

PEEPing into the lives of people who use drugs and understanding how their experiences are shaped by provider attitudes



BC Centre for Disease Control
An agency of the Provincial Health Services Authority



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on behalf of the
PEEP team

Outline

- **Question:** What are the barriers and enablers to accessing harm reduction services in BC?
- **PEEP:** Peer Engagement & Evaluation Project
 - Why?
 - How? Peers involved at all stages including the analysis
 - Where?
 - What did we find?
- Next steps

No conflicts to declare

Why engage peers?

- Peers are the experts
- One size \neq fit all
 - differences btw & within regions
 - drug used, access, confidentiality issues small communities
- Provide insights re reality of drug use/harm reduction service access in their community
 - Availability \neq acceptability or access; it's not just #s/targets
- Engaging peers can empower and build capacity



- Excluding input from people affected can increase marginalization

How? Planning 2015

April

- Visioning – 10 peers and harm reduction committee

May – June

- Recruit peer research assistants
- Navigate human resources & finance process

July 2-days collaboratively:

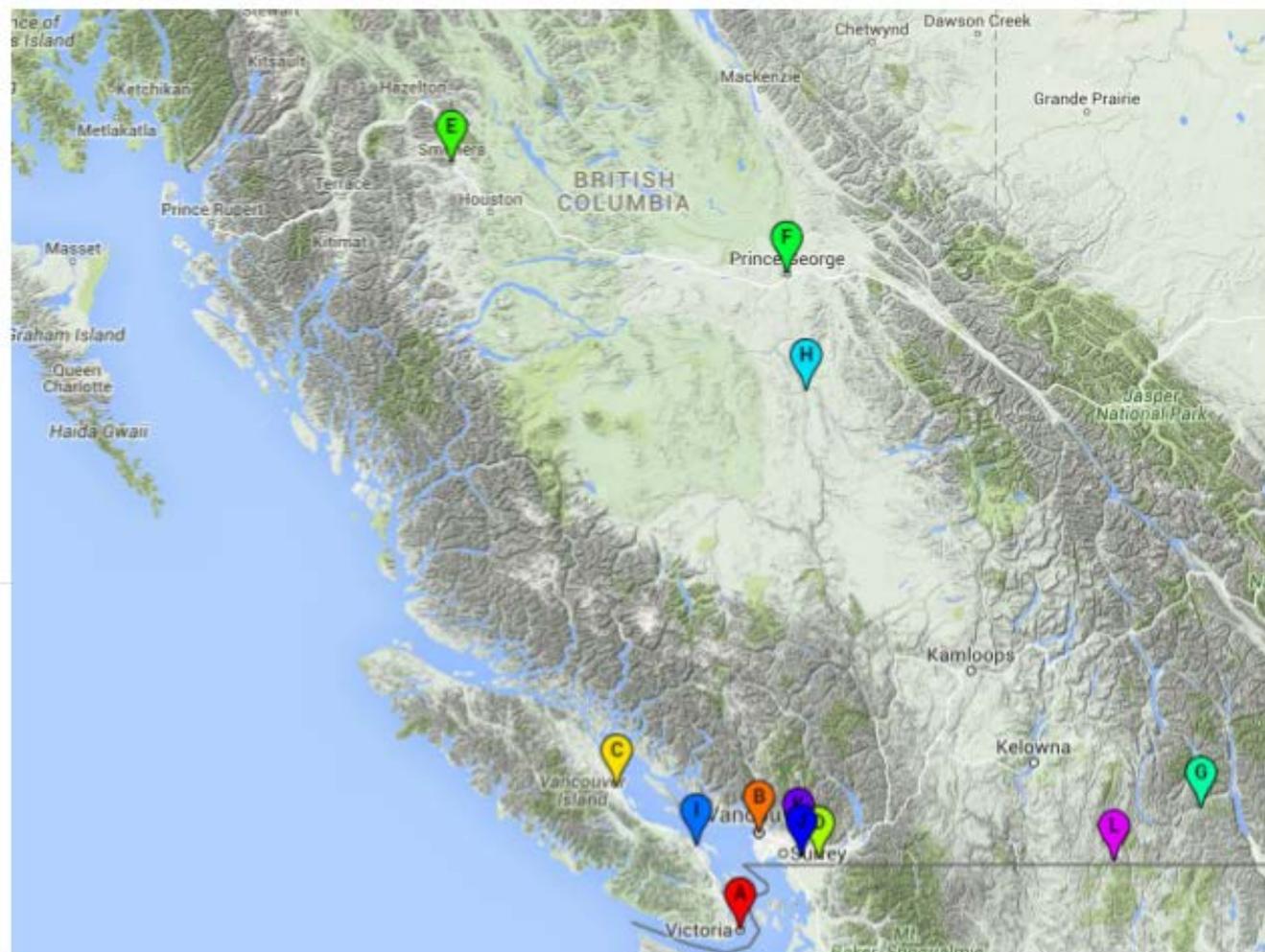
- Define 'peer' & 'engagement'
- Develop MOU
- Learn about qualitative research
Develop question guides
- Scheduled travel



