

Syphilis Elimination in Robeson County: Challenges of Addressing the Problem among Sex Workers

Melissa Packer, BS, April Oxendine, BS, MEd, and Karen Woodell, BS

All Is Not Fair with the My Fair Lady Project

In 2004, the Robeson County Health Department received funding through the North Carolina HIV/STD Prevention and Care Branch to implement the highly ambitious My Fair Lady Project, a comprehensive three-year project targeting STD reduction through prostitute rehabilitation.

Greeted with great expectations, the project was the first of its kind funded by the state. With a goal of reducing the occurrence of HIV and other sexually transmitted diseases by decreasing the number of commercial sex workers, My Fair Lady made headlines with local, state, and national media coverage.

The project focused on three key components: *recruitment, rehabilitation and reintroduction*. Commercial sex workers were to be recruited into the program, extensively rehabilitated, and then reintroduced into their former environments with the new skills necessary to encourage positive behavior changes among their past peers.

Unfortunately, despite the media hype and high expectations, the My Fair Lady Project has documented only limited success in reducing sex trade activity in Robeson County. Several distinct and interrelated social problems have led to the near demise of the once ambitious undertaking. With less than one year remaining

in the three-year grant, organizers are uncertain of their new directions and whether funding for projects of this nature will be awarded to the Robeson County Health Department in the near or distant future. However, one certainty remains: interventions targeting commercial sex workers must continue in Robeson County.

Substance Abuse and Mental Health Issues Create a Revolving Door For Peer Outreach Sex Workers

In the first two years of the project, two former commercial sex workers failed in their extensive rehabilitation attempts. These aspiring peer educators and their public health mentors struggled to disentangle the interwoven issues of substance abuse and mental health problems. The most positive phase was the recruitment process, with an initial panel of eight qualified candidates to select from.

The substance abuse challenges faced by sex workers in Robeson County are comparable to those documented in rehabilitation programs across the nation. Studies show that almost all women working in prostitution use drugs and alcohol heavily. Many start using these substances or increase their usage in order to deal with the stress and emotional

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Melissa Packer, BS, is Public Affairs Officer, Robeson County Department of Public Health, Lumberton, NC. She can be reached at melissa.packer@hlth.co.robeson.nc.us. Telephone: 910-671-3442.

April Oxendine, BS, MEd, is HIV Outreach Coordinator, Robeson County Department of Public Health in Lumberton, NC.

Karen Woodell, BS, is Syphilis Elimination Coordinator, Robeson County Department of Public Health in Lumberton, NC.

issues of the trade. Others begin to prostitute themselves to fund their drug habits or those of their partners or family members.¹

State-employed Disease Intervention Specialists working in Robeson County identified the predominant drug of choice for the local commercial sex worker as smoked crack cocaine. Since crack cocaine appeared in urban areas in the United States in the mid-1980s, reports have suggested that crack smokers may be at increased risk of sexually transmitted diseases (STDs), including infection with HIV, because they have multiple sex partners, trade sex for money or drugs, and rarely use condoms.² Consistent with the majority of sex workers in Robeson County, smoked crack cocaine was the drug of choice for the two unsuccessful program participants. One of the participants had been substance-free for 14 months and the other had abstained for five months. Prior to employment with the project, both had experienced recurring relapses. One of the women had once led a substance free lifestyle for a five-year period prior to an unfortunate setback. Despite repeated attempts to redirect the paths of these two women, both were released from their duties. This clearly demonstrates the intractable nature that some substance abuse problems present.

Research indicates that cocaine use is the most common drug problem of patients entering treatment for illicit drug use. According to the 1999 Drug Abuse Treatment Outcome Studies (DATOS) funded by the National Institute on Drug Abuse (NIDA), about three-fourths of all admissions to non-methadone treatment programs in the United States are for cocaine dependence.³ In a national sample from 55 treatment programs, the problem severity of patients at admission was found to be directly related to cocaine relapse in the year following discharge. Treatment retention also was a significant predictor among moderate-to-high problem groups. Among highest severity patients, 90 days or longer in residential programs was needed to improve outcomes. Cocaine treatment outcomes in the year after discharge indicated that 52% relapsed to drug use with 23% going back to “weekly” cocaine use, 19% to “occasional” cocaine and 10% to “other drugs.” Another 4% had alcohol problems and 11% re-entered treatment without relapse. Overall, 67% had problems during the follow-up period.³ Having discussed that the first two peer educators relapsed during their course of employment, it should also be noted that both had completed inpatient treatment programs less than 90 days in duration.

Aside from drug addiction, one of the participants suffered from bi-polar disorder. Poor compliance with prescribed medications resulted in excessive absenteeism and lack of communication with project coordinators and community-based partners. Multiple interventions were initiated over an extended period, but each proved unsuccessful. Despite her progressively poor performance, this participant initially exhibited remarkable energy and charisma in her public relations efforts. Her communications skills were considered a “plus” for this “first of its kind” project and garnered a wealth of media attention. Her uninhibited approach to public speaking was applauded by all audiences, both lay and professional. It is unfortunate that she was unable to continue progressing, due

to stressors encountered on her road to rehabilitation.

