

# **The Risk Avoidance Partnership: Project RAP**

**Peer-led HIV Prevention with  
Drug Using Networks in  
High-Risk Settings**

# RAP Research Team

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<b>Affiliated study of the <u>Center for Interdisciplinary Research on AIDS</u></b>	

# Peer-Led HIV Prevention

- Peer-led and social network intervention models address the context and social relationships within which individual risk behavior takes place.
- These have included *macro network* models, *personal network* models, and *peer-leader* models.
- Some work also has been done with drug users who want to organize themselves around HIV prevention and for their broader interests and political rights.

(Broadhead, et al., 1995; Friedman, Des Jarlais, Sotheran, et al., 1987; Latkin, 1995; 1998; Levy, Gallmeier & Weibel, 1995; Needle et al., 1998 ; Page, Smith & Kane, 1991; Power et al., 1995; Singer & Weeks, 1996; Trautmann, 1995; Trotter, 1996; van Ameijden et al., 1992)

# Project RAP: The Risk Avoidance Partnership Model

RAP is designed to train active drug user as Peer Health Advocates (PHAs) to disseminate HIV prevention intervention through drug networks to high risk drug-use sites.

- *PHA training curriculum* focuses on role modeling for dissemination and demonstration of prevention practices and practice of persuasive communication techniques.
- Training includes staff-partnered sessions to provide the RAP Peer-led Intervention so that effective PHAs could learn effective communication/demonstration strategies first hand in field situations where PHAs will apply them.
- Community-level health promotion and action is also essential in building the RAP training and intervention programs.

# **RAP Intervention Themes**

- **Peer and public health advocacy**
- **Harm reduction**
- **Health promotion**

# RAP Peer Health Advocate (PHA) Training Program Goals

- Provide information on transmission and prevention of HIV, STDs, and hepatitis so trainees can answer questions of peers.
- Provide understanding of health “advocacy” at the personal level (as role models) and at the community level, so trainees can become effective Peer/Public Health Advocates.
- Provide effective tools and practical approaches to disseminate harm reduction and health promotion messages and methods.

# RAP Peer-Led Intervention Goals

- Reach high-risk individuals with harm reduction and health advocacy messages and materials.
- Introduce and promote new methods for harm reduction and disease prevention.
- Reduce harm and increase safety, health, and well being of drug-users through the social and community-level health promotion and advocacy.
- Bring benefits of the PHA program directly into hidden drug use sites and diffuse benefits through social networks.

