

Peer Life

A DEGREE IN STREET KNOWLEDGE

ART BY
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STORIES BY
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Acknowledgements

Tracy Scott (Storyteller and Title Illustrator)

Tracy is the co-founding president and director of the Maple Ridge Street Outreach Society (MRSOS), and lead peer in Maple Ridge with RainCity Housing. She has also been involved with the Peer Engagement & Evaluation Project (PEEP) and the Peer2Peer Project (P2P) based out of the BC Centre for Disease Control (BCCDC). She is on the advisory board for the Overdose Emergency Response Centre (OERC). When she's not working, Tracy loves to sing, write songs, and write poetry. She is a member of the Low Barrier Chorus and is in a singing duet with fellow advocate Kat Wahamaa. Tracy describes herself as a fighter, empath, artist, and creator. She is Celtic Cree, with her mother of Scottish, Irish, and English descent, and her dad of Manitoba Cree descent. Tracy also loves to do calligraphy and is proud to have drawn the titles in this comic book.

Ryan Seguin (Storyteller)

Ryan describes himself as dedicated, strong, internally driven to help people, and as someone who maintains an acute awareness of the public. He is not too shy to say hello or lend a helping hand, and would do this kind of work even if he wasn't getting paid. Outside of his working hours as a peer, Ryan used to bring fresh socks and do wound care with Amy for those living outdoors, just because they knew what it was like to be in that situation. They both have six-plus years of outreach and harm reduction experience, including working in overdose prevention sites (OPS) and shelters. He has been in and out of homelessness for many years and describes himself as still being in the struggles and throes of life. In his spare time, Ryan really likes to be outdoors. He also likes to explore mechanics and taking things apart to see how they work.

Amy Howell (Storyteller)

Amy describes herself as outgoing, relatable, and confident. She met Ryan many years ago on a rehab floor, and they have been inseparable ever since. After living in Saskatoon together for a while, they landed in Victoria where they stayed at the Arbutus Shelter for nine months. They were given a job doing garbage pick-up for four hours a day that included "rig dig." They moved to Surrey in late 2022 and have been looking for peer work ever since. When it's sunny out, they like to find a tree, lie underneath it together, and watch the movement of the leaves. It allows them to forget about what's ailing them and what hurts, and just be in the moment. Amy also enjoys cleaning in her spare time and finds that it brings her peace.

Acknowledgements

Sophie McKenzie (Illustrator)

Sophie is a graduate student at the University of British Columbia (UBC) in the Department of Anthropology and an avid artist of many mediums. Outside of her commitments to drug policy and harm reduction, she has expertise in digital illustration, oil painting, singing-song writing, and photography. She is also a professional dancer, and enjoys choreographing, teaching the next generation of young artists, and working on local film & TV sets. She has been guided through this project with the help of Dr. Leslie Robertson and Dr. Danya Fast.

Dr. Leslie Robertson (Advisor)

Dr. Leslie Robertson is an Associate Professor in the Department of Anthropology at UBC. Dr. Robertson has worked on community-based and collaborative participatory action research projects throughout her 30-year career. Ethnographic projects include 5 years of intensive research-oriented collaborations with Indigenous women who use drugs, under housed women, women living with HIV, and street involved sex workers in Vancouver's Downtown Eastside.

Dr. Danya Fast (Advisor)

Dr. Danya Fast is an Assistant Professor in the Department of Medicine (Division of Social Medicine) at UBC and an Associate Member of UBC's Department of Anthropology. Her current anthropological and community-based participatory action research takes place on the unceded and occupied territories of the Sk̓w̓w̓m̓esh (Squamish), sə́lilwə́təʔl (Tseil-Waututh), and xʷməθkʷəy̓əm (Musqueam) First Nations. Danya works in partnership with young people who use drugs, telling stories together about the multiple systems of care and supervision that young people must navigate, and fighting for meaningful change.

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The stories compiled in this book are inspired by experiences which took place on the unceded traditional territories of the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, Tsawwassen, Songhees, Esquimalt, W̱SÁNEĆ, Musqueam, Squamish, and Tseil-Waututh peoples.

INTRODUCTION

A note from your storytellers

It has been pretty cool seeing our stories come to life. No one ever really asks us peers what we do, so it is nice to feel listened to. They'll ask you, but they don't really care to hear. This has been more fun than other projects we've been a part of which can be too serious. This process was more laid back and not so stressful.

We hope this comic book will have a great impact because it's nice to know that you're not alone. Lots of times you feel alone as a peer worker. Reading stories like this that come from a peer that aren't in your area is especially validating because you know that these issues aren't just happening to you where you are from. For readers who aren't addicts or of the street, some of the stories may trigger something from their past and make them see that we're real people. We hope that this comic book will make peers feel seen and change other people's minds about people who use drugs.

If you only take away one thing from this comic book, let it be: we are human and no different from you.

The overdose crisis

Europe and North America are currently experiencing a drug overdose epidemic. In Canada, the province of British Columbia (BC) has the highest death rates due to drug toxicity.¹ The abrupt acceleration of overdoses is critically stressing health systems throughout the province; especially in the Greater Vancouver Regional District (BC Coroners Service, 2022). Most people are dying due to the presence of fentanyl, a strong synthetic opioid that is being added to a broad variety of criminalized substances including oxycodone, cocaine, heroin, and methamphetamine. Recently, benzodiazepines are on the rise within the illicit drug supply.² Unlike fentanyl, 'benzos' are a non-opioid sedative which do not respond to naloxone (the lifesaving, overdose antidote). The unregulated nature of the criminalized drug supply allows for this lacing; people are dying quickly and unexpectedly. Canadian colonial legislation is also complicit given that certain groups are disproportionately impacted by overdose deaths. The Residential School System, continued histories of child removal, overrepresentation in the foster care system, and the province's housing crisis intersect to inflict disproportionate harm on people who are poor and/or racialized amid the overdose crisis (Belzak & Halverson, 2018; Cabanis et al., 2021; Lupick, 2017). More specifically, the First Nations Health Authority (2022) reported that although Indigenous people constitute only 3.3% of people living in BC, they represented 18% of overdose events in 2021.

