



EVALUATION REPORT

Evaluation of the Peer Engagement in the Peer2Peer Project

October 2021

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We respectfully acknowledge that we live and work on the unceded traditional territory of the Coast Salish Peoples, including the traditional territories of x^wməθkwəyəm (Musqueam), Skwxw u7mesh (Squamish), Səli lwətaʔ (TseilWaututh), WSÁNEĆ (Saanich), Lkwungen (Songhees), Wyomilth (Esquimalt) peoples.

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GLOSSARY AND ABBREVIATIONS

BC	British Columbia
COVID-19	Coronavirus disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
OPS	Overdose Prevention Services – operate under a Ministerial Order from the BC Minister of Health “for the purpose of monitoring persons who are at risk of overdose, and providing rapid intervention as and when necessary, as ancillary health services, in any place there is a need for these services, as determined by the level of overdose related morbidity and mortality.” (1)
PRA	Peer Research Assistant
PWLE	People With Lived/ Living Experience (of substance use)
PWUS	People Who Use Substances
ROSE Model	R: Recognition of Peer Work, O: Organizational Support, S: Skill Development and E: for Everyone
SCS	Supervised Consumption Sites – operate under the 56.1 federal exemption of the Controlled Drugs and Substances Act and usually overseen by Health Authorities. “They provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This prevents accidental overdoses and reduces the spread of infectious diseases, such as HIV.” (2)

EXECUTIVE SUMMARY

Background

Working in overdose response settings can be stressful and traumatizing, with lasting social, emotional and mental health effects for individuals. Despite that, unlike other professionals such as nurses and paramedics, peer workers (people with past or present drug use experience) lack access to occupational and mental health supports.

The Peer2Peer Project is aimed at identifying, designing, implementing and evaluating support interventions for peer workers in overdose response settings. The research is based at two organizations in BC. A key tenet of this project is the meaningful engagement of peer workers. The project team consists of academic researchers and peer research assistants (PRAs) who are representatives with lived/ living experience of substance use from each of the pilot sites.

Methods

The overall purpose of this evaluation is to assess the benefits, challenges and impact of peer engagement on the PRAs involved in the Peer2Peer Project. The evaluation will also assess the PRAs perception of the awareness and impact of the strategies implemented through the ROSE model.

Qualitative telephone interviews were conducted between May and July 2021 with all the PRAs involved in the Peer2Peer Project at that time. A total of seven interview were conducted. The interview transcripts were thematically coded and the key themes were summarized and presented to the PRAs for data validation.

Results

Peer2Peer Project - Strengths

- Meaningful engagement of people with lived/ living experience through the PRAs, which was characterized by treatment of peer workers as equals on the team, having peer workers' opinions heard and valued, involvement from the onset of the project rather than as a tokenistic measure, and openness to people engaging or disengaging based on life circumstances.
- Focus on Relationship Building: The project team created a friendly and safe space which allowed for long-term relationship building between the PRAs and the academic team members, which allowed for motivation and commitment to the project.
- Positive and compassionate personality of the academic team members which enabled trust and understanding and created a "family" like atmosphere.

Peer2Peer Project – Challenges

- The onset of COVID-19 made it difficult to meet in person, carry out some of the planned activities, mandated use of technology, and led to changing priorities of organizations which resulted in an increased workload for the PRAs.
- Balancing the workload of the project as well their respective organizations was also a challenge faced by some PRAs.

Peer2Peer Project - Impact

...On PRAs

- The PRAs derived a sense of pride and fulfilment from their involvement in the project.
- For some PRAs, their involvement in the project allowed them to deal with their own life stressors and improve their mental health.
- The project also provided PRAs with opportunities for personal and professional development.
- The PRAs were also given lots of training opportunities such as first aid, cultural safety, de-escalation, etc.

...On PWLLE in general

- Peer workers at the pilot sites gained better access to supports through the ROSE model.
- The ROSE model also contributed to improved working conditions and addressing burnout among peer workers.
- The project improved respect and recognition for peer workers through the videos, photo IDs and business cards.
- The increased recognition for peer workers and the anti-stigma campaign assisted in addressing stigma against people who use substances.
- The knowledge products have a far-reaching ability.
- Peer workers at the pilot sites as well as beyond have had opportunities to attend training and get certified on various topics of interest to them.

Peer Engagement - Benefits

- Engaging peer workers in harm reduction programming leads to creation of relevant programs and services which will have greater utility and uptake among people with lived experience
- Peer workers are the experts in the area of harm reduction as their knowledge is not only informed by books, but by actual lived experience. They are also more trusted and can form connections with PWUS.
- Peer workers involved in harm reduction programming and research can serve as an inspiration for others.

Peer Engagement – Potential Challenges or Risks

- Peer workers may have to abide by the rigid and often harmful standards of professional practice
- Peer workers involved in projects may have to balance the workload of their organizations and that of the project and this may lead to increased workload and burnout.
- Peer workers have the risk of being exposed to stigmatizing comments or language when working with people without lived experience (even if unintentional).
- The projects may face the challenge of getting long-term commitment from peer workers due to the demands of life on this population. This may affect the continuity of the project.

Peer Engagement - Recommendations

- It is important to provide a clear role description to the peer workers involved in projects so that they can make an informed decision regarding their engagement based on their capacity.
- Researchers without lived/living experience must endeavour to familiarize themselves with the root causes of substance use and conduct research from a trauma-informed lens and provide supports that are culturally safe, in order to establish trust with peer workers and avoid stigmatizing comments and language.
- Researchers may also try to get firsthand experience of the lives of peer workers
- Researchers must avoid stigma against PWUS by treating people with lived/ living experience as equals, recognizing that they are the experts in the field, and compensating fairly for the work done by peer workers.

Awareness of The ROSE Model Strategies from PRA Perspectives

- According to the PRAs, there was more awareness for the ROSE Model strategies that involved a tangible object such as Photo IDs, business cards, and pulse oximeters.
- There was also high awareness for trainings that required peer workers to attend a session at an external location, such as the first aid training.

