Highlighting the Role of Peers in the Overdose Crisis:

A Participatory Evaluation of Phase Three of the Overdose Prevention and Education Network

Acknowledgements

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This evaluation was co-led by the Overdose Prevention and Education Network's Evaluation Steering Committee, without whom this work would not be possible. Committee membership included: Leslie Billinton, Charlene Burmeister, Paul Choisil, Chris Livingstone, Amber McGrath, Tracy Scott, Amber Streukens, Malcolm Tourangeau, and Ashley Van Zwietering. The Committee would also like to thank Kylie Hutchison for support and expertise generously shared throughout the duration of the evaluation.

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Executive Summary

The participatory evaluation of phase three of CAI's Overdose Prevention and Education Network (OPEN), was guided and led by an Evaluation Steering Committee comprised of peers[1] and service providers representing OPEN-funded communities, and CAI staff. The objectives of the evaluation were two-fold: to explore the impact of the OPEN project's focus on peer engagement and community overdose response efforts, and to build the capacity of peers within the OPEN network in participatory evaluation approaches and methods. Findings highlight the integral role that peer engagement and support plays in community overdose response, harm reduction, and peers' own healing journeys. An overarching theme throughout the evaluation was peers' interest in fostering connections and networks, building community, and creating a sense of belonging and acceptance. This is in line with public health research evidence regarding inclusive definitions of health and wellness, which doesn't require abstinence, and focuses on connection.

Other findings include the following:

- **Capacity Development:** OPEN plays an important role in expanding and encouraging peer capacity development, engagement and opportunities to earn income. Of 28 peers interviewed, 57% have been working in their role as a peer through OPEN-funded projects, for a year or less, suggesting that funded groups might be building momentum in terms of engaging and supporting peers in roles related to overdose prevention, response and harm reduction.
- **Support for Healing:** OPEN's focus on peer engagement allows grantees to find ways to connect hard-to-reach people who use substances with supports, harm reduction supplies, and life-saving naloxone through peer workers, while also supporting the healing journeys of those same peer workers. Peer work gives people the opportunity to connect with others, practice empathy, and learn self-value, including a more positive outlook on life and self, and promotes improvements in mental and physical health. Building connections, fostering trust in the community and giving back is an important part of peers' healing journey as it pulls people out of isolation and helps them work through shame. This is a significant finding, given the relatively small funding outlay ($20-$40,000 per community group) of this granting stream.
- **Essential Component of Harm Reduction:** Peers and allies are unanimous in identifying the essential role of peers in harm reduction and overdose prevention. Peers are engaged and leading a wide range of harm reduction and overdose prevention work, including giving out harm reduction supplies and practices, sharing information, outreach, referrals, peer support and navigation, naloxone training, distributing naloxone kits, connecting people with overdose prevention sites, mentoring, and drug checking. Peers cited the ability to foster trust and be accessible for people to relate to, as a primary reason their personal experience helps them in their role as peers. Peers also described the need for strong communication and listening skills and for an ability to approach the work with compassion, understanding and empathy and open-minded acceptance of others.
- **Unrecognized and Unsupported Work:** Despite collectively engaging in many aspects of the province's overdose response from front-line service provision, to community level engagement

[1] Peers are people with lived experience of substance use who are often engaged as experts, and use their lived experience to inform effective health service programming and delivery. BC Centre for Disease Control, http://www.bccdc.ca/our-services/programs/peer-engagement accessed Jan 29th, 2020.

and education, to systems-level advocacy, peers largely feel underappreciated and unacknowledged for the work that they do. Community allies too, cited the huge burden of unrecognized and unsupported work that peers do in reaching out to friends and peers to provide harm reduction and keeping them alive while they're using.

- **Barriers to Meaningful Participation:** Peers face a variety of barriers which limit their ability to participate meaningfully and create positive change. The most significant barrier cited by peers was the stigma encountered in a variety of ways at various levels. They most often felt stigmatized in their interactions with health care professionals, bureaucrats, politicians and police / RCMP. In addition, many peers interviewed are in volunteer positions (9/28). Peers and allies would like to see more funding directed towards their wages, including expansion of paid employment to be able to train more people and hire more peers.

This evaluation provides first-person evidence regarding the burden of work that peers are leading in reducing harm and preventing overdoses, while also contextualizing the valuable experience and skill set that peers bring to the province's overdose response. While OPEN's focus on peer engagement has helped expand opportunities for peers to build their capacity and earn income, this report also identifies the many barriers and challenges peers face in leading this essential work.

Evaluation Design

This evaluation used a participatory design. Participatory evaluation is a collaborative approach that is focused on sharing knowledge and building the evaluation skills of program beneficiaries, implementers, funders and others[2]. The evaluation was guided by a 9-member Evaluation Steering Committee (ESC), comprised of peers and service providers from OPEN-funded communities, and CAI staff. A central focus of this evaluation was to support peer evaluation capacity and skills development.

CAI staff engaged the ESC to co-design the evaluation strategy, methodological tools, results analysis, and associated knowledge mobilization products. At the first ESC meeting, tailored training in interview skills and evaluation design was provided by an experienced evaluation facilitator.[3] Debriefing support was also made available to peers throughout the duration of the evaluation, by members of the BC Centre for Disease Control's Peer Engagement and Evaluation Project (PEEP).[4],[5] Peers played a key role within the evaluation process. In addition to providing feedback and input into the evaluation design, process, methods and analysis, peers were asked to conduct and record interviews with OPEN peers and co-create and co-led a data party session[6] as a component of the October 2019 knowledge exchange event. The evaluation used mixed methods including interviews and a review of program documentation.

[2] Zukoski, A and Luluquisen, M (2002). Participatory Monitoring and Evaluation. Policy and Practice, 5. Retrieved from: https://depts.washington.edu./ccph/pdf_files/Evaluation.pdf

[3] https://communitysolutions.ca/web/about-us/

[4] For more information on the Peer Engagement and Evaluation Project (PEEP): http://www.bccdc.ca/our-services/programs/peer-engagement

[5] For more information on the Peer Support and Capacity Building Plan, please see Appendix A.

[6] A data party is a technique to allow stakeholders the opportunity to interact with findings before the final report. It is an opportunity in for peer and ally voices to be incorporated in the interpretation of results.

Evaluation Questions

This evaluation focused upon the following evaluation questions:

1. How does OPEN support peer engagement and capacity development to the benefit of peers?
2. What is the experience of peers engaging in projects supported by OPEN? What kind of work do peers do?
3. What could the OPEN project do to improve this peer engagement work?
4. What are peers doing to lead harm reduction efforts in their communities?
5. Does peer engagement play a role in shifting perspectives / stigma towards people who use substances in communities?

Guiding Principles

This evaluation's guiding principles mirror those of OPEN's Advisory Committee, which were developed over time with the input of Advisory Committee members:

- Maintain an open, respectful and safe committee environment to ensure participation of members with a diversity of backgrounds and opinions, particularly those with Indigenous ancestry and those with lived and/or living experience.
- Take an "asset-based" approach with all members of the committee that acknowledges the value of their input and participation.
- *Nothing About Us Without Us* is a guiding principle of the OPEN project.

Evaluation Steering Committee

The goals of the Evaluation Steering Committee were to seek peer and stakeholder input and feedback into evaluation processes, and to support the learning goals of peers in relation to evaluation and research. Peers, along with the broader ESC membership, were asked to advise CAI on evaluation strategy and methodology, process and results analysis.

