Report on the Peer2Peer Scale-Up Project

April 2023

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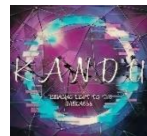

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We respectfully acknowledge that we live and work on the unceded traditional territories of the:

- Coast Salish Peoples, including the traditional territories of xʷməθkwəyə̓ m (Musqueam), Sḵwxw̱ u7mesh (Squamish), Səlí lwətaɬ (TsleilWaututh), QayQayt First Nation, Kwantlen, q̓ íc̓ə y̓ (Katzie), Semiahmoo, Tsawwassen First Nations, kʷikʷəƛ̓əm (Kwikwetlem), Stó:lō, Stz'uminus, WSÁNEĆ (Saanich), Lkwungen (Songhees), Wyomilth (Esquimalt), Snuneymuxw peoples
- Dakelh Peoples, including the traditional territories of the Lheidli T'enneh peoples
- Nlaka'pamux Peoples
- Syilx Okanagan Peoples

This report is dedicated to all those who have died due to the unregulated drug toxicity emergency. We express deep gratitude for all who respond to overdoses and support people who use substances.

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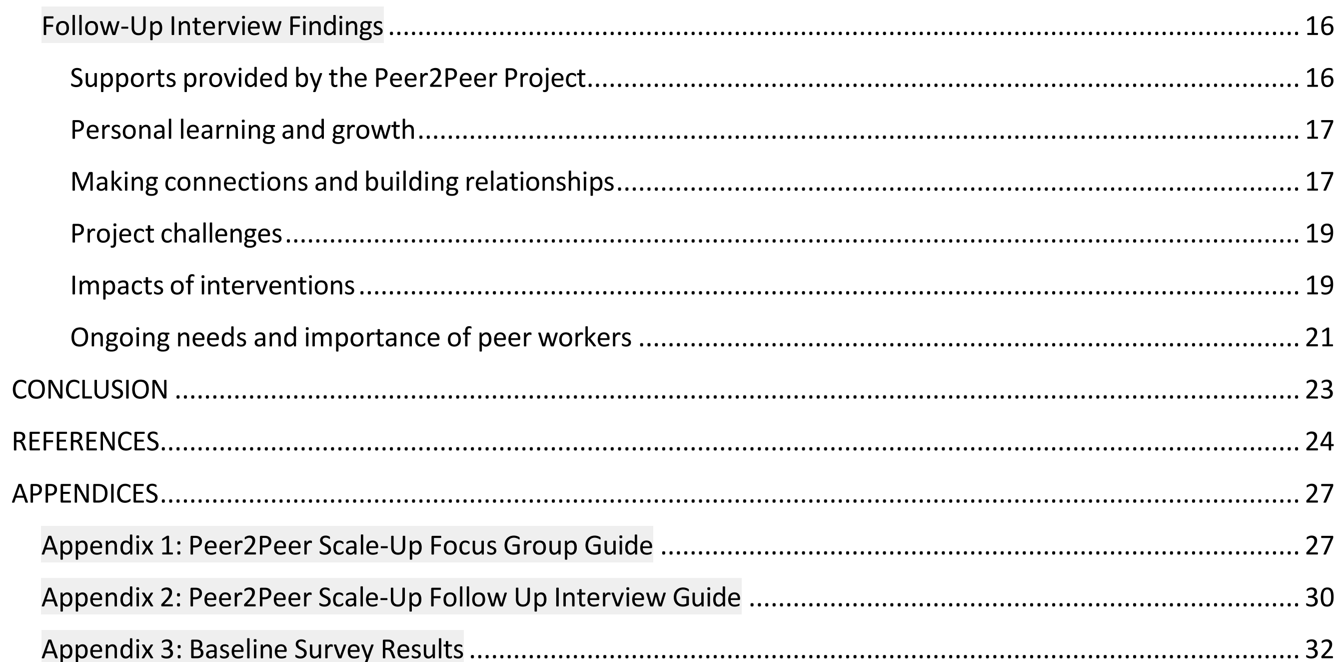

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INTRODUCTION

Peer workers (people with lived and living experience of substance use, who use their experience in their work) play a crucial role in supporting individuals in overdose response settings. Peer worker roles include outreach, educating on reducing overdose risk, reversing overdoses, and providing information about access to services. These roles are stressful and can have lasting social, mental and emotional impacts upon the peer worker. Unlike other first responders and healthcare professionals, peer workers typically do not have access to resources to mitigate these detrimental health impacts.

Peer2Peer Pilot

The Peer2Peer Project aims to identify, develop, implement, and evaluate peer-led support interventions for peer workers at organizations throughout BC. It was piloted from January 2018 to February 2022 at two organizations located in four cities: 1) SOLID Outreach Society in Victoria, and 2) RainCity Housing in Vancouver, Maple Ridge and Coquitlam.

During the pilot, peer research assistants facilitated focus groups of peer workers at each of the sites. This needs assessment identified three key support areas, which formed the basis of the intervention model, which the research team titled the ‘ROSE Model’ (see Figure 1). Its objectives were:

1) **Recognition:** To increase awareness and recognition among individuals without lived/living experience about the crucial work done by peer workers in overdose response settings.
2) **Organizational support:** To facilitate equitable access to workplace resources for peer workers, enabling them to work optimally in a stressful work setting with reduced emotional, mental, and social stress
3) **Skill development:** To provide training and education for peers to improve their skills and gain professional self-confidence.
4) The ‘E’ refers to making the interventions accessible to **Everyone**.

The ***ROSE Model*** aims to facilitate culture change within organizations, leading towards a more equitable and just workplace. Each component of the ROSE Model consists of multiple strategies. **R**ecognition of peer work included videos to create awareness of the work that peers do ***(#Peerlife)***, tangible objects such as photo IDs and business cards to professionalize their roles; **O**rganizational supports such as creating job descriptions and contracts to formalize peer worker roles and improve role clarity, **S**kill development provided external training opportunities for peer workers (e.g. First Aid and CPR training), and creation of ***leadership training modules***. Stigma and discrimination were identified as issues throughout the province which led to the development of ***Compassionate action: an anti-stigma campaign*** consisting of videos and facilitators guides. Peer research assistants were integral in all stages of the development of all project materials.

Knowledge translation of the pilot project findings included peer review publications, reports and presentations at local, National and International conferences and to local groups as requested. ***A quantitative evaluation of the Peer2Peer pilot and the ROSE Model*** was conducted in 2021.

Figure 1: The ROSE Model

Peer2Peer Scale-Up

In 2022, the Peer2Peer Project received funding from Health Canada, Substance Use and Addiction Program, to scale-up the pilot project to additional sites across BC by tailoring and implementing the ROSE Model interventions in order to support peer workers at these new sites. This expansion allowed the project be implemented in all five health regions in BC.

