

# Peer engagement in harm reduction strategies and services:

## *Findings from a BC case study, 2010-2014*

For people who use substances, harm reduction is a crucial strategy to prevent blood-borne infections, address overdoses, and increase access to improve social/economic circumstances. In order to adequately address the needs of people who use illicit drugs, harm reduction strategies and services must be guided by those with lived experience of drug use ('peers'). However, peers are often excluded or prevented from having decision making authority.

### Why did we do the study?

Evidence verifies that peer-guided policies improve the health of the population. We wanted to learn and share how to better engage peers in decision-making processes. [See the full study [here](#)].

### How did we do the study?

Since 2003, the BC Centre for Disease Control (BCCDC) has overseen the provincial harm reduction supply distribution and supported the BC Harm Reduction Services and Strategies (BCHRSS) committee which guides provincial harm reduction policy. The BCHRSS committee has come to embrace peer engagement as an essential first step in decision-making to increase equity of services.

For this study, we looked at the BCHRSS committee's peer engagement efforts by reviewing documents from 2010-2014 in order to highlight lessons learned and improvements needed. These documents included meeting agenda and minutes, policies, anonymous post meeting peer feedback and notes from focus groups. We evaluated these documents with an evaluation framework we developed.

### What did we find?

The importance of engaging peers in the planning, delivery, and evaluation of harm reduction initiatives was affirmed. In order for organizations to meaningfully engage peers in decision making, the peer-engagement process should:

- Be regularly updated/improved in response to feedback from peers.
- Prioritize building trust, improving relationships, and equally sharing decision-making power.

### What should practitioners and policy makers consider (based on the results of this study)?

Peer engagement improves the health of populations, especially for those with typically worse health; it does this by enhancing public health knowledge, increasing the acceptability and use of harm reduction services, promoting more equal distribution of services, and enriching the appropriateness and effectiveness of programs and policies. Peer-engagement can also strengthen the change-making potential of peers and build-up the influence of those who are often underrepresented.

## Recommendations

### Policy Recommendations

- We stress the importance of unwavering commitment to peer-engagement for those involved with harm-reduction initiatives

### Practice Recommendations

For peer engagement in harm reduction:

- A low barrier/low threshold space
- Update the peer-engagement process in response to peer feedback
- Define clear roles and expectations
- Prioritise under-represented peer groups e.g. from rural/remote areas
- Develop peer engagement guidelines
- Ensure consistency across regions/stakeholders
- Support peer groups/networks
- Build on existing peer strengths

### Recommendations for future research

- Build on our evaluation framework
- Examine interpersonal factors that influence peer engagement
- Examine impact of peer engagement on overall public health
- Explore unintended negative consequences of peer engagement

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For more information, visit [towardtheheart.com](http://towardtheheart.com) or contact the BCCDC  
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