WHAT GOES AROUND

HOW PEERS USE THEIR SOCIAL NETWORKS TO SHARE STBBI EDUCATION AND INFORMATION

ACKNOWLEDGMENTS:

Research Funded by: Canadian Institutes of Health Research

Research conducted by: The 595 & 595 Peer Working Group

The CIHR committee:

Shohan Illsley
EXECUTIVE DIRECTOR, THE 595

Dr. Javier Mignone
FACULTY OF HUMAN ECOLOGY, UNIVERSITY OF MANITOBA

Dr. John Wylie
FACULTY OF MEDICINE, UNIVERSITY OF MANITOBA

Paula Migliardi
FACULTY OF HUMAN ECOLOGY, UNIVERSITY OF MANITOBA

Chelsea Jalloh
RESEARCH COORDINATOR, THE 595

Debbie Stewart
PEER RESEARCHER, THE 595

Ethan West
PEER RESEARCHER, THE 595

THE 595 PREVENTION TEAM

THE 595 PREVENTION TEAM INC.

The 595 Prevention Team (The 595) is a network of over 100 member organizations interested in addressing the determinants of health and preventing the transmission of sexually transmitted infections and blood borne infections (STBBIs), primarily HIV and Hepatitis C (HCV), in Manitoba. The mandate of The 595 is to work with peers, network members, policy makers, and community leaders to make recommendations regarding the development, implementation, and evaluation of STBBI prevention initiatives based on evidence and best practice with priority populations. The 595 has five strategic priorities that guide their work:

1. Welcoming peer input and meaningful peer involvement.
2. Increasing the promotion and education of resources rooted in principles of harm reduction for peers and professionals in Manitoba.
3. Increasing access to services, materials, and resources to those in need.
4. Broadly integrating the philosophy of evidence based practice in STBBIs.
5. Marketing The 595 Prevention Team. [1]

THE 595 PEER WORKING GROUP (595PWG)

A Peer is an individual who self-identifies as a member of a community affected by HIV and/or HCV, and is working to reduce the transmission of STBBIs. The 595PWG is a task group made up of 20 Peers. This group gives Peers an opportunity to discuss ideas around harm reduction and inform the programs that provide their services. The 595PWG believes that employing a harm reduction approach is the best way to support underserved populations and reduce STBBIs in Manitoba.

"HARM REDUCTION IS A SET OF STRA ENCOURAGE PEOPLE TO REDUCE HA COMMUNITIES.... IT RECOGNIZES THE TO PROTECT THEMSELVES, THEIR LO

DEFINITION OF HARM REDUCTION

Health Canada defines harm reduction as, "a set of strategies and tactics that encourage people to reduce harm to themselves and their communities, through the sharing of relevant information, facts and practical material tools, that will allow them to make informed and educated decisions. It recognizes the competency of their efforts to protect themselves, their loved ones and their communities."[2]

Some common examples of harm reduction are:

- Using the buddy system when you go to a party
- Getting tested for STBBIs
- Having a designated driver
- Choosing not to use drugs and alcohol together
- The use of safer sex & safer drug use supplies (e.g. condoms & new needles)

SOURCES OF SAFER DRUG USE & SAFER SEX INFORMATION

INFORMATION DELIVERED BY PROFESSIONALS

Nurses, doctors, health service providers, teachers, social workers, youth services[7]

Pamphlets, public campaigns, needle and syringe programs, drug treatment venues

INFORMATION DELIVERED BY PEERS

Friends, acquaintances, family members, party friends, partners, spouse, classmates, dealers[7]

FORMAL
- Structured criteria for peer recruitment
- Intensive Training
- Quality checks for information dissemination
- Ongoing support of peer leaders during information delivery

INFORMAL
- Limited peer selection & recruitment criteria
- Basic or no training
- Limited or no supervision for information dissemination[8]

THIS IS WHAT "THEY" SAY

Research has found the peer group is the natural source of information, particularly for individuals that inject drugs.[7]

Existing research indicates that peer delivery of information is an effective approach to engage, educate, and treat the most entrenched individuals.[9 10 11 12 13 14]

To date, most research that discusses peer-based information sharing involves information about formal approaches of sharing.

Trealoar et al. completed a study in Australia (2005)[7]. The results of this study, in addition to previous local research, influenced and informed the Community Based Research Project (CBR) "What Goes Around". These are some of the key findings from Trealoar & colleagues' study:

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VED ONES AND THEIR COMMUNITIES."

The most common formal sources of information about HCV and safer injecting practices:

- Pamphlets (64%)
- Needle syringe programs (63%)
- Doctors or nurses (34%)

The most common informal sources of information about HCV and safer injecting practices:

- Friends (47%)
- Acquaintances (21%)
- Partners (16%)
- Family (14%)
- Club buddies (11%)
- Dealers (8%)

89% of participants stated they used formal information sources in combination with informal sources.

10% stated they relied *exclusively* on informal sources of information.

Trealoar et al.[7] went on to look at the process of information exchange in more detail; they found that 55% of participants reported passing on information to others that inject drugs.

Interestingly, when the researchers controlled for smaller communities, the participants reported higher rates of passing on information.

The participants reported sharing information about the following topics with their peers:

- Needle disposal (48%)
- Needle syringe programs (46%)
- HCV (35%)
- HIV (30%)
- The law (25%)
- Hepatitis B (22%)

In addition to the above, other safer drug use information was passed on including risk of injecting into hands, adverse effects of drugs, information about filtering drugs, abscesses, and risk for addiction.

GUIDING PRINCIPLES

"A FUNDAMENTAL CHARACTERISTIC OF COMMUNITY-BASED RESEARCH AS DEFINED HERE IS THE EMPHASIS ON THE PARTICIPATION AND INFLUENCE OF NONACADEMIC RESEARCHERS IN THE PROCESS OF CREATING KNOWLEDGE."[15]

The overarching catalyst grant (funded by the CIHR) has four objectives:

1. Strengthen partnership between community members, community organizations, and the University of Manitoba. The goal is to develop a comprehensive model of working with community to conduct research that adheres to the principles of community based research.

