

THIS IS PEEP

Reflections on eight years of a
peer consultation and advisory
group with expertise in
substance use in British
Columbia, Canada



Jane A Buxton, Kerolos Daowd,
Kurt Lock, Amirnima Danaei,
Charlene Burmeister, and PEEP

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BC Centre for Disease Control
Provincial Health Services Authority



PEEP

Professionals for Ethical
Engagement of Peers

This is PEEP: Reflections on eight years of a peer consultation and advisory group with expertise in substance use in British Columbia, Canada

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November 2024 (Reprinted May 2025)

ACKNOWLEDGEMENTS

We recognize the trauma and grief of people who use drugs and their loved ones due to the unregulated toxic drug emergency; 15,000 unregulated drug deaths have occurred in BC since a public health emergency was declared in April 2016. We thank all participants for their time and support, and appreciate PEEP's tireless efforts to improve the lives of people who use drugs and make their issues heard.

We respectfully acknowledge that the BC Centre for Disease Control (BCCDC) is located on the unceded traditional territories of the Coast Salish Peoples, including the territories of xwməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwítulh (Tsleil-Waututh) Nations, and that this research was conducted across the unceded traditional territories of over 200 First Nations.

CONTACT INFORMATION

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ETHICS APPROVAL

Ethics approval was obtained from University of British Columbia (UBC) Behavioural Research Ethics (#H15-00126)

FUNDING

The original PEEP (Peer Engagement and Evaluation Project) was funded by UBC Wall Institute for Advanced Studies for three years (2015-2018). Since 2018 the BC Ministry of Health has provided funding to continue PEEP as a consultation and advisory group, while BCCDC provides administrative support to PEEP.

RECOMMENDED CITATION

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This report is available for download at towardtheheart.com/resource/this-is-peep-report-/open

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CURRENT PEEP MEMBERS

FRASER HEALTH:	Ilesha Henderson, Cheri Newman
INTERIOR HEALTH:	Jessica Lamb, Amber Streukens
ISLAND HEALTH:	Elizabeth (Beth) Haywood
NORTHERN HEALTH:	Charlene Burmeister (Stakeholder Engagement Lead), Jenny McDougall, William (Billy) Morrison
VANCOUVER COASTAL HEALTH:	Paul Choisil, Marnie Scow, Kali Sedgemore

GLOSSARY OF TERMS

BC	British Columbia
BCCDC:	British Columbia Centre for Disease Control, a program of the Provincial Health Services Authority that provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation
PEEP:	2015-2018 = Peer Engagement and Evaluation Project 2018 onwards = Professionals for Ethical Engagement of Peers
PWLLE:	People with lived and living experience of substance use
UBC:	University of British Columbia

Executive Summary

OBJECTIVES: To summarize the development of PEEP (Professionals for Ethical Engagement of Peers), summarize activities and outputs and gain insights into PEEP's impact with suggestions for improvement and the future.

METHODS: A participatory approach was used throughout the study. We performed an environmental scan through discussion with PEEP members and staff at British Columbia Centre for Disease Control (BCCDC) and performed document and literature reviews. PEEP activities and outputs were collated. Using purposive sampling, we interviewed eight PEEP members who joined PEEP at various times, and nine individuals who were either BCCDC staff or people who had consulted with PEEP. PEEP provided input into interview guides, and insights into thematic analysis and chose representative quotes.

RESULTS:

- **ENVIRONMENTAL SCAN:** There are currently 11 PEEP members and two staff specifically employed by the Provincial Health Service Authority (PHSA) to support PEEP. The PEEP team meet virtually for 1.5 hours twice per week and PEEP members are paid monthly via an honorarium invoiced to PHSA for the meeting hours and an additional 10 hours per month for work outside meeting time. The compensation rate of \$25CDN/hour since 2015 was increased to \$30CDN/hour in November 2023. Face-to-face meetings are held twice a year usually in Vancouver. PEEP are co-authors/acknowledged for their input in 26 peer review publications, 17 reports, and co-presented or were co-authors on 33 presentations.
- **QUALITATIVE INTERVIEWS:** Four themes emerged from interviews: 1) *What is PEEP?* PEEP provides a sense of community; holds systems accountable and inspires others 2) *PEEP Process:* suggestions for improvement included that consultants should be prepared, involve PEEP throughout, and report how PEEP's insights were used. 3) *PEEP Outcomes:* PEEP members gain skills and confidence; PEEP provides a reality check, consultants learn from PEEP, and input leads to practice changes. 4) *Future of PEEP* – sustainable funding and opportunities for growth are critical.

CONCLUSION: PEEP is a cohesive group of people with lived and living experience of substance use whose input is well-respected and influences policy and programs. Given the ongoing unregulated drug toxicity emergency, it is critical to continue to support and expand PEEP to ensure the voices of those most affected are heard.

Introduction

BACKGROUND

The British Columbia Centre for Disease Control (BCCDC) has an extensive history of involving people with lived and living experience of substance use (PWLLE) to guide research, policy and harm reduction programs at a provincial level.¹ In 2011 the harm reduction program at BCCDC provided the five regional health authorities with annual funding for peer engagement and community development activities. In 2014, this funding was extended to the First Nations Health Authority. In 2012, BCCDC invited and supported peers to attend the annual provincial harm reduction meetings.¹ Over time the meeting format evolved to include pre-meeting convergences where peers met to discuss local issues and peer priorities which they presented at the provincial meeting the next day.² The evening prior to the provincial harm reduction meeting the attending peers and committee members were introduced to each other through a traditional Indigenous welcome, community building activities and dinner.²

The original PEEP *Peer Engagement and Evaluation Project* was a research project funded in 2015 by the University of British Columbia Peter Wall Institute for Advanced Studies for three years. This original study aimed to design, implement, and evaluate peer engagement best practice guidelines for BC health authorities. In 2018, recognizing PEEP's crucial contributions, funding was provided by the BC Ministry of Health for PEEP to continue. Members requested to keep the acronym "PEEP" as it had become well recognised but change the associated words to '*Professionals for Ethical Engagement of Peers*'.

In 2022, the "*This is PEEP*" study was conceived. Using a participatory approach throughout the study was to address two main aims:

- i. Describe the development of PEEP and collate a summary of contributions including publications, reports, and presentations from the inception of PEEP
- ii. To gain insights into what PEEP means to diverse stakeholders including PEEP members, its impact, and suggestions for improvement and the future, through interviews with PEEP members, BCCDC staff and individuals and organizations that had consulted with PEEP.

The study concept was brought to PEEP members at a face to face meeting in December 2022. All PEEP members enthusiastically supported the proposal and expressed a strong desire to be involved.

METHODS

Ethics approval was obtained from the University of British Columbia Behavioural Research Ethics (#H15-00126).

I) ENVIRONMENTAL SCAN

An environmental scan was conducted March-June 2023 to describe the history and development of PEEP and to collate a summary of PEEP's contributions including publications, reports, and presentations from the beginning of PEEP. The environmental scan included discussions with staff and PEEP members; and document and literature reviews.

A qualitative research design was used to gain insights into what PEEP means to diverse stakeholders, the impact of PEEP, and suggestions for improvement and the future of PEEP.

