

HIV Vaccines: What do they mean to HIV education?

Debates about HIV vaccines are currently back on the national agenda. The very existence of these debates is going to create education issues that HIV educators will need to address. Vaccine trials themselves are being proposed for Australia, for late 1999. The existence of vaccine trials in Australia will also have impacts that HIV educators need to address.

These many impacts – of a vaccine debate, and of vaccine trials – will occur at individual and community levels, and will also affect broader public perceptions of the HIV epidemic. The purpose of this briefing paper is to point to some of the potential effects of a vaccine discourse and vaccine trials, and highlight what they will mean to HIV education. This briefing paper is intended to prompt discussion amongst HIV educators, to spark new ideas about emerging issues and possible new directions.

Vaccine debates and vaccine trials

It is argued here that even the very existence of a public or community *debate* on HIV vaccines is significant for HIV educators. Even if vaccine trials were not to happen for many months or years, the fact that there is a perception of vaccines 'being on the horizon' is going to influence individual decision making, and mean that HIV educators will need to start talking about this. If and when vaccine trials are actually formally conducted in Australia, there will obviously be a new and complex set of education and information needs that we will need to address.

In the AFAO internet gay/HIV education survey (April 99)¹ 6% of respondents thought that there will be a cure for HIV in the next five years, and a significant 38% of respondents were unsure. The uncertainty of this 3% of respondents could point to a significant number of gay men who are open to the suggestion of an HIV vaccine 'on the horizon'.

Impacts on a safe sex and safe injecting culture

¹ AFAO (1999) 'Gay/HIV Education Survey Results' available by e-mail from AFAO, dryan@afao.org.au



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We've started asking questions about the impact of HIV 'treatment optimism' on safe sex practise, should we be asking similar questions about 'vaccine optimism'?

Debate and discussion in the media, and in peoples' social and personal lives, about the possibility of a vaccine to prevent or treat HIV will be one more issue 'in the mix' when it comes to negotiating safe sex and safe injecting. Here is another piece of complex and incomplete science that we can expect will influence individual decision making about risk and sex or risk and injecting.

Whether or not new rationalisations for unsafe sex and unsafe injecting are developing out of peoples' optimism for either a preventative or therapeutic vaccine, risk assessments are becoming more complicated. What if we find after some vaccine trials have developed, that we have a new category of people inbetween 'HIV positive' and 'HIV negative', called 'vaccine positive'? Is negotiated safety possible when one partner is vaccine positive? We have a situation where more and more information is required in order to make decisions about who you have sex with and who you inject with. We may also see a situation develop where the line between HIV positive and HIV negative is no longer clear. The onus for providing a lot of this extra information will fall on HIV educators.

Remedicalisation of HIV prevention and HIV treatment

Discourses and debates about HIV vaccines will encourage the perception that HIV can be engineered away. In the history of the HIV epidemic there has always been a tension around the degree to which science can 'control' HIV and AIDS. Coming along so swiftly after news of greater HIV treatment success, a discourse about HIV vaccines might prompt a set of beliefs about the triumph of science.

What this then means for educators, is that the cornerstone of the way we work – that behaviour change is possible, and that effective behaviour change education is best done in a community development context – is threatened. Will individuals start thinking that it's not up to them anymore, that scientists will sort it out? Will governments start thinking that education on behaviour change is expensive and imprecise, and that developing communities of gay men and drug users is politically dangerous, and therefore favour vaccines over community development in their funding and policy decisions? A very real education need arising out of a vaccines discourse is that the value and importance of community development and behaviour change education must be reinvigorated and promoted.

Education and policy needs as trials are launched

As vaccines trials are initiated in Australia, and some say that may be soon, two immediate education tasks will present themselves. Firstly, potential trial participants will need a whole range of information and support for decision making in this complex area. Issues like the need for fully informed consent, the meanings of unprotected sex in trials, the meanings of blinding and placebos in potential trials, and reasons or motivations for participation, are only a few examples of the many issues that will require attention by educators. And whose responsibility will it be to provide this education? And who will pay for these new education needs? Governments? Drug companies? Research organisations? Community based organisations? Trial participants?

A second set of education needs present themselves at the point where vaccine trials are introduced in Australia. These needs relate to people about to participate in a trial, those who are asking questions, and those who are not interested in participating. The needs are primary and important, and are about the central and unswerving imperative to maintain safe sex and safe injecting practices, and that the fact that this is not the end of individual responsibility. A education and policy job for educators and HIV organisations will be to counter some media driven 'vaccines optimism' that we can expect.

Precisely the way this safe sex and safe injecting education work is done, is of course quite contentious, given that in order to truly trial a vaccine, unsafe sex or unsafe injecting would need to occur. It is quite possible that a vaccine being trialed might provide only partial immunity to HIV. What if, because of a wave of 'vaccine optimism', unprotected sex or unsafe injecting rates rose and then the effect of that partial immunity was cancelled out by a rise in unprotected sex? For these complex reasons, we are reminded of the central role social and behavioural researchers will need to play in vaccine trials.

Potential Impacts on STD rates

Connected to this notion that the practice of safe sex may be affected by discussions about HIV vaccines, or vaccine trials beginning in Australia, is the more long term possibility of other sexually transmissible diseases being transmitted. Put simply, if people are practising less safe sex because they are participating in a trial and think they might be immune to HIV, they won't necessarily be worrying about other STDs. Will HIV vaccines increase STD rates amongst gay men? What will this mean to HIV positive people?

This briefing paper should be read in association with the following briefing papers from AFAO:

Briefing # 70 Therapeutic and Prophylactic Vaccines.

Briefing # 72 HIV Vaccine Trials:: Legal and Ethical Issues, Social Consequences.

These briefing papers have informed AFAO's draft position paper "Draft position paper on prophylactic HIV Vaccine research & Development."

