HHS Public Access

Author manuscript

Drug Alcohol Depend. Author manuscript; available in PMC 2019 September 01.

Published in final edited form as:

Drug Alcohol Depend. 2018 September 01; 190: 6–8. doi:10.1016/j.drugalcdep.2018.05.023.

Characterizing peer roles in an overdose crisis: preferences for peer workers in overdose response programs in emergency shelters

Geoff Bardwell[1,2], **Thomas Kerr**[1,2], **Jade Boyd**[1], and **Ryan McNeil**[1,2]

[1]British Columbia Centre on Substance Use, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6

[2]Department of Medicine, University of British Columbia, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6

Abstract

Objectives: A growing body of research points to increasing peer involvement in programs for people who use drugs, although this work has focused primarily on naloxone education and distribution. This study extends this work by examining the roles of peers in leading a novel overdose response program within emergency shelters.

Methods: Semi-structured qualitative interviews were conducted with 24 people who use drugs, recruited from two emergency shelters, as well as ethnographic observation in these settings. Interviews were transcribed and analyzed thematically with attention to peer roles.

Results: Four themes emerged from the data. First, participants discussed the development of peer support through relationship building and trust. Second, participants described a level of safety using drugs in front of peer workers due to their shared lived experience. Third, peer workers were described as favorable compared to non-peer staff because of nominal power dynamics and past negative experiences with non-peer staff. Last, given the context of the overdose crisis, peer worker roles were often routinized informally across the social networks of residents, which fostered a collective obligation to respond to overdoses.

Correspondence: Ryan McNeil, British Columbia Centre on Substance Use, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, Canada, V6Z 1Y6, rmcneil@cfenet.ubc.ca.

Author Disclosures

Role of Funding Source
Nothing declared.

Contributors
GB conducted the interviews and ethnographic observation. GB, JB, and RM developed the coding framework. GB coded the data, conducted the literature review, and conceptualized and wrote the first draft of the manuscript. All authors contributed to the development and editing of the manuscript and approved the final version.

Conflict of Interests
No conflict declared

Conclusions: Findings indicate that participants regarded peer workers as providing a range of unique benefits. They emphasized the critical role of both social networks and informal roles in optimizing overdose responses. The scaling up of peer programming in distinct risk environments such as emergency shelters through both formal and informal roles has potential to help improve overdose prevention efforts, including in settings not well served by conventional public health programming.

Keywords

Overdose Response; Naloxone; Peer Workers; People Who Use Drugs; Emergency Shelters; Social Networks

1.0. Introduction

Many settings in North America are experiencing overdose epidemics due to the proliferation of opioids and other drugs adulterated with fentanyl and related analogs (Centers for Disease Control and Prevention, 2017; National Drug Early Warning System Coordinating Center, 2016). According to provisional data from the United States, opioid-related overdose contributed to over 67,000 deaths from September 2016 to August 2017, a 13.3% increase from the previous year (Ahmad, Rossen, Spencer, Warner, and Sutton, 2018). In Canada, the overdose crisis has been particularly severe in the province of British Columbia (BC), leading to the declaration of a public health emergency in 2016 when the province experienced approximately 1000 drug-related overdose deaths. In response, a range of overdose response interventions has been implemented in various settings, including witness injection rooms and overdose prevention sites.

The involvement of people who use drugs (PWUD) has been a feature of many newly implemented interventions throughout Canada including in Vancouver, BC (Greer et al., 2016). Often referred to as “peers,” the leadership and involvement of PWUD in harm reduction services has been demonstrated to have numerous benefits. Previous qualitative research on take-home naloxone programs has focused on the importance of these programs in training PWUD how to use naloxone and in fostering connections to the broader community (Sherman et al., 2008), as well as other intrinsic benefits such as confidence, and empowerment (Banjo et al., 2014; Marshall, Perreault, Archambault, and Milton, 2017; Mitchell et al., 2017; Wagner et al., 2014). Qualitative research in this area has paid scant attention to the potential broader benefits of peer-support that have been shown to be valuable for other aspects of harm reduction (Hayashi, Wood, Wiebe, Qi, and Kerr, 2010; Kerr et al., 2006; Small et al., 2012; Weeks et al., 2009) as well as clients’ perspectives of peer roles in naloxone programming. One study in China on peer-led overdose response outreach teams found that clients had a strong preference for peer workers over emergency medical professionals based on trust issues and past negative experiences. Although it also found that participants did not want to always rely on peer workers to access naloxone and preferred to have immediate personal access to it (Bartlett, Xin, Zhang, and Huang, 2011). Herein, we seek to build on the existing literature by providing an analysis of the roles of peers in leading a naloxone overdose response program within emergency shelters in Vancouver, BC.