II) QUALITATIVE INTERVIEWS

A qualitative research design was used to gain insights into what PEEP means to diverse stakeholders, the impact of PEEP, and suggestions for improvement and the future of PEEP. We employed a thematic analysis framework drawing from Braun and Clarke that integrated inductive and deductive strategies.³ Purposive sampling was used to ensure diverse representation of the two participant groups.

1. PEEP members from across BC regions, which had joined PEEP at different times i.e. from the start of PEEP research study and those who joined before and after COVID-19 pandemic emerged.
2. Past and present harm reduction staff at the BCCDC, and individuals and organizations that have utilized PEEP's consultation process from local, provincial and national entities.

The interview guides were developed in collaboration with PEEP team members and staff, and informed by the environmental scan. As requested by PEEP, the interview guides were shared with participants in advance of the interview so they could be prepared. In-depth, semi-structured interviews lasting 45 to 60 minutes were conducted in June and July 2023. To ensure a consistent approach and reduce social desirability bias all interviews were conducted by two experienced researchers (KD and AD) who were not previously involved with PEEP. Potential participants were invited by email. To acknowledge the invaluable contribution and expertise of PEEP members, they received a \$25 honorarium for sharing their insights in an interview. PEEP members provided input into the study design, interview guide, thematic analysis, quote selection and final approval of published material and received payment at \$25/hour for their expertise.



PHOTO 1: Preliminary findings were validated by presenting the themes and subthemes to PEEP members at an in-person meeting in May 2023.

The coding team (KD, AD and JAB) employed an iterative coding process. They independently open-coded two transcripts and met to discuss insights and patterns from the transcripts, compare codes and build a preliminary coding framework. The coding team then applied the preliminary coding framework to two additional transcripts. Codes were synthesized and refined collectively, culminating in the development of a comprehensive coding framework. Preliminary findings were validated by presenting the themes and subthemes to PEEP members at an in-person meeting in May 2023 (photo 1). The refined coding framework was systematically applied to the entire dataset, facilitating the identification and grouping of overarching themes and subthemes.

To ensure a consistent approach and reduce social desirability bias all interviews were conducted by two experienced researchers who were not previously involved with PEEP.

To ensure anonymity, but to humanise the PEEP participants pseudonyms were assigned to each PEEP member participant; BCCDC staff and consultant quotes were combined and numbered (S/C 01-09). The coding team selected three or four quotes from the transcripts for each subtheme from both the PEEP members and staff/consultants interviews. PEEP members reviewed the framework and quotes at two 90 minute consultative sessions by Zoom and suggested revisions to theme headers and identified the most salient and representative quotes.

Results/Findings

I) ENVIRONMENTAL SCAN – PEEP’S DEVELOPMENT AND CONTRIBUTIONS

The initiatives that evolved from the original PEEP can be seen in Figure 1 on the following page. This includes the creation of various guidelines, the Compassion, Inclusion and Engagement initiative, which was a partnership between First Nations Health Authority and BCCDC to facilitate dialogues and offer capacity building opportunities for peers and harm reduction service providers;⁴ Peer-2-Peer (P2P), a Health Canada funded project to explore and implement supports needed by peer responders in overdose response settings⁵ and Professionals for Ethical Engagement of Peers.

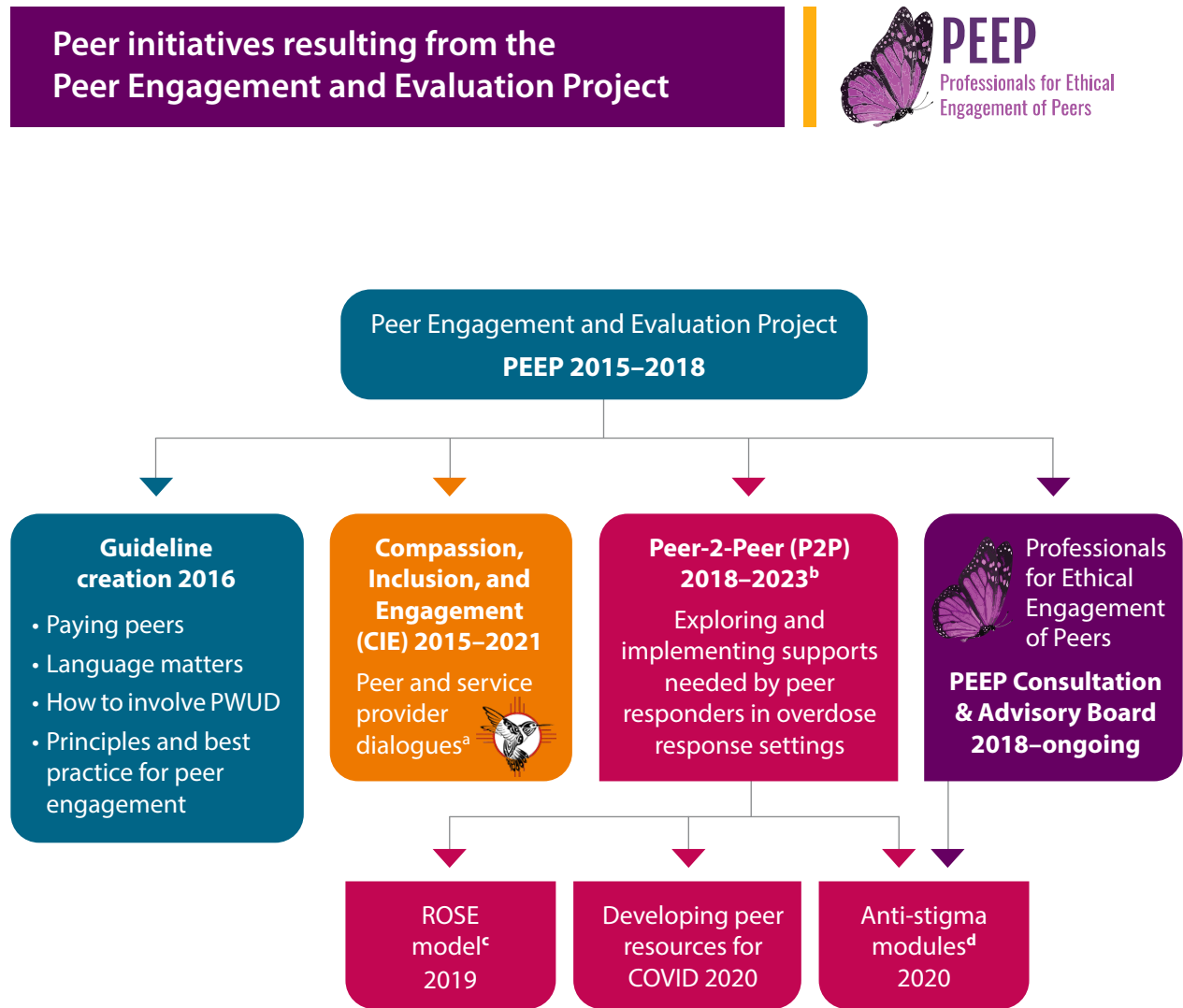
Figure 2 on page 11 provides a timeline of PEEP development. It shows the aims, personnel, activities and outputs of the original PEEP (Peer Engagement & Evaluation Project) which ran from February 2015 to April 2018; the subsequent Professionals for Ethical Engagement of Peers from May 2018 ongoing and the ‘This is PEEP study’.

