NATIONAL Rx Drug Abuse & Heroin SUMMIT

Involving People Who Use Drugs to Design and Deliver Health Promotion Programs for People Who Use Drugs

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Involving People Who Use Drugs to Design and Deliver Health Promotion Programs for People Who Use Drugs

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RTI International
Atlanta, GA

September 6, 2018

Peers as a Critical Component of SAMHSA's State Targeted Response

Peer workers and peer recovery support services have become increasingly central to people's ability to live with or recover from mental and/or substance use disorders.

https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

Principles of Harm Reduction

- Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.

- Harm reduction accepts that illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.

- Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of PWUD.

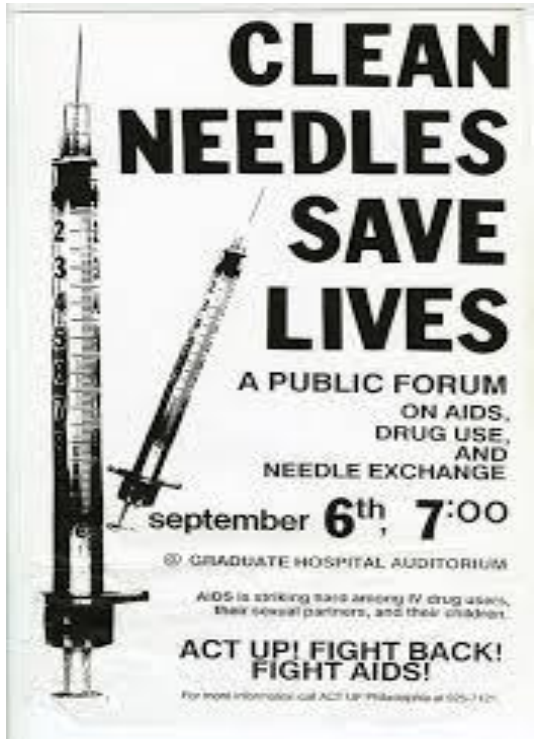
- **Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them**.

- **Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.**

*Harm Reduction Coalition

Early Days of AIDS Activism and Needle Exchange

- Harm Reduction movement began as an outshoot of ACT-UP and the grassroots response to the AIDS epidemic in the late1980s and early 1990s
- Needle exchange activism developed in response to federal and state inaction to rising HIV/AIDS cases among PWID
- Needle exchange was designed by people who use drugs (PWUD) prior to the copious evidence we now have demonstrating its efficacy
- Members of ACT-UP organized public needle swaps to get clean needles into the hands of people who inject drugs
- Activists challenged the police to arrest them and, in doing so, challenged paraphernalia laws themselves.
- Harm reduction has its early roots in these illegal needle exchanges



Institutional Antagonism Between Law Enforcement and Public Health

LAW ENFORCEMENT

- LE charged with fighting illegal drug use through drug control strategies of interdiction, incarceration, and rehabilitation
- LE regulates the possession and sale of syringes by legally classifying non-medical use as paraphernalia to ensure needles are not readily available
- Needle scarcity seen as positive strategy to protect civil society from the dangers of drug injection and addiction
- Represents punitive logic based on the moralism surrounding illegal drugs

PUBLIC HEALTH

- PH charged with protecting the health of society by rendering illegal drug use epidemiologically harmless
- Needle scarcity proven to cause needle sharing and disease transmission
- Restrictive needle policies thus increase bloodborne infections
- Liberalization of needles is seen as strategy to protect society from infectious disease and death
- Pragmatic logic based on scientific evidence to protect the public health

Zibbell, 2012; Baldwin 2005

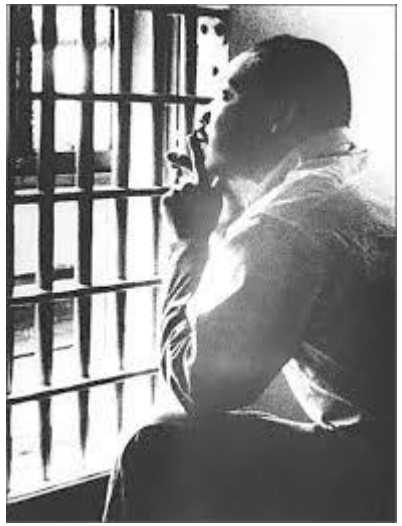
How did citizens respond to what is perceived as an unjust law?

An unjust law is no law at all.

