Piloting peer-driven interventions in Latvia and Lithuania

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Background info

• UNODC project "HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania"

• Low numbers of new clients, especially, stimulant users

• Limited knowledge about drug users’ habits, risk behavior, HIV knowledge and accessibility to health care services
Aim and Objectives

To study effectiveness of Peer-Driven Interventions

• To recruit injecting drug users (IDUs), in particular those who have not been previously reached by needle and syringe programs
• To collect information about IDUs’ risk behavior and HIV knowledge
• To educate/train IDUs on HIV prevention
• To refer IDUs to other services
Methods

• Needle & syringe programs in Latvia and Lithuania
• Involvement of current drug users using respondent driven sampling and chain-referral education and recruitment outreach model
• Reward system based on prepaid phone cards (credits)
• Knowledge assessment: 8-item knowledge test
• Anonymous survey: structured questionnaire
• Project implementation (data collection) period:
  – Latvia: February – July 2010 (6 months)
  – Lithuania: January (April) – June (August) (6 month)
Respondent-Driven sampling
## Reward system

<table>
<thead>
<tr>
<th>Involvement in the project (questionnaire)</th>
<th>Latvia</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 card = 1 or 0.99 LVL</td>
<td>2 cards = 10 LTL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recruit new IDU (have not been previously in contact with the NSP)</th>
<th>Latvia</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 card</td>
<td></td>
<td>1 card = 5 LTL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of correct answers (knowledge test)</th>
<th>Latvia</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 = no reward</td>
<td></td>
<td>≤ 5 = no reward</td>
</tr>
<tr>
<td>5 or 6 = 1 card</td>
<td></td>
<td>≥ 6 = 1 card</td>
</tr>
<tr>
<td>≥ 7 = 2 cards</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Max reward one recruiter could receive</th>
<th>Latvia</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 LVL or ~ 18 USD</td>
<td></td>
<td>40 LTL or ~16 USD</td>
</tr>
</tbody>
</table>

* 20 LTL could be exchanged to Maxima gift card in one LT site
# Participants

<table>
<thead>
<tr>
<th></th>
<th>Latvia</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>The total number of participants</td>
<td>1196</td>
<td>367</td>
</tr>
<tr>
<td>The number of valid questionnaires</td>
<td>1152</td>
<td>367</td>
</tr>
<tr>
<td>The number of new clients</td>
<td>969 (84,1%)</td>
<td>324 (88,3%)</td>
</tr>
<tr>
<td>Number of sites</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Number of sites included in the data analysis</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>
Recruitment of new respondents per city-site in Latvia

- Ventspils: 47
- Saldus: 2
- Liepaja: 19
- Cesis: 3
- Jurbala: 11
- Ogre: 94
- Olaine: 116
- Daugavpils: 259
- LMC AIDS cabinet - Riga: 22
- LMC Tuberculosis clinic - Riga: 76
- Bauska: 32
- Jekabpils: 125

6 months PDI (Feb10-Jul10) vs. The same period before PDI (Feb09-Jul09)
Recruitment of new respondents per city-site in Lithuania

- Druskininkai: 2 new, 7 previous
- Visaginas: 110 new
- Alytus: 45 new, 16 previous
- Mazeikiai: 15 new, 5 previous
- Vilnius: 80 new, 67 previous
- Kaunas: 61 new, 67 previous
Number of contacts in HIV prevention room in Riga, 2009 - 2010

* Based on data presented by I.Upmace (Latvian Infectology center)
Knowledge test

1. HIV routes of transmission and the “window” period of HIV infection
2. Main dangers of injection drug use
3. Impact of stimulant use on health
4. Reasons of opiate overdose and response to a peer’s drug-overdose
5. Principles of safer sex
6. Meaning of cross-infection
7. Difference between hepatitis A, B & C
8. Available services for IDUs in local area
Effectiveness of PDI method

- Reached and educated significant amount of new clients
  - 3.2 times in LV and 1.7 times in LT in comparison with the same period in 2009
- Increased overall number of clients
- Assessed drug users’ knowledge of HIV prevention and behavior risks
- Showed that drug users are underestimated source for transfer of knowledge / information
- Low costs, but it is important to find the “cost-effective” reward
Thank you for attention!

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