“If it weren’t for the Peer Educators here at PSI’s Huxianghao Ba, my life would look totally different. I would probably be dead, doing hard labor, or be back in compulsory detox.” These are the words of Liu Shuming, a former drug user of 15 years, who first came to PSI/China’s Huxianghao Ba drop-in center (DiC) for drug users six years ago, motivated to quit drugs for good by the death of his brother from an overdose. At the DiC, the center of operations for PSI/China’s peer-led model for injecting drug user (IDU) rehabilitation and recovery, Liu had access to a comprehensively supportive and family-friendly environment to help him get clean and stay in recovery.

Over the past six years, Liu Shuming has kicked his drug habit and is now himself a peer educator for other IDUs wishing to escape the constant cycle of drug use, arrest, internment in government-run compulsory detoxification centers, release, relapse and re-arrest. Healthy looking, well-built, and now fully equipped with knowledge of the dangers of drug use, sexually transmitted infections (STIs) and HIV, correct condom use, and risk reduction, Liu manages Huxianghao Ba’s fitness center and stands as a role-model to other IDUs wishing to quit drugs. PSI/China’s Huxianghao program, he says, has given him “love, my family, and a sense of wellbeing.” He is so grateful that he is determined to help others to achieve the same.

Drug Use and HIV in Yunnan Province

Population Services International China’s head office is headquartered in Kunming, the capital city of southern China’s Yunnan Province. In 2007, Yunnan had a cumulative total of 57,325 HIV cases amongst its population of almost 45 million and thus has the dubious distinction of being the Chinese province with the greatest number of reported cases of HIV. Bordered by Myanmar, Vietnam and Laos and located along major drug trafficking routes from the infamous “Golden Triangle” opium producing area, Yunnan is estimated to have over 80,000 drug users who inject heroin. Despite an increase in awareness of harm reduction methods among IDUs in Yunnan, the sharing of needles and other injection equipment remains a common method of HIV transmission in this population. HIV prevalence among Yunnan’s IDUs is over 28 percent, with some prefectures reporting prevalences as high as 75 percent.

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2 Ibid.
3 Li Yuzhao, Kunming, Grand Park Hotel, June 4, 2009, presentation, Yunnan MMT Assessment Feedback Workshop.
PSI China's Huxianghao Model

Huxianghao, which literally means “Good for you, good for me,” is a program run by PSI/China with funding from USAID. Operating since 2003, the program aims to encourage IDUs to adopt healthy behaviors which will protect them and their sexual partners from HIV infection and at the same time encourage them to quit or eschew drug use.

In Yunnan, Huxianghao has three components: 1) peer education through training-of-trainers amongst inmates of Yunnan’s compulsory detoxification centers, 2) a community-based, peer-led education and support service network operating in Kunming’s IDU community, including the Huxianghao Ba DiC, and 3) provision of technical assistance and training to other agencies involved in community detoxification and rehabilitation efforts. Since 2008, PSI/China has also expanded its Huxianghao IDU programming to the cities of Nanning and Ningming in the Guangxi Zhuang Autonomous Region, where PSI/China’s considerable experience in community-based work is being applied to assist nascent community-based programs.
Huxianghao’s Work in Compulsory Detoxification Centers

While PSI/China currently only has access to 4 of Yunnan’s more than 70\(^5\) government-run compulsory detoxification centers, between 2003 and 2009 PSI provided training and assistance to 27 other sites operated by the Global Fund to Fight AIDS, Tuberculosis and Malaria and AusAID. Currently an almost inescapable part of the cycle of addiction for IDUs in Yunnan, these detoxification centers offer an essential link to the IDU community, enabling Huxianghao to reach inmates with key risk reduction and HIV-related health information as well as link them to help and support which they can access post-release. To maximize its reach, PSI/China uses a training-of-trainers model. In this model, approximately ten inmates are selected, trained and provided with supporting printed materials necessary to teach their peers about the health risks to IDUs and how to address them. This training not only prepares inmates for their release, when the temptations to relapse are great and feelings of social alienation difficult to bear, but also creates bonds of trust enabling psychological support to be carried out among Huxianghao’s own full-time peer educators, the trained inmates and the final training recipients. Inmates are given information on where they can obtain services and support on “the outside,” whether it be at the Huxianghao Ba or other providers’ drop-in centers or at government-provided health service facilities. PSI China’s Huxianghao detoxification center program thus links inmates with the information and services they need in order to stay clean and healthy while in detoxification centers as well as after release.

Huxianghao’s Community-Based Work

The community-based component of PSI/China’s work centers around the Huxianghao Ba DiC in Kunming but also encompasses a full range of services and referrals, including considerable outreach into the surrounding communities. The Huxianghao Ba DiC serves as a safe space for recovering IDUs to gather and receive key messages on health promotion, peer support, and voluntary HIV counseling and testing (VCT). It also serves as a “live” learning center for other IDU program implementers to gain exposure to the Huxianghao model for community-based IDU interventions.