Reasons contributing to low awareness:

- New staff at pilot sites that were more disbursed
- Competing priorities in the lives of peer workers which may result in lack of interest
- Lack of access to technology and resources to communicate with some peer workers

BACKGROUND

British Columbia (BC) is amid two public health emergencies; the first was declared in 2016 as a result of a devastating increase in drug toxicity deaths (3) and the second which was declared in 2020 as a result of the coronavirus disease (COVID-19) pandemic (4).

Peer workers, often referred to as ‘peers’, are at the forefront of overdose response initiatives in BC (5,6). Peer workers are those with past or present drug use experience who use that lived/ living experience to inform their professional work (7). Peer workers provide overdose response and prevention services for people who use substances (PWUS) (8–11) within overdose response settings¹. These include stand alone supervised consumption sites and overdose prevention services (OPSs), as well as services in shelter and housing agencies.

The advent of COVID-19 has led to reduced hours, reduced capacity and closure of several OPSs (12,13). This has further increased the importance of peer workers who are involved in a variety of roles, including peer witnessing onsite, outreach services, mobile overdose response, delivery and collection of harm reduction supplies, advocacy, and referrals to services such as housing agencies (14).

Working in overdose response settings can be stressful and traumatizing, with lasting social, emotional and mental health effects for individuals (9,15–19). Despite that, unlike other professionals such as nurses and paramedics (20,21), peer workers lack access to occupational and mental health supports.

Furthermore, despite an increasing body of literature that shows that peer engagement is the best practice in harm reduction work (22,23), employment opportunities in research and practice that value lived/ living experience of substance use are limited (24–27).

The Peer2Peer Project

The Peer2Peer Project is aimed at identifying, designing, implementing and evaluating support interventions for peer workers in overdose response settings.

The Peer2Peer Project is based at two organizations spanning three of BC’s five health authority regions: 1) SOLID Outreach Society, a peer worker-led organization in Victoria (Island Health) that educates, advocates and provides services for PWUS (28), and 2) RainCity Housing, a not-for-profit, housing-first organization in Vancouver, Coquitlam and Maple Ridge (Vancouver Coastal and Fraser Health) that provides housing and support services for people living with mental health, substance use, and other challenges (29).

A key tenet of this project is the meaningful engagement of peer workers. The project team consists of academic researchers and peer research assistants (PRAs) who are representatives

¹ A formal or informal site in which overdoses are likely to occur or do occur and there is a response mechanism for overdoses in place.

with lived/ living experience of substance use from each of the pilot sites. The PRAs were paid hourly for their involvement in the project, based on the BC Peer Payment Standards (30).

The PRAs are involved in all aspects of the research, including:

- 1) **Needs Assessment and Intervention Development:** Eight focus groups were conducted by PRAs for peer workers at pilot sites to identify support needs. A total of 31 peer workers participated in these focus groups. The findings revealed a need for interventions in three priority areas which formed the basis of the intervention model that was created in collaboration with the PRAs. The intervention was titled 'ROSE' based on a voting process with the PRAs and stands for R- Recognition of Peer Work, O- Organizational Support, S- Skill Development for E – Everyone. Although combined into one model, ROSE consists of multiple strategies that were informed by literature as well as the lived/living experience of peer workers.
- 2) **Implementation:** The ROSE Model strategies were implemented at each site with the help of the PRAs and the organizational managers, most of whom also identified as People with Lived/ Living Experience (PWLLE) and were part of the Peer2Peer Project team. Throughout the implementation process, bi-weekly Zoom/phone check in meetings were held with the project team to discuss progress, as well as identify and address challenges and situational needs, as they arose.
- 3) **Resource development:** The PRAs were actively involved in conceptualizing, developing content, and designing all the resources developed by the Peer2Peer Project. The Peer2Peer Project developed multiple resources, including the #PeerLife video featuring a day in the life of peer workers, anti-stigma campaign including videos and facilitator guides, templates of job descriptions and contracts, educational handouts such as a 'how to use pulse oximeters' guide, and an online peer worker leadership training curriculum. The resources developed were shared widely through the project webpage and social media for the benefit of peer workers across the province.
- 4) **Knowledge Translation:** The PRAs were also involved in sharing the results of the research through presentations at conferences, webinars and meetings, as well as through co-authoring journal articles publications. The PRAs were also involved in selecting the quotes that are most representative of their lived experience to be included in knowledge translation resources.
- 5) **Evaluation:** The PRAs are involved in the data collection and analysis for the evaluation of different aspects of the project.

In summary, the Peer2Peer project endeavoured to create a true partnership between people with and without lived/ living experience of substance use to design, develop and evaluate interventions to support peers in overdose response settings.

METHODOLOGY

Evaluation Purpose

The overall purpose of this evaluation is to assess the benefits, challenges and impact of peer engagement on the PRAs involved in the Peer2Peer Project. The evaluation will also assess the PRAs perception of the awareness, utility and impact of the strategies implemented through the ROSE model.

Evaluation Objectives

- Identify the strengths of the Peer2Peer Project
- Understand the challenges faced by PRAs during their engagement.
- Assess the impact (positive and negative) of engagement within the Peer2Peer project for the PRAs.
- Understand the benefits and challenges of peer engagement in general.
- Assess the PRAs perception of the awareness, utility and impact of the ROSE model strategies that were implemented at pilot sites.

Data Collection and Analysis

The evaluation used qualitative methods of data collection. Qualitative telephone interviews were conducted between May and July 2021 with all the PRAs involved in the Peer2Peer Project at that time.

PRAs were approached by the Project Manager to participate in the interview. All interviews were conducted by a medical student not previously engaged in the Peer2Peer Project to ensure that participants had an opportunity to share their honest opinions about their experiences in the project. Each interview lasted approximately 30 minutes, and participants received \$25 CAD as an honorarium.

