



ONTARIO
HARM REDUCTION
NETWORK

Please access audio via your computer speakers. See detailed instructions to improve sound quality in the Audio Instructions box at the bottom of screen.

Engaging people who use drugs to build organizational capacity

Meaningful involvement of people who use drugs in the consultation, planning, design and delivery of programs and services

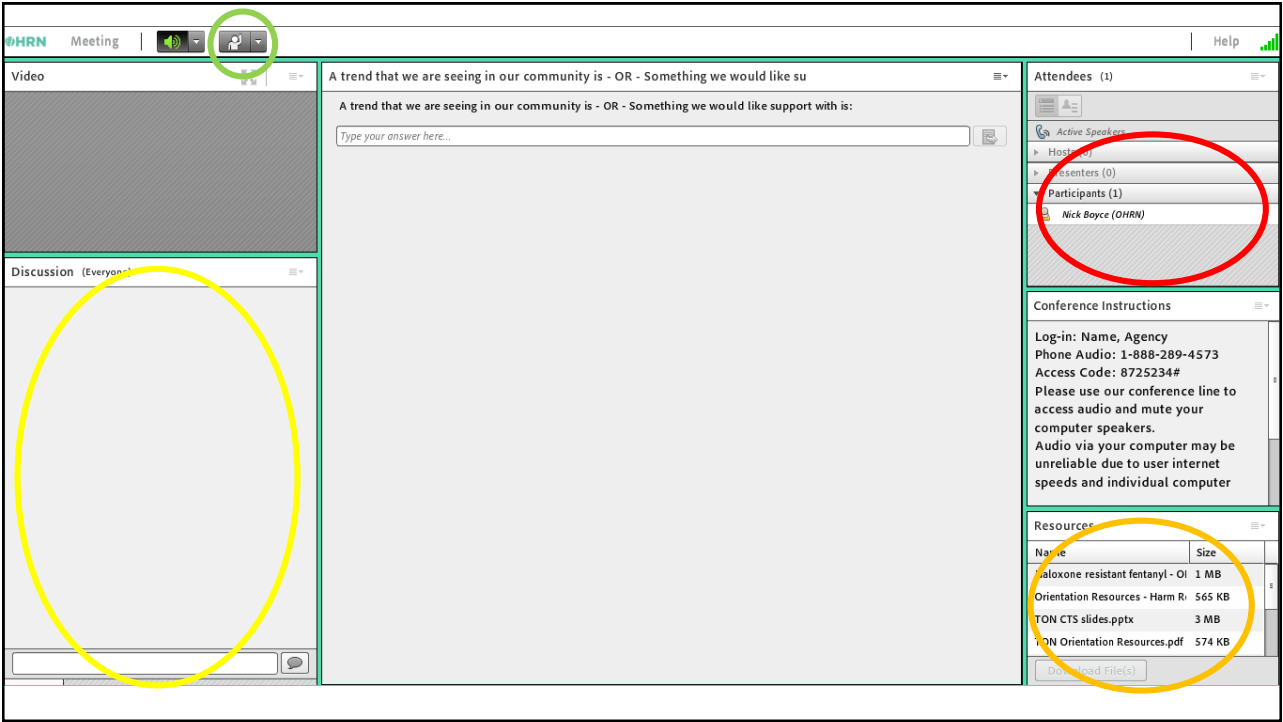
Welcome! Please introduce yourself (and your team) in the [Discussion Pod](#).

- What agency and/or town are you from?
- Any specific questions before we start?

You can start downloading files from the [Resources Pod](#).

10:30 am – 12:00 pm EST
Friday, March 6th, 2020

Support. Educate. Connect.



The screenshot shows the OHRN Meeting interface. A green circle highlights the microphone icon in the top toolbar. A red circle highlights the 'Participants (1)' section in the Attendees panel, showing 'Nick Boyce (OHNR)'. A yellow circle highlights the 'Resources' panel, which contains a table of files for download.

Name	Size
oxalone resistant fentanyl - OI	1 MB
Orientation Resources - Harm R	565 KB
TON CTS slides.pptx	3 MB
TON Orientation Resources.pdf	574 KB

Land Acknowledgement



The work of OHRN takes place across Ontario on the traditional Indigenous land of Turtle Island.

Our office is located on the traditional territories of the Anishnaabe, Huron-Wendat, Haudenosaunee, and Mississaugas of the Credit River, where the Dish with One Spoon Treaty binds all allied nations and settlers to peaceably share and care for the resources around the Great Lakes. Today, Toronto is still home to many Indigenous peoples and we are grateful to have the opportunity to meet and work on this territory.