Involvement of former IDU peer educators is central to the Huxianghao model. As living examples of what is possible for IDUs, they serve as role models to their peers still trying to quit drugs. Having experienced at first hand the challenges that IDUs confront as they try to recover at the margins of society, peer educators are the most effective teachers for reaching IDUs with information about risk reduction, rehabilitation and positive behavior change. Peer educators themselves are also empowered through their work, reinforcing their own pathways to recovery and becoming engaged in helping their peers recover. Peer educators are involved in all aspects of Huxianghao work: they help plan the program activities, carry out pre-test counseling,

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\(^5\) Yunnan had over 70 compulsory detoxification centers in 2009. This figure is changing as the province’s smaller detoxification centers are closed and inmates concentrated in the larger centers.
HIV rapid testing and post-test counseling, conduct interpersonal communication and peer education, and organize community outreach.

Huxianghao’s outreach program includes activities in 6 of Kunming’s 8 methadone maintenance treatment (MMT) clinics and 11 communities where IDUs live in larger numbers. During daily outreach to MMT clinics, PSI/China’s peer educators offer information on health topics including MMT adherence and relapse prevention, counseling for individuals who desire it, and VCT rapid testing. Several times a month, PSI/China organizes community events for IDUs, their family members, and community leaders to attend. These meetings aim to foster greater support and understanding for IDUs from their families and those around them.

PSI/China’s Huxianghao program does not aim to replicate or replace government provided health services, but does aim to provide a comprehensive package of services to IDUs by establishing strong referral linkages to pre-existing, mostly government-run, services for HIV prevention, care and treatment and drug-abuse. Due to fear of arrest, many IDUs are apprehensive about using government services. However, since the majority of health services are provided by the Chinese government, encouraging the use of these is critical to program sustainability. Huxianghao has established linkages with government providers of services including CD4 testing, MMT, tuberculosis screening, opportunistic infection (OI) treatment and HIV testing and treatment. PSI/China has also partnered with the Kunming Center for Disease Control and Prevention (CDC) to certify its three VCT counselors, allowing them to provide HIV rapid testing at the Huxianghao Ba DiC and during outreach. Similarly, PSI/China partners with other providers offering needle/syringe exchange services.

Huxianghao’s peer educators are essential in making these services less daunting, not only by encouraging IDUs to seek the tests and medical care they need but also frequently by accompanying them to receive the services. This ensures service uptake and provides individuals with support when dealing with health service providers or receiving and dealing with the results of any tests or treatment.

IDUs’ health needs are only part of the answer to recovery; equally important are psycho-social support needs. These are addressed in part by our trained peer educators, including during family meetings, and also through professional help provided by doctors who visit the DiC once a week. Assistance is given with applying for minimum social welfare, finding homeless shelters and a host of other needs, including legal assistance, which is provided by linking with other governmental and non-governmental organizations. The goal of the Huxianghao program is to ensure that IDUs know where they can access all relevant services and ensure that these services are provided in as convenient and comfortable a way as possible.
Training and Building the Capacity of Other IDU Community-Based Service Providers

Recognizing the necessarily limited geographical coverage of its programs, PSI/China also focuses on training, replicating the Huxianghao model and offering advice to other groups conducting IDU interventions, allowing them to replicate the Huxianghao model. PSI/China is currently offering long-term, regular technical assistance to three Yunnan grassroots IDU groups and 11 Kunming communities. In Guangxi, PSI/China is also helping the Public Security Bureau to establish pilot community detoxification and rehabilitation centers in Nanning, and supporting peer education programs through the Nanning CDC and the Ningming CDC.

Apart from formal trainings and informal mentoring by Huxianghao’s own staff and peers, all of these grassroots groups have spent time at the Huxianghao Ba Drop-in Center to see at first hand the kinds of services provided by PSI/China and the welcoming learning environment that PSI/China seeks to create for the center’s members. All are trained in the importance and value of the peer-led approach and provided with PSI-developed materials such as the IDU training manual, flipcharts, pamphlets, posters and other aids. The capacity building program includes training on HIV/AIDS, risk reduction and drug use knowledge, conducting behavior change communication programs, interpersonal communication and peer education, program and financial management, program data monitoring, and creating action plans.

