



# Reaching Injecting Drug Users Through Drop-In Centers and the “ECHO” Peer Education Model<sup>1</sup>

The Hai Au (Seagull) Club, Hai Phong Province; The Huu Nghi (Friendship) Club, Cam Pha and Quang Ninh Provinces

“The club is truly my family. When joining the club’s activities I am given love and sympathy from club organizers. I meet with people who have a similar fate and we share with each other our sadness as well as happiness.”<sup>2</sup>

An injecting drug user club member

## The Situation

### THE NEED TO FOCUS ON INJECTING DRUG USERS

Even though the majority of HIV positive people in Viet Nam are injecting drug users (IDUs), not many programs commit to working with them on a large scale.

- **As of September 30, 2002** more than 55,200 people in Viet Nam are known to be HIV positive. 85% are men; over 60% of the total are IDUs. HIV Sentinel Surveillance (HSS) in 30 provinces indicates that 30% of IDUs tested were HIV+ in 2001. In Hai Phong in 2001 72% of IDUs tested HIV+ and in Quang Ninh prevalence was 60%. A large proportion of the HIV+ IDU men and women are young and sexually active.
- **The 2000 Behavioral Surveillance Survey (BSS)** shows sexually active IDUs inconsistent in their condom use with commercial, casual and regular partner sexual relationships. In Hai Phong 15% of



IDUs visited SWs in the last 12 months and only 55% of them reported that they always used condoms with sex workers (SWs).

- **The BSS** also shows relatively high percentages of IDUs sharing needles or syringes in the past 6 months in some of the provinces: HCMC (44%), Ha Noi (32%), Da Nang (31%), Hai Phong (24%) and Can Tho (7%).

**Quang Ninh province** has the highest overall HIV prevalence rate and second highest number of infections in Viet Nam. About 1,000 IDUs (more than in larger cities) reside in Cam Pha Township alone, where most of the reported cases of HIV infection

<sup>1</sup> The Eastern Connecticut Health Outreach Model designed by sociologists Robert S. Broadhead and Douglas D. Heckathorn, from the University of Connecticut, USA

<sup>2</sup> From a radio interview at the Hai Au Club, Hai Phong. Voice of Viet Nam, July 8, 2001

are IDUs. Hai Phong with over 4,000 HIV+ positive people<sup>3</sup> ranks third, out of 61 provinces in number of reported HIV+ persons, and is second in HIV prevalence rate per 100,000 population. About 5,000 young IDUs live there.

## The Project

### Two Drop-In Centers and their innovative peer-driven ECHO peer education and outreach model,

which target IDUs, their friends and families opened in October 2000 in Hai Phong and in February 2001 in Cam Pha District of Quang Ninh. The Hai Phong AIDS Standing Bureau (PASB) and Cam Pha's Health Center, supported by FHI, apply risk reduction principles despite implementation challenges. In a separate activity, the Provincial Health Services (PHS) provide clean needles and syringes out of their government budgets. The Hai Phong PHS and Cam Pha District Health Services supply condoms. The Drop-in Centers provide safe, convenient places for IDUs to gather for entertainment and social and HIV/AIDS educational activities, to receive counseling and to pick-up supplies of condoms and other risk reduction materials provided by the Provincial Health Service. The clubs' staff members include: a club manager, two or three health educators, guards and cleaners.

**The ECHO Model:** Peer education is provided by adapting the ECHO model of peer outreach. The peer-driven intervention (PDI) has been shown to reach a larger, more diverse group of IDUs at lower cost, than traditional outreach does.<sup>4</sup> It does this by offering modest monetary rewards to IDUs for learning about HIV/AIDS and risk reduction. Each IDU then has the opportunity to distribute HIV/AIDS prevention materials and to educate up to two more IDU friends, and to invite them to health education and counseling sessions at the drop-in-center. Those who successfully demonstrate they have 'recruited' and educated peers receive an additional incentive. The model is based on a snow-balling approach, with each newly trained recruit recruiting others in turn. This approach has been found to be more cost-effective than the traditional outreach models of trained

### PROJECT GOAL

**To reduce HIV transmission in IDUs, through a public health approach of risk reduction, and behavior change among IDUs, other drug users at risk of HIV infection, and their sexual partners.**

teams of peer educators; it reaches a broader range of IDUs both geographically and in terms of the background characteristics of IDUs recruited; in addition, the influence of this approach on each individual IDU may be greater as well. The peer-driven ECHO model gets many more IDUs directly involved in risk reduction education activities than the traditional outreach approach of using a small team of trained and salaried outreach workers.