The ESC sought to empower and support the learning goals of peers as they relate to evaluation through:

a) provision of hands-on, in-person training focused on the link between evaluation and policy/ programming, various components of evaluations, and interview training;
b) giving peer ESC members the opportunity to engage in evaluation methods through interviewing key informants;
c) providing peer ESC members appropriate peer support and debriefing opportunities in alignment with peer engagement guidelines[7]; and

[7] Greer, A.M., Amlani, A.A., Buxton, J.A. & the PEEP team. (2017). Peer Engagement Best Practices: A Guide for Health Authorities and other providers. Vancouver, BC: BC Centre for Disease Control.

d) co-designing a data party session in which initial evaluation results are shared, analyzed and discussed with the broader OPEN community.

Peers were compensated in alignment with BCCDC standards regarding peer payment.[8]

Methodology

Document Review

Reporting and program documentation were reviewed to better understand the specifics of funded projects, and to identify ways in which OPEN funds community coalitions. Relevant data was aggregated and analyzed per evaluation question.

Online Survey

An online survey was developed for peer interviewees to complete in advance of their interview. The survey focus was upon demographics, location (rural/ urban) and roles. This information was purposely collected separately from the interviews. The online survey also included informed consent, and a section for peers to identify three potential times in which to schedule the interview.

Interviews

Peer Interviews

Twenty-eight peer interviews representing all 19 OPEN projects around the province (Appendix B) were conducted by peer ESC members. Interviewees were identified and contacted by OPEN's Project Manager in coordination with OPEN grantees. Questions were identified and developed by peers at the first day-long Evaluation Steering Committee meeting. Interviews were conducted primarily by phone and typically lasted one hour.

Community Ally Interviews

Interviews were also conducted with 9 community allies, defined as those individuals who work closely with peers in harm reduction and or overdose prevention. These individuals were identified by peer interviewees. They are all engaged in various aspects of the overdose response, including nurses; peer mentors; community volunteers, program and project coordinators / managers. The ESC led interview guide design, and interviews were conducted and transcribed by evaluators at Reichert and Associates.

[8] http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf

Data Party

Data parties are sometimes referred to as “sense-making sessions” or “participatory data analysis””. It is a technique used to give stakeholders the chance to interact with evaluation findings before the final evaluation report. Data parties provide an opportunity to incorporate the community’s voice in the interpretation of results and action planning, and the chance for stakeholders to react to the data. Peer interview data was aggregated and analyzed using thematic analysis. Results were shared with the OPEN community via the data party, held in October as part of the “Sharing the Path Forward: An Overdose Awareness Gathering” knowledge exchange event in Chilliwack, hosted by the Sto:lo Nation. The data party was facilitated by peer members of the ESC. Six groups were each assigned a topic based on an initial analysis of peer interview data. Attendees were given the opportunity to identify key messages and recommendations. Interview data was divided into 6 table topics, where attendees were given the opportunity to describe key messages and recommendations. Results of the data party informed the final analysis of evaluation results.

Findings

1. How does OPEN support peer engagement and capacity building to the benefit of peers?

Background

OPEN takes a network, sector-building approach to funding, and is designed to strengthen the capacity of the community-based mental health and substance use sector to respond to the overdose crisis. OPEN funds a selection of coalitions across BC comprised of diverse community stakeholders, who collectively respond to complex local issues. Key funding criteria included:

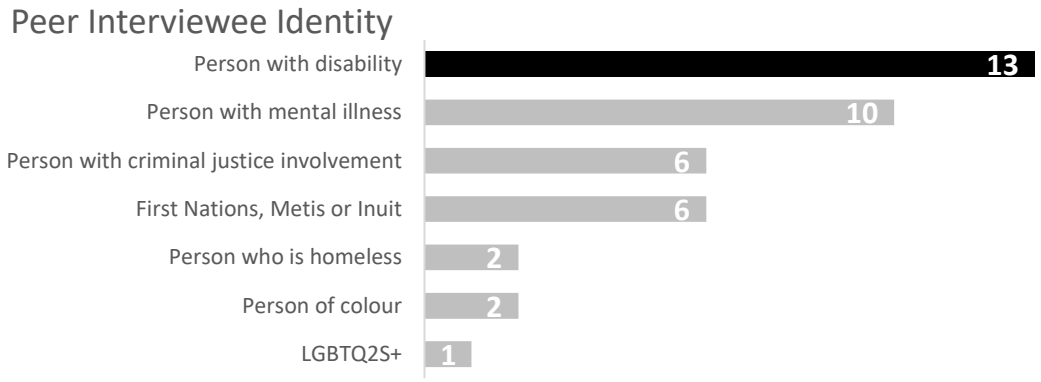
- actional community strategies which can be initiated and completed within the 12-month term of the grant
- projects that address the overdose crisis in BC through prevention or response
- engaging people who use substances in meaningful roles

Eligible expenses included peer honoraria; hiring of a project coordinator, peer coordinator, or coalition facilitator; research and evaluation costs; along with costs related to efforts to strengthen, expand or improve the effectiveness of existing programs.

Peer engagement in OPEN-funded communities

Over the three years that OPEN has been operating, peer engagement in OPEN-funded projects has increased substantively. Of 28 peers interviewed, 57% have been working in their role as a peer through OPEN-funded projects, for a year or less, suggesting that funded groups might be building momentum in terms of engaging and supporting peers in roles related to overdose prevention, response and harm reduction. The bulk of peers interviewed are working in outreach (30%), as peer mentors (27%) or as peer

coordinators or navigators (14%). There were equal numbers of peers interviewed from both rural and urban communities. In addition, many peers interviewed identify as persons with disability.



N=26

Only half of peers interviewed (15/28) and half of community allies interviewed (4/8) were familiar with their group's OPEN project, suggesting that CAI and stakeholders could benefit from raising the profile of this funding stream within OPEN funded communities.

Peer descriptions of the impact of OPEN funding reveal its key role in encouraging peer capacity development, engagement, and compensation.

> *"OPEN has helped us be able to employ peers in our vulnerable communities and train them. It has changed many peers' lives in our community. Before we got this funding, we basically had nothing."*

Community allies noted that OPEN funding has allowed OPEN groups / coalitions to accomplish a wide range of activities, including:

- hosting a harm reduction conference
- expanding overdose prevention and response services beyond outreach
- initiating drug testing in the community
- incorporating two peers into the project team
- hiring staff, find a place to host meetings, pay peers to attend meetings.

For a full list of OPEN grantees and project descriptions, please see Appendix B.

2. What is the experience of peers engaging in projects supported by OPEN?

Peer-led overdose prevention, response and harm reduction activities

Peers were asked to describe specific tasks or activities they typically lead in their role as peers out in the community. Many describe the bulk of their work as comprising peer support and counselling (11/28):

> *"I provide a limited amount of counselling and open confidential talk between me and the people I'm interacting with."*