2. Increase research capacity involving community members. Community members will be part of the research team, receive appropriate training and share their own expertise in matters of accessing the community, appropriate areas of inquiry, ethical concerns, and dissemination.

3. To conduct a pilot project that describes the processes in which peers share information, resources, and tools regarding STBBI prevention in their social networks.*

4. To develop a more comprehensive community based research proposal based on information gathered through the pilot.

*This research is the realization of objective 3.

THE COMMUNITY BASED RESEARCH PRINCIPLES THAT GUIDED THIS RESEARCH ARE AS FOLLOWS:

1. *It was participatory:* This model of community engagement ensured that the 595PWG members created, participated in, and had control over the direction of the research.

2. *It was cooperative, engaging community members and researchers in a joint process in which both contributed equally:* This model required negotiating with all stakeholders to develop consensus on research goals, objectives, and activities.

3. *It was a co-learning process:* This model allowed for a balance between academic and community relevance and all stakeholders involved gained new knowledge from one another.

4. *It involved systems development and local community capacity building:* This model recognized that community already has capacity and worked to build on their capacity. The 595PWG received training in research methods, ethics protocols, data analysis and interpretation, and dissemination.

5. *It was an empowering process though which participants increased control over their lives:* This model allowed for the 595PWG to take a lead in research that affects their everyday life. The results of this research include implications for programming at organizations that serve them.

6. *It achieved a balance between research and action:* This model engaged stakeholders in conducting research as well as disseminating the findings. It will allow for multiple dissemination tools to reach targeted audiences which may further influence action.

CONCLUSIONS FROM DIY DISTRIBUTION:

1. Peers are informally delivering safer drug use & safer sex information (finding supported by [7])

2. Peer driven interventions reach a larger and more diverse set of drug users (finding supported by [9 10 11 12 13 14]).

IMPLICATIONS FROM DIY DISTRIBUTION:

1. The 595PWG would like service providers to recognize them as natural helpers, and to utilize them more effectively to share safer drug use & safer sex information within their social networks (they have access to the most entrenched individuals).

2. The 595PWG would like service providers to acknowledge the Peers' investment in keeping their communities safe. This echoes the last line in the definition of harm reduction, the idea that, harm reduction "recognizes the competency of [people's] efforts to protect themselves, their loved ones and their communities."[2]

Based on these findings, a better understanding of how to capitalize on the informal spread of information could have significant implications on STBBIs in Manitoba. Drawing from the DYI Distribution project, the current CBR was developed.

THE 595PWG WOULD LIKE SERVICE PROVIDERS TO RECOGNIZE THEM AS NATURAL HELPERS, AND TO UTILIZE THEM MORE EFFECTIVELY TO SHARE SAFER DRUG USE & SAFER SEX INFORMATION WITHIN THEIR SOCIAL NETWORKS

"DIY DISTRIBUTION: PEER DIRECTED HARM REDUCTION SUPPLY DISTRIBUTION!" (2009-2010).
Previous Community Based Research Project

In 2009-2010, the 595PWG investigated the process of Peers creating and administering a harm reduction supply site. Four peer researchers were responsible for identifying training needs, designing a distribution site, and providing education and information for the 595PWG. However, other community members (outside of the 595PWG) also utilized the site. This suggests that the 595PWG were informing their social networks about the site.

PROJECT DESIGN

"I'M JUST ME.... I'M NOT RICH OR FAMOUS BUT I AM SOMEBODY, A HUMAN, AND MY LIFE COUNTS TOO." – 595 PEER

The guiding research questions were as follows:

1. Do the 595PWG members share safer sex and safer drug use information with their social networks?
2. What information is being shared?
3. Who is the information being shared with?
4. How do they share this information? Under what conditions is information shared?
5. Why do they share information?
6. Is there information that they are receiving that they do not share? What are the barriers to sharing some information?

Methodology:
Ethics approval for the study methodology and study instruments was obtained from the Joint-Faculty Research Ethics Board at the University of Manitoba.

17 FACE-TO-FACE INTERVIEWS (DEC 2012 - FEB 2013)

- Each participant was scheduled for an individual qualitative interview
- Each interview began with an informed consent process, and choosing an alias name at random
- Snacks, beverages, 2 bus tickets, and a $20 honorarium were provided

STRUCTURED QUESTIONNAIRE

- During the individual interview, each participant completed a brief quantitative questionnaire
- Collected information included gender identity, sexual identity, ethnicity, education, housing situation, income source, HIV/ HCV status, mental health, involvement in community organizations and sources of STBBI information

FOLLOW UP QUESTIONNAIRE

- To supplement existing data, a follow-up questionnaire was administered
- Collected information included: age and drug history (age of debut, current drug of choice, historical methods of drug use)

MEMBER CHECKS

- After the completion of the interviews and the questionnaires, the 595PWG was consulted on an ongoing basis. This included data interpretation, data & analysis clarification, and supplementary information

THE 595PWG DESCRIBES THEMSELVES

CHARACTERISTICS OF THE SAMPLE (N=17)

GENDER	
MALE	6
FEMALE	6
TRANSGENDER	4
PANGENDER	1

The four transgender Peers are transgender women (male-to-female).

ETHNICITY	
ABORIGINAL	12
CAUCASIAN	4
METIS	1

AGE	
30-39	1
40-49	9
50-59	5
60-69	1
NO RESPONSE	1

The mean age of the 595PWG is 46.6 years.