## Project Objectives

To gain policy consensus among local authorities; To establish clubs for people thought to be at risk for HIV/STIs, particularly IDUs, their friends and families; To increase availability of information and support for interventions addressing risk from drug injection and unsafe sex. To increase availability and accessibility of risk reduction materials; To create more supportive social and legal environments for HIV prevention among IDUs.

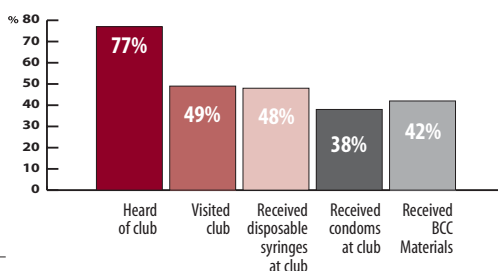
To review and evaluate the model for reaching IDUs with HIV prevention messages and commodities and to make improvements and expansions when appropriate.

## Activities

### IN PREPARATION FOR THE PROJECT

- **Situational analysis, Advocacy meetings** with leaders of local authorities and associations (e.g., People's Committees, police, social evils department of Department of Labor and Social Affairs, ward and commune leaders, women's union, youth union, etc). **Completed administrative formalities, Leased/renovated building, Recruited**

**Male IDUs' Exposure to the Seagull Club/IDU Drop-in Center in Hai Phong:** BSS 2001 (one year after the intervention began)



Note: Percentages based on responses of IDUs in a representative community-based BSS sample.

<sup>3</sup> Hai Phong Provincial AIDS Standing Bureau statistics, send by FHI staff to headquarters. September 30, 2002

<sup>4</sup> Based on study done in USA, (Broadhead and Heckathorn, 1998)

## REACHING IDUs THROUGH DROP-IN CENTERS AND THE “ECHO” PEER EDUCATION MODEL

The Hai Au (Seagull) Club, Hai Phong Province; The Huu Nghi (Friendship) Club, Cam Pha and Quang Ninh Provinces

staff, Study visit to HCMC, Planned the Club activity format, Recruited medical specialists, Promoted the availability of Drop-In –Centers for IDUs and the services provided there (e.g., HIV/AIDS and risk reduction counseling, health checks and referrals, condoms, and behavioral change communication (BCC) materials, recreational facilities, social and educational events), Training for Police and Security.

### AT THE IDU DROP-IN CENTERS/CLUBS

- Recruited and trained ECHO members. Recruited and trained club members; Provided, distributed risk reduction materials, and BCC materials at Center; Twice monthly health care services provided - advice, treatment, referrals, personal substance abuse and/or HIV/AIDS counseling
- Provided education and support activities: Special events/ Drama and Music performances in Clubs, Contests, Open air Sports Events, Recreation/Entertainment, Topic Talks, Workshops.
- Produced and distributed of BCC materials including personal life stories.
- Monthly monitoring, Mid-term Review, External Evaluation/Review and Evaluation Meeting, Report Disseminated

### TRAINING

- For Peer Educators: Health education classes held once a week for new members.

### ECHO PEER OUTREACH IN THE COMMUNITY

- Regular visits are made to areas where IDUs congregate: ECHO PE recruits are encouraged to go to the club.

### Achievements

- **Strong support from local authorities and community members**, especially the police, was gained and built on. These authorities now use the words “risk reduction.” The Hai Phong People’s Committee, the Quang Ninh PASB and Cam Pha DHS provide sterile needles and syringes, gaining recognition for their pioneering work. Hai Phong PHS and Cam Pha DHS supply condoms. Appropriate, well-trained staff are committed to the work.

- **The projects provide a safe environment for IDUs**, contribute significantly to risk reduction behavior in this group, help to destigmatize IDUs and people living with HIV/AIDS. A successful community-based public health approach replaces the “social evils” approach. IDUs grow in self-esteem, trust the centers and their staff, are motivated to learn, mobilize peers and change their own behaviors, to protect themselves and the community from the spread of HIV infection and to support each other in times of need. They feel safe and far away from stigmatization.

