Published in final edited form as:

Subst Use Misuse. 2010 ; 45(1-2): 154–160. doi:10.3109/10826080903080656.

Can drug users be effective change agents? Yes, but much still needs to change

Julia Dickson-Gomez

Associate Professor of Psychiatry and Behavioral Medicine, Center for AIDS Intervention Research, Medical College of Wisconsin, 2071 N. Summit Avenue, Milwaukee WI 53202

The answer to the question of whether drug users can be effective change agents is yes, although the extent to which they are successful as change agents depends on whether they are acting to change their individual behaviors, the behavior of other drug users, or the laws and policies that negatively impact their health. Drug users have been successful in reducing their individual risk behaviors, and controlling and managing their drug use while still actively using drugs. They have also been successful in advocating risk reduction among their drug using peers. The success of drug users in changing policies that increase their risk for contracting HIV and other diseases, and improving their lives has been more mixed. In spite of these successes, drug use continues to be criminalized and viewed as a moral failure rather than an illness in the belief that drug users are incapable of change. This essay addresses the major myths still common to misunderstanding drug users and behavior change. These attitudes, in turn, limit drug users' ability to effectively act to improve their lives.

Myth 1

It is impossible for drug users to make behavior change in order to reduce their HIV risk while still actively using drugs. In our research with active drug users in El Salvador and Hartford, Connecticut drug users' themselves often doubted that they would be able to reduce their risk without first abstaining from drug use. They argued that they would share syringes when experiencing heroin withdrawal, or exchange sex in order to obtain drugs, without a condom if the client insisted (Dickson-Gomez, Weeks et al. 2004; Dickson-Gomez, Bodnar et al. 2006; Dickson-Gomez, Bodnar et al. 2007). However, a number of HIV prevention interventions have shown reductions in risk behavior among active drug users (Booth and Watters 1994; Dushay, Singer et al. 2001). Successful interventions integrate theoretical models of behavior change such as health beliefs model, social learning theory, the theory of reasoned action, stages of change or a combination of these (Catania, Kegeles et al. 1990; Kelly, St Lawrence et al. 1990; Bandura 1994; Fishbein, Hennessy et al. 2001). Many studies have shown that social cognitive factors such as self efficacy is associated with drug and sexual risk among drug users (Falck, Siegal et al. 1995; Longshore, Stein et al. 1997). Interventions that improve self-efficacy, group norms for protective behavior, perception of risk, and risk reduction skills have been shown to reduce HIV risk among drug users (Sorenson, London et al. 1994; Weeks, Li et al. 2009). In other words, drug users can reduce their risk for HIV while still using drugs if they have the skills and materials to do so, and if they believe that they will be successful in implementing them.

Myth 2

Drug users' lives are too unorganized and unpredictable for them to be able to effectively promote risk reduction among their peers. On the contrary, research has found that drug users are effective in changing the HIV risk behaviors of their peers. Ego network approaches in which drug using networks receive an HIV prevention intervention together have been found effective in changing norms supporting risk reduction, and changing HIV risk behaviors (Trotter, Bowen et al. 1995; Rothenberg, Baldwin et al. 2001). A second, and more common social network approach now replicated in many countries, has been to train active drug users to conduct outreach in the community to distribute HIV prevention materials and promote risk reduction norms to their drug using peers (Latkin 1998; Latkin, Sherman et al. 2003; Hammett, Des Jarlais et al. 2007; Weeks, Li et al. 2009). This approach was initiated after it was shown that street outreach was an effective way to reach active drug users with HIV prevention materials and messages (Broadhead, Heckathorn et al. 1995). These first outreach efforts used paraprofessional outreach workers. Many assumed that drug users could not be effective outreach workers because their drug use would interfere with their work. Broadhead's initial study demonstrated that paraprofessional outreach workers were hard to supervise and often unreliable themselves, and that drug users were effective in conducting outreach and had high intrinsic motivation to reduce HIV among their peers. Subsequent research has demonstrated that drug users will continue outreach efforts even when not compensated or supervised (Latkin, Sherman et al. 2003; Dickson-Gomez, Weeks et al. 2006; Latkin, Donnell et al. 2009; Sherman, Sutcliffe et al. 2009; Weeks, Li et al. 2009), and reach drug users in times and location where risk behavior is most likely to occur (Dickson-Gomez, Weeks et al. 2006). Peer educators were also able to significantly reduce risk in their drug using networks (Weeks, Li et al. 2009). Finally, drug users can be active participants in trying to reduce HIV transmission and other problems in their communities (Friedman, Neaigus et al. 1998).

