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FINAL PROGRESS REPORT

Peer engagement in harm reduction: development, implementation and evaluation of best practice guidelines for British Columbia	
Principal Investigator(s):	Dr. Jane Buxton, Harm Reduction lead (BCCDC), Professor & MPH Practicum Director (School of Population and Public Health, UBC)
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Project Summary

a) Major accomplishments in this project.

The Peer Engagement and Evaluation Project (PEEP) aims were to: 1) empower and inspire peer leadership, 2) expand peer engagement and peer networks, and 3) design, implement and evaluation peer engagement best practice guidelines for BC health authorities. PEEP has met and exceeded these aims and accomplished so much more than we thought was possible. In terms of leadership, PEEP engaged people who use drugs, or ‘peers’, in every aspect of the research project. In 2015 we focused on building a team of peer advisors and collecting data. We hired, trained and grew a team of five peer research assistants from each of the regional health authorities. Soon after, we conducted 13 peer-facilitated focus groups across these regions, followed by a participatory data analysis and validation process. Over the course of this work, it has been important to stay connected. PEEP has been holding bi weekly (for the first 18 months) or weekly (for the past 18 months) team teleconference calls where we work collaboratively on materials and share what is happening regionally. We have also met in-person as much as possible. In addition to traveling to peers’ local health regions for focus groups and knowledge translation (discussed below), the PEEP has met as a team 7 times in person where the team engaged in hands-on work and training. Trainings have included [Research 101](#) and [Knowledge Translation](#) as well as focus group facilitation and qualitative analysis.

From the information gathered in 2015, we collaboratively developed the first version of the Peer Engagement Best Practice Guidelines for BC Health Authorities, as well as a companion piece - A Guide for Paying Peer Research Assistants (version 1). We learned from the focus groups that stigma was a main issue concerning people who use drugs – this was a topic that the peer research assistants wanted to focus on. Therefore, we employed a Knowledge Translation Coordinator, Heather Burgess, and worked with the peer research assistants to develop the [Compassionate Engagement Modules](#) – an interactive photo series that addresses stigma. The PEEP team also developed an [infographic](#) of the focus groups results that could be shared with the community in an accessible way.

Once these materials were developed, we knew it was important to take them and the focus group results back to the community. In 2017, we held 14 ‘convergences’ across 7 communities, which included 99 providers, 120 peers, and 30 public health leaders. At these convergences we shared all of our knowledge translation materials and more. We conducted a brief baseline evaluation with service providers of the accessibility and effectiveness of our materials and a 3-month follow-up evaluation was conducted. Knowledge gathered from participants in the convergences, including the evaluation survey, shaped the second version of the Best Practice Guidelines, which includes [A brief overview of the peer engagement principles and practices](#) and the [Peer Engagement Principles and Best Practices: a guide for BC health authorities and other providers](#) (version 2). The brief overview was developed after feedback was given about the accessibility of the larger document (which is over 50 pages). The [How to Involve People Who Use Drugs](#) resource from the BCCDC’s Toward the Heart program was also updated with input from peers and informed by the lessons learned in developing the Best Practice Guidelines.

Over the course of hiring peers, collecting data, and going back to the communities over 36 months, we learned that paying peers in community-based work is faced with ongoing challenges. As such, we partnered with professionals at the BCCDC to run a short study to develop payment standards for peer work at the BCCDC. From this, we co-developed [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). We were able to use support from the Peter Wall Institute to work with a graphic designer and professional printer to make all of the materials, including the Best Practice Guidelines and payment resources, more attractive, have a consistent look and be more accessible to others.

We noted that as a group, PEEP has been engaged as a ‘go-to’ advisory group for all things peer engagement. The group has advised on multiple projects, including a Good Samaritan Drug Overdose poster, an infographic on [Language Matters](#) and a companion piece on [Respectful Language and Stigma](#). They also helped develop a [Peer Primer](#) about the role of peers for the BC Overdose Action Exchange. PEEP has also shared its materials and findings through several academic avenues: five publications and 8 conferences both locally and internationally (see appendix 1). The Best Practice Guidelines and other materials have also been in demand – Health Canada and other organizations in Australia have taken up PEEP’s work as a go-to resource. The group was also interviewed as part of the [Peter Wall Solutions News](#) series in 2017.

b) How results will help reach a potential “solution” to the issue being addressed

It has been clear that PEEP has enhanced peer engagement and peer networks, and the ‘solutions’ to the harms associated with substance use that peers consult on. Over the past two years, peer engagement has become the standard for developing equitable and responsive solutions across BC. In April 2016, a state of emergency was declared due to the dramatic increase in fentanyl poisonings and deaths across BC – the crisis today continues. Since the crisis was declared, we have witnessed a spike in the number of peer-initiated, peer-led, or peer-engagement responses. Examples of peer-based public health and social responses include the numerous overdose prevention sites and policy task groups that are either run or

informed by peers. Since the expansion and uptake of peer engagement methods across BC, PEEP's resources have become the gold standard for best practices. Before PEEP materials were released, we received numerous requests for the Best Practice Guidelines. Since, we have distributed over 200 copies of the Guide not only in British Columbia but elsewhere including Health Canada, the Burnett Institute (Melbourne, Australia), and the Canadian Center on Substance Abuse.