Two seasonal emergency shelters implemented "peer witness injection programs" whereby residents can use drugs in front of peer staff who play a supportive role and are able to respond to overdoses by alerting emergency medical services and administering naloxone and CPR. These shelters have designated "injection rooms" equipped with tables, chairs, and harm reduction equipment. While these services are mainly used by shelter residents, other PWUD in these neighbourhoods are allowed to use these services during daytime hours. In this study, we examined shelter residents' experiences using drugs in an emergency shelter with a focus on their perceptions of peer workers.

2.0. Methods

Data collection occurred between March and April 2017. Twenty-four qualitative semi-structured interviews were conducted with PWUD at two shelters (see Table 1 for sample characteristics). Participants were recruited via word-of-mouth and were referred to our research team by shelter staff. Interview participants provided informed consent and each received $30 (CAD) honoraria for their time. Participants chose their own pseudonyms. A guide was used to facilitate the interviews. Interviews were audio-recorded, transcribed verbatim, and checked for accuracy by the lead author. Ethnographic fieldwork (30 hours) was also employed to witness overdose responses and related social interactions and used to enhance the trustworthiness of interview data (Creswell and Miller, 2000). Ethical approval for this study was obtained through the University of British Columbia / Providence Health Care Research Ethics Board. We employed a team approach in developing the coding framework for the data. Members of our research team each reviewed a portion of the transcripts individually and then met as a group and developed a coding framework using *a priori* themes as well as thematic categories that emerged from the dataset (Corbin and Strauss, 2015). NVivo 11 was used to manage and code the data into themes and subthemes for analysis.

3.0. Results

3.1. Support

Participants reported that the support provided by peer staff extended beyond injecting in the witness injection room, and into other spaces as well as before and after participants were using drugs. While peer workers were compensated for providing support, participants characterized peer support as encompassing traits such as *"trust"* and "*genuine caring."* Participants discussed the relationship-building that occurs between a peer worker and a shelter resident, where peer workers *"get to know you on a personal level"* (Kegan, Age 29). Support was described as comforting, relational, and involving trust: *"It gives the addict a sense of comfort, right? It gives the addict a sense of okay, here is somebody who is willing to sit with me and relate with me"* (Kevin, Age 37). Through the support provided by the peer workers, participants described how non-judgmental support accommodated their drug use.

3.2. Safety

Building on the sense of support that participants expressed in relation to peer workers, there was also a sense of safety felt by interviewees. This was discussed not just in terms of peer workers being in close proximity to participants when they were using drugs, but also due to elements of trust. Their presence made participants feel as though they would be safe in the event of an overdose. Safety was described through the peer workers' actions as illustrated in the following quote:

> You feel safer around them... they're sitting there right beside you. And it's like, 'Why are you here? ' And they're like, 'I'm making sure you're okay.' And even just saying that it just sends a shiver down my spine. They're there when no one else is. (Kegan, Age 29)

The ways in which safety was described was more nuanced than simply peer workers physically observing participants. It was also connected to a lack of power differences, social safety vis-à-vis shared experience, and perceived caring in contrast to their everyday experiences.

3.3. Preference for Peer Workers

A comparison between the job descriptions of peer workers and support workers shows close similarities in terms of roles and responsibilities. Despite these similarities, interview participants described their perceptions of, and engagement with, peer workers as different and more favorable compared to non-peer staff due to commonalities and a shared lived experience of using drugs and experiencing homelessness. As described by one participant: *"it's nice to have someone that understands your point of view and doesn't look down on you***"** (Derek, Age 50). In terms of power dynamics, participants described past negative experiences with non-peer staff as including intimidation and an uneven power dynamic compared to peers. For example: *"staff is just that authoritative person, right? Generally, people in our world get judged"* (Keri, Age 37). Participants described a lack of judgement from the peer workers and perceived them as different based primarily on their lived experience.

3.4. Peer Role Routinization

While participants discussed the importance of the peer workers in the shelter, this role was routinized across the shelter and taken on informally by shelter residents. Given that peer workers worked a limited number of hours at the shelters (on average 6 hours per evening), and against the backdrop of an overdose crisis, participants discussed the crucial importance of taking on some of the responsibilities of the peer worker role as a form of collective responsibility. This was done informally to ensure that other residents would still feel safe and have support in the event of an overdose. This is not to say that support staff did not play a role in providing harm reduction education and overdose responses; rather, given the small number of support staff per resident (2 per shift, supporting approximately 40 residents/site) and the frequency of drug use across the sites, participants felt an obligation to fill this role. Participants discussed doing checks on others using non-designated spaces: *"I do regular checks now because of people overdosing in the bathrooms so many times"* (Smoke, Age

26). Participants also let others know when they were using drugs to ensure someone was available to supervise them. For example: *"I try to seek out as many people as I can [and] let them know that I'm going to be shooting up ...so people around me know they can look over ...and make sure I'm okay"* (Kevin, Age 37).

4.0. Conclusions

In summary, our results suggest that participants regarded peer workers as offering a range of benefits. These were based on a shared lived experience and nominal power dynamics compared to support staff. Further, these findings illustrate how a sense of collective responsibility among residents was fostered and led to informal peer overdose responses.

