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PEER ENGAGEMENT IN THE BCCDC HARM REDUCTION PROGRAM

A NARRATIVE SUMMARY
JANUARY 9, 2021

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BCCDC HARM REDUCTION SERVICES

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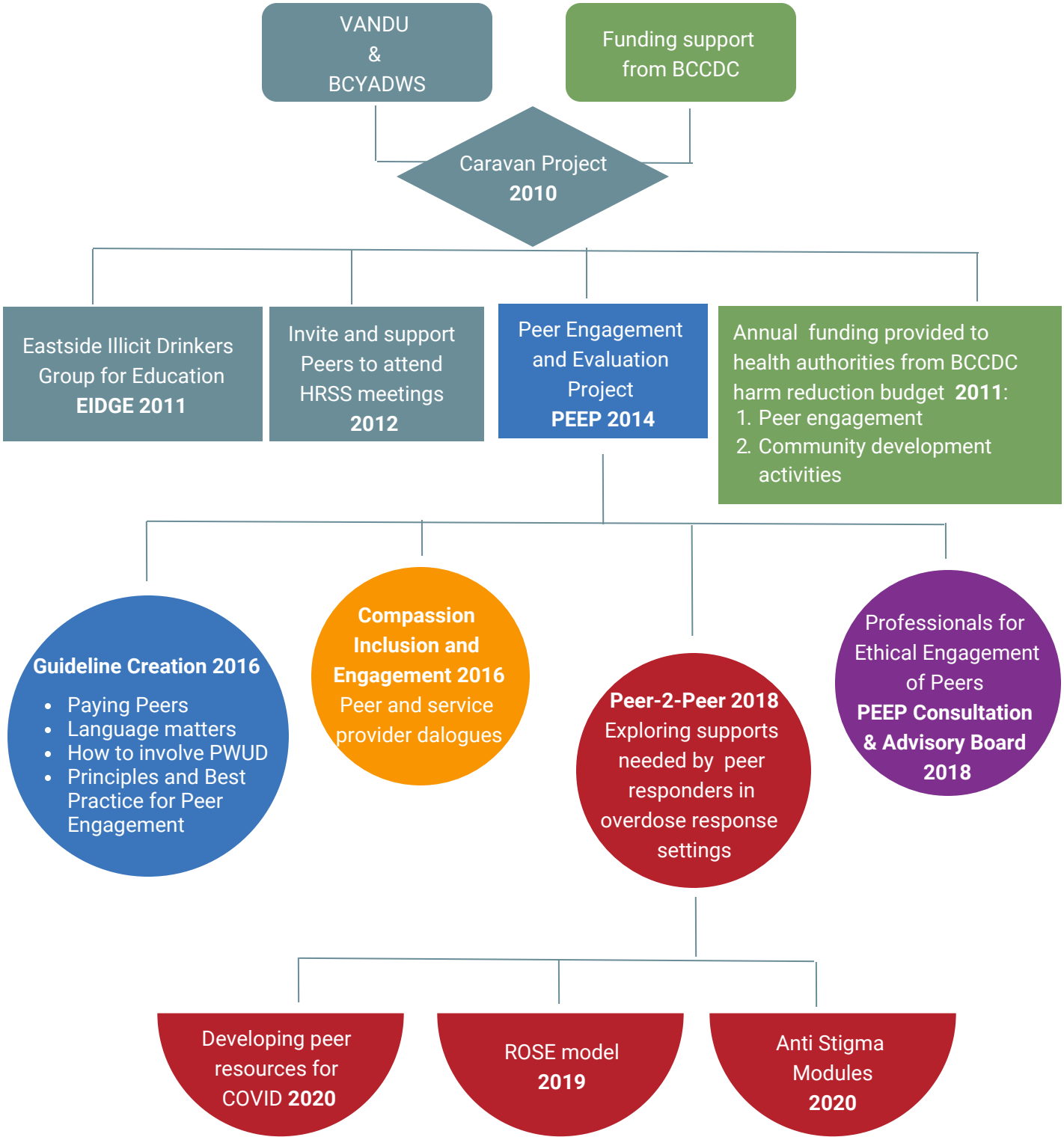
List of Acronyms