¹ Reporting a rate of 20.7 per 100,000 population as of 2018 (Belzak & Halverson, 2018). In 2002, overdose death rates in BC were 10% of what they are now (BC Coroners Service, 2022).

² The BC Coroner's Service reports that detection rates rapidly increased from 15% of samples in July 2020 to 52% of samples in January 2022 (BC Coroners Service, 2022).

INTRODUCTION

In BC, drug activists have organized to critique the extent to which the provincial and federal governments remain nonresponsive to the crisis (Mullins, n.d.). The Drug User Liberation Front (DULF), Vancouver Allied Network of Drug Users (VANDU), and the Canadian Association of People Who Use Drugs (CAPUD) have responded to the overwhelming deaths in their communities by challenging policymakers, government officials, and researchers to push for decriminalization and safe supply (Denis, 2022). Many utilize social media to reach corporate and governmental elites with financial and political stakes in the illicit, drug toxicity crisis. These platforms are also used to memorialize loved ones lost to it (Paley, 2022).

Peer Workers

Among those at the frontlines of the overdose crisis in BC are peer workers, those with past or present substance use experience who call upon that lived/living experience to inform their professional work (Mamdani et al., 2021; Smart, 2018). Known as 'peers' colloquially, they are involved in a variety of roles including peer-witnessing of substance use, outreach services, overdose response, delivery and collection of harm reduction supplies, advocacy, and referrals to services such as housing agencies (Bardwell, Kerr, et al., 2018; Marshall et al., 2015). Peers are integral in connecting people with supportive services, offering a sense of safety and comfort, and reducing harms associated with criminalizing substance use and other kinds of structural violence (Bardwell, Kerr, et al., 2018; Greer, 2019; Greer et al., 2016; Hay et al., 2017; Kennedy et al., 2019; Latkin et al., 2003). Peers uniquely bear the burden of the overdose crisis in their personal and professional lives. At the end of their paid working hours, they still personally face the realities of the overdose crisis; oftentimes, the people that peers are supporting are close friends or family members (Pauly et al., 2020). Dedicated peer workers find meaning in being able to help members of their own social networks; they act as role models and share a sense of belonging in the peer-worker community (Pauly et al., 2020). Research shows that peer-led initiatives improve program uptake, however peers are still also affected by the difficulties of their work as well as their locations within structures of inequality. Little academic research has translated into practical benefit for peers (Bardwell, Kerr, et al., 2018; Greer, 2019; Kennedy et al., 2019; Wagner et al., 2013).

The purpose of this project is to produce comics for other peers which offer explicit *validation* and *recognition* for the laborious and life-saving work they do. We also intend for it to educate those who aren't peer workers and to open a space to learn about the experiences of people who use drugs.

INTRODUCTION

The peer workers whose stories are featured in this comic book do not live in Vancouver's Downtown Eastside where there is a high concentration of resources such as shelters, food, low rent accommodations, street nurses, and drop-in health facilities (Somers et al., 2016). Rather, they occupy suburban areas of Greater Vancouver which host scarcely any resources. This means that these peers bear a significant burden of supporting those who use drugs, with unstable housing arrangements, experiencing economic precarity, and struggling with mental illness. Peers are often not able to refer those they are supporting to drug testing sites, health clinics, Safe Injection Sites (SIS), low-cost counselling, drop-in centres, food programs, and legal services because there are very few. People often call upon peer workers to perform some of the duties that more specialized service providers usually offer. However, the peer workers who told these stories want it to also be known that even though they don't have access to the same services and resources as peers working in more highly resourced or service dense regions, they appreciate and make use of the programs that do exist in their areas.

This comic book presents a snapshot, collaboratively rendered at a particular moment in time, within a political context and a social milieu that is constantly changing. The situations presented here will always be in motion. We do not intend for this work to constitute a reified snapshot of peer work in the suburban Lower Mainland, but rather specific moments in time that three peers have chosen to represent.

What We Did – “The Peer Comic Book Project”

The Peer Comic Book Project involved the collaboration of a researcher (Sophie) and three peer workers living in BC's suburban Lower Mainland. We worked together to produce a series of graphic vignettes which reflects their experiences working as peers throughout the overdose crisis. This project was completed as part of Sophie's Masters of Anthropology program UBC. Sophie's MA thesis is separate from this comic book, and will be available on UBC's digital repository, cIRcle, as of September 2023.

I, Sophie, acted as ethnographer and artist which allowed me to deepen my engagement and harness immediacy as a critical tool to translate peers' narratives into drawings (Mendonça, 2021). My ability to draw during meetings with collaborators or soon after allowed me to capture unique sociocultural dynamics and elicit instant commentary from peers to generate more nuanced storylines.

INTRODUCTION

In prompting discussions with peers, I created space for conversations about present conditions created by the poisoned drug supply and social, economic, and political disparities, but our engagement also acknowledged their wisdom, hopes, and desires in the face of tremendous suffering (Tuck, 2009). People moved in and out of various responses to the overdose crisis and to their personal and professional losses. Graphic works allow for this nuanced conception of life amid loss which re-imagines individuals as “agentive and complicated” (Selfridge et al., 2021 p.71 ; Stevenson, 2014).

We hope that this comic book is felt in your mind, body, and heart. Many thoughtful hours were put into this project, and we hope you love it as much as we do.

#chaos: Danger in the Workplace

A note from the storytellers

There has been an increase in violence lately due to more displaced people appearing in certain neighbourhoods. Everywhere we go on the street, you see somebody that is socially rejected from the block, and they're cased off or they're hurt, leading to confusion and aggression. Then, people join violent groups because of a mob mentality. Drugs are also getting stronger, which means that more people nod-off and people steal from them. There are frequent OPS fights in which someone owes somebody money, and they come right in, even if they're not using, and attack the person that is sitting in a booth while they're using. Security has to be hypervigilant, because there are people in there in an altered state of mind who are expecting safety. The cops won't get there fast enough, or sometimes they just won't even come to the OPS. In Vancouver they might come, but in other towns it is unlikely.

