Background

- ‘Peers’ in the context of harm reduction are people with lived experience of drug use who work behind the scenes and at the forefront of harm reduction initiatives.
- In 2013 a Canadian national symposium of peer-run organizations found that “tokenism and lack of representation are still common.”
- To date, there are no best practice guidelines for the meaningful involvement of peers in research or policy and programming decisions.

Meet the PEEPs

Forming a team of PEEPS

A peer research assistant was hired in each regional health authority:
- The Vancouver Area Network of Drug Users (VANDU), Society of Living Illicit Drug Users (SOLID), and Rural Empowered Drug Users Network (REDUN) nominated representatives from their regions.
- Peer research assistants were recruited through the peers’ organizations where they existed.
- Peer research assistants were hired through harm reduction coordinators where peer run organizations did not exist.
- Onboarding and paying peers was met with institutional challenges and delays.

The Peer Engagement and Evaluation Project (PEEP)

Partners: BC Centre for Disease Control, Harm Reduction Services and Strategies Committee including harm reduction coordinators and peers from each health authority and BC Ministry of Health.

Vision: peers must be hired into paid positions for meaningful work that values their lived experience, and be treated as equal to those doing similar work who have not used drugs.

Process: Collaborative research with peers informing the research questions and process, with recognition of these contributions.

Objective: To establish an enhanced peer engagement network for BC through the development, implementation and evaluation of best practice guidelines for peer engagement in programs and policies.

Sub-aims: 1) to establish peer engagement as the norm in BC and expand the opportunities for voices of peers who have been missing from our tables (i.e. rural regions), 2) empower and inspire peer leaders who bring a broader representation of voices of people in their communities.

Data collection

- July - October 2015
- Peer research assistants helped develop the question guide
- 13 peer-facilitated focus groups (n=83)
- At least 1 rural and 1 urban location per health authority
- Focus group locations were chosen by peers, and contributed to a safe space
- Food, incentives and transportation were provided
- Focus groups were followed by a debrief.

Data analysis

- Focus groups were transcribed verbatim and coded in NVivo
- Emerging themes came from debriefing after every focus group
- Peers cleaned and coded transcripts from focus groups they attended
- Preliminary themes came from discussions with data coder and BCCDC researchers
- Final themes were validated by the Peeps through a cutting and sorting methodology; each quote was read aloud and discussed by the Peeps.
- The result was four themes—access to harm reduction services, stigma and trust, peer networks, and readiness for engagement—and twenty subthemes.

Knowledge Translation

- Papers in BMC Public Health peer coauthors.
- Local engagement with Health Authority harm reduction coordinators.
- Regional convergences with stakeholders and regional leaders (planned for late 2016).

Main Lessons

- Understand the process of hiring and paying peers early on; establish expectations before onboarding.
- Peers greatly informed the design, content and analysis of the PEEP project.
- Clear communication and flexibility in adapting process to varying learning styles, interests and skills were important; flexibility contributed to the satisfaction and pride RAs have in their involvement with PEEP.
- Working with a team remotely can be isolating and challenging.
- Peers are an integral part of any community-based research project, and should be paid members of the research team.