—St. Augustine

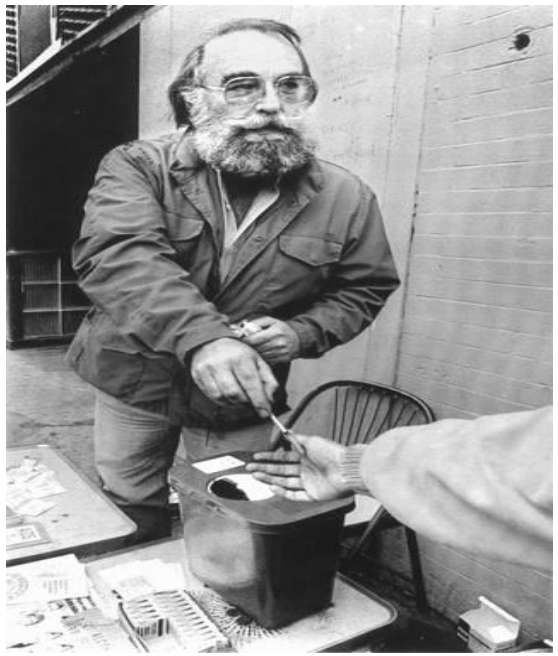
I submit that an individual who breaks a law that conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice, is in reality expressing the highest respect for law.

—Martin Luther King, Jr.



Grassroot Response to AIDS Epidemic

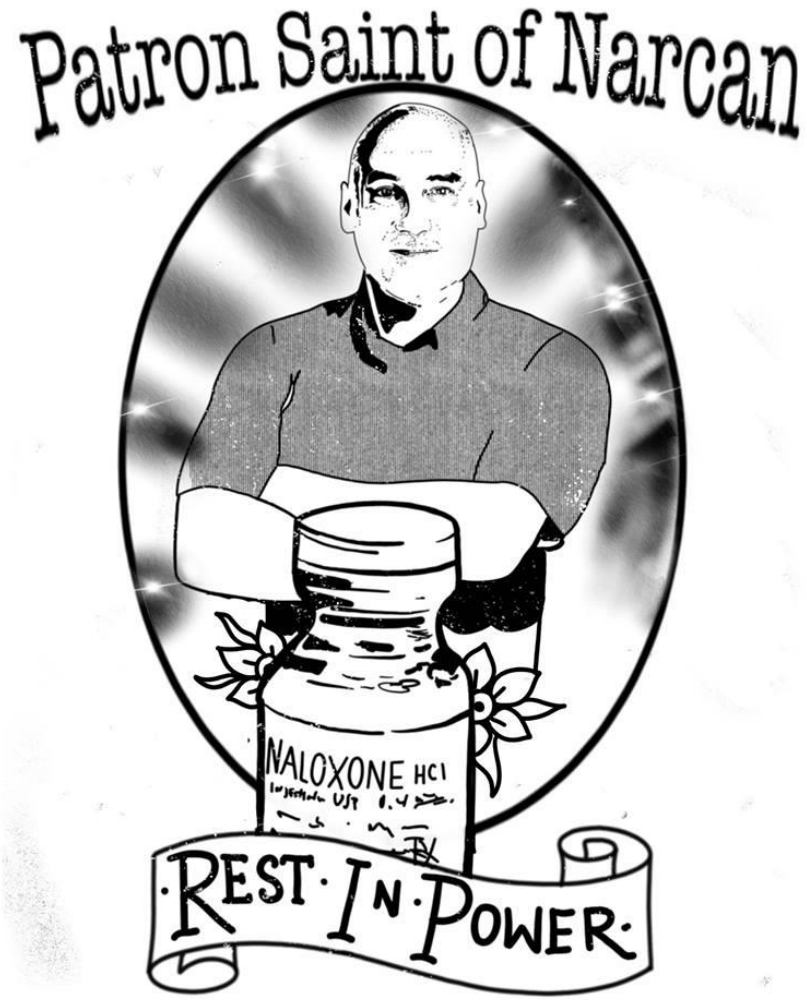
Jon C. Parker, second from right, breaking the law as he handed out clean needles to drug abusers in Brooklyn. He also showed them how to clean the needles with bleach.



Dan Bigg, 1959—2018

THE CHICAGO RECOVERY ALLIANCE

ANY POSITIVE CHANGE • ANY POSITIVE CHANGE • ANY POSITIVE CHANGE •



Evidence-Based Harm Reduction Interventions

From Grassroots Movement to Harm Reduction Industry

- Harm reduction's evolution from a grassroots movement to an industry can be seen as a welcomed progression because its long-term goal was to reform the public health system to make it more evidence-based and responsive to the health needs of PWUD
- During this evolution, however, many of the critical components that define harm reduction have be sidelined for both moral and political reasons
- One of these is the way PWUD have been reduced to program participants, clients, or patients—not people with the skills to help create, design, and deliver harm reduction services
- This is partly because medical professionals and health care workers often have a hard time seeing PWUD beyond the caricature of the chaotic and dysfunctional "junkie" due to stigma that pervades the medical system (and even some harm reduction organizations)
- This stigma, in addition to manifest challenges associated with employing PWUD, are the main reasons why organizations often embrace former users, or people in abstinence-based recovery, as peers.