c) Future plans for this research beyond the project funding period?

c) PEEP continues to share its findings and resources with others locally, nationally, and internationally. We have submitted abstracts to the National and International Harm Reduction Conferences. We also have drafted several publications that we hope to submit to academic journals in the next six months. The Best Practice Guidelines remain a resource that is highly in demand. Most importantly, we recognize the growth, expertise, and invaluable resource that the PEEP peer research assistants have become. We truly could not have done this project without them. 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 work as the [PEEP Consultation and Advisory Board](#) meeting by phone weekly

d) Changes in research approach as a result of this work

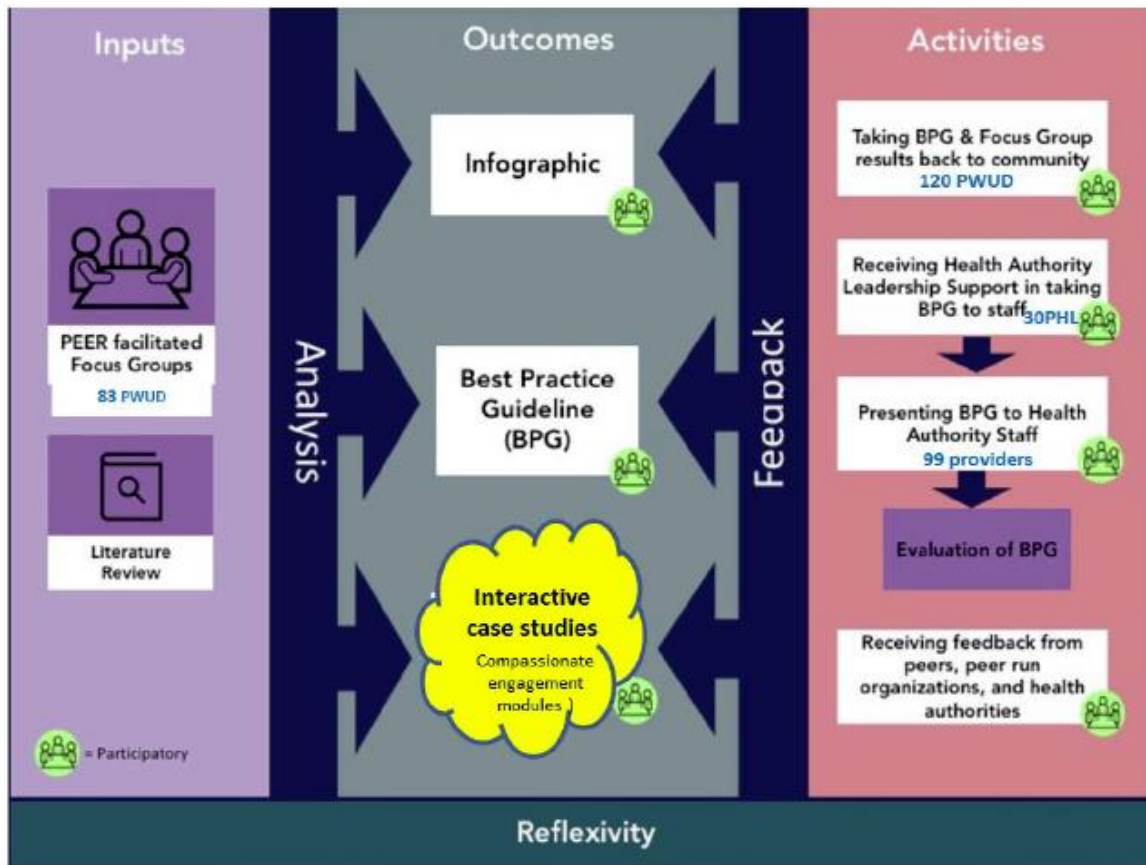
The fentanyl crisis across BC and North America has directly and indirectly had an impact on the project and our team. The peer research assistants and other research staff work on several projects outside of PEEP, including those in overdose response environments. Stress, trauma and burnout forced some team members to take a step back from the project either temporarily or permanently. We hired additional staff and focused on providing additional support through this time, and the team became a main source of ongoing support. We realized that peer worker support is a major gap in most engagement projects. We highlighted this challenge and provided recommendations in the Best Practice Guidelines on how to best support peer work. However, there is much to learn. As such, we wrote and were successful in a Health Canada funding application that will study these issues in 2018-2019.