With the passage of China’s anti-drug law in June 2008, understanding and being able to...
operationalize community based detoxification and rehabilitation has become essential for many local governments. In line with international standards, this new law allows for IDUs to be offered the possibility of detoxification and rehabilitation within their communities instead of within compulsory detention centers as was formerly the common practice. It mandates communities to open detoxification and rehabilitation centers for IDUs within their jurisdictions. However, while a step in the right direction, the law lacks practical guidelines for how to go about implementing community rehabilitation. PSI/China is responding by extending its technical assistance to 11 Kunming communities charged with implementing the new regulation. PSI/China trains the program staff and social workers from these different communities on how to create IDU-friendly services and referral linkages to create their own comprehensive package of services for IDUs.
Program Impact

Underpinning all of PSI’s work is rigorous research to enable evidence-based programming. At the outset of the Huxianghao program, a baseline TRaC survey of a representative sample of IDUs in detoxification centers across Yunnan was conducted. This survey was then repeated in 2006 and 2009. These surveys showed:

- Increase in respondents’ consistent condom use with all partners (from 12% in 2004 to 21% in 2006, associated with PSI’s intervention);
- Dramatic decrease in reported needle sharing before entering detox (from 37% in 2006 to 10% in 2009);
- Increase in respondents reporting that they would not share needles even if their craving for drugs was strong (from 2.20 in 2006 to 3.06 in 2009, using the Likert scale, associated with PSI’s intervention);
- Higher levels of VCT uptake among those exposed to PSI’s intervention (32% among those with no exposure up to 58% among those with high exposure, first measured in 2009).

Key Indicators of Risk Behavior

- Sharing needles:
  - 2004: 37% (N=668)
  - 2006: 39% (N=547)
  - 2009: 46% (N=625)

- Sharing other equipment:
  - 2004: 10% (N=668)
  - 2006: 13% (N=547)
  - 2009: 21% (N=625)

- Consistent condom use with regular partners:
  - 2004: 31% (N=668)
  - 2006: 20% (N=547)
  - 2009: 36% (N=625)

- Consistent condom use with casual partners:
  - 2004: 10% (N=668)
  - 2006: 10% (N=547)
  - 2009: 30% (N=625)

- Consistent condom use with commercial partners:
  - 2004: 29% (N=668)
  - 2006: 29% (N=547)
  - 2009: 44% (N=625)

- Consistent condom use with all partners:
  - 2004: 44% (N=668)
  - 2006: 52% (N=547)
  - 2009: 36% (N=625)

Additional achievements of the Huxianghao program include:

- The Huxianghao community rehabilitation model has reached 43,296 IDUs since 2003 through activities including educational sessions, peer support and community outreach;
- 1,500 detoxification center inmates have been trained directly since 2003 by PSI/China as peer educators. These peer educators have in turn trained 148,000 inmate peers;
- While the proportion of IDUs in Yunnan province receiving MMT is just 11 percent, 60 percent of the Huxianghao Ba Drop-in Center’s 1,479 members receive MMT;
- Huxianghao Ba peer educators provided HIV VCT rapid testing for 202 individuals in 2009;
- PSI/China trained 371 community workers, outreach workers, volunteers and peer educators in implementing the Huxianghao model in 2009;
- As of 2010, 11 Kunming communities are utilizing PSI/China technical assistance to build community-based rehabilitation programs according to the Huxianghao model;
- The three IDU grassroots groups that PSI/China supports with technical assistance are led by individuals first exposed to PSI’s work in compulsory detoxification centers where they were trained by PSI to become peer educators. This long-standing relationship between grassroots groups and PSI testifies to how empowering PSI’s program is to its participants.

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*Tracking Results Continuously (TRaC) is one of PSI’s a quantitative measurement tools designed to inform programming by routinely collecting data from cross-sections of populations at risk for adverse health outcomes. These surveys produce data monitoring specified behaviors among the target populations, segmenting the population to assess determinants for those behaviors and evaluating responses based on exposure to PSI’s interventions to determine PSI’s specific impact.

Scale values range from 1-4: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree.
The Future of the Huxianghao Model

As China intensifies its efforts to scale up community rehabilitation, PSI/China sees its role as increasingly leveraging its on-the-ground, practical experience to train others to replicate the Huxianghao model. Such training will continue to stress the central role of former IDU peer educators as not just tools, but as active participants in the planning and implementation of programs, along with the importance of tapping into a full range of pre-existing services, whether they be health or psycho-social related, so as to create a comprehensive package of services. It will continue to be based around an active, operating model which will not only evolve over time, but also serve as a living learning center for others intent on developing their own programs. These may be local government-run community organizations or small emerging non-governmental organizations. Only through such technical assistance and training can the considerable skills, experience and lessons learned over PSI/China’s more than six years of operation be effectively passed on and scaled up. The increased institutional capacity of local partners will ultimately lead to improved interventions for IDUs and an increase in life-saving, healthy behaviors.

At the same time, given the continued co-existence of compulsory detention centers for drug users, PSI/China will likely continue to work in these to reach those who do not have access to community-based treatment. Only by working on both fronts can we ensure that all IDUs are provided access to potentially life-saving information and services.

PSI/China and the Huxianghao program have a vision of a Yunnan province full of former IDUs like Liu Shuming, a province where IDUs are not only able to protect themselves and their loved ones from HIV but also to actually begin the long hard process of kicking the drug habit for good: “Huxianghao Ba” – Good for you, good for me.

For More Information on Huxianghao Model and PSI/China, Please Visit:
PSI/China: http://www.psi.org/china/

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