Myth 3

Drug users who are in the process of recovering from drugs should not be used as peer educators because being around active drug users or observing drug use behavior may cause relapse (desJarlais, Hammett et al. 2004). *Related to this, exposing active drug users to high-risk settings as peer educators might escalate their drug use.* In contrast, results of peer-led interventions with active drug users showed that peer educators reduced their drug use compared to time equivalent controls (Latkin, Sherman et al. 2003; Weeks, Li et al. 2009), even though such interventions did not require abstinence and in fact stressed drug users' unique ability to access other drug users and convince them to change their behavior. Qualitative interviews with drug using peer educators indicate that many wished to reduce their drug use, and that engaging in HIV prevention outreach allowed them to use time that would otherwise be dedicated to obtaining and using drugs to do something positive to benefit their communities (Dickson-Gomez 2003; Dickson-Gomez, Weeks et al. 2006). The maxim common in 12-step programs to avoid "people, places and things" was viewed as nearly impossible to achieve for drug users who reside in inner-city, drug infested neighborhoods.

Until recently, harm reduction and drug treatment philosophies were seen as diametrically opposed (Peterson, Mitchell et al. 2006). Harm reduction approaches while acknowledging the significant harms caused by drug addiction, recognize that not everyone is ready to quit using drugs. The aim of those in harm reduction, therefore, is to reduce the harms associated with drug use, such as becoming infected with HIV, or other blood-borne or sexually transmitted diseases. Opiate replacement therapy was initially conceptualized as a long term solution to opiate dependence and as such, is not at all contradictory to the goals of harm reduction. However, many methadone programs insist on abstinence from heroin and other drugs such as cocaine. In contrast, low-threshold methadone maintenance programs allow drug users to remain in treatment without enforcing abstinence-based policies. Reducing or eliminating drug use through opiate replacement therapy has been shown to reduce drug users' injection risks without any additional HIV prevention intervention (Kwiatkowski and Booth 2001; Gowing, Farrell et al. 2006; Schroeder, Epstein et al. 2006). More recent programs that combine low threshold methadone maintenance treatment combined with HIV prevention interventions have shown further injection and sexual risk reductions among those users who continue to use non-injection and injection drugs (Millson, Challacombe et al. 2007). Less research has studied the effects of other drug treatment modalities on reductions in HIV risk, or on the effectiveness of HIV prevention integrated into these treatment modalities (Sorenson and Copeland 2000). A tolerance of harm reduction in drug treatment may encourage those in recovery to be honest with counselors, who can then assist them with relapse. At the same time, keeping drug users engaged in treatment can reduce the harms associated with substance abuse.

Myth 4

Drug users can not organize themselves politically for their rights because they are too disenfranchised. While laws criminalizing drug use and disenfranchising drug users have negative impacts on drug users' health, for example increasing their risk of contracting HIV (Blankenship and Koester 2002; Aidala, Cross et al. 2005), drug users' can act to advocate for their rights. Much research has shown that laws and policies that restrict access to sterile injection equipment such as laws banning, limiting or legalizing pharmacy sales of syringes, or laws banning funding for syringe exchange programs increase injection drug users' risk of using contaminated needles and contracting HIV (Koester and Hoffler 1994; Normand, Vlahov et al. 1995; Page 1997; Singer 1997; Rich 1998; Heimer 2002; Reich 2002). More recently, research has shown that drug users lack of access to stable housing, employment and welfare benefits also contribute to their risk behavior (Aidala, Cross et al. 2005; Aidala, Lee et al. 2006; Margolis, MacGowan et al. 2006; Dickson-Gomez, Hilario et al. 2009). Policies limit drug users' access to these including in the U.S. federal "One Strike and You're Out" law (P.L. 104-120, Sec.9), passed in 1996, allows federal housing authorities to consider drug and alcohol abuse and convictions by people and their family members when making decisions to evict them from or deny access to federally subsidized housing, and the criminalization of drug use which further limits drug users' with criminal convictions access to free-market rental housing and employment (Dickson-Gomez, Convey et al. 2007; Dickson-Gomez, Convey et al. 2008).

In response, drug users formed drug user organizations in many European countries, Canada and Australia (Australian Injecting & Illicit Drug Users' League 2005; van Dam 2008). Drug user organizations in many countries were the first to organize needle exchange programs (Byrne 2000; Buchanan, Shaw et al. 2003; Zibbell 2003), and overdose prevention and safe injection sites (Andresen and Boyde 2009). Drug users from different countries have united briefly in international drug user networks, such as the European Interest Group of Drug Users (EIGDU) (van Dam 2008).