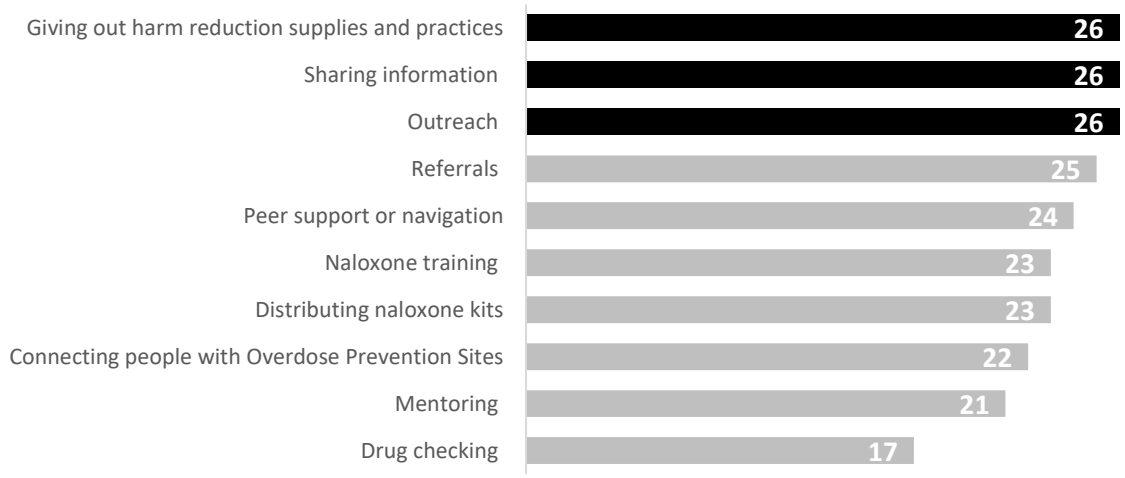
Others emphasized their role in outreach activities (8/28):

> *"I go to different camps and find people who are hanging out outside, [and I] give them clean supplies, and do naloxone training on the street. I take them food and whatever they need."*

In general, peers described a broad complement of actions they engage in on a regular basis, including: attending group meetings and advisory committees (8/28); community clean-up of garbage and used needles and other supplies (4/28); administration (4/28); delivering harm reduction and naloxone training sessions with paramedics (1/28) and overdose prevention site preparation and maintenance (1/28)

Peers were also asked to identify from a list, harm reduction activities they engage in / lead in their community, the results of which are listed below.

A majority of peer interviewees gave out harm reduction supplies and practices, shared information and did outreach



Peers were also asked to indicate what other activities they engaged in related to advocacy and committee participation. A majority (24/28) said they participate in advisory committees.

Many peers participate in advisory committees or groups

Community allies were also asked to describe the type of work that peers lead in their organizations / coalitions. Much of what they said echoes what peers said about the nature of their work. Peers are involved in a lot of harm reduction work, peer support and navigation, and advocacy in the broader community, including distribution of harm reduction supplies, education on safer disposal and safer injection, drug checking, naloxone training and distribution, peer support and navigation, clean-up of used needles and other supplies in town, and advocacy work (attending meetings, connecting with other service providers) around rights for marginalized populations (homeless entrenched, people who use substances).

Peer skills, abilities and approach to the work

Peers also described skills needed to be effective in their work. Integral to this skill set is peers' own lived and living experience (12/28):

> "*You need current or semi-current lived experience, and not as recreational user but as someone who's been criminalized for it, so that you have a baseline for understanding the systems to navigate through. I think that communication skills are necessary so you can communicate with your bosses, co-workers as well as actual clients*."

Peers also cited the need for strong communication and listening skills (10/28):

> *"You need to be able to talk to people in a clear and concise manner with no judgement. You need to have an open heart to the individuals who use, especially at the OPS. You have to be a good listener, because when you're working in groups, you're dealing with other people's opinions as well as being at the table just as much as you are. And you have to have a certain amount of leadership skills because when you're called upon to be a leader in the group, you have to rise to the occasion with confidence and clarity and I think you have to have, you have to spend a certain amount of time living the life style of the community that you're a part of. I, as far as myself, I lived on the streets for years as a teenager, I spent many a night in missions, I've spent many a night sitting around fires with hobos and street kids living in squats. All this personal lifestyle, I became a narcotic addict at [early age] and I became more of a community of users in the [region] and now I'm part of a peer group here in [community] You need have lived it in order to be able to help."*

Peers also noted the importance of approaching the work with compassion, understanding, and empathy (7/28); and open-minded acceptance of others (4/28).

> *"I wouldn't be able do anything without it. In (community), where I'm on the steering committee for (organization) and more than 80% of the members are people I've used with. It's vital. We share stories, when we're sharing our experiences, I feel like it's vital that I know where they're coming from … we have a common desire and common goal there. In (community) it's a little harder, but I think my experiences – the pain and suffering I've been through, are a necessary part of being able to connect with people there."*

Peers cited the ability to foster trust and be accessible for people to relate to (13/28) as a primary reason their personal experience helps them in their role as peers.

Peer work and its role in peers' healing journey

When peers were asked why they decided to do peer work, they described a need to be a part of something greater than themselves, that [the work] gives them purpose, and is an integral component of their healing journey. Many (11/28) said it was important to do something good for people, and give back to the community, by "turning into a giver rather than a taker". They also described the role of this work in helping them foster greater connection:

> "*I decided to do peer work because I love talking with people. I used to be a really shy person before, I couldn't talk to strangers at all, but I've always wanted to talk with people because that's what I love to do. Getting out there in the community, hitting the alleyways, talking with people it puts a big smile on my face."*

Some peers at the data party indicated that building these connections, fostering trust in the community and giving back is part of peers' healing journey as it pulls people out of isolation and helps them work through shame.

Peer work gives people the opportunity to connect with others, practice empathy, and learn self-value, including a more positive outlook on life and self, and it promotes improvements in mental and physical health:

> *"For the first time in my life, I'm not ashamed to be a substance user. I've spent my whole life feeling guilty for lived experience with addiction, and then I realized I need to turn that around, and that's what I'm doing now. It's really hard but it's pretty uplifting and powerful."*

> *"It's raised my self-esteem. It's helped me work through trauma and grief that I had no idea how to cope with. It's personally helped keep me … on a positive trajectory, due to the fact that I work in the thickest, heaviest part of addiction, and everything that that controls in your life. It helps keep me on track and still connected with people."*

> *"I've learned to let go of the stigma of addiction, the shame. It keeps me going in life, knowing that I can make a difference in someone's life, to show them it's possible to recover."*

Others described the personal impact in terms of learning and gaining perspective and building and creating something – "creating a culture to be part of". Several others described the emotional impact in both positive and negative terms.

These descriptions of peer motivations regarding engagement in the work, are in alignment with well-recognized definitions of recovery, including that of SAMHSA[9] (United States), which identifies recovery as a "process of change through which people improve their health and wellness, live self-directed lives and strive to reach their full potential."

OPEN's emphasis on peer engagement has brought about a dual focus in terms of both connecting hard-to-reach people who use substances with supports, harm reduction supplies, and life-saving naloxone through peer workers, while also supporting the healing journeys of those same peer workers. Peers themselves spoke of the purpose they have found in their work, of their ability to give back to the community and build relationships and strong social networks, and as well, the longer-term health outcomes which have resulted from initiating and building upon their healing journey. In doing so, peers engaged in projects supported by OPEN have had the opportunity to find purpose, and community, and sometimes, better health - three of the domains thought to support recovery.[10] This is a significant finding given the relatively small funding outlay ($20-$40,000 per community group) of this granting stream.

When peers were asked to describe specific successes they've had in their work, they described very concrete achievements reflective of their own healing journey including: building connections, relationships, and friendships (7); saving people's lives by reversing overdoses (5); getting people on a different path and into detox or supporting their healing journey (5); and being a source of strength in people's lives (5).

