not a homogenous group. Many of those who access drug user organisations and services tailored to IDUs are already HCV positive.

This project is the first phase of a larger project which will implement a community cohort of IDU who are HCV negative at baseline to examine issues of retention and seroconversion and to provide the resources for testing of vaccine candidates.

The impact of disclosure and discrimination on quality of life among people receiving treatment for hepatitis C virus (HCV) infection

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Background and aim: Previous research has shown that people living with HCV experience discrimination following disclosure of their infection. However, there is currently little research which explores disclosure and discrimination among people receiving treatment for HCV infection. The aim of this paper is to explore the impact of disclosure and discrimination in the context of HCV treatment.

Method: In-depth, semi-structured interviews were conducted during 2004 and 2005 with 20 people receiving treatment for HCV infection and six health professionals who manage HCV treatment regimens. Interviews were analysed using thematic content analysis.

Results: Although there was a variety of reported experiences, in some instances participants were reluctant to disclose their treatment to family members for fear that this information might affect participants' access to grandchildren. Fear of discrimination impeded disclosure of treatment plans to family, friends and employers, which prevented some people from commencing treatment. Opportunities for garnering support during treatment where negatively affected by people's reluctance to disclose due to fear of discrimination. Finally, reports of discrimination following disclosure of HCV infection and treatment within health care settings impacted on the quality of health care delivery.

Conclusions: Disclosure of HCV treatment and HCV-related discrimination negatively affected the quality of life of people receiving treatment. Fear of disclosure and discrimination impedes people's access to support, which has significant implications for HCV treatment uptake, adherence and completion. Education of health professionals may be one avenue for ameliorating the impact of discrimination.

Vietnamese culture and decision-making around hepatitis C treatment

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Background: This project explored aspects of the Vietnamese culture that influence Vietnamese people's decision-making process around hepatitis C treatment.

Method: A qualitative approach was used, utilising semi-structured, in-depth interviews. In order to achieve a homogenous sample, Vietnamese people who had acquired hepatitis C from means other than injecting drug use were recruited. The transcripts of the interviews were analysed and themes were identified.

Outcomes: Ten Vietnamese people living with hepatitis C were interviewed, as well as two Vietnamese general practitioners (GPs) and two Vietnamese gastroenterologists who treated hepatitis C.

- There was strong evidence of collectivist thinking when deciding to undertake treatment. The majority of those living with hepatitis C cited wanting to deal with the virus to be there in the future for their family.
- There were themes on hierarchical obedience, wanting to follow the recommendations of the doctor.
- There was little evidence of use of traditional Chinese medicine.
- Working situations were common for immigrants, providing little satisfaction, and representing the need to work to survive.
- There were no particular barriers to commencing treatment identified, except being identified as having the virus, and knowing treatment is available.

'What if I get real sick and I can't work? Who is going to look after me?' Everyday concerns regarding treatment for hepatitis C

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Issues of uptake and compliance to the treatment regime are emphasised in much of the literature on combination interferon therapy. Side effects are here addressed as a barrier to adherence, with little heed paid to the meaning, dangers and dilemmas they pose to people living with hepatitis C. As I discuss, the decision to go on interferon treatment is regulated by contextual factors, such as workplace and family situation, availability of support and issues regarding disclosure. For ex injecting drug users, concerns include those of having to inject interferon and side effects reminiscent of heroin withdrawal.

Semi-structured interviews were conducted in 2004 and 2006 with 40 individuals living with hepatitis C: 20 living in Auckland, New Zealand, and 20 in Sydney, Australia.

This paper addresses the dilemmas that participants faced in deciding whether to undertake combination interferon therapy. These dilemmas were compounded by physicians' tendency to focus on clinical markers at the expense of the contextual, daily concerns of their patients. Concerns included the ability to maintain paid work, cope with side effects and remain abstinent from injecting drug use. While a return to injecting drug use may be more immediately life-threatening than having hepatitis C alone, the possibility of relapse is seldom attended to by specialists able to prescribe interferon. I conclude that individuals considering combination interferon therapy should be informed of all possible side effects, and physicians, before prescribing, need to attend closely to the social, contextual and emotional locality of the patient involved.

