

PUBLIC HEALTH

Accessing Hard-to-Reach Populations: The Illicit Drug Market as a Workplace of the Outreach Worker in Puerto Rico

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This descriptive paper reports findings from a formative research study on the drug market as a workplace of the outreach worker in Puerto Rico, and outlines strategies used by outreach workers to enable them to work effectively in these sites. Data were collected via outreach worker focus groups and participant observations at drug market sites. A social system theoretical model was used for analyzing data on drug market sites, and results are reported in terms

of three basic social system components: structure, culture, and process. The authors recommend utilizing outreach workers as part of prevention and treatment teams in organizations providing services to drug users, as well as other hard-to-reach populations such as street sex workers and the homeless.

Key words: Outreach worker, Drug market, Outreach strategies, Social system: structure and culture

Outreach work has been one of the most important strategies used for accessing hard-to-reach at-risk populations in efforts to curb the HIV/AIDS epidemic, and has been used in high risk neighborhoods in multiple sites in both the U.S. mainland and Puerto Rico (1-4). As in the U.S. mainland, the concept of outreach work is not a new one in Puerto Rico. Visiting or public health nurses were used as outreach workers in response to the frightening prevalence of infectious diseases in Puerto Rico in the 1930's, and also as a means of protecting the general population from specific at-risk groups who were contracting these diseases at high rates (5,6). Working outside of hospitals or health centers and in communities, visiting nurses played an effective role in helping to arrest the high prevalence of tuberculosis, syphilis, and other communicable diseases, and improving community health conditions. Other examples of previous outreach efforts within communities include the "Promotores de Salud" (health promoters) working in the *colonias* of El Paso, and agricultural extension workers who disseminate up-to-date science-based agricultural information to enable farmers to produce more efficient and healthy crops (7).

However, the concept of outreach work discussed in this paper differs somewhat from the role of the visiting nurse and other previous outreach initiatives. Outreach work is conceptualized here as a strategy requiring a constellation of specialized skills and knowledge that enable the worker, who is not necessarily a licensed health professional, to be effective in reducing drug use and its related health consequences. In essence, the outreach worker's role encompasses that of messenger, educator, case manager, community counselor, and link between drug-use/HIV prevention and treatment programs in the community and drug users within the drug market social system. In addition, in Puerto Rico this role is been carried out within a very special work environment—the drug market social system—populated by multiple actors who behave in ways that compromise their own, their families', and their community's health and well-being.

Puerto Rico has been one of the epicenters of AIDS in the U.S. since the mid-1980s, with an incidence rate of 51 per 100,000 population by 1991 (8). Unlike in the U.S. mainland, where men who have sex with men (MSM) have been the group at highest risk of contracting HIV/AIDS, those hardest hit by the AIDS epidemic in Puerto Rico have been injection drug users (9). Since the epidemic was first recognized, outreach workers have been important members of HIV/AIDS prevention-intervention programs, enabling interventions to be delivered directly to drug market sites and surrounding communities. The overall incidence of AIDS has finally declined in Puerto Rico (10). According to our research findings, outreach workers have been effective in helping drug injectors to

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enter and stay in drug treatment, and reduce drug injection—variables found to be highly correlated with HIV-seronegative status (11,12).

Although previous studies have acknowledged the central role outreach workers play in HIV/AIDS prevention-intervention programs and research, little information has been published related to the characteristics of the workplace, or the skills and strategies used by outreach workers to be effective in their role, in different sites and among different ethnic populations. This paper uses a social systems theoretical framework to describe the workplace in which outreach workers access drug users in high-risk neighborhoods in Puerto Rico. Discusses strategies outreach workers use to enter the drug market system in order to access and engage drug users to reduce drug use and HIV/AIDS risks and describes outcomes that have been achieved by outreach workers in Puerto Rico in their role as members of HIV prevention-intervention and research teams.

Methods

Data were collected from focus groups and through observation of drug market sites. Three focus groups were conducted, each consisting of six outreach workers with at least four years of experience working in communities with a high prevalence of drug use. Focus groups provided data related to the structure and function of drug markets as well as strategies used by outreach workers to be effective in this environment. Observational data were collected on the culture and the process of human interactions within drug market sites. A qualitative research assistant conducted observations at sites in three communities located at least a 30-minute drive from each other, within the greater San Juan metropolitan area.