Prior to the interview, written informed consent was obtained. The interviews began with a brief review of the background, key points of the consent form, and purpose of the interview. Verbal consent was also obtained and recorded before proceeding to the interview questions. Interviews were guided by a semi-structured interview guide which was informed by the objectives of the evaluation. As the interviews progressed, the guide was adjusted to remove questions that elicited repetitive responses.

The interviews were audio-recorded, and the recordings were transcribed verbatim by an external transcriptionist. De-identification and memoing were performed on raw transcripts to reveal the key themes, which formed the basis of the coding framework. The final coding framework was inputted into NVivo (QSR International, version 12), where segmenting and coding were performed by the medical student who conducted the interviews as well as two academic researchers on the Peer2Peer team. The key themes were summarized and presented to the PRAs for data validation. This study received research ethics approval from the University of British Columbia Research Ethics Board (REB #: H18- 00867-A007).

RESULTS

A total of seven interviews were conducted. The interviews were conducted with:

- Two PRAs from SOLID Outreach
- Two PRAs from RainCity Vancouver
- Two PRAs from RainCity Maple Ridge
- One organizational manager from RainCity Maple Ridge

For simplicity, we refer to all the participants as PRAs.

Strengths of the Peer2Peer Project

1. Meaningful Engagement of Peer Workers

One of the greatest strengths of the Peer2Peer Project, from the perspective of the PRAs was the meaningful engagement of peer workers. Meaningful engagement, as defined by the PRAs includes:

- **Inclusive environment where peer workers are treated as equals**

The majority of the PRAs commented on the inclusive environment created by the Peer2Peer team, which included mutual respect and treatment of all as equals. In the words of some PRAs:

It's just nice to see that people talk to you normal. [...] When I sat at the table, I was not spoken to any differently than [academic team members] speak to anyone else. So being a peer and getting treated equal and being involved and, getting all the messages saying 'hey, what do you think of this and that' kind of thing, is a big, big start for me here. And so that's what keeps me going. I really enjoy doing what I do with them. – PRA 3

I just felt really included. [...] I think it's like a collective right. There's a lot of strength and [...] empowerment when like-minded people come together and then put forth knowledge to better this thing. I think it's very empowering. I love people being able to use their voice and then actually being validated where, [...] there's a lot of us come from a place where we've been embarrassed our whole life and not heard. So, to have meaningful inclusion and for people to be able to speak up and actually make a difference - like it. I love it. – PRA 4

As both these PRAs described, the project's inclusivity carried a lot of weight and meaning to the peer workers, especially because their lives are typically characterized by stigma and judgement. One peer worker even used the word "family" to describe the project team: *My role would be a researcher on the team and actually we're more like a family, to tell you the truth. We look at each other pretty much all the same, right. We work really well together. – PRA 3*

- **Being heard and having their opinions valued**

Many PRAs also described feeling heard and valued as part of the project:

“I felt like everybody was using their listening skills a hundred percent. And when peers had ideas or opinions it was not only taken into consideration, it [...] was the end all, be all. It was done - which was very cool.” – PRA 7

“It was just nice to see the dynamic of these people with education versus people that have lived experience. But sometimes they’re coming to the same conclusions. Other times they need the input from the other person in order to formulate their conclusions properly. And it was cool to watch the exchange back and forth and see both sides warm up to the other.” – PRA 6

- **Involvement from the onset of the project**

Another defining characteristic of “meaningful engagement” was the involvement of peer workers right from the onset of the project:

“I was there from day one helping put together what kind of questions we wanted to ask the peers as well as responsible for putting together the focus groups and actually interviewing the people at the focus groups. And then going and doing a follow up with them after-- a couple months later.” – PRA 6

“I’m pretty much involved in everything. Like I just-- if there’s something that needs to be stated or we take turns presenting something, right. So pretty much everything that turns up I’m in there I raise my hand and volunteer.” – PRA 3

With the increasing recognition of peer engagement as the best practice in harm reduction, many projects engage peer workers, but often in a tokenistic manner, as though to complete a checkbox requirement. To many PRAs, the involvement since the onset of the project as well as in the decision making was meaningful and appreciated.

- **Openness to people engaging/ disengaging based on life circumstances**

Some PRAs described that it was meaningful to them to have the option to disengage from the project when their life circumstances took precedence and be welcomed back to the team when they were able to re-join. In the words of some PRAs:

“I think I was involved [but] I left to do a different position for the last couple of years and then came back this year. I love it. I felt welcome and felt a part of it right away.” – PRA 4

“We’ve been through so many personal challenges as a group, as individuals. [...] Life is not easy in our circle. It’s [been] three years and we’re all still here.” – PRA2

The second quote insinuates the challenges faced by peer workers in their daily lives as individuals with lived/ living experience of substance use. Despite their challenges, PRAs have continued to be involved and welcomed to be a part of the Peer2Peer project team. This underscores the importance of an understanding and compassionate project team that will keep the doors open for peer workers even when they are not able to contribute fully.

2. Relationship Building

Another important strength of the Peer2Peer Project was the relationship-building it fostered. Through bi-weekly team meetings and regular face-to-face meetings, the project team created a platform for peer workers to form a relationship with each other across the sites, as well as with the academic team members:

“One of the biggest [strengths] for me is working alongside another peer-run organization where we can share knowledge, share frustrations, share joy and triumphs. And just get to know each other.” – PRA 4

“It was really good. We enjoyed hooking up. Like once a month [we would] go to Victoria or Victoria would come over here or we’d alternate. It was really quite fun. [...] I believe that the relationships that we’ve built in Peer2Peer will stay. I don’t think we will lose the friendships that we have made. Whereas some groups, you know, they shut down and move on, right. But I don’t think we’ll ever lose contact. It’s a relationship building thing that was incredible. I love it.” – PRA 3

“The P2P project is almost like going to the pub. Everyone’s just talking and we’re all happy. I don’t remember the last time anything went to a debate. So, it’s been fantastic. So, it’s been fantastic.” – PRA 2

The narratives of the PRAs and the metaphors used, such as a “pub” indicates the friendly and fun atmosphere that was created by the project team, which did not only foster relationship-building but also allowed for continued motivation and commitment to the project.