# **Community Advocacy Group (CAG) Meetings**

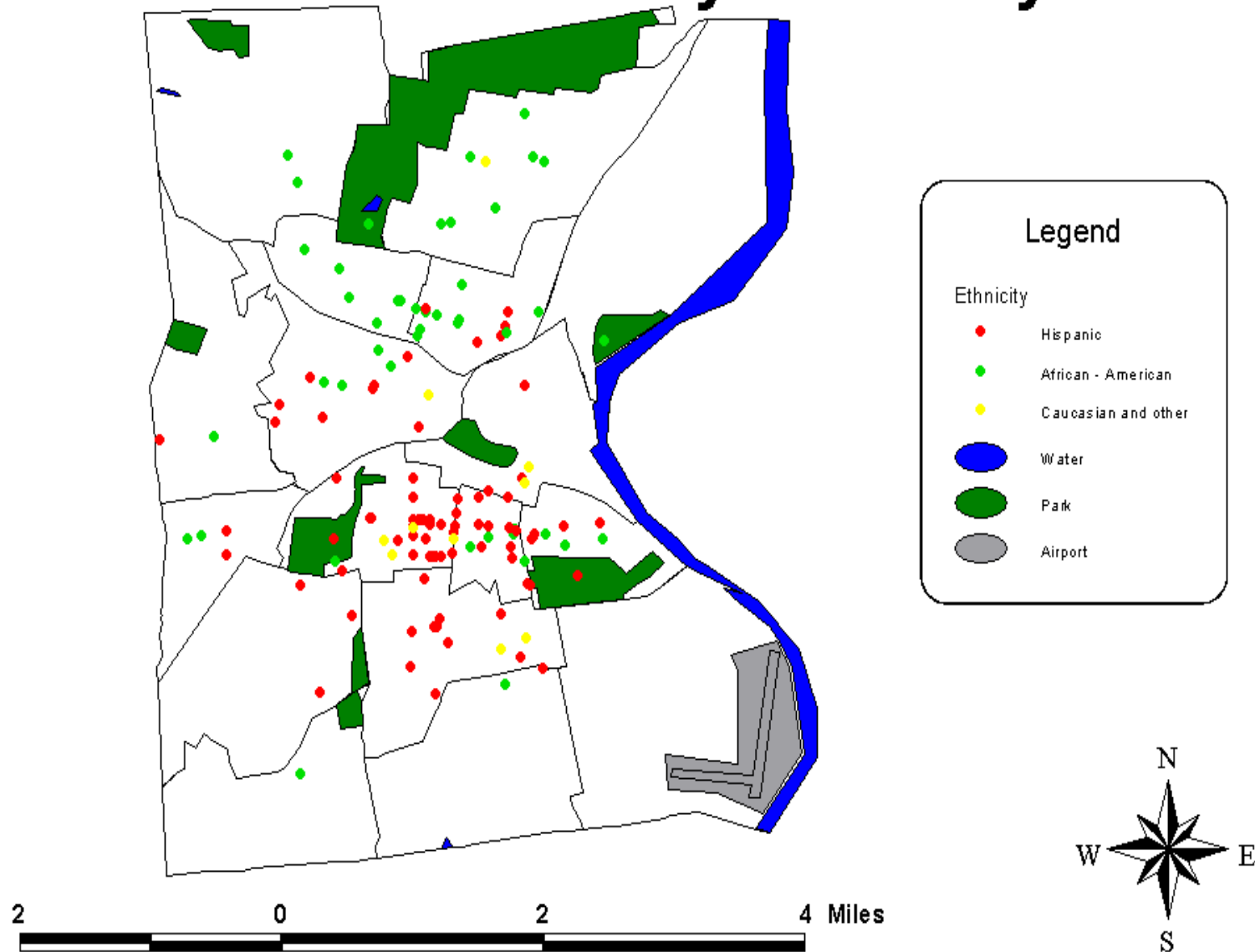
- **Community advocacy groups are monthly meetings where trained PHAs gather to discuss and organize themselves around community issues that are of concern to active drug users.**
- **Topics discussed in meetings have included access to housing, drug treatment and health care.**
- **Group meetings have also provided opportunities for PHAs to receive additional training on harm reduction techniques, infectious diseases, and services available in the community.**

# Basis for Development of RAP and Selection of Peer Health Advocates

- We utilized findings of the Study of High-Risk Drug Use Settings (HRS) regarding:
  - the *social environment and social interactions* in various types of drug use sites
  - *social relationships and networks* of drug users in sites
  - the *composition of drug using subpopulations* and their risks of HIV infection
  - *identification of central or potentially influential people* (including *gatekeepers*) who might be effective interventionists if trained to deliver prevention materials/messages
- HRS study methods included ethnographic observation of Hartford drug-use sites and epidemiological/social-network survey of 293 drug users at three time points.

(Clair et al., 2002; Singer et al., 2000; Weeks et al., 2000; Weeks et al., 2001; Weeks et al., 2002a; Weeks et al., 2002b)

