

Final Report: Peer engagement in harm reduction: development, implementation and evaluation of best practice guidelines for British Columbia

Principal Investigator: Dr. Jane Buxton, Harm Reduction Lead (BCCDC)

Date: February 2015- April 2018;

UBC Ethics Certificate #: H15-00126

a) Major accomplishments in this project.

The Peer Engagement and Evaluation Project (PEEP) aims were to:

- 1) Empower and inspire peer leadership,
- 2) Expand peer engagement and peer networks, and
- 3) Design, implement and evaluate peer engagement best practice guidelines for BC health authorities.

PEEP met and exceeded these aims and accomplished more than we thought possible.

PEEP engaged people who use drugs, or 'peers', in every aspect of the research project. In 2015 we focused on building a team of peer advisors and collecting data. We hired, trained and grew a team of five peer research assistants, one from each of the regional health authorities. Soon after, we conducted 13 peer-facilitated focus groups across these regions, followed by a participatory data analysis and validation process. Over the course of this work, it has been important to stay connected. PEEP held team teleconference calls bi-weekly (for the first 18 months) then weekly (for the next 18 months) where we worked collaboratively on materials and shared what was happening regionally. We have also met in-person as much as possible. In addition to traveling to peers' local health regions for focus groups and knowledge translation, PEEP has met as a team 7 times in person and engaged in hands-on work and training. Trainings have included Research 101, focus group facilitation, qualitative analysis and knowledge translation.

We collaboratively developed the first versions of the Peer Engagement Best Practice Guidelines for BC Health Authorities, and a companion piece - A Guide for Paying Peer Research Assistants; both were informed by the focus groups. Stigma was a major issue that emerged from the focus groups – this was a topic that the peer research assistants wanted to focus on. A Knowledge Translation Coordinator was employed to work with the peer research assistants to develop the [Compassionate Engagement Modules](#) – an interactive photo series that addresses stigma. The PEEP team developed an [infographic](#) of the focus groups results that could be shared with the community in an accessible way.

The peer engagement best practice guidelines and paying peer guides were presented to health authority leadership who approved taking them to their staff. The team was committed to take the findings back to the communities who had participated in the focus groups. Thus in 2017, we held 14 ‘convergences’ across 7 communities, which included 99 providers, 120 peers, and 30 public health leaders. At these convergences we shared the knowledge translation materials and conducted a brief survey with service providers about the accessibility and effectiveness of the materials. Knowledge gathered from participants in the convergences, shaped the second version of the Best Practice Guidelines, which includes [A brief overview of the peer engagement principles and practices](#) and the [Peer Engagement Principles and Best Practices: a guide for BC health authorities and other providers](#) (version 2). The brief overview was developed after feedback was given about the accessibility of the larger document (which is over 50 pages). The [How to Involve People Who Use Drugs](#) resource from BCCDC’s Toward the Heart program was also updated with input from peers and informed by the lessons learned in developing the Best Practice Guidelines.

Paying Peers

Through hiring peers, collecting data, and returning to the communities over 36 months, we learned that paying peers in community-based work is faced with ongoing challenges. Thus we partnered with the BCCDC and ran a short study to develop payment standards for peer work at the BCCDC. From this, we co-developed [Peer Payment Standards for short term engagements](#) and updated the [Paying Peers in Community Based Work: an overview of considerations for equitable compensation](#) (version 2). With financial support from the Peter Wall Institute we worked with a graphic designer and professional printer to make the materials, including the Best Practice Guidelines and payment resources, more attractive, and have a consistent look.

PEEP as an advisory group and knowledge translation

The team noted that PEEP has been engaged as a ‘go-to’ advisory group for all things regarding peer engagement and requiring peer input. The group has advised on multiple projects and products, including a [Good Samaritan Drug Overdose poster](#), and an infographic on [Language Matters](#). They also provided into a 2016 [Peer Primer](#) about the role of peers for the BC Overdose Action Exchange. PEEP has shared its materials and findings through several academic avenues: five peer-reviewed publications, and 16 conferences locally and internationally (see appendix 1). The group was also interviewed as part of the [Peter Wall Solutions News](#) series in 2017.

Adopting peer engagement in British Columbia

Peer engagement has become the standard for developing equitable and responsive harm reduction solutions across BC. In April 2016, a state of emergency was declared due to the dramatic increase in fentanyl poisonings and deaths across BC – the crisis continues today. Since the crisis was declared, we have witnessed an increase in the number of peer-initiated, peer-led, and peer-engaged responses. Examples of peer-based public health and social responses include the numerous overdose prevention services and policy task groups that are either run or informed by peers. Since the uptake of peer engagement methods across BC, PEEP’s resources have become the gold standard for best practices. Before PEEP materials were released, we received numerous requests for the Best Practice Guidelines and have distributed copies of the Guide across British Columbia, Canada and abroad.

