

Introduction/Background

Most HIV prevention studies of HIV-positive injection drug users (IDUs) focus on individual-level predictors of risk while failing to address the social conditions that may contribute to risk. This study explores the impact of a Peer Volunteer Activity (PVA) that sought to increase social service integration for HIV-infected IDUs participating in a larger behavioral trial (INSPIRE). INSPIRE was an HIV prevention with positives intervention based in Miami, New York, SF, and Baltimore which sought to reduce sexual and drug use risk behavior and increase access to HIV care and treatment.

A total of 1161 participants enrolled across all 4 sites, and 966 individuals were randomized to treatment or control condition.

The PVA was one component of the intervention arm. It offered HIV-positive IDUs a one-time volunteer experience in a community-based AIDS service organization. In San Francisco, 77 HIV+ IDUs participated in the PVA (58% Male, 30% Women, 12% Transgender).

Study Goals:

1. Assess the impact and meaning of an innovative peer volunteer activity among service providers working in community based AIDS service organizations.
2. Explore the extent to which involvement in the PVA as a provider prompted agency staff to reevaluate aspects of HIV services or HIV prevention content.
3. Explore the feasibility of on-going peer volunteer activities in participating community based AIDS service organizations as part of prevention activities.

Design/Sample

INSPIRE PVA agencies were located in Oakland and San Francisco, California. The agencies reflect a diverse group of providers serving HIV+ IDUs in these communities. The sample for this study were the following PVA sites:

- Tenderloin AIDS Resource Center (TARC)
- NIA Project of Institute for Community Outreach
- Co-Infection Clinic for Hepatitis C and HIV Patients at Highland Hospital
- Lyon Martin Women's Health Services
- HEPPAC
- AIDS Prevention Action Network
- Continuum

Methods:

One focus group and nine individual interviews were conducted with PVA sites and PVA program staff.

All interviews were audio recorded and transcribed verbatim.

Interview topics ranged from experience with peer volunteers, to thoughts on HIV prevention with HIV positive IDUs in community-based settings.

Data analysis:

Broad themes were identified by a qualitative analysis team of four. Transcripts were probed for recurring themes, concepts, and the relations between them.

Study Findings

The following themes were identified from the data:

- Active injection drug use does not automatically negatively determine a participant's ability to act as a volunteer.
- Interest in participating further in programs to support volunteerism.
- Participants were able to be on the other side of the service delivery desk.
- Participants found meaning from experiencing the new social role of volunteer.

Providers reported on the power and efficacy of peer advocacy and volunteerism.

"... People are gonna listen to their peers who have the same experience. Really listen. They trust each other a lot more until the provider or the teacher or the facilitator creates a relationship where they are trusted. But still, the peer education is when [HIV+] patients really listen to each other. And they get support that way. Because they're speaking the same language. Come on, there's a whole language around drug use. There's a whole language around recovery. They learn those words, they learn that language, if they're committed to it. Even if they're not, they've adapted it, they've incorporated it into their lives, into their daily lives.... It takes a village to heal a human. And they create those villages, those peer people, in ways that other people cannot. It's just the limitation of the medical provider. We all have our limitations. And so yeah, so I think the peer support is really vitally important to the healing process."

Michael Harank
Co-Infection Clinic for Hepatitis C and HIV
Patients at Highland Hospital

Providers reported that the PVA experience offered participants the opportunity to bridge the service provision divide and experience it from the other side.

"A lot of the people that I think that came haven't been on the giving end because of their poverty and their life equation, for a while anyway. And so all of a sudden they were on the other end, and they got to give people extra. And that, I think that's a wonderful thing. I see a lot of healing when you get to be on the other side, and all of a sudden you get to give to people instead of "Give me, give me, give me". "More, more, more". And that felt good. That was fun. I enjoyed it because I could see the relaxation happen as they did it. I could see some of them start to relax. And ... some of them, they were just like blossoming, just right in front of me."

Hank Wilson
TARC

What do agencies need in order to support a Peer Volunteer Program?

- Programs that provide support for people before, during and after activities provided to sustain community reintegration.
- Assistance with transition of HIV positive individuals from client to provider.
- Support around harm reduction principles in this process. I.e., Nobody is perfect and relapse does not mean failure.
- An openness to working with HIV+ IDUs.

"The client may still be a client, however in this particular moment and situation, they are here as something other than a client. And that takes a different environment and sort of care and feeding, if you will. I mean, I've worked at agencies that had volunteer programs and it took staff to [support them], because you're not paying volunteers, so you have to pay them in other ways. And that requires time, attention, systems devoted to staff, and so absolutely. I can understand programs that don't have that capacity and they're being responsible I think in acknowledging that they don't. It's not fair, it's not a good experience to potential volunteers to come into an environment that's not prepared for them. ... So it does take that kind of devoted staff, people who are, that's what they're set up to do, so they have already planned something. They know how to respond. It's not like okay, looking around under tables for something for someone to do. They have things in place and/or things in the hopper. Plus they know how to intake, recruit, supervise, support, attend to volunteers' needs."

Naomi Prochovnik
Continuum

Discussion/Further Study

From the perspective of AIDS Service Organization Providers, during the Peer Volunteer Activity, participants were:

- Exposed to a service environment where they assisted agency staff with a task;
- Sensitized to a social service delivery system which may enable them to improve personal utilization of agency services;
- Enabled to improve their own capacity to refer peers to services.

Providers recognized the value of involving HIV-infected clients in programs like the PVA, and would like to offer programs and services that would further enable and support HIV-infected IDUs to work in a volunteer or service provider capacity. However, the agencies themselves need infrastructure to deliver and monitor the impact of this type of prevention programs.

The PVA not only allowed participants to experience a new role in relation to service provision, but also allowed participants to work with their peers. Peer-based HIV prevention interventions have been found to be effective in reducing sexual and injection risk behaviors among injection drug users, in particular among the peer educators themselves.

Findings from the Seropositive Urban Drug Injectors Study (SUDIS) indicated that some HIV+ IDUs in San Francisco reported taking on a role of "peer advocate" to other HIV positive users. Additionally, most described problematic histories with service providers and agencies. Discrimination, lack of social capital and lack of self esteem that can result from years of addiction and incarceration can limit the ability of HIV+ IDUs to adopt productive social roles. Service interactions are often fraught with desperation, miscommunication, and defensive posturing on the part of both provider and client. The PVA was an attempt to transform the provider-client relationship for HIV+ IDUs. It sought to capitalize on the already existing motivation toward volunteerism among HIV+ IDUs. By formalizing a service delivery interaction in which participants adopted the pro-social role of peer volunteer, HIV service providers were required to interact with HIV+ IDUs as community resource people, rather than merely as demanding clients. While HIV+ IDUs gathered new insight into the complexity of service delivery and became sensitized to barriers facing service providers.

In this current study we find that service providers are open and willing to engage with active IDUs in service agencies and to think about ways to reconceptualize HIV prevention activities in community based settings.

Further study to determine the indicators of community level prevention activities which involve HIV-infected individuals as active participants and collaborators in this effort is needed.

For further information please contact:

Carol Dawson Rose
University of California, San Francisco
74 New Montgomery St., Suite 600
San Francisco CA 94105
415 597-9338
Cdawson@psg.ucsf.edu