3. Positive personality of the academic team members

On a related note, many PRAs reflected on the positive and compassionate personality traits of the academic team members which enabled trust and understanding.

“The way that [identifier removed] communicates and [identifier removed], and everyone’s just so kind, that is sort of [what] made it a lot easier.” – PRA 7

“I enjoy working with [identifier removed] it’s a lot of fun. It’s learning and fun at the same time. I’m just so proud of being with Peer2Peer. I love [identifier removed]. I love [identifier removed]. They’re such good people. And so understanding and helpful and, you know, if any of us has an issue or a problem or anything, we can phone them and they’re there to help us. It’s really, really cool to have people in your life like that.” – PRA 3

As the PRAs indicated, having a supportive team that genuinely cares for each other is an important aspect of peer engagement.

Challenges faced during involvement in the Peer2Peer Project

1. COVID 19

The greatest challenge that PRAs faced during their involvement in the Peer2Peer Project was the onset of the COVID-19 pandemic and the physical distancing requirements that it brought about. Some of these challenges include:

1.1 Inability to meet in person

Prior to COVID, the project team met in person once every two months for a full day planning and brainstorming sessions. The venue for these in-person meetings alternated between Victoria and Vancouver. In addition, the team also met via Zoom/ teleconference bi-weekly to share project progress and updates, as well as obtain timely input. With the physical distancing guidelines and travel restrictions in place during COVID-19, the in-person meetings could not be held. All PRAs reflected how they missed these in-person meetings and the teambuilding aspect that they offered:

“It’s unfortunate that we don’t have the ability to get together over the past year or so. ‘Cause there’s something so much more valuable [in meeting in-person]. [...] Two people or three people from our group go over and take the ferry and get to the other side and taxi or bus... it’s hugely valuable in team building. And then people come back with a renewed vigour. ‘And it renews my enthusiasm about the work that I do. Cause we’re in a field that burnout is incredible.” – PRA 2

1.2 Difficulties navigating technology

On a related note, due to the restrictions on meeting in-person, the team had to transition into using online platforms such as Zoom for team meetings. For many PRAs, navigating technology was challenging. As some PRAs mentioned:

“I did not have any experience with the technical aspect of even just basic computer skills, how to set up a Zoom. It’s embarrassing to say but how to even log into Zoom calls, stuff like that.” – PRA 4

“We have people that don’t know how to use the mute on Zoom, for example, who talk at inopportune times. We oftentimes have trouble getting signed in and we show up late for meetings as a result. So almost need somebody from the research team to help.” – PRA 2

For many PRAs it was not only challenging to join virtual meetings through Zoom due to lack of computer or tech skills, but also due to lack of devices that could support this software (i.e. smart phones or computers):

“My phone’s already obsolete and I don’t know how to use the features on it. And that’s the case for the majority of us, I think.” – PRA 2

“I suppose if you don’t have the hardware to do it that could definitely be a problem. I mean, I’ve had my phone stolen several times in the last year or two. There’s been days that I haven’t been able to make it just because I didn’t have a phone. Whereas in person, like, it’s pretty easy to show up.” – PRA 6

Some PRAs just did not like the virtual meetings and found them “impersonal”:

“I had issues with Zoom and I don’t like it. And it’s so impersonal. They’re [not] looking at you. They’re looking at the computer screen. So, you aren’t actually having that eye-to-eye contact where you can actually read people. You can’t read people through a computer.” – PRA 3

1.3 Inability to carry out activities as planned

Another challenge that emerged as a result of COVID was the inability to carry out activities as planned. Some of the activities that could not be carried out include meet-and-greet events with other professionals, teambuilding days, and in-person trainings. In the words of some PRAs:

“We had all these really awesome plans to do meet-and-greets and work with other professionals to educate around what was going on. And then COVID hit so we had to cancel all those things. So, it’s like the one missed opportunity that really would have, I think, made a huge difference for the peer teams out in the east.” – PRA 1

“Teambuilding days - because of COVID it wasn’t possible” – PRA 6

“We were limited to do the training because of COVID and people were able to do it at home, but they don’t have computers.” - PRA 7

1.4 Changing priorities of the organizations

Yet another challenge that emerged as a result of COVID was the increase in workload on the PRAs due to the changing priorities of the organizations. For example, as one PRA mentioned:

“COVID put everything into hyper drive. [...] The world completely flipped upside down and it was almost like going to war. So, we lost touch with a lot of the work that we were doing. We had quite a bit of momentum [...] - the ROSE Model was pretty much outlined solidified. And then we were implementing things. [...] But then, that was that spring was when COVID hit. So, I came in out of necessity with people who had gone missing in that process who are highly important to the project. And I did my best to jump in and catch up. But we’ve brought so many people in that, you know, a huge amount of our focus had to be on first aid training, as an example. Rather than day-to-day support. So, the overall needs of the community almost overtook what we were trying to accomplish through this project.” – PRA 2

As highlighted in this quote, the priorities of the organizations changed with the onset of COVID-19 and despite all the efforts of the PRAs to stick to the implementation plan of the ROSE model, the implementation could not be carried out a 100% according to the plan.

2. A lot of work

Some PRAs indicated that balancing their work within their respective organizations and their responsibilities as PRAs on the Peer2Peer Project was challenging. The workload may have further increased (as insinuated earlier) due to COVID:

“It was strange to be split between Peer2Peer and [identifier removed]. So, it was [challenging] just trying to find time to dedicate enough time to Peer2Peer.” – PRA 7

Impact of the Peer2Peer Project

The Peer2Peer Project has had a considerable impact on the community of PWLLE, be it on the PRAs involved in the project or the peer workers at the pilot organizations where the interventions were implemented.