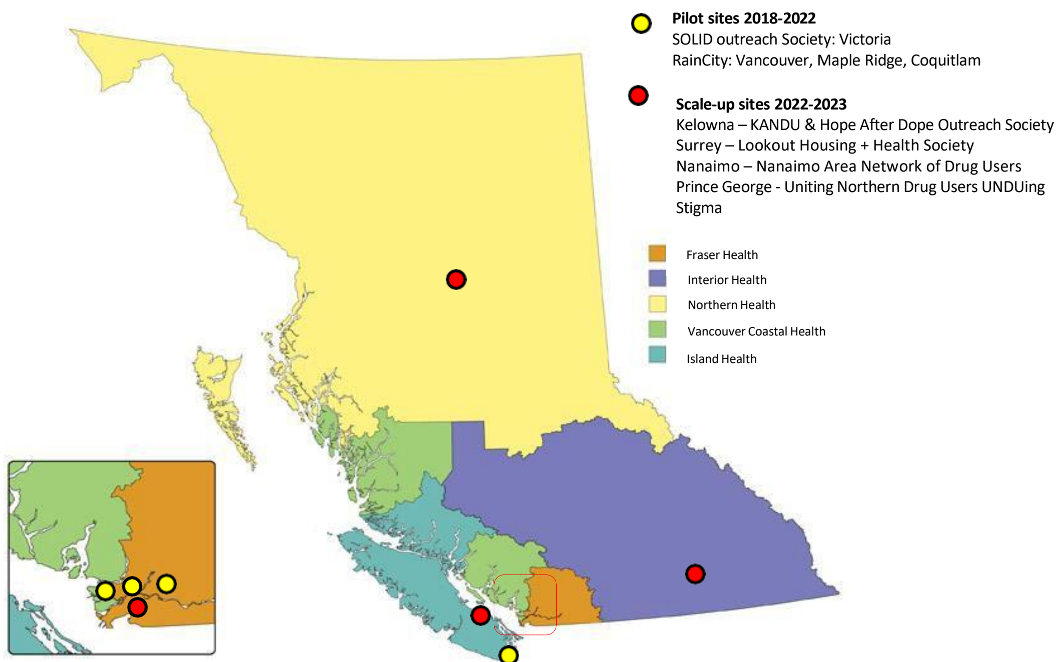
In March 2022 organizations that employ peer workers in overdose response settings were invited to apply for participation in the scale-up project. Five sites were initially selected, however, shortly after the scale-up project began; one site chose to discontinue due to competing priorities.

The four sites participating in the scale–up project are (see Figure 2):

1) ***Knowledging all Nations, Developing Unity*** (KANDU) in Kelowna and ***Hope After Dope Outreach Society*** in West Kelowna (Interior Health)
2) ***Lookout Housing + Health Society*** in Surrey (Fraser Health)
3) ***Nanaimo Area Network of Drug Users*** in Nanaimo (NANDU); (Island Health) and
4) ***Uniting Northern Drug Users UNDUing Stigma*** (UNDU) in Prince George (Northern Health).

This report contains findings from the scale-up project. It highlights workplace conditions, job satisfaction, relationships and support networks of peer workers at these additional sites at the start of the scale-up project, identifies priorities of the ROSE Model interventions to be implemented at each site, and the impact of implementing the interventions and participating in the project.

Figure 2: Map of Peer2Peer Project Sites



METHODS

The Peer2Peer scale-up project collected data through focus groups and baseline surveys to inform site needs and prioritize which components of the ROSE Model to implement at each site; follow-up interviews were performed at the end of the project. The research team consisted of academic researchers and staff, and the invaluable participation of peer research assistants. The study received Ethics approval from the University of British Columbia Behavioural Research Ethics Board (REB #: H18-00826) and harmonized approval from University of Victoria and Island Health.

Participants and settings

Each project site identified one to three Peer Research Assistants depending on organizational size and capacity. Peer Research Assistants were engaged in various project activities such as attendance at bi-weekly project meetings; providing insights into local issues and challenges faced by peer workers; recruiting participants for focus groups and baseline surveys, facilitating focus groups, supporting baseline survey administration, assisting with interpretation of findings, and developing and implementing identified interventions.

In addition, the scale-up project was supported by two Peer Advisors who had been Peer Research Assistants in the pilot project. They attended project team meetings to provide guidance and mentorship to those involved in the scale-up. Peer Research Assistants and Peer Advisors were paid $25/hour for their time and providing their expertise in all aspects of the project as per BC Centre for Disease Control's ***Peer Payment Standards.***

Peer Research Assistants recruited peer workers at their sites to participate in focus groups and baseline surveys; participants received $25 honorarium as a token of appreciation for participation in each.
Inclusion criteria for participation were:

1) Working (formally or informally) in an overdose response setting
2) Identifying as a peer worker, i.e. a person with lived/living experience of substance use
3) Being over the age of 18
4) Able to complete an interview in English
5) Able to provide informed consent

Focus Groups

Five semi-structured focus groups, facilitated by Peer Research Assistants, were conducted across the four, participating scale-up sites in June 2022 to assess the needs of peer workers in overdose response settings. The focus group question guide was centred on the ROSE Model ***(see Appendix 1)***. Peer workers were asked to describe their challenges and to make suggestions for increasing recognition, organizational support, and skill development appropriate to their needs. Focus groups were audio-taped and transcribed verbatim. Key issues and suggested interventions/resources were collated for each site. Focus groups findings were discussed and validated with Peer Research Assistants at each site independently to identify site-specific priority interventions. Site priorities were shared and discussed in the larger group with representatives from all sites and finalized.

Baseline surveys

The survey was based on the previous pilot surveys and was divided into six sections:

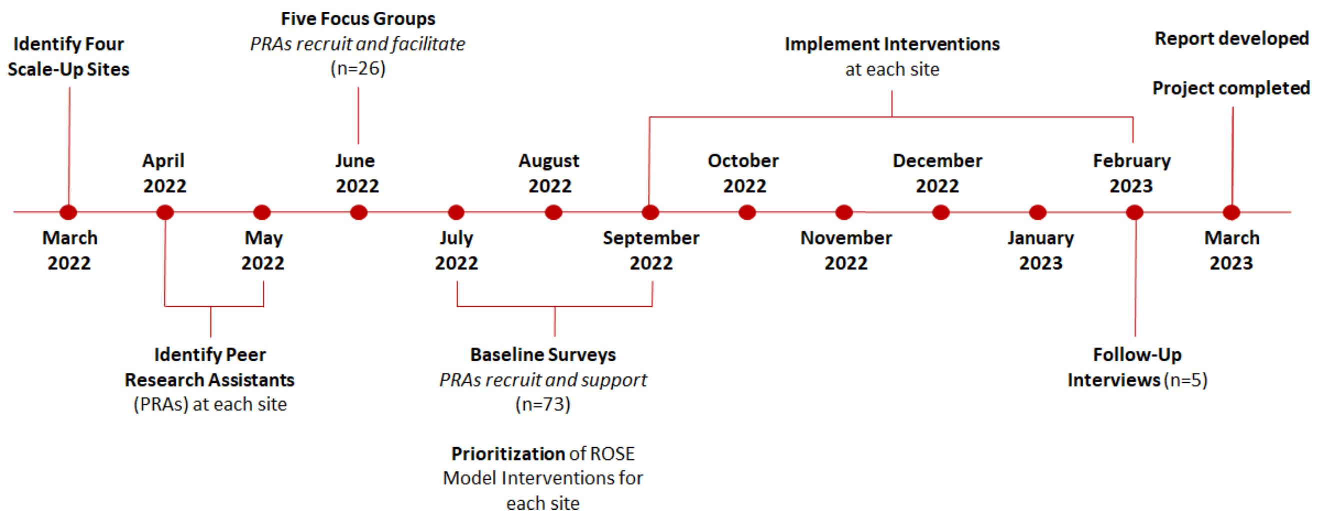
1) Demographic Questions
2) Workplace conditions and job satisfaction
3) Compassion satisfaction and fatigue
4) Perceptions of Health and Quality of life
5) Top Stressors
6) Impact of COVID-19 on workload

Baseline surveys were developed in Google Forms. Surveys were completed between July and September 2022 (i.e. before the ROSE model was implemented). Participants could choose between online or a paper survey. Hard copy surveys were collected by the Peer Research Assistants and mailed to the project team at BCCDC who entered them into Google Forms. Data were exported to Microsoft Excel and a descriptive analysis was conducted. Question responses, except the demographic ones, were on a 5-point Likert scale and included and answer option of '*prefer not to answer*'. Cards were provided which displayed the response options for the different Likert scale questions.