The current PEEP is a provincial consultation and advisory group comprised of 11 people with diverse lived and/or living experience of substance use that works closely with BCCDC. PEEP members reside in all five geographic health regions in the province. All PEEP members work on the front lines of the unregulated drug toxicity emergency across different harm reduction organizations in overdose response, harm reduction supply distribution, and advocacy roles.⁶

The current PEEP is a consultation and advisory group comprised of 11 people who work on the front lines of the unregulated drug toxicity emergency.

PEEP are supported by two staff members employed by the Provincial Health Services Authority, and by members of the harm reduction team at BCCDC. PEEP meets virtually for 1.5 hours twice per week. Each meeting begins with a ‘check-in’ where members share personal updates including challenges and successes and provide support to each other. Members are compensated for an additional 10 hours per month for work completed outside meeting times such as reading documents to prepare for meetings. PEEP members are paid monthly via an honorarium at an hourly rate, but receive no sick pay, benefits or vacation time. Since 2015 PEEP members had been compensated at \$25CDN per hour for all activities. However, in November 2023 the compensation rate was increased to \$30CDN per hour. Face-to-face PEEP meetings are held twice a year usually in Vancouver (photo 2 on page 12).

FIGURE 1: PEER INITIATIVES



a. A provincial partnership between First Nations Health Authority and BCCDC in collaboration with regional health authorities and non-profit community agencies to make harm reduction and overdose prevention services more culturally safe, accessible and inclusive. See CIE Final evaluation report towardtheheart.com/resource/cie-evaluation-report/open

b. See towardtheheart.com/peer2peer-project

c. ROSE (Recognition, Organizational support, Skill development, for Everyone) was designed following eight peer-led focus groups in BC to support experiential workers and reduce emotional, mental and social stress. See towardtheheart.com/resource/about-rose/open and youtube.com/watch?v=Y5q_7v4xDec. ROSE was scaled up and evaluated at four new sites in 2022, towardtheheart.com/resource/p2p-scale-up-evaluation-report/open.

d. Compassionate Action: An Anti-Stigma Campaign consists of five interactive case study videos about stigma and discrimination experienced by people who use drugs and an accompanying reflection and discussion guide. For details and the guides see towardtheheart.com/peer2peer-project. Videos can also be accessed at youtube.com/playlist?list=PLmL6X34X2U1tvlw8E2iKmPBaHT-IkBowR

FIGURE 2: DEVELOPMENT TIMELINE





PHOTO 2: Face-to-face PEEP meetings are held twice a year usually in Vancouver.

During the eight-year history of PEEP, some PEEP members discontinued their involvement and new members were recruited to ensure sufficient and geographically distributed membership. Potential new members were identified through personal connections and peer networks and were invited through word-of-mouth to meet existing PEEP members and staff for mutual approval of membership.

Publications, reports, and presentations are collated in Appendix A. PEEP have been involved in 26 publications in peer-reviewed open access journals either as co-authors and/or mentioned in the methods or acknowledgements. Links to the published manuscripts are found in the table. PEEP were involved in 17 publicly available reports, links to these reports are included in the table. Of the 33 presentations in which PEEP members co-presented or were named as co-authors, 13 were poster presentations. Presentations were given at six international conferences, 12 national, 12 provincial and three regional conferences and meetings (photos 3 & 4).



PHOTO 3: Presenting at Canadian Public Health Association conference, June 2017, Toronto.



PHOTO 4: Panel presentation at Issues of Substance conference, Nov 2019 Ottawa.

II) QUALITATIVE INTERVIEWS

Eight PEEP members were interviewed; participant demographics can be seen in Table 1. A total of nine PEEP staff and individuals who had consulted with PEEP from local, provincial and national organizations were interviewed. The thematic framework developed from interviews with PEEP members and staff/consultants can be seen in Table 2. For a full description of themes, subthemes and quotes divided into PEEP perspectives and staff/consultant perspectives please see Appendix B.

TABLE 1: DEMOGRAPHICS OF PEEP MEMBER PARTICIPANTS (N=8)

Gender	6 cis female, 1 cis male, 1 non-binary
Age	3 <35 years; 5 aged 35 and older
Indigenous identity	2 self-identify as First Nations
Health Authority of residence	At least 1 person from each of five regional health authorities
Urbanicity of residence*	3 large urban and 5 small population centres
Current living arrangements	All have stable housing (7 private residence; 1 other residence)
Employment	7 had paid employment (in addition to PEEP) 1 employed by PEEP only
When joined PEEP	3 original PEEP members (i.e. 2016 and before) 2 in 2019 (i.e. pre COVID-19) 3 in 2020 or later
Working group participation	All in BCCDC working groups e.g. priority development for harm reduction services 6 in provincial groups 5 in national groups
Research involvement	All assist in developing surveys & questionnaires All assist in interpretation of findings and co-author publications 7 have recruited participants & collected data i.e. administer surveys, perform interviews and/or facilitated focus groups
Presentations	All have presented at local meetings or at provincial conferences 5 have presented at national conferences

*Large urban = population >100,000; small population 1,000-29,999

TABLE 2: THEMATIC FRAMEWORK

This is PEEP: Thematic framework developed from interviews



PEEP perspectives	Staff and consultant perspectives
1. WHAT IS PEEP?	
PEEP does meaningful work	
<ul style="list-style-type: none"> Working toward the same goal with the same values PEEP meets members' expectations 	<ul style="list-style-type: none"> PEEP meetings/consultations are inspiring/a highlight
The role of PEEP	
<ul style="list-style-type: none"> Provide expert advice in substance-related issues around BC Share diversity of experiences and community connections Harm reduction advocates Holding systems accountable 	<ul style="list-style-type: none"> Provide expert advice in substance-related issues around BC and all aspects of BCCDC work including policy and planning Share diversity of experiences and community connections Harm reduction advocates and leaders
2. PEEP — PROCESS	
<ul style="list-style-type: none"> PEEP members generally satisfied with logistics – pay, work hours, and role expectations 	<ul style="list-style-type: none"> PEEP is put together organically
Consultation process	
<ul style="list-style-type: none"> PEEP provides valuable contributions as an advisory and consultation group through free and honest dialogue Improving the consultation process <ul style="list-style-type: none"> Involve PEEP throughout the whole process 	<ul style="list-style-type: none"> PEEP is effective and goal oriented PEEP should have a say in agenda setting and prioritization Improving the consultation process <ul style="list-style-type: none"> Prepare consultants and PEEP for meetings (set the stage) Involve PEEP throughout the whole process Obtain feedback after consultation
Relationship to BCCDC	
<ul style="list-style-type: none"> BCCDC provides support but needs to acknowledge PEEP 	<ul style="list-style-type: none"> BCCDC provides support and infrastructure to PEEP Positioning of PEEP within BCCDC is a strength

1. What is PEEP?

PEEP provides a sense of community, belonging and family and has empowered members with knowledge and mentorship to be confident and hold systems accountable. PEEP uses their wealth of knowledge and experience to provide invaluable input into policy and programs. Staff and consultants are inspired by PEEP's work and advocacy for PWLLE in a constructive manner; PEEP are goal minded and respectful.

