

THE ROLE OF PEERS

Prepared by Jane Buxton, Physician Lead for Harm Reduction at BC Centre for Disease Control, Janine Stevenson Harm Reduction Nurse Specialist at First Nations Health Authority, Katie LaCroix, Peer Research Assistant and Charlene Burmeister, Peer Research Assistant.

Engaging people with drug use experience in policy development, research, programming and practice is necessary to ensure interventions and harm reduction services are relevant and acceptable.

BACKGROUND:

A peer can be defined as a person with equal standing in a community who share a common lived experience (Ti et al). Peers are the experts in their own experience and provide important perspectives and a reality check.

Peer engagement uses a community based approach to decision making, as engaging the community in the process is far more likely to lead to effective and acceptable service delivery. However, in practice peers are often underutilized in the prevention of substance use related harms (Marshall et al) and peer engagement efforts involve sharing information only and therefore can be considered merely tokenism.

Alerts and overdose training material should be developed with input from peers to ensure relevance, appropriate language and to avoid unintended consequences. For example, using terms in alerts like potent and strong may lead to drug seeking behaviours (BCCDC). Input from a variety of peer groups is necessary to target affected populations for example street-involved youth, school and university students, people who use drugs in club and party environments and adults with substance use disorders.

Peers should be engaged when developing proposed interventions. A client centred approach should be used. Providing services for people who use drugs is not sufficient to ensure they will be utilized. Peers can identify barriers to accessing health services; for example services must be available (sufficient services wherever people live), accessible (e.g. geographic distribution of opioid agonist therapy in rural areas and supervised consumption services outside Vancouver), accommodating (e.g. low threshold services, opening hours), affordable (e.g. cost of travel, lost work time, payment for methadone clinics) and acceptable (non-stigmatizing services providing trauma informed care).

Peer engagement can address equity of harm reduction services and interventions by fostering communication, building trust, increasing knowledge, and reducing stigma and discrimination to remove barriers and increase utilization of services.

There is a long history in BC of successful peer to peer training such as providing education on overdose recognition and response including naloxone administration. In Rhode Island, on call Peer Recovery Coaches are paged to meet with a person who has overdosed and to link individuals and their families to treatment and recovery resources and hence taking the burden of emergency department physicians and nurses <https://providencecenter.org/services/crisis-emergency-care/anchored>

BARRIERS AND OPPORTUNITIES:

What are the barriers and potential solutions to moving forward?

Service providers may have preconceived ideas about people who use drugs and misperceptions of harm reduction. People accessing services may feel judged during the health care interaction and be reluctant to engage in ongoing care. There is a need for education sessions for service providers about harm reduction, cultural safety and trauma-informed care and moving from a paternalistic health model to a harm reduction model involving peers.

Peers are often paid a token honorarium for attending meetings and providing their expertise- while health authority and other agency professionals attending receive a full salary. Payment should be in cash and commensurate with the time given. (“Nothing about us without us”)

Identifying peers in rural regions where there is no ‘User Group’ can be challenging and Peer run organizations or groups should be asked to nominate representatives from their region. However, consultation with service providers and agencies for suggestions can be helpful. Peer run organizations or groups should be asked to nominate representatives from their region.

Who has the lead responsibility for this issue?

Health authorities have the lead responsibility through the commitment of senior leadership, medical health officers and managers to:

- 1) support service providers in providing culturally safe, comprehensive and effective prevention and treatment services.
- 2) engage peers to ensure services and interventions are relevant and acceptable.

IMPORTANT REFERENCES

BCCDC harm reduction. Communicating Drug Alerts; Tips for informing people who use drugs about adverse drug events. Available at <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/communicating-drug-alerts>

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