Currently, coordinators, in partnership with Palmer Prevention, a local substance abuse prevention center, have recruited two new peer outreach candidates. The director of Palmer Prevention was actively involved in the recruitment efforts of the project. Though grant funds will soon cease, coordinators anticipate closing the My Fair Lady Project on a more positive note. Like the two former Fair Ladies, both new recruits have a history of smoked crack cocaine addiction. And, reminiscent of the first two, they also have a limited duration of “clean time”. Strikingly different are their candid communications concerning fears associated with returning to their former work environments as peer educators. Considering their vulnerability as well as the experiences of their predecessors, project coordinators anticipate consistent supervision during all community outreach activities.

Another variation in strategy involves the primary agency where the participants will report daily. Based upon past experiences and the issue of drug relapse, project coordinators have opted to station the two new employees at Palmer Prevention, rather than the health department. Initially, the health department had elected to “outstation” the My Fair Lady peer educators. This was considered the best approach due to confidentiality concerns, as well as media and public scrutiny. When attendance and performance issues spiraled out of control, the faith-based community partners regretfully suggested the workers move back “home” to the health department.

Now back on track with their original concept, coordinators predict the new linkage with Palmer Prevention will support closer monitoring of the rehabilitation and recovery outcomes of both young women. Improved results are highly anticipated; however, existing grant funds are insufficient to pay for clinical substance abuse counseling.

The project’s conclusion may be inevitable, but the capacity of the My Fair Lady Advisory Council has grown significantly. The Council is a diverse group with representation including community, faith-based groups, law enforcement, substance abuse counselors, and the Lumbee Tribal Government. The panel offers a wealth of expertise to the project. Organizers predict group sustainability and support of local interventions long after the My Fair Lady Project has ended.

Project Challenges beyond Drug Addiction and Mental Health Problems

Aside from the aforementioned issues, the My Fair Lady Project has faced some additional challenges. Insufficient funding for full-scale implementation has proven a major obstacle. Increased funding is needed to address the full range of problems commercial sex workers (CSWs) face, both on and off the streets, especially for programs staffed and managed by peers. Drug treatment, housing, child care, and skills training for CSWs are essential. Better healthcare services are needed for CSWs, including diagnosis and treatment for STDs/HIV, care for injuries due to violence, and mental health care.⁵

When the My Fair Lady Project proposal was submitted in 2004, the total original funding request was \$480,271, which

would have funded a 15-member outreach team over a three-year grant cycle. In the original model, the proposed outreach team included a full-time project coordinator, two rehabilitated commercial sex workers/peer educators during the first year, and the extensive rehabilitation and addition of 12 new peer educators by the conclusion of the project in year three.

The original My Fair Lady Project targeted an audience of 126 known commercial sex workers in Robeson County (as documented in 2004 by state Disease Intervention Specialists stationed in Robeson). The project extended to include some 500 individuals within the periphery of services available through partnering agencies.

Grant reviewers favored the project's novelty, but due to budget constraints the project was awarded a total of \$90,000 total with \$30,000 awarded per year over a three-year period. Resisting the inclination to decline partial funding, health department staff and their community partners downsized their approach. Without funding for a full-time project coordinator, project oversight fell upon the department's existing Syphilis Elimination Coordinator. And, with insufficient funds to recruit, rehabilitate and reintroduce 14 former commercial sex workers, the "novel approach" was reduced to just two peer educators. Only one peer educator's salary was to be paid from the My Fair Lady grant. The second educator would be recruited by the first paid employee and connected with the rehabilitation and education necessary for skilled employment.

Despite the fact that both of the original women succumbed to their former drug addictions, the project was initiated as planned. The first Fair Lady participant recruited the second who was enrolled in the Certified Nursing Assistant Program at the local community college at the time of her dismissal due to drug relapse. The costs of her tuition and books were covered by grant funds.

Effective Supervision of Dual Projects Proves Difficult

Though the Syphilis Elimination Program and the My Fair Lady Project share a common goal, single supervision of double duties has proven disadvantageous. Newly rehabilitated substance abusers and commercial sex trade workers lacked the self-assurance needed to return to their old environments without consistent public health companionship. Frequently, the Syphilis Elimination Coordinator was unable to accompany the peer educators in their daily street outreach activities, due to her full-time job obligations.

Another setback to successful implementation involved staff training. A deficient budget prohibited training using the Real AIDS Prevention Project (RAPP[®]) intervention model. RAPP[®] is a community mobilization program designed to reduce risk for HIV and unintended pregnancies among women in communities at high risk by increasing condom use. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer sex discussions and presentations.⁴

Lessons Learned

As previously detailed, Robeson County public health officials and community partners have learned valuable lessons regarding recruitment, rehabilitation, and reintroduction of former CSWs. Project shortfalls should not be viewed as failures, rather they should guide the course for those seeking to reduce the occurrence of HIV and other sexually transmitted diseases through decreasing the number of commercial sex workers. **NCMedJ**

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