2. PEEP – Process

A request to consult with PEEP is reviewed by BCCDC staff and peer coordinator and if thought appropriate it is brought forward to PEEP. PEEP perceives these requests often come when the consultants are seeking a 'stamp of approval' and strongly suggest they should be involved earlier and preferably throughout the whole development process. PEEP request consultants be prepared before engaging with PEEP i.e. clarify what the 'ask' of PEEP is and the potential impact of the proposed project. PEEP request they be made aware of the results of their input in order to ensure PEEP's contribution has been appropriately applied. This feedback would also provide PEEP the opportunity to suggest further amendments or in some cases decline to be acknowledged if their input has not been acted upon before the project is finalized. This aims to avoid PEEP consultation being used as a check box.

The relationship of PEEP with BCCDC is a unique strength and should be better appreciated and celebrated. PEEP members are leaders in their community and should be appropriately remunerated for their invaluable contributions.

3. PEEP – Outcomes

PEEP provides members opportunities to gain new skills; it is a source of mentorship and leadership development. PEEP is an effective community of like-minded individuals from across the province that engage in respectful discussions even when opinions differ. PEEP has become a voice for PWLLE through its authentic peer engagement. Furthermore PEEP is a much appreciated source of education for stakeholders and staff. Despite PEEP's concern about lack of awareness of the outcome of the consultation, consultants interviewed highlighted how PEEP's input has led to practice changes.

4. Future of PEEP

Ensuring sustainability and continuity of PEEP is critical to its members and also the broader community of PWLLE and is reliant on adequate funding. Guaranteed resources should be maintained and expanded to enable members to be added, especially youth, Indigenous people, males and gender diverse, and for ongoing training and professional development, and continuity of staff. Consultants also voiced concern about the lack of sick pay and benefits that PEEP received. PEEP requested greater provincial and national presence which would enable them to help others develop similar consultative groups in other jurisdictions.

The Peer Engagement and Evaluation Project developed peer engagement best practices⁷ and payment standards⁸ which continue to be used as the gold standard in BC. PEEP has received requests to revise these standards and is currently in the process of updating them. Recognizing the valuable work PEEP does, ongoing funding was identified for PEEP to continue as a provincial consultation and advisory body in 2018. As of November 2023 PEEP is part of the BCCDC base budget.

Discussion

Overdoses and fatalities due to the toxic unregulated drug supply are preventable but continue at an unacceptable and distressing rate. PWLLE play a core role in harm reduction initiatives as a reliable and trusted source to their community and share their lived experiences. Peer engagement is increasingly recognized as best practice in designing harm reduction programs and practices⁹ and as a tool for policy change, capacity building and equity.²

Over eight years since its inception, PEEP has played a significant role at BCCDC and provincially as their input has been used to inform and change policies. Furthermore, PEEP has played crucial roles in all stages of research and evaluation related to harm reduction policy and programs. Staff and organizations that sought consultation from PEEP were extremely positive about PEEP's work ethic and ability to produce timely and pertinent input. Although a provincial group, PEEP's knowledge and skills have become known across Canada. PEEP is often asked to fill the peer engagement gap with national organizations.⁶ However, PEEP shared their frustrations that they were often unaware if and how their pragmatic, experiential input was used by consultants.

A recent peer led study in BC identified key stressors for peer workers that including financial insecurity, lack of recognition and respect at work and constant exposure to death and trauma in their work and personal lives¹⁰ PEEP similarly expressed their need to be better appreciated and celebrated.

This current study has enabled PEEP's contributions to be collated into an impressive list of peer reviewed publications, reports and presentations which has brought immense pride to PEEP members. All PEEP members work on the front lines of the unregulated drug toxicity emergency in various capacities so are cognisant of current and emerging substance use issues. Membership in PEEP provides a small regular income and the bi-weekly PEEP meetings provide the members an opportunity to debrief about their positive and negative experiences, to support each other and remain connected and engaged.

Over eight years since its inception, PEEP has played a significant role at BCCDC and provincially as their input has been used to inform and change policies. Furthermore, PEEP has played crucial roles in all stages of research and evaluation related to harm reduction policy and programs.

PEEP now has ongoing funding through BCCDC base budget and its members are remunerated at an hourly rate of \$30 CDN. PEEP provides a sense of community and belonging, and empowers members through knowledge, skills and mentorship. PEEP has become a consistent voice for PWLLE in BC through its authentic peer engagement and PEEP hopes that sharing these findings will inspire other jurisdictions to develop peer consultation groups.

CONCLUSION: PEEP is a cohesive group of people with lived and living experience of substance use whose input is well-respected and influences policy and programs. Given the ongoing unregulated drug toxicity emergency, it is critical to continue to support and expand PEEP to ensure the voices of those most affected are heard.

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Appendix A: PEEP publications, reports, and presentations

PEEP publications, reports, and presentations



PEEP PUBLICATIONS

#	Title	Year	Journal	First author	PEEP		
					Authors	Acknowledged	Named in methods
1	Peer engagement in harm reduction strategies and services: a critical case study and evaluation framework from British Columbia, Canada [online]	2017	<i>BMC Public Health</i>	Greer, AM	Lacroix, K and Burmeister, C	N	N
2	Paying people who use illicit substances or 'peers' participating in community-based work: a narrative review of the literature [online]	2018	<i>Drugs: Education, Prevention & Policy</i>	Greer, AM	Burmeister, C	N	Y
3	Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research [online]	2018	<i>BMC Public Health</i>	Greer, AM	Burmeister, C	Y	Y
4	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 [online]	2018	<i>Harm Reduction Journal</i>	Voon, P	Newman, C, and Burmeister, C	Y	Y
5	Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada [online]	2019	<i>Canadian Journal of Public Health</i>	Greer, AM	Burmeister, C, Newman, C, and Lampkin, H	N	Y
6	Examining prevalence and correlates of smoking opioids in British Columbia: opioids are more often smoked than injected [online]	2021	<i>Substance Abuse Treatment, Prevention and Policy</i>	Parent, S		Y	N

#	Title	Year	Journal	First author	PEEP		
					Authors	Acknowledged	Named in methods
7	Guideline development in harm reduction: Considerations around the meaningful involvement of people who access services [online]	2022	<i>Drug and Alcohol Dependence Reports</i>	Adams, A	Burmeister, C, McDougall, J, Lock, K, Scow, M	N	Y (not named)
8	Identifying behaviours for survival and wellness among people who use methamphetamine with opioids in British Columbia: a qualitative study [online]	2022	<i>Harm Reduction Journal</i>	Corser, J	Lamb, J, Lock, K, McDougall, J, Newman, C	Y	Y
9	Intention to seek emergency medical services during community overdose events in British Columbia, Canada: A cross-sectional survey [online]	2022	<i>Substance Abuse Treatment, Prevention and Policy</i>	Kievit, B		Y	N
10	Awareness and knowledge of the Good Samaritan Drug Overdose Act among people at risk of witnessing an overdose in British Columbia, Canada: A multi-methods cross-sectional study [online]	2022	<i>Substance Abuse Treatment, Prevention and Policy</i>	Ackermann, E		Y	Y
11	"There are solutions and I think we're still working in the problem": The limitations of decriminalization under the Good Samaritan Drug Overdose Act and lessons from an evaluation in British Columbia, Canada [online]	2022	<i>International Journal of Drug Policy</i>	Xavier, JC	Lock, K	Y	Y
12	Motivations for concurrent use of uppers and downers among people who access harm reduction services in British Columbia, Canada: findings from the 2019 Harm Reduction Client Survey [online]	2022	<i>BMJ Open</i>	Steinberg, A	Lock, K	Y	Y
13	Factors associated with take-home naloxone kit usage in British Columbia: an analysis of administrative data [online]	2022	<i>Substance Abuse Treatment, Prevention and Policy</i>	Lei, V		Y	N