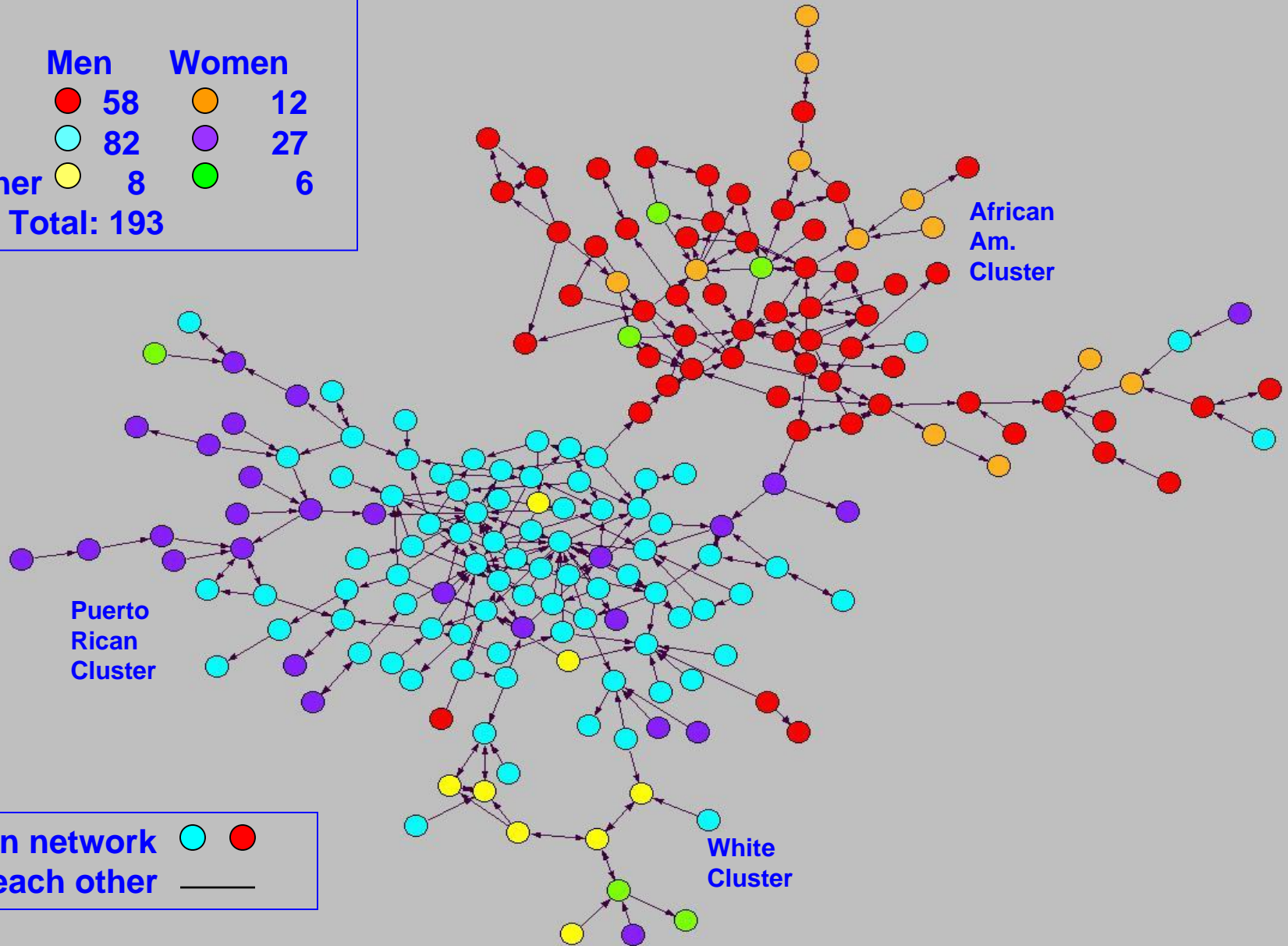
# High Risk Drug Use Sites Classified by Ethnicity