Follow-up interviews

Follow-up interviews were conducted in February 2023 with Peer Research Assistants and Peer Advisors. Interviews were transcribed verbatim. Findings were collated regarding ROSE interventions and a thematic analysis was performed. Findings were brought back to the Peer Research Assistants to validate findings and to select quotes for this report.

Figure 3: Timeline of Scale-Up Project Activities



FINDINGS

Focus Group Findings

Five focus groups were performed in June 2022 with a total of 26 participants; ages ranged from 25 to 63 and 41% identified as men. Peer workers shared their experiences of external, organizational and personal challenges and provided suggestions for addressing these challenges.

Key issues experienced by peer workers

Peer workers across all project sites identified stigma related to their substance use as a major challenge in their work. Stigma was perceived to come from other professionals (firefighters, paramedics, police officers and hospital workers), local businesses and the public. Examples were shared of not being helped by bystanders while responding to an overdose or while being assaulted. Lack of sustainable funding for peer-run programs and peer workers was also reported as a major barrier. Peer workers expressed overwhelming frustration that the overdose emergency was not being taken seriously and that peer workers were not recognized for the essential work they do.

Recognition of peer work: Peer workers identified a lack of recognition for peer work within their organizations and other organizations with whom they work closely. For example, some reported being treated differently to other staff due to their lived experience. Within one organization, peer workers reported that staff would take over while responding to an overdose, undermining their lived experience. In contrast peers at another organization said staff within their housing organization expected peer workers to respond to all overdoses because staff were not adequately trained in overdose response.

Organizational supports: Peer workers reported a lack of role clarity, including no formal contracts and inconsistency of standard practices, so that work was done differently by peer workers within the same organization. Additionally, peer workers said they were not paid equitably and did not have access to debriefing and counselling supports or job-related equipment (phones, oxygen tanks). Peer workers also felt they worked long hours and that the organization was understaffed.

Skill development: Peer workers highlighted the need to learn how to better care for themselves and others; including providing supports to people in emergency situations other than overdose, such as de-escalation, conflict resolution and mental health first aid.

On a personal level, peer workers identified burnout, stress, guilt and trauma from seeing other people, especially those they knew, experience an overdose and that these feelings often spilled over into their personal lives. In spite of these experiences, they wished they could do more to help people, though some also expressed difficulty in setting boundaries with colleagues and peers when they were not working.

Benefits of being a peer worker

Despite many challenges, peer workers highlighted some benefits from their work. In particular, they expressed satisfaction and pride with being involved in overdose response and giving back to their community. In working with their organization, some peer workers appreciated the ability to be themselves - not needing to hide their substance use. Some felt they were treated equitably and were being heard by leadership.

Peer workers also identified the benefits they provided to others, such as a peer seeing a familiar face when coming out of an overdose, which can be calming and lead to better after-care. They also felt that they were seen as an inspiration to others and their work fostered a sense of community, with clients being more mindful about the cleanliness of shared spaces.

Opportunities for improving recognition of peer work

Peer workers often felt that other first responders did not understand their role in overdose response but felt that recognition was important to build relationships with clients and others in their community or organization. Photo IDs and organizational branded clothing (e.g. t-shirts, sweatshirts) would help other professionals to recognize their affiliation and role while dealing with an emergency. Business cards could help to legitimize their role and assist them in providing information to clients.

Some peer workers requested training for non-peer staff to improve their understanding and support for peer work and to set clear role expectations. Meet and greets with first responders and other community members were suggested to improve peer worker recognition, open lines of communication and build relationships by providing a more positive image of peer work to the general public. These could also bring awareness to the value of lived and living experience in overdose response as compared to academic learning and certificates.

Opportunities for improving organizational supports

Peer workers reported wanting improved job-related supports and clearer expectations for their work such as contracts, job descriptions and standards of practice. Clarifying roles of peer workers and other staff can ensure consistency in job duties. Equitable pay and permanent employment opportunities were a concern, as was enabling peer workers to have the same privileges and supports as other staff.

Peer workers reported interest in improving orientation and onboarding processes. Suggesting orientation checklists would clarify expectations of peer workers and ensure they receive appropriate training. A mentorship or 'buddy' program would help new peer workers learn from those who are more experienced. Other suggestions included hiring additional staff to allow more time to connect and build relationships with clients, and access to equipment such as cell phones to use during emergencies, and pulse oximeters for responding to overdoses.

Many peer workers reported experiencing stress and burnout related to their work. They identified wanting opportunities for: debriefing; mental health and well-being and counselling supports; a helpline for peer workers to call as needed; regular check-ins or questionnaires to help assess their mental health over time; and fitness activities. Others were interested in group debriefing sessions, such as safety meetings and smudging or other cultural ceremonies.

Peer workers also desired closure after responding to an overdose, such as hearing the outcome when a person was transported by paramedics and meeting with families of a person that had died. There was also interest in debriefing after difficult incidents to discuss how they responded and to learn from the event. Participants requested opportunities to feel appreciated, such as team building activities away from work, and support in accessing community resources, such as housing and treatment services.

Opportunities for developing skills among peer workers

Peer workers identified a need to learn how to better care for others and themselves. Trauma informed practice training would facilitate an understanding of the ways that trauma impacts people; it would help them better support others and to understand how their own behavior is affected by experiences of trauma. Peer workers also requested opportunities to participate in self-care and mindfulness workshops. They were particularly interested in learning how to set boundaries, identify and respond to stress, and develop improved coping skills. Peer workers also wanted access to self-defense courses and to learn how to create a personal safety or relapse-prevention plan.

Some peer workers identified the importance of being paid for training opportunities. Other suggestions for training centered on learning new skills to care for others when providing emergency support to people in situations other than overdose, such as de-escalation, conflict resolution and non-violent crisis intervention; suicide prevention; first aid and CPR; and mental health first aid. Other skill development suggestions included Indigenous cultural safety training and providing support to 2SLGBTQIA+ people. Training in using a pulse oximeter and advanced overdose training were also identified as priorities.

Baseline Survey Results

Baseline survey results provide an overview of the demographic characteristics of peer worker participants and their perceptions about workplace conditions, compassion satisfaction, health and quality of life, top stressors and the effects of the COVID-19 pandemic on their work. The survey was administered after the focus groups were completed but before ROSE model interventions were implemented. A total of 73 participants completed the survey.

Demographics

The number of survey participants at each site reflects the site's membership. Of the 73 respondents, 44 (60%) were in Prince George; 19 (26%) were in Kelowna and 5 (7%) each from Nanaimo and Surrey. Among survey participants the mean age was 41 years; the majority identified as male (55%) and Indigenous (58%). Thirty (41%) of participants reported receiving some community college or university education, while 52% reported some high school education as the highest level of education achieved. For more details see Appendix 3: Table 1.