Context

Overdose prevention sites in the Lower Mainland are increasingly scenes for violent encounters (Boyd et al., 2018). These encounters may be linked to deepening poverty, inequities, intensifying surveillance and regimes of control as well as the arrival of benzodiazepines on the street drug scene. According to some researchers, increase in violence may also be attributed to disruptions in daily routines, worsening financial stress and fewer opportunities to gather and foster community (Hodgkinson & Andresen, 2020; Lersch & Hart, 2022). This makes for especially dangerous environments within which peers work (Daflos, 2023). Because of their often-close relationships with people whom they are supporting, peers often become deeply implicated in their social dynamics. They are therefore especially vulnerable to become victim to and/or witness violent attacks. An environment of fear and risk often pervades peer work, which makes it difficult for peers to do their job effectively, especially without proper supports. This vulnerability is amplified for women who are often subject to gendered and sexualized violence at the intersection of financial disagreements, domestic disputes, and survival sex work (Bardwell et al., 2018; Bourgois et al., 2004; Bungay et al., 2010).



CHAOS

DANGER IN THE WORKPLACE

ONE DAY, JULIUS WENT INTO HIS LOCAL OPS TO USE THE DRUGS HE HAD ACQUIRED EARLIER THAT DAY.



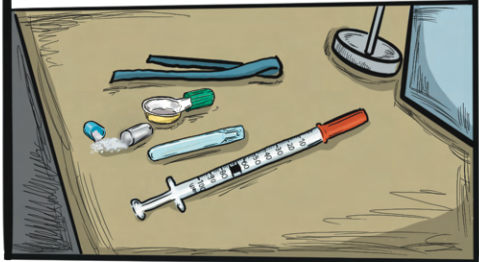
HE CHATTED TO HIS BUDDY AL IN THE BOOTH NEXT TO HIM.



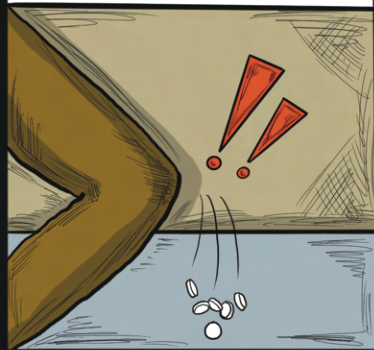
WHEN HE WAS DONE, JULIUS NODDED OFF AND FELL ASLEEP ON THE TABLE.



HIS DRUGS AND SUPPLIES WERE ON THE TABLE RIGHT NEXT TO HIM.



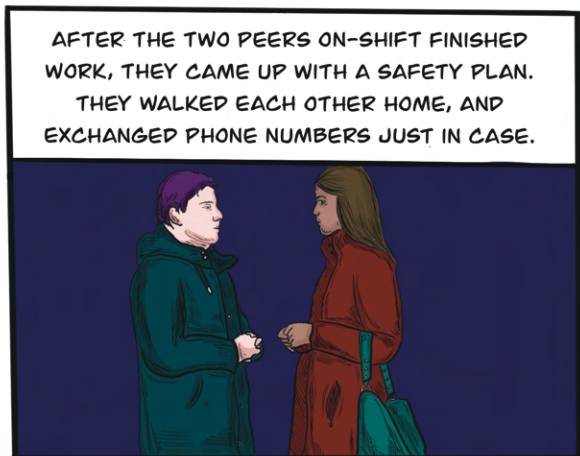
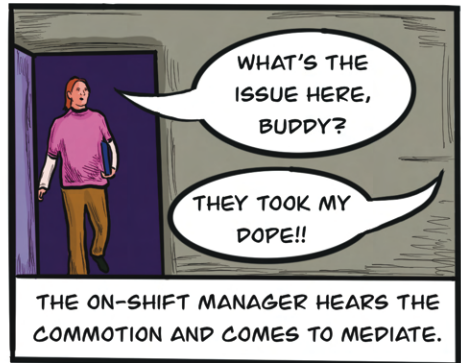
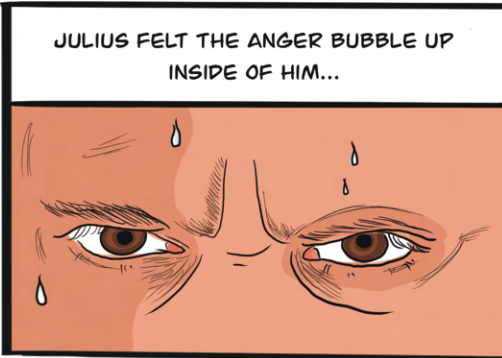
HE ACCIDENTALLY KNOCKED HIS DRUGS OFF THE TABLE AND INTO THE BIN.





CHAOS

DANGER IN THE WORKPLACE



Heart to Heart

A note from the storyteller

This comic shows how life hits a peer daily in the job they do. It never stops. We never get a holiday or a day off. The only way you can catch a break is if you shut your phone off and leave town. Even when you're not on shift, you are still working. Burnout is a real thing. Living in a building with a bunch of other peer workers makes it even harder. Other people can just go home and forget about it, but we can't. There are also people dying of overdoses in our building. It is even harder if you're a peer working in more than one location. We also don't make a lot of money and we don't have benefits. A lot of the time, we are paid in stipends. People always think we're making money, but we're not. When I first started at one of my jobs, I only made \$120 per month despite working multiple days each week. It is ridiculous, because academic people make so much more than us, but they don't have the lived experience. They should have to spend time on the street to be qualified to do work with people like us.

Context

Studies have suggested that a central way in which peer workers mitigate the emotional distress they experience is by fostering social safety through shared experience (Bardwell, Kerr, et al., 2018; Pauly et al., 2020). Peer workers often refer to each other as a chosen "family," as many no longer have relationships with their biological families (Pauly et al., 2020). Further, with many peer workers living in transitional or supportive housing facilities, peers who work together often live in the same building. Therefore, interpersonal support is often sought within these buildings. This immediate availability of support is integral to peer workers as they are often reminded of difficult memories and witness traumatic events such as overdoses. These traumatic experiences have been the subject of de-contextualized academic and media depictions which strip people who use drugs of their representational autonomy and offer little reciprocal benefit to those involved in research (Boilevin et al., 2019). Projects focused on self-representation of peer experiences with dignity and respect and in recognition of relationships of power are integral in resisting these mainstream portrayals (Boyd, 2017; Robertson & Culhane, 2005).

