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Theme: **Latino IDUs: From Hope to Fear from Fear to Hope**

Speaker: Toby Le Roux,  
Program Coordinator for Project REACH  
Denver Public Health

### What is REACH?

Project REACH is a peer network involved in outreach to communities that include IDU (injection drug users) and their sex partners and people who exchange money or drugs for sex. The REACH project can be thought of as having a message and the messenger. The message is intended to promote a positive attitude about bleaching needles and condom use and a negative attitude about needle sharing. The messenger is a peer volunteer who delivers the message via bleach kits, condoms and information, and discusses the contents of the Bleach kits. Peer volunteers are trained regarding HIV/IDU information and interventions. The role of the peer volunteer is not to judge, instead it is to provide bleach kits and condoms as one step in a process of behavior change: to make bleach and clean needles part of the ritual of safe shooting. Overall, the REACH project is aimed at reducing high risk behavior among IDUs and their peers by increasing awareness about safe shooting.

### Theoretical Frame for REACH

REACH started as AIDS Community Demonstration Project (ACDP). The goal of the intervention was to promote consistent condom and bleach use among injection drug users, female sex partners of injection drug users, female commercial sex workers, at-risk youth, and non-gay-identified men who have sex with men. The ACDP intervention was based on the stages-of-change model, which recognizes that behavior change is a process and takes time. The intervention was also based on an integrated model of behavior change that provided a foundation for the intervention design and evaluation. The intervention had three key components:

Peer Volunteer Networks: Community members were mobilized to distribute and verbally reinforce prevention materials among their peers.

Role Model Stories: "Small media" materials were developed for distribution; these featured theory-based prevention messages drawn from the real-life experiences of community members.

Environmental Facilitation: Condoms and bleach kits were made readily available to community members.

### Planning Steps for the REACH Program

1. Recruitment
  - a. Community observation: Successful recruitment comes from observing the community.
  - b. Focus group: Project REACH is offered through Denver Health. Participants visualize a hospital instead of a program but, rather than focus on the hospital, we tell them about the program. It is important to make them feel they are a part of the program once they are given the description of REACH.
2. Retention: Stems from the recruitment
  - a. Incentives: Give t-shirts, jackets or gift certificates.
  - b. Community issues: Know about the IDU community and learn what IDUs are talking about and what they are missing in the community.
  - c. Give IDUs the benefit of the doubt.
  - d. Believe 50% of what is said. Assume that they are going to be there for the next meeting, they are not too far along in their road to recovery and it is important to believe that they are not here *only* for the incentives. Believe half of what IDUs say about the changes and behaviors that they will do. Be supportive of their good intentions.
  - e. Sense of humor: If you make them laugh, they are going to feel welcome. Some haven't laughed much since they became IDU.
3. Training
  - a. Bring in outside trainers because participants get tired of seeing the same person after a while. It is important to bring to the program new faces and new ideas.
  - b. Before an outreach worker is allowed on the street, there is a training that will teach workers about safety. They will learn how to dress appropriately, code words for emergencies, how to be more aware of your surroundings, and most importantly, always have two or more people together at all times.
4. Host support groups
  - a. Community: Host support groups in their communities, we want to make them feel comfortable.
  - b. Transportation: In the early stages of the program, we offered transportation and picked participants up. It is important to not be afraid to drive in their community. Now, Denver has the light rail system and we do offer bus tokens and train tokens so that they can get to the meetings.

- c. Reminders: Call participants after setting up the date for the next meeting and call two days before the meeting and the morning of the meeting. It is important to continue to follow up with them and know who needs to be called 13 times. Learn what it takes to get them there.
5. Develop Trust
    - a. Learn their needs
    - b. Express your program needs
    - c. Communication: Be open to both good and bad communication. These circumstances help support participants to step out of their environment and do activities other than what they would normally do. It is important to get them involved in their outreach activities.
  6. Supporting them to step out of their environment: Offering outreach activities and a speakers bureau will help. The speaker's bureau will help the participants speak to others about their addictions. REACH has put together a quick pocket size guide that has a referral list and quick facts that IDUs in Denver can utilize.
  7. Helping them to see that their lives are different when they are not under the influence of drugs.
    - a. Talk about the decisions that other IDUs make and what differences they see in those decisions. IDUs know what other IDUs are like and what they look like. They don't want other people to see themselves as a junkie.
    - b. Give them program responsibilities such as reporting at each session. For example, have some of the participants attend other IDU meetings and report back to the primary group.
    - c. Take pictures of clients, they rarely see pictures of themselves so allow them to see pictures.

## Basic Skills to Reach IDUs

1. Interpersonal skills
  - a. Treat IDUs as equals and set clear boundaries
  - b. Have adequate staff
  - c. Be respectful
  - d. Be willing to learn from IDUs
2. Strategies
  - a. Get to know the behaviors of IDUs
  - b. Make sure the focus is on IDUs and the issues surrounding IDUs
  - c. Make short term objectives that have attainable goals

## Training Tips

1. Make the training simple; if you are frustrated imagine how they must be feeling.
2. Provide homework to help the participants learn.

3. Ask the participants questions to get them involved.

### Issues and Challenges IDUs Experience

IDUs are treated differently, even though they may not be different. They face situations such as having no money on a daily basis, being evicted because they spent their money on drugs, and often they may have to find food. Some IDUs are faced with barriers with family members and are considered to be a disgrace to their family because they are addicts.

It is often difficult for IDUs to get jobs because of the way they look. Some IDUs do not look like the stereotype and you can not tell they are users. Today there are approximately 10,000 IDUs and 2,000 of them are in treatment. Where are the other 8,000 IDUs? They are the working professionals etc. It depends on how they look. What is seen on TV is the stereotypical version of an IDU.

### What Constitutes Success for REACH

What constitutes success for the REACH program is getting participants to really want to step out of their addiction. Once they have accomplished that, long term maintenance is important for their success and making them feel that they are the REACH program.

### IDU Latino Backgrounds

Project REACH participants in Denver are mainly Mexican American. The IDUs in Denver may have two or three other Latino ethnic backgrounds but different methods or approaches are not used.

### Skills that have made Toby successful in working with IDUs

1. Patience
2. Understanding what the participants' level of recovery is.
3. Growing up in same community
4. Knowing that there is only so much that can be done; the rest is up to the IDU.

### IDUs Values

Tony states, "One does not dream or wish to be an addict, one becomes an addict." Many IDUs became drug injectors after their adolescent years. They may think that they are only getting high and having a good time for several years. Living with users is different than living with an addict. An addict fits the stereotype of what you see on the television.

In Denver, the drug of choice that our participants use is heroin but Project REACH is starting to see methamphetamine users as well.

What would you say to a federal /state institution, CBO or politician about caring for this population?

In Denver, the current IDU funding was granted to three CBOs and nothing has been specifically designed for Latinos. I will be working with many IDU service providers and raising questions about the specific needs for Latinos and what can be done to reach all communities.

“I would tell them that even though there is chaos in the world, it’s still about human rights. There are great organizations that are doing so much with so little and the IDUs need more than one opportunity. I would then ask the representative to come and see what Project REACH is doing and show them what we could do with some good funding.”

To contact Toby LeRoux or would like more information about Project REACH, please email him at [tleroux@dhha.org](mailto:tleroux@dhha.org)

- Crystal Keefer