> "*Bringing someone back to life when they're totally blue and people around are pretty much saying 'he's gone'. But I continued to work on the person, given them the naloxone … but I didn't give up, I kept talking to the person. A person that's touched goes a long way and a person's voice goes a long way. So, I kept talking to the person, that he still has a purpose here, that the creator still needs him down here. And he's not leaving us. I hit him with another naloxone, and he came back."*

Commenting on their work with peers, community allies highlighted the positive growth and changes they witnessed in their peer colleagues, including: the formation of peer-run organizations and peer-identified programming, growth in peers' self-esteem and confidence, as well as the huge changes in peers as they move through their healing journey. One ally noted the integral role that peers played in the development and start-up of their community's overdose prevention site:

> *"Peers were so amazing in like keeping the pressure on everybody and advocating for what they wanted and showing up to all the meetings and sharing their experiences of using substances and being really critical of the program model in like how it works in the community and showing up to all the forums. We have a peer coordinator who runs the site with our paramedic coordinator,*

[9] Substance Use and Mental Health Services Administration (SAMHSA)Recovery and Recovery Support https://www.samhsa.gov/find-help/recovery; accessed January 21st, 2020.

[10] According to SAMHSA there are 4 domains which support recovery: **Health**: overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being; **Home**: Having a stable and safe place to live; **Purpose**: conducting meaningful daily activities and having the independence, income and resources to participate in society; **Community**: having relationships and social networks that provide support, friendship, love and hope."

they share the job. We wouldn't have thought about things like where the site is positioned, how open it is and its proximity to drug dealers in town and being able to encourage other people in the community to use the site when it's new. So, establishing that trust and being able to spread that good word."

3. What could the OPEN project do to improve this peer engagement work?

Peer-described supportive working conditions

Peers were asked to describe a time in which they were most supported in their work as peers. The environment they described was one in which an open and caring group or community of people came together (10/28); and in which they received supportive feedback, uplifting comments and general appreciation and recognition for the vital work they are doing (5/28).

"*One friend she commented to me, on how I'm really good at what I do, I'm a natural with it, I have all that's needed to be there for other people. "*

Peers also cited that such a positive environment also included opportunities for check-ins and debriefing after overdose deaths and other related supports (4/28).

"Regular check-ins with peers and employers. We took breaks or [had] little get togethers during work time, like we made time for something really light, regularly."

Significantly, several community allies noted the importance of finding a dedicated, neutral physical space for peers to meet on a regular and consistent basis to do their work.

"I think when you have your own space, you have your entity. I think that is when people will look at it as, hey, there is accountability, there is responsibility there. I think people have to maintain that and build that. Having a safe place to start off with, their own building, and some leadership roles there."

Community allies also spoke about how to run an inclusive meeting with peers, the importance of having food available and transportation options, and of providing compensation to peers for their expertise and contributions. One ally noted the importance of including territorial acknowledgements and providing space to "validate loss" during meetings and being sure to include people in the work that peers identify as being allied. Significantly, they noted a need to:

"…Be thoughtful about bringing peers together: I can certainly say from experience that we stand to do more harm by bringing them to the table with people who continually discriminated with them outside the table."

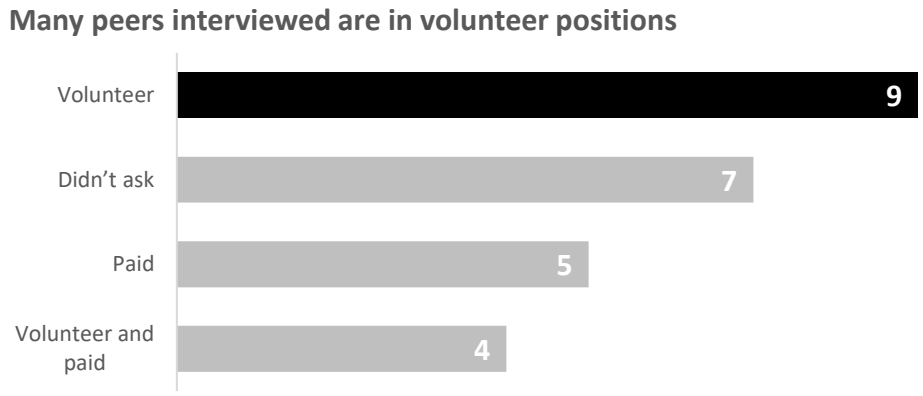
Others spoke more about the importance of treating everyone with respect and having an open-door policy for debriefing sessions.

"Not being concerned with how someone is presenting, like, being more concerned about the content that's being said rather than the way it's being said. To treat everybody with respect and dignity and to do that to such a high level. I find that depending on what's going on in people's lives they could be more sensitive to perceived criticism or perceived judgement. I think people just need to be really respectful. That is super important."

Barriers which limit the ability of peers to participate meaningfully

Peers were asked to describe any barriers they experienced that limited their ability to participate meaningfully or create positive change. The most significant barrier cited (11/28) was the stigma they encounter at various levels and in a variety of ways. They most often felt stigmatized in their interactions with healthcare professionals, bureaucrats and politicians, and police/RCMP. They also said that challenges accessing treatment and detox, and barriers associated with methadone treatment also create barriers in participating meaningfully.

In addition, peers noted that they need more time to do the work, in addition to expansion of paid employment for additional peers to support the burden of work. Many peers interviewed are in volunteer positions (9/28). Peers would like to see more funding directed to their wages so that they can do peer work as a full-time job, and so that their organizations have the capacity to train and hire more peers.



Community allies, on the other hand, cited a wide range of barriers for peer workers, including: lack of access to viable transportation options (particularly in northern and rural communities); meeting times which do not work with peer schedules (e.g., early morning meetings); challenges with peer payment; lack of training options for peers; and the obvious barriers created by poverty and homelessness. In addition, one ally noted challenges created by those in community actively seeking to undermine peers:

"It's really frustrating when you are trying to provide services to somebody and someone else is in the background preventing that from happening. Whether that's restrictions, or just discouraging people. People with extreme mental health issues who don't feel the need to reach out to other services… or who are being ridiculed or made fun of rather than being met with respect and some love."

Ways to address barriers to broader peer engagement and participation

Peers listed a number of different ways in which to address these barriers, including: more open dialogue and discussion (4/28); making services more accessible and culturally safe (4/28); being able to hire more peers for the work (3/28); and advocacy (3/28):

> *"You need to have people that make […] and change the laws, sit down with people with lived experience and peers […] to fix the problems. "*

Peers additionally cited decriminalization and safe supply[11] (2/28) as potential legislative and legal amendments which, if enacted and /or implemented, would address some but not all, of the systemic and structural barriers facing peers, while also making huge strides towards reducing the criminalization and associated stigmatization of drug users. Others said they wanted to find ways to address the stigma that peers and people who use substances face (2/28).

Community allies noted familiar challenges that peers face with the broader community in doing harm reduction work: fear and backlash driven by stigma, criminalization, lack of meaningful and non-tokenizing community consultation with peers, and a lack of opportunities for peers to move beyond front-line basic honorarium type work.

Allies also identified what they see as systems-level supports needed for peers in BC's overdose crisis, including more housing options/availability, non-tokenizing and respectful research and consultation of peers, safe supply initiatives, decriminalization, and a public-health approach to substance use and addiction:

> *"Shifting the philosophy of care to be inclusive of all people even those who use substances. We believe in harm reduction and we believe in that human right to access. That people of all walks of life and community members are welcome. I think also we need to start shifting away from sending people out the door to use substances and then coming back into our acute care floor to have their acute care needs taken care of. But they are using drugs, so they go outside, use drugs, and then come back inside putting people at risk."*

Allies also spoke about the intersection between poverty and harm reduction, and the need to "connect [public health] to the economics of people's situations". Most allies referenced the intertwined housing and overdose crises, and the need for more funding to support peers in their front-line harm reduction and overdose response and prevention work. They also spoke about a need for more trauma and grief counselling for peers.