HEART TO HEART

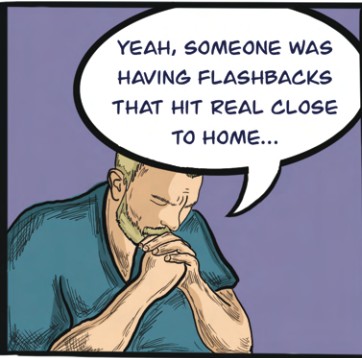
JOE FINISHED HIS PEER OUTREACH SHIFT FEELING PARTICULARLY UPSET. HE WASN'T SURE WHAT TO DO, SO HE DECIDED TO KNOCK ON HIS FRIEND SONG'S DOOR DOWN THE HALL.



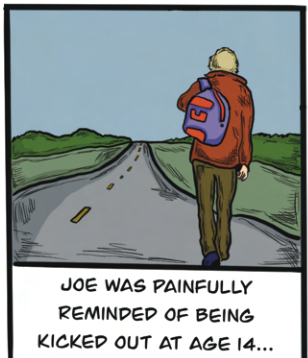
WHAT'S UP, BRO?
TOUGH SHIFT TODAY?



YEAH, SOMEONE WAS
HAVING FLASHBACKS
THAT HIT REAL CLOSE
TO HOME...



I'M SORRY, MAN. US
PEERS REALLY HAVE
NO ESCAPE...



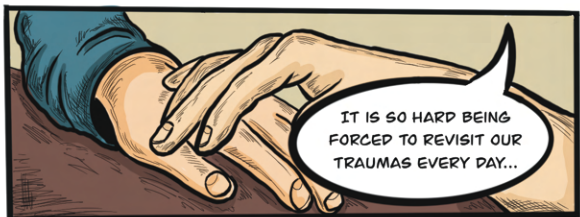
JOE WAS PAINFULLY
REMINDED OF BEING
KICKED OUT AT AGE 14...

HE REMEMBERED HIS
MOTHER'S ANGRY FACE AS
SHE YELLED...

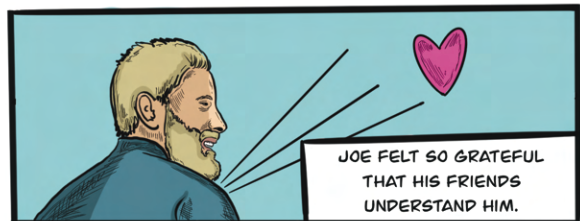
GET THE
FUCK OUT!!



IT IS SO HARD BEING
FORCED TO REVISIT OUR
TRAUMAS EVERY DAY...



JOE FELT SO GRATEFUL
THAT HIS FRIENDS
UNDERSTAND HIM.



White Knuckle

A note from the storytellers

Burnout is very prominent among peers. There is a strong correlation between burnout and falling back into addiction for those who are sober. This is a story of a peer who is sober for some time after taking a break from work. Their return to work causes them to use again and they hide this from their coworkers and partner. Intervals of three are particularly relevant for people who use drugs: 3 days, 3 weeks, 3 months... 3 months of constantly watching people use when you're trying to stay sober leads to a breaking point. It is especially hard for people who use IV drugs, so we decided to have the peer featured in the story work in an OPS to emphasize this. The peer pretends that they are okay but they lose hope in themselves. We weren't sure whether this story should have a hopeful or sad ending because both are equally likely. We could have portrayed the peer descending deeper into their addiction, but we decided to show hope to inspire readers. It often isn't this hopeful as many peers don't reach out for help. Peers reaching out to other peers for support is an especially uncommon dynamic. This comic strip is meant to portray that this peer doesn't have a lot of personal and professional resources because they are freshly out of their addiction and live in a smaller town where there aren't as many things available as to those living in city centres.

Context

Peer workers are particularly susceptible to compassion fatigue, secondary traumatic stress, and burnout (Mamdani et al., 2023). Although peers derive significant satisfaction and a sense of purpose from their positions (Pauly et al., 2020), this work can be emotionally taxing due to repeated exposure to others' trauma and to substance use if the peer is trying to stay sober (Bardwell, Kerr, et al., 2018; Declaire, 2018; Kennedy et al., 2019, 2019; Mamdani et al., 2021). Peers don't have access to the same kind of workplace supports or benefits available to other service professionals which cover counselling and paid time off in the event of mental health crises (Greer et al., 2016; Wagner et al., 2013). There is little separation between work life and personal life, as many peers continue to offer support in their off-hours in the same ways they do during their working hours (Greer, 2019). The intersection of these modes of disenfranchisement and marginalization constitute a state of psychic depletion which is a characteristic way of being among peer workers.

WHITE KNUCKLE

GINA AND CHELSEA WERE OUT ENJOYING A WALK TO CELEBRATE GINA'S 1-YEAR OF SOBRIETY.



I THINK I'M READY TO GO BACK TO WORK...

IF YOU THINK YOU'RE READY, THEN I SUPPORT YOU.



WELCOME BACK, BUD! HAPPY TO HAVE YOU.



GINA WENT BACK TO WORKING FULL TIME AT THEIR LOCAL OPS WHERE THEY HAD WORKED FOR 5 YEARS BEFORE REHAB.



THEY QUICKLY REALIZED HOW HARD IT IS TO BE AROUND PEOPLE USING ALL DAY...



TWO WEEKS LATER ON THE TRAIN HOME FROM WORK, IT FINALLY CAUGHT UP TO GINA...



WHITE KNUCKLE

AFTER USING WHEN THEIR SHIFT ENDED, GINA CAREFULLY CREEPT INTO HER AND CHELSEA'S BEDROOM.



CHELSEA'S DISCOVERY THAT SOMETHING WAS WRONG MOTIVATED GINA TO GET BETTER.

AT WORK THE NEXT DAY, GINA APPROACHED HER BOSS AND EXPLAINED THE SITUATION.