Workplace conditions and job satisfaction

The majority (93%) of peer workers who answered the survey were working in peer-led drug user organizations. Overall, peer workers felt that their work was recognized and supported by their organization and supervisor. Although most participants (71%) agreed that *'When I do a good job, I receive the recognition for it that I should receive',* only 57% of participants felt they were '*paid a fair amount for the work*' they do. Equitable compensation is an indication of respect, but fair compensation is frequently identified as an issue in peer work.[1] Communication within the organization was reported as good by 68% of respondents and only 11% felt their supervisor was '*disinterested in the feelings of employees*'. These findings are in contrast to peer work in other types of organizations, which are non-peer led, where they often feel unappreciated and highlight lack of communication about jobs and low pay as an issue.[2,3]

Job satisfaction also relates to general feelings of appreciation and pride in their work. The majority of participants felt that their work was appreciated. Peer workers overwhelmingly felt a sense of pride in doing their job (88%). Similar findings were identified in the pilot project where peer workers identified deriving meaning from their work and a sense of purpose and pride.[4]

Overall, these results indicate a relatively high job satisfaction due to feelings of pride and recognition within their organizations, though they also indicate areas for improvement, particularly in support and financial compensation see Appendix 3: Table 2. However, 10% of respondents selected the option "*prefer not to answer*" for two questions in this category: '*My supervisor is disinterested in feelings of employees*' and *'I do not feel the work I do is appreciated'.* The proportion not answering these questions was higher than other questions and may indicate that some participants were concerned their supervisor may see their response.

Compassion Satisfaction and Fatigue

Peers who respond to overdoses may be affected by trauma, burnout and fatigue. To assess how their work affected their mental health, peer workers were asked a series of questions related to satisfaction and stress. Peer workers overwhelmingly indicated feeling satisfaction from being able to help people, with 86% feeling satisfied often or very often. The majority of participants (60%) reported feeling connected to others often or very often compared to 7% who rarely felt this way. These feelings of satisfaction and connection may provide a protective effect and mitigate feelings of stress and burnout. While 13% of participants stated that they are often affected by others' traumatic stress, 27% reported never feeling this way. Similarly, 55% of peer workers reported never or rarely experiencing the trauma of someone they have helped and 48% reported they never/rarely felt worn out by their work, see Appendix 3: Table 3.

The pilot study similarly found peer responders derive pleasure and fulfillment from their work but they also face stress due to continuous exposure to the trauma of the people they support.[5] However, the low burnout identified in the pilot study was suggested to be in part due to the number of new peer workers who had not yet experienced the cumulative effective of the stress.[5] Further, the pilot study occurred earlier in BC's declared public health overdose emergency, while this current study was conducted in the seventh year of the declared public health emergency and after COVID-19 arrived.

Perception of Health and Quality of Life

The roles peer workers undertake are stressful and can affect their health and quality of life. Most respondents (59%) reported their ability to handle unexpected and difficult problems was excellent, very good or good. When asked how much their physical or emotional problems interfered with their social activities in the last 30 days, 27% reported all or most of the time, 26% reported some or a little of the time, and 15% said none of the time. When participants were asked how often in the last 30 days they felt they had warm and trusting relationships, 45% reported often or always. See Appendix 3: Table 4. This highlights the potential role of drug user organizations in relation to building community amongst workers.[6]

Top Stressors

Participants were asked to choose their top stressors from a list of possibilities to assess the areas in their day-to-day lives that they regarded to be the most stressful. Some participants selected more than 1 option as their top-most stressor. All responses were included and despite 8 (11%) who did not answer the question the total exceeds 100%.

The top stressors endorsed by 65 participants who answered the question was '*Own emotional or mental health problem or condition*' (26%) followed by '*Financial Situation e.g. Not enough money, debt*' (23%). Next were '*Time pressure/ not enough time*' (18%), '*Own work situation (e.g. hours of work, working conditions, stressful work)*' and '*Personal relationships*' were each endorsed by 17% of respondents. See Appendix 3: Graph 1. When participants were questioned about their own capacity for managing stress; 41 (56%) agreed or strongly agreed that they could manage their stress, compared to 5 (7%) who disagreed. See Appendix 3: Table 5.

A similar diversity of stressors was reported by peer workers in the pilot project, many reflecting societal stigmatization of drug use. Recognizing these systemic stressors is critical to designing interventions to reduce the emotional, physical and financial burdens that the peer workers face.[7]

Impact of COVID-19 on workload

People who use unregulated substances and those who work in harm reduction have been severely affected by COVID-19. To understand how COVID-19 affected peer workers, participants were asked if their workload as a peer worker changed after COVID-19 arrived and '*Why do you think your workload has changed?*' Most (41%) reported their workload had increased and perceived this was due to a number of factors. Of all respondents 32% reported it was due to an '*increase in the number of overdoses to respond to*', 30% said it was because of an *'increased need for outreach services'* and 13% reported an *'increased demand for peer witnessing in housing facilities'*. About a quarter (26%) reported their workload had decreased, 12% reported '*reduced hours of work due to closure of overdose prevention sites*'; 30% reported no change See Appendix 3: Table 6 and Appendix 3: Graph 2.

These survey findings are supported by BC administrative data. In response to COVID -19 public health measures, some harm reduction services in BC closed, or the number of clients able to attend was limited and the hours of service was reduced. For example, clients attending overdose prevention and supervised consumption sites declined from more than 63,000 visits in January 2020 to 27,000 visits in April 2020.[8] This increased the need for outreach services provided by peer workers often without support and hence increased stress.[6] The toxic drug poisoning deaths in BC increased with the arrival of COVID-19. In fact, 2021 had the highest number of deaths ever reported in BC with similar numbers reported in 2022.[9] As more than six illicit drug toxicity deaths occur every day the trauma and distress experienced by peer workers continues.

ROSE Model Interventions

The focus group findings reaffirmed that the broad components and many of the specific strategies identified in the original ROSE model have application in a wider context of peer delivered overdose prevention in various settings and geography. Based on focus groups findings, the specific ROSE Model interventions were identified and tailored for each site and served as the basis for their work plan for the remainder of the project. During the project, Peer Research Assistants had opportunities to reflect on the planned interventions and prioritize activities within their organization based on capacity and available resources. Thus, the interventions completed may differ from those initially identified and developed. Table 1 provides a list of interventions that were implemented during the project, categorized by the associated ROSE Model component.

Table 1. Interventions implemented at Peer2Peer Scale-Up sites

Intervention	Description and number of sites
Recognition of peer work	
Photo IDs	3 sites were provided a photo ID printer, lanyards and plastic ID holders, and instructions to create photo IDs for their peer workers.
Business cards	2 sites were provided business cards for key staff members and cardstock to create additional business cards for staff, as needed.
Staff t-shirts and sweatshirts	2 sites were provided t-shirts and sweatshirts. The front design was developed by a peer worker at one of the sites as part of a design contest and the clothing was printed by peer workers by one of the sites that owns a t-shirt printer.
Community outreach events	2 sites hosted community outreach events to share the importance of peer work in their communities.
Relationship-building with community partners	1 site was supported in developing a presentation to use when speaking with a community partner, with whom they wanted to build a better relationship.
Training for other staff	1 site hosted a presentation at a staff meeting about the importance of peer work in their organization.
Organizational support	
Pulse oximeters	All 4 sites received 10 pulse oximeters each to provide to peer workers when responding to overdoses. One site requested an additional 10 pulse oximeters to replace broken units.
Cell phones	2 sites received cell phones for accessing debriefing or for emergency situations.
Peer Supporter/ Wellness Worker/Peer Navigator	3 sites paid a staff member to provide peer worker support at $25/hour for 10 hours/week. Duties were specific to each site but typically included after-incident debriefing support, and connection to local services and resources.
Peer Worker Job Description	1 site has begun work on a Peer Worker job description. Other sites identified it as a priority initially though it was prioritized lower on their work plan over the course of the project.
Orientation checklist and/or peer handbook	2 sites began to work on orientation checklists and materials to assist with onboarding.
Buddy program	2 sites implemented a mentorship or ‘buddy’ program to pair new peer workers with those who were more experienced for job shadowing and learning.