The PEEP project was participatory in nature from beginning to end – the peer research assistants informed the approach, materials, and legacy of the project to date. Nonetheless, we learned a great deal about the nature of participatory work and constraints that projects can sometimes place on the needs of the community. While it was our goal to be peer informed and respond to their needs, funding, time and other resources made it difficult. Participatory work is resource intensive – the staff, finances and support to run a true participatory (or peer engagement) project is often underestimated. However, resource constraints are not a valid reason to exclude the affected community. We learned that transparency and clear expectations mitigated any frustration or tension in these circumstances.

PEEP activities

Activity Description	Purpose of the KT Activity	Participants	Result of KT	Challenges or Lessons Learned
Convergences with community (n=7)	Share the focus group materials and PEEP materials	PEEP team; People who use drugs (n=120)	Increased capacity for engagement; enhanced peer network	Accessibility of materials and increase opportunity for peer engagement for participants
Convergences with providers (n=7)	Introduce peer engagement principles and share the best practices; enhance capacity to do peer engagement	PEEP team; Service providers (n=99)	Increased knowledge of peer engagement and the best practices; capacity for community engagement	Organizational and leadership support was essential; lack of support and resources undermines meaningful engagement
Leadership presentations (n=4)	Gain leadership buy in of peer engagement principles and support to share the best practice guidelines	PEEP team; Health authority leadership (n=30)	Support and endorsement of the peer engagement and the best practices	There is often a disconnect between leadership and service providers or the 'front line'
Conference presentations (n=9)	Share our findings and methods with other academics and audiences	PEEP team; Academics, students, service providers, peers, general public	Increased awareness of peer engagement; promotion of participatory work	More support (financial and personal) for peers and research assistants to attend conferences was needed
Peer-reviewed publications (n=5)	Share our findings and methods with other academics and audiences	PEEP team; Academics, students, service providers, peers, general public	Increased awareness of peer engagement; promotion of participatory work	Capacity of the project and support for staff to devote to writing and publishing work was needed.
Best Practice Guidelines versions 1 & 2 (brief and long)	To provide a guide to meaningful peer engagement for service providers	PEEP team; Health Authority staff and other service providers	Promotion of peer engagement principles and practices	Health authority leadership and resources are needed to promote meaningful work
A Guide to Paying Peer Research Assistants	To provide a guide for equitable pay in peer-based work	PEEP team; People who pay peers (employers)	Promotion of equitable peer pay	Financial systems change frequently; challenges are ongoing
Compassionate engagement modules	Address stigma through an interactive photo series	PEEP team; Co-facilitated by and for peers and providers	Decreased stigma and increase compassion in health and harm reduction settings	Organizational and leadership culture change is needed to address systemic stigma
Infographic	Translate the focus group findings back to the community in an accessible way	PEEP team; people who use drugs; service providers; general public	Translate the focus group findings and PEEP goals	n/a
Language Matters	A guide to non-stigmatizing language related to people who use drugs	PEEP team; people who use drugs; service providers; general public	Social inclusion and compassion for people who use drugs	n/a
Trainings	PowerPoint trainings of research, knowledge translation, and data analysis methods	PEEP team	Build capacity and skills for the peer research assistants	Develop and deliver trainings using multiple modes of communication

PEEP Process



Appendix PEEP Resources: Publications and Reports

PEEP Publications:

Greer AM, Amlan A, Burmeister C, Scott A, Newman C, Lampkin H, Pauly B, **Buxton JA**. Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada. In review CJPB 2018

Greer A, Pauly B, Martin R, Scott A, Burmeister C, Buxton JA. Paying people who use illicit substances participating in peer work contexts: a narrative review of the literature. *Drugs: Education, Prevention & Policy* (2018) Online Sep 6, 2018.

Greer A, Amlani A, Pauly B, Burmeister C, Buxton JA. Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health* (2018) 18:834 <https://rdcu.be/2Wwr>

Voon P, Greer AM, Amlani A, Newman C, Burmeister C, Buxton JA. Pain as a risk factor for substance use: A qualitative study of perspectives on pain management among people who use drugs in British Columbia, Canada. *Harm Reduction Journal* (2018) 15:35
<https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0241-y>

Greer AM, Luchenski SA, Amlani A, Lacroix K, Burmeister C, Buxton JA. Peer engagement in harm reduction strategies and services: a critical case study and evaluation framework from British Columbia, Canada. *BMC Public Health* (2016)16:452
<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3136-4>

Featured article

Empowering people, reducing harms. Jan 2017 <https://pwias.ubc.ca/wall-papers/empowering-people-reducing-harms>

PEEP Reports:

Paying peers in community based work. An overview of considerations for equitable compensation. Feb 2018. Greer A, Buxton J.