Both the focus groups and observations were conducted utilizing data collection guides based on the following research questions:

Drug market sites

- How many service units are available at the drug market? What are they?
- How are the services performed?
- Who performs the different services?
- Can you perceive any rules or regulations? What are these rules or regulations?
- What are the functions of the rules and regulations?
- How are deviations from the rules and regulations treated?
- How are drug market services acquired by different

clients?

- How do different clients interact with the drug market?
- Under what circumstances does the atmosphere in the drug market change?

Strategies used by outreach workers within drug market sites

- What strategies are used by outreach workers to enter the drug market system and gain legitimacy as a health worker?
- What strategies are used in accessing drug users in the sites?
- Under what circumstances do outreach workers NOT enter the drug market, or leave before completing the day's assignment?

Analysis of findings and responses was conducted by the main author, using sociological theory to aggregate the data into themes related to the structure, process, and culture of the drug market as a social system.

Results

Data gathered for this paper show that drug markets in Puerto Rico can be conceptualized as complex social systems. The drug market in a poor community is a distinct community site that is recognizable, structured, and mobile. It has its own special culture which sets rules and norms that regulate the processes within the market, as well as the behaviors and relationships of participants, including outreach workers.

Structure. The structure of the drug market generally consists of:

Copping areas-sites where drugs are sold

Shooting galleries-places where drug users inject drugs.

This may be an enclosed space which drug users pay a small fee to enter, with access to water for rinsing syringes, cookers to dissolve drugs, and other injection materials. Alternatively, it may be an open gallery in an abandoned building, in the woods, etc., to which the user either brings the necessary materials for using or injecting the drug, shares with his or her peers, or pays a small fee to purchase drug-use paraphernalia from a peer drug user dispensing from a small table in front of the site.

Syringe sellers-individuals who provide syringes for a fixed price (one dollar). There are usually at least three sellers present; however, the preferred seller in the majority of drug markets is likely to be an older person, possibly a woman who is a non drug-user. Syringes are also available for the same price in shooting galleries.

An "educator" or "hit doctor"-an experienced drug

injector who teaches new injectors how to inject and helps more chronic injectors who have difficulty accessing a vein.

A *security unit*-a network of drug users working as guardians of the site, watching for outsiders including police and known troublemakers (e.g. "impulsive crack users" or "enemies of the power structure" of the site);

The drug market also displays a complex structure at the level of the clients served. The system serves a variety of cocaine, crack, heroin, marijuana, prescription drug, and other drug users, who in turn display diversity in how they interact with the system. Some clients arrive alone on foot, buy and prepare their drug, inject in the shooting galleries, and leave. Others make prior arrangements with a relative or friend to buy the drug, then together prepare and share the drug in a shooting gallery, inject and leave. Those in a "hidden group," as it is referred to at the site, arrive in private, government, or company cars, buy the drug from their car, and leave. In addition, some clients arrive with a portion of the money, heroin, or cocaine needed to make speedball (a heroin/cocaine mixture); they advertise what they have or need until they find someone with whom to mix and cook the drug, and then share the mixture in accordance with the amount of money or drug each individual contributed to the transaction. Finally, there are the more "chronic" drug-using individuals who hang around the system looking for someone to give them a share of drug-usually what is left on the cotton after another individual has injected.

Culture and Process. The drug market social system not only seems to have a social structure which can easily be moved from site to site as conditions dictate, but also to have a culture defining strict norms that must be adhered to for the safety of all involved. All participants must know these norms, rules, and regulations, which keep the system running in any locale and out of trouble with the community, system participants, and police. Any insult to the structure, process, or culture of the system can result in violent punishment of participants, or even death. Moreover, it is important to understand that in the impoverished communities where these systems prevail in Puerto Rico, the street is the arena in which respect is sought and where old and young drug sellers, known here as "*tiradores*", compete for respect. Any action that could be perceived as disrespectful to dealers, especially young adults, can result in violence within the system. Furthermore, drug dealing appears to be the largest "equal opportunity employer" for ambitious individuals in poorer communities. In addition, the whole community benefits from this economic activity through such rewards as food assistance for individuals when needed, support for sports teams, and funds for community festivities such as those

recognizing holidays like Mother's Day and Three Kings' Day.