Sharing/support circles	2 sites were supported to host sharing or support circles, which enabled peer workers to access debriefing supports.
Teambuilding activities	2 sites hosted teambuilding activities, which included bowling and a Halloween event.
Skill development (peer workers were paid to attend these trainings)	
First aid and CPR	Peer workers from 2 sites attended first aid training provided through St. John's Ambulance, with a total of 22 peer workers receiving their certification.
Trauma informed practice	Peer Workers at all 4 sites participated in Trauma Informed Practice training provided by the Provincial Health Service Authority to learn how to support people who have experienced trauma and to recognize and address personal trauma. 78 peer workers benefitted from this training.
Self-advocacy	1 site offered training in March 2023 on self-advocacy skills to improve self-confidence when interacting with authorities.
Indigenous cultural safety	2 sites participated in Indigenous Cultural Safety Training in February 2023. Training was provided through two virtual sessions by an Associate Consultant from the Len Pierre Consulting Group. 61 peer workers attended this training.
Mental health first aid	1 site supported 18 peer workers to attend Mental Health First Aid training provided by the ***Provincial Mobile Response Team*** in their community.
Cultural awareness and safety	1 site supported 14 peer workers to attend Cultural Awareness and Safety training provided by an Elder in their community; they learned about ceremony protocols, wellness tools, sacred medicines teachings, remembering Indigenous roots, and how to help others safely.
Know Your Rights Training	1 site offered training on rights related to law enforcement and housing March 2023. 29 peer workers attended.

Follow-Up Interview Findings

Five follow-up interviews were performed in February 2023 with Peer Research Assistants and Peer Advisors. The six themes that were identified were: 1) supports provided by the Peer2Peer project; 2) personal learning and growth; 3) making connections and building relationships; 4) project challenges; 5) impact of the interventions; 6) Ongoing needs and importance of peer work

Supports provided by the Peer2Peer Project

Interview participants identified non-financial supports provided by the core project team and financial supports.

Core Project Team: Interview participants identified that the Peer2Peer Project had provided support in a variety of ways that extended beyond the interventions themselves. For instance, some participants felt that the core project team helped them to keep on track with their Peer2Peer work plan and were available to assist with concerns of a more personal nature, such as housing. At an organizational level, one interview participant felt that the project validated their work and gave their organization direction.

> ***"I think it's really helped our organization, kind of like given us some direction."***

Funding: Project participants reported the availability of project funding had considerable positive impact. The funding provided financial stability to peer workers. Peer Research Assistants described their appreciation for being paid while working on the project. There was also recognition that people who were acting as Peer Support Workers or similar roles, prior to the project could be paid for their participation and important work during the project.

> ***"The extra money and stipends that Peer2Peer has been providing us has been really helpful 'cause being paid, having some financially stability, is great."***

Peer Research Assistants reported that Peer2Peer project funding enabled peer workers to be paid fairly for attending project training and skill development interventions, and for food to be available during these sessions. The funds allowed anyone who was interested to attend the sessions, so that the organizations did not need to limit the number of peers attending. While such training opportunities may be available, there is often a lack of funding to pay participants.

Personal learning and growth

Interview participants identified the benefits of the learning opportunities that the project provided them. Some shared that they learned practical skills, both from the core project team and each other, such as carrying out a project on a timeline, budgeting, and recruiting research participants. Many of these activities and the skill development sessions provided by the project were seen as experiences that could be highlighted on resumes.

> ***"The Peer2Peer Project was amazing for me because it helped me to gain a little bit more respect in my camp."***

The Peer2Peer Project also supported participants, particularly those acting as Peer Research Assistants, in personal growth. One person expressed feeling proud of their accomplishments throughout the project, while another reported that it had helped them gain respect within their community. Another participant suggested that they had learned it was possible for people who use substances to work respectfully with people who do not.

> ***"I learned that people that don't do drugs and people that do do drugs actually can get along respectfully because before that I didn't think so."***

Making connections and building relationships

Another outcome of the Peer2Peer Project reported by participants was that project sites were able to make connections with each other and others in their community, both intentionally and as a consequence of an intervention. Some expressed gratitude for those connections and felt that they will continue to develop these relationships outside of the project.

Peer Research Assistants said they were able to learn from each other, particularly about successes and challenges in leading their organizations. Additionally, engaging Peer Research Assistants from the Peer2Peer pilot as Peer advisors enabled them to provide guidance to those participating in the scale-up and share their prior experiences with the project and its interventions as well as share about their successes in building their organizations. At the same time, a Peer Mentor felt renewed enthusiasm from connecting with less established organizations because it served as an opportunity to reflect on their own organization's progress.

> ***"We're not always on the same page…because every town is different, every place is different right, so you know what works here may not work [somewhere else], right?"***

Several project interventions also provided opportunities to make connections in their community. One interview participant described that having Elders join in their sharing circles and other activities as a source of support provided an opportunity to share more about the importance of peer work with the Elders. Similarly, other participants suggested that the training sessions and community outreach events helped to engage other service providers in their communities to learn about their organization while also assisting in building new and existing relationships. In this way, making these connections helped to reinforce the importance of peer engagement.

> ***"It was really good for the trainer to be like oh this is a group of drug users that save lives and the trainer adapted part of the training for everyone…I think that was really kind of like putting our organization out in the community in different ways."***

Project challenges

The interview participants identified a number of challenges experienced through the project. Many of the challenges stemmed from a need for sufficient and sustainable funding and also time to implement these types of activities.

> ***"Making sure that [the sites] have that foundation and if they don't then … fuckin' send someone here to help us."***

One such barrier was that the pay received during the project was not sufficient for the amount of work necessary to plan and implement the project's interventions. For example, one interview participant suggested that work being done on organizational documents, such as job descriptions and orientation checklists, took a great deal of time and that they were not fully compensated. Another barrier was that the project sites lacked sufficient support for administrative, technical and financial tasks, which occasionally impacted their ability to fully implement interventions. An example provided was the difficulty accessing virtual training sessions facilitated by the project because of technical issues, which meant that sites missed some of the training. The challenges differed by site reflecting the readiness of the organization to undertake the various activities and external challenges that made capacity building difficult and less of a priority.

Additional challenges with the project related to the supports provided by the core project team, including feeling that core project team staff members did not fully understand the realities of frontline work. One individual expressed concern with the slow progress made at the beginning of the project and that interventions were felt rushed toward the end. Attending meetings remotely by Zoom was also noted by a Peer Research Assistant as challenging, especially in terms of engaging with a large group for the team's bi-weekly meeting. Another suggested that in-person opportunities for mentorship would have facilitated more fulsome discussions about successes and challenges experienced within the different project sites.

Finally, interview participants shared that some interventions were not as effective as they had hoped. One interview participant reported the pulse oximeters they received were of poor quality and fell apart quickly. Another interview participant said that their teambuilding activities did not work out as planned because it was difficult to get people together on one day.

Impacts of interventions

Interview participants were asked to identify how the interventions implemented at their project sites contributed to the components of the ROSE Model: recognition of peer work, organizational support, and skill development.