During the data party, peers were unequivocal in their discussion of interview data regarding what is needed to better support their work. They described the precarity of their lives, as well as the precarity of the work, which places limits on what they're able to achieve. Peers need money to do the work, and prevention and harm reduction needs to be properly funded. Additionally, the pay inequality between

[11] Safe supply refers to a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market. Drugs included are opioids such as heroin, stimulants such as cocaine and crystal methamphetamine, hallucinogens such as MDMA and LSD, and marijuana. Safe Supply Concept Document, *Canadian Association of People Who Use Drugs* (2019), http://www.capud.ca/concept; Accessed January 30th 2020.

peers and other workers needs to be addressed, and basic social determinants of health (e.g., housing) also need to be made available. Peers also noted a need for support and training that is absent of stigma.

4. What are peers doing to lead harm reduction efforts in their communities?

Peer definitions of harm reduction

Peers were asked to describe what harm reduction means to them, personally. They described harm reduction in a few different ways. Many described harm reduction in terms of activity, for example, handing out harm reduction supplies and administering naloxone, rather than a specific set of guidelines policies, strategies or support services.[12] Significantly, many considered overdose response a harm reduction activity in and of itself.

> *"Harm reduction to me means an ability to get clean gear and having new syringes and supplies. Having someone around you who is naloxone trained and first aid trained, so they have the capacity to take care of you or at the very least get paramedics to."*

> *"Harm reduction is the band-aid that's saving everybody. It's not the answer but it's one of the answers, I think we need to do harm reduction while we're waiting for the government to stop killing us off and actually start building treatment centres for us, or programs that we can work and stop the stigma so we can work. Just because someone's a drug user doesn't mean they can't be functioning and contribute to society, right."*

Others considered harm reduction as a way of being in relationship and building connections and community with their peers:

> "*When I'm doing harm reduction, that person's not going to die, not that night. They're not going to get Hep C, HIV, be distraught, or sharing a needle; they're going to have their own pipe. It's not just about the health risks, it's like the icebreaker. Harm reduction is the ice breaker. Sometimes people just need [inaudible] but most times, because I make sure I've got smokes in my harm reduction bag, all that, they're happy. It's saving lives and building conversations right in that bag, and I love it."*

Many other peers consider harm reduction as a means by which to facilitate a person's healing journey:

> *"Harm reduction's about reducing that nasty stuff, whether it be safe supply or getting into OPS, or just meeting with an organization and plotting out how to get into recovery or detox or a better life."*

[12] Harm reduction includes policies, programs and practices that aim to keep people safe and minimize death, disease, and injury from high risk behaviour, especially psychoactive substance use. Harm reduction recognizes that the high risk behavior may continue despite the risks. -Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier. "What is Harm Reduction?" Health Link BC; https://www.healthlinkbc.ca/healthlinkbc-files/substance-use-harm-reduction; accessed January 30th, 2020.

Peer leadership in overdose prevention, response and harm reduction

Collectively, peers are engaging in many aspects of the province's overdose response; from front-line service provision, to community engagement and education; to systems-level advocacy. Despite their multi-faceted understanding of and approach to harm reduction, peers largely feel under-appreciated and under-supported in their work.

In the words of allies:

> *"Peers in our project are very essential front-line responders. Some of them have responded to hundreds of overdoses. We support them to supply people with medicine and provide training. But they have responded to hundreds of overdoses, so they're leaders in the community and there are the connectors … we choose people that we know have big networks because we want their knowledge to flow."*

> *"We have some peers going out and sharing their stories and how they got to the point they're at today. So, they go out and share their message. We have peers go out and train the general population. They teach people what an overdose looks like, right. So, the peers go out and engage with our community and really share their truth and lived experience."*

Peers consider themselves essential in overdose prevention work for two main reasons. Firstly, they have the insider knowledge and expertise to be able to support people to use safely.

> *"I think peers know more about OD prevention than anyone. Who knows better how to keep themselves alive than someone who uses drugs, right? You know I think that the experiences and the knowledge is so beneficial, it's taking a negative and turning it into a positive."*

> *"Just because they've been a part of the drug use for a long time, most of them, and they actually know first-hand, on what's going on in the community, with like the actual drug use and drug quality."*

Secondly, peers consider themselves the antidote to other people who use substances' fear and mistrust of system actors. Peers often work alongside nurses and other system actors, to make them more approachable to other people who use substances.

> *"The biggest asset – when I go out with nurses, walking around downtown, I think it gives the nurses a little more credibility because of the people we meet on the streets. You know, so I think they're just more open and they're more… receptive, you know?"*

> *"Because I think that our peers can openly talk to us about their problems, and lay it out, and not sugar coat it, or twist it, or make it something different to make it ok for a doctor to hear, or another health care professional."*

Allies also cited the significant role that peers play in supporting other people who use substances to navigate systems.

> *"I think they could be involved in every job related to health and harm reduction. I think there could be, for every activity, there could be a second FTE that is somebody who is an assistant.*

They [the health workers who are not peers] also need to have people with lived experience to hold them accountable as well. There could be a peer who's there full-time who is an advisor or [a] supporter to a patient. They could be integrated."

Additionally, allies also reinforced the leadership that peers continue to show in advocating for a safer drug supply and creating culturally safe services and supports for people who use substances:

"I think outreach, peer-support, overdose prevention, advocating, the politics of it and direct activism. Also, participating in meetings and writing reports. I think that peers are incredible in the way [that they] are the most progressive and most realistic when it comes to drug-use policy."

Community allies were unanimous that peers are essential in overdose prevention and response work. Their reasoning, much in alignment with peers, was based in the understanding of what lived experience means in terms of how it feels to be marginalized and discriminated against within community, due to homelessness, poverty, criminal justice and substance use. Peers have insight, understanding and are better able to connect with people who are using substances. They additionally cited the dynamic and shifting nature of drug use and the importance of involving people who use substances in developing appropriate strategies, planning, and tactics to reach and connect people with services and supports. Or, in the words of one ally:

"Nothing else has worked. They don't want some do-gooder coming down and giving them a sandwich trying to get them off drugs. I also learned the [emotional response behind being dope sick] It's the fear of knowing they are screwed and how they're gonna feel shortly, and so that really made me understand and I don't know if that's harm reduction but that they need other medication to help them survive. And I would never have listened to that a year ago and I'm sure I wouldn't have understood it."

Peers want decision makers to know a few key messages about the work they're leading in overdose prevention, response and harm reduction. Firstly, they want those in leadership positions to connect with those with lived and living experience, and find ways to address stigma, at all levels.

"They need to connect with them as human beings, see that they're not just a number, but that they're actually people that have big beautiful hearts."

Allies spoke about the need to stand up and advocate in support of peers in the face of discrimination, while thoughtfully including them to decision making tables, in non-tokenizing ways.

"I think now, more than ever, we have to back, stand-up for and advocate for and still be really vocal in how much we support harm reduction services not only carried out by service providers but also those with lived experience."

Peers also want decision makers to know more about the important, lifesaving work that they are leading.

"*We [peers] truly care about what we do and it's important that we have the things that we need to continue doing the work that we do. You know, funding being one of them, is a huge thing that we need more for our peers."*

Allies, too, felt that it is important to communicate the huge role that peers are playing in harm reduction and overdose response and prevention, and that in some cases, ***"the peers are doing the work that health providers are not doing".***

Peers also voiced a need to create more culturally safe services and supports, which are available on a 24 hour, 7-days-a-week basis.