BCCDC	BC Centre for Disease Control
BCMHSUS	BC Mental Health and Substance Use Services
BCYADWS	British Columbia/Yukon Association of Drug War
CIE	Compassion, Inclusion, Engagement
EIDGE	Eastside Illicit Drinkers Group for Education
FNHA	First Nations Health Authority
HRS	Harm Reduction Service
HRSS	Harm Reduction Strategies and Services
OERC	Overdose Emergency Response Centre
OPEN	Overdose Prevention and Education Network
PEEP	Peer Engagement and Evaluation Project/Professionals for Ethical Engagement of Peers
PRA	Peer Research Assistants
PWLLE	People with lived and living experiences
ROSE	Recognition, Organization supports, Skill development for Everyone
VANDU	Vancouver Area Network of Drug Users
YIPP	Youth Injection Prevention Project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Introduction

Harm reduction is an approach to practice, policy-making, and programming that aims to minimize adverse health and socioeconomic consequences associated with substance use (Mathers et al., 2010). It meets people where they are and does not insist on abstinence before offering services. People with lived and living experience of substance use (PWLLE) are experts in their own reality. Engaging with PWLLE in policy making, research, programming, and practice is fundamental to ensuring that harm reduction services are accessible, accommodating, affordable, and acceptable (Greer et al., 2016). "Peers" in the context of harm reduction are PWLLE who use their lived experience in their work such as harm reduction supply distribution services, harm reduction education, peer support, overdose response and community-based research initiatives (Ti et al., 2012). Peer engagement has been defined as a community-based approach to decision making by "consulting and collaborating with decision makers using a bottom-up approach in order to better address the needs of the community" (Ti et al., 2012). The BC Centre for Disease Control (BCCDC) has advanced peer engagement efforts to promote harm reduction. This summary highlights key efforts and the important lessons learned during research and practice about effective peer engagement.

The Early Years

In 1998, the Vancouver Area Network of Drug Users (VANDU) was formed. VANDU is a group of people who use or previously used substances who work to improve the lives of people who use drugs through user-based peer support and education (VANDU, 2021). In 2009, the BCCDC Harm Reduction Service (HRS) provided VANDU with $2,000 towards organizing the Pacific Summit on Drug User Health. The three-day Summit brought together nearly 100 activists from across BC and the Yukon to: 1) share information about drug user health in their regions, 2) discuss successful strategies for advocacy for drug user health and 3) form a province-wide network of drug users; thus the British Columbia/Yukon Association of Drug War Survivors (BCYADWS) was formed (Taylor, 2009).

Youth Injection Prevention Project (YIPP)

In 2006, a study conducted by BCCDC and the BC Ministry of Children and Family Development found that although 98% of youth in custody reported using illegal drugs, less than 8% injected drugs (Buxton et al., 2009). Thus in 2009, BCCDC applied for and received funding from the Vancouver Foundation for the 3-year Youth Injection Prevention Project (YIPP) to explore resiliency factors that prevent youth transitioning into injection drug use and barriers to accessing harm reduction services (Coser et al., 2014; Funk et al., 2012; Tozer et al., 2015). Street-involved youth were hired to consult and facilitate focus groups. Sixty street-involved youth participated in focus groups or individual interviews in Metro Vancouver. Additional knowledge translation funds enabled YIPP findings to be shared across BC. Interactive community workshops designed in collaboration with McCreary Centre Society staff and featuring a video of youth highlighting YIPP results. Workshops led by youth co-researchers were held in all health regions; 67 youth compared their own experiences to YIPP findings and discussed resources and services.

YIPP's community-based approach engaged experiential youth co-researchers at every stage of the project (Funk et al., 2012). By working collaboratively, researchers, practitioners and youth gained valuable insights and knowledge from each other. Through team and skill building activities youth co-researchers moved from the initial intended role of consultation to more active participation including in qualitative analysis, conference presentations, and knowledge dissemination. The BCCDC harm reduction service aims to include these tenets in its subsequent research initiatives and practices.

The Caravan Project

In summer 2010, the BC-Yukon Association of Drug War Survivors, with support of VANDU, approached the BCCDC harm reduction services with the idea of the Caravan Project (Crabtree, 2015). The project involved driving across the province and conducting 17 needs assessments regarding health and harm reduction, and then brainstorming ways to address these issues, with a student researcher supporting analysis of the findings. The Caravan Project identified eight priorities including "connect with illicit drinkers", "support user-run organizations" and "engage with and encourage allies" (BCCDC, 2011). Thus, the Eastside Illicit Drinkers Group for Education (EIDGE) was formed in October 2011 at VANDU. EIDGE held weekly town hall meetings with about 30 attendees to discuss issues for illicit drinkers including housing and services, which was initially partially funded by the BCCDC (Brown et al., 2018).