International collaboration among drug user organizations has been difficult to sustain in part because of the different situations in each country. In many countries, there has been a political backlash against drug users' attempts to organize themselves to advocate for their rights, due in part to the continued view of drug abuse as a moral failure of individuals who use drugs. Australia, one of the countries in which drug users have had the most success in obtaining federal funding for their programs, many politicians and external organizations still resist drug users' attempts to organize (Australian Injecting & Illicit Drug Users' League 2005). As Brian Watters, chair of the ANCD stated, "I am particularly upset by the government funding (nearly half a million dollars) that flows to drug users' groups. The money was meant to assist in disease prevention and help prevent the spread of HIV/AIDS, but it is now being misused to promote a political agenda designed to achieve the legalization of drugs (2004)." The United States, in particular, has had a very uneven road in establishing more rational drug policies in response to drug users' demands and public health needs (Buchanan, Shaw et al. 2003). The United States continues a federal ban on funding of needle exchange programs, leaving it to each state and sometimes each municipality to decide whether to fund needle exchange programs, tolerate them, or make them illegal (Zibbell 2003). These restrictions come in spite of a wealth of evidence that syringe exchange programs are effective in reducing HIV and do not encourage drug use (Singer 1997; Wood, Kerr et al. 2003). Harm reduction has been even more difficult to implement in some developing countries because of politicians' reluctance to embrace a philosophy seen as tolerant of drug use (Hammett, Des Jarlais et al. 2007; Hammett, Wu et al. 2008).

In spite of these backlashes, political change has occurred, and drug user organizations continue to exist. In many countries, like the U.S., change in drug policies has often required advocacy from multiple sectors including researchers, friends and family of drug users, and other champions. Researchers can play an important role in drug users' continued efforts as change agents, by providing evidence that drug users can act on their own and others' behalf, and providing evidence of the cost-benefits and cost-effectiveness of policy changes that will reduce HIV and other disease risks of active drug users. It is time for public policy to support, rather than impede drug users' efforts to change their lives for the better.

References

- Daily Telegraph. Melbourne: 2004. Piers Perspective—Today: Brian Watters—Hard Line on Drugs is a Labour of Love.
- Aidala A, Cross JE, et al. Housing status and HIV risk behaviors: Implications for prevention and policy. *AIDS and Behavior*. 2005; 9(3):251–265. [PubMed: 16088369]