# Macro Network of Drug Users Who Know Each Other in HRS Study: Ethnicity and Gender

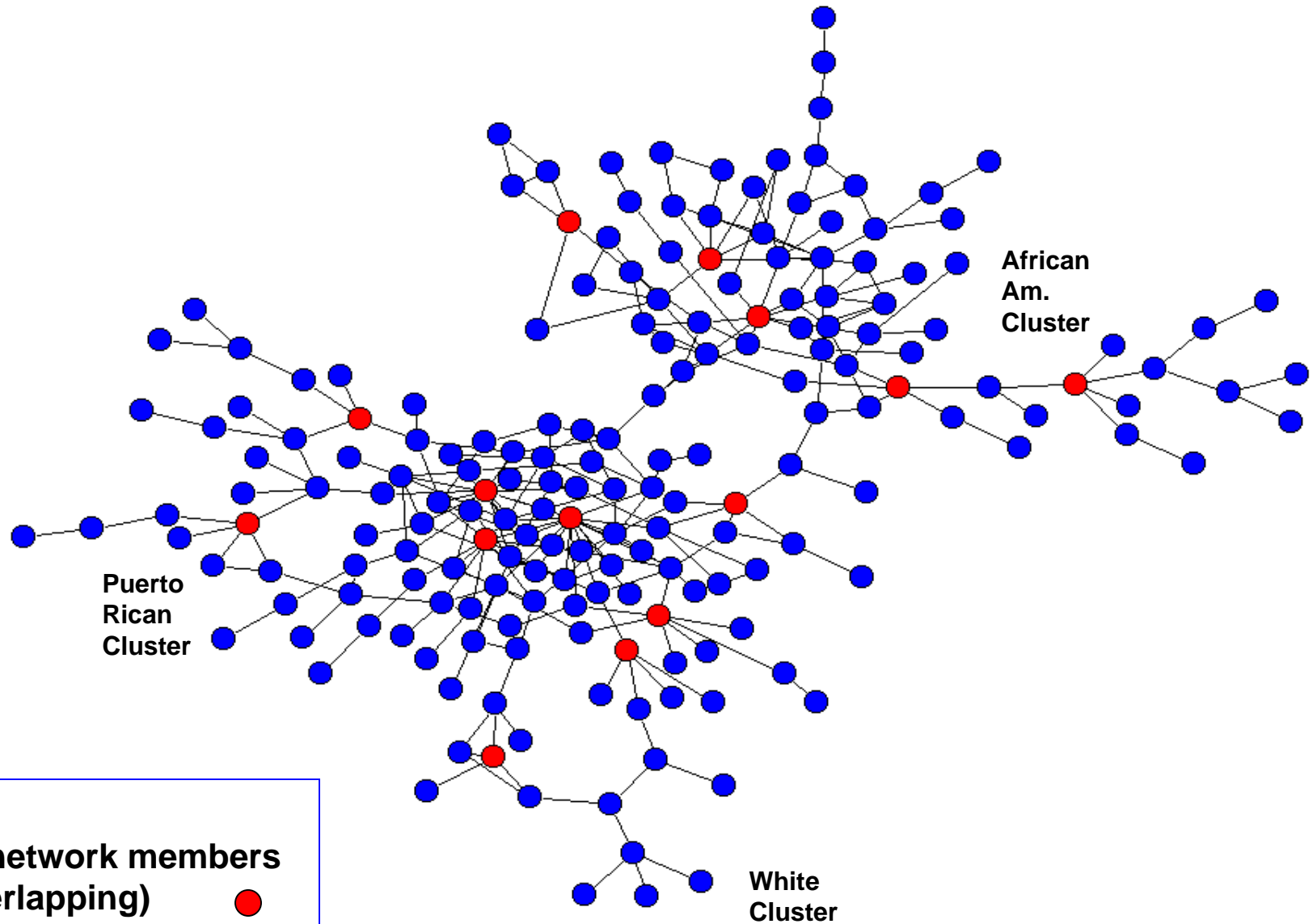
## Key

	Men	Women
Afr. Am.	58	12
P. Rican	82	27
White/other	8	6
Total: 193		

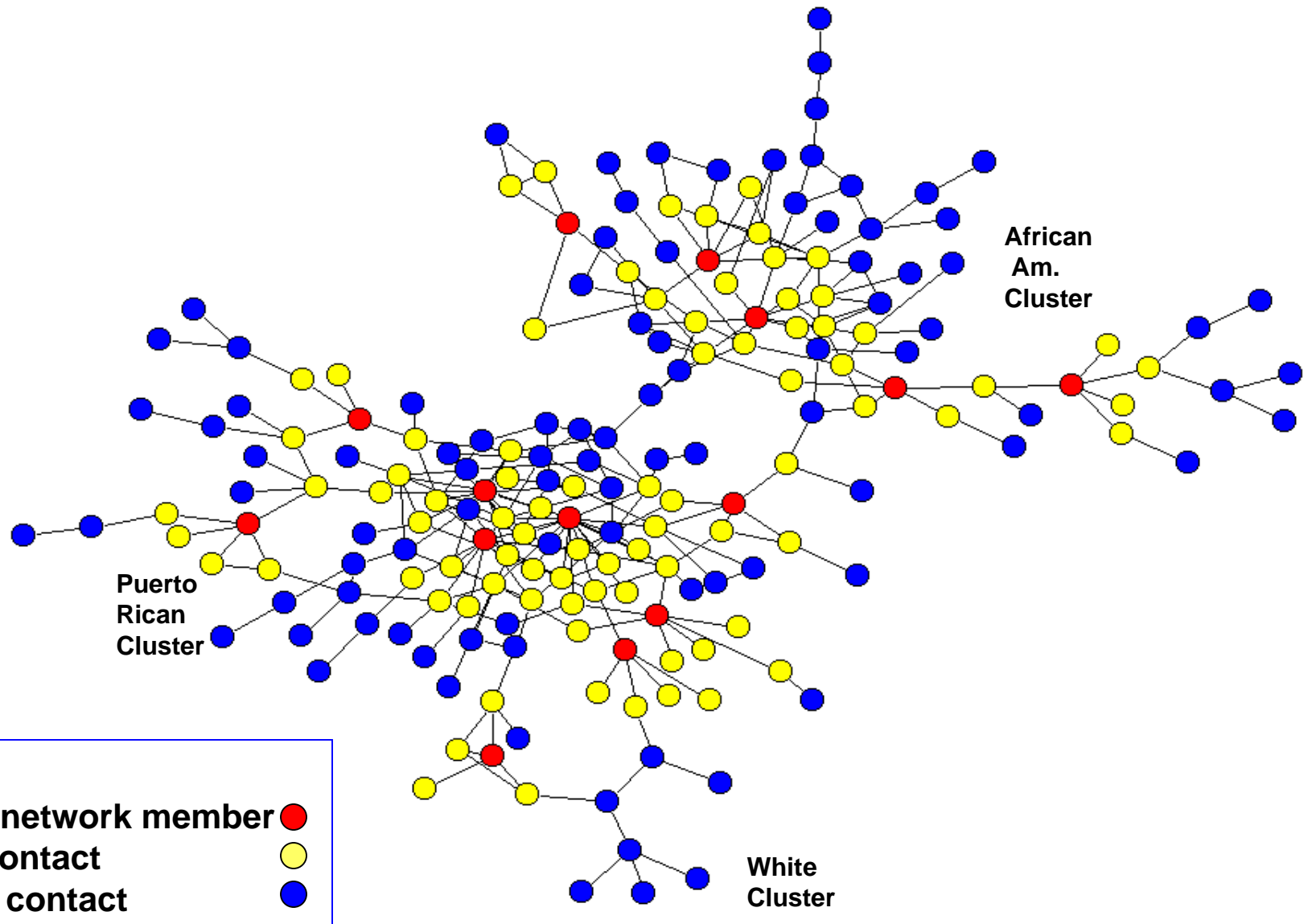


People in network    ●    ●  
Knows each other    —

# High Risk Sites Drug User Social Network : Recommended Peer Educators



# High Risk Sites Drug User Social Network: Peer Educators' Direct Contacts



# PHA Eligibility and Selection Criteria

- **Eligibility criteria:**
  - at least 18 years old
  - using heroin or cocaine at the time of recruitment and initiation of training program
  - agrees to refrain from using, buying, or selling drugs during training or partnered intervention activities
- **Selection criteria:**
  - “central” network member or “bridge” between groups
  - site “gatekeeper” or houseman
  - respected or popular person recognized as such by project participants
  - similar to peers with regard to drug use, ethnicity, and neighborhood of residence/activity

# Peer Health Advocate (PHA) Training Curriculum

## 10-Session Training Program:

- Session 1 (in-office): introduce key concepts and project goals
- Session 2 (in-office): provide basic information on HIV, STD, TB, transmission/prevention; initiate public health advocacy project
- Session 3 (in-office): provide basic information on hepatitis; role play risk scenarios
- Session 4 (in-office): role play intervention scenarios; prepare for field sessions
- Session 5 (field, in-office): conduct intervention with staff partner; regroup in office for discussion
- Sessions 6-10 (field): conduct intervention with staff partner
- Community Advocacy Group (monthly, in-office): PHA meetings

# Peer-led Intervention Components

## Education:

- information on HIV, STI, TB, HBV, HCV
- educational games (Transmission Game)
- health promotion “slogans”

## Demonstration:

- syringe disinfection with bleach or detergent solution
- proper condom use
- use of rubber tips for crack pipes/stems
- cooking drug solution to deactivate viruses

## Materials:

- health kits (bleach/detergent, condoms, wipes, water, etc.)
- rubber tips for crack pipes/stems
- male and female condoms
- brochures, social/health service references, etc.