#	Title	Year	Journal	First author	PEEP		
					Authors	Acknowledged	Named in methods
14	Correlates of concurrent use of stimulants and opioids among people who access harm reduction services in British Columbia, Canada: Findings from the 2019 Harm Reduction Client Survey [online]	2022	<i>International Journal of Drug Policy</i>	Lukac, C	Lock, K	Y	N
15	Investigating opioid preference to inform safe supply services: A cross sectional study [online]	2022	<i>International Journal of Drug Policy</i>	Ferguson, M	Lock, K	Y	N
16	Increasing toxicity of the illicit drug supply during COVID-19: the need for an accessible and acceptable safe supply [online]	2022	<i>UBC Medical Journal</i>	Palis, M	Scow, M, Lock, K	N	N
17	"It's just a perfect storm": Exploring the consequences of the COVID-19 pandemic on overdose risk in British Columbia from the perspectives of people who use substances [online]	2023	<i>BMC Public Health</i>	Foreman-Mackey, A	Lock, K, Lamb, J, McDougall, J, Newman, C	Y	Y
18	Awareness, predictors and outcomes of drug alerts among people who access harm reduction services in British Columbia, Canada: findings from a 2021 cross-sectional survey [online]	2023	<i>BMJ Open</i>	Daowd, K	Lock, K, Lamb, J, and McDougall, J	Y	Y
19	Smoking identified as preferred mode of opioid safe supply use; investigating correlates of smoking preference through a 2021 cross-sectional study in British Columbia [online]	2023	<i>Substance Abuse Treatment, Prevention and Policy</i>	Kamal, A	Lock, K	Y	N
20	Rising rates of infective endocarditis in North America: an urgent need for attention to the rapidly changing unregulated drug supply [online]	2023	<i>International Journal of Drug Policy</i>	Palis, H	Scow, M, Sedgemore, KO	N	N
21	Guidance on take-home naloxone distribution and use by community overdose responders in Canada [online]	2023	<i>Canadian Medical Association Journal</i>	Ferguson, M	Burmeister, C, Choisl, P	N	N

#	Title	Year	Journal	First author	PEEP		
					Authors	Acknowledged	Named in methods
22	Preferred stimulant safer supply and associations with methamphetamine preference among people who use stimulants in British Columbia: Findings from a 2021 cross-sectional survey [online]	2023	<i>International Journal of Drug Policy</i>	Ferguson, M	Sedgemore KO, Scow M, Choisl P, Haywood B,	Y	Y
23	Motivators of and barriers to drug checking engagement in British Columbia, Canada: Findings from a cross-sectional study [online]	2023	<i>International Journal of Drug Policy</i>	Tobias, S	Burmeister, C, McDougall J	Y	Y
24	Associations with experience of non-fatal opioid overdose in British Columbia, Canada: a repeated cross sectional survey study [online]	2023	<i>Harm Reduction Journal</i>	Ferguson, M	Choisl P, Lamb J, Burmeister, C, Newman, C	Y	Y
25	Factors associated with obtaining prescribed safer supply among people accessing harm reduction services: findings from a cross-sectional survey [online]	2024	<i>Harm Reduction Journal</i>	Palis, H	Haywood B, McDougall J	Y	Y
26	'This is PEEP' Participatory qualitative study: Learning from a provincial consultation and advisory group of People with lived and living experience of substance use in BC, Canada [online]	2024	<i>BMJ Open</i>	Daowd, K	Lock K, Burmeister C, Choisl P, Haywood E, Henderson I, Lamb J, McDougall J, Sedgemore K,	Y	Y

PEEP REPORTS

#	Title	Year	Author	PEEP authors
1	Respectful language and stigma [online]	2017	PEEP team	
2	One pager about original PEEP project [online]	2017	PEEP team	
3	Peer engagement principles and best practices: A guide for BC health authorities and other providers [online]	2017	Greer, AM	Newman, C, Burmeister, C, Choisl, P, Leblanc, B, Lacroix, K and Lampkin, H
4	How to involve people who use drugs [online]	2017	PEEP team	
5	Language matters; 4 guidelines to using non-stigmatizing language [online]	2017	PEEP team	
6	A brief overview of the peer engagement principles and practice [online]	2018	Buxton, JA	Input from PEEP
7	Paying peers in community based work. An overview of considerations for equitable compensation v.2 [online]	2018	Greer, AM + PEEP	
8	PEEP infographic of focus group findings [online]	2018	PEEP team	
9	Final Report: Peer engagement in harm reduction: development, implementation and evaluation of best practice guidelines for British Columbia [online]	2018	Buxton, JA	Input from PEEP
10	UBC Journalism Student session: Media & Language: Destigmatizing language around substance use and harm reduction reporting [online]	2020	Butt, M	Input from PEEP
11	Community Research Report: Peer Work - Findings and Recommendations from a Study on Peer Work in B.C. [online]	2020	Greer, AM	Input from PEEP
12	Peer engagement in the BCCDC harm reduction program: A narrative summary [online]	2021	Song, K	Input from PEEP
13	Naloxone is Not Enough: Letters from the Heart of the Crisis [online]	2021	PEEP	
14	Substance use patterns and safer supply needs among people who use drugs in British Columbia [online]	2023	Xavier, J	McDougall, J, Lamb, J, Streukens, A, Haywood B, Scott T, Lock, K
15	Infographic Substance use patterns and safer supply preferences among people who use drugs in British Columbia [online]	2023	Xavier, J	
16	Canadian Take Home Naloxone Program Guidance Report [online]	2023	Ferguson, M	Naloxone Guidance Development Group (Burmeister, C, Choisl, P)
17	This is PEEP: Reflections on eight years of a peer consultation and advisory group with expertise in substance use in British Columbia, Canada [online]	2024	Buxton, JA	PEEP team