- **The club in Hai Phong** has reached about half of the registered IDUs in the city and increasingly reaches IDUs from across socio-economic groups.

- **By September 30, 2002** the two IDU outreach and drop-in center projects combined have recorded 33,372 visits to the drop-in centers, 488 core members registered, reached 3,348 IDUs by ECHO peer educators. The PHS provided and the club distributed 39,543 condoms, and distributed 38,102 BCC materials appropriate to the recipients, and conducted numerous counseling sessions and health talks, and provided drug-use related first aid care and health check-ups.

- **Other sites in the cities** request replication of the drop-in centers, as do other provinces.

- **Population-based BSS data on IDUs in Hai Phong in 2001** show that 77% of IDUs interviewed had heard of the Seagull club (“Hai Au”) IDU drop-in-center in Hai Phong, 49% of those IDUs interviewed had visited the club at least one time; with the vast majority of those visiting the club reporting that they received condoms; and other harm reduction BCC materials at least once while visiting the club.

- **The project is now working with the Hai Phong Provincial Health Service** to develop mechanisms for establishing and maintaining a comprehensive needle disposal system for Hai Phong.

IDU club members conducting regular sweeps for used needles in the community.



Expressing and enjoying themselves through entertainment and club activities.





Club members receive free counseling and risk reduction materials.

## REACHING IDUs THROUGH DROP-IN CENTERS AND "ECHO" PEER EDUCATION

- **During the project period**, FHI supported the development, pre-testing and printing of several new BCC print materials for IDUs, their families and communities for use in the two project sites and elsewhere.

### Lessons Learned

- **This ECHO model** is proving to be an effective public health approach for working with IDUs.
- **Support from the government is essential for:** advocacy among decision-makers, law enforcement authorities and the community, legal validation of the centers HIV/AIDS prevention materials targeting local authorities are useful.
- **Opposition to such clubs** can be overcome through outreach and advocacy meetings, which continue to be held with local authorities throughout the project lifetime.
- **Anti-Social Evils campaigns** can interfere with risk reduction activities the PASB are managing.
- **It can be difficult** to find the financing for condoms, and other risk reduction materials when the project attempts to expand to scale for wider impact.
- **Club location needs to be central and discreet** enough to encourage a good attendance rate. Cam Pha's club suffers from the township's very long shape and from being a highly visible location.
- **Women IDUs and teenagers** do not come to the clubs very much. Clubs need to find ways to attract them more often or to have a special venue for female IDUs. FHI will also explore additional 'non-club' based risk reduction activities.
- **ECHO model record keeping** can be difficult, hopefully improving with the future introduction of a computerized data collection and tracking system called IRIS, which is being introduced by FHI at both of the existing drop-in-centers.
- **The IDU club members now conduct periodic sweeps for used needles** in the community until a more comprehensive needle disposal system is developed and implemented. This is a highly important component for the future.
- **Health educators need refresher training at regular intervals**, especially related to communication skills and counseling about STIs.
- **On their own, the Clubs are not able to fully meet the comprehensive needs for:** private / confidential counseling, treatment of diarrhea, TB checkups, HIV counseling and testing, community-based detoxification and rehabilitation, employment opportunities, home care, support, and treatment for PLWHAs. In Hai Phong, there can be better linkage with other available interventions such as CDC's voluntary counseling sites and other community services.
- **Subsequent rounds of the BSS data for IDU groups** will allow us to continue to assess exposure to the interventions, and examine changes over time in IDUs' sexual practices, condom use behavior, drug use and needle sharing behavior in Hai Phong.

### FHI VIET NAM HIV/AIDS INTERVENTION: 1999-2002

- HIV/AIDS Behavioral Surveillance Surveys
- Capacity Building for Individuals and Organizations
- Behavior Change Communication (BCC) Campaigns
- Condom Social Marketing Using Non-Traditional Outlets
- Men's Interventions: Peer Education by Barbers and Shoeshine Boys
- Men's Interventions: Peer Education by Motorcycle Taxi Drivers
- Men's Interventions: Peer Education in the Workplace
- The Women's Health Club and Community Peer Education Project
- **Risk Reduction Through Drop-In Centers and the "ECHO" Peer Education Model**
- Peer Education in 05/06 Rehabilitation Centers: Risk Reduction and Support for People Living with HIV/AIDS
- STI Management Training for Pharmacists and Private Physicians



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