Impact on the PRAs

1. Meaning derived from involvement with P2P (Sense of Fulfillment and Pride)

All PRAs mentioned that their involvement with the Peer2Peer Project gave them a sense of fulfillment and pride. To some this was due to the difference they know they had made in the lives of other peer workers: *“To me it means I have the chance to make a little bit of a difference in the quality of life with my fellow peers”* – PRA 4.

For others, the sense of fulfillment came from feeling valued and heard:

“It gave me a sense of fulfillment - it just made me feel really good that I was able to give my input and that it was actually valued and put into action. I got to see for myself. It wasn't just, 'we value what you're saying' but then nothing done about it. They actually said it and did it and that really meant the world to me.” -PRA 6

For many PRAs, the project challenged the norm whereby peer workers are usually looked down upon and this was, as mentioned by one PRA, “empowering”:

“[Involvement with P2P] made me feel better about myself and do stuff and say stuff to people, right. Empowering... It gave me more incentive to do that too because, you know what, you get tired of people looking down at you and talking down to you all the time, right. And you really want to make it better for everybody.” – PRA 3

2. Dealing with own stressors

For some PRAs, involvement in the Peer2Peer Project provided an avenue to deal with their own stressors and improve their mental health. As one PRA mentioned, this was mainly due to the “break” the project provided from the frontline work:

"It's really important to me. I love it. I love all the peers. I knew all the peers from before and to be able to work with them again was really-- it's really fun. Yeah, I'm able to get out of working frontline for a bit which was huge, had a huge impact on my mental health. It's like a basically a break from responding to overdoses for the first time I've had that break in like six years. So, it's been really super nice and different. I don't have anxiety attacks on the way to work." - PRA 7

The strong bonds formed between the project team members was also a factor in reducing stress and anxiety among PRAs:

"[The Peer2Peer team members] actually were the people that helped me the most, who learned how to deal with all this [personal issues] and how to maybe use this or use that, right. And they helped me to be able to deal with this town." – PRA 3

3. Personal and Professional Development

The Peer2Peer project also provided the PRAs with an opportunity to develop both personally, as well as professionally. For some, it was a way to hone in on their soft skills such as communication and public speaking:

"[Being involved with P2P] gave me a platform to start to build. It gave me a seat at the table and the ability to take part in the process. And then I started to notice quickly it changed the way that I look at the world. [...] I started to gain more confidence, and to be honest with you I had a lot of difficulty with conversation and just dealing with people in general. [...] This actually gave me a chance to speak and say my piece. [...] It opened up the world in a lot of ways that I had not foreseen. It started out being a matter of personal development and I was, you know, working to get over anxiety, learn to talk with people in different professions." – PRA 2

"I learned a lot about myself and about how to maybe be able to deal with people on a better level. And made it a little bit easier for me. Because before my talking I would be extremely blunt [...]. But now I've learned how to kind of relax a bit and just try to be as diplomatic as possible." – PRA 3

For others, involvement in the Peer2Peer Project provided an opportunity to network and grow:

"I learned so much through them that I wouldn't have known at all, right. I guess just getting to know people up high that don't use. That can actually be helpful. Like a stepping stone for us to get more help." – PRA 3

“Particularly I think the two folks that were really heavily involved from my [...] team, I just saw how much they grew. And how much capacity was given and how much ownership and pride that they had being a part of this project and being included.” – PRA 1

4. Training

Many PRAs mentioned that the Peer2Peer that one of the benefits of their engagement in the Peer2Peer project was the training they received over their course of their involvement. Many examples were provided including ethics and research methods training, First Aid training, using pulse oximeters, cultural safety, de-escalation, using Zoom etc. In the words of some PRAs:

“I think for me really seeing how the entire process works, like the entire kind of start to finish of how research is conducted, that was really valuable. I also really got to hone in on those coordination skills in terms of time management, supporting teams and all those pieces.” – PRA 1

“Doing my first aid training which I’d never done. [...] Just helping to develop and implement the ROSE Model, that was probably the biggest one. And learning how to work around stigma with other professionals and stuff and learning how to find our voice. Part of that training was specific to overdose prevention. But it leaked over into this project that really helped. Cultural safety, preventing violence in the workplace. P2P’s been a huge part of that too, you know, how to deescalate situations, how to just listen and support people. P2P’s been a huge part of it.” – PRA 4

Impact on peer workers in general

1. Better access to supports for peer workers

The Peer2Peer project, through the implementation of the ROSE model has had a large impact on the lives of peer workers in overdose response settings. One of the key benefits has been the improved access to supports for peer workers. As one participant mentioned, the PRAs have been the bridge for other peer workers to get access to services:

“Peer2Peer is such a good thing for everybody. And I guess the researchers, the peer researchers - we’re a bridge. We’re a bridge between society and the people who use substances. Trying to bridge it all together so that we can somehow get along and coexist.” – PRA 3

This “bridge” to services is potentially through roles such as Systems Navigator that were implemented as part of the ROSE model.

2. Improved working conditions and burnout

PRA also mentioned that the project has contributed to improvement of working conditions by creating awareness of the stigma faced by peer workers and implementing supports for peer workers:

“Working with peers for a number of years now, just my own personal perspective of seeing how hard and how challenging this work is for peers and how little supports were out there - I was witnessing my peers burning out. A lot of frustration in the workplace, especially when they were working alongside other more professional people. A lot of stigma in the workplace. Not a lot of understanding for people’s individual healthcare needs, mental health needs. [...] It’s starting to get better now and I think our project has really contributed to that.” – PRA 4

This improvement in peer workers’ well-being and organizational supports was explained through multiple examples. One such example was having access to peer-to-peer support within the organizations that was instituted as part of the project:

“Giving a number for us to call if we were having any stress, somebody to talk to. We have somebody to talk to all the time now that we can phone and talk to and get some, you know, make unload.” – PRA 6

“I think the peer support and peer navigator roles were incredibly valuable. But [the ROSE model] did, to a large degree, help with people talking with each other; each individual now is capable of providing peer support on a level that they were seeing one-on-one counselling before. So that’s much more valuable to me than having a counsellor or any kind of service provider helping an individual. So, the team itself has developed largely because of this model.” – PRA 2

As such, the project has created an overall culture of support between peer workers within organizations where the ROSE model was implemented.