PEEP PRESENTATIONS

#	Presenters	PEEP authors	Type
1	Peer engagement in harm reduction: development, implementation and evaluation of best practice guidelines 2015 NATIONAL CONFERENCE, MONTREAL: Issues of Substance Conference, Canadian Centre on Substance Abuse		
	Greer, AM		Poster
2	Peer engagement in harm reduction policy, practice, and research: A critical case study from British Columbia, Canada 2016 INTERNATIONAL CONFERENCE, SYDNEY, AUSTRALIA: International Society for the study of Drug Policy		
	Greer, AM	Burmeister, C, Lacroix, K	Oral
3	Challenges and opportunities for inclusion and equity 2016 NATIONAL CONFERENCE, TORONTO: Canadian Public Health Association annual conference		
	Greer, AM		Poster
4	PEEPing into the lives of people who use drugs and understanding how their experiences are shaped by provider attitudes 2016 NATIONAL CONFERENCE, TORONTO: Canadian Public Health Association annual conference		
	Buxton, JA	PEEP	Oral
5	Participant, peer & peep: Engaging people who have used illicit drugs in qualitative research 2016 NATIONAL CONFERENCE, TORONTO: Canadian Public Health Association annual conference		
	Amlani A	Newman, C, LeBlanc, B, Lacroix, K, Burmeister, C	Poster
6	Peer engagement in harm reduction: Development, implementation & evaluation of peer engagement best practice guidelines for BC Health authorities 2016 INTERNATIONAL CONFERENCE, SAN DIEGO, CALIFORNIA: National Harm Reduction Conference		
	Greer, AM		Poster
7	PEEPing into the lives of people who use drugs: results from the BC Peer Engagement and Evaluation Project 2016 REGIONAL CONFERENCE, FRASER HEALTH, BC: Patient Experience Summit		
	Gibson, E	Newman, C, LeBlanc, B, Lacroix, K, Burmeister, C	Oral
8	Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity 2016 REGIONAL CONFERENCE, FRASER HEALTH, BC: Patient Experience Summit		
	Gibson, E		Poster
9	Peer Engagement Best Practice Guidelines for British Columbia 2016 PROVINCIAL CONFERENCE, RICHMOND, BC: Public Health Association of BC Conference		
	Greer, AM	Burmeister, C, Lampkin, H, Newman, C, Lacroix, K, LeBlanc, B	Oral
10	Paying people with lived experience in community based work: challenges and opportunities for inclusion and equity 2016 PROVINCIAL CONFERENCE, RICHMOND, BC: Public Health Association of BC Conference		
	Greer, AM		Poster
11	Experiences in harm reduction services: the impact of provider's attitudes and stigma 2016 PROVINCIAL CONFERENCE, RICHMOND, BC: Public Health Association of BC Conference		
	Greer, AM	Newman, C, Burmeister, C, Lacroix, K, Lampkin, H, LeBlanc, B	Poster

#	Presenters	PEEP authors	Type
12	Peer engagement in harm reduction: Development, implementation & evaluation of best practices for BC 2017 PROVINCIAL MEETING, VANCOUVER, BC: Health Promotion Policy Advisory Committee		
	Buxton, J	On behalf of PEEP team	Oral
13	Peer engagement & evaluation project. Peer engagement best practice guidelines 2017 REGIONAL MEETING, VANCOUVER ISLAND, COURTENAY: GEO 1 North Island Health Leaders directors meeting		
	Greer, A	On behalf of PEEP team	Oral
14	Peer engagement in harm reduction: Development, implementation & evaluation of peer engagement best practice guidelines for BC Health authorities 2017 PROVINCIAL MEETING, VANCOUVER: Provincial Health Services Authority Nurse Advisory Council		
	Buxton, J	On behalf of PEEP team	Oral
15	Peer engagement & evaluation project. Peer engagement best practice guidelines 2017 PROVINCIAL MEETING, VANCOUVER: Provincial Health Services Authority Board meeting		
	Buxton, J, Choisl, P	On behalf of PEEP team	Oral
16	Experiences in harm reduction services: the impact of provider's attitudes and stigma 2017 NATIONAL CONFERENCE, CALGARY: ISSUES OF SUBSTANCE: Addiction Matters CCSA conference		
	Greer, AM		Poster
17	Using participatory methods to enhance knowledge translation in harm reduction research 2017 NATIONAL CONFERENCE, HALIFAX: Canadian Public Health Association annual conference		
	Buxton, JA, Newman, C	Lacroix, K, LeBlanc, B, Burmeister, C, Lampkin, H	Oral
18	Paying people with lived experience: an opportunity for equity in harm reduction dialogue 2017 INTERNATIONAL CONFERENCE, MONTREAL: 25th Harm Reduction International Conference		
	Pauly, B	PEEPs	Oral
19	Best practices for engaging people who use drugs in designing harm reduction solutions 2017 NATIONAL CONFERENCE, CALGARY: Issues of Substance: CCSA conference		
	Greer, AM	Burmeister, C, Newman, C, Lacroix, K	Oral
20	Developing interactive case studies informed by the experiences of people who use drugs to reduce stigma 2018 NATIONAL CONFERENCE, MONTREAL: Canadian Public Health Association annual conference		
	Young, S	PEEP Team	Poster
21	Peer engagement in harm reduction: Identifying priorities in harm reduction from the perspectives of people with lived experience 2019 NATIONAL CONFERENCE, OTTAWA: Issues of Substance CCSA Conference		
	Burmeister, C, Choisl, P	Newman, C, Donaghy, K, Trider, H	Oral
22	Ask the experts: maintaining a peer advisory group in British Columbia 2019 NATIONAL CONFERENCE, OTTAWA: Issues of Substance CCSA Conference		
	Burmeister, C, Choisl, P	Newman, C, Donaghy, K, Trider, H	Panel

#	Presenters	PEEP authors	Type
23	Re-visioning from risk and safety to survival and wellness; behaviours among people who use methamphetamine with opioids in British Columbia, Canada 2022 INTERNATIONAL CONFERENCE, LISBON, PORTUGAL: Lisbon Addictions Conference		
	Corser, J	Lock, K, Lamb, J, McDougall, J	Oral
24	People who use drugs' safer supply preferences: A multi-methods study 2023 INTERNATIONAL CONFERENCE, MELBOURNE, AUSTRALIA (ONLINE): Harm Reduction International Conference		
	Xavier, J	McDougall, J, Lamb, J, Streukens, A, Haywood, B	Poster
25	People who use drugs' safer supply preferences: A multi-methods study 2023 PROVINCIAL CONFERENCE, VANCOUVER (ONLINE): Annual BC Centre for Substance Use Conference		
	Xavier, J	McDougall, J, Lamb, J, Streukens, A, Haywood, B	Poster
26	Perspectives on safer supply insights from people who use drugs in BC 2023 PROVINCIAL PANEL, BC (ONLINE): Collaborative Community Laboratory on Substance Use and Harm Reduction View presentation at youtube.com/watch?v=ddTJlywBbzU		
	Xavier, J, Buxton, J, McGreevy, P	McDougall, J	Oral
27	Perspectives on safer supply 2023 NATIONAL PANEL (ONLINE): National Safer Supply Community of practice		
	Xavier, J, Buxton, J, McDougall, J, McGreevy, P		Oral
28	This is PEEP Project 2023 PROVINCIAL CONFERENCE, VANCOUVER: BCCDC Research Week		
	Daowd, K	Lock, K, PEEP members	Poster
29	Decriminalization of possession of illegal drugs in British Columbia: A report by PEEP 2023 NATIONAL CONFERENCE, VANCOUVER: Issues of Substance Conference, (CCSA)		
	Lock, K	PEEP members	Oral
30	The importance of community overdose responders in developing Canadian take-home naloxone program guidance 2024 PROVINCIAL CONFERENCE (ONLINE): Collaborative Community Laboratory on Substance Use and Harm Reduction View presentation at youtu.be/eQRjwICEo-M		
	Burmeister, C, Choisl, P, Buxton, J		Oral
31	This is PEEP – toward authentic engagement of peers 2024 PROVINCIAL CONFERENCE, VANCOUVER: PHSA Patient Experience & Partnerships Symposium		
	Lock K, Sedgemore K, Choisl P		Oral
32	This is PEEP study: Reflections on 8 years of a peer advisory and advocacy group 2024 PROVINCIAL CONFERENCE (ONLINE): Collaborative Community Laboratory on Substance Use and Harm Reduction View presentation at youtube.com/watch?v=tCGKX9uAZrQ&t=2s		
	Henderson, I, Burmeister, C, Lock, K, Buxton, J		Oral
33	This is PEEP; learning from an effective provincial advisory and advocacy group of experiential consultants 2024 INTERNATIONAL CONFERENCE, MONTREAL: International Society for the Study of Drug Policy View poster at towardtheheart.com/resource/this-is-peep-poster/open		
	Buxton, JA, Daowd, K, Danaei, A, Lock, K & PEEP		Poster