Rowe, G., 2005, Critical Public Health

Two Extreme Stereotypes of PWUD in Public Health

TRADITIONAL

"Drug addicts are all scammers and should not be trusted. They are unreliable and prone to lying and thieving. They will do *anything* to get their fix."

- This stereotypical and pejorative view is commonly held by service providers but rarely articulated

ALTERNATIVE

"Drug users are oppressed and vulnerable persons who insights are automatically worthy of attention and credibility."

- This view is equally stereotypical and just as misleading

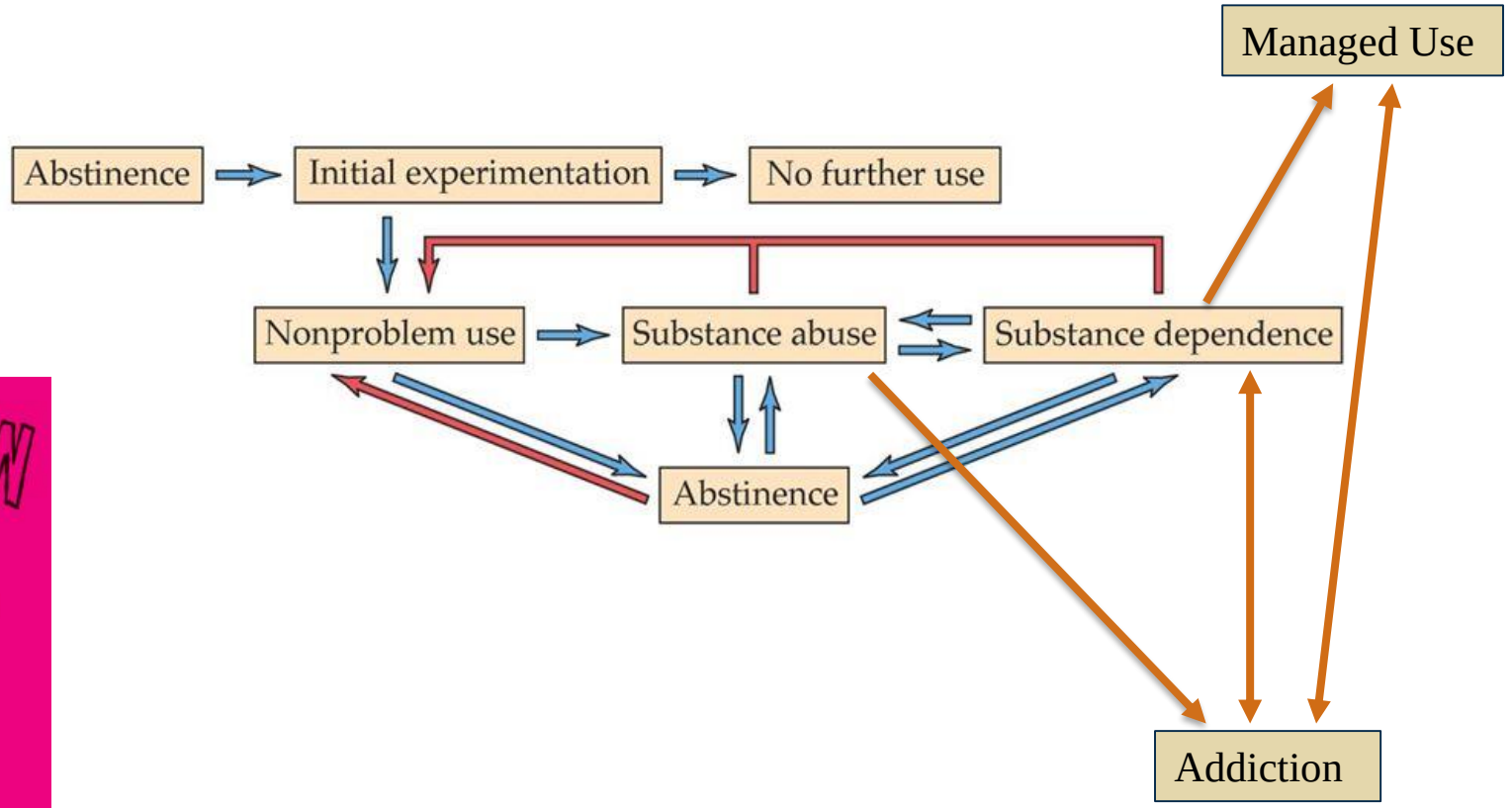
- The rational view is that PWUD as a group exhibit the same diversity of moral and behavioral characteristics as any other human population (e.g., social workers): there are some good and some bad, some mean and some pleasant, some selfish and some altruistic, some clever and some less so, and some we'd want to hire and others we never would, etc.

