Research Brief

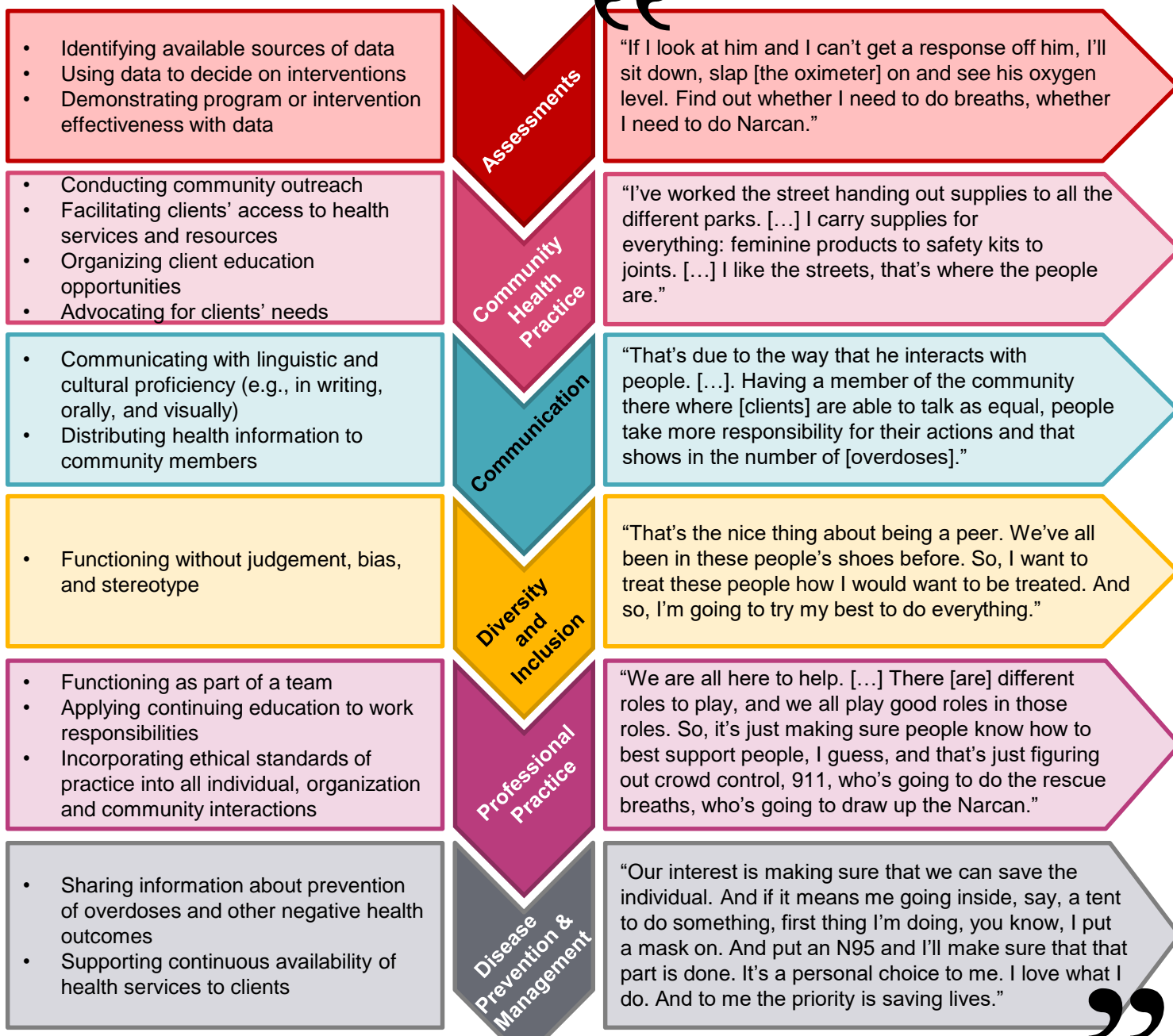*Core competencies of peer workers who use pulse oximeters to supplement their overdose response in British Columbia*

Background: Peer workers (those with lived/living experience of substance use) are at the forefront of overdose response initiatives in British Columbia, and are integral in supporting people who use substances. However, despite the important work they do, peer workers often lack formalized credibility and do not have the same resources available to them as service providers without lived experience. A new research paper published in PLOS One describes the competencies of peer workers who use pulse oximeters to supplement overdose response.

Methods: Telephone interviews were conducted with seven peer workers who were given pulse oximeters. The transcripts were thematically coded based on Covert et al.'s framework of core competencies of community health workers (CHW).

Findings:

Assessments
- Identifying available sources of data
- Using data to decide on interventions
- Demonstrating program or intervention effectiveness with data

"If I look at him and I can't get a response off him, I'll sit down, slap [the oximeter] on and see his oxygen level. Find out whether I need to do breaths, whether I need to do Narcan."

Community Health Practice
- Conducting community outreach
- Facilitating clients' access to health services and resources
- Organizing client education opportunities
- Advocating for clients' needs

"I've worked the street handing out supplies to all the different parks. […] I carry supplies for everything: feminine products to safety kits to joints. […] I like the streets, that's where the people are."

Communication
- Communicating with linguistic and cultural proficiency (e.g., in writing, orally, and visually)
- Distributing health information to community members

"That's due to the way that he interacts with people. […]. Having a member of the community there where [clients] are able to talk as equal, people take more responsibility for their actions and that shows in the number of [overdoses]."

Diversity and Inclusion
- Functioning without judgement, bias, and stereotype

"That's the nice thing about being a peer. We've all been in these people's shoes before. So, I want to treat these people how I would want to be treated. And so, I'm going to try my best to do everything."

Professional Practice
- Functioning as part of a team
- Applying continuing education to work responsibilities
- Incorporating ethical standards of practice into all individual, organization and community interactions

"We are all here to help. […] There [are] different roles to play, and we all play good roles in those roles. So, it's just making sure people know how to best support people, I guess, and that's just figuring out crowd control, 911, who's going to do the rescue breaths, who's going to draw up the Narcan."

Disease Prevention & Management
- Sharing information about prevention of overdoses and other negative health outcomes
- Supporting continuous availability of health services to clients

"Our interest is making sure that we can save the individual. And if it means me going inside, say, a tent to do something, first thing I'm doing, you know, I put a mask on. And put an N95 and I'll make sure that that part is done. It's a personal choice to me. I love what I do. And to me the priority is saving lives."

Conclusion: Peer workers who use oximeters to supplement overdose response possess several skills and competencies that are in line with those of community health workers. The centrality of peer workers in overdose response has been consistently demonstrated and appraising their success per established competencies is essential to widely recognizing their skills. Increasing the credibility of peer workers within networks of care is important to improve health outcomes for PWUS.