SEXUALITY	
HETEROSEXUAL	8
GAY	7
BISEXUAL	1
OTHER	1

Two transgender women identified as gay, one as heterosexual, and one as other. This is not uncommon; existing research suggests that sexual orientation varies and is not dependent on gender identity.[17]

HOUSING	
RENTING	16
SQUATTING	1

EDUCATION	
SOME HIGH SCHOOL	8
HIGH SCHOOL DIPLOMA	5
SOME POST SECONDARY	4

INCOME*	
SOCIAL ASSISTANCE	14
PART TIME	2
FULL TIME	1
PENSION	2
SEX WORK	3

*This will add up to larger than the sample size due to several Peers citing more than one source of income.

SELF-DISCLOSURE METHODS OF DRUG USE*	
INJECT	15
SNORT	14
SMOKE	12
SWALLOW	11
OTHER	2

All 17 Peers indicated drug or solvent use at some point in their lives.

All 17 Peers indicated that they have used alcohol.

• Data in this table will add up to larger than the sample size due to several Peers citing more than one method of drug use.

LIVING SITUATION	
ALONE	7
WITH ROOMMATE	5
WITH FAMILY	3
COMMON LAW	1
HOMELESS	1

If someone is on social assistance and is living common law or with a spouse, their benefits are combined and they receive less money. As a result, several Peers reported living with a "roommate".

Most of the Peers identified that, although they still struggle with addictions, HIV, HCV, and the social determinants of health, they have found some balance and stability.

SELF- IDENTIFIED HEALTH CONDITIONS	
HIV ONLY	6
HCV ONLY	2
CO-INFECTED WITH HIV & HCV	5
MENTAL HEALTH	4
NONE	5

This is not an exhaustive list of health conditions that the Peers face.

These are self-reported health conditions. Data may reflect diagnosis from a medical professional or a self-diagnosis. Data may not reflect the status of people who have not been tested.

12 of the Peers reported having at least one health condition. 5 of the Peers reported having none of the conditions. 2 of the Peers have been cured of HCV. One is categorized under "none" and the other is under "HIV only."

"BASED ON MY OWN EXPERIENCE, I WOULD HOPE THAT THE BEST JUDGE OF ANYONE'S CHARACTER IS THEMSELVES." – 595 PEER

SOURCES OF SAFER DRUG USE AND SAFER SEX INFORMATION

PROFESSIONAL SOURCES	DOCTORS / NURSES	16
	PAMPHLETS	16
	SAFER DRUG KITS	15
	STREET CONNECTIONS VAN	15
	COUNSELLOR/WORKER	14
	OUTREACH	14
	DRUG TREATMENT	10
	DISTRIBUTION SITE	9
	SCHOOL TEACHERS	2
	OTHER	2
PEER SOURCES	FRIENDS	15
	ACQUAINTANCES	14
	PEER GROUPS	14
	PARTNERS	11
	PARTY FRIENDS	10
	FAMILY MEMBERS	7
	CO-WORKERS	6
	DEALERS	3
	CLASSMATES	3
	OTHER	2

All 17 Peers identified at least one formal and one informal source of information.

GROUPS THAT THE 595PWG MEMBERS ARE ENGAGED IN

ANTI-VIOLENCE ADVISORY TEAM (MOUNT CARMEL CLINIC, SAGE HOUSE)	4
MOTHERING PROJECT (MOUNT CARMEL CLINIC)	1
CANADIAN ABORIGINAL AIDS NETWORK	4
NINE CIRCLES COMMUNITY HEALTH CENTRE	4
PEOPLE LIVING WITH HIV/AIDS CAUCUS	4
SUNSHINE HOUSE/ KALI SHIVA	3
CANADIAN AIDS TREATMENT INFORMATION EXCHANGE	2
KA NI KANICHIHK INC.	2
DREAMCATCHERS PROGRAM (KLINIC)	2
NEW DIRECTIONS, TRANSITION, EDUCATION & RESOURCE FOR FEMALES	2
SEX WORKERS ADDRESSING TREATMENT	2
TWO-SPIRITED PEOPLE OF MANITOBA INC.	2
CANADIAN AREA NETWORK OF DRUG USERS	1
GRANDMOTHER MOON LODGE	1
MANITOBA AREA NETWORK OF DRUG USERS	1
MANITOBA FIRST NATIONS AIDS WORKING GROUP	1
SEXUALLY EXPLOITED YOUTH COMMUNITY COALITION	1

13 Peers stated they are involved in at least one group other than the 595PWG.

4 Peers are only involved in the 595PWG.

Peers did not specify if these are groups they are currently or previously engaged with.

16 OF THE 17 PEERS INDICATED THEY ACTIVELY SHARE SAFER DRUG USE AND SAFER SEX INFORMATION WITHIN THEIR SOCIAL NETWORKS.

WHO THE 595 PWG MEMBERS SHARE *SAFER DRUG USE INFORMATION* WITH

FAMILY MEMBERS *TOTAL PEERS 13*	MY KIDS/GRANDKIDS	7
	NIECES / NEPHEWS	5
	SIBLINGS	4
	PARENTS	3
	GRANDPARENTS	1
	PARTNER/ SPOUSE	3
	FRIENDS	15
GERNERAL *TOTAL PEERS 13*	ANYBODY	12
	YOUTH	7
	SENIORS	4
	DEALERS	3
	SEX TRADE WORKERS	3
	SEX WORK CLIENTS	3
	MY DOCTOR / OTHER PROFESSIONALS	2

WHO THE 595 PWG MEMBERS SHARE *SAFER SEX INFORMATION* WITH

FAMILY MEMBERS *TOTAL PEERS 15*	MY KIDS/GRANDKIDS	8
	NIECES / NEPHEWS	6
	SIBLINGS	3
	PARENTS	5
	GRANDPARENTS	1
	PARTNER/ SPOUSE	4
	FRIENDS	10
GERNERAL *TOTAL PEERS 13*	ANYBODY	12
	YOUTH	6
	SENIORS	3
	DEALERS	1
	SEX TRADE WORKERS	8
	SEX WORK CLIENTS	4
	MY DOCTOR / OTHER PROFESSIONALS	2

Of the three individuals that said they shared SDU information with their dealer, all three identified involvement in sex work.