Recognition of peer work: Community outreach events helped achieve the goal of increasing recognition of peer work. One interview participant suggested that these events validated the work being done by peer workers and provided an opportunity to share information about their work with larger audiences.

These events, alongside the training sessions and opportunities to engage Elders, enabled the project sites to make connections with community members, share successes and challenges of peer work, and encourage support from others.

> ***"We were able to share a lot of the work that we do and why we do it and the importance of it … I think it shed a bit more light on what's really happening which therefore opened up more doors for support or willing and wanting to get engaged or come and, and see what we're doing in person and check it out."***

Another interview participant indicated that the business cards provided through the project had not seemed important but, since being introduced, they are now often requested. This suggests that the business cards have increased recognition of individual peer workers within their organization.

Organizational support: Items that fell under this component of the ROSE Model included tangible items like cell phones. One interview participant felt the cell phones they received created a sense of safety among peer workers and allowed them to contact others in times of emergency, for debriefing, or when more supplies were needed.

Although the project sites that implemented the Peer Support Worker role had individuals already doing this work, the Peer2Peer Project provided funding to ensure they were paid. Having a person designated to this role created space to consider peer wellness within the organization and someone dedicated to this function rather than multiple people in leadership providing this support.

The Peer Support Worker gave peer workers an opportunity to share their feelings and debrief productively. An additional responsibility of the role at one of the project sites, was to provide peer workers support on personal matters, such as getting on methadone or help with housing issues. Thus, the Peer Support Worker supported peer workers through issues directly related to both their work and to their personal basic needs.

> ***"You know sometimes it's just having somebody to vent to about their own stuff that's going on… [it] has been really helpful because then they were able to continue doing their shift in a good way and just get it off their chest."***

Skill development: The training sessions that came under this component of the ROSE Model were also well-received. Due to the various trainings peer workers experienced increased confidence, self-esteem,

and willingness to respond during incidents. Peer workers reported feeling pride in being able to showcase their accomplishments after completing the trainings, especially first aid and CPR.

> ***"It's developed a lot more confidence and more willingness to be able to respond better or know what you're doing."***

The trauma informed practice training was seen as particularly useful to enable peer workers to recognize trauma, both in others and within themselves, and learn how trauma can lead to certain behaviours. Peer workers also developed practical skills that will be useful in their work, including how to evaluate a situation, respond in a compassionate manner, and be more patient.

> ***"It helped us have a really good conversation afterwards about the challenging behaviours that we deal with on our sites and what could be fueling those behaviours and how we could deal with them better."***

Ongoing needs and importance of peer workers

Although interview participants reported experiencing many successes during the project, they also described ongoing needs that were not met by the project.

> ***"I feel like the most important thing, and the thing that many drug user groups struggle with, is the finance and the governance"***

Finance, Governance and Grant Writing: Participants identified capacity building and support for governance-related tasks was still needed within organizations, including the creation of policies, procedures, orientation materials, and other organizational supports to provide consistency to their work. Several sites had begun work on this type of documentation however interview participants reported that this takes considerable time and resources to complete. Others suggested that changes in leadership and staff on the ground impacted the sustainability of work being done. For example, although someone within an organization may have skills in grant writing, there may not be someone to fill the role if they need to take a step back from work. Thus, highlighting the need for future supports to focus on finance and governance and grant writing.

> ***"We started a mentorship program and stuff like that but I think even throughout that we recognize it's really hard to mentor somebody properly without having that full training orientation package available"***

Recognition of Peer Work: Interview participants also identified challenges within communities that indicate work is needed to increase recognition for peer work and to acknowledge peer workers are the experts in the field with knowledge obtained from experience that non-peers do not have.

> ***"They say they're gonna work with people and listen [but] I'm still not seeing it."***

Interview participants from multiple project sites reported experiencing roadblocks with their municipalities and health authorities in terms of accessing space, connecting to city services, and getting funding for their programming. The sites often provide much-needed services in the community beyond overdose response, such as running warming centres and providing goods to meet basic needs, but are not recognized or paid for this essential work.

> ***"We're here and we're responding to overdoses, we're keeping people warm, you know giving out harm reduction, like hygiene products. We [are] volunteering half our time, minimum wage the other half the time."***

One interview participant highlighted the critical nature of supporting peer workers to address the unregulated toxic drug supply emergency. While they mentioned skill development opportunities specifically, wider recognition for peer work and organizational supports also serve in advancing peer workers in doing their life-saving work.

> ***"I'm certain when we look back that it's going to be getting peer workers trained up that is going to turn the tides in terms of the overdose crisis."***

There was recognition that organizational growth and the ability to respond to community needs existed before the overdose emergency was declared. However, the need to adapt to changing realities in a timely way was felt even more pressing in the light of the COVID-19 pandemic, increasing toxicity of illegal drugs and changing political landscape, policies and regulations including decriminalization of simple possession of drugs and safer supply initiatives. Organizations can provide input, share priorities and assist in the evaluation of these new initiatives from the reality of people who use drugs.

CONCLUSION

The Peer2Peer Project was expanded in 2022 to four additional sites to improve access across the province to interventions identified, developed and implemented by the pilot project. We found that the interventions implemented by the scale-up project sites have been successful in increasing the recognition of peer work, improving organizational support and providing peer workers skills and confidence. However, there is still much to do, stigma from other professionals and the public should be addressed and sustainable funding is needed to support peer workers to continue their lifesaving work. In particular, scale up organizations identified the need for core team support to support sites with implementation, ongoing training of peer workers and fair pay for participation in training, support for finance and governance activities as well as capacity and skills building for grant writing.

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APPENDICES

Appendix 1: Peer2Peer Scale-Up Focus Group Guide

INTERVIEWER: State location and date recorded
These questions are a guide – allow for conversation to flow.

Engagement Questions

- To start, can you tell me about what it is like working in an Overdose Response Environment in general?
- Can you tell me what you like about your job?
- Can you tell me about some of the things that you don't like about your job or some challenges you face in your role? (*Probe for stressors, working conditions, relationships with peers, relationship with management*)
- Can you tell me what you think your current barriers are for your health and wellbeing?

Exploration Questions

This research project is implementing strategies in Peer organizations to help support Peers working in Overdose Response environments. With the Peer advisory group, we have developed a model and we're hoping to talk to you about it and get your feedback.

Interviewer: hand out ROSE model diagram

So, as you can see, there are several things that are part of the ROSE model and were implemented at our pilot sites. We would like your feedback on these strategies for your particular site. We will go over each component one by one.

1. Recognition

The first component of the ROSE model is "Recognition of Peer Work". Peer workers in Victoria, Vancouver and Maple Ridge had expressed that they lack respect and recognition at work were often treated inequitably compared to other staff without lived/ living experience. They also talked about getting inequitable wages, and facing lots of stigma and discrimination from other professionals such as police and paramedics.

- What are your thoughts on these issues? (*Probe for more with these questions: Is this an issue you face in your region? Can you talk about specific instances related to lack of recognition of peer work in your community and/ or your organization?)*

As you can see in the ROSE model, a few strategies were implemented at the pilot sites to help improve peer worker recognition. These included:

- a video featuring a day in the life of peer workers
- photo IDs and business cards as legitimate symbols of professionalism
- There was a discussion of hosting meet and greet events between peer workers and other community professionals such as police and paramedics.

> - What do you think of each of these interventions – would they be useful for your site? (*You may need to pause after each strategy and ask for feedback and usefulness of that strategy*)
> - What other interventions would you recommend to improve recognition for peer workers?