Proffered papers

7C HIV international research

Chair: **Augustine Asante**

Barriers to and facilitators of ART adherence in men and women in PNG

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Since late 2003 there has been global momentum in expanding access to antiretroviral therapies (ART) in low- and middle-income countries. Expanded access to ART is essential in mitigating increasing mortality rates. Papua New Guinea (PNG) is one of the countries that have taken seriously the call to improve treatment and care for its citizens with HIV. The benefits of ART are at least twofold: people living with HIV and AIDS are expected to have a better quality of life with less morbidity and mortality and, for PNG, ART can restore individuals to active participation in the social and economic activities of their families and communities. The primary determinant of the success of ART, and thus the ability of the ART programs to achieve these aims, is adherence. HIV social research from around the world tells us that there are social factors that support a person to adhere but exactly what these factors are in PNG have, until now, remained uncharted. This paper will report on preliminary findings both on the general and gendered barriers to and facilitators for adherence to ART in adults over the age of 15 in six provinces from a mixed-method study which examined the social impacts of ART for people living with HIV/AIDS (PLWHA) receiving treatment in PNG. These findings will help inform efficacious, long-term care and treatment of PLWHA, and can guide those in the area of ART provision as to the specific treatment, support and preparedness that positive people require or are benefiting from in relation to adherence.

Secondary school students' attitudes towards sex and HIV: how girls and boys talk about sex, condoms and HIV

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Papua New Guinea's HIV epidemic is heterosexually driven. The vast majority of infections are in the youth and adult population between the ages of 15 and 49. Young people have been identified as a vulnerable group in Papua New Guinea. Gender differences amongst others pose a challenge for young people to engage in safe sexual practices thus placing them at greater risk for HIV. Studies have shown that gender differences create barriers for effective communication between girls and boys in the way boys and girls talk about sex, condoms and HIV. This paper presents findings from a qualitative study carried out in three of the secondary schools in Eastern Highlands Province of Papua New Guinea. A total of 73 Year 12 students took part in focus group discussions. Of these, 29 students were female and 44 were male. There were eight focus groups altogether of which three were separate for girls and five for boys. Results from this study showed differences in the way boys and girls talked about sex, condoms and HIV. There were strong differences between how boys and girls talked about sex, slight differences in how they talk about condoms whilst virtually none in HIV. When defining sex, boys used explicit language whereas girls used metaphors. Boys described sex as a biological process whilst girls described it as an intimate union expressed in sexual relationships. Less concerned for privacy, boys discussed sex-based subjects (including sex, condoms and HIV) in public with their peers. In contrast, female students were concerned about their privacy and discussed these subjects with their best friends in private. Gender differences on how male and female students talk about sex, condoms and HIV depended very much on their relationship with the person they were talking to, the location of the discussion and their trust in the person. These differences need to be taken seriously in HIV and sex education interventions targeting young people and students in Papua New Guinea.

Discourses of disease: framing HIV and PMTCT for rural men in Tanzania, east Africa

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Aims: Prevention of mother-to-child transmission (PMTCT) programs present many challenges to program implementers. The role of the male partner in reproductive health is drawing increasing interest. The discourses of disease used in everyday life by rural Tanzanian men are explored in relation to HIV and PMTCT.

Methods: Key informants (12) and male community members (23) were interviewed. Interviews were initially open-ended then became more semi-structured. Grounded theory was the theoretical framework utilised.

Results: Men identified traditional and modernising discourses of disease. Traditional discourses situated the cause and the response to the epidemic as outside everyday life. Modernising discourses in contrast positioned the cause and the solution to HIV within everyday life. Modernising discourses available currently position the individual as having agency; this is in contrast to traditional discourses where the individual has little agency to bring about change.

Conclusion: A range of discourses of disease are available to rural Tanzanian men as they respond to the challenges of HIV and PMTCT. Men may hold a single discourse or elements of multiple discourses concurrently. This understanding of discourses and their constructs of source, response and agency can assist program managers develop strategies that are effective within the context of these cultural understandings.

Conflicts between China's anti-prostitution legislation and HIV policy

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Despite China's anti-prostitution laws, sex work is widespread in that country and the rate of sexually transmitted infections including HIV among sex workers is high. A rights-based response to HIV requires that the law should not impede provision of HIV prevention and care services to sex workers and their clients. This presentation will review China's anti-prostitution legislation and HIV policy, especially the 100% condom use program, exploring the theoretical and practical conflicts between legislation and public health policy. This paper concludes that China's anti-prostitution legislation hinders China's HIV policy and therefore needs to be reconsidered in the context of the national response to HIV.

Law, kinship and media 7D

Chair: **Christy Newman**

Is a nationally consistent approach to HIV transmission offences desirable or practical?

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The legal regulation of HIV transmission has a significant impact on the everyday lives of gay men and men who sleep with men (MSM), regardless of their HIV status. In Australia, each state and territory has its own legal regime that deals with the transmission of HIV that is intentional or reckless. These laws vary significantly across the jurisdictions, with the degree and type of legal obligation depending on location. For example, both New South Wales and Tasmania require that a positive person disclose their HIV status before sex, regardless of whether they intend to practise safe sex. Given that gay men and MSM are a relatively mobile population group, the difference in legal regulation across Australia raises a number of issues.