During member checking, Peers stated that individuals that are involved in sex work do have a mutually beneficial relationship with their dealers. As one former dealer described, "those girls are going to keep you safe out there. They will keep you informed so you are going to try to keep them happy because they also keep you safe." Existing research describes that there is "a clear interdependence between sex work and drugs."[18]

WHERE DO 595PWG MEMBERS SHARE SAFER DRUG USE AND SAFER SEX INFORMATION?

PARTIES	12
DURING DRUG USE	10
ANYWHERE	10
OTHER ORGANIZATIONS	10
HOME	10
CONFERENCES	4

HOW DO 595PWG MEMBERS SHARE SAFER DRUG USE AND SAFER SEX INFORMATION?

The majority of information sharing happens during conversation that just "comes up." This further suggests that sharing information is an organic part of their day.

- 8 Peers share information via peer-delivered workshops.
- 5 Peers use technology to share information, including phone, texting and Facebook.

DO 595PWG MEMBERS ADAPT SAFER DRUG USE AND SAFER SEX INFORMATION FOR THEIR AUDIENCE?

It appears there were two schools of thought about the adaptation of messages. The first group felt that it was best to give the information "straight" to everyone and not to adapt messaging or "water it down." The second group indicated that they did adapt information, (e.g. language and explicitness) for some groups (notably children and youth). Despite the two approaches, the thread that ties both groups together is that they are both trying to provide information in the best interest of who they are talking to.

Data in the included tables will add up to a larger amount than the sample size due to several Peers reporting answers in more than one category.

KEY MESSAGES FOR SAFER DRUG USE

ALL 17 PEERS IDENTIFIED SOME KEY MESSAGES OF SAFER DRUG USE AND SAFER SEX

KNOW YOUR DRUGS *TOTAL PEERS 17*	
WHAT THE DRUG(S) CAN DO TO YOU	14
KNOW YOUR LIMITS (OVERDOSE PREVENTION)	11
KNOW HOW TO USE YOUR DRUG(S) PROPERLY	10
KNOW HOW TO USE YOUR DRUG(S) WITH OTHER DRUGS	6

DRUG USE EQUIPMENT *TOTAL PEERS 16*	
KNOW THE RELATIONSHIP BETWEEN DRUG USE AND SEX	9
HAVE YOUR OWN EQUIPMENT	15
KNOW WHERE TO GET YOUR EQUIPMENT	15
DO NOT SHARE YOUR EQUIPMENT	14
KNOW HOW TO USE YOUR EQUIPMENT PROPERLY	11

STBBIS AND OTHER INFECTIONS *TOTAL PEERS 16*	
HIV/ HCV TRANSMISSION	16
OTHER INFECTIONS	9
TESTING	8
STI TRANSMISSION	5

DO NOT USE *TOTAL PEERS 15*	
DO NOT USE OR DO NOT USE RIGHT NOW	12
DO NOT USE A SPECIFIC DRUG	14
USE A HARM REDUCTION FORMULA	12

ACQUIRING YOUR DRUGS *TOTAL PEERS 11*	
KNOW YOUR DRUG DEALER	10
KNOW THE CONDITIONS UNDER WHICH YOU ARE PURCHASING YOUR DRUGS	6
MAINTAIN YOUR DRUG SUPPLY	6

KNOW WHO YOU ARE USING DRUGS WITH *TOTAL PEERS 9*	
KNOWING HOW DRUGS IMPACT THOSE YOU ARE USING WITH	7
WHERE AND WHO YOU ARE USING WITH	6
PROTECTING YOUR DRUGS	5

The majority of Peers identified some information within each overarching theme, however, none discussed all of the key messages.

Although Peers identified a key message they did not necessarily share that information with others.

Data in the above tables will add up to larger than the sample size due to several Peers sharing in more than key message.

THEME #1: KNOW YOUR DRUGS

HOW DID YOU LEARN HOW TO USE YOUR DRUGS?

"I had somebody do it for me and I just watched them… [I started injecting myself] maybe 6 months later. I mean I really wasn't into it but at the same time I didn't necessarily wanna wait for somebody to do their thing." – 595 Peer

"I only did it for about a year 'cause I couldn't find my veins… no I wasn't very good at it… I tried it all over, my legs, my arms and I had bruises so I just said screw that, it's not for me." – 595 Peer

"I got sick of paying people to shoot me up. So I bought a whole bunch of valiums and I taught myself how to shoot up." – 595 Peer

HAVE YOU EVER INJECTED OTHERS OR TAUGHT OTHERS TO INJECT PROPERLY?

"People have asked me to hit them but I don't want that responsibility of missing or even poking people… I'm not big on promoting drugs." – 595 Peer

"I could just sit there and not have to go out and work and people would come in and I would get hooked up just for fixing them." – 595 Peer

THEME #2: DRUG USE EQUIPMENT

HAVE YOUR OWN EQUIPMENT AND KNOW WHERE TO GET IT

Peers identified Nine Circles, Sage House, The 595, and Street Connections as places where they can obtain new equipment.

9 Peers discussed limited access to safer drug use equipment. This included:

1. Access is always changing (hours of access, limits of supplies).

"You know, people either want their supplies first thing in the morning when they pick up their medication or they want it late at night when things are closed." – 595 Peer

2. Organizations themselves may create a barrier: If the organization is affiliated with drug use or a particular health status, fear of stigma can create a barrier to accessing services.

"I had to go and actually help people because I realized that some people were too shy or too afraid. They didn't want to be seen 'cause these places would stand out. Same with when you come to Nine Circles. Everybody thinks that whoever comes through that door is AIDS." – 595 Peer

"I GOT SICK OF PAYING PEOPLE TO SHOOT ME UP. SO I BOUGHT A WHOLE BUNCH OF VALIUMS AND I TAUGHT MYSELF HOW TO SHOOT UP." – 595 PEER

PEER SUPPLY DISTRIBUTION

• Peers distribute many items to members of their social networks including pipes, injection drug use equipment, condoms, pamphlets, and newsletters.