# RISK AVOIDANCE PARTNERSHIP

## PEER HEALTH ADVOCATE INFORMATIONAL FLIPBOOK



Institute for  
Community Research



Hispanic Health Council

IF FOUND PLEASE RETURN TO:  
THE INSTITUTE FOR COMMUNITY RESEARCH  
2 HARTFORD SQUARE WEST SUITE 100  
HARTFORD, CT 06106

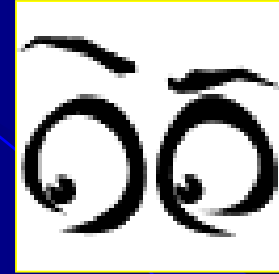
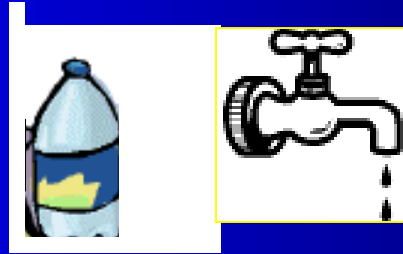
Materials

Slogans

Education

Demonstration

# Demonstrate Needle Cleaning with Bleach



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## HERE'S HOW TO CLEAN YOUR WORKS:

- RINSE YOUR WORKS WITH CLEAN WATER SEVERAL TIMES
  - FILL YOUR WORKS TO THE TOP WITH BLEACH. LEAVE THE BLEACH IN FOR AT LEAST 15 SECONDS. THEN SQUIRT THE BLEACH OUT. DO THIS 3 TIMES.
  - SHAKE YOUR WORKS WHILE CLEANING THEM.
- NEVER SHARE OR REUSE COTTON BALLS, COOKERS, OR OTHER EQUIPMENT.

# RAP Intervention Evaluation

- **Baseline Risk Assessment (pre-training of PHAs):**
  - with Peer Health Advocate candidates
  - with 2 or 3 Contact Referrals (PHA's network members)
- **Ethnographic observations and interviews about:**
  - In-office training sessions
  - Partnered field sessions
  - Daily activities regarding risk and prevention
- **Post training assessment (with PHAs only)**
- **6- month Follow-up Risk Assessment (PHAs & CRs)**
- **Community-wide Survey (year 4) to assess diffusion (with PHAs, CRs and other drug users)**

# Current Participation in RAP

(December 1, 2001 – March 1, 2003)

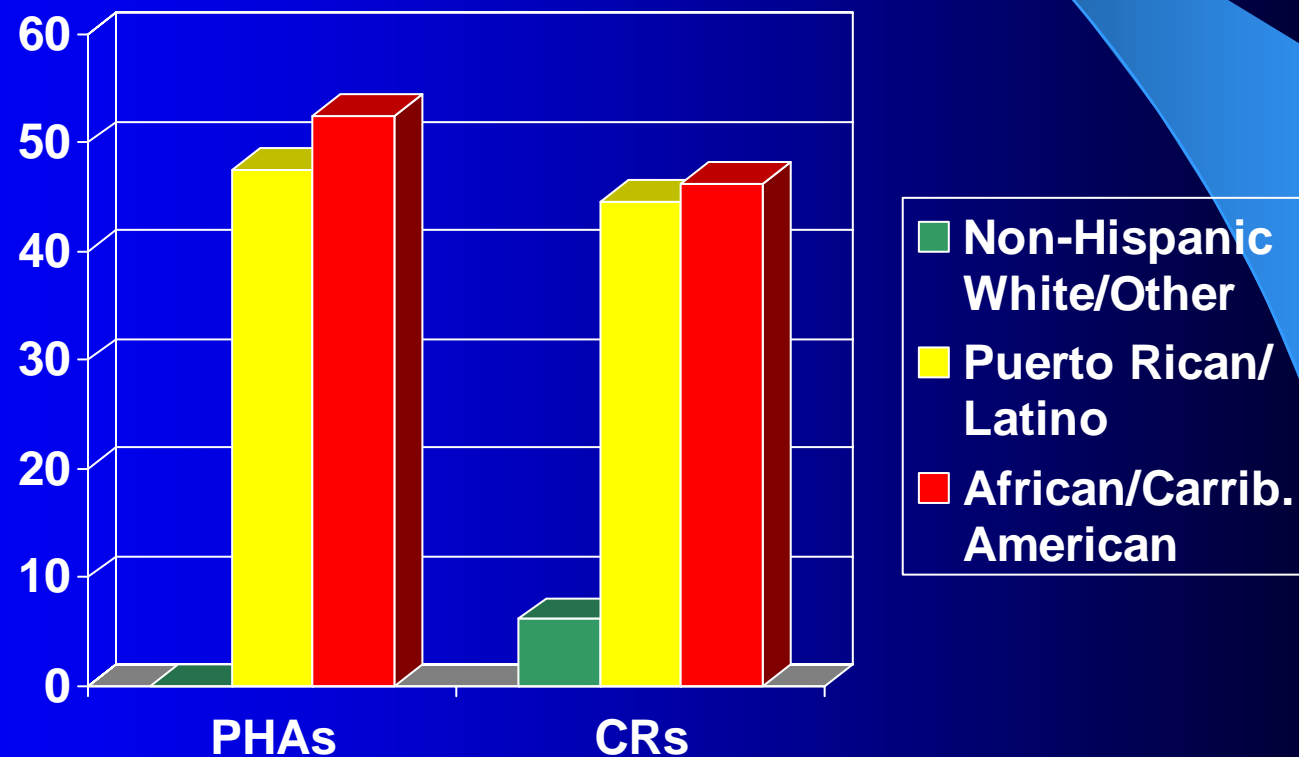
- **Peer Health Advocates (PHAs):**
  - Received baseline interview: 88
  - Initiated training: 64 (73%)
  - Completed office training: 53 (83% of initiates)
  - Completed “full program”  
(at least 8 sessions) 27 (66% of initiates)
- **Contact Referrals (CRs): 189**