We wish to express gratitude to Mother Earth and for the resources we are using, and honour all Indigenous peoples who have been living on the land since time immemorial.

Ontario Harm Reduction Network (OHRN)



OHRN supports harm reduction efforts in Ontario by providing training, networking opportunities and consultations to service providers and agencies. Our primary focus is HIV/AIDS organizations, Community Health Centres and Public Health Units. OHRN is funded by the Ontario Ministry of Health.

Vision

People who use drugs are treated with dignity and respect, free of judgment, and receive effective care and support when accessing services across Ontario.

Mission

To enhance the capacity of service providers and organizations to effectively serve people who use drugs by providing training, education and networking opportunities.

We value



- Including people who use drugs in the development and delivery of all our work
- Cultivating an atmosphere of learning and sharing, and opportunities for networking
- Providing quality training and education about harm reduction, to build the knowledge and skills of individual service providers and whole organizations
- Reducing individual, organizational and structural stigma and barriers to care

Webinar outline



- This is a **basic introduction** to a complex topic
- Many good existing resources (download from Resources Pod)
- “Peer” terminology
- Top reasons to involve People Who Use Drugs
- Engagement principles
- Examples of involvement
- Practical tips for involving People Who Use Drugs
- Discussion

To build a safe, respectful, and supportive learning environment:



- We value diversity and learn from comparing and contrasting experiences.
- All voices are heard. Use “I” statements.
- Risk taking and self-disclosure is encouraged and supported.
- All questions welcomed.
- It’s OK to make ‘mistakes’, such as using language we may come to realize is stigmatizing.
- Confidentiality is maintained but not guaranteed.
- Learning is a process. Open yourself to the possibilities.
- Step Up / Step Back.

Polls



1. Where are you in the province?
2. What sector do you work in?

“Immoral people, doing illegal things.”



Criminalization of people who use drugs feeds...

- Social and political stigma
 - Shapes language, attitudes, approaches, priorities, programming/services and funding
- Internalized stigma
 - People-who-use-drugs may feel shame, or not worthy of support
 - People do not talk openly and honestly about their lives for fear of being judged
 - PWUD become isolated and afraid to access help and services

Historical harm reduction initiatives



- What are now considered “standard” harm reduction programs and services were all originally driven by PWUD taking initiative, often breaking rules, and challenging the status quo:
 - Needle exchange in the 70s/80s
 - Crack pipe distribution in the 80/90s
 - Drug checking at raves in the 90s
 - Naloxone distribution in the 00s
 - Drug Consumption Sites in recent years - and for always, underground

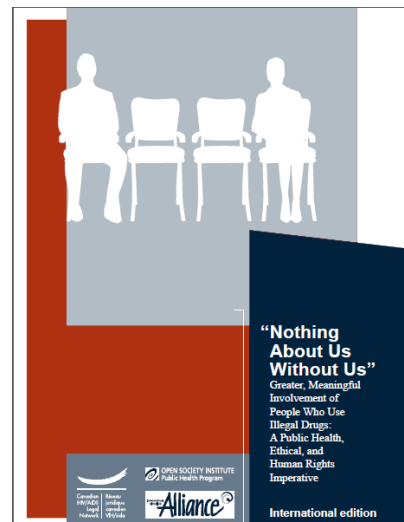


Nothing About Us Without Us (2008)



“Most of the responses to drug related overdose, drug related crime, family breakdown, drug treatment, unemployment, etc, have been developed in isolation to people who use illicit drugs. We have been largely left out of responses to these issues because of a mistaken belief that we would be at best, disinterested, and at worst, incapable of participating in a meaningful dialogue on the issues that affect us. While we cannot single-handedly address the issues associated with illicit drug use in the community, our involvement in the response is critical. We are the people who use illicit drugs, access drug treatment services and educate and support our peers - we have direct knowledge and experience to offer.”

– Australian Injecting & Illicit Drug Users League



[“Nothing about us without us”: Greater, meaningful involvement of people who use illegal drugs](#)

Polls



1. What might be some perceived concerns or challenges with having people who actively use drugs working in organizations?
2. What are the advantages of having people who use drugs involved in the design and delivery of services?

'Peer' engagement



Promoting peer engagement within health authorities and other community agencies can improve the involvement and uptake of peers' voices in health service planning and policy development in BC.

Individuals who work with people who use drugs can use these peer engagement principles and best practices to foster meaningful inclusion, which can in turn promote positive relationships and capacity building for everyone involved and improve the relevance and acceptability of services.