Another way that the ROSE model helped to address burnout and promote better self-care was through creating better mental health awareness and “*start[ing] up the conversation*”. As one PRA mentioned:

"[The project] just started up the conversation. [...] We've got more people taking mental health breaks now by far than we did in the past. Partially that's because there's been just so much stress, deaths, all of that. But, also, it's partially because people are having conversations about mental health during their shift and during their day-to-day life that was not taking place two years ago. There's so many different reasons why the principles that were outlined as we developed and implemented the ROSE Model, it rippled out into the day-to-day lives." – PRA 2

This quote suggests that the ROSE model has impacted the lives of peer workers in a positive manner by promoting dialogue and self-awareness.

3. Improved respect and recognition for peer workers

Many PRAs mentioned that the Peer2Peer Project has led to improved respect and recognition for peer workers. This may have been due to the videos raising awareness about the work done by peer workers, the photo IDs and business cards that legitimized the peer worker role or the equitable pay that the project enacted. In the words of some PRAs:

"It was appropriate pay. And that shows the peers that they're respected from Peer2Peer." – PRA 7

"[Others] took us a lot more seriously once they saw the I.D. card. It was like a free pass card. You show that to somebody and then all of a sudden, boom, they'd be listening to what you were saying." – PRA 6

"I've seen firsthand how the photo ID has just helped people and helped them feel more secure and more comfortable in their workplace. More validated in their workplace." – PRA 4

4. Addressing Stigma

On a related note, by starting dialogue and improving recognition for peer workers, the PRAs feel that the project has taken meaningful action towards addressing stigma against PWUS. The Compassionate Action Anti-Stigma campaign may have also contributed to addressing stigma against PWUS. As one PRA described: *[The ROSE model] really did shift the conversation. Because there's a lot more external stigma than internal stigma in terms of what [peer workers are] doing.* – PRA 1

5. Impact beyond the pilot sites

The knowledge products that were created and shared as part of the Peer2Peer project are also considered useful as they have the “far-reaching ability” to support peer workers at the pilot sites and across Canada:

“I’m really proud of the model, the ROSE Model, and the different documents that have come out. [For example], the Peer Worker Best Practices manual created through this project. I’ve that out far and wide, and it does have vast implications for peer workers across the province. [..] It can have far-reaching ability to support and really change the landscape of the way that peers are hired and employed and work in the region.” – PRA 1

“Everyone can check [the knowledge products] out and implement it in their businesses. And some people have. The “e” stands for everyone at the end of the ROSE. So, it’s not just for us and yeah, every peer has love[d] the way things are run.” – PRA 3

6. Skill Development Opportunities

The ROSE model also provided peer workers with the opportunity for skill development, both through the external trainings that peer workers were supported to attend, as well as the online training modules that were created for and by peer workers. As one PRA mentioned:

“Skill development was a big [impact]. Communication and counselling. Conflict resolution and de-escalation. That was a really big one. Mental health awareness. First aid and CPR. We did that through the ROSE Model as well.” – PRA 4

Awareness of The ROSE model from PRA perspectives

Consistent with the findings of the quantitative evaluation of the ROSE model, the PRAs mentioned that there was a general awareness of the ROSE model strategies, but that it varied from strategy to strategy. The strategies that involved a tangible object such as photo IDs and pulse oximeters had high awareness, as well as the trainings that required peer workers to attend a session at an external location such as First Aid. In the words of some PRAs:

"[People Are most aware of] Photo I.D., the oximeter, the oximeters, business cards." – PRA 4

"[People were most aware of] The trainings. I think the trainings were very, like, 'cause those have been requested for years." – PRA 1

One of the reasons that PRAs suggested contributed to low awareness of some strategies was the number of new staff at most pilot sites. With the employment of new staff, the staff were more disbursed and no longer working at the head office where supports were more accessible. As one PRA mentioned:

"The problem is with COVID so many of our employees were no longer working out of a central area. They got dispersed to all these hotels and shelters all over town. And often we wouldn't see them unless they were coming in to pick up their cheque. We tried to make people aware [of] the support we were offering [...] but our organization grew so much during COVID. [...] So that's why I say no, not everybody was aware of [ROSE model strategies]. It was just impossible to let everybody know." – PRA 4

Another reason for low awareness was lack of interest from the peer workers themselves:

"For some of the team members they had more things going on. And this was the least of their worries. So, I think, it wasn't by lack of effort [from the project team]. It was more so I think personal stuff going on for folks or also not understanding how research is conducted and why." – PRA 1

Lack of access to technology or resources to communicate with peer workers was another factor that contributed to low awareness about the ROSE model strategies: *"A lot of the [peer workers] don't have phones, so I can't communicate with them." – PRA 7*

Benefits of Peer Engagement (in general)

While engagement of peer workers in harm reduction work is increasingly being recognized as best practice, some programs and research projects do not meaningfully engage PWLLE. The PRAs discussed several benefits of peer engagement.

1. Creation of Relevant Programs

One of the primary benefits of meaningful peer engagement in harm reduction programming and research is to get firsthand experiences of the PWLLE of substance use. This helps in creating programs that are relevant and acceptable for the people with lived/living experience. In the words of some PRAs:

"I would say [the benefit of peer engagement is] getting unfiltered, unbiased, firsthand perspective from the people that need and use a lot of the peer services. So, you're getting a perspective that's not watered down or it's not what some medical professional's saying that someone on the street or someone with certain challenges could need or benefit or help support them. It's actually coming from the peers themselves." – PRA 4

"Peers should be involved in every aspect otherwise it's just a bunch of "uppity" people trying to decide what's right for us. We have a bunch of those because you have these people in power. Peers need to be involved because we know what's best for us. The "uppity" people do not. [...] Having people who have lived and/or living experience involved in all aspects will lead to more accurate services." – PRA 5

"By including peer researchers, obviously that were doing the most relevant work, that makes sense for them. And it's directed by them." – PRA 1

2. Peer Workers are the Experts

On a related note, peer workers are the experts in the field of harm reduction as they have the actual lived experience. They are better able to connect with PWLLE and are trusted, and it is important to value this expertise.

