Building a Peer Network for a Community Level HIV Prevention Program Among Injecting Drug Users in Denver

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SYNOPSIS

AS PART OF A MULTI-SITE CENTERS FOR DISEASE CONTROL and Prevention-funded initiative, a community-level HIV prevention project targeting injection drug users was implemented in the FivePoints community in Denver, Colorado. The protocol for the initiative included the use of peer networks to conduct outreach and disseminate intervention materials to injecting drug users. Since April 1993, project staff established a peer network of 119 participants who distribute approximately 3,000 materials per month.

In the United States, one-third of reported AIDS cases are associated with injection drug use *(1)*. In the state of Colorado, 7.9 percent of reported AIDS cases and 8 percent of new human immunodeficiency virus (HIV) infections are directly attributed to injection drug use *(2)*. There are an estimated 7,000 to 8,000 injection drug users (IDUs) in the City and County of Denver, of whom 3 to 7 percent report being HIV-infected and up to 60 percent report sharing injection equipment (*3*).

Historically, conducting outreach and risk-reduction interventions among IDUs has been difficult. Reasons for this include fear and distrust of outsiders by IDUs, harassment of outreach workers and clients by law enforcement officials, protests by residents against IDU outreach activities in their community, and inclement weather *(4)*.

As part of the AIDS Community Demonstration Projects (ACDP) *(5)*, we chose to conduct an HIV prevention intervention for IDUs, using peer networks as the primary means of disseminating materials and risk-reduction messages.

Methods

Denver AIDS Prevention (DAP) is the unit of the Denver Public Health Department that carries out the activities of the AIDS Community Demonstration Projects *(5)*. Initially, program staff conducted an extensive community identification process consisting of ethnography, one-on-one interviews, and focus groups with members of, and persons knowledgeable about, the target population *(5, 6)*. Following this assessment, the IDU intervention, entitled Project REACH (Risk Education Aimed at Community Health), was begun

in June 1991. REACH intervention staff included a part-time physician, a program administrator-storefront manager, and two outreach workers. These staff members were augmented by a data collection unit consisting of a biostatistician and four interviewers. Intervention strategies included street outreach sessions conducted by DAP staff at specific times in two areas where IDU activity had been identified. During these outreach sessions, DAP staff contacted active IDUs, friends and family members of IDUs, concerned citizens, and others who might have contact with the target population. These individuals were recruited as peer networkers and were provided with intervention materials on a regular basis. In addition, networkers also received a peer incentive, a cash or cash equivalent voucher, for participation in network outreach. Through this effort, DAP staff were able to recruit a peer network on the north side of Denver consisting of approximately 30 persons. In the fall of 1992, DAP staff were given access to a storefront in a community, FivePoints, that had no active peer network.

The Intervention Community

FivePoints and the drug trade. Drug activity in FivePoints varies, but generally revolves around the trade in "crack" cocaine that thrives in the area. On any given day, deals can be observed being made with customers in automobiles, those who park around the corner in order to hide their cars (and license plates) from the police, and an occasional casual stroller. There are a number of hangers-on who participate in the ancillary activities of the drug trade, such as facilitating sales and acting as lookouts for police or other impediments to the flow of drugs from seller to buyer.

In addition, networkers also received a peer incentive, a cash or cash equivalent voucher, for participation in network outreach.

While injectable drugs (for example, heroin, cocaine) are generally not sold, the community identification process made clear that a number of injecting drug users live in or frequent the area. Space also is shared in venues where drugs are used; some houses where crack cocaine is smoked also double as venues for the drug injection.

Adjacent areas and markets. FivePoints is near two other drug sales and use areas in Denver. Six blocks due west of FivePoints is the Larimer district, which has several homeless shelters, soup kitchens, and social service agencies that target area homeless populations, as well as pawn shops and liquor stores. The Larimer is the most visible and active drug dealing area in Denver. Heroin is the major drug for sale at this location. Dealing is conducted openly and is similar to drug sales venues in other larger cities. Evidence of injection drug use is plentiful in the area; alleys adjacent to Larimer Street exhibit a wealth of discarded syringes.