Appendix B: Detailed themes, subthemes with quotes

1. WHAT IS PEEP?	
PEEP perspectives	Staff and consultant perspectives
a. PEEP does meaningful work	
<p>Working towards the same goal with the same values.</p> <p><i>".. we're not influenced by other people coming in. And it's just that authenticity of supporting people who use drugs and advocating for drug policy and, yeah, just that same vision and direction. PEEP is like a family – support, love, care, and respect." (Cindy)</i></p> <p><i>"....we all are there for the common goal which is to find better – or to advocate for better resources for drug users." (Jeff)</i></p> <p>PEEP meets expectations</p> <p><i>"So, I would say I had no expectations, but man, did I benefit from PEEP." (Nina)</i></p> <p><i>"Beyond met my expectations." (Dana)</i></p>	<p>PEEP meetings/consultations are inspiring/a highlight,</p> <p><i>"PEEP members seem so empowered now and speak so well and are so constructive in their approach, I'm really proud of them. They really inspire me, especially, you know, I'm having trouble dealing with a lot of the realities but they are experiencing it a way deeper level than me. Yet they somehow still carry on. It's very inspiring and I can't say enough about that." (S/C-01)</i></p>

PEEP perspectives	Staff and consultant perspectives
b. Role of PEEP	
<p>Provide expert advice in substance-related issues around BC</p> <p><i>"I feel like people that come to us recognize the history of the work that we've been doing. But also recognize that the independent PEEP members have a wealth of knowledge and are quite often either associated to their own drug user groups but also working within systems of care."</i> (Nina)</p> <p><i>"... to make sure that people with lived and living experience are at the forefront of this [unregulated circulating supply] drug poisoning crisis or drug policy, I would say is the role of PEEP."</i> (Cindy)</p> <p>Diversity of experiences and community connections</p> <p>Harm reduction advocates</p> <p><i>"We provide advisory but also we provide a voice for people that are often not heard in conversations when it comes to people with lived experience, especially those with current living experience."</i> (Jeff)</p> <p>Holding systems accountable</p> <p><i>"As we get the ability to empower ourselves with knowledge and mentorship and feel confident about ourselves and our abilities, we kind of apparently go to holding systems accountable. And I think that's kind of where PEEP is right now."</i> (Nina)</p>	<p>a) Provide expert advice in substance-related issues around BC and all aspects of BCCDC work including policy and planning "to inform the direction and the tone... of our work". (S/C-06)</p> <p><i>"PEEP is a group of leaders of the population of people who use drugs based from around the province that are knowledgeable and articulate in a way that can speak to the needs of their community"</i> (S/C-01)</p> <p><i>"PEEP provides very articulate voices and perspectives of people with lived and living experience of substance use in a wide range of experiences that they have..... PEEP has kind of got known, it provides a recognized and valued source of information."</i> (S/C-04)</p> <p>Diversity of experiences and community connections</p> <p><i>"[PEEP is]a group of people who are bringing a diversity of perspectives from across the province, ... people who are still actively using drugs and people who were formerly using drugs."</i> (S/C-07)</p> <p><i>"Each of them are extremely relational in their region. So they can get you connected to the ones that are used to showing up to provincial tables. Or they can get you connected and go to the places where it isn't your usual people with lived and living experience being connected and brought to the table."</i> (S/C-05)</p> <p><i>".. seeing interactions between PEEP members and people who use drugs and people in the community was really powerful. 'Cause it was amazing to see how much they're doing in community and how much they embody, like, so much of what we talk about in the principles of harm reduction.....what stands out to me was just seeing how every one of the members are just superstars in their community and are really doing so much work."</i> (S/C-03)</p> <p>Harm reduction advocates and leaders</p> <p><i>"But I would say that PEEP is an incredible group of drug user advocacy leaders across the province who are brought together to support advancing policy, knowledge exchange, and other related issues to the health of people who use drugs."</i> (S/C-09)</p> <p><i>... At a deeper level PEEP operates—and our program at harm reduction, at the BCCDC, our guiding principle that we start with is that the policies of prohibition and what not are flawed. And they're [the policies] responsible for a lot of the suffering that people who use drugs have endured."</i> (S/C-01)</p>

2. PEEP – PROCESS

PEEP perspectives	Staff and consultant perspectives
<p>PEEP members generally satisfied with logistics – pay, work hours, and role expectations</p> <p><i>“I really think there needs to be more hours of commitment. But I also think that would greatly shift what PEEP looks like. I don’t know that the current PEEP members have the ability to add more time to their schedule.” (Nina)</i></p>	<p>PEEP is put together thoughtfully.</p> <p><i>“Well, what works well at PEEP is it was put together very organically. It was put together adding each new member very slowly, very thoughtfully, (S/C-01)</i></p>
a. Consultation process	
<p>PEEP provides valuable contributions as an advisory and consultation group through free and honest dialogue</p> <p>Improving consultation process:</p> <p>Involve PEEP through the whole process</p> <p><i>“PEEP is brought in or people with lived experience are actually brought into the conversation from the beginning, not in the middle or near the end of it.” (Jeff)</i></p>	<p>PEEP is effective and goal oriented.</p> <p><i>“PEEP’s strengths are also that they...are very constructive minded. When they get in rooms with decision makers they don’t just scream and yell. They’re goal-minded. They understand the task at hand.....So they are always respectful to the people that they meet with. But at the same time forceful. So they call out things that they feel are harmful to their community” (S/C-01)</i></p> <p>Improving consultation process:</p> <p>Involve PEEP through the whole process</p> <p><i>“And so I think what I’ve learned is check my assumptions at the door, listen, and make sure that PEEP are engaged at every step of the way.” (S/C-04)</i></p> <p><i>“when this program first began the intention was that we would bring already developed programs to PEEP, basically to have them review it and give a stamp of approval. But through our conversations and learning as an organization we realized quite quickly that if we want to really meaningfully engage our patient partners we have to bring them along from the very beginning.” (S/C-08)</i></p> <p>PEEP should have a say in agenda setting and prioritization</p> <p>Prepare consultants and PEEP for meetings (set the stage)</p> <p><i>“I think if a researcher’s going to come to PEEP they need to be clear and prepared from the start.” (S/C-07)</i></p> <p>Obtain feedback after consultation</p> <p><i>“So I think both in terms of just practically getting PEEP input at these larger tables. But also for PEEP to be able to be a part of those discussions and see how their input is actually being used, I think that would be great.” (S/C-03)</i></p>