THE NEXT DAY, GINA ATTENDED A MEETING. IT WAS THEN THAT SHE REALIZED SHE WASN'T ALONE.

Surreal Feel

psy·cho·sis

Psychosis is when people lose some contact with reality. This might involve seeing or hearing things that other people cannot see or hear (hallucinations) and believing things that are not actually true (delusions) (NHS, 2019).

A note from the storytellers

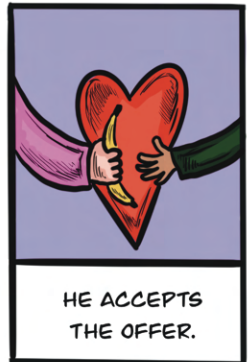
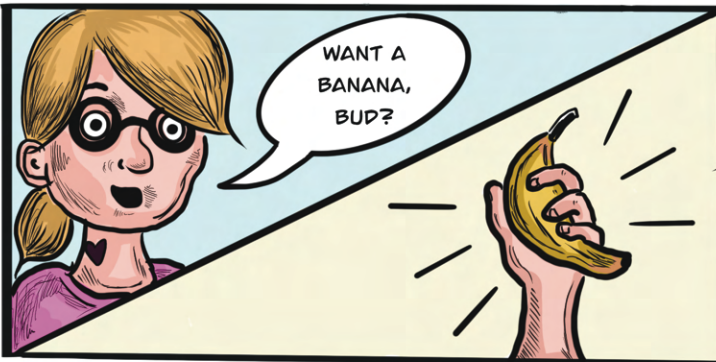
Psychosis often happens when a person has been up for many days on an upper, from sleep deprivation, or from lack of nutrition. Psychosis can manifest in anybody under the right circumstances. Lots of people that we help as peers experience psychosis because of not having a consistent place to stay, not eating properly, and over-using certain drugs. It is very stigmatized, and people on the street often just walk by someone experiencing a psychotic episode. When I experienced psychosis, I felt like I was always being watched by secret cameras.

Context

Psychosis experienced by people who use drugs and who are ill-housed is an underrepresented phenomenon in academic literature. Whilst it is often the subject of sensationalized media representations which characterize the individual as deviant and disorderly, little attention has been paid to the lived experience of psychosis. Media portrayals of psychoactive substances have shifted overtime alongside changing social, economic, and political interests. Crystal meth in particular has been the subject of a fervent moral panic in which people who use it are discursively positioned as irrational, ungovernable, and maniacal (Fredrickson et al., 2019). Those experiencing amphetamine-related psychosis have also been positioned as threatening white, middle class morality (Armstrong, 2007).

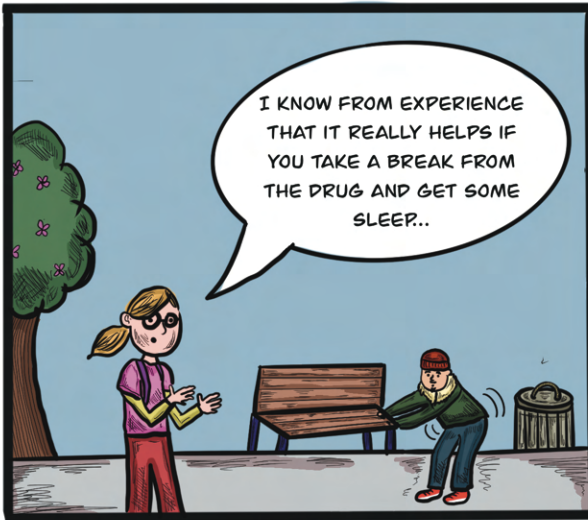
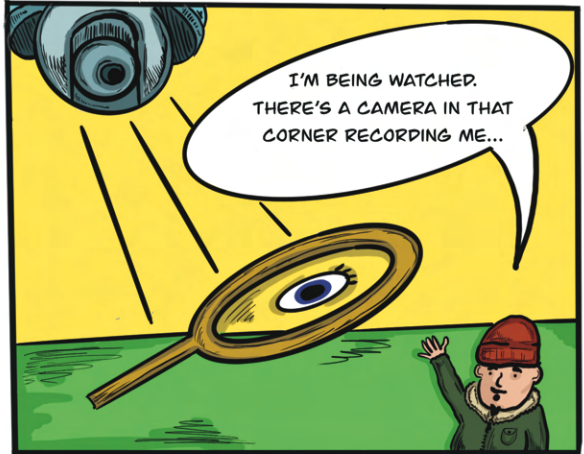
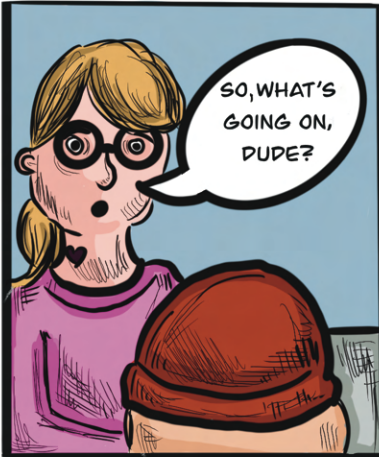
SURREAL FEEL

CLARICE WAS OUT ON HER WEEKLY OUTREACH SHIFT WHEN SHE CAME ACROSS A MAN, BENT OVER AND GROUND SCRAPING IN THE PARK.



HE ACCEPTS THE OFFER.