About ten blocks to the south of FivePoints is the East Colfax corridor. East Colfax has been one of the major prostitution districts in Denver for years; it is also a high crime and drug sales area. Project staff have observed drug dealing on a number of different occasions, particularly on adjacent side streets off Colfax. Heroin, cocaine, and some diverted prescription medications, including tranquilizers and narcotic analgesics, are available on East Colfax.

Building the Network

The first two months. The DAP Outpost (the storefront) was officially opened on April 15, 1993. The building, originally a 2-story apartment house directly overlooking FivePoints, was donated for DAP use by a local businessman. The storefront was opened for two reasons: first, to establish a programmatic presence in the community, and second, to establish an IDU peer network on the basis of that presence.

The Outpost was originally staffed 3 days a week by one outreach worker. Between mid-April and the end of June 1993, there were few direct contacts between the outreach worker and the IDU community. In itself this is not surprising. The outreach worker, a 33-year-old white male, was something of an anomaly in an all-black neighborhood. In addition, the storefront office, located on the second floor of the building, overlooks the entire FivePoints area and has a clear view of the crack trade. This may have led some dealers, already leery of outside interference, to conclude that the storefront was an observation post for the police. The community's relative lack of awareness about the nature and purpose of the Outpost would have strengthened this perception. To counteract these impressions, the outreach worker made a concerted effort to interact with the community. Along with an outreach worker from the Urban League, he would distribute bleach kits and condoms to people congregating in FivePoints. He also would eat at area restaurants and lift weights at a local community recreation center to gain visibility and acceptance in the community. In spite of these efforts, there was minimal contact between the outreach worker and the community during the first 2½ months following establishment of the storefront.

First contact. In early July 1993, contact was finally made with a participant at the periphery of the drug trade in FivePoints. The outreach worker realized that this single contact could provide the introduction needed to establish a peer network in the community. "Big Jake" initially came into the storefront for something to drink. Over coffee he asked a

number of questions about the storefront and volunteered to take some bleach kits and condoms to give people he knew. He was provided with these and given a small peer incentive ($5 cash), and he left saying that he would return.

Over the next 3 weeks, Jake came to the storefront on a regular basis; he would often stay for a while, drink coffee, and talk about his life. Occasionally he would be intoxicated by alcohol, and on rare occasions he became belligerent.

Networking. By early August, the outreach worker believed he had gained enough trust with Jake to ask him to bring some of his friends to the storefront. Within 2 weeks, a relatively stable group of five came to the storefront for bleach kits, condoms, and the peer incentive. The initial contact with these new networkers was very similar to the first contact with Jake; they asked questions about the purpose of the Outpost and then wanted to help pass out bleach kits. There was, however, an important difference. They had received an introduction to the storefront by Big Jake. Almost all of them mentioned that Jake had told them to stop by.

These recruits were given a 15-minute one-on-one training session that included how to use bleach properly to disinfect potentially contaminated syringes, the use of condoms, modes of HIV transmission, and the responsibilities of being a peer networker.

To diversify the racial make-up of storefront staff, starting in mid-July, a 33-year-old black male began working the morning hours, and the initial white male outreach worker continued working the afternoon hours.

Project staff sought to build on a core group of five or six networkers by "snowballing," that is, offering a $15 cash incentive for each new networker brought into the program by an established networker. Project staff believed peers recruiting peers would be a more efficient method than conducting one-on-one street recruitment themselves.

Two-hour training sessions for the networkers began during the latter part of August. These sessions followed the ACDP protocol and provided the mechanism for implementing the snowball strategy *(5)*. Lunch and a $15 cash honorarium were also provided to the networkers as a training incentive.

The snowball strategy was instituted in mid-November 1993, and the number of attendees rose dramatically from that time to a total of 36 attendees at the December 8 training session. Table 1 provides a breakdown of training sessions and attendees by gender. Note that this table does not include peers trained in one-on-one sessions, nor does it include peers trained prior to August 25, 1993.

The number of women attending these training sessions also increased beginning in November. Previously enrolled networkers were specifically asked to bring in female partners or women known to them in order to increase the number of women recruited into the peer network.