Where?

Completed FG Sites

-  Victoria
-  Vancouver
-  Courtenay
-  Abbotsford
-  Smithers
-  Prince George
-  Nelson
-  Quesnel
-  Nanaimo
-  Langley
-  Maple Ridge
-  Grand Forks



Jul – Sep:
13 focus groups
83 participants

Including peers in data analysis & validation

Nov - Jan:

- FGs transcribed, transcripts reviewed, consensus re 4 themes identified
- Coding in NVivo included peer input

Feb: 4-day team meeting:

- Revisit project goals and activities
- Validate themes, organize quotes



Meet the PEEPs – validating themes



Summary of 4 Themes (with sub themes)

1. Access to harm reduction

- Limited access
- Getting info
- Ways to improve services
- What is working well

2. Peer Community

- Looking out for each other
- Groups and advocacy: strength in numbers
- Peers as source of info

3. Readiness for Engagement

- Individual barriers
- Systemic barriers
- Facilitators:
 - Individual incentives
 - The right people
 - Meeting spaces
 - Sustained funding

4. Stigma & Trust

Stigma & Trust

- Healthy relationships develop over time
- Providers need experiential training/exposure
- Breach of confidentiality
- Being labelled and judged
- Mistrust of methadone system
- Lack of symptom relief

Now, we'll share a few examples with you:



(1) Trust: Healthy relationships developed over time

“It’s all based on relationship building, ...I don’t feel judged from them ...they give me back my credibility so I’m not looked down upon as a filthy liar because I’m homeless or even worse ... [name of agency] is awesome ”

Maple Ridge, Female 3

(2) Breach of confidentiality by health service provider

“I’ve known people that have gone up and got their blood work done and the next day after getting the results of only them and the one worker that was working there knowing, half the town knew.”

Smithers, Female 3

(3) Being labelled and punished

“I don’t know why but everybody’s been getting cut down or cut off on opiates Now for a doctor to turn around and say like my doctor said to me, people are selling ‘em on the street, therefore I’m cutting you down to half a dose and then we’re going to wean you off within a two week period. Well, does that give me a new neck [?]”

Courtenay, Male 1

(4) Lack of symptom/pain relief

We heard many practitioners refuse to prescribe pain killers

“If you injure yourself and you need painkillers and go to a hospital, and they find out you’re on a methadone program, you don’t get anything more than an aspirin” –

Courtenay, Male 6

Service providers

... attitudes are a factor in participants' willingness and motivation to engage with harm reduction services

... should practice from a trauma-informed lens to improve the delivery of harm reduction services.

Next steps.....



Sharing knowledge and advocating for change

- Knowledge translation in development:
 - MPH student and peer research assistants developing scenarios based on selected quotes. PRAs will narrate the photo-series story. Participants will act the scenario; others can enter the scene to take an actors place if they see a behaviour that needs to be modified (similar to Theatre of the Oppressed)
- Identify stakeholders and champions to develop strategy
 - Shift the paradigm from paternalistic and blaming
 - Illustrate benefits of engagement
 - Identify actions that incorporate peer engagement best practices into existing work

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Members BC HRSS Committee

- Griffin Russell [Island]
- Janine Stevenson [First Nations]
- Kathleen Perkins [Ministry]
- Kenneth Tupper [Ministry]
- Linda Keefe [Northern]
- Sara Young [Vancouver Coastal]
- James Tigchelaar [BCCDC]

Staff & clients at participating
community sites