SURREAL FEEL



Things You Don't Need to See

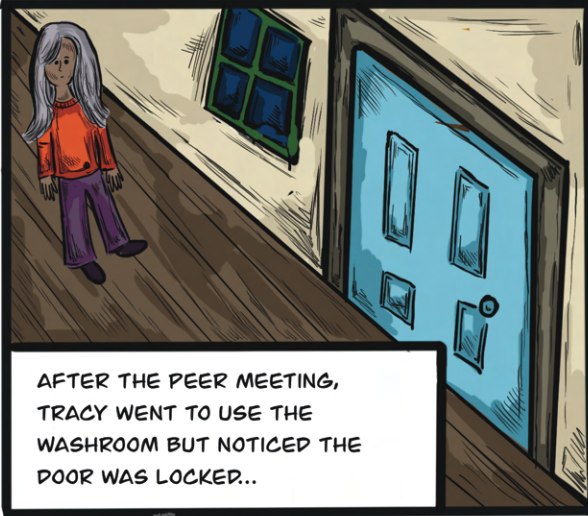
A note from the storyteller

This is a story about a group of older people who had never seen an overdose, and it shocked them pretty good. Their choir practice had just ended after our peer meeting, and they happened to see a peer from our group having an overdose. It is hard because we have to rent out other spaces for our meetings. We don't have a space that's just for peers, and that's why these hard situations happen. People don't realize that an overdose is traumatic. Trauma on top of trauma causes a lot of problems for people. Veterans go to war, and they have PTSD. Peers have PTSD too, and our work emphasizes it and makes it worse. We have to force ourselves to go out in public, still work, and have responsibilities. We have more difficulty in our lives than many other people. We witness many overdoses, and a lot of people just walk by. There are often people who you really wish weren't there, like elderly people or young children.

Context

Peer workers do not enjoy the same professional resources afforded to many other workers/employees such as: professional ID cards, formalized policies, job descriptions and contracts, and designated meeting spaces (Bardwell, Anderson, et al., 2018; Mamdani et al., 2022). Therefore, peers must often work with makeshift, improvised arrangements, such as meeting in shared spaces. It is in non-designated spaces primarily, that interactions with people who do not use drugs occur. Exchanges that take place in liminal spaces between the “peer world” and the “outside world” illustrate the tensions and inequalities between those who are marginalized by their drug use and those who are not, as well as between those who work in formalized versus informal healthcare settings. By seeing through the eyes of others, peer workers are reminded of the extent to which their work is traumatizing, and those witnessing the event are reminded of the harms occurring in their backyards.

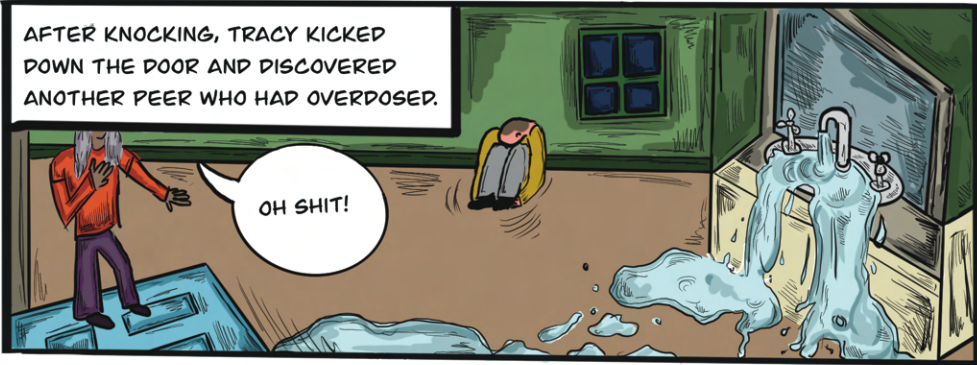
THINGS YOU DON'T NEED TO SEE



AFTER THE PEER MEETING, TRACY WENT TO USE THE WASHROOM BUT NOTICED THE DOOR WAS LOCKED...



MEANWHILE, THE ELDERS' CHOIR GATHERED TO GO HOME AFTER PRACTICE.



AFTER KNOCKING, TRACY KICKED DOWN THE DOOR AND DISCOVERED ANOTHER PEER WHO HAD OVERDOSED.

OH SHIT!

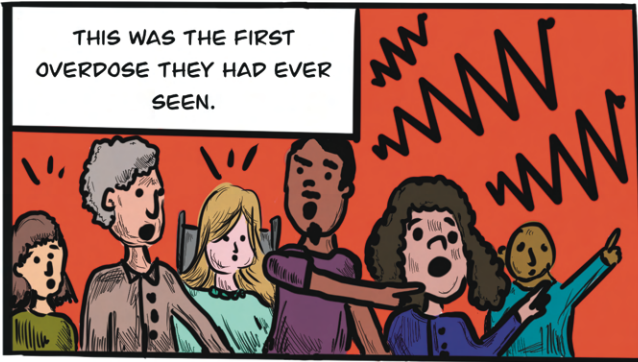
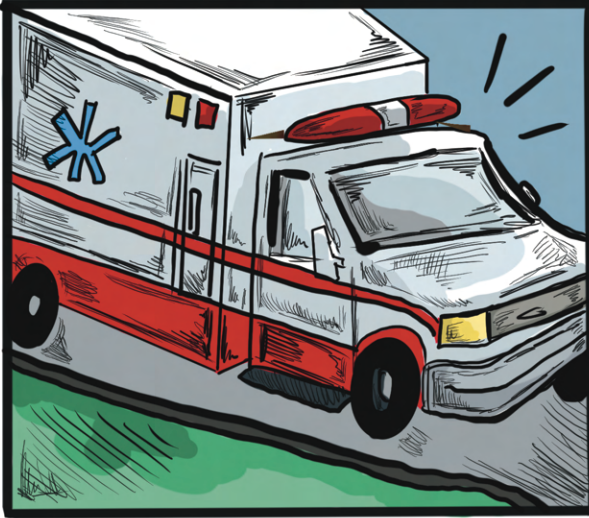


THEY WATCHED AS TRACY AND HER FRIEND LIFTED HIM OFF THE GROUND...



THEY TRIED TO WAKE HIM UP WITHOUT NALOXONE FIRST...

THINGS YOU DON'T NEED TO SEE



THAT NIGHT, THEY THOUGHT ABOUT HOW THAT COULD HAVE BEEN THEIR FAMILY MEMBER...

FROM THAT DAY ON, THEIR HEARTS AND MINDS WERE CHANGED. THEY VOWED TO BE MORE COMPASSIONATE.