EIDGE and the BCCDC then collaborated to hold 10 focus groups in communities across BC in summer 2012 to focus on illicit alcohol, with a student researcher supporting analysis of the findings. The focus groups were facilitated by EIDGE members and attended by 114 people who currently or previously consumed illicit alcohol (Crabtree et al., 2016; Crabtree et al., 2018).

BCHRSS: Funding Initiatives and Obtaining Peer Insights

The BC Harm Reduction Strategies and Services (HRSS) committee oversees the distribution of publicly funded harm reduction supplies and guides harm reduction planning and policy in BC (BCCDC, 2012). Membership includes representation from health authorities, BCCDC harm reduction services and BC Ministry of Health. Before 2011 HRSS face-to-face meetings were not attended by peers, thus peer input was usually through surveying convenient samples of local (Vancouver) peers.

In 2011, as a result of the Caravan findings, the BCCDC harm reduction services began providing annual funding to each of BC's five regional health authorities to support peer and community engagement activities; this was extended to the First Nations Health Authority in 2014. The two annual funding opportunities to the six health authorities were:

$2000 to support peer-led initiatives for harm reduction activities

$5000 for community development activities, matched by health authorities to show their commitment

This annual funding continued until 2018 when they were replaced by other sources of funds for peer and community activities. In 2017 the Overdose Prevention and Education Network (OPEN) project introduced convening and other community grants which were funded by the Ministry of Mental Health and Addiction's Overdose Emergency Response Centre (OERC) and initially managed by BCCDC and the Community Action Initiative. In 2018 the CIE Fund to Support Emerging Peer Organizations was created (see below CIE).

Peer advocacy led to the implementation of BC take home naloxone program in 2012 (BCCDC, 2021f). The Harm Reduction Client Survey was also introduced in 2012 to identify and evaluate substance use, harms and services across the province (BCCDC, 2021b). This survey is ongoing and peers are routinely consulted regarding question wording, emerging issues for inclusion and interpretation of results.

In 2011, also in response to the Caravan recommendations the BCCDC harm reduction services identified the need to include PWLLE at HRSS meetings. In spring 2012, the regional HRSS representatives were asked to invite a peer from their region to the face-to-face HRSS meeting (Greer et al., 2016). Feedback, including anonymous post meeting surveys, was sought from attendees to ensure continuous improvement. Through this reflective process, supports were implemented to prepare peers to contribute to the meetings.

Supports introduced included (Greer et al., 2016):

- Regional HRSS representatives discussing the agenda, committee background and providing clear expectations to the attendees in advance of the meeting
- Reorganizing agenda to enable peers to ask questions, provide input and take breaks as needed
- The evening prior to the all-day meeting a traditional Indigenous welcome was given by an elder of the host First Nations Peoples, community-building activities were developed and a meal together improved rapport between attendees
- Inviting two peers per health region. Peer run organizations were asked to nominate attendees or if no organization was available the regional HRSS representative identified participants
- Arranging methadone/opioid agonist therapy prescriptions and connecting to local peer-run group for other supplies for out-of-town peers

Through further refinement and input, additional supports were provided:

- Travel and hotel bookings were arranged centrally by BCCDC who also guaranteed room payment in advance of peer arrival at the hotel
- Peers from across the province attend a meeting the afternoon before the meeting to discuss local issues and peer priorities which are presented at the HRSS meeting the following day
- Since 2017 an overdose prevention service has been available for attendees at HRSS meetings

The BCHRSS policy and guidelines updated in 2014 (BCCDC, 2021b) stated "The meaningful participation and active engagement of people who use psychoactive substances ..... in the design and delivery of policy, programs and services is central to effective development and provision of harm reduction interventions". Although peer engagement was accepted as fundamental to HRSS to ensure services and policies were relevant to the community, we found that many health authorities did not engage with PWLLE or peers in their harm reduction activities. Therefore, we sought and obtained funding to further explore this issue.