Peter McDermott, 2002

Peers in Harm Reduction Services

- Persons serving as peers, rather than being legitimized through academic credentials, draw their legitimacy from *experiential knowledge* and *experiential expertise*.
- *Experiential knowledge* is information acquired about harm reduction through the process of one's own use or being with others.
- *Experiential expertise* entails the ability to translate this knowledge into skills that can be passed onto others.
- Many people have acquired experiential knowledge about harm reduction, but those who have the added dimension of experiential expertise are ideal candidates for the role of peer.

Drug Use Fluctuates Along a Continuum



Psychopharmacology, 2005

PWUD as Volunteers

All organizations that have PWUD as volunteers should have:

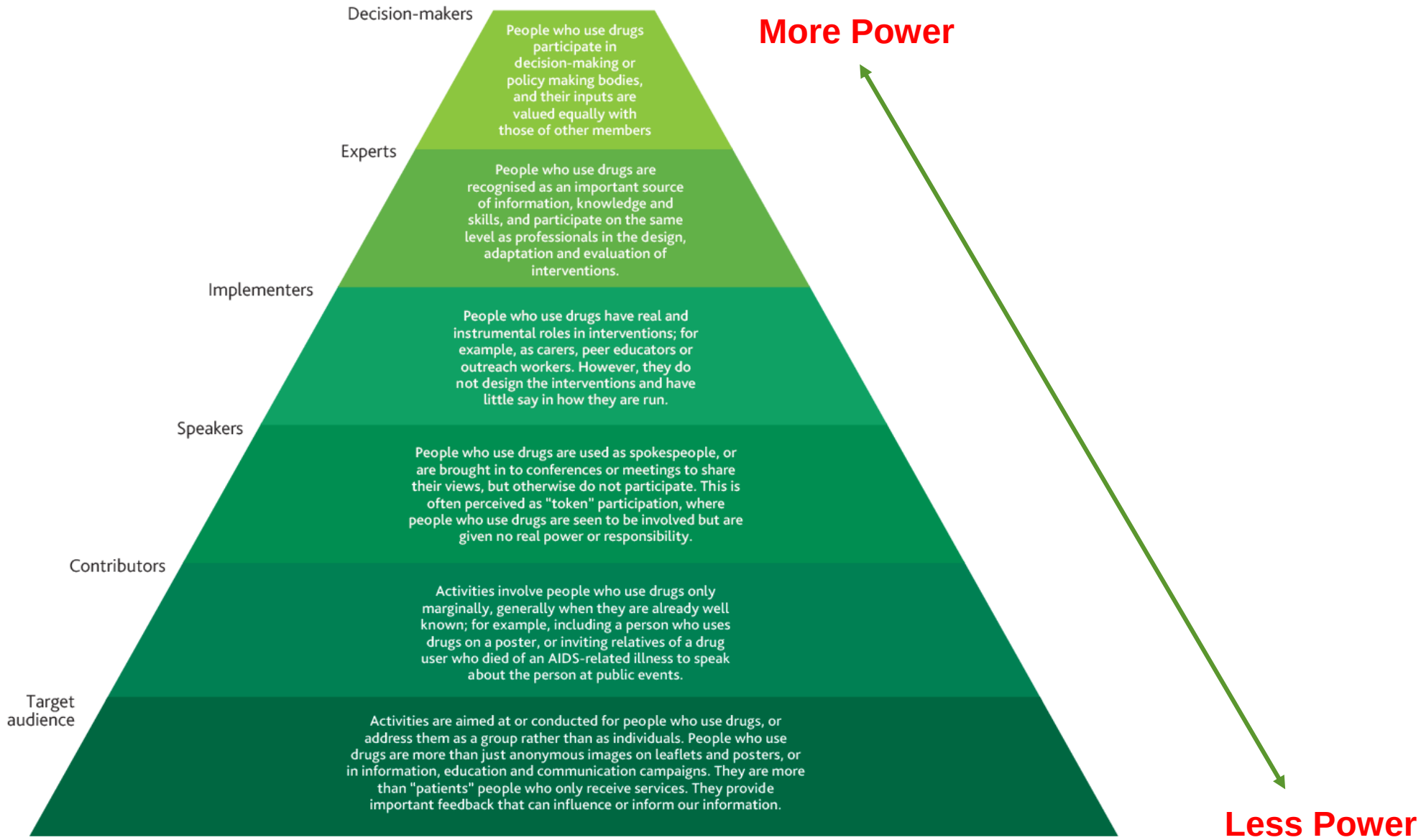
- Clear job description (roles and responsibilities)
- Minimum time frame (e.g., 6-month position at 10 hours/week)
- Workplan
- Discussions about drug use at work
- Cultural competency for staff who don't use illegal drugs
- Adequate management (coaching rather supervision)
- Mentorship
- Training and development opportunities
- Psychological and professional support
- Ways for covering incurred costs
- "A safe way out"
- Path to employment

TAKING DRUG USERS SERIOUSLY

Why employ people who use drugs?