ER 101

A note from the storyteller

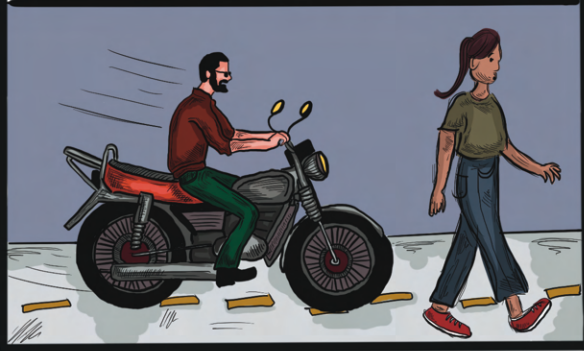
This story is for people that say that doctors and nurses are enabling us, but they're not. They're only enabling the average person who comes into the hospital looking for morphine. We only come to the hospital if we're scared and know something's wrong. We don't need your drugs. What we have out on the street is much better, so what reason do we have to be looking for them in the hospital? We should be treated equally. Sometimes if people come into the hospital looking filthy or really sick like they are vomiting, they'll see you as an inconvenience and they'll put you right at the end of the cue. This also happens if they recognize you from a previous bad experience. People's charts get branded with purple dots, which means they have demonstrated aggressive behaviour in the past. This means that people in the hospital treat them differently. Sometimes if you go out for a cigarette, the security guards won't even let you back in. Paramedics should also stand back and get to know us, because we could learn quite a bit from each other. There's lots of stuff that we know, and they don't, and vice versa. Instead of trying to control us, work with us. Oftentimes, we know more about an overdose than they do by far. Most of the time, we have people up and walking before the ambulance even gets there, and we don't have all the fancy equipment they have to use. Respect is earned and is a two-way street.

Context

Interactions between peer workers and first responders, particularly paramedics and police officers, constitute a central difficulty in peer work (Mamdani et al., 2021). Harmful interactions between peer workers and these figures of civic authority are rooted in a pervasive culture of surveillance in which people who use drugs are subject to a regime of control (Collins et al., 2019). This is manifest through increased police presence around OPS, alley patrols, and random searches (Collins et al., 2019). Within interactions with paramedics and other healthcare workers, this regime of control can often be made clear via a judgemental tone, withholding information, and failure to provide proper dosages to manage pain (The Peer2Peer Project, 2020b, 2020a). Furthermore, whilst peer workers are often trained in medical skills such as first aid, CPR, and naloxone administration, much of their skill-set comes from responding to overdoses daily which allows them to develop improvised, life-saving strategies (Bardwell, Kerr, et al., 2018). Disconnect between peers' and emergency responders' modes of communication and response often contributes to these harmful interactions.

ER 101

JULIA HAD JUST TAKEN THEIR 30MG OF MORPHINE WHEN THEY WALKED OUT ONTO A BUSY STREET. THEY DIDN'T NOTICE A MOTORCYCLE COMING UP BEHIND THEM.



PEERS DAN AND ANOOSH WITNESSED THE COLLISION WHILE ON THEIR OUTREACH SHIFT. ANOOSH IMMEDIATELY STARTED FIRST AID WHILE DAN CALLED 911.



WHEN THE PARAMEDICS ARRIVED, THEY FORCEFULLY TOOK OVER, PUSHING DAN AND ANOOSH ASIDE.

THE AMBULANCE WHISKED JULIA AWAY WHILE DAN AND ANOOSH WENT TO GO MEET THEM AT THE HOSPITAL.

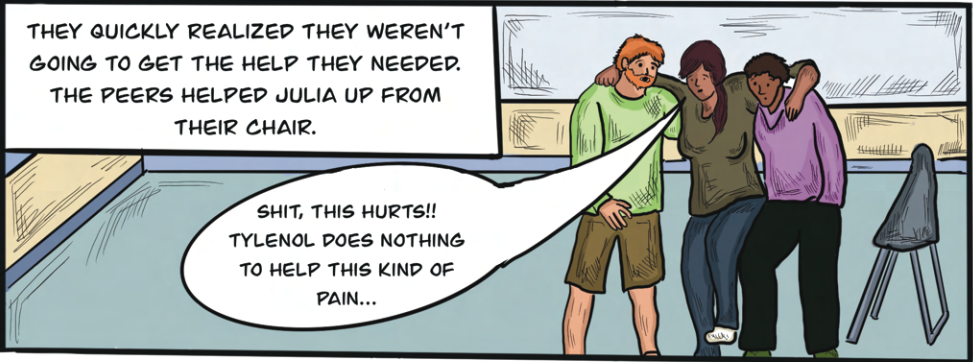


ER 101

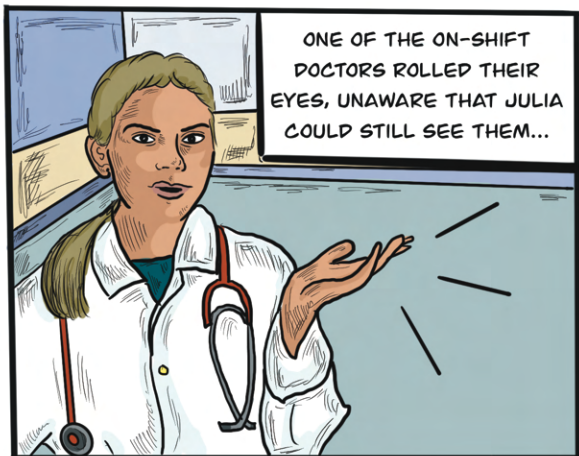
AFTER BEING PLACED IN THE WAITING ROOM, JULIA DECIDED TO ASK THE DOCTOR FOR SOMETHING STRONGER FOR THEIR PAIN.



THEY QUICKLY REALIZED THEY WEREN'T GOING TO GET THE HELP THEY NEEDED. THE PEERS HELPED JULIA UP FROM THEIR CHAIR.



THEY HOBBLING OUT OF THE HOSPITAL TO FIND SOME STRONGER STREET MEDS TO HELP WITH THEIR PAIN.