Storefront outreach workers applied a very loose definition in terms of peer network membership. In addition to persons who came to group training sessions, anyone who-

Establishing a peer network for HIV prevention in Denver, Colorado—new volunteers by training sessions and gender

Date of training	*Women*	*Men*	*Total*
Aug. 25, 1993	1	3	4
Sept. 9, 1993	2	6	8
Oct. 13, 1993	0	7	7
Nov. 3, 1993	5	12	17
Dec. 8, 1993	10	26	36
Total	18	54	72

came to the storefront and attended a one-on-one training session walked out the door with bleach kits and the peer incentive. Outreach workers also made themselves available to peers for "rap" sessions, provided services and information where possible, and "arbitrated" intra-network disputes when necessary. Having outreach workers consistently present at the storefront on the days it was scheduled to be open was essential for building this network. This personal attention to the lives of the volunteers seems to have been integral to building the network, and at least as important as the peer incentive.

By late December outreach workers were seeing a minimum of 100 networkers each week. The vast increase in the number of volunteers and the lack of criteria for determining exactly who was a peer volunteer led to the necessity of imposing some order on the network. This was done by constructing a list of all the networkers who had been to the storefront over the course of the last 3 months. The outreach workers then mass-produced an identification card that included the peer volunteer's name, day of the week to report to the storefront for kits, and identification number. These cards were distributed to the volunteers during the last week of December and the first week of January 1994.

The large increase in traffic at the storefront also made it necessary for two staff members to be present at any given time. This not only ensured the safety and security of staff members (see subsequent section), but also provided some crowd control and allowed staff members more time to talk to volunteers.

Since the November-December 1993 influx, few networkers have been recruited into the network. This is primarily due to limited resources such as bleach kits, condoms, and peer incentive funds.

Finally, where previously there were virtually no HIV prevention materials available in a high drug-use area, within a year there were 3,740 materials distributed per month. Additionally, where there had been no peer networkers available to the community, within a year there were 119.

Discussion

We learned a number of lessons during the process of building and maintaining a peer volunteer network for HIV

prevention among IDUs in Denver.

First, staff security should be the overriding concern in implementing an intervention in any potentially volatile milieu such as a drug-using subculture. While DAP staff members had been mindful of the need for effective security measures, the most obvious measure was not put into place until after a new recruit had become loud and belligerant when he received a gift certificate incentive instead of the expected cash. The one staff member in the building at the time felt threatened, and afterwards it became mandatory that two staff members always be present when the storefront was open.

Second, the location of the storefront itself has proven to be problematic. As noted previously, the Outpost, though close to two high-volume injection drug sales areas, is located directly in the middle of a crack cocaine sales and use area. This has meant that many of the drug-using volunteers are not injectors, and therefore have less access to injection-drug-using networks. To address this problem, networkers were asked to go to specific areas when distributing bleach kits (for example, the Larimer, East Colfax Corridor). In addition, staff later began recruiting only IDUs into the network, verified either by displaying "tracks" (needle marks on the body) or by self-reporting injection drug use. This strategy has been in place since the end of March 1994, and the results appear promising.

Third, the sheer size of the peer network has limited the quality of peer-outreach worker interactions. With between 25 to 60 volunteers coming to the storefront within a 3-hour period, it has been virtually impossible to maintain quality contact between peer and outreach worker. Staff members and networkers had formed trusting relationships with each other, some of which have been lost because of the time staff members need to give out bleach kits and peer incentives. This problem has been mentioned by both peers and staff, and both have proposed giving parties so that socialization can occur outside the daily hubbub of the storefront.

The most satisfying element of the peer network process has been watching the networkers gain a sense of ownership for the project and its goals. During one period in mid-February 1994, while DAP staff were waiting for a shipment of bleach kits to arrive, it was necessary to hand out condoms and pamphlets only. A number of volunteers were concerned about this, stating that they had people waiting for the kits and that condoms alone were insufficient. During March 1994 volunteers began bringing things to the storefront. One brought in a quantity of donuts which he put next to the coffee pot so that other networkers might share them. Another has started bringing used toys to the storefront so the children of networkers will have something to play with while they wait for their parents to pick up the bleach kits.

As this paper shows, peer networks can be implemented among IDUs for community-level HIV prevention interventions. The network has proved to be useful in facilitating the dissemination of intervention materials, and also leads to the empowerment of IDUs as a community and helps them acknowledge and reduce their risk for HIV infection.

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