Strategies, skills, and behaviors used by outreach workers within the drug market social system. Outreach workers spend most of their work time in high-risk communities, where they assume the multiple roles of a) students learning from the participants in the system (e.g. drug users, copping area owners); b) providers of health risk prevention resources; c) change agents and educators; d) counselors; e) case managers providing assistance in obtaining government health insurance cards for accessing drug treatment and health care services, and working with families and friends to develop support systems and f) links, informants, and recruiters of study participants for the projects they serve. In addition, as participants in the drug market social system, outreach workers need to know and work within the system's complexities, without insulting any part of the structure, process, or culture of the system. To be effective in this setting and in these multiple roles, outreach workers in our projects in Puerto Rico employ the following strategies, skills, and behaviors:

- *Work as members of two-person teams.* Male-female dyads have proven to be effective for working with drug users of both sexes, as well as for security reasons. Two individuals are more likely to accurately detect the prevailing atmosphere of the drug market and any signs of trouble (e.g. territorial fights, police encounters), as well as to determine the best time and place to access participants and the most potentially effective strategies to use.
- *Carry visible identification from the legitimizing organization at all times.*
- *Utilize a connection with a recognized member of the drug market social system to help legitimize entrance into the system.*
- *Understand the language used within the system.* The drug market culture includes a specialized vocabulary, which outreach workers and other individuals working within it need to learn in order to feel comfortable and to understand the processes going on in the system.
- *Identify the power structure within the site* (i.e., recognized individuals within the site such as copping area owners) and *communicate with these individuals* about the role the outreach worker will perform in the community and the nature of the agency that developed and houses the project.
- *Explain the role of the outreach worker to drug users, and the boundaries of what can and cannot be done within this role.*

- *Provide members of the power structure with articles they need or request.* Condoms seem to be welcomed by almost all participants in the system, regardless of the part of the structure to which they belong.
- *Provide drug users and other system and community members with personal hygiene and disease-prevention articles.* These include items such as condoms, bottles of water, cotton, soap, toothbrushes, and toothpaste.
- *Provide easy-to-read, user-friendly resource materials on disease prevention and services available from different agencies.* Include information on telephone numbers, locations where services are provided, and names of receptive persons to contact for help.
- *Be knowledgeable about the educational themes being addressed and know where to obtain additional information*
- *Understand the different moods or atmosphere in the community.* This allows outreach workers to decide when they can carry out their work, and whether to stay or leave in a given situation.
- *Avoid contact with police and other officials which could affect the relationship of trust with systems members.*
- *Act quickly in accessing individuals in the coping area, and avoid working with a group within or near its boundaries.* Those in the drug market site do not want exposure due to the presence of groups in their surroundings.
- *Remain aware that young adult and adolescent managers of coping areas are different from older adults.* Younger managers can easily be offended, and may react strongly in an apparent attempt to claim the respect that the macro-social system does not provide them.

As an illustration of the outreach worker's level of awareness regarding the workplace, one worker commented in his field notes:

'Although sometimes we live very tense and stress-producing situations, I feel safer around the drug social system than in any other place in the community. Everybody in the system knows me; they know my role and the reason why I'm there. True, sometimes there are situations that we can't control, but we have learned to be alert to the message. The system is always sending verbal and non-verbal messages and, according to the message, you make the decision you have learned through training and

previous experience, for your safety and the safety of your peer in the dyad'. (H. Marcano)

Mr. Marcano's comments seem to reflect his overall view of outreach work with drug users:

'It is an opportunity to know the other face of our society, and it provides us with the opportunity to learn every day what you cannot get in colleges and universities. It is related to a process that happens between participants in the drug market and us as outreach workers. There is some kind of reciprocity between the two parts. It is important to know each other and develop the trust needed for mutual respect'.

Reducing stress and burnout. Both are generated by working with the addicted population within a very stressful workplace, were reported by outreach workers. The two strategies recommended most often by outreach workers for reducing burnout and turnover were involvement in regular group problem-solving sessions and the use of non-judgmental supervision to enhance achievement of program goals. Regular staff trainings and interactive weekly meetings for formal supervision (involving discussion of statistical reports, individual community cases, and, in particular, the stressful experiences of outreach workers) were also recommended to help to maintain group cohesion and increase morale.