- PWUD have insights and expertise that help inform the planning, delivery and review of harm reduction services.
- Working in partnership with PWUD helps services reach and connect with the population more effectively
- Having PWUD on staff helps the program better understand and meet the population's needs.
- Employing PWUD sends a clear message that they are valued partners and welcome at all levels of service delivery.
- PWUD have a right to be employed.
- Policies that routinely exclude PWUD from the workplace are discriminatory.

Pyramid of Involvement



Examples of Peer-Driven Involvement

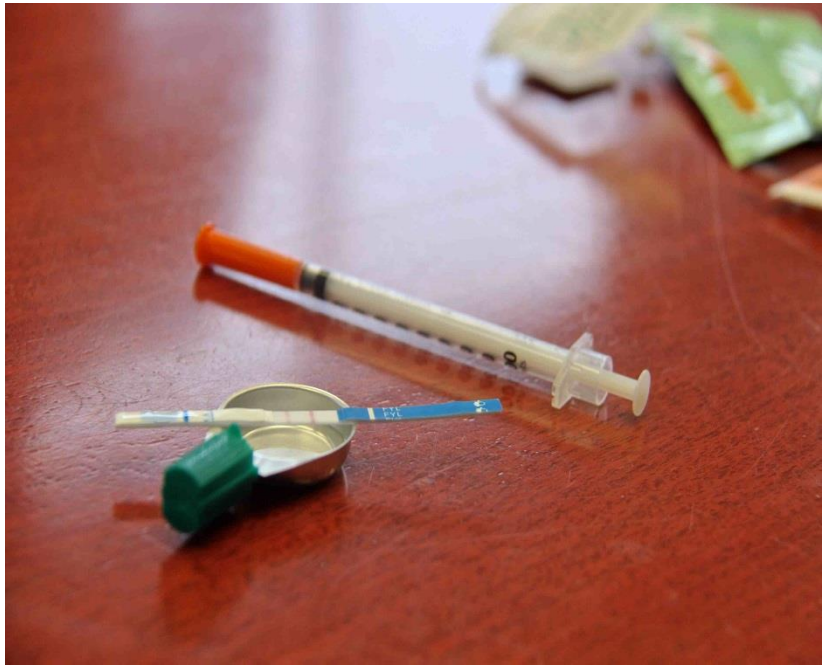
- Delivering needle and syringe programmes (NSPs).
- Promoting safer injecting and health awareness for PWID.
- Promoting voluntary HIV counselling and testing.
- Promoting treatment adherence for people on antiretrovirals (ARVs), and on hepatitis C (HCV) and tuberculosis (TB) treatment.
- Supporting access to and engagement with harm reduction services, including OST.
- Following up on PWUD who drop out of services.
- Saving the lives of opiate users with naloxone programmes.
- Promoting harm reduction with stimulant users.
- Reaching hidden networks of women, and lesbian, gay, bisexual and transgender (LGBT) PWUD.
- Providing knowledge of and responses to new drug trends and emerging risk behaviour.
- Reaching settings where professional outreach workers cannot or tend not to go with harm reduction advice and materials.
- Providing peer feedback to service providers, donors and planners on the quality, impact and reputation of services among PWUD.
- Advocating for greater investment in harm reduction, and challenging barriers in the legal environment to harm reduction and peer participation.
- Delivering peer research into drug-taking patterns, trends and prevalence.
- Providing mutual aid to support controlled drug use or abstinence.
- Building and supporting networks of PWUD.
- Providing information to people resistant to be engaged with services.

Community-Based Participatory Research:

A partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process (Israel et al. 2003).

Examples of Recent Peer-Driven Research

Safe Consumption Spaces



Fentanyl Test Strips

Kral and Davidson 2017; Peiper, Clarke, Vincent…Zibbell, 2018 (forthcoming)

Structural Barriers for Recruiting PWUD as Volunteers or Employees

- PWUD may have gaps in employment timelines on resumes
- PWUD's experience and expertise can be difficult to describe on resumes and communicate during interviews
- PWUD may not have experience doing formal job interviews
- Opioid-dependent persons may need to work in 3 to 4-hour intervals
- PWUD may have criminal records
- PWUD are at risk for arrest and incarceration, both of which can interrupt work attendance
- PWUD often navigate between managed, problematic, and chaotic use
- PWUD may be hesitant to "out" themselves to the public