• Peers consistently pick up extra equipment (even equipment they do not use) for their friends and family.

"I even would go get [supplies] for them 'cause some of them are just way too embarrassed and it's like 'I'll scratch yours and you'll scratch mine. Go get me these and I'll get you high.'" – 595 Peer

• 2 Peers collect used needles and arrange for proper disposal of them.

• Patterns of distribution may change for people if they stop using drugs. For example, 1 Peer shared that because she no longer uses crack she does not distribute crack pipes anymore.

DO NOT SHARE YOUR EQUIPMENT

• 14 Peers discussed the importance of not sharing your drug equipment; multiple Peers expressed that this is "common knowledge".

"More and more people nowadays aren't into sharing equipment compared to… when I first started using in the 70's. A lot of things have changed when it comes to drug users now." – 595 Peer

"Obviously don't share any drug paraphernalia whatsoever, not even water." – 595 Peer *

The use of "obviously" in this quote raises a number of questions. Is this considered "obvious" because more information is out there? Is it because the longer you are in the drug scene the more information you and your social network receive (and, if so, would it be different among newer injection drug users)?

THEME #3: STBBI AND OTHER INFECTIONS

TESTING

• Several Peers identified barriers to sharing testing information, including the sensitive nature of the topic, fear of having to disclose your own status, and fear of receiving a negative response from others.

"I would never tell them that you should go get tested because some people get really offended by that… Because you're stereotyping them… Like 'Why would I?' You know, it's always defensive." – 595 Peer

MISINFORMATION ABOUT HIV/ HCV TRANSMISSION

• During the interviews, 6 Peers stated incorrect information about HIV or HCV including routes of transmission.

• Of these 6 Peers, 3 are positive with HIV or HCV (1 is HIV positive, 1 was co-infected and is now cured of HCV, 1 is cured of HCV).

• In addition, 8 Peers expressed that the general public is misinformed about transmission risks related HIV or HCV.

"HIV is still a gay disease to some people." – 595 Peer

"They still think you can get [HIV] from drinking from a cup… from just kissing somebody." – 595 Peer

"I got three appointments the whole day, but I'm not allowed to go in the medical van because kids are there and elders are there." – 595 Peer (HIV positive)

THEME #4: DO NOT USE DRUGS

USE A HARM REDUCTION FORMULA

• The 595PWG defines a harm reduction formula as a formula that individuals can use to reduce the use of more harmful drugs or drug related activities. Each Peer develops their own harm reduction formula based on their own experiences. The formula may include using a less harmful drug instead of a more harmful drug/ drug of choice or, in some cases, not using at all.

• Many Peers identified use of marijuana as a harm reduction formula (instead of using a different, potentially more harmful, drug such as crack).

• 1 Peer described modifying her method of drug use; smoking crack instead of injecting it.

THEME #5: HOW TO ACQUIRE YOUR DRUGS

MAINTAIN YOUR DRUG SUPPLY

"Whatever drug a person's using they should always stick to one dealer so that they know, you know, kinda what they're getting." – 595 Peer

"Don't carry what you don't need to. It is becoming more common for gangs to jump people for their prescriptions." – 595 Peer

"I don't tell anybody what [prescriptions] I get because if they found out what I get people would be knocking on my door all the time and calling me and asking me. I don't go pick up my whole prescription. I just get what I need for that one day so I have to go to the pharmacy everyday." - 595 Peer

THEME #6: KNOW WHO YOU ARE USING DRUGS WITH

KNOW HOW DRUGS IMPACT THOSE YOU ARE USING WITH

"I remember talking to this guy saying 'Let's go get high, maybe you'll feel better'... So we went and got high and this dude just wanted to kill himself, jump out the window and I'm like 'Dude, just sit down!' I felt so fucking bad 'cause I thought it would calm him down but it made him worse." – 595 Peer

• Several Peers spoke specifically about avoiding using drugs with new drug users ("newbies") since their reactions may be particularly unpredictable.

"I use by myself and I prefer it that way because there's no stress of other people, no worries of if somebody's new, I don't know their behavior and [you] kind of get embarrassing too for your behavior." – 595 Peer

• 6 Peers spoke about the need for a "safe place" to do drugs. This may include a well-known place (such as your home), control or familiarity with who is in the space, and often includes availability of a phone.

"Everything was there [at my house]. There's a phone there ...I'm not gonna run out and leave a guy lying on the floor... You've gotta depend on somebody who has a phone..." – 595 Peer

• Several Peers stated fear of prosecution is greater then the need to call for help.

"We were at my friend's place and we were up in the bathroom. [My boyfriend] fixed me, I went and walked away and then I turned around and looked at him and he was [shaking] and then he fell on the ground and he started flopping. Had [my friend] not been there he probably would have died 'cause I didn't know what the hell. My first thought was, 'Oh my god what are we going do with his body.' And then I called her up but she knew what to do because she was experienced already." – 595 Peer

KEY MESSAGES FOR SAFER SEX PRACTICES

ALL 17 PEERS IDENTIFIED SOME KEY MESSAGES OF SAFER DRUG USE AND SAFER SEX

USE A BARRIER *TOTAL PEERS 17*	CONDOMS	17
	OTHER BARRIERS	3
	HOW TO USE A CONDOM PROPERLY	7

HIV, STIS AND OTHER INFECTIONS *TOTAL PEERS 11*	HIV, STI	11
	OTHER INFECTIONS (HERPES...)	5
	SEX WORK IN RELATION TO TRANSMISSION	7
	TESTING	4

KNOW WHERE TO GET SAFER SEX SUPPLIES	10
KNOW YOUR SEX PARTNER	3
PREGNANCY	3

THEME #1: USE A BARRIER

"You can't tell by looking at someone if they have anything... It's like playing Russian Roulette: You only get one chance and one chance only. If you fuck that up, you're screwed." – 595 Peer

"Not everyone needs condoms... Not everyone needs to be safe if you know that your partner's already good... But then if you don't trust your partner a hundred percent then you should always use protection." – 595 Peer

"Condoms are not always one hundred percent effective... Even with herpes or crabs or anything of that nature. And there is really nothing you can do about it except abstain." – 595 Peer

Data in the above tables will add up to larger than the sample size due to several Peers sharing in more than key message.