"[Peer workers] understand what the people are actually going through. They're way more experienced. They're sort of the professionals. They're living this life, right. And they're working it as well. They're able to connect with people more than a lot of professionals. They have certain in's [...]. I think they make people feel comfortable. [...] They're actually currently living in these SRO's. These people that they're resuscitating are actually their friends. They know how to respond to an overdose because they've all overdosed. So, they're walking the walk." – PRA 7

“Because we’re the ones that are dying. We’re the ones that know what needs to be done in order to, like, save our community or to help our community. So, you know, you can’t really, I mean, it’s been proven that you get certain people in that have degrees, you know, but actually have no knowledge of the streets or how they work in the streets, nobody’s going to listen. Nobody’s going to pay attention. You’re just going to get stonewalled. Yeah, the peers, we work as a bridge. We also work as a voice.” – PRA 6

These quotes indicate that peer workers are the true experts in the reality of their lives as they are have actually learned through experience and are able to bring in the perspectives from their lived/living experience.

3. Inspiration for others

Peer workers who are involved in harm reduction programming and research serve as an inspiration of other PWLLE. As one PRA mentioned:

“One benefit [of peer engagement] would be that [PWLLE] see us doing it and more and more want to come and do it. They want to start helping to make change, right. And that’s a good thing. Lots of them they’re just aggressive and scared because they’ve always been treated like crap. [...] It inspires more and more peers to get with the program and try and make a difference. Be a part of the solution and not the problem.” – PRA 3

Potential Challenges/ Risks of Peer Engagement (in general)

Although meaningful peer engagement in harm reduction work is beneficial, there are certain risks or challenges that both peer workers as well as the project as a whole may face.

1. Abiding with rigid standards or ways of doing things

Peer workers may also face exposure to the rigid standards of working in a professional environment which can sometimes be harmful. Often, these standards or rules are a result of colonial beliefs that place education and certification over lived experience or that have led to expectations around “appropriate” demeanor during engagement. Peer workers may face the challenge of having to abide by such norms or expectations during their engagement in harm reduction projects, in order to be accepted. An example that one PRA provided was the First Aid certification for peer workers:

“Training can be a bit tricky particularly when you’re bringing in external folks like [identifier removed] with first aid. They have a particular standard of how they want to conduct their training and how folks learn and how folks can qualify for the certificate at the end of the day.” – PRA 1

2. Burnout

One of the major challenges that peer workers face is burnout and compassion fatigue. Peer workers engaged in research projects, therefore, have an increased risk of burnout due to the potentially high workload from working in overdose response settings, involvement in projects, and the stressors of their day-to-day lives. As one PRA mentioned:

“Burnout is a huge one. The emotional toll that that could take on people. With the overdose crisis and with the disbursement and separation of folks through COVID, as you know, the overdose crisis just rages on and continues to get worse. So, there’s a lot of hard stories out there. There’s a lot of sadness out there. And that does lead to burnout. That can lead to a bit of apathy. And it can also take a toll on us just personally. Like on our stress, on our health, that kind of stuff.” – PRA 4

Projects the engage peer workers must, therefore, ensure that they are not adding to the workload of peer workers and are providing necessary supports for peer workers to unwind and practice self-care.

3. Stigma

Stigma is yet another challenge peer workers may face during their engagement in harm reduction projects, especially when working alongside individuals without lived experience. Peer workers may be exposed to stigmatizing language or assumptions that tend to be othering and harmful. As one PRA mentioned:

"[There is] a lot of frustration in the workplace, especially when [peer workers] were working alongside other more professional people. [There's] a lot of stigma in the workplace. Not a lot of understanding for people's individual healthcare needs, mental health needs." – PRA 4

This narrative highlights an important point about the reality of PWLLE regarding the stigma they face in their day-to-day lives. Peer workers engaged in projects may also have the risk of being looked down upon or not being treated with respect. While meaningful peer engagement is a way to challenge these stigmatizing notions about PWLLE, things may get worse before they get better, and peer workers who are involved in such projects may face the challenge of having to advocate for their community and educating the individuals without lived experience. This can sometimes make peer workers wary of participating in research.

4. Getting commitment for long-term engagement

One of the challenges projects face when engaging peer workers is getting commitment for the long-term. Peer workers face many challenges in their day to day lives and are often not able to commit to a project for the long-term. As mentioned earlier, peer workers feel welcomed and valued when project teams are willing to let them engage and disengage as life circumstances change. However, for the projects, this may lead to lack of continuity in the project team, and extra effort to train new peer workers. As described by one PRA:

"I think continuity is a hard one. From the perspective of the research and the data. Because a lot of us, myself included, do have health challenges. Have other life challenges. Financial challenges, criminal charges. A lot of challenges that maybe the public at large doesn't necessarily have. So, what I found [...] people will come into the project. They'll be very enthusiastic, both feet in the water. They'll just be excited and [...] they'll contribute a lot to the program and to the research. And then boom, life happens and they get pulled out. Maybe they lost a friend to overdose. Maybe they have charges they have to deal with. Maybe they have health issues. [...] You get information from somebody's perspective and/or data, and then it's kind of continuous and then it just ends. And then somebody new comes in." – PRA 4

While keeping peer workers engaged for the duration of the project is challenging, peer workers cannot be treated as “interchangeable” because that affects the project in other ways:

“If you treat peers as interchangeable, [...] the project itself doesn’t have any credibility to me. You have to have a lineal sense of what people are thinking over time. Otherwise, you’re just gaining support for what the researchers are already trying to prove or already pushing. So having the same person stay involved for an extended period of time is a huge challenge and that requires support in their day-to-day life. Sometimes it means getting them lunch. Sometimes it means dropping everything I do to go and pick them up and bring them.” – PRA 2

As such, project teams must endeavour to support peer workers to stay engaged in the project for the entire duration of the project.