# Characteristics of RAP Participants

**Average Age:** PHA = 41.4 (19-62; sd=8.3)  
CR = 42.0 (22-63; sd=8.9)

**Percent female:** PHA = 41% CR = 19%

**Ethnicity of PHA's and CR's (percentages):**



# Field Observations of PHA Intervention Activity

- Types of sites selected for RAP interventions included streets, parking lots, shelters, soup kitchens, abandoned buildings, laundromat, restaurant, personal apartments.
- Each PHA established his or her own style of approaching friends, acquaintances, and strangers which he or she felt was most comfortable (one-on-one, gathering a small group, conversational, insistent, etc.).
- PHAs reported feeling proud, important, and valuable when engaged in the work, and pleased when friends asked how to become a PHA.

# PHA Feedback

- “I got some negative feedback. They say, ‘I know you!’ But they don’t know that change does take place. But overall it’s been good. I’m doing my part. I’ve gotten good reviews. People are glad to see me doing something constructive.”
- “Some people don’t want to accept what you’re offering them even though you know they’re using. It’s like they don’t want to admit they’re using drugs.”
- “There are a lot of people that walk up to [me] now [approach them for prevention materials]. We’re doing this every day now.”
- “I’m getting more out of it [PHA work] than they [Contacts] are. I’ve curbed my risk tremendously! I’m thinking about it [what I do] now, and I’ve learned so much. I’ve been begging for AIDS!”
- “It feels good to talk to people out there about drugs, AIDS, condoms. I’ve had no bad experiences. I feel proud to do it [PHA work].”

# Ethical Concerns and Issues

- Insuring the safety of RAP trainees and staff from:
  - confrontation by argumentative, belligerent or inappropriate persons
  - physical risks of walking in dark, unsound abandoned buildings
  - being mugged
  - arrest for trespassing, loitering, or being present during the use or purchase and sale of illegal drugs
- Significant monetary compensation for PHAs can result in:
  - concerns regarding ineligibility of Contact Referrals to be PHAs
  - PHAs using the project as part of “the game”
  - concerns about “coercing” participation
- PHAs seeking entry into drug treatment while in training:
  - concerns regarding the impact of PHA work on maintaining sobriety
  - convincing participants that entering treatment will not reduce benefits

# Addressing/Reducing Ethical Concerns

- **Regarding inherent risks “on the job”:** training on possible risky scenarios and approaches to handle them in the field:
  - de-escalating confrontational situations
  - reminding participants to avoid using, carrying or buying drugs while working; basic ground-rules in the curriculum
  - training staff on how to handle situations with police; working with police to know project staff and other aspects of the project work
- **Keep monetary compensation to within locally acceptable bounds**
- **For those who wish to enter drug treatment, we find suitable locations to conduct PHA work outside high-risk sites**
  - drug treatment programs
  - alternative incarceration programs

# Summary Comments

- Peer-led interventions like RAP offer to increase exposure to health promotion and effectively to support harm reduction among active drug users.
- Findings to date suggest that the RAP PHA training program is highly acceptable to drug users and effectively encourages them to advocate for better health among their peers and in their communities.
- Initial evaluation indicates that PHAs and their messages are well received, and the intervention has strong potential to reach places and people through PHA networks that are not necessarily open to outreach workers and other health care providers.