Outcomes of the outreach worker model. Outcomes of the outreach prevention-intervention model as implemented by trained outreach workers in Puerto Rico have been reported by our research and intervention teams in various papers (12-18). In summary, outreach workers have been successful in:

- Mapping communities to detect sites where drug users can be accessed, especially neighborhood drug markets (16);
- Accessing hidden populations and engaging them in treatment and prevention (18,19);
- Meeting project recruitment goals for recruiting drug users from the street, and completing follow-up assessments on 80% or more of subjects in longitudinal research studies (17,20);
- Collecting qualitative data to improve understanding of the thoughts and perceptions of drug users as well as their life histories (21);
- Increasing enrollment in drug treatment, and reducing drug use and HIV risk behaviors (12);
- Helping to reduce dropout from drug treatment programs (11);
- Helping to integrate drug users into family networks as well as health care services (12).

Conclusions

The information collected by observers, together with that supplied by outreach workers themselves, has provided an opportunity to take a social context and social process approach to understanding the workplace of outreach workers in Puerto Rico, and to more fully appreciate the complexity of the outreach worker's role and their contribution to project outcomes. Since only findings from Puerto Rico are addressed, the results cannot necessarily be generalized to other sites. Nonetheless, research conducted in other sites has shown elements of the outreach worker's workplace to be similar to those reported here (22).

Outreach workers in Puerto Rico have provided multiple effective services to poor communities in rural areas and inner city neighborhoods, as well as to research programs, as our publications document. In areas with fragmented health care systems and a lack of linkages and collaborative efforts between health care organizations and other service providers, outreach workers in both Puerto Rico and the U.S. mainland help to integrate drug users and their families into treatment for drug use and HIV/AIDS as well as other needed human services (23-26).

The effectiveness of the role of the outreach worker in our drug use and HIV prevention-intervention programs strongly supports their inclusion as members of research, health care, and drug treatment teams working with drug users. Their specialized work with a hard-to-reach population within the context of a complex drug market social system also makes the outreach worker a valuable potential team member for organizational systems that treat or work with other hard-to-access populations, such as homeless persons and street sex workers.

Given the current pressures on the nursing profession to fill the many positions available within health care institutions, and the ongoing debate within the profession regarding the nurse's role in the community (since Lillian Ward promoted her innovative visiting nurse idea in the early 1900s), it seems unlikely that the public health nurse role will be developed into one that is integrated into the larger infrastructure of health care and social services—at least not without recognition of an expanded authority for nurses and the paradigm shift this could provide (6). Thus, outreach workers can help fill the need for community-based workers within health and social service organization teams, especially those striving to address the double epidemic of drug use and its health and social consequences.

Resumen

Este escrito describe las características de los mercados de drogas en comunidades pobres en el noreste de Puerto Rico, así como las estrategias que los trabajadores de alcance comunitario (TAC) reportan como efectivas en acceder y trabajar en estos lugares. Se hicieron grupos focales de TAC y entrevistas a un grupo seleccionado al azar de los participantes de los grupos focales. Se usó un modelo sociológico de sistemas sociales para analizar la data recopilada. En los resultados se informa sobre:

- a) la estructura del sistema que consiste de cinco unidades: el punto de droga, el hospitalillo, el mercado de agujas, persona/s con experiencia en inyección de drogas que enseñan al nuevo inyector y la unidad de seguridad;
- b) la cultura: las normas y reglas que mantienen el sistema en equilibrio (sin conflicto) y reglas de comportamiento que no violente la conducta esperada por los miembros de la comunidad y los agentes de orden ó policías,
- c) el proceso en el sistema social: cómo entran y salen los diferentes grupos al usar los diferentes servicios del sistema y por último:
- d) las estrategias que usan los TAC para mantenerse haciendo su labor en este sistema donde pasan 80% de su horario de trabajo.

Los autores recomiendan utilizar trabajadores de alcance comunitario (TAC) como parte de los equipos de prevención y tratamiento en organizaciones que proveen servicios a usuarios de drogas, así como a otras poblaciones difíciles de acceder tales como personas deambulantes y trabajadores del sexo.

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