

DRUG USERS INTERVENTION TRIAL (DUIT)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Young HIV-negative and Hepatitis C virus (HCV)-negative injection drug users (IDUs)

Goals of Intervention

- Eliminate or reduce injection risk behaviors
- Eliminate or reduce sexual risk behaviors

Brief Description

Drug Users Intervention Trial (DUIT) is a small-group, cognitive behavioral, peer education intervention designed to reduce injection and sexual risk behaviors for HIV and HCV infection in young injection drug users. The intervention consists of six 2-hour sessions delivered to groups of 5 to 15 people, by two facilitators, over 3 weeks. The first four sessions teach participants what it means to be a peer educator and provides tools for this role. The first 2 sessions focus on injection-related risk, and the third and fourth sessions focus on sexual risk behavior. The fifth session gives participants an opportunity to practice sharing risk-reduction information in a community setting that is pre-arranged as part of the intervention. The sixth session consists of a group debriefing about the community-based peer education session, a goal-setting activity to encourage further peer education and personal risk reduction, and a graduation ceremony. Session activities include videos, interactive discussions, group exercises, skills building role plays and practice, and activities designed to have participants practice new skills between sessions, with feedback and discussion at the next session. Participants are also offered a “resource table” that includes access to community resources, information, and risk reduction supplies at every session.

Theoretical Basis

- Information, Motivation, and Behavioral (IMB) skills model
- Peer education framework
- Social Learning Theory (SLT)

Intervention Duration

- Six 2-hour sessions delivered twice a week over 3 weeks

Intervention Setting

- Private meeting room at the research site

Deliverer

- Two facilitators (at least 1 female)

Delivery Methods

- Demonstration
- Exercise
- Goal setting
- Group discussion
- Practice
- Printed materials
- Risk reduction plan
- Risk reduction supplies (condoms and bleach kits)
- Role play
- Social event
- Videos

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Sociometrics](#) under the name [Drug Users Intervention Trial](#).

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Baltimore, Maryland; Chicago, Illinois; Los Angeles, California; New York, New York; and Seattle, Washington between May 2002 and July 2004.

Key Intervention Effects

- Reduced injection risk behaviors

Study Sample

The baseline study sample of 854 young HIV-negative and HCV-negative IDUs is characterized by the following:
63% white, 17% Hispanic/Latino, 8% black or African American, 11% other/mixed
66% male, 33% female, 1% transgender
89% heterosexual, 11% gay or bisexual men and women
5% MSM, 8% of men are MSM
Mean age of 23.8 years, interquartile range: 21 to 27 years
65% completed high school education

Recruitment Settings

Participants were recruited through street outreach, advertising, and coupon-based participant referrals

Eligibility Criteria

Men and women were eligible if they had injected illicit drugs in the past 6 months, resided in the recruitment city with no plans to move within 12 months, spoke English, were aged 15-30 years, and were willing to undergo HIV and HCV antibody testing. Trial-eligible participants had to test HIV and HCV antibody-negative at baseline.

Assignment Method

HIV-negative and HCV-negative IDUs (N = 854) were randomly assigned to 1 of 2 groups: Peer Education Intervention (n = 431) or Video Discussion Comparison (n = 423).

Comparison Group

The comparison group consisted of six 2-hour group sessions over 3 weeks. Participants watched hour-long videos addressing social and health issues followed by facilitated discussion led by the same facilitators as the PEI group. Before and after each session, participants were invited to utilize a “resource table” which contained pamphlets, referrals and risk reduction tools (e.g., condoms, bleach kits) identical to the one available to the Peer Education intervention group.

Relevant Outcomes Measured and Follow-up Time

- Composite index of injection drug behaviors during past 3 months (including the following 6 behaviors: proportion of injections in which injected with previously used syringe, did not use new syringe to divide drugs, shared cooker, shared cotton, shared rinse water, and proportion of partners with whom shared injection paraphernalia) were measured at 3- and 6-month follow-ups.
- Sex behaviors during past 3 months (including frequency of vaginal and anal sex acts, with and without condoms, stratified by partner type - main partner, other steady partners, or casual/sex trade partners) were measured at 3- and 6-month follow-ups.
- Serologic tests for incident HIV and HCV infections were performed at 3- and 6-month follow-up visits.

Participant Retention

- Peer Education Intervention
 - 68% retained at 3 months
 - 77% retained at 6 months
- Video Discussion Comparison
 - 61% retained at 3 months
 - 74% retained at 6 months

Significant Findings

- Over the 6-month follow-up period, intervention participants reported significantly greater decreases on the composite index of injection drug behaviors than comparison participants ($p = .02$).

Considerations

- This intervention fails to meet the best-evidence criteria because the significant intervention effect was detected when the six injection drug outcomes were combined into a composite index and there was no significant intervention effect when each of the six injection drug outcomes was evaluated separately.
- As reported in Table 4 in Garfein et al. (2007), adjusted unprotected anal sex with casual/sex trade partners had greater decreases among comparison participants than intervention participants over the 6-month follow-up period. Accounting for a large proportion of zero responses, re-analysis of this variable indicated no significant study group differences.
- All six injection outcome variables and the composite index measure decreased significantly at follow-up compared with baseline among intervention participants, as did all but one measure among comparison participants. To a lesser extent, the same was true for the sexual variables. A limitation of this study was that decreases in risk behavior among comparison participants potentially masked the observed efficacy of the intervention.

REFERENCES AND CONTACT INFORMATION

Garfein, R. S., Golub, E. T., Greenberg, A. E., Hagan, H., Hanson, D. L., Hudson, S. M., . . . DUIT Study Team. (2007). [A peer-education intervention to reduce injection risk behaviors for HIV and hepatitis C virus infection in young injection drug users](#). *AIDS*, *21*, 1923-1932.

Garfein, R. S., Swartzendruber, A., Ouellet, L., Kapadia, F., Hudson, S., Thiede, H., . . . DUIT Study Team. (2007). [Methods to recruit and retain a cohort of young-adult injection drug users for The Third Collaborative Injection Drug Users Study/Drug Users Intervention Trial \(CIDUS III/DUIT\)](#). *Drug and Alcohol Dependence*, *91*(Suppl. 1), S4-S17.

Purcell, D. W., Garfein, R. S., Latka, M. H., Thiede, H., Hudson, S., Bonner, S., . . . DUIT Study Team. (2007). [Development, description, and acceptability of a small-group behavioral intervention to prevent HIV and hepatitis C virus infections among young adult injection drug users](#). *Drug and Alcohol Dependence*, *91*(Suppl. 1), S73-S80.

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