[Peer engagement principles and best practices: BCCDC Harm reduction program](#)

Terminology

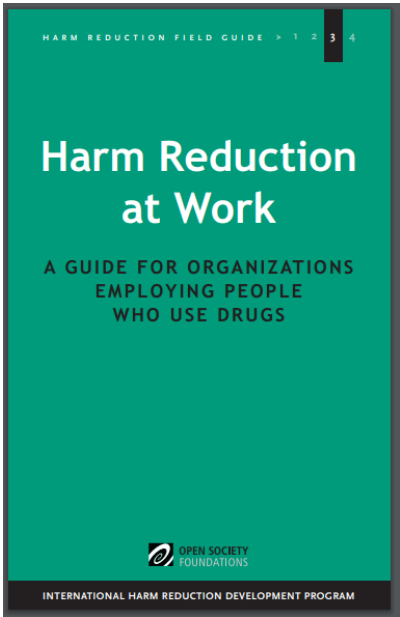


- Peer / Peer Worker
- PWLE: Person/People With Lived/Living Experience
- PWUD: Person Who Uses Drugs (vs. 'Drug User')
- Harm Reduction Worker
- ?

Pros/cons of calling people ‘peers’?



- Add ideas in the discussion box



[Link to download PDF](#)

Top reasons to hire PWUD

Credit: Raffi Balian and Cheryl White!



- Employing PWUD demonstrates a program’s commitment to improving the health and human rights of people who use drugs
- PWUD are often the most effective public health messengers for reaching other drug users
- Employees who use drugs can become excellent role models for other PWUD
- Hiring PWUD provides employers with direct access to valuable knowledge about the needs and practices of their target populations

[Harm reduction at work: A guide for employing people who use drugs](#)

Top reasons to hire PWUD

Credit: Raffi Balian and Cheryl White



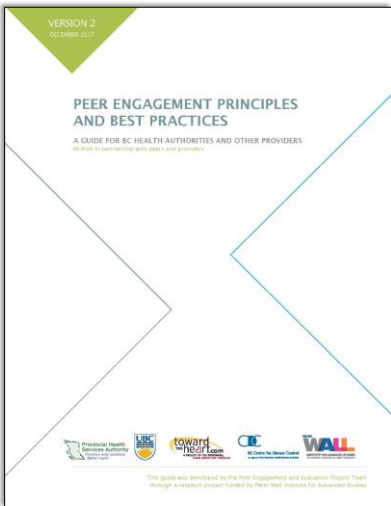
- Being gainfully employed in jobs that are valued and recognized as socially important contributes directly to improved self-esteem
- Working in community-based projects is integral to increased feelings of belonging and contributing to a community
- Working in a structured environment allows PWUD to gain important skills that can facilitate future entrance into other jobs
- Employing and organizing PWUD contributes to civic engagement and political responsibility for PWUD and the organization itself

[Harm reduction at work: A guide for employing people who use drugs](#)

'Peer' engagement principles



1. People Who Use Drugs as experts
2. Equity
3. Diversity
4. Transparency
5. Accountability
6. Shared decision making
7. Increasing capacity



[Peer engagement principles and best practices: BCCDC Harm reduction program](#)

1. PWUD as experts



- PWUD are the experts in the context and content of decisions that affect their lives.
- Through life experience PWUD have gained highly specific knowledge and insights about the realities of using drugs and accessing health services.
- This expertise is valued by recognizing PWUD’s interests, emphasizing their voices, and providing fair and equitable compensation.

[Peer engagement principles and best practices: BCCDC Harm reduction program](#)

Injection kit



2. Equity



- PWUD experience barriers, discrimination, and differences in relationships, compensation, and health due to the social positionality of PWUD in our society.
- This can result in social, physical, and economic inequities in peer work, including power imbalances in decision making.
- Promoting equity requires acknowledging these factors and addressing them, and restructuring power differences in decision making.

[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

3. Diversity



- One size does not fit all. PWUD can experience different barriers to doing peer engagement and these barriers vary over time and between people.
- Similarly, PWUD are not all the same, and have a range of voices and experiences that need to be heard.

[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

4. Transparency



- Includes acknowledging successes and failures, or not meeting expectations.
- Includes providing evidence and rationales for decision making, revealing hidden power dynamics, and providing honest and forthcoming explanations for processes and outcomes.
- Is the antithesis of bureaucracy, in which PWUD have full knowledge of the processes that impact their lives and work.

[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

5. Accountability



- All 'peer engagement practitioners' must take responsibility for their decisions and actions and provide rationales for these decisions and actions in order for the team to learn from their experiences.