The Smiling Awakening

A note from the storyteller

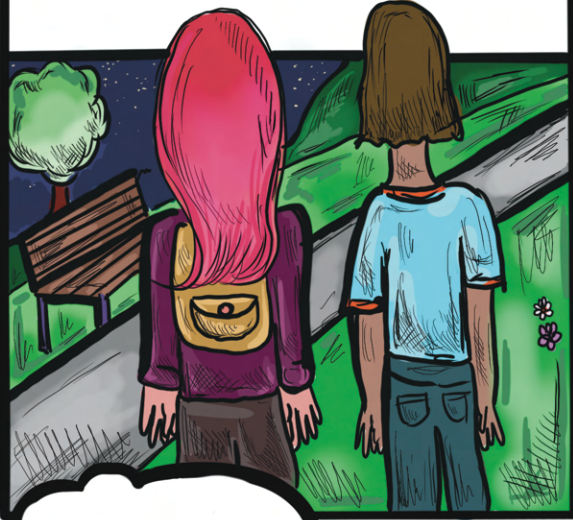
This story is about how most of the time we try not to use naloxone, especially nasal naloxone, which is very expensive if you're not Indigenous. People try not to use it if they don't have to. It is \$125 for a kit and there's only two uses in one kit. Having nasal naloxone is important in case two people are down at once. If I don't have nasal, one person is gonna die. You can use the nasal and then breathe for the other person. We only use naloxone if the person has stopped breathing completely and everything else has failed. Sometimes people wake up angry after we've used naloxone because it takes away their high which they paid money for. If someone comes back briefly and you realize they're breathing again but not opening their eyes, they are not in critical danger and still have oxygen to the brain. The only way to wake them up is usually pain. If they're not responding, we knuckle them first, or if they're really down then we slap them. It is also important to remember that naloxone doesn't work on benzos. Instead of more naloxone distribution, we need better education on how to breathe for somebody, because more people are using benzos lately.

Context

Naloxone/Narcan® is an antidote to opioid overdoses available in both injectable and nasal forms (Province of British Columbia, n.d.). BC's Take-Home Naloxone program was launched in 2012, and in May of 2021 the program reached a total of one million kits shipped to distribution sites (Take Home Naloxone, n.d.). However, uptake of naloxone by pharmacies and local populations varies regionally, and increased availability isn't always commensurate with more people carrying kits (Cressman et al., 2017; Macleod et al., 2021). Reasons for this include stigma related to substance use and carrying a kit, indifference toward overdose, and fear of misrecognizing the need for naloxone and ruining someone's high (Bennett et al., 2020). Peers are often concerned that they are ridding someone of their hard-earned financial investment by using naloxone. Other fears include precipitating withdrawal sickness, fear of arrest, and being outed as someone who uses drugs (Bessen et al., 2019; Bowles & Lankenau, 2019; Kirane et al., 2016; Wagner et al., 2019). Therefore, peer workers tend to exhaust all other options before choosing to use naloxone. Community members have also indicated that naloxone is simply not enough, and they demand a broader, systemic approach to curbing overdose deaths (BC Centre for Disease Control, 2021). Demands include access to a safe and affordable supply of substances, decriminalization of illicit substances, and better training on how to respond to overdoses that cannot be reversed by naloxone (BC Centre for Disease Control, 2021; Bennett et al., 2020).

THE SMILING AWAKENING

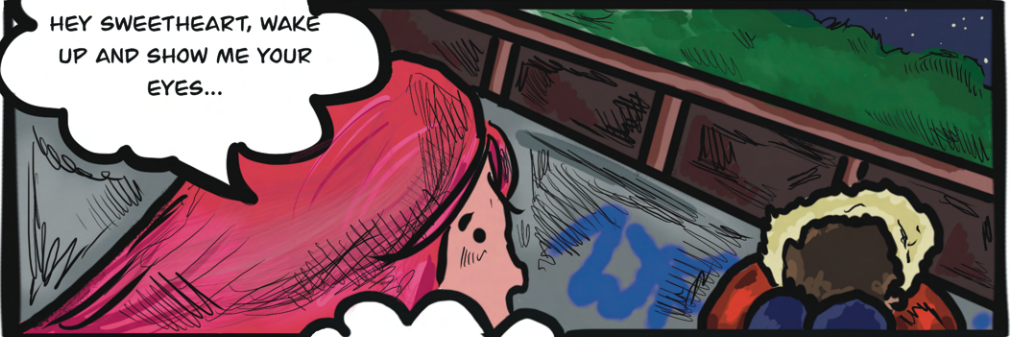
TRACY AND SHARON WERE OUT ON THEIR USUAL TUESDAY NIGHT OUTREACH SHIFT...



... WHEN THEY CAME ACROSS A MAN SLUMPED OVER AGAINST A CONCRETE WALL.



HEY SWEETHEART, WAKE UP AND SHOW ME YOUR EYES...



MAYBE IF I RUB HIS CHEST?

AND HE WOKE UP WITH A BIG SMILE ON HIS FACE!



"Family of Humanity"

By Tracy Scott

Written May 7th, 2015

We walk the streets day in and day out
We struggle to survive because that's what it's all about
The city only wants to throw us away
But we're human and have feelings, so why can't we stay?
We take the fall for all the wrong
We have rights and we stand strong
We're men, women, and children
We're sick and we're old
We need to be heard, so we won't fold
We fight for our rights, with equality for all
Together we stand, united we fall
We open our hearts and minds to see
That there is no difference between you and me
Because we are the family of humanity
We are the family of humanity
We stand together in harmony
Stand up and fight as one in unity
Because the strength is in our numbers

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Peer Life

"We hope that this comic book will make peers feel seen and change other people's minds about people who use drugs."

"Peer Life: A Degree in Street Knowledge" is a series of graphic vignettes developed by three peer workers from the suburban Lower Mainland in collaboration with a researcher/artist. Peers, those with past or present substance use experience who call upon that lived/living experienced to inform their professional work, are at the frontlines of British Columbia's overdose crisis. They are involved in a variety of roles such as peer witnessing of substance use, outreach services, overdose response, delivery and collection of harm reduction supplies, advocacy, and referrals to service such as housing agencies. Under the conditions of the devastating drug poisoning crisis, pervasive stigma against people who use drugs, and lack of supports, peers bear significant personal and professional burdens.

These comic strips are a collaborative snapshot into moments in time described by peers. We hope these stories inspire thought, reflection, and heart.

Sincerely,

Amy, Ryan, Tracy, and Sophie