OVERWHELMING
INFORMATION BE
ARE INVESTED IN
THEIR COMMUNIT

THEME #2:
HIV/STI AND OTHER INFECTIONS

• One of the topics that came up within this theme is the issue of Peers who are HIV positive disclosing their status to their sex partners. Some Peers do disclose to partners, while others implement strategies, such as condom use, in addition to or instead of sharing their status.

"[Disclosing my status] doesn't actually get easier as time goes by...It's always that moment, should I do it?... It's more so when interest has been shown... It's best to get that out of the way as soon as possible. I mean I really haven't had too many experiences that I felt uncomfortable not divulging ... You know, no one has ever said 'You're infected? Fuck.' I have never lost an opportunity... I can't see why somebody would react that way otherwise... That's the whole point to sharing it in the first place to kinda avoid that." – 595 Peer

"After learning my HIV status a lot of guys will say okay as long as we're using a condom... But I wonder if it's different for women." – 595 Peer

"I don't tell 'em what I have. I always tell 'em 'Well, you know, I'm gonna use a rubber'... And let's just say that neither one of us has to divulge any information to the other. 'Cause you're not my girlfriend, you're not nothing."- 595 Peer

• 7 Peers identified the connection between sex work and safer sex. In particular, Peers highlighted that sex work clients will offer to pay more to engage in unprotected sex.

" You need to be using condoms. I don't care how much a john [sex work client] tells you he will give you to bareback [sex with no condom]. Don't do it, because you just don't know." – 595 Peer

LY, PEERS SHARE ECAUSE THEY CARING ABOUT TIES

WHY DO PEERS SHARE SAFER DRUG USE & SAFER SEX INFORMATION?

• Overwhelmingly, Peers share information because they are invested in caring about their communities.

"If I know something, and that could be anything that you don't know, I will tell you. It doesn't matter if it has to do with sex, drugs, playing a guitar. I will try to show you a better way, a safer way." – 595 Peer

• In addition to generally caring about their networks and communities, multiple Peers discussed wanting to prevent others from experiencing similar situations. This includes avoiding drug use and also, for those who are HIV and/or HCV positive, avoiding STBBI transmission.

"If I see somebody dropping a needle, like, you know, the same mistake I did, I tell them… 'Don't use it; it's not yours'… I wish I had somebody like me now to say don't do that… I didn't want anyone to have what I have." – 595 Peer

• One Peer discussed that sharing information is motivated by a desire to protect others, even people that they don't know personally.

"You know, for the first couple years after [my diagnosis] I was angry… I had this horrible thing that destroyed my life and destroyed my career and I did not want to see anybody else that I loved and cared about to have that. You know, and even people that I didn't know…I wouldn't wish this upon anybody." – 595 Peer

IMPACT OF STIGMA ON SHARING INFORMATION

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STIGMA OF USING DRUGS!

• The stigma associated with using drugs seems to be related to the drug being used, and the method of using it.

• Use of solvents appeared to be one of the substances associated with the most stigma. Throughout the interviews, solvent use was referred to with terms such as "gross", "dirty", "desperate", and "crazy."

• Injection drug use had more stigma associated with it than smoking drugs. Of course, method of drug use was connected the drug being used (e.g smoking crack has more stigma smoking weed).

• Multiple Peers described that they often share information with others about how to disguise or hide their drug use. This is largely related to trying to avoid the stigma of being labeled a "drug user".

• One Peer advises that if you are using drugs, you should make sure you're continuing to eat and keep up your physical appearance so that other people won't know you're doing drugs based on how you look, since it's "none of their business" anyway.

"I always tell people don't inject where it's obvious." – 595 Peer

"I had a place but I always made myself like I was homeless, I never went home… I was afraid because people were living there with me and they always preached to me 'You shouldn't [do drugs].' I didn't like that so I stayed away all the time, stayed on the streets, slept in the old buildings like sitting underneath where the warm part is there, sleep there with the dust all over me… I'd come out all dirty… I never changed or anything, I never cleaned myself. I was always dirty and nobody liked when I sat beside them because it smells you know, an old moldy person sitting beside you, it's not good." – 595 Peer

STIGMA OF BEING HIV OR HCV POSITIVE

• All participants, whether they were HIV or HCV positive or not, identified stigma associated with being positive with either of these illnesses.

• Stigma associated with health status can impact whether Peers share information or not; some Peers expressed that they may choose not to share information for fear of disclosing their status. Peers explained that this fear could be a fear of violence due to their positive status, in addition to a fear of judgment for being positive.

• Several Peers highlighted that the stigma associated with being HIV positive was far greater than that of being HCV positive.

STIGMA OF BEING INVOLVED IN SEX WORK

• Stigma associated with being involved in sex work can impact whether Peers share information and who they share with.

INTERNAL STIGMA: JUDGMENT OF OURSELVES

• Many of the Peers identified that this is possibly the hardest stigma to deal. This internal stigma can affect the way Peers feel about themselves in relation to their drug use, addictions, health status, gender identity, and involvement in sex work. This is often evident in the language Peers used to describe themselves or their actions.

USE OF SOLVENTS APPEARED TO BE ONE OF THE SUBSTANCES ASSOCIATED WITH THE MOST STIGMA. THROUGHOUT THE INTERVIEWS, SOLVENT USE WAS REFERRED TO WITH TERMS SUCH AS "GROSS", "DIRTY", "DESPERATE", AND "CRAZY."