[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

6. Shared decision-making power



- Decisions that affect the lives of PWUD should involve PWUD in all aspects of that decision.
- The conditions that PWUD experience in our society create inequitable power relations with decision makers and other members of the public.
- Recognizing and addressing the differences in power that are entrenched at decision-making tables is paramount to the success and validity of the voices of peers in peer engagement work.

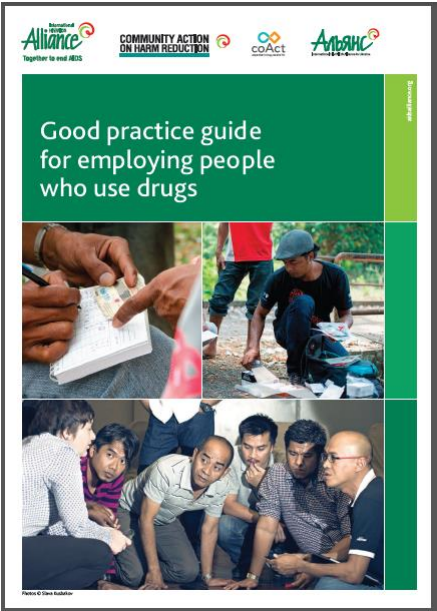
[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

7. Increasing capacity



- Capacity building is the development of concrete skills, knowledge, goals, and confidence.
- In peer engagement, capacity building is experienced among both peers and other “professionals” alike.

[*Peer engagement principles and best practices: BCCDC Harm reduction program*](#)

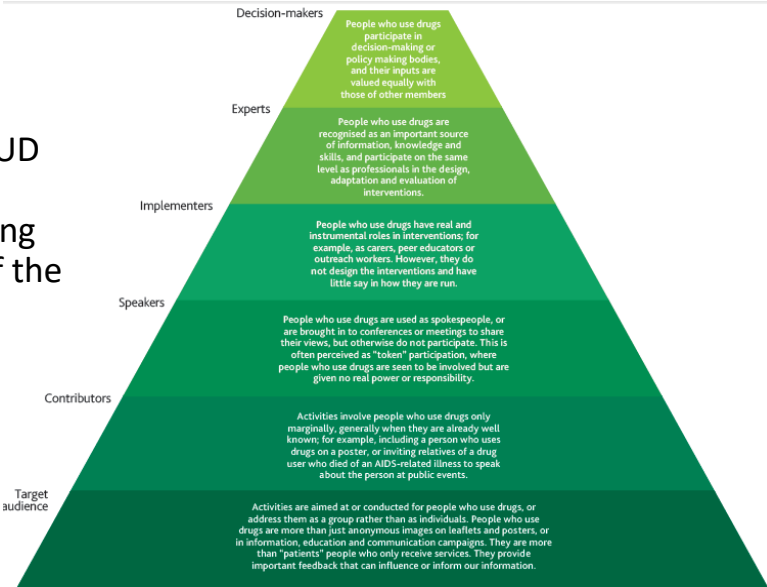


[Link to download PDF](#)

Pyramid of involvement

This pyramid models increasing levels of PWUD involvement, with the highest level representing complete application of the greater involvement principle.

[Good practice guide for employing people who use drugs](#)



Examples of peer-led interventions

- Delivering needle and syringe programmes (NSPs).
- Promoting safer injecting and health awareness for PWUD.
- Promoting voluntary HIV counselling and testing.
- Promoting treatment adherence for people on antiretrovirals (ARVs), and on hepatitis C (HCV) and tuberculosis (TB) treatment.
- Supporting access to and engagement with harm reduction services, including OST.
- Following up on PWUD who drop out of services.
- Saving the lives of opiate users with naloxone programmes.
- Promoting harm reduction with stimulant users.

- Reaching hidden networks of women, and lesbian, gay, bisexual and transgender (LGBT) PWUD.
- Providing knowledge of and responses to new drug trends and emerging risk behaviour.
- Reaching settings where professional outreach workers cannot or tend not to go with harm reduction advice and materials.
- Providing peer feedback to service providers, donors and planners on the quality, impact and reputation of services among PWUD.
- Advocating for greater investment in harm reduction, and challenging barriers in the legal environment to harm reduction and peer participation.
- Delivering peer research into drug-taking patterns, trends and prevalence.
- Providing mutual aid to support controlled drug use or abstinence.
- Building and supporting networks of PWUD.
- Providing information to people resistant to be engaged with services.

[Source](#)

Examples of peer-led interventions



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- Advocating for greater investment in harm reduction, and challenging barriers in the legal environment to harm reduction and peer participation.
- Providing peer feedback to service providers, donors and planners on the quality, impact and reputation of services among PWUD.
- Reaching settings where “professional outreach workers” cannot or tend not to go with harm reduction advice and materials.