PEEP perspectives	Staff and consultant perspectives
b. Relationship to BCCDC	
<p>BCCDC provides support but need to acknowledge PEEP</p> <p><i>"I feel like we have gone far and will continue to go far with the support of BCCDC" (Louise)</i></p> <p><i>"We are not acknowledged in the way or upheld in the way in which we should be. We are also not invested in by current leadership or expansion, extension, all of those other pieces." (Nina)</i></p>	<p>BCCDC provides support and infrastructure to PEEP</p> <p><i>"..... it's such a unique group. And its linkage with BCCDC is really key, I think, and the support and staff support and budget and goals and all of that is really incredible. And it's just something that we would like to see expanded to other parts as a model." (S/C-09)</i></p> <p>Positioning of PEEP within BCCDC is a strength</p> <p><i>"And I think it's just a real strength to the BCCDC and to people doing research in BC on substance use to have access to PEEP." (S/C-07)</i></p>

3. PEEP – OUTCOMES

PEEP perspectives	Staff and consultant perspectives
a. Professional development and learning	
<p>Mentorship (receiving and providing) is important to PEEP members within PEEP and broader community <i>“both what I can give to others and what is offered to me.”</i> (Nina)</p> <p><i>“Because I feel that we are making a difference with PEEP. At least a little bit. We’ve got people’s attention. People want to hear from us. It’s helped me. So that’s, like, you know, the one side of it it’s a great mentorship. But it’s also helped me find my own voice.”</i> (Cindy)</p> <p>Gaining skills and confidence needed to change systems and produce leaders based on their skills and unique experiences.</p> <p><i>“And to own my expertise and speak against the bullshit rhetoric they were spewing. And I don’t think I would have been able to do that [before joining PEEP] because PEEP has given me the skills and connections”</i> (Dana)</p>	<p>Learning from PEEP; they provide a reality check and ground the work we do.</p> <p><i>“I just love to learn from PEEP. I consider them my teachers.”</i> (S/C-06)</p> <p><i>“I feel like I learn the most from PEEP compared to any other person or group I work with in harm reduction.”</i> (S/C-02)</p> <p><i>“They [PEEP] think out of the box. And they’re not constrained by what is theoretically allowed or should happen.”</i> (S/C-04)</p> <p>Consultation process is not just a check box. PEEP shows up prepared to engage collaboratively and will call it out to hold consultants accountable</p> <p><i>“I think a lot of times it’s [peer engagement’s] almost like a checkbox. We brought this to PEEP or we engaged with another group, checkbox. ..I think PEEP members have felt in the past that just having that checkbox .. is not sufficient. We don’t .. actually see how the researchers are incorporating the feedback that we give.”</i> (S/C-07)</p> <p>Insights into all stages of research</p> <p><i>“So — when we do research we’re challenged in thinking through, like, how do we communicate the key messages and place them in context. they bring that context to the research that people like me who are not bringing that lived experience don’t have. And so it’s that lens that I think is really valuable to making sense of how does the research actually have the potential to influence policy and practice.”</i> (S/C-07)</p> <p><i>“you can have all the data and the evidence and you can look at it a million different ways. But as soon as you take it to a PEEP call you just get all these lightbulb moments where you just kind of have a way better understanding of what it’s actually like on the ground, what folks are actually seeing, giving context behind the numbers and the data.”</i> (S/C-02)</p>

b. PEEP's impact

PEEP has led to authentic peer engagement being the norm in BC. It has created positive change and has the privilege of representing the experiences and needs of others

"we're able to bring — I think just the fact that having — the voices of [youth] are actually heard and like, and the topic is brought up quite often by myself or other people in PEEP." (Jeff)

"If it's heard about or somebody knows about [help needed] or brings it to the table, PEEP will do whatever they can to support that program or that community with whatever initiative" (Dana)

PEEP has led to practice changes

"There are so many practice changes that have been implemented in our organization, solely as a result of engaging with PEEP, that we would have never done on our own had we not had that opportunity to discuss our programs and garnered feedback on them." (S/C-08)

4. FUTURE OF PEEP

PEEP perspectives	Staff and consultant perspectives
<p>Ensure adequate funding</p> <p><i>“essentially, funding is something I think is key.” (Dana)</i></p> <p><i>“I think the CDC themselves needs to invest more in PEEP. To find funding to be able to expand time that we’re able to meet so that we can feel more accomplished in the work that we do. Rather than off the side of our desk rushed through meetings, giving our consultation and advisory that way.” (Nina)</i></p> <p>Increase collaboration and have a greater presence</p> <p><i>“I’d like to do more sort of hands-on. ... do more conferences and more, you know, being in places and doing more in-person type stuff.” (Tasia)</i></p> <p><i>“And not very often do we get to be in a room with people that oppose what we’re talking about, right. And get a chance to kind of explain to people maybe perspectives they haven’t seen before. So any opportunity and chance to squash down stigma, I’m there for it.” (Phil)</i></p> <p>Promote opportunities for growth and increase the diversity of members including youth, trans, males and Indigenous people</p> <p><i>“Listening to us. Hearing us. Validating us. Investing in us. I mean that both through training, capacity building, funding to expand the work” (Nina)</i></p>	<p>Ensure adequate funding and supports for a sustainable and thriving PEEP</p> <p><i>“I would love to see PEEP made up of folks that are full time, like, are employed in a full-time capacity. Where they have vacation and sick time and teams that they work within as well. But that they still have each other at this provincial level.” (S/C-06)</i></p> <p><i>“We need to have ...leadership and coordination such that if people leave, that there is that continuity. ... And I just think that makes PEEP a little bit vulnerable. ... that’s one of the concerns is that it [PEEP] is fairly person-dependent. Need to-- we need to make it more sustainable.” (S/C-04)</i></p> <p>Increase collaboration and have a greater presence</p> <p><i>“Well, based on the resources that PEEP has they are doing all they can. PEEP would like to do a lot more. They would like to, you know, have a bigger voice, be in more rooms.” (S/C-01)</i></p> <p>One consultant suggested that PEEP should collaborate with other organizations such as police and other first responders.</p> <p>On discussing this input PEEP members shared concerns that measures would be needed to ensure the safety of peers who engage with enforcement.</p> <p>PEEP should be a model for other jurisdictions.</p> <p><i>“And I haven’t seen it in any other province. And as an organization we’ll sometimes reflect that, like, every province needs to do this. Every province and territory should have a PEEP-like model where they are asking for representation from drug user advocacy leaders within their province or within their region.” (S/C-09)</i></p>