• 1 Peer talked about being terrified when she was called back to her doctor's office. She said she was so scared he was going to tell her that she was HIV positive. Her response to finding out she had HCV, "learning it was Hep C wasn't so bad." Note that being sick with HCV was not as scary as acquiring HIV.

• 1 Peer disclosed that he had been diagnosed with both HIV and HCV but would only disclose to some of his friends and family that he had HCV; never that he also had HIV. Although he was cured of HCV, he continued to use his HCV status as the reason for his medical appointments. He was adamant that he did not want anyone knowing that he was HIV positive.

"I was 25 years old at the time when I was being stupid." – 595 Peer

"I know the way they look on the streets and that's the way I looked. I can't say nothing to them because that was me. I looked terrible." – 595 Peer

• The impact of internal stigma can affect how individuals share information, but can also affect how they live their lives and engage in other activities.

"I just don't have sex because I feel dirty, disgusting, and who am I to go out there and say, 'Hey how are you doing? come home with me.'" - 595 Peer who is HIV positive

CONDITIONS & BARRIERS IDENTIFIED

Although Peers share safer drug use and safer sex information within their social networks, many stated there are times when they choose not to share information.

"I just get a sixth sense of who I can share with and who I can't. So you have to kind of figure out if it would be a waste of time or a good thing."- 595 Peer

THE FOLLOWING ARE POTENTIAL INFORMATION SHARING BARRIERS THAT PEERS IDENTIFIED:

- You are too close or not close enough to the other person
- You are using a different drug than the other person
- You have never used the drug/method that others are using
- You are using a different method of drug use (e.g. you're smoking and they're injecting).
- You have changed or stopped your drug use
- You are observing and not using
- You are younger or older than the others
- You are at someone else's home (rather than your own)
- You see yourself as a less experienced user
- You "stabilize" in your drug use (people who have "stabilized" often don't use with others anymore; these experienced users have a wealth of information yet may no longer be in the settings to share with other people).
- You have a different sexual orientation than others

"I won't talk to [name's] friends because they're straight… I'm gay and me talking to a straight guy about gay sex or sex period, they just don't wanna hear it." – 595 Peer

- Your gender identify is different than others
- You are worried about the stigma of sharing information
- Changing or stopping drug use was one of the most significant barriers Peers discussed. This change often results in the person becoming ostracized from the group, either by the group pushing the Peer away, or the Peer not wanting to be around drugs while they are trying to quit

"I was the one that always had the place and people would come and crash, bring their drugs in and alcohol. So, that's probably why I don't really have friends now because I quit! Yeah, I got a new batch of friends." – 595 Peer

"But now they all say 'Oh don't try and act like you're good 'cause you're sober.' That's why I still go to the parities… I'm distant from them because they all think I'm this perfect person now… and then I'm not part of that circle anymore." – 595 Peer

"It's good to have different people from all walks of life to be giving this information… so there is someone for everyone to balance and hear from… 'cause everybody identifies themselves differently… they will pick up different things from different people." – 595 Peer

"WHAT GOES AROUND" PROJECT LIMITATIONS AND CONSIDERATIONS

1. In January (2013), 14 Peers participated in supply distribution training. This training involved information about supply distribution and key messages to deliver when individuals are accessing supplies. Following the training, 3 Peers completed their interviews. Attending training may have influenced the key messages that these Peers identified in the interview.

2. During research instrument development, it was decided that the questionnaires would not be coded (and so could not be tied to an individual participant). This decision was made because Peers were asked to disclose their health status on the questionnaire, and it was speculated that having an anonymous questionnaire may make Peers feel more comfortable sharing this personal information. However, once the interviews began, it was clear that the Peers were comfortable disclosing and discussing their status. During data analysis, it became evident that it would have been helpful to have had the questionnaires coded to connect the questionnaires to the interview data. If the study is replicated, it would be beneficial to explore the option of coding.

3. The 595PWG was asked to provide supplementary data on a follow-up questionnaire (not part of the original data collection plan). However, it was not clear to Peers why they were asked to complete an additional questionnaire. As a result, some questions were not answered. It is important to remember this is a sample that is suspicious of research and therefore each step of the research process must be transparent and well-explained up front.

4. One of the major limits to this study has to do with the small and identifiable participant sample. Based on the information that was shared during the interview, some Peers would be identifiable, particularly within their group. This resulted in some information being omitted from data analysis in order to protect Peer confidentiality.

FUTURE RESEARCH

EXPLORE HOW DRUG OF CHOICE AND METHOD OF DRUG USE IMPACT THE SHARING OF SAFER DRUG USE INFORMATION.

• Does your drug of choice impact whether you share information or not? What about method of drug use?

• Is there a hierarchy in relation to drugs and if so, how does that impact sharing information? For example, the Peer who described that she does not actively share information uses solvents – one of the most stigmatized substances. Does the fact that this Peer uses solvents play a role in why she does not actively share information? And, if so, how?

EXPLORE THE RELATIONSHIP BETWEEN SEX WORK AND SHARING SAFER DRUG USE AND SAFER SEX INFORMATION.

• The data in this study would suggest that individuals involved in sex work are more inclined to share information than individuals not involved in sex work. Most of the women engaged in sex work are not HIV or HCV positive yet they share information.

EXPLORE THE IMPACT OF SOCIAL MEDIA ON SHARING OF INFORMATION.

• It would be beneficial for research to explore how Facebook and other social media networks are changing the way in which individuals both share and receive information. With advancements in technology, you can now access social media sites at any time, including on your cell phone. Social networks allow you to have an unlimited amount of "friends", and have the potential to reach diverse groups of people.

POLICY AND PROGRAMMING IMPLICATIONS

INCREASE PEER TO PEER KNOWLEDGE SHARING OPPORTUNITIES THAT ARE MORE ORGANIC AND NATURAL WITHIN ORGANIZATIONS.