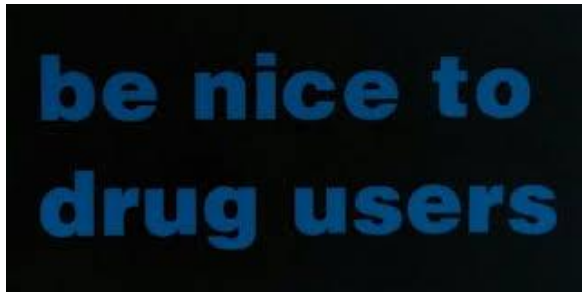
Challenges Associated with Employing PWUD

- Drug dependence and addiction
- Close relationships with program participants
- Health conditions impacting work
- Criminal records
- Criminal exposure for program
- State law / compulsory urine screens
- Drug use during work hours
- Supplying or soliciting drugs at work
- Punctuated incarceration
- Public backlash

Druglink, 2002

Strategies to Support PWUD as Staff

- Develop *Universal Code of Conduct*
- Perform health checks and immunization
- Offer relapse prevention for former users and OAT clients
- Discuss tactics to manage use
- Address chronic health conditions
- Make arrangements for people on OAT and those dependent on street opioids
- Provide staff training and professional development
- Control public knowledge of a employees' drug use
- Provide psychological and professional support
- Mandate sensitivity training for non-using staff
- Prevent burnout
- Avoid exploitation and tokenism



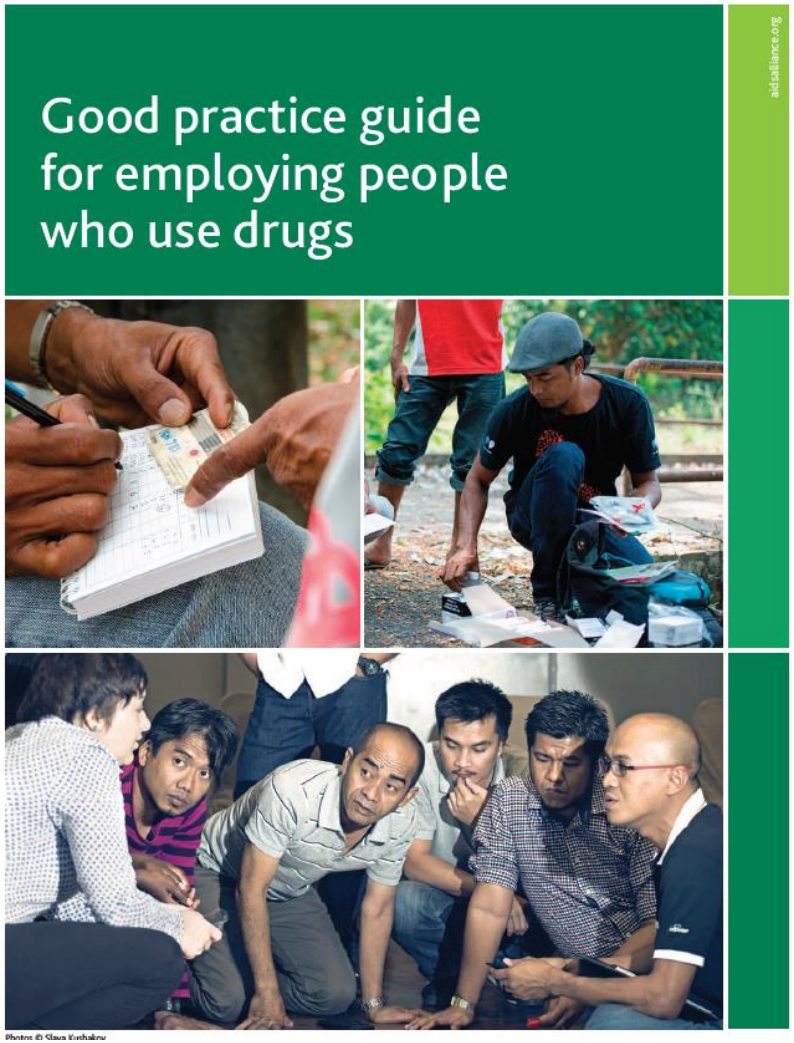
Benefits to Harm Reduction Services

- Meaningfully reinforces program's commitment to involving PWUD
- Draws on rich stock of consumer knowledge and experience
- Strengthens relevance and targeting of interventions
- Improves programmatic decision making
- Ensures services are consumer-friendly
- Improves cultural competency for non-drug using employees
- Increase program's "street cred"
- Makes program more attractive to potential service users.
- Turns mutual antagonism between service users and service providers into a therapeutic alliance
- Reduces structural inequality between service agencies and the people they serve

