

TRAINING DRUG TREATMENT CLIENTS TO CONDUCT PEER OUTREACH: PRELIMINARY OUTCOMES

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This research was funded by the National Institute on Drug Abuse,
Grant No. DA010425

Presented at the American Public Health Association Annual Meeting,
November 3-7, 2007, Washington, D.C.

Background

Research on Puerto Rican drug users (injectors and crack smokers) recruited in New York City has found that:

- those who previously used drugs in Puerto Rico (“migrant drug users”) had higher levels of HIV risk behaviors than those who had not.
- many drug users coming from PR to NY expressed interest in entering methadone treatment.

An intervention targeted to migrant drug users was developed.

Other Findings Which Influenced Development of the Intervention:

Many studies have found that peers can be very effective in conducting outreach to drug users and reducing their HIV risk behaviors.

In our prior study, staff of MMTP clinics were found to be unfamiliar with the higher risks of drug users coming from Puerto Rico.

Components of the Bienvenidos Intervention

A multi-level intervention was developed for methadone maintenance clinics to:

- train MMTP clients who were familiar with drug use in Puerto Rico to conduct outreach to migrant drug users.
- train staff about the HIV risks of Puerto Rican drug users who had used drugs in Puerto Rico.

Project Outcomes

The intervention was developed to impact three groups:

- the peers themselves- on risk behaviors, retention in drug treatment, talking with others about HIV.
- clinic staff- in terms of knowledge and attitudes about migrant drug users.
- migrants (drug users who the peers would conduct outreach with)-in terms of risk behaviors and use of services.

Research Design and Criteria for Participants

A group randomized design is being implemented: 4 pairs of MMTP clinics are participating in the study, each pair from the same program system.

Within each pair, one clinic is randomly assigned to be the Intervention clinic and one is the Comparison clinic.

In each clinic, approximately 20 peers are recruited, and criteria are: enrolled in MMTP at least six months, bilingual, previously used drugs in PR or had family/friends who had.

The Intervention

In the Intervention clinic:

- Staff receive a 10-hour training on the HIV risks of migrant drug users and the advantages of using peers for HIV prevention.
- Peers receive a 35-hour training on how to conduct outreach among migrant drug users.
- Peers conduct supervised outreach to migrants for 12 weeks.

In the Comparison clinic:

- Peers receive a 2-hour training on asthma and diabetes.
- Staff receive a 2-hour training on the HIV risks of migrant drug users (post-follow-up).

In all clinics:

- Peers are paid an hourly stipend for participation.

Overview of Peer Training in Intervention Clinics (1)

I. Introduction

- Training Guidelines
- Rationale for Bienvenidos Project
 - Risky behaviors of drug users in Puerto Rico
 - Advantages of peer outreach

II. Outreach Overview and HIV Facts

- Goals of outreach
- HIV and Hepatitis C facts
 - HIV testing and infection progression
 - Risk reduction and condom demonstration
 - Transmission facts and myths

III. Conducting Outreach

- Service needs of drug users from Puerto Rico
- Outreach strategies
- Role plays
- Do's and don'ts
- Homework assignment

Overview of Peer Training in Intervention Clinics (2)

IV. Outreach Experience

- Preparing outreach kits
- Outreach event
- Discussion of experiences

V. Peers Conduct 12 weeks of Outreach

- Weekly supervision-pairs
- Monthly booster sessions-group

VI. "Graduation"

- Certificate
- Clinic staff, family, and friends invited

Data Collection

Baseline and 3 follow-up interviews are conducted (after outreach is completed, 3 and 6 months later).

A qualitative component includes focus groups and individual interviews with peers in the intervention clinic.

This paper will focus on examining preliminary outcomes for the peers in this on-going study.

Baseline Characteristics of Peer Participants

	Intervention Clinic (n=40)	Comparison Clinic (n=41)
Male	75%	63%
Age (mean)	43.6	43.7
Homeless	2%	7%
Born in Puerto Rico	37%	54%
Heroin+	31%	15%
Cocaine+	23%	27%
Injected (prior 30 days)	12%	7%
Any sex (prior 30 days)	60%	61%
Unprotected sex ^a	62%	37%

Note: Data based on Cycles I and II only.

^a Based on those who engaged in sex.

Peers' Participation in the Intervention: Qualitative Findings

Of those peers in the first 2 cycles recruited from the Intervention clinics, 26 (65%) completed training and conducted 12 weeks of outreach.

Factors interfering with participation in the training were primarily due to the limited time period within which training was offered and individual crises or other appointments which interfered with attendance.

Outcomes: Based on 1st Follow-up (follow-up rate=86%)

	Intervention Conducted Outreach (n=25)		Intervention No Outreach (n=10)		Comparison (n=35)	
	B	F	B	F	B	F
Heroin/Cocaine+	33%	40%	40%	50%	32%	29%
Recent injection	12	16	10	20	9	6
Recent sex	64	76	50	60	60	54
% unprotected sex	68	68	60	50	38	54
In drug treatment	100	100	100	80	100	89
Recent vocational training or activity	---	16	---	0	---	6
Efficacy as health educator (mean)	13.6	13.3	14.6	11.9	12.9	11.5
Talked about HIV to:						
Sex partner	36%	54%	56%	40%	34%	47%
Drug users	20	48*	40	20	23	23
Friends	20	48*	20	10	29	26

*p<.05

Qualitative Outcomes

Peers reported that participation in the intervention enhanced self-esteem and for some, motivated involvement in vocational activities.

Some peers reported a let-down after the outreach ended. Support for building on gains achieved during the intervention period was not available.

Conclusions

- Training MMTP clients to conduct outreach was successfully accomplished, and an on-going program is likely to enable more clients to participate.
- Preliminary quantitative outcomes indicated small gains but sample is thus far too small to draw conclusions. Nonetheless, encouraging trends were found in some outcomes (retention in treatment, involvement in vocational activities, and increased communications regarding HIV).
- Qualitative data indicated short-term positive outcomes (e.g., self-esteem and motivation).
- Maintenance of gains, leading to vocational or other longer term accomplishments for peers, are likely to require ongoing support.