• Remove restrictions about engaging in conversation about drug-related topics (often due to fear of "triggering"). Peers are already talking! 10 Peers said they share information at other groups and organizations, such as Manitoba First Nations AIDS Working Group (MFNAWG), Sage House, Transition, Education and Resources for Females (TERF), West Broadway Community Centre, at the community drop in, and at their place of employment.

• Create spaces for Peers to teach others about how to use drugs safely.

• Implement a "drug friendly" environment in addition to promoting drug abstinence.

INCREASE ACCESS TO HARM REDUCTION SUPPLIES.

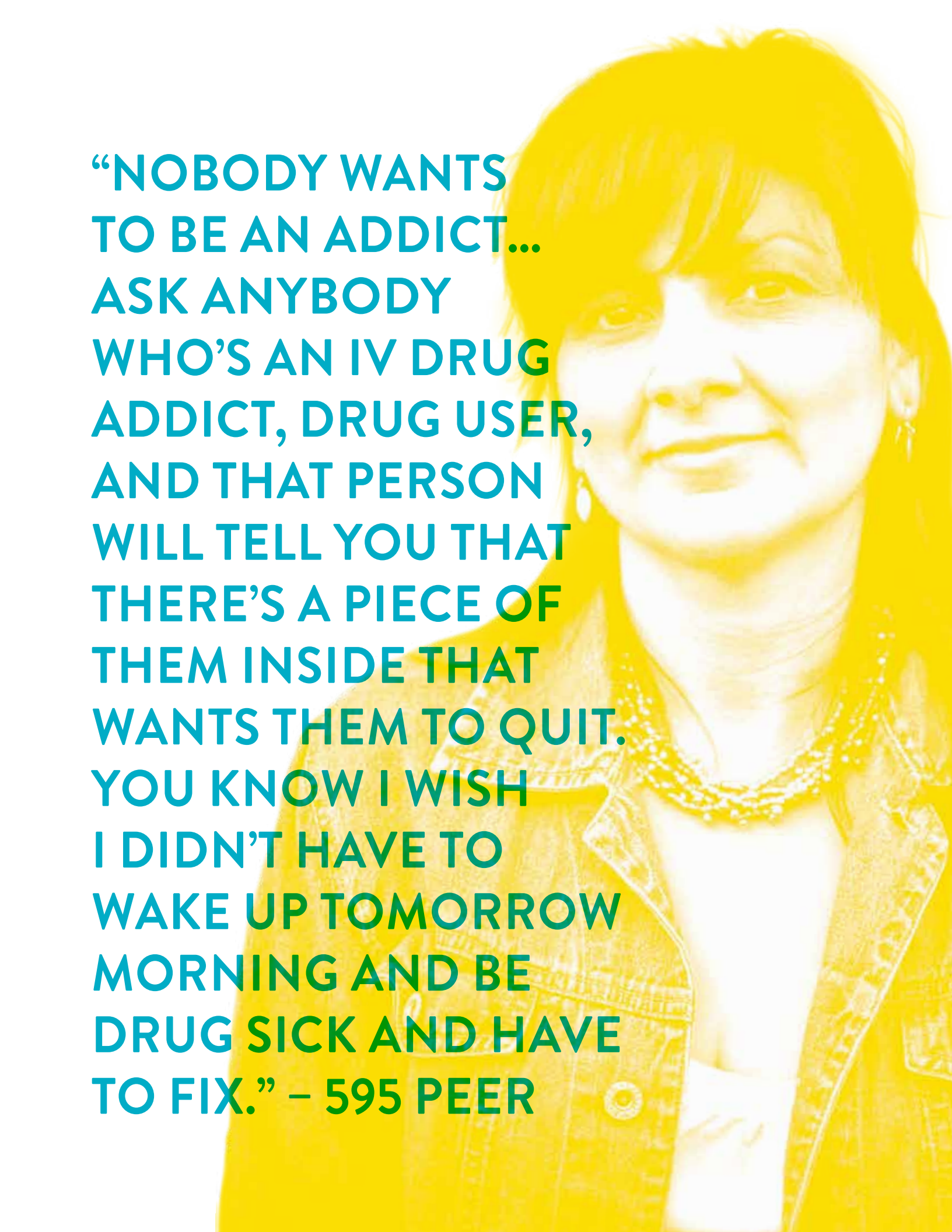
• Follow best practice guidelines on supply distribution. Limits can impede peer to peer distribution.

"Any needle user will tell you this, when you got your shit and there's no clean needle around you will grab any needle because that's how bad you want it… This one girl she was Hep C and she told me straight up 'No [name], I got Hep C.' I don't fucking care and I used it anyways." – 595 Peer

"When you're drug addicted you're going through withdrawal to be drug sick, you're taking a chance to catch HIV just to become not drug sick. Being drug sick on opiates, it's such a terrible terrible thing to go through… [Needles] were expensive and of course every penny went to drugs. I shared a fair amount of times." – 595 Peer

• Utilize natural helpers in supply distribution. Peers have access to a larger drug-using network than service providers. Peers are doing distribution already; let's utilize and support this strategy.

"[Organization] only allows one [crack pipe]. That's so stupid 'cause we would pick up for each other if they let us." – 595 Peer



"NOBODY WANTS TO BE AN ADDICT... ASK ANYBODY WHO'S AN IV DRUG ADDICT, DRUG USER, AND THAT PERSON WILL TELL YOU THAT THERE'S A PIECE OF THEM INSIDE THAT WANTS THEM TO QUIT. YOU KNOW I WISH I DIDN'T HAVE TO WAKE UP TOMORROW MORNING AND BE DRUG SICK AND HAVE TO FIX." – 595 PEER

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TO GET MORE INFORMATION
REGARDING THE PROJECT, PLEASE
EMAIL SHOHAN@THE595.CA

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