Benefits to PWUD

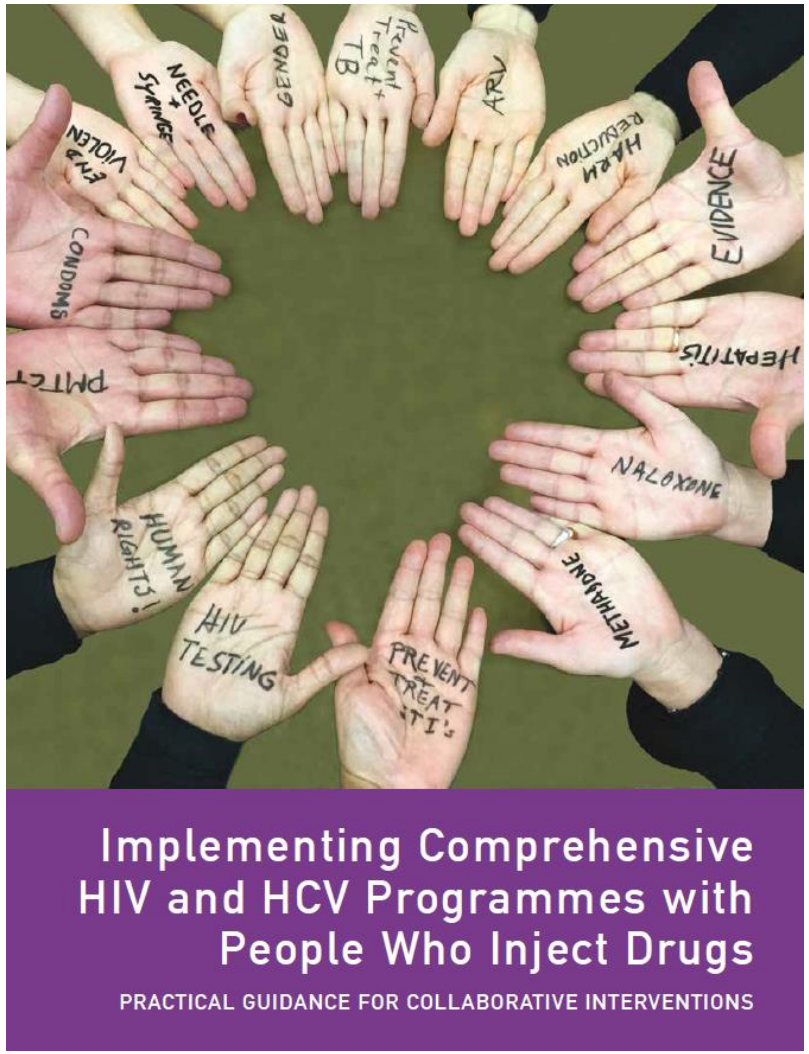
- Acquisition of new skills
- Creates recent employment history
- Gain structure and routine
- Job opportunity
- Raises self esteem, confidence, and self-efficacy
- Increases ‘ownership’ of services
- Enhances commitment to community
- Improves personal worth through helping others
- Friedman’s *redemption through social struggle*
- Generates motivation to manage drug use

