Peer Engagement in Harm Reduction: Development, implementation, & evaluation of the Peer Engagement Best Practice Guidelines for BC Health Authorities

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Presented on behalf of the Peer Engagement and Evaluation Project (PEEP) team:

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Today’s presentation

1. Principles of peer engagement in harm reduction services and strategies
2. Who we are: the PEEP project
3. Why this is important now
4. The Peer Engagement Best Practice Guidelines for Health Authorities
5. Other tools and resources to support peer engagement
6. Discussion & moving forward
Harm reduction & peer engagement

• "Peer" is a person who both (1) has lived experience with substance use, and (2) incorporate that lived experience into their professional work.

• Peer engagement is the meaningful participation of people with lived experience in program, policy, research, practice or care settings.
  • Peer engagement is based in harm reduction principles
  • It ensures that people with lived experience of substance use routinely have a real voice in the creation of programs and policies designed to serve them.
  • It is informed by models of community and public engagement
Rationale for peer engagement

Peer engagement is meaningful participation of people with lived experience in program, policy and research settings.

• Peers are the experts
• One size does not fit all
• Capacity building

One size ≠ fit all
Peer engagement (PE)

- PE opportunities vary by length, depth, purpose, capacity, settings
- Meaningful participation
  - Sharing power at the table
  - Learn from each other
- Avoid tokenism
  - Moving away from ‘doing for’ to ‘doing with’, to coaching and mentoring
Examples of Peer Engagement

• Designing harm reduction services for rural and remote regions
• Developing policies for substance use in primary care settings
• Creating an opioid substitution program that is designed by the patients themselves
• Asking and addressing issues that are meaningful and important to the community first
• Providing funds and resources to peers to open an Opioid Prevention Site (OPS)
• Take-home naloxone training hosted and delivered by peers
The birth of the Peer Engagement and Evaluation Project (PEEP)

- BC Harm Reduction Strategies and Services Committee
- Academic researchers from BCCDC, UVIC, UBC
- Health Authority harm reduction coordinators
- 5 peer research assistants and advisors in all regional Health Authorities; 2 new peer RAs
  - Lived experience → the experts
Peer Engagement and Evaluation Project

PEEP Goals:

1. Improve equity & access to harm reduction in BC
2. Enhance peer networks across BC
3. Use the Peer Engagement Best Practice Guidelines while building capacity among in our team and communities
PEEP’s Progress

Year 1
- Visioning
- Recruiting and Training Peer Research Assistants
- 13 Focus Groups facilitated by peers in 5 Health Authorities

Year 2
- Data analysis and validation with team
- Training on Knowledge Translation
- Development of Best Practice Guidelines and Compassion-Inclusion tool

Year 3
- Implement and evaluate the BPGs
- Evaluation of PEEP
- Regional Convergences: delivering results and tools to communities
PEEP Tools and Guidelines

1. Focus group results & Infographic
2. Compassionate Engagement Tool
3. Peer Engagement Best Practice Guidelines
Infographic of Focus Group Findings

The Peer Engagement & Evaluation Project (PEEP)

**Peer Engagement**
Involving people who use drugs in designing service

We spoke with:
- **83** people
- in **13** focus groups
- in **12** BC cities

"They run out of pipes, they run out of pipes" (Northern Health participant)

"The Methadone doctor here...was so compassionate, so awesome, like I was clean, like he was great and then the [new doctor]...here now...he makes you feel...you walk out of that office and you wanna go get high" (Interior Health participant)

"When you have groups like these guys are talking about, that’s when you unite and you go to city council and you go to these places and you ask and then you ask again and again, and maybe one day something becomes of it" (Island Health participant)

**Participant Quotes**

**WE’RE TRYING TO:**

- Develop best practices for health authorities on how to engage with peers
- Empower and inspire peer leadership
- Practice peer engagement in our research project

**What we learned from listening to people who use drugs**

- **Access to Harm Reduction**
  - People who use drugs take it on themselves to hand out clean supplies
  - People can’t always get the supplies they need, when they need them

- **Stigma and Trust**
  - Stigma and discrimination make it harder to get supplies and services
  - People who use drugs often experience stigma. They are labeled and judged.
  - Trust makes it easier to get services, but it takes time to build trust

- **Peer Community**
  - People look out for each other
  - Building peer-run organizations empowers people who use drugs

- **Readiness for Engagement**
  - Government and leadership need to provide resources and support for peer engagement
Compassionate Engagement Tool

Objectives

Communicate PEEP stigma and trust findings to stakeholders

Engage stakeholders in experiential learning
Increase awareness of stigma and its inadvertent consequences
Facilitate collaborative efforts to reduce stigma against PWUD

Stakeholders:
- People who use drugs
- Health Care Practitioners
- Service Providers
- Peer Research Assistants
- Public Health Leadership
Learning Module Components

1. Narrated photo series: case studies of participant experiences
2. Facilitated dialogue: Reflection on behaviours demonstrated
3. Theatre of the Oppressed: Re-enactment of scenario
4. Summary slides: Quotations on which case studies are based
Peer Engagement Best Practice Guidelines for BC Health Authorities

1. Principles (to support)

2. Practices (to do)
**Do’s and don’ts of engagement**

A brief overview of things to consider:

- Meeting space (your turf or theirs?)
- Language used
- Compensation
- Privacy and confidentiality
- Travel and location
- Getting well, safely
- Barriers
- Training and a strengths based approach
Timely Opportunity for Peer Engagement

For interventions to the overdose crisis to be effective, they must be acceptable and accessible.

Improvement and expansion of harm reduction:

• Facilitates engagement
• Connects people to health and substance use services (if needed)
• Combats stigma, which is fueling the overdose epidemic
Provincial support for Peer Engagement:

- Pre-PEEP: Letters of support from all Health Authorities
- October 2016: Health Officers’ Council of BC resolution
- April 2017: Endorsement from the Prevention and Health Promotion Policy Advisory Committee
- May 2017: Vancouver Island Geo 1 Directors Meeting
Moving forward

- Currently traveling to 10 towns/cities for presentations to Health Authorities service providers
  - Northern providers at 3 sites (n=24); Island 2 sites (n=30)
  - Interior, Fraser, and Vancouver sites TBD
- Evaluating the uptake of our tools and revising the BPGs
- PEEP’s future plans with:
  - Peers:
    - Expand peer networks through grants and connections
    - PRAs engaging and getting involved locally
  - Service providers:
    - Develop capacity and engage more meaningfully using the BPGs
    - Reduce stigma through inclusive programs and services
    - Make peer engagement the norm across BC
In conclusion and challenges

- The challenge: Health Authority and other harm reduction staff have limited capacity to practice meaningful peer engagement.

- Tokenistic peer engagement may do more harm than good

- Support and resources to do meaningful peer engagement is needed on all levels of management and service
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