2. Organizational Support

The second area of supports that the pilot sites identified was organizational support. Many peer workers had stated that they lacked role clarity and that they did not have formal contracts with their organizations. They also mentioned lacking awareness of resources available to them at work and externally. Additionally, peer workers did not have access to physical and mental health supports such as fitness activities, counselling, and art/ music therapy. Peer workers also described feeling burnt out and lacking appreciation for their work and also sometimes having strained relationships with their colleagues.

> - What are your thoughts on these issues? (*Probe for more with these questions: Is this an issue you face in your region? Can you talk about specific instances related to lack of supports from your organization?)*

The ROSE model includes several strategies with the Organizational Support component:

- Formal job descriptions and contracts were developed for peer workers at each site and orientation checklist was created so that all new peer workers went through proper onboarding procedures.
- Two roles were created: 1. Peer supporter to lend a listening ear to peer workers when they need to vent or seek mental health support, 2. Systems Navigator to assist peer workers navigate external resources such as housing, govt. issued IDs, healthcare, etc.
- Teambuilding days were organized for peer workers as a sign of appreciation for their work, and to foster a sense of belonging and improve working relationships with their colleagues.

> - What do you think of each of these interventions – would they be useful for your site? (*You may need to pause after each strategy and ask for feedback and usefulness of that strategy*)
> - What other interventions would you recommend to improve organizational supports for peer workers?

3. Skill Development

The third component of the ROSE model is Skill Development. Peer workers at the pilot sites identified skill development as a need and suggested topics that would help increase their self-confidence and capacity. Identified training needs included technical skills, people skills and self-care skills. Technical skills identified included first aid and CPR, recognition of signs and symptoms of mental health disorders, naloxone administration and use of pulse oximeters. Under people skills, peer workers identified the need for training in conflict resolution and de-escalation, communication skills, peer debriefing skills and cultural safety. Self-care skills included mindfulness and self-defence.

- Do you consider skill development to be a priority for peer workers?
- The following external training sessions were organized for peers. What are your thoughts on each of these?
    - First Aid and CPR
    - Cultural Safety
    - Embracing diversity and understanding LGBTQ+
    - Mindfulness
- What other topics would be useful for you for online or classroom-based training?

Exit Questions

- Is there anything else that you would like to say about your work?
- Is there anything else that you would like to say about supports or programming that are needed by peer workers to help improve health and wellbeing of peers?
- Is there anything else that we haven't spoken about that you think we should focus on?

Appendix 2: Peer2Peer Scale-Up Follow Up Interview Guide

1. Peer Research Assistant Interview guide

Before the interview Peer Research Assistants were provided with a list of interventions implemented at their site

Section 1: Impact of the interventions

1) Can you tell me which of the interventions implemented during the Peer2Peer project you think made the most difference to you and your peers and in what way?
2) Can you tell me if you think any of the Peer2Peer interventions have improved recognition of the importance of peer work (eg. within your community or organization)?
3) Can you tell me if you think any of the Peer2Peer interventions have improved the support you receive from your organization to do your job as a Peer Worker?
4) If you attended any skills development or training sessions funded by the Peer2Peer project, what impacts do you think these trainings have had or will have in your work?
5) Can you tell me if any of the interventions did not serve the purpose of improving recognition of peer work, organizational support or skills development?
6) What impacts do you think the role of the Peer Support Worker/Wellness Support Worker/Peer Navigator has had for you or your peers?

Section 2: Recommendations

7) What other supports do you feel are needed within your organization to improve your experience as a peer worker?
8) What supports do you feel are needed from local authorities (eg. Health authority, Municipal government) to improve working conditions for peer workers at your organization?

Section 3: Experience working with the Peer2Peer project team

9) How was your overall experience working with the Peer2Peer Project?

10) Did you find your involvement with the project beneficial for you/your organization?

11) Did you feel like your needs were met by the project team and in what ways (e.g. do you feel that you were heard; that the team created a safe space for you)?

12) What areas of the project were not helpful and what would your suggestions be to change it?

2. Peer Advisors Interview Guide:

1) Please tell me what you thought about being a Peer Advisor to the sites involved in the Peer2Peer Project's scale up.
2) How important do you think the Peer Advisor role was to the project and to the other sites involved?
3) What benefit did you get out of acting as a Peer Advisor?
4) What would you do to improve the Peer Advisor role?

Appendix 3: Baseline Survey Results

Table 1: Demographics of baseline survey participants

	n (total = 73)	*%*
Location		
Nanaimo	5	7%
Prince George	44	60%
Surrey	5	7%
West Kelowna/Kelowna	19	26%
Age		
Mean Age (years)	**41**	
Age groups:		
18-40	34	47%
41-50	23	32%
51+	14	19%
Unknown	2	3%
Gender identity		
Man	40	55%
Woman	32	44%
Unknown	1	1%
Ethnic or family background		
Indigenous (First Nations, Metis or Inuit)	39	53%
White & Indigenous	3	4%
White	27	37%
White & Latin American	1	1%
Unknown	3	4%
Highest level of education achieved		
Some elementary schooling	2	3%
Some high school	38	52%
Some community college/ tech school	22	30%
Some University	8	11%
Unknown	3	4%

Table 2: Workplace Conditions and Job Satisfaction

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
When I do a good job, I receive the recognition for it that I should receive	16 (22%)	36 (49%)	12 (16%)	2 (3%)	3 (4%)	4 (5%)
I feel am being paid a fair amount for the work I do	19 (26%)	23 (32%)	19 (26%)	4 (5%)	3 (4%)	5 (7%)
Communication seems good within the organization	16 (22%)	34 (47%)	15 (21%)	4 (5%)	1 (1%)	3 (3%)
My supervisor is disinterested in feelings of employees	3 (4%)	5 (7%)	12 (16%)	20 (27%)	26 (36%)	7 (10%)
I do not feel the work I do is appreciated	2 (3%)	9 (12%)	11 (15%)	29 (40%)	15 (21%)	7 (10%)
I feel a sense of pride in doing my job	37 (51%)	27 (37%)	4 (5%)	0 (0%)	0 (0%)	5 (7%)