Resources for Employing PWUD



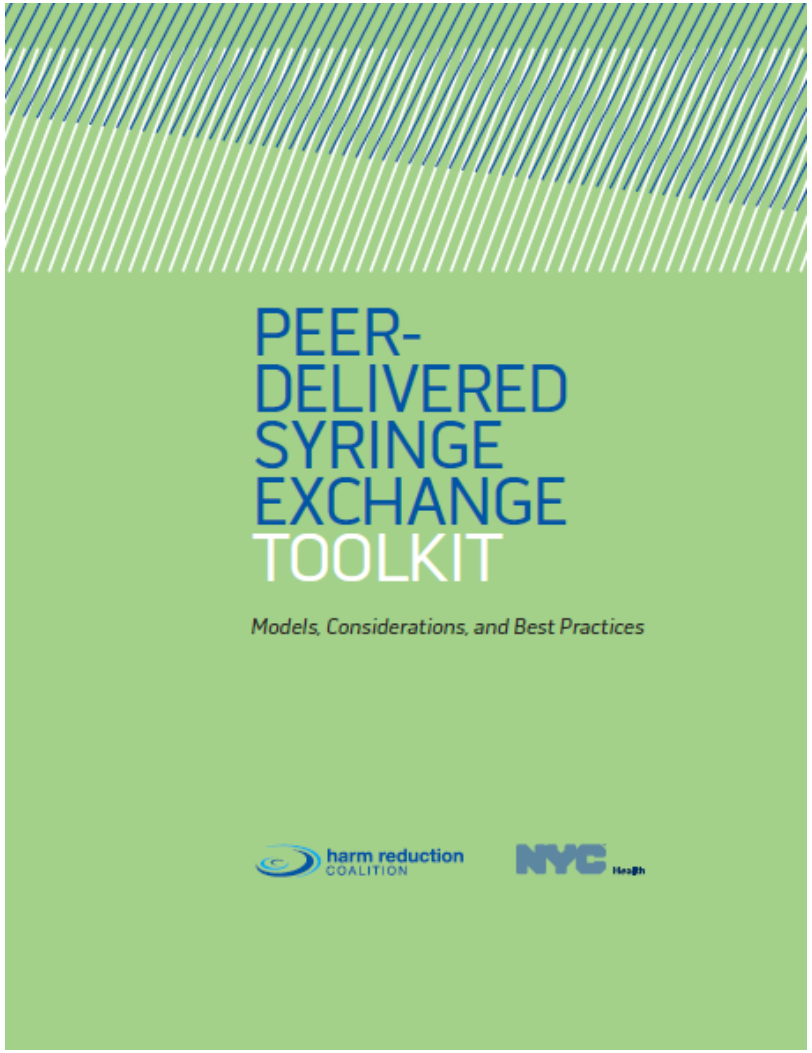
International HIV/AIDS Alliance, 2015

Collaborative Interventions



UNAIDS, 2017

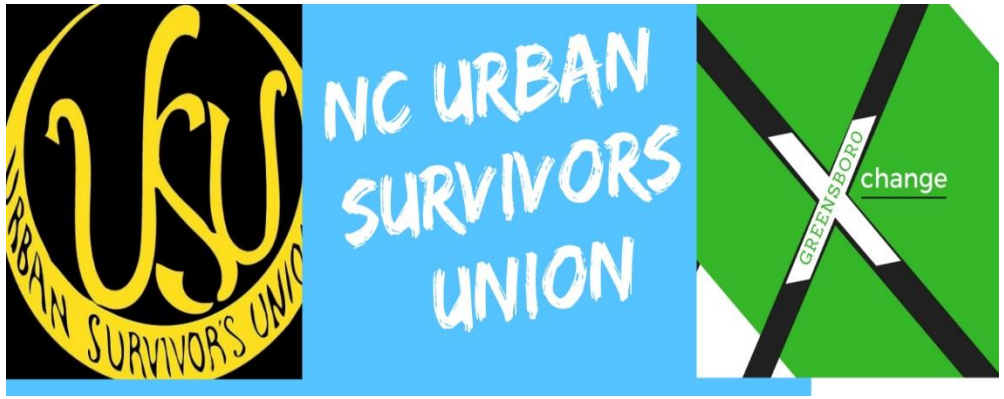
Peer-Driven Syringe Exchange Toolkit



Harm Reduction Coalition, 2012

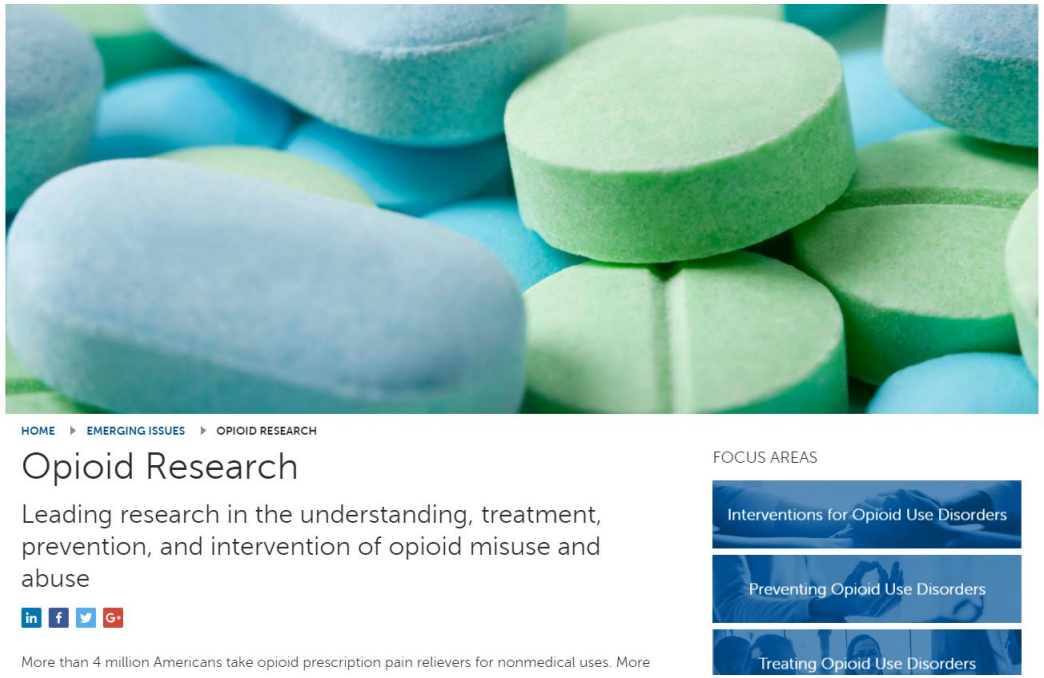
Drug User Activism Continues

Drug User Unions in the United States



NORTH AMERICAN USERS UNION

THANK YOU!



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