Employment of current injecting drug users as peer educators

By Dave Burrows
Injecting Drug Use Policy Officer
Australian Federation of AIDS Organisations

In Australian injecting drug user groups or drug user organisations (DUOs), formal peer education has usually been carried out by current or ex-drug injectors (either paid or as volunteers) educating other drug injectors about HIV. Herkt (1992; 1993) points to the "total failure" of Australia's response to HIV/AIDS as seen in the decline of "peer workers and educators" at IDU groups and needle exchanges. In particular, he criticises the practice of employing members of Narcotics Anonymous and ex-users rather than current drug injectors as workers in these organisations. Herkt's article attracted responses (Palmer 1992/93 and Burrows 1992) which ask how the employment of current injectors could effectively be carried out and question Herkt's concentration on current injecting drug use as vital to successful peer education and needle exchange.

Burrows (1992) notes that serious questions are posed such as:
- "Is it reasonable to ask a job applicant to volunteer information about their use of illicit drugs at an interview...?"
- If the number of current users is to be the criterion of success, what happens if one or more staff members 'relapse into treatment'...?
- How are records kept of current injectors...?
- ...do people who have injected heroin regularly for 20 years know 'more' than people who have occasionally injected speed?...
- How do we judge if a staff member's drug use 'interferes' with their work performance?...
- ...can we realistically ask that (injectors) not ever use during work hours, including overtime?"

The issues raised in this debate are not confined to Australia, to drug user organisations, or to formal peer education programmes. For example, Rivera-Beckman et al (1990) note that several problems can arise when ex-users are employed as outreach workers to current users. A major issue is whether an ex-user remains an "insider" and is therefore able to gain special access to drug users and work as an effective peer educator:

"'Insider' capability arises out of social relations and is not self-sustaining. The ability (or willingness) to remain an Insider may depend therefore on the supports provided by those constituent social relations that existed before stopping drug use...It may be useful to employ active users and non-users, as well as former users, and let this mix become a basis for mutual support."
The informal peer education programmes outlined in the AFAO Discussion Paper on Peer Education among IDUs avoid some of these problems by attempting to foster the peer education which is already occurring between drug users, but the question still remains whether those people employed to assist in this community development should be current or ex-drug users or neither.

Trautmann and Barendregt (1994) note the following about the employment of current drug injectors in formal peer education or peer support programmes:

- Advantages:* They are part of the "drug scene"
  * "Know what is going on"
  * "Aware of the rules"
  * "Generally have frequent contact with their peers"
  * "They are the most likely to be trusted by and have influence on their peers"

- Disadvantages: * "Being an active user can be like having a full-time job"
  * "Continual commitment to a job...may be asking too much"
  * May be "too involved in the scene to address confronting issues such as habits or rituals involving risky behaviour"

The authors also note that, by joining an IDU group's staff or working for a needle exchange, a drug user may be seen as untrustworthy by their peers because they are no longer "one of them". They also note that 'acceptance' is a basic notion in reaching drug users effectively. Current users can play an added role model of "being safe" and sponsoring the development of a "safe culture" from within the scene.

The authors also comment on employment of methadone consumers, known in the Netherlands and Germany as "substituted users":

- Advantages * "Some drug users involved in peer activities would not be able to do their jobs without receiving substituted drugs" such as methadone
  * Substituted users can mediate between active drug users and drug services

- Disadvantages * Substituted users are "not part of the scene any more", may not share their daily lives with active drug users, may see themselves (or be seen by others) as "better human beings", and may no longer be seen as trustworthy

However, the authors point out that these disadvantages may not be present at all as many methadone consumers continue to inject drugs and continue to have many friends and acquaintances who inject. It should also be noted that current drug users are also able to provide continuity. Those providing support and education, users and substituted users alike, will themselves require professional support in order to ensure continuity.
The authors also comment on the employment of ex-users:

- Advantages *
  * May contribute to continuity of projects
  * May serve as "role models" of what can be achieved by "being clean"
  * May be able to "draw from their experience to help other IDU's modify their sometimes self-destructive behaviour"
  * "Many former drug users have established relationships with the treatment system and may be able to provide referral and facilitate access to treatment"

- Disadvantages *
  * Similar to disadvantages of employing substituted users, but risks of alienation from current users is much higher for ex-users
  * Some ex-users "feel they are better human beings than active drug users" (some even despise current drug users) and such people "do not fit" in the roles of peer educator, outreach or community development worker
  * Outreach/peer education/community development work may place ex-users in a difficult situation where they may be "tempted" to return to injecting drug use.

Finally, the authors note that all the advantages listed above can be achieved by employing a mixed group of active, substituted and ex-users. However, they note that the status of workers as active or ex-users can be a source of conflict where the different workers see different needs and priorities.

Byrne (1991) notes: "The only good peer educator is a current injector; like any outlaw group, only those actually participating in the activity are welcome." But, she continues, governments and other funding bodies will rarely trust current injectors as the recipients of funding, preferring instead to provide "money, credibility and carte blanche" to ex-users. The current user's knowledge, experience and contacts are needed but services and funding bodies are not willing to pay the user for these services, and current users "are made to feel like second class citizens at workshops and conferences".

A draft report from the National HIV/AIDS Strategy 1993-94 to 1995-96 Evaluation (1995) calls the use of current injectors within IDU groups a "successful strategy". The report notes that:

"current IDU also work as employees or volunteers in a range of services other than user groups. For example, many needle and syringe exchange programs use volunteer peers to enhance their service activities. Peers assist in the development of resource materials..., work as volunteers at events, pass back 'street intelligence' to the organisation, encourage other IDU to attend the service and assist outreach workers to access other IDU. A number of organisations support the value of employing current or past IDU as staff."
Power (1994) sees a range of roles for current drug users within UK outreach services. He suggests that restrictions on employing drug users until they have been abstinent for two years (a common rule in many health agencies in Australia as well as the UK) should be abandoned: "an ex-drug user who has been away from the scene for two years is no longer up-to-date with current trends and behaviours and is out of touch with contemporary networks of drug users".

While Power believes there may be difficulties with employing current drug users (expressing concerns about the impact of such jobs on both employees and employing agencies), he promotes the idea that "indigenous fieldworkers" be employed as outreach staff where appropriate; and that "indigenous advocates" be employed on a casual or part-time basis while they are trained in outreach skills.

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