COMMENTARY

People Who Use Drugs as Agents of Change: Peer-to-Peer Education as a Force for Positive Change

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The history of social movements for justice, equality, and health has demonstrated time and again that the most effective means for bringing about positive behavior change within a community is by peer-to-peer education and example. The slogan of the International Network of People who Use Drugs (INPUD), “nothing about us without us,” is underlined by the studies reported in these two articles. The first article, the INSPIRE (Intervention for Seropositive Injectors—Research and Evaluation) study “was a randomized controlled trial of a 10-session peer-mentoring intervention, designed to assess the four primary outcomes of sexual risk, injection-related risk, use of HIV care, and adherence to HIV medications,” was reported on by Li et al. “Agents of Change Peer Mentorship as HIV Prevention among HIV-Positive Injection Drug Users.” Through qualitative analyses of 68 in-depth open-ended interviews conducted in 2005 in Baltimore, New York, Miami, and San Francisco, the study revealed that “these individuals conceptualized themselves as change agents through the identity of peer mentor at the three related domains of individual, interpersonal and community-level change.” The second article, “A Social Network Approach to Demonstrate the Diffusion and Change Process of Intervention from Peer Health Advocates to the Drug Using Community,” by Li et al. analyzed the findings of the “Risk Avoidance Partnership (RAP) in which we tracked network relationships and dynamics in the course of implementing an innovative peer intervention to measure efficacy of this program to change group behavior,” with a view to illustrating “the key processes of social change driven by drug users as community change agents within the networks of their peers.”

The Li et al.’s article opens with some critical remarks on the inadequacy of the randomized controlled trial (RCT), the current gold standard for both efficacy studies and clinical trials, noting that it “has limited value in evaluating efficacy of peer delivered interventions.” This is not least of all because the unit of analysis is not the isolated individual, but the enmeshed, complex network that is a community. That said Li et al. employed a social network approach to demonstrate the diffusion and change process of a network-based peer-delivered intervention model. The RAP aimed to examine, and indeed foster, “two types of behavior change (adoption of innovative peer intervention delivery and reduction of risk behaviors) among two types of participants (peer interventionists and their network members) at multiple levels (individual, network and community level), and the interaction among different levels.” This involved training people who use drugs as peer interventionists (known within the study as Peer Health Advocates) “to promote health activities at the individual level and group action around harm reduction at the network and community levels.”

The Mackenzie et al.’s study however was more focused on the individuals trained and their experience of diffusing their training with a view to seeing how they “experienced the effects of peer mentoring as a vehicle for change in their lives.” The training was designed to emphasize the “ability to non-judgmentally approach and communicate HIV prevention and care messages through informal, street-based discussions with other HIV-positive IDUs as well as other community members.” The article examines the qualitative data from interviews with the 68 participants in the peer-mentoring intervention to investigate “the experience of change for the peer mentor, as distinct from the quantitative study outcomes.”

While both articles examine a peer-delivered intervention in a community, it is worth mentioning that neither article clarifies the identity of those who trained the peer mentors. It is this reader’s suspicion that the training was carried out by professionals. This goes unmentioned in both articles, and I was left wondering why peers had not delivered the training. This would of course add an extra layer of analysis, but one that is perhaps worth exploring elsewhere. Within the social movement for the human and health rights of people who use drugs, emphasis is placed on the delivery of training peer to peer, so that members of that community are involved in, or
preferably fully run and deliver the training itself. Li et al. conclude by noting, “Training average active drug users to deliver network based peer intervention has great potential to change the context of risk in drug using communities. RAP demonstrated the great capacity of trained PHAs to reduce their own risk, but also to reduce risky behavior among their contacts, and thereby to alter the environment of risk within the broader network of drug users in the city.” Indeed. But similarly, people who use drugs are equally capable of delivering and devising the original training and intervention, for as both articles suggest, the greatest experts and authorities on the needs, problems, and desires of a given community are not outsiders, but members of that community.

The Mackenzie et al.’s article highlighted five themes arising from the in-depth interviews with the trained peer mentors: “(1) construction of the peer mentoring identity; (2) individual change; (3) interpersonal or relationship change; (4) community change; and (5) challenges with the peer mentoring identity.” The first of the five explicitly acknowledged the importance of what Foucault would call minor or subjugated knowledge and its difference from erudite or major knowledge that is inexorably connected to, generates, and perpetuates power. As the authors put it, “Many discussed the importance of life – versus book – knowledge, alongside the lack of social value attributed to this form of knowledge. ‘Living the experience’ became the central tenet of peer mentoring.” Crucially concomitant on this was the claim that in a climate of overwhelming stigmatization of people who used drugs, the trained peer mentor became a trusted source of knowledge. Implicit in this, and recognized by the authors, is the inherence in peer mentoring of a call to change. What kind of change is not specified, but I would suspect that this change is toward becoming a critical, engaged, self-conscious member of a community, actively working for social change rather than remaining a passive, disengaged subject. This is backed up by Li et al. who remark that “The act of social engagement itself is theorized as generating long-term change in both the providers of peer intervention and those to whom providers repeatedly deliver the peer intervention.” As such the Li et al.’s study is based on Diffusion of Innovation Theory, a model closely related to the knowledge diffusion practice of snowballing whereby information, for example, an innovative peer-led harm reduction innovation, is cascaded out through a community’s networks by individuals. Each contact then further diffusing the intervention through his/her contacts. According to Li et al., “Diffusion theory assumes that the diffusion of innovation process starts with a few early innovators, and then diffuses to some early adopters in their social network, primarily as a result of peer modeling of the innovation and positive iterative feedback. The innovation is further adopted by more and more individuals in the community, which finally results in a change in general practice, or behavior norm change, in the population.”

Contrary to the Mackenzie et al.’s article, which focuses on the changes in the individuals studied, the Li et al.’s article concentrates on the “process of diffusion of the RAP intervention.” Both are valuable and necessary aspects of behavior change to study and evaluate. As such the two articles complement each other well and are valuable additions to the literature (a) on the processes of knowledge diffusion and positive behavior change in a stigmatized, marginalized community and (b) on the positive value of training peers to become role models in their communities modeling and diffusing progressive knowledge. Both also demonstrate the efficacy of diffusion methods of knowledge dissemination in tight-knit communities.

THE AUTHOR

Eliot Ross Albert holds a Ph.D. in philosophy and is Deputy Director/Program Coordinator of the International Network of People who Use Drugs (INPUD) and researcher, writer, and activist specializing in social organizations of people who use drugs. His interests are in applying the insights of Michel Foucault to critiquing and militating against the pathologization and stigmatization to which people who use drugs are subject—this has led him to a special interest in analyzing the power dynamics vested in the prevailing disease models of illicit drug use, and the construction of the addict, a term whose use he is particularly concerned to challenge. He is currently working on the invisibility of pleasure from prevailing discourses around drug use and has recently written a soon to be published paper critiquing harm reduction from the perspective of people who use drugs.