

DEVELOPING PEER ENGAGEMENT BEST PRACTICES FOR BC HEALTH AUTHORITIES

For effective harm reduction

People who use illegal drugs, or ‘peers’, are the experts about the realities of illegal drug use. Peers provide valuable insights into barriers and enablers to accessing harm reduction services in their communities. The active participation of peers in research, programming and policy is at the heart of harm reduction. The Peer Engagement and Evaluation Project (PEEP) aims to enhance peer engagement networks in BC through developing and implementing peer engagement best practices for health authorities and service providers.

How did we do this work?

PEEP used a community based participatory research approach to engage peers and health authorities in every aspect of the project. Five peers with diverse experiences, ethnicities and ages, were recruited; one person from each of the regional health authorities to act as peer research assistants (PRAs) and advisors on the project. They worked with academic researchers, health authority harm reduction coordinators and master’s students from local universities to develop the scope, protocol and methodology of the project. Thirteen focus groups with 119 participants were held in 12 locations across the province. The PRAs co-facilitated and assisted in organizing the focus groups, including advertising and recruiting participants for the focus groups in their regions. A literature review was performed and peers were actively engaged to provide input on the best practices document.

What did we find?

Peer engagement produces several benefits:

- Ensures decisions involve peers equitably
- Ensures initiatives are relevant to peers and increases acceptance of decisions by the community
- Helps develop a formal and informal health information sharing system; peer networks in BC can provide health and harm reduction information to hard-to-reach peers, such as those in rural/remote communities where health authorities may not reach.

There were differences in the availability, accessibility and delivery of harm reduction services across the province. Resource challenges, including limited time, training, space and financial support for peer engagement can undermine the integrity and validity of the peer engagement process.

Many peers reported stigma and discrimination from healthcare and service providers, which created a lack of trust. Building credibility, rapport, and confidentiality can help overcome this major access barrier.

What should all agencies consider (based on the results of this work)?

- Decisions that affect the lives of people who use drugs should involve peers in all aspects of those decisions.
- Engaging peers meaningfully at decision-making tables, allows them equal power and voice for creating more equitable and fair policies for their community.
- Harm reduction agencies should promote and build trust with peers and create an environment that is culturally safe and respectful, without stigma and discrimination.
- Provide organizational support for time, training, space, and finances for peer engagement.
- Engage with peer networks and /or peer run organizations in order to increase access to information.

Peer engagement best practices for BC Health Authorities

- Develop clear expectations and a memorandum of understanding that the entire team understands and agrees to.
- Train staff on the peer engagement best practices and harm reduction principles and philosophy.
- Promote and foster equal voices and a diffusion of power at decision-making tables.
- Invite several peers, not just one, to enable effective peer engagement.
- Partner with a user group to select representatives, not just hand-pick the same user every time.
- Invite people who actively use drugs, in addition to those who formerly used drugs as they can offer different perspectives.
- Provide training and support for peers participating on committees or boards to ensure successful and meaningful engagement.
- Hire a peer mentor who can provide support to peers in their roles and at decision-making tables. Peer mentors with experience working with health authorities and other professionals are beneficial.
- Provide fair compensation to peers in cash where possible.
- Protect the confidentiality of peers.
- Be flexible and respect peers' individuality.
- Hold meetings or consultations in low-key settings where peers already hang out.
- If travel is required, help to arrange methadone, accommodation and travel, as well as connecting the peer with a local person who uses drugs to provide information and support to out-of town peers.
- Partner or consult with peer run organizations or other peer networks where possible.
- Identify and address barriers and challenges peers may face in the engagement process.
- Create solutions with peers.
- Adopt a strengths based approach with peers.
- Have a conversation with peers to identify and adopt appropriate communication and different learning styles that works for the peers involved.
- Encourage peers to identify ways they wish to be involved and use their diverse skills as they feel comfortable.
- Schedule regular check-ins for peers and providers to evaluate the engagement process and address concerns in a timely manner.
- Learn from the experience and apply to future opportunities.

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