> *"It's hard and traumatizing and we need more services. I'm still on the waiting list to see a trauma counsellor, which is an abused women's shelter sort of thing. So yah, they have this program where you can go for trauma counselling and I've been waiting for over a year. So like, I'm a housed person, and I have PTSD, because of my work at the tent city. You know I've been threatened, I've been beat up, I've had bottles thrown at me, and it's for helping people."*

Allies noted the huge burden of unrecognized and unsupported work peers do in reaching out to their friends and peers to provide harm reduction and to keep them alive while they are using. They noted the lack of funding and support for the key role that peers are playing in the overdose crisis.

> *"Peers do the biggest burden of work and they do it in a really unsupported and sometimes unsafe way. Just in terms of like that trauma piece. If I am a peer and I respond to an overdose it is highly likely I am not going to be sober when I respond to that overdose so emergency services aren't going to treat me very well. That there might be very negative repercussions in terms of the law… That can be an exceptionally heavy burden on peers more so than other service providers. I think that is important. Peers really need to be well supported in their work."*

Lastly, peers articulated a need for decriminalization and regulated safe supply of drugs.

Data party discussions reinforced the role that peer engagement and support plays in both community's overdose response and harm reduction initiatives, and peers' own healing journey. An overarching theme throughout the interviews was peers' interest in fostering connections and networks, building community, and creating a sense of belonging and acceptance. This is in line with public health research evidence regarding inclusive definitions of health and wellness, which doesn't require abstinence, and focuses on connection.

5. Does peer engagement play a role in shifting perspectives / stigma towards people who use substances in communities?

Attitudes towards people who use substances in OPEN-funded communities

Many peers (18/28) described attitudes towards people who use substances in their community in very negative terms: "Terrible, horrible, discriminatory, hostile, fucked up, divided, brutal, hatred, stigma".

> *"I think they're not willing to understand or get to know the person behind the drugs. They're quick to judge, really rude and they don't give the same kind of respect they would give to the common person. Their views are really narrow-minded. They don't want to look past more than just what they see."*

"There's many great people in the world who do their best to show humanity a level of life, but there's a lot of ignorant people. They don't understand it, so it's quickly judged and criticized. It brings a lot of hate for oneself when they feel all this, and there's only a few little beams of life walking around. There's hundreds of hundreds of black clouds. I feel like my community could to do much better for the world if they were acknowledged and knowledgeable and were willing to truly learn what it is, it's just a drug, it's not just a problem, it's something that needs to be healed."

Some peers (5/28) said attitudes towards people who use substances are varied in their community.

"Some people are very empathetic and seeing how they can help out, and some people are really disgusted by it and would like it to disappear."

Community allies were much more likely to say that attitudes in their community towards people who use substances are varied.

"I think it's very mixed. I think it's very misunderstood. People either are very supportive or very not supportive. There's no happy medium. There's not always a lot of room for education."

A few peers (4/28) said the tide might be turning in their community's attitudes towards people who use substances:

"I've seen some really beautiful people come out from the community, more and more by the day, that see our peer model working and they're reaching out to join that group. So I think it's starting to change and catch on."

A few allies were also in agreement, citing a slightly better climate towards harm reduction and people who use substances in their community.

"I feel very fortunate to live in the community that I do. The way my community views it in comparison to some other communities, I feel very fortunate to live in the community that I do. We don't have vigilante groups going out and trying to take care of the homeless issues themselves, if you know what I mean. My general experience when I go out into the community and talk a little bit about what I do, and the responses usually go pretty well. The general public, from what I understand, are grateful for the services we provide and how we are supporting people who are in a less fortunate position."

Peer work's role in shifting attitudes towards people who use substances in communities

At the same time, peers were asked if they'd noticed any shifts in attitudes (either positive or negative) towards people who use substances in their community. Half of peers interviewed (14/28) said they had seen mainly positive shifts, the causes of which varied, but included more people coming together in the face of the unrelenting overdose crisis, suggesting that stigma reduction is community building work:

"I think it's just our community banding together, our people are scared and they're tired of losing people. People are dying every day and we're not hearing about it. When we got our office space,

we were worried the guy wasn't going to let us stay there, then we learned that he had lost his son to overdose a few weeks before."

Peers were asked if they could think of any specific activities, or roles they've had which may have had a positive impact in terms of shifting people's perspectives towards people who use substances. Many responded that sharing their personal stories and connecting with people (12/28) was the most effective means by which they were able to potentially shift people's perspectives.

"*I led a pretty good life, I had a pretty good career, I was a pretty good mom. I was guilty of judging addicts and alcoholics, and then when it happened to me, all my friends bailed / turned their backs on me, I have a very small circle. And at first it was really hard but now it's a blessing that they're not in my life anymore. Me openly talking about it, people will ask me, where have you been what have you been up to, and I'll tell them I was addicted to crystal meth I lost everything in my life, this is where I am now. At first people judged it, but the more I talked about who I am and where I came from and what I've seen and experienced, it let people I think shift and people who are on the street. And maybe they'll think about, this person has a story, they're not just a junkie on the street that […]"*

Peers also said that peer employment programs focused on cleaning up used needles and other supplies and creating positive relationships with local business associations have started to make in-roads in specific communities, presenting peers in a different light and giving community members the opportunity to interact and connect with them. Peers also noted the awareness work through community events such as overdose awareness day, community meals, radio broadcasts, and performances such as those the group ILLICIT puts on.

Allies tended to agree that peer work has a significant role in shifting people's perspectives in a positive direction.

"Certainly, the work that I have been involved with one peer especially - she is so professional and so articulate. So compassionate and really keen to evolve. I think her voice, and then those people that she has been doing some capacity building work with within her organization, has shifted attitudes. I think when they sit around tables, those biases and belief systems that people think about people who use substances, you know, they're not educated or they're not whatever their beliefs are. I think she really has shifted a lot of attitudes. I think that's been really positive."

"It's really hard to continue to be afraid of something, to ignore it, to be angry when you are face-to-face with a person who you enjoy spending time with, and they are also a person who does drugs. Or you see the work that they do in the community and you respect the work they are doing."

Conclusion

Evaluation findings highlight the integral role that peer engagement and support plays in community overdose response, harm reduction and peers' own healing journeys. An overarching theme throughout the evaluation was peers' interest in fostering connections and networks, building community, and creating a sense of belonging and acceptance. This is in line with public health research evidence regarding inclusive definitions of health and wellness, which doesn't require abstinence, and focuses on connection.

OPEN plays an important role in expanding and encouraging peer capacity development, engagement and opportunities to earn income. There is a potential need by CAI to differentiate OPEN's unique value contribution, to distinguish it from other funding types in the overdose space. OPEN's focus on peer engagement allows grantees to find ways to connect hard-to-reach people who use substances with supports, harm reduction supplies, and life-saving naloxone through peer workers, while also supporting the healing journeys of those same peer workers.

Peers are an essential component of harm reduction and overdose prevention and response. They are engaged and leading a wide range of harm reduction and overdose prevention and response work, with unique skill sets and abilities to connect with hard to reach people who are using substances. Despite collectively engaging in many aspects of the province's overdose response, peers are carrying a huge burden of unrecognized and unsupported work in reaching out to friends and peers to provide harm reduction and keeping them alive while they're using. Peers also face a variety of barriers which limit their ability to participate meaningfully, including encountering and experiencing stigma at various levels within their communities.