Peer Engagement and Evaluation Project (PEEP)

In 2014, the Peter Wall Institute for Advanced Studies at the University of British Columbia funded the Peer Engagement and Evaluation Project for 12 months (BCCDC, 2021d). Funding was applied for and received for the two subsequent years. The project aimed to:

1.	Empower and inspire peer leadership
2.	Expand peer engagement and peer networks
3.	Design, implement, and evaluate peer engagement best practice guidelines for BC health authorities

Peers were engaged in all aspect of the research project; five peer research assistants (PRA) one from each health region were hired. Training included Research 101, focus group facilitation, qualitative analysis and knowledge translation. PRAs conducted 13 peer-facilitated focus groups across the regions and were engaged in a participatory data analysis and validation process. To stay connected PEEP met in-person where possible and held regular team teleconference calls initially bi-weekly then weekly where materials were worked on collaboratively and regional issues shared.

Informed by literature review and focus group findings, draft Peer Engagement Principles and Best Practice Guidelines and A Guide for Paying Peer Research Assistants were developed (BCCDC, 2021e). These documents along with 'How to Involve People Who Use Drugs' and 'Language matters; 4 guidelines to using non-stigmatizing language' were presented to health authority leadership who approved taking them to their staff. Thus in 2017, 14 'convergences' were held in 7 communities, including 99 providers, 120 peers, and 30 public health leaders. Participant insights from convergences' shaped 'Peer Engagement Principles and Best Practices: A guide for BC health authorities and other providers (version 2)'. To address ongoing issues of peer payment, PEEP partnered with the BCCDC to co-develop 'Peer Payment Standards for short term engagements' and updated

the 'Paying Peers in Community-Based Work: an overview of considerations for equitable compensation (version 2)'. Stigma and discrimination were major issues emerging from PEEP and a priority for the research team. The PRAs and a knowledge translation coordinator developed the Compassionate Engagement Modules; an interactive photo series addressing stigma based on real life experiences reported in the focus groups and by the PRAs (BCCDC, 2021e). Peers reported stigma and discrimination by health authority providers, which led to the Compassion, Inclusion and Engagement initiative.

Compassion, Inclusion, Engagement (CIE)

Findings from the BCCDC's Peer Engagement and Evaluation Project (PEEP) informed the development of Compassion, Inclusion, Engagement from its inception and provided evidence of the importance of peer engagement in service planning and evaluation (BCCDC, 2021a). There was an identified need to build relationships between people with lived/living experience of substance use and health and community service providers. The First Nations Health Authority (FNHA), BCCDC and BC Mental Health and Substance Use Services (BCMHSUS) began working together to find innovative ways to address the issue provincially. CIE builds capacity for peer inclusion and engagement, and Indigenous cultural safety through open dialogue, reflective practices and collaborative planning opportunities. It supports intersectional networks across health authorities and community sectors and shares what is working well and builds on what we are learning together, including identifying progress indicators that light the way towards larger goals. The program also has a full-time peer coordinator to help identify and engage peers in their local communities.

The first CIE engagement session took place in the spring of 2016 in the Fraser Health Authority. Peers and service providers participated in four days of capacity building and collaborative planning that culminated in new relationships, new ideas and new skills. To date, CIE has facilitated collaborative dialogue including over 300 peers, over 300 service providers and over 10 senior leaders from regional and provincial health authorities, community agencies and First Nation communities in all five health regions. CIE dialogues have generated many collaborative community-based project ideas annually, such as developing peer to peer resources, creating peer advisory committees, and establishing peer outreach. CIE approaches systems change through developing and sustaining relationships as well as through building community capacity for self-sustainment.

In 2018, the CIE Fund to Support Emerging Peer Organizations was created as part of the provincial overdose emergency response to support new peer groups across BC and effect change in their communities. The Provincial Health Services Authority and the BCCDC Foundation funding was used for operations of emerging peer organizations, for example to provide honoraria, food, meeting space, and travel. In 2018/19 CIE awarded $287,577 to 19 organizations and in 2019/20 nearly $200,000 went to 20 emerging peer organizations across BC

PEEP Consultation and Advisory Board

PEEP
Professionals for Ethical Engagement of Peers

To maintain the integrity of PEEP's guiding principles (e.g. sustainability, accountability) the BCCDC identified funding for the PEEP research assistants to continue their important work as provincial consultants providing feedback and insights into policy and research (BCCDC, 2021d). The PEEP team identified a new name 'Professionals for Ethical Engagement of Peers' (PEEP) Consultation and Advisory Board' and meet by phone once or twice a week, which ensures ongoing connection and engagement.

PEEP has many ongoing roles including involvement in research projects (BCCDC, 2021e), such as:

Research interviewers
PEEP members were trained and are currently administering qualitative and quantitative interviews, which include a study exploring concurrent methamphetamine and other drug use (see Toward the Heart projects) and the BC Campus initiative which is developing a curriculum for peers.