A brief overview of the peer engagement principles and practice. Jan 2018
<http://www.towardtheheart.com/resource/peer-engagement-principles-and-best-practices-mini-version/open>

Peer engagement principles and best practices: A guide for BC health authorities and other providers. Version 2. Dec 2017 <http://www.towardtheheart.com/resource/peer-engagement-principles-and-best-practices/open>

Respectful language and stigma regarding people who use drugs. Recommendations for change (Mar 2017) http://www.bccdc.ca/resource-gallery/Documents/respectful-language-and-stigma-final_244.pdf

PEEP Infographics and brief 1 or 2-page summaries:

How to involve people who use drugs. Revised Dec 2017 (2-page Dos and don'ts)

<http://www.towardtheheart.com/resource/how-to-involve-people-who-use-drugs/open>

Language matters; 4 guidelines to using non-stigmatizing language Dec 6, 2017 (1-page infographic)

<http://www.towardtheheart.com/resource/language-matters/open>

Peer Engagement and Evaluation Project (One page project overview) [http://www.bccdc.ca/resource-gallery/Documents/PEEP%20infographic%20v08\[1\].pdf](http://www.bccdc.ca/resource-gallery/Documents/PEEP%20infographic%20v08[1].pdf)

Peer Engagement and Evaluation Project (project introduction 2015) http://www.bccdc.ca/resource-gallery/Documents/Peer%20Engagement%20and%20Evaluation%20Project_short.pdf

PEEP Conference Presentations

Young S, Greer A, Burgess H, Buxton J, PEEP team. Developing interactive case studies informed by the experiences of people who use drugs to reduce stigma. Poster presentation CPHA annual conference. Public Health 2018, May 28-31 Montreal.

Greer A, Burgess H, Burmeister C, Newman C, Lacroix K, Buxton J. Best practices for engaging people who use drugs in designing harm reduction solutions Oral presentation E4.1 Issues of Substance 2017: Addiction Matters, Nov 13-15 Calgary

Greer A, Burgess H, Buxton J. Experiences in harm reduction services: the impact of provider's attitudes and stigma. Poster presentation Issues of Substance 2017: Addiction Matters, Nov 13-15 Calgary

Buxton JA, Burgess H, Newman C, Lacroix K, Leblanc B, Burmeister C, Lampkin H, Gibson E, Greer A, Mitchell K, Pallatt K, Durante E. Using participatory methods to enhance knowledge translation in harm reduction research. Poster presentation *CPHA Annual Conference; Public Health 2017. Halifax June 6-8, 2017*

Pauly B, Greer A, PEEPS, Buxton J. Paying people with lived experience: an opportunity for equity in harm reduction Dialogue space presentation 25th Harm Reduction International Conference, Montreal. May 14-17, 2017

Greer A, Amlani A, Burmeister C, Lampkin H, Newman C, LaCroix K, LeBlanc B, Buxton J. Peer Engagement Best Practice Guidelines for British Columbia Oral presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

Greer A, Amlani A, Buxton J. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

Greer A, Amlani A, Newman C, Burmeister C, LaCroix K, Lampkin H, LeBlanc B, Buxton J. Experiences in harm reduction services: the impact of provider's attitudes and stigma Poster presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

- Gibson E, Greer AM, Buxton JA. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation Patient Experience Summit 2016. Fraser Health Dec 2, 2016
- Gibson E, Amlani A, Greer AM, Newman C, Leblanc B, Lacroix K, Burmeister C, Buxton JA. *PEEPing into the lives of people who use drugs: results from the BC Peer Engagement and Evaluation Project*. Oral presentation Patient Experience Summit 2016. Fraser Health Dec 2, 2016
- Greer A, Buxton J. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation National Harm Reduction Conference, San Diego Nov 3-6, 2016
- Amlani A, Greer AM, Newman C, Leblanc B, Lacroix K, Burmeister C, Buxton JA. Participant, peer and peep: Engaging people who have used illicit drugs in qualitative research. Poster presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Greer A, Buxton JA. Paying people with lived experiences in community based work: Challenges and opportunities for inclusion and equity. Poster presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Buxton JA, Amlani A, Greer A, Mobach J, and PEEP Research Team. PEEPing into the lives of people who use drugs and understanding how their experiences are shaped by provider attitudes. Oral presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Greer AM, Luchenski SA, Amlani A, Burmeister C, Lacroix K, Buxton JA. Peer engagement in harm reduction policy, practice, and research: A critical case study from British Columbia, Canada. Oral presentation International Society for the study of Drug Policy. Sydney, Australia May 16-18, 2016
- Greer A, Amlani A, Buxton J *Peer Engagement in harm reduction: development, implementation and evaluation of best practice guidelines*. Poster presentation *Issues of Substance Conference, Montreal*. Nov 16-18, 2015