Calls to Action

1. Acknowledge the valuable experience and skill set that peers have in overdose prevention, response and harm reduction, and their integral role in the province's overdose response, by:

    a. Prioritizing meaningful peer engagement and support within the province's overdose response strategy and related initiatives, including ensuring robust representation of a diversity of peer voices at all decision-making tables.

    b. Financially support initiatives that foster social inclusion and help peers build connections, network, and create community.

2. Expand and fund paid peer worker positions within NGOs in a sustainable, ongoing and continuous way in order to incorporate paid peer positions into the structural framework of community-based organizations.

    a. Improve peer access to trauma-informed and culturally safe services and supports, including trauma and grief counselling.

3. Support the adoption of organizational / institutional stigma auditing processes and standards of inclusive practice by all overdose response stakeholders to ensure that services and supports for people who use drugs are trauma-informed, culturally safe, and free from stigma.

4. Decriminalize drug use and provide a regulated, safe supply of drugs.

Appendix A: Peer Training and Capacity Building Plan

Peer Support

In alignment with peer engagement best practices[13], CAI contracted peer mentors from the Peer Engagement and Evaluation Project (PEEP) with experience in evaluation to provide support to peers who volunteered to engage in the Evaluation Steering Committee. Broadly, PEEP peers were asked to provide peer engagement, debriefing and emotional support to peer members of the Evaluation Steering Committee.

Training and Facilitation Support

An evaluation and facilitation trainer, Kylie Hutchison ("the training consultant"), was contracted to support the evaluation capacity building needs of peers. Contracted work included four key deliverables:

1. Capacity-building Training

Peer capacity-building includes a one-day in-person training session held concurrently with the first Evaluation Steering Committee meeting in mid-July. Learning objectives of the session, included the following:

- Roles and responsibilities of ESC members
- Reasons for conducting an evaluation
- Distinguishing between process and outcome evaluation
- Explaining the role of outcomes in evaluation
- Developing questions for peer interview protocol
- Confidently conducting a peer interview.

2. Interview Monitoring

After peer evaluators conducted an interview, the training consultant listened to a sample of interview recordings and provided written feedback regarding progress. The consultant also made herself available for peers to contact her to discuss any questions or issues encountered in completing their interviews.

3. Data Party Preparation

Data Parties are sometimes referred to as 'sense-making', or 'data walk'. It is a technique used to allow stakeholders the chance to interact with findings before the final evaluation report. Data parties provide an opportunity to incorporate the community voice in the interpretation of results and action planning, and the chance for stakeholders to react to data.

The training consultant led two ESC meetings to collaboratively plan the data party. The first meeting focused on familiarizing peers with the actual data they've collected, including data highlights, data party purpose and objectives, and different ways to format the presentation of data. The second meeting focused on session design, including:

- possible questions for participants to reflect on;
- possible group activities;

[13] Greer, A.M., Amlani, A.A., Buxton, J.A. & the PEEP team. (2017). Peer Engagement Best Practices: A Guide for Health Authorities and other providers. Vancouver, BC: BC Centre for Disease Control, pg 22.

- any potential pre-work for participants;
- materials and data formats needed;
- tips for facilitating a data party;
- the role of breakout facilitation;
- selection of co-facilitators and timekeeper;
- questions, concerns and fears about facilitating a data party;
- any other preparation required.

4. Data Party Facilitation

The training co-facilitate a half-day data party with the peers. Prior to the session, the training consultant held a short preparatory morning meeting with peers to troubleshoot any last-minute questions, concerns and fears to build everyone's confidence prior to the session.

Appendix B: OPEN Grantees and Project Descriptions

1	**BC / Yukon Association of Drug War Survivors**	Province-wide	Supports the organization of drug user groups in each of the five regional health authorities, while also supporting the inclusion of PWLLE at decision making tables in non-tokenizing ways. Their plan is focused on organizing one larger provincial event for PWUD to support overdose education, action and advocacy.
2	**OCAT Chilliwack**	Chilliwack	Collect stories, directives and feedback from those with lived experience of opioid use, with a focus on Indigenous women and service providers, advocates and other support workers. As part of reaching out to men in trades, engage with trades employers and health and safety on-site supports; provision of education and training
3	**Comox Valley Peer Engagement Project**	Courtenay	Goal is to increase capacity of peers to participate in efforts to improve services and respond to the overdose crisis. Funding honoraria to AAHA (Addicts Allies Humanizing Addiction) peer steering committee members for weekly meetings, support and attendance, honoraria for workshop facilitators, elders and training participants, and to support attendance of PWUD at regional, provincial and national conferences.
4	**Harm Reduction Roundtable for Youth Service Providers**	Port Alberni	Coordination of roundtable of youth services providers and Youth Advisory Committee focusing on increased accessibility to harm reduction supplies and services for substance-affected youth, and education around increasing awareness of overdose risk and harm reduction among youth.
5	**Maple Ridge Overdose Response Task Group**	Maple Ridge	Arts-based activities, community dialogues and events focusing on stigma reduction, compassion, overdose prevention and naloxone training, including planned forums to support collaboration and connection with existing community network groups, local FN associations and government representatives. Overall goal is to increase compassion, inclusion and engagement of citizens who use substances in community and decrease associated stigma.
6	**Metro Vancouver Aboriginal Executive Council (MVAEC) – Urban Indigenous Overdose Task Force (UIOTF)**	Vancouver	Build capacity for UIOTF through training and capacity building, cultural healing event, awareness events, peer outreach and engagement, establishment of Indigenous Peer Advisory Committee, generating peer-led knowledge and sharing feedback on services to inform messaging and service delivery. Goal is to strengthen the harm reduction response of urban Indigenous frontline service providers through knowledge exchange, increasing capacity of service providers, and increasing knowledge of community stakeholders.

7	**Nelson Fentanyl Task Force**	Nelson	Support ongoing meetings of Nelson Fentanyl Task Force and its overdose response efforts. Meets regularly and engages peers and Indigenous individuals and local groups. Support four working groups: Harm Reduction, Treatment and Continuity of Care, Education and Prevention, and Emergency Responders Group. Support development of Castlegar Fentanyl Opioid Working Group (CFWOG). Overall goal is to address the stigma that PWLLE face as a systemic barrier within overdose prevention and response. Planned a community conference in Nelson in November 2019 and are creating short films about peers' experience of the OPS in Nelson.
8	**Penticton and District Overdose Coalition** **Intensive Coordinated Care Opioid Navigator (ICCON)**	Penticton	Providing wraparound care for individuals struggling with opioid dependence through a 24-hour connection to the Intensive Coordinated Care Opioid Navigator (ICCON) to support recovery and reduce relapse & overdose. Provide support counselling and guidance in the areas of health, nutrition and wellness. Connecting clients to housing programs, intensive outpatient treatment and other services, providing transportation to clients, and educating, training and supporting families. Providing education to HR departments of trade employers, employees, and educational centres.
9	**Nanwakola Campaign 2**	Port Hardy	Bringing together PWLLE and key community stakeholders to explore harm reduction approaches that address the needs of Port Hardy. Weekly meetings with PWLLE to discuss current issues facing those struggling with substance use issues, and identifying different Indigenous models used to address these issues. Monthly meetings with key stakeholders to share findings and conclusions of the PWLLE group and begin development of harm reduction approach that is led by PWLLE and supported by stakeholders. Also 1-2 events to educate larger community on harm reduction approach from an Indigenous perspective.
10	**Coalition of Substance Users of the North: Support (CSUNS)**	Quesnel	Overall goal of this work is to address stigma in community towards substance use and harm reduction and to increase community support of the coalition. Activities include anti-stigma social media campaign, peer outreach, support, and overdose prevention services, partnering with Northern Health to train peers to provide drug checking and provide naloxone and HR supplies on an outreach basis. Additional activities include funding two positions (with an additional two funded by other partnerships) on the Clean Team, who are a group of peers working part-time to clean up used needles, other supplies, and garbage in the community, and providing support to the CSUN peer group. .
11	**Vancouver Community**	Vancouver	The goal of this work is to strengthen existing street outreach teams; to facilitate inter-group collaboration, capacity