Recommendations For Peer Engagement

The PRAs provided several recommendations for peer engagement in research. These recommendations have been summarized below.

1. Provide proper orientation and role description

Some PRAs indicated that providing a role description and laying out the expectations of the peer workers' involvement from the onset of the project is important. This would enable peer workers to make an informed decision about their involvement based on their capacity, avoiding burnout among peer workers as well as turnover in the midst of the project.

2. Familiarize with the Root Causes of Substance Use

As mentioned earlier, one of the risks peer workers face when participating in harm reduction research is exposure to stigmatizing comments or language from those without lived/ living experience. Researchers who wish to engage peer workers must strive to understand the root causes of substance use and conduct research from a trauma-informed lens. This will help in creating a safe research for peer workers to participate. This was explained by some PRAs:

“Really study and become familiar with a root cause of addiction. Which to me, I believe, is almost always trauma-informed. So not ‘almost always’ - I believe it always stems from some kind of trauma. Just to try to genuinely understand that substance use is really a coping mechanism that people have adapted to. So, it’s not a moral thing. It’s not just bad behaviour or acting out. It really comes from pain. And so I think to genuinely understand that’s very important.” – PRA 4

“Learn where we come from. That’s how you can engage better. You can’t just judge if you don’t know. You can’t make a call if you don’t know what the choices are. So I get them to try and, you know, get to know where we all come from and you’ll understand better why we are the way we are. We all basically self-medicate. It’s not to party, you guys. [Laughs] They self-medicate because stuff in their-- in the doctor’s office doesn’t work or the doctors cut them off cold turkey when they should have weaned them off. Or whatever the case may be, right. But everybody has different stories and sometimes if you learn their story, you’ll understand better.” – PRA 3

We can see from these quotes that a deeper understanding of the causes of substance use is necessary for engaging peer workers meaningfully.

3. Walk in the shoes of PWLLE

Another recommendation that PRAs had for researchers trying to engage peer workers is to get firsthand experience of the lives of PWUS and potentially shadow a person who is street-entrenched to really understand what kinds of challenges PWUS face in their day-to-day lives. In the words of one PRA:

“Maybe it would be smart if [an academic] found somebody that has been on the street that can maybe take you out for a couple nights. And show you what it’s like to have to live out there with no money on you. Nothing. Just the clothes on your back, a blanket, the bare necessity, and take you out for two or three nights and [...] learn how they live. Because then you can honestly say you’ve walked in their steps. You can’t say you can relate if all you know is it from a book ‘cause then you go, well, you need to do this, this and this. No, I don’t. ‘Cause everything’s different. Every person’s situation is different. There’s no one answer to fit all.” – PRA 3

4. Avoid stigma

PRAs gave some important recommendations for researchers to avoid stigma when engaging with peer workers:

4.1 Treat people with lived/ living experience as equals

Many PRAs felt that there’s a tendency to place higher value on certification and education over lived/ living experience which leads to the general assumption that PWUS are not smart enough. PRAs suggest that these stereotypes and colonial beliefs often lead to othering of peer workers. In order to meaningfully engage peer workers, establishing trust with peer workers and treating them as equals is necessary. As some PRAs mentioned:

“Don’t underestimate how intelligent a lot of people with substance use issues and peers are. Some of the smartest, most caring, endearing people I’ve known are people that are peers. So don’t talk down to them. Just keep it real and talk to them as equals.” – PRA 4

“Never talk down to them. Respect is the utmost. Don’t do things like correct our language or comment on, I don’t know, maybe some of their lifestyle choices. There are some people in the community that don’t have any problems whatsoever. They just choose to live down here. So, [...] never assume that. Just talk to them, like, just be open. Don’t lie and don’t talk down to them. [...] Honesty is valued a lot down here.” – PRA 6

4.2 Recognize who is the expert

Another important recommendation that PRAs had for researchers in order to meaningfully engage peer workers and avoid stigma is to recognize that PWLLE are the experts in harm reduction. In the words of one PRA: “[PWLLE] are the experts. So, they’re the ones telling us what to do, right. Not the other way around.” – PRA 6

4.3 Compensate fairly

Many PRAs suggested that peer workers must be compensated fairly for their work; this is a sign of respect for the peer workers. As one PRA mentioned:

“Peers shouldn’t be expected to work for free anymore. They’ve done it enough. They work for free every single day. So, I would think, like, every hour, every question should be reimbursed moneywise. It [shows] a lot of, ‘we value you, we value your opinion!’” – PRA 7

CONCLUSION

The Peer2Peer Project meaningfully engaged peer workers in all aspects of the research from planning to implementation and evaluation, and this was seen as one of the greatest strengths of the project. “Meaningful engagement” was characterized by the PRAs as an environment where people with lived/living experience are treated as equals, have their opinions valued, are involved from the onset and are allowed to engage and disengage from the project as per their life circumstances. Other strengths of the Peer2Peer Project included the positive personality traits of the research team and the emphasis on long-term relationship building which created a “family” like atmosphere. The biggest challenge faced by PRAs during their involvement in the Peer2Peer Project included the onset of COVID-19 which made it difficult to meet in person, carry out some of the planned activities, and mandated use of technology. The Peer2Peer Project and the implementation of the ROSE Model had a tremendous impact on the PRAs as well as other peer workers where the intervention was implemented. PRAs felt a sense of pride and fulfilment from their involvement, realized increased resilience to deal with own stressors, had opportunities for personal and professional development, as well as training. Some of the key recommendations PRAs provided for engaging peer workers in research include providing a proper orientation, conducting research from a trauma-informed lens, understanding the root causes of substance use, avoiding stigma, and walking in the shoes of PWLLE. Overall, the Peer2Peer Project represents one of the few projects that meaningfully engaged peer workers and learnings from this project lay the groundwork for future engagement of people with lived/ living experience in research.

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