[Good practice guide for employing people who use drugs](#)

Examples of peer-led interventions (continued)



- Delivering peer research into drug-taking patterns, trends and prevalence.
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[Good practice guide for employing people who use drugs](#)

Examples of peer-led interventions (continued)



- Promoting treatment adherence for people on anti-retrovirals (ARVs) and on hepatitis C (HCV) and tuberculosis (TB) treatment.
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[Good practice guide for employing people who use drugs](#)

How to involve people who use drugs





- Created by:
 - BC Centre for Disease Control
 - Adapted from:
 - 2005 Canadian HIV/AIDS Legal Network
 - Nothing About Us Without Us
 - Modified with:
 - Extensive peer input through the Peer Engagement and Evaluation Project
- Updated: December 2017

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We Have a Lot of Experience So Please...

- Do** invite several of us
- Do** invite a peer-based group to select representatives
- Do** invite people who actively use drugs
- Do** invite people who formerly used drugs, in addition to people who actively use drugs
- Do** listen to and integrate our answers
- Do** financially support peer-based organizations if you expect representatives to consult with members of their community before the meeting
- Do** give us information about what the meeting is about, what our role will be, and how we can contribute



- Don't** invite just one of us
- Don't** hand-pick the same person you know and are comfortable with every time
- Don't** only invite people who formerly used drugs – it is OK to invite them and they have lots to offer, but they are not the same as people who are actively using drugs, who also have a perspective that is valuable and needs to be heard as well
- Don't** ask a question or invite us to your meeting just because it is politically correct



We May Not be Used to Your Style of Meetings So Please....

- Do** provide us with training and a support person
- Do** ask us to help define groups expectations
- Do** show flexibility with meeting styles (times, agenda, level of participation)
- Do** ask us what we need
- Do** train us for ongoing or future committee or board events
- Do** acknowledge that you may have needs, too, and that unfamiliarity may make you uncomfortable
- Do** consider providing oppression informed training specific to the issue of peer involvement, and ask us to participate
- Do** ask for our participation in planning sessions for consultations or meetings

- Don't** run your committee or board meetings without considering that it may be the first time for us to be on a committee or board
- Don't** hold a meeting or consultation just the way you are used to; work with peers to make it inclusive
- Don't** hold a meeting at 9 a.m. or on cheque issue day
- Don't** be afraid to ask for support from a peer committee or group that have experience
- Don't** assume that we are the problem and the only ones who need to learn
- Don't** think that you can't learn how to integrate us and our experience
- Don't** think that we cannot do more, such as work for you in a paid position



We are NOT Very Mobile or Wealthy So Please...



Do hold a meeting or consultation in a low-key setting or in a setting where people who use drugs already hang out

Do provide a stipend – contrary to most people who attend your meetings, we are not paid to attend by our jobs, but still need to look after our needs

Do give us money in cash

Don't hold meetings in a government building

Don't assume that we don't need a stipend or would just spend it on drugs
(or that it wouldn't be justified even if we did)

Don't write us a cheque or give us a coupon

Don't ask us to come and meet you in Ottawa unless you provide us with adequate support and compensation

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We Value Our Privacy So Please ...



Do guarantee and protect confidentiality

Do let us know who else will be at the table including law enforcement, social workers, parole officers, religious groups and city officials

Don't identify what a particular person said in the proceedings of the meeting

Don't require us to disclose: HIV (or other health) status, exposure to trauma, or proof of income when involving us or as a requirement for participation

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If You Want Us to Travel Please ...



Do help with arranging Methadose carries and Suboxone or opioid replacement medication

Do arrange for advice from a local person who uses drugs – drugs may be more dangerous in a different city and travelling puts us at risk

Do provide accommodation close to the meeting space

Do have a healthcare provider available to support us

Don't invite us at the last minute and assume we can deal with this alone

Don't just leave us on our own in cities we don't know

Don't assume we have identification (or credit cards) to check into hotels or board flights

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In summary



- Be flexible
- Budgets and funding may need adjusting
- Policies may need to be developed
 - Drug use at work
 - Overdose prevention
- Training for non-drug using staff
- Shift in the way meetings/interviews are typically conducted
- Ongoing staff check-ins, debriefings, and development
- Constant review and adaptation about what is and isn't working
- Connect with existing agencies doing good work!

Presenters



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Please complete our short evaluation:

www.surveymonkey.com/r/engagepwud

Request certificates of participation at: www.ohrn.org/certificates

info@ohrn.org

Support. Educate. Connect.

Contact Us



Email: [info @ ohrn.org](mailto:info@ohrn.org)

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