	Coalition Against Prohibition and Overdose (Van CCAPO)		building and knowledge sharing; and to improve access to person-centered care via research, narrative creation, and project proposal development. Activities during the period include: hiring a project coordinator, developing surveys for outreach teams, producing 2 reports, regular interagency collaborative meetings, adding shifts to street outreach teams, and producing capacity development training based on data gathered from surveys and incorporating Indigenous approaches to healing and wellness.
12	**Community Overdose Response and Education (CORE)**		Create peer support network that is non-denominational and based on harm reduction best practices, with the goal of providing physical supports within Lake Country without having to redirect clients to Kelowna for services. Includes a transportation program to assist clients on OAT therapy to the Kelowna MHSU clinic and support for peer-led workshops to take peers' stories to the community. Also advocating for and providing harm reduction programming and supplies to greater community.
13	**Business Engagement Ambassador Program**	Abbotsford	Partnership with businesses and homeowners, including outreach to youth. Goal is to provide meaningful opportunities for people who are homeless/ using drugs to contribute something positive to the community by building partnerships with businesses and homeowners and provide opportunities for these groups to support and contribute to the work. In addition, goal is to provide access to services regarding the foster system, life promotion, the opioid crisis and harm reduction to homeless youth.
14	**Nanaimo Coalition of Peer-Run Organizations**	Nanaimo	Goals are to build a peer-run sex workers organization's capacity to support the community, create and facilitate community trainings, and collaboratively manage community resources and data. This project hired a program coordinator and worked to increase training and capacity building for SPAN members. Other activities include developing an overdose prevention and response guide for sex workers, networking, peer meetings, community outreach, and representation on the Nanaimo Community Action Team.
15	**South Island Community Overdose Response Network (SICORN)**	Victoria	Increasing focus on safer inhalation, harm reduction-based treatment, and decriminalization. Activities include public forums, symposiums, convergences, International Overdose Awareness Day events, advocacy and engagement with policy makers, and support and collaboration on harm reduction services and training such as wound care.
16	**Substance User Society Teaching Advocacy Instead of**	Powell River	The goal of SUSTAIN is to develop a peer network to complement and support harm reduction and overdose response in the Powell River Region. Activities include peer group meetings, production of a zine, training, networking and capacity building for peers, advising and working with the

	Neglect (SUSTAIN)		Powell River Community Action Team, and supporting OPS.SUSTAIN also works to provide harm reduction education and access; to increase self-advocacy, and build skills in leadership, peer support and overdose prevention and response.
17	**Indigenous Outreach to Prevent Overdoses**	Vancouver	The goal of this project is to raise awareness of methods to reduce the risk of overdose, including knowledge of locally available services and alternative therapies to transition away from opioids. This project is also working to increase participation in Indigenous cultural programs and services, and is working to build connections and relationships among workers, volunteers and the public while fostering increased collaboration and integration among front line agencies in the DTES. Activities include street outreach patrols to Indigenous clients in Vancouver DTES and engagement with community partners.
18	**Vernon COOL Team**	Vernon	The goal of the COOL team is to provide overdose prevention, response and education services at the Our Place Shelter. Focus of this work is on training peers and staff members to build overdose response capacity and outreach; and to develop a peer network to join the COOL team. Most recently, this project has set up OPS rooms in two new facilities and supported a peer groups to run independently.
19	**ILLICIT**	Vancouver	ILLICIT's goal is to transform knowledge and lived experience of those impacted by the overdose crisis into artistic works that will reduce stigma towards people who use substances. PWLLE researchers gather stories through community "shadow studios", and produce theatre performances and public interaction pieces exploring issues facing drug users in the DTES.

Appendix C: Peer Interview Guide

1. What is your name?

2. What community and organization or group do you represent?

There are 6 different groups of questions in our interview today. Each group has between 2-6 questions.

The first group of questions is about your personal reflections on your work as a peer:

3. How long have you been working as a peer in association with your current organization or group?

4. In your opinion, what are skills needed to be an effective peer?

5. How does your personal experience help you in your role as a peer?

6. Can you describe why you decided to do peer work?

Okay, these next questions are about the impact of your work as a peer:

7. Can you describe the impact that becoming a peer has had on you personally? What have you learned?

8. Various groups around BC are being funded by the Community Action Initiative to work on overdose prevention and response as part of the Overdose Prevention and Education Network, or OPEN. Your group is one of them.
   Are you familiar with your group's OPEN project?
   a. (If Yes): Can you describe what OPEN is?
   b. (If Yes): How has OPEN impacted you and other peers?

9. Can you describe specific successes you've had in your peer work?

10. From your perspective, has your work as a peer had any impact on other people who use drugs?

The next group of questions has to do with the tasks and activities of your peer work:

11. Are you volunteering or are you in a paid position as a peer? Part time or full time?

12. Can you describe tasks or activities you typically do as a peer?

13. Can you describe a typical day as a peer?

14. What does harm reduction mean to you personally?

15. I'll read a list of harm reduction activities and pause after each item. Please indicate whether you do any of the following, by responding yes or no.
    a. Outreach
    b. Peer support or navigation
    c. Mentoring
    d. Sharing information
    e. Referrals
    f. Giving out harm reduction supplies and practices
    g. Distributing Naloxone kits
    h. Naloxone training
    i. Connecting people with overdose prevention sites
    j. Drug checking
    k. Anything else? Please describe.

16. Do you engage in any of the following? Please respond yes or no.
    a. Participate in advisory committees
    b. Public speaking or advocacy
    c. Training service providers
    d. Assisting with projects, for example, coordinating events or helping with research projects

17. Where do you do the bulk of your peer work? (e.g. shelter? tent city?)

(You're at the approximate halfway point of the interview)

<u>The next group of questions has to do with the role of peers in overdose prevention:</u>

18. Why do you think peers are essential in overdose prevention work?

19. What do you want decision-makers to know about the work that you and other peers are doing in terms of overdose prevention and response? For example, if you were standing next to the Prime Minister, or in a meeting with Minister Judy Darcy?

<u>Okay, the next group of questions has to do with attitudes towards people who use drugs:</u>

20. How would you describe attitudes towards people who use drugs in your community?

21. Since you've started working as a peer, have you noticed any shifts in people's attitudes towards people who use drugs in your community?

a. (If Yes): What do you think was or is the cause of these shifts—either positive or negative?

22. Can you think of any specific activities you've done or roles you've had which may have had a positive impact in shifting people's attitudes towards people who use drugs in your community?

<u>Okay, we're at the last group of questions. These questions are about removing barriers and improving supports for peers:</u>

23. Can you think of a time in which you were most supported in your work as a peer? What did that look like?

24. Have you experienced any barriers which have either limited your ability to participate meaningfully or have impacted your ability to create positive change? If yes, can you describe those barriers?

    b. Do you have any suggestions or ideas of ways in which to address these barriers?

    c. Is there anything that would help you do your work more effectively?

<u>That concludes our interview.</u>

25. Is there anything else you'd like to share with me today?

26. We are thinking of interviewing someone who you work with who is not a peer but is also doing harm reduction work in your community. Can you recommend someone and give their name and organization?