Within this context, this paper will examine the issue of whether a nationally consistent approach to the legal regulation of HIV transmission is desirable or practical. It will set out the main differences in both criminal and public health law in relation to HIV transmission, and then discuss the arguments for and against a nationally consistent legislative framework in relation to transmission offences.

The 'natural facts': kinship practices among gay men who have become parents through commercial surrogacy

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Kinship, as Dona Haraway noted, is a ‘technology for producing the material and semiotic effect of natural relationship, or shared kind’. The importance of biogenetic relationships in Euro-American understandings of kinship has been well documented. This paper explores the notion of ‘natural relationship’ by examining kinship practices of gay men who have become parents through commercial surrogacy. The paper investigates the importance accorded to biogenetic connections and describes how other relationships are managed, with a particular focus on which relations and roles are emphasised and which are de-emphasised. This analysis is based on data produced from in-depth interviews with gay men in Australia and the United States. The interviews explore these men’s decisions about having children, and their understandings of parenting and family and their negotiation of the legal and bio-medical aspects of these technologies. Of interest also are the conditions that have made commercial surrogacy possible at this point in time, namely the emergence of global markets in reproductive technologies.

This material shows two distinct ways of conceiving relations—the made and the given. That is, the social and the genetic. As Marilyn Strathern suggests, these different ways of thinking about relatedness parallel the ways in which knowledge itself is validated—as either invention or discovery. Also evident in the material is the notion of 'genetic families' where members are linked primarily through the information their bodies hold about one another.

Making monsters: heterosexuality, crime and race in recent western media coverage of HIV

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In the early HIV epidemic, western media coverage encouraged the idea that infection was linked to 'other' identities located outside the 'mainstream', outside 'proper' heterosexuality. Today, however, HIV has become repositioned as a global heterosexual epidemic. Analyses show that since the 1990s western media have shifted away from blame and hysteria to an increasingly routinised reporting of HIV as a health story and social justice issue. But recent years have seen the emergence of a new media story in many western countries: the criminal prosecution for HIV-related offences, and with it a reframing of old discourses of 'innocence' and 'guilt', but now with heterosexuals in focus. We examine this story in recent domestic media coverage in Australia, a country where heterosexual HIV transmission is rare by global comparison. Echoing similar stories in other western media, in Australian coverage the idea of criminal intent converges with the symbolic weight of black sexuality and African origins to produce a 'monstrous' masculinity, which at the local level taps into contemporary racial tensions and, in so doing, conjures an imagined Anglo-heterosexuality at once vulnerable to and safe from HIV in a globalised epidemic and world.

Invited paper

Closing plenary 8

Chair: **Carla Treloar**

Hope and the everyday HIV risk environment

Tim Rhodes

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Tim Rhodes is Professor in Public Health Sociology and Director of the Centre for Research on Drugs and Health Behaviour at the London School of Hygiene and Tropical Medicine, University of London. He leads a program of research focused on the social aspects of risk and HIV/HCV prevention associated with injecting drug use, including in Eastern and South Eastern Europe. His academic background is in qualitative methods and the sociology of risk, including the social structural production of drug-related health risk. His current research projects include a qualitative longitudinal study of children's experiences of family life affected by drug use (for the UK Department of Health), a mixed method study of drug injecting in Serbia and Montenegro (for the UK Department for International Development), an evidence-based review and modelling of harm reduction impact (for the European Commission), a qualitative study of crack and speedball injection (for the UK National Treatment Agency for Substance Misuse), and a qualitative prospective study of HIV treatment access and experience (for the Economic and Social Research Council). He is Editor-In-Chief of the International Journal of Drug Policy.

The promise of highly active antiretroviral treatment (HAART) to turn HIV into a manageable chronic illness is becoming a reality for millions. Yet, in many transitional settings, HIV treatment systems are fragile, with treatment access and delivery characterised by uncertainty. Drawing upon findings from a qualitative prospective study of how people living with HIV in a transitional setting live day to day when HIV treatment is inconsistently available, the concept of hope is explored as a way of understanding treatment expectation in environments characterised by risk and uncertainty. This draws attention to often unforeseen local effects of global discourses of HIV treatment promise which may offer an illusion of hope in certain contexts, especially those in transition. Moreover, hope and expectation may be useful not only for understanding HIV treatment engagement, but also capacity and investment for behaviour change, and thus also HIV prevention. Hope and expectation therefore help to explore the interplay between risk environments and engagement in HIV prevention and treatment.