Impact of fentanyl and need for supports

The fentanyl crisis across BC and North America has directly and indirectly had an impact on the project and our team. The peer research assistants and other research staff work on several projects outside of PEEP, including those in overdose response environments. Stress, trauma and burnout forced some team members to take a step back from the project either temporarily or permanently. We hired additional staff and focused on providing additional support through this time, and the team became a main source of ongoing support. We realized that peer worker support is a major gap in most engagement projects. We highlighted this challenge and provided recommendations in the Best Practice Guidelines on how to best support peer work. However, there is still much to learn. We successfully wrote a Health Canada funding application that will study these issues in 2018-2019.

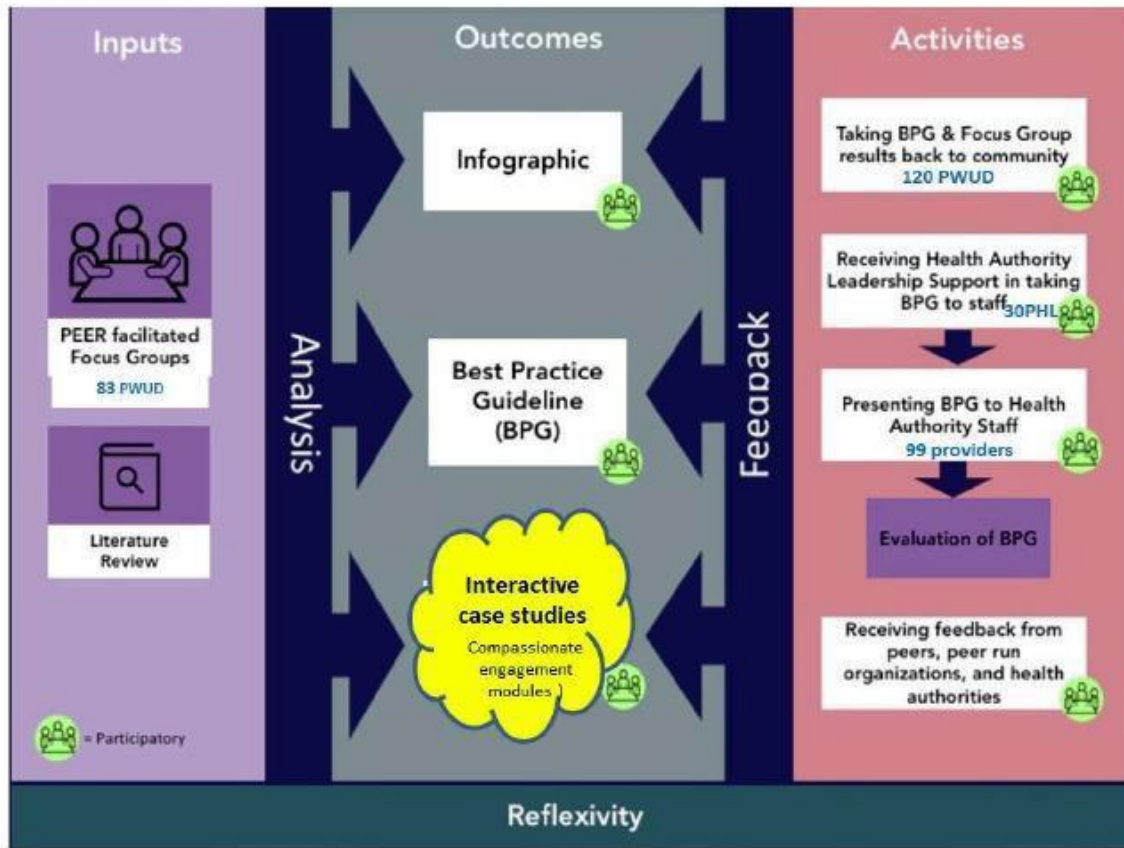
The PEEP project was participatory in nature from beginning to end – the peer research assistants informed the approach, materials, and legacy of the project. Together we learned a great deal about the nature of participatory work and constraints that projects can sometimes place on the needs of the community. While it was our goal to be peer informed and respond to peer needs; however funding, time and other resources made this difficult. Participatory work is resource intensive – the staff, finances and support to run a true participatory (or peer engagement) project is often underestimated. However, resource constraints are not a valid reason to exclude the affected community. We learned that transparency and clear expectations mitigated frustration or tension in these circumstances.