- Aidala A, Lee G, et al. Sexual behaviors and sexual risk in a prospective cohort of HIV-positive men and women in New York City, 1994–2002: Implications for prevention. *AIDS Education and Prevention*. 2006; 18(1):12–32. [PubMed: 16539573]
- Andresen MA, Boyde N. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy*. 2009 Epub ahead of print.
- Australian Injecting & Illicit Drug Users' League. Policy Position: Drug User Organizations. 2005 Volume, DOI.
- Bandura, A. Social cognitive theory and exercise of control over HIV infection. In: DiClemente, R.; Peterson, J., editors. *Preventing AIDS: theories and methods of behavioral interventions*. New York: Plenum Press; 1994.
- Blankenship KM, Koester S. Criminal law, policing policy, and HIV risk in female street sex workers and injection drug users. *Journal of Law Medicine & Ethics*. 2002; 30(4):548–561.
- Booth R, Watters JK. How effective are risk-reduction interventions targeting injecting drug users? *AIDS*. 1994; 8:1515–1524. [PubMed: 7848588]
- Broadhead R, Heckathorn DD, et al. Drug users versus outreach workers in combating AIDS: Preliminary results of a peer-driven intervention. *Journal of Drug Issues*. 1995; 25(3):531–564.
- Buchanan D, Shaw S, et al. Empirical science meets moral panic: an analysis of the politics of needle exchange. *J Publ Health Policy*. 2003; 24(3–4):427–444.
- Byrne J. Done to, done over, doing it for ourselves. *Black poppy: a drug users health and lifestyle website*. 2000 Volume, DOI.
- Catania JA, Kegeles SM, et al. Towards an understanding of risk behavior: an AIDS risk reduction model (ARRM). *Health Education Quarterly*. 1990; 17:53–52. [PubMed: 2318652]
- desJarlais D, Hammett TM, et al. Opiate agonist maintenance treatment for injecting drug user peer educators. *Addiction*. 2004; 99:1351–1358. [PubMed: 15369574]
- Dickson-Gomez J. Values and Identity: the meaning of work for injection drug users involved in volunteer HIV prevention outreach. *Substance Use & Misuse*. 2003 Forthcoming.
- Dickson-Gomez J, Bodnar G, et al. Crack use sites and HIV in El Salvador. *Journal of Drug Issues*. 2007; 37(2):445–476.
- Dickson-Gomez J, Bodnar G, et al. The paths from childhood sexual abuse to later HIV risk among high risk women in San Salvador, El Salvador: A qualitative analysis. *Medical Anthropology Quarterly*. 2006; 20(4):245–74.
- Dickson-Gomez J, Convey M, et al. Unofficial policy: access to housing information and services among homeless drug users in Hartford, Connecticut. *Substance Abuse Treatment, Prevention and Policy*. 2007; 2(8)
- Dickson-Gomez J, Convey M, et al. Structural and personal factors related to access to housing and housing stability among urban drug users in Hartford, Connecticut. *Contemp Drug Problems*. 2008; 35(1):115–152.
- Dickson-Gomez J, Hilario H, et al. The relationship between housing status and HIV risk among active drug users: a qualitative analysis. *Substance Use & Misuse*. 2009; 44(2):253–281. [PubMed: 19142824]
- Dickson-Gomez J, Weeks M, et al. Times and places: process evaluation of a peer-led HIV prevention intervention. *Substance Use & Misuse*. 2006; 41(5):669–690. [PubMed: 16603454]
- Dickson-Gomez J, Weeks M, et al. Reciprocity and exploitation: social dynamics in private drug use sites. *Journal of Drug Issues*. 2004; 34(4):913–932.
- Dushay RA, Singer M, et al. Lowering HIV risk among ethnic minority drug users: comparing culturally targeted intervention to a standard intervention. *American Journal of Drug and Alcohol Abuse*. 2001; 27(501–24)
- Falck R, Siegal H, et al. Usefulness of the health belief model in predicting HIV needle risk practices among injection drug users. *AIDS Education and Prevention*. 1995; 7(6):523–33. [PubMed: 8924349]
- Fishbein M, Hennessy M, et al. Using intervention theory to model factors influencing behavior change. *Project RESPECT. Evaluation & the Health Professions*. 2001; 24:363–84. [PubMed: 11817197]