Closing remarks

John Imrie

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National Centre in HIV Social Research,
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Sydney

John Imrie is Acting Director and Head of the HIV program at the National Centre in HIV Social Research. John's main research interests are in sexual health and HIV prevention with affected populations, specifically gay men and minority and asylum seeking populations. He is interested in developing and evaluating sexual health promotion and health service interventions, including the use of experimental designs. In addition to his work at NCHSR, John is a co-investigator on a behavioural surveillance and HIV prevalence study of men who have sex with men in Johannesburg and Durban in South Africa, and on a sexual and health service access survey of central and eastern European migrants in London in the UK.

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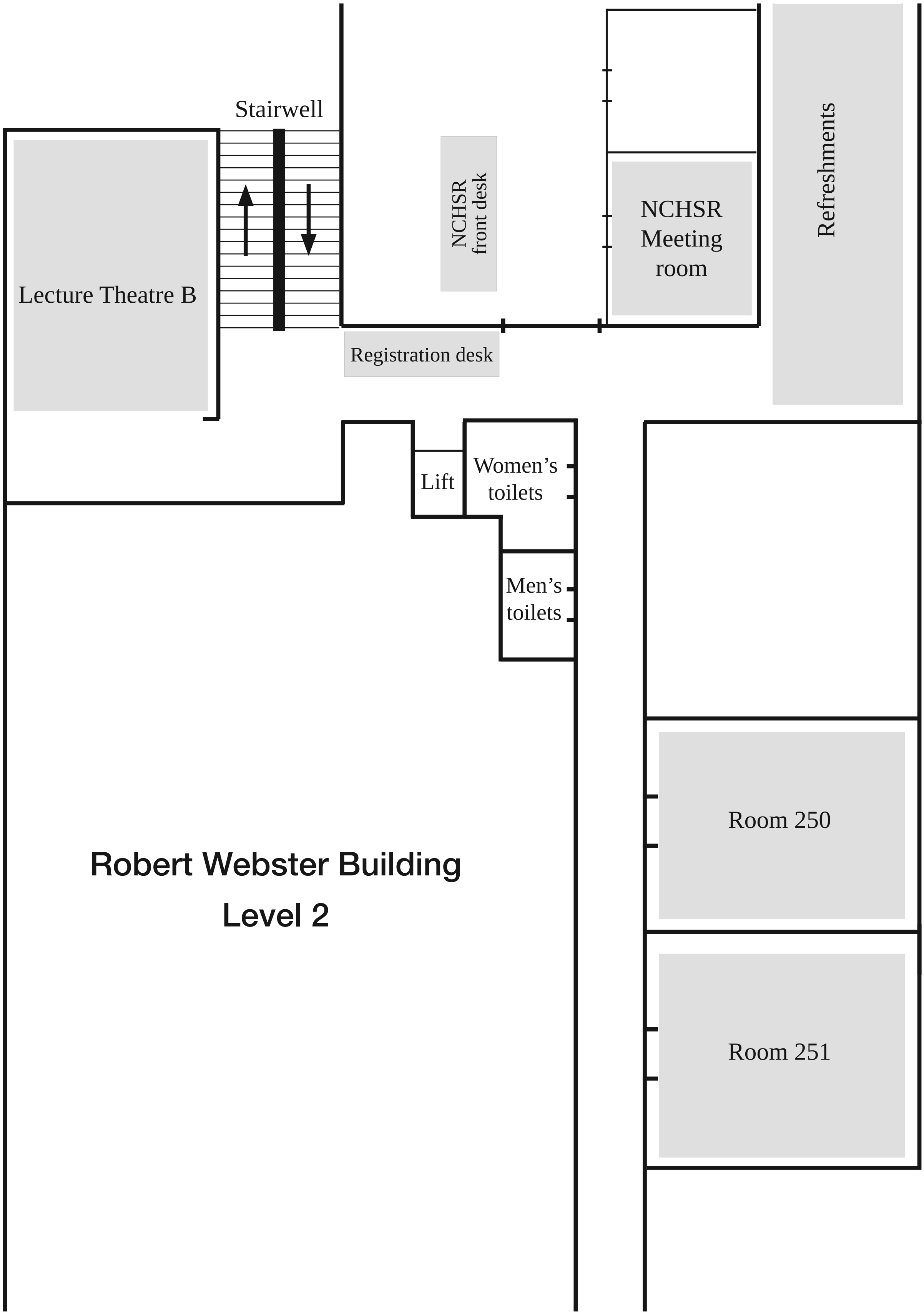
Stairwell
Lecture Theatre B
NCHSR front desk
NCHSR Meeting room
Refreshments
Registration desk
Lift
Women's toilets
Men's toilets
Room 250
Room 251
Robert Webster Building
Level 2

Map of UNSW campus, western end