Providing Feedback
PEEP members helped to set the initial priorities for the Provincial Overdose Cohorts Working groups, and now meet regularly to guide the work being done.

Reviewing research project protocols, surveys and knowledge products related to PWUD. For example, reviewing Oximeter study methodology, and providing feedback on the Safer Tablet injecting videos and print guide.

Generation of documents
PEEP provided input for a project "Destigmatizing language around substance use and harm reduction reporting" funded by Michael Smith Foundation for Health Research. PEEP discussed their experiences of language in the media from which quotes were extracted and provided non-stigmatizing images for the report. PEEP participated in a webinar presenting the report to journalism students and is looking forward to future events involving presenting the report to journalists and journalism students.

Education of Students
Not only did PEEP participate in a seminar with journalism students in November 2020, in March 2021 PEEP members were guests in breakout groups of UBC medical students to share their experiences of stigma and answer students' questions.

Adopting Peer Engagement in British Columbia

Peer engagement is standard practice for developing equitable and responsive harm reduction solutions across BC. In April 2016, a public health emergency was declared due to an increase in opioid overdoses and deaths across BC. Peer-initiated, peer-led, and peer-engaged overdose responses have increased across BC, including overdose prevention services (as mandated by BC Minister of Health in all health regions in November 2016) and policy task groups that are either run or informed by peers. Furthermore, the role of a PWLLE Stakeholder Engagement Lead was created in 2019 to provide their expertise in peer engagement for all future BCCDC projects. Peers working in overdose response environments reported feeling overwhelmed and stressed; trauma and burnout were compounded by a lack of support from the organizations they work for. Thus, funding was obtained for Peer-2-Peer project to explore this further.

Peer-2-Peer

In 2018, the Health Canada Substance Use and Addiction program funded a 2-year study to explore the needs of peer overdose responders called Peer-2-Peer (BCCDC, 2021c). It aimed to identify, implement, and evaluate peer-led support interventions that are effective for peers in BC overdose response environments. This mixed-methods study is facilitated through BCCDC in collaboration with University of Victoria. It has a participatory community-action research design engaging two organizations in three health regions (SOLID Victoria; RainCity Vancouver, Maple Ridge and Coquitlam). Eight peer-led focus groups (needs assessments) were conducted Nov 2018 - Mar 2019 and identified the meaning and stressors of peer work, including being under paid, ‘always’ on call, lack of respect and recognition of their work compounded by the trauma of overdoses, grief and loss (Mamdani et al., 2021; Pauly et al., 2020).

Three major themes emerged from the focus groups, which formed the basis of the "ROSE" model: Recognition, Organization supports, Skill development for Everyone (BCCDC, 2021c).

Through partnership with SOLID and RainCity, the team utilized the ROSE model to develop a best practice manual on how to support peers once they are engaged as experiential workers. To address the R (recognition) of the ROSE model, the team produced the #Peerlife video, which features a day in the life of four peer workers (BCCDC, 2021c). To address the issue of stigma, the team also led an anti-stigma campaign comprised of a series of modules (BCCDC, 2021c).

Further funding for one year was obtained to develop curriculum for peers working in overdose response environments (BCCDC, 2021c). In 2020, the Peer-2-Peer worked to develop COVID-19 specific materials which were more accessible to PWLLE, including an infographic and training videos on responding to overdoses during COVID-19. Provision of oximeters to pilot sites to supplement overdose response was evaluated and a guide on how to use oximeters was developed. Currently Peer-2-Peer is collaborating with BC Campus and Molson Lab, Vancouver Coastal Health to develop a comprehensive curriculum.

Conclusion

Over the past decade or so, the BCCDC has recognized the importance of engaging people with lived and living experience of substance use in harm reduction policy making, research, programming, and practice. Peers play fundamental roles in ensuring that harm reduction services through the BCCDC are accessible, accommodating, affordable, and acceptable and that research is appropriate and relevant. The BCCDC has identified that many peers are motivated and capable of engaging in pivotal roles within research and in developing initiatives to further support their communities. Currently, peers are engaged in numerous projects at the BCCDC, including through the PEEP advisory board, CIE, and Peer-2-Peer. Furthermore, the BCCDC uses the principles of the best practice guidelines it has developed on how to effectively collaborate with peers, paying peers and respectful language in all of its work.

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