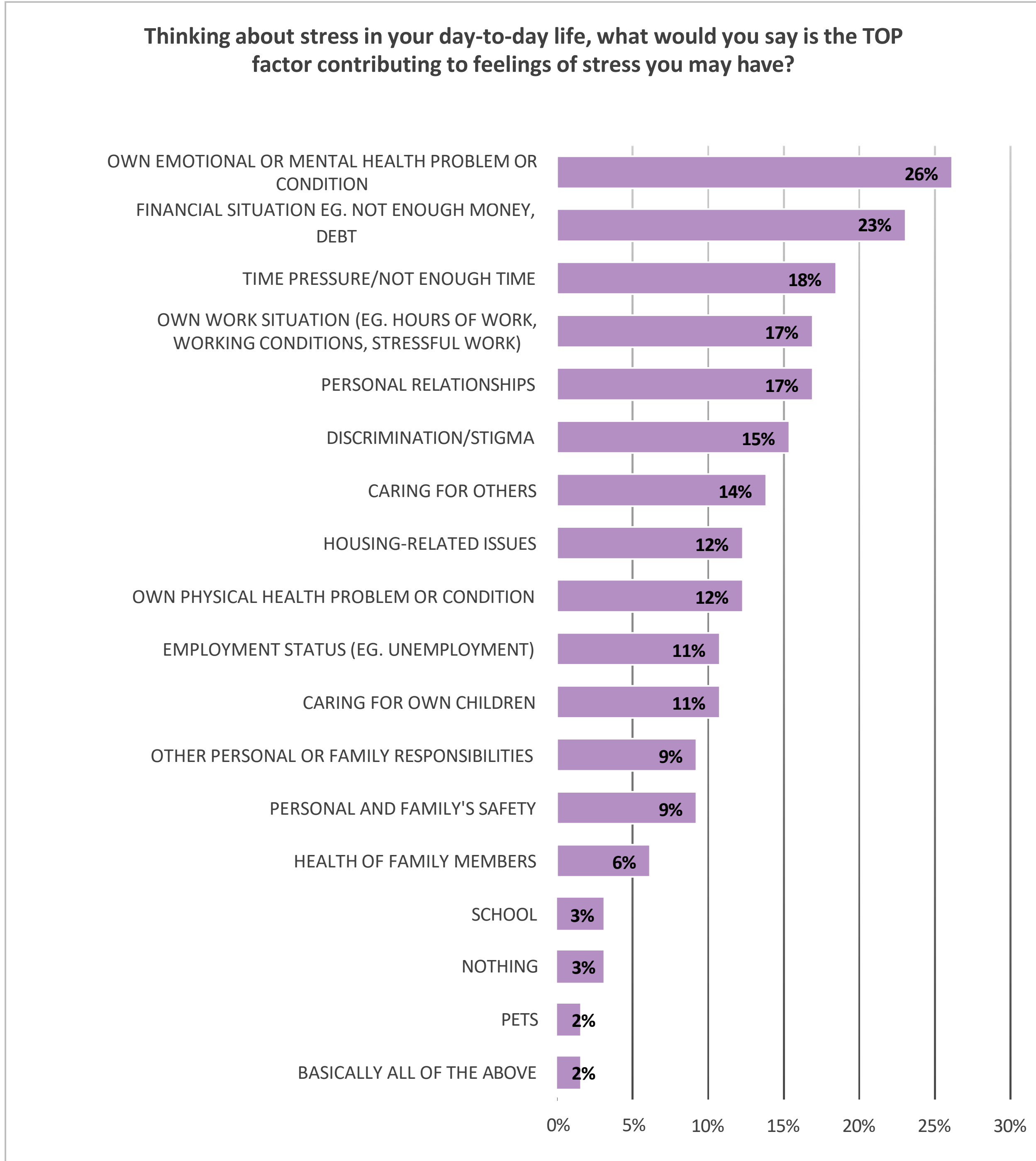
Table 3: Compassion Satisfaction and Fatigue Results

	Never	***Rarely***	***Sometimes***	***Often***	***Very often***	***Prefer not to answer***
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
I get satisfied from being able to help people	0 (0%)	0 (0%)	9 (12%)	31 (42%)	32 (44%)	1 (1%)
I feel connected to others	0 (0%)	5 (7%)	22 (30%)	32 (44%)	12 (16%)	2 (3%)
I find it difficult to separate my personal life from my life as an experiential worker	13 (18%)	23 (32%)	25 (34%)	8 (11%)	2 (3%)	2 (3%)
I think I might have been affected by the traumatic stress of those I help	20 (27%)	16 (22%)	26 (36%)	9(12%)	1 (1%)	1 (1%)
I feel as though I am experiencing the trauma of someone I have helped	22 (30%)	18 (25%)	22 (30%)	6 (8%)	2 (3%)	3 (4%)
I feel worn out because of my work as an experiential worker	17 (23%)	18 (25%)	25 (34%)	9 (12%)	2 (3%)	2 (3%)

Table 4: Perceptions of Health and Quality of Life

a) In general, how would you rate your ability to handle unexpected and difficult problems, for example a family or a personal crisis?					
Excellent	***Very good***	***Good***	***Fair***	***Poor***	***Prefer not to answer***
N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
3 (4%)	18 (25%)	22 (30%)	19 (26%)	8 (11%)	3 (4%)
b) During the LAST 30 DAYS, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?					
All of the time	***Most of the time***	***Some of the time***	***A little of the time***	***None of the time***	***Prefer not to answer***
N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
6 (8%)	14 (19%)	23 (32%)	17 (23%)	11 (15%)	2 (3%)
c) In the LAST 30 DAYS, how often did you feel that you had warm and trusting relationships with others?					
Never	***Rarely***	***Sometimes***	***Often***	***Always***	***Prefer not to answer***
N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
2 (3%)	7 (10%)	25 (34%)	19 (26%)	14 (19%)	6 (8%)

Graph 1: Main factors contributing to feelings of stress in day-to-day lives of peer responders



% is proportion of respondents who reported any top stressors (n=65) who identified named stressor. Although the question asked for the top stressor, some respondents provided more than one answer so total is >100%.

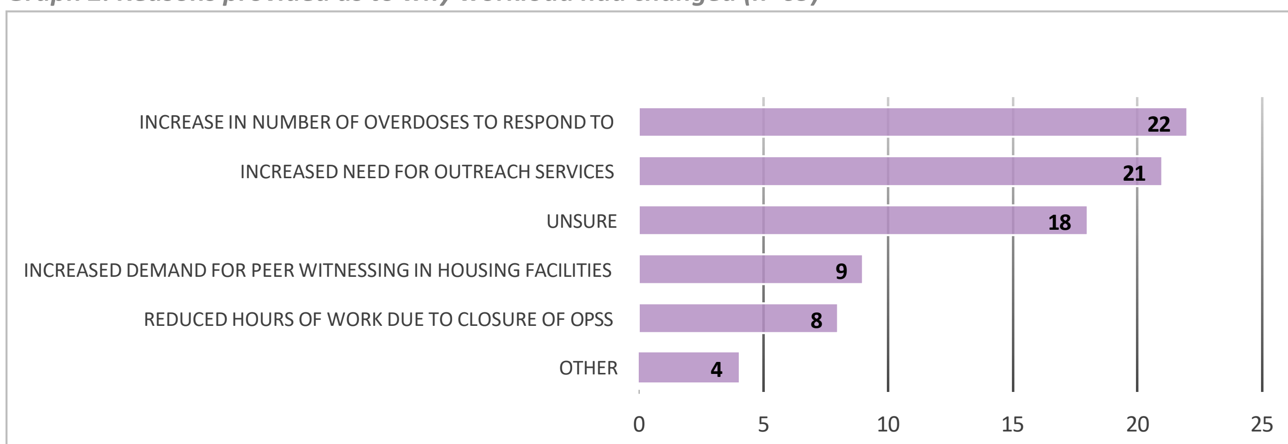
Table 5: Personal ability to deal with sources of stress (reported in Graph 1)

When faced with these sources of stress, you have the personal ability to deal with the situation					
Strongly Agree	**Agree**	**Neither agree or disagree**	**Disagree**	**Strongly disagree**	**No answer/prefer not to answer**
N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
7 (10%)	34 (47%)	23 (32%)	5 (7%)	0 (0%)	4 (6%)

Table 6. Change in workload since the onset of COVID-19

Since the onset of COVID-19 how has your workload as an experiential worker changed?			
Increased	**No change**	**Decreased**	**No Answer**
N (%)	N (%)	N (%)	N (%)
30 (41%)	22 (30%)	19 (26%)	2 (3%)

Graph 2. Reasons provided as to why workload had changed (n=69)



Respondents could provide more than one answer. Other reasons: Decreased due to "social isolation," Decreased due to "COVID no funding," Increased due to "Demand," Increased due to "No services up here or limited."