We recognize the growth, expertise, and invaluable resource that the PEEP peer research assistants have become. We truly could not have done this project without them. To maintain the integrity of PEEP's guiding principles (e.g. sustainability, accountability) the BCCDC identified funding for the PEEP research assistants to continue their work as the [PEEP Consultation and Advisory Board](#) meeting by phone weekly

PEEP activities

Activity Description	Purpose of the KT Activity	Participants	Result of KT	Challenges or Lessons Learned
Convergences with community (n=7)	Share the focus group materials and PEEP materials	PEEP team; People who use drugs (n=120)	Increased capacity for engagement; enhanced peer network	Accessibility of materials and increase opportunity for peer engagement for participants
Convergences with providers (n=7)	Introduce peer engagement principles and share the best practices; enhance capacity to do peer engagement	PEEP team; Service providers (n=99)	Increased knowledge of peer engagement and the best practices; capacity for community engagement	Organizational and leadership support was essential; lack of support and resources undermines meaningful engagement
Leadership presentations (n=4)	Gain leadership buy in of peer engagement principles and support to share the best practice guidelines	PEEP team; Health authority leadership (n=30)	Support and endorsement of the peer engagement and the best practices	There is often a disconnect between leadership and service providers or the 'front line'
Conference presentations (n=9)	Share our findings and methods with other academics and audiences	PEEP team; Academics, students, service providers, peers, general public	Increased awareness of peer engagement; promotion of participatory work	More support (financial and personal) for peers and research assistants to attend conferences was needed
Peer-reviewed publications (n=5)	Share our findings and methods with other academics and audiences	PEEP team; Academics, students, service providers, peers, general public	Increased awareness of peer engagement; promotion of participatory work	Capacity of the project and support for staff to devote to writing and publishing work was needed.
Best Practice Guidelines versions 1 & 2 (brief and long)	To provide a guide to meaningful peer engagement for service providers	PEEP team; Health Authority staff and other service providers	Promotion of peer engagement principles and practices	Health authority leadership and resources are needed to promote meaningful work
A Guide to Paying Peer Research Assistants	To provide a guide for equitable pay in peer-based work	PEEP team; People who pay peers (employers)	Promotion of equitable peer pay	Financial systems change frequently; challenges are ongoing
Compassionate engagement modules	Address stigma through an interactive photo series	PEEP team; Co-facilitated by and for peers and providers	Decreased stigma and increase compassion in health and harm reduction settings	Organizational and leadership culture change is needed to address systemic stigma
Infographic	Translate the focus group findings back to the community in an accessible way	PEEP team; people who use drugs; service providers; general public	Translate the focus group findings and PEEP goals	n/a
Language Matters	A guide to non-stigmatizing language related to people who use drugs	PEEP team; people who use drugs; service providers; general public	Social inclusion and compassion for people who use drugs	n/a
Trainings	PowerPoint trainings of research, knowledge translation, and data analysis methods	PEEP team	Build capacity and skills for the peer research assistants	Develop and deliver trainings using multiple modes of communication

PEEP Process



Appendix PEEP Resources: Publications and Reports

PEEP Publications:

Greer AM, Amlan A, Burmeister C, Scott A, Newman C, Lampkin H, Pauly B, Buxton JA. Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada. *Canadian Journal of Public Health* (2019) On-line <https://rdcu.be/bfrrq>

Greer A, Pauly B, Martin R, Scott A, Bermeister C, Buxton JA. Paying people who use illicit substances participating in peer work contexts: a narrative review of the literature. *Drugs: Education, Prevention & Policy* (2018) Online Sep 6, 2018.

Greer A, Amlani A, Pauly B, Burmeister C, Buxton JA. Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health* (2018) 18:834 <https://rdcu.be/2Wwr>

Voon P, Greer AM, Amlani A, Newman C, Burmeister C, Buxton JA. Pain as a risk factor for substance use: A qualitative study of perspectives on pain management among people who use drugs in British Columbia, Canada. *Harm Reduction Journal* (2018) 15:35
<https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0241-y>

Greer AM, Luchenski SA, Amlani A, Lacroix K, Burmeister C, Buxton JA. Peer engagement in harm reduction strategies and services: a critical case study and evaluation framework from British Columbia, Canada. *BMC Public Health* (2016)16:452
<http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3136-4>

Featured article

Empowering people, reducing harms. Jan 2017 <https://pwias.ubc.ca/wall-papers/empowering-people-reducing-harms>

PEEP Reports:

Paying peers in community based work. An overview of considerations for equitable compensation. Feb 2018. Greer A, Buxton J. <https://towardtheheart.com/resource/a-guide-to-paying-peers-bccdc/open>

A brief overview of the peer engagement principles and practice. Jan 2018
<http://www.towardtheheart.com/resource/peer-engagement-principles-and-best-practices-mini-version/open>

Peer engagement principles and best practices: A guide for BC health authorities and other providers. Version 2. Dec 2017 <http://www.towardtheheart.com/resource/peer-engagement-principles-and-best-practices/open>