- Friedman S, Neaigus A, et al. Networks and HIV risk: an introduction to social network analysis for harm reductionists. *International Journal of Drug Policy*. 1998; 9(6):461–469.
- Gowing LR, Farrell M, et al. Brief report: Methadone treatment of injecting opioid users for prevention of HIV injection. *J Gen Intern Med*. 2006; 21(2):193–5. [PubMed: 16336624]
- Hammett TM, Des Jarlais DC, et al. HIV prevention for injection drug users in China and Vietnam: policy and research considerations. *Glob Public Health*. 2007; 2(2):125–39. [PubMed: 19280395]
- Hammett TM, Wu A, et al. “Social evils” and harm reduction: the evolving policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam. *Addiction*. 2008; 103(1):137–45. [PubMed: 18028519]
- Heimer R, Clair S, Teng W, Grau LE, Khoshnood K, Singer M. Effects of increasing syringe availability on syringe-exchange use and HIV risk: Connecticut, 1990–2001. *J Urban Health*. 2002; 79(4):556–70. [PubMed: 12468675]
- Kelly J, St Lawrence J, et al. Psychological factors that predict AIDS high-risk versus AIDS precautionary behavior. *Journal of Consulting & Clinical Psychology*. 1990; 58:117–20. [PubMed: 2319044]
- Koester SK, Hoffer L. “Indirect sharing”: Additional HIV risks associated with drug injection. *AIDS & Public Policy*. 1994; 9(2):100–105.
- Kwiatkowski CF, Booth R. Methadone maintenance as HIV risk reduction with street recruited injecting drug users. *J Acquir Immune Defic Syndr*. 2001; 28:308. [PubMed: 11694844]
- Latkin C. Outreach in Natural Settings: The use of peer leaders for HIV prevention among injecting drug users’ networks. *Public Health Reports*. 1998; 113:151–159. [PubMed: 9722820]
- Latkin C, Donnell D, et al. The efficacy of a network intervention to reduce HIV risk behaviors among drug users and risk partners in Chiang Mai, Thailand and Philadelphia, USA. *Social Science & Medicine*. 2009; 68(4):740–8. [PubMed: 19070413]
- Latkin C, Sherman S, et al. HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology*. 2003; 22(4):332–339. [PubMed: 12940388]
- Longshore D, Stein JA, et al. Psychosocial antecedents of needle/syringe disinfection by drug users: a theory-based prospective analysis. *AIDS Education and Prevention*. 1997; 9(5):442–59. [PubMed: 9391659]
- Margolis AD, MacGowan RJ, et al. Unprotected sex with multiple partners: Implications for HIV prevention among young men with a history of incarceration. *Sexually Transmitted Diseases*. 2006; 33(3):175–180. [PubMed: 16505732]
- Millson P, Challacombe L, et al. Reduction in injection-related HIV risk after 6 months in a low-threshold methadone treatment program. *AIDS Education and Prevention*. 2007; 19(2):124–36. [PubMed: 17411415]
- Normand, J.; Vlahov, D., et al. *Preventing HIV transmission: The role of sterile needles and bleach*. Washington, DC: National Academy Press; 1995.
- Page, JB. *Needle/syringe availability and the anthropological view: What studies have taught us and where we need to go*. Baltimore, MD: 1997.
- Peterson J, Mitchell SG, et al. Getting clean and harm reduction: adversarial or complementary issues for injection drug users. *Cad Saude Publica*. 2006; 22(4):733–40. [PubMed: 16612427]
- Reich W, Compton WM, Horton JC, Cottler LB, Cunningham-Williams RM, Booth R, Singer M, Leukefeld C, Fink J, Stopka TJ, Corsi KF, Tindall MS. Injection drug users report good access to pharmacy sale of syringes. *J Am Pharm Assoc*. 2002; 42(6 Suppl 2):S68–72.
- Rich JD, Dickinson BP, Case P, et al. Strict syringe laws in Rhode Island are associated with high rates of re-using syringes and HIV risks among IDUs. *Journal of Acquired Immune Deficiency Syndrome Human Retrovirol*. 1998; 18(Suppl 1):S140.
- Rothenberg R, Baldwin J, et al. The Risk Environment for HIV Transmission: Results from the Atlanta and Flagstaff Network Studies. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 2001; 78(3):419–432. [PubMed: 11564846]
- Schroeder JR, Epstein DH, et al. Changes in HIV risk behaviors among patients receiving combined pharmacological and behavioral interventions for heroin and cocaine dependence. *Addict Behav*. 2006; 31(5):868–79. [PubMed: 16085366]

- Sherman S, Sutcliffe C, et al. Evaluation of a peer network intervention trial among young methamphetamine users in Chiang Mai, Thailand. *Social Science & Medicine*. 2009; 68(1):69–79. [PubMed: 18986746]
- Singer M. Needle exchange and AIDS prevention: Contraversies, policies, and research. *Med Anthropol*. 1997; 18(1):1–12. [PubMed: 9458665]
- Sorenson JL, Copeland AL. Drug abuse treatment as an HIV prevention strategy: a review. *Drug and Alcohol Dependence*. 2000; 59(1):17–31. [PubMed: 10706972]
- Sorenson JL, London J, et al. Psychoeducational group approach: HIV risk reduction in drug users. *AIDS Education and Prevention*. 1994; 6(2):95–112. [PubMed: 8018443]
- Trotter, R.; Bowen, AM., et al. Network models for HIV outreach and prevention programs. In: Needle, RH.; Coyle, SL.; Genser, SG.; Trotter, R., editors. *Social networks, drug abuse, and HIV transmission*. Vol. 151. Washington DC: National Institute on Drug Abuse; 1995. p. 144-180. NIDA Research Monograph
- van Dam, T. Users unite: A brief overview about the drug user movement. In: Broring, G.; Schatz, E., editors. *Empowerment and Self-organisation of drug users*. Amsterdam: Foundation Regenboog AMOC; 2008.
- Weeks M, Li J, et al. Outcomes of a peer HIV prevention program with injection drug and crack users: The risk avoidance partnership. *Substance Use and Misuse*. 2009; 44(2):139–62. [PubMed: 19142817]
- Wood E, Kerr T, et al. An external evaluation of a peer-run “unsanctioned” syringe exchange program. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 2003; 80(3):455–64. [PubMed: 12930883]
- Zibbell J. Brief History of Needle Exchange in the US/. 2003 Volume, DOI.