Respectful language and stigma regarding people who use drugs. Recommendations for change (Mar 2017) http://www.bccdc.ca/resource-gallery/Documents/respectful-language-and-stigma-final_244.pdf

PEEP Infographics and brief 1 or 2-page summaries:

How to involve people who use drugs. Revised Dec 2017 (2-page Dos and don'ts)

<http://www.towardtheheart.com/resource/how-to-involve-people-who-use-drugs/open>

Language matters; 4 guidelines to using non-stigmatizing language Dec 6, 2017 (1-page infographic)

<http://www.towardtheheart.com/resource/language-matters/open>

Peer Engagement and Evaluation Project (One page project overview) [http://www.bccdc.ca/resource-gallery/Documents/PEEP%20infographic%20v08\[1\].pdf](http://www.bccdc.ca/resource-gallery/Documents/PEEP%20infographic%20v08[1].pdf)

Peer Engagement and Evaluation Project (project introduction 2015) http://www.bccdc.ca/resource-gallery/Documents/Peer%20Engagement%20and%20Evaluation%20Project_short.pdf

PEEP Conference Presentations

Young S, Greer A, Burgess H, Buxton J, PEEP team. Developing interactive case studies informed by the experiences of people who use drugs to reduce stigma. Poster presentation CPHA annual conference. Public Health 2018, May 28-31 Montreal.

Greer A, Burgess H, Burmeister C, Newman C, Lacroix K, Buxton J. Best practices for engaging people who use drugs in designing harm reduction solutions Oral presentation E4.1 Issues of Substance 2017: Addiction Matters, Nov 13-15 Calgary

Greer A, Burgess H, Buxton J. Experiences in harm reduction services: the impact of provider's attitudes and stigma. Poster presentation Issues of Substance 2017: Addiction Matters, Nov 13-15 Calgary

Buxton JA, Burgess H, Newman C, Lacroix K, Leblanc B, Burmeister C, Lampkin H, Gibson E, Greer A, Mitchell K, Pallatt K, Durante E. Using participatory methods to enhance knowledge translation in harm reduction research. Poster presentation *CPHA Annual Conference; Public Health 2017. Halifax June 6-8, 2017*

Pauly B, Greer A, PEEPS, Buxton J. Paying people with lived experience: an opportunity for equity in harm reduction Dialogue space presentation 25th Harm Reduction International Conference, Montreal. May 14-17, 2017

Greer A, Amlani A, Burmeister C, Lampkin H, Newman C, LaCroix K, LeBlanc B, Buxton J. Peer Engagement Best Practice Guidelines for British Columbia Oral presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

Greer A, Amlani A, Buxton J. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

Greer A, Amlani A, Newman C, Burmeister C, LaCroix K, Lampkin H, LeBlanc B, Buxton J. Experiences in harm reduction services: the impact of provider's attitudes and stigma Poster presentation PHABC Conference 2016 Strengthening Healthy Development: Education and Public Health in Partnership. Richmond BC December 11/12, 2016

- Gibson E, Greer AM, Buxton JA. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation Patient Experience Summit 2016. Fraser Health Dec 2, 2016
- Gibson E, Amlani A, Greer AM, Newman C, Leblanc B, Lacroix K, Burmeister C, Buxton JA. *PEEPing into the lives of people who use drugs: results from the BC Peer Engagement and Evaluation Project*. Oral presentation Patient Experience Summit 2016. Fraser Health Dec 2, 2016
- Greer A, Buxton J. Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity. Poster presentation National Harm Reduction Conference, San Diego Nov 3-6, 2016
- Amlani A, Greer AM, Newman C, Leblanc B, Lacroix K, Burmeister C, Buxton JA. Participant, peer and peep: Engaging people who have used illicit drugs in qualitative research. Poster presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Greer A, Buxton JA. Paying people with lived experiences in community based work: Challenges and opportunities for inclusion and equity. Poster presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Buxton JA, Amlani A, Greer A, Mobach J, and PEEP Research Team. PEEPing into the lives of people who use drugs and understanding how their experiences are shaped by provider attitudes. Oral presentation *CPHA annual conference; Public Health 2016*, Toronto June 13-16, 2016
- Greer AM, Luchenski SA, Amlani A, Burmeister C, Lacroix K, Buxton JA. Peer engagement in harm reduction policy, practice, and research: A critical case study from British Columbia, Canada. Oral presentation International Society for the study of Drug Policy. Sydney, Australia May 16-18, 2016
- Greer A, Amlani A, Buxton J *Peer Engagement in harm reduction: development, implementation and evaluation of best practice guidelines*. Poster presentation *Issues of Substance Conference, Montreal*. Nov 16-18, 2015