Past qualitative research on peer-involved overdose response programs tends to focus on the benefits of take-home naloxone programs and the perspectives of PWUD on the training and administration of naloxone (Banjo et al., 2014; Mitchell et al., 2017; Wagner et al., 2014). Our study builds on this research by investigating the experiences of those on the receiving end of peer-led overdose responses. Similar to research undertaken in China where clients described a strong preference for peer workers over emergency medical professionals (Bartlett et al., 2011), participants in our study also favored the support of peers over non-peer staff, given past negative experiences with the staff at shelters. Further, while contextually different, our study similarly demonstrates the desire for PWUD to also respond to overdoses, as was evident in the routinization of the peer witness role.

It is apparent from our study that the involvement of peers as part of the witness injection program helped to optimize this service. These findings illustrate the need to expand peer roles in the delivery of shelter-based harm reduction programs, especially given the typically low staff-to resident ratio in such settings. This could include a collaborative approach, matching peer workers with other non-peer staff to potentially influence trusting relationships between PWUD and staff, particularly those that have historically discriminated against PWUD (e.g., medical professionals) (Dechman, 2015). Additionally, the routinization of informal peer support roles across shelter residents exemplifies a social phenomenon that warrants further investigation in drug use spaces, particularly during an overdose crisis. Quantitative studies have examined social networks of PWUD and how these inform the contexts of HIV risk (Latkin et al., 1995) and create effective HIV prevention linkages (Valente, Gallaher, and Mouttapa, 2004; Margaret R. Weeks, Clair, Borgatti, Radda, and Schensul, 2002). Within the context of an overdose crisis, our study highlights the ways in which shelter residents informally create such linkages. Further research should continue to examine these social networks and find ways to expand overdose prevention and naloxone programming across overdose risk environments.

Our study has its limitations. Our sample involved PWUD across two shelters and may not be applicable to other PWUD nor other drug use settings. Further, by focusing exclusively on the peer witness injection program, we may have overlooked the experiences of PWUD in engaging with staff and peers in other capacities (e.g., housing support). In conclusion, our study demonstrates the importance of peers in providing harm reduction support and overdose response in emergency shelters. Greater involvement of peers in harm reduction

programming through both formal and informal roles can create more accessible and effective overdose response programming.

Acknowledgements

We would like to thank study participants for their contributions to this research. We also thank staff at the British Columbia Centre on Substance Use for their research and administrative assistance. Thank you to RainCity Housing for allowing us to conduct this research. This study was supported by funding from the US National Institutes of Health (R01DA044181). Geoff Bardwell is supported by a Mitacs Elevate Postdoctoral Fellowship from Mitacs Canada. Thomas Kerr is supported by a Canadian Institutes of Health Research (CIHR) Foundation Grant (FDN-148476). Ryan McNeil is supported by awards from CIHR and the Michael Smith Foundation for Health Research.

References

Ahmad F , Rossen L , Spencer M , Warner M , and Sutton P , 2018 Provisional drug overdose death counts. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Banjo O , Tzemis D , Al-Qutub D , Amlani A , Kesselring S , Buxton JAA , 2014 Quantitative and qualitative evaluation of the British Columbia take home naloxone program. CMAJ Open 2, E153-61. doi: 10.9778/cmajo.20140008

Bartlett N , Xin D , Zhang H , Huang BA , 2011 Qualitative evaluation of a peer-implemented overdose response pilot project in Gejiu, China. Int. J. Drug Policy 22, 301–305. doi: 10.1016/j.drugpo.2011.04.00521658931

Centers for Disease Control and Prevention., 2017 Deaths involving fentanyl, fentanyl analogs, and U-47700 – 10 States, July-December 2016. The United States: Centers for Disease Control and Prevention Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/mm6643e1.htm.

Corbin J , Strauss A , 2015 Basics of qualitative research: Techniques and procedures for developing grounded theory. Los Angeles, California: Sage Publications.

Creswell JW , Miller DL , 2000 Determining validity in qualitative inquiry. Theory Pract. 39, 124–130. doi: 10.1207/s15430421tip3903_2

Dechman MK , 2015 Peer helpers' struggles to care for "others" who inject drugs. Int. J. Drug Policy 26, 492–500. doi:10.1016/j.drugpo.2014.12.01025630481

Greer AM , Luchenski SA , Amlani AA , Lacroix K , Burmeister C , Buxton JA , 2016 Peer engagement in harm reduction strategies and services: A critical case study and evaluation framework from British Columbia, Canada. BMC Public Health 16, 452. doi: 10.1186/s12889-016-3136-427229314

Hayashi K , Wood E , Wiebe L , Qi J , Kerr T , 2010 An external evaluation of a peer-run outreach-based syringe exchange in Vancouver, Canada. Int. J. Drug Policy 21: 418–421. doi:10.1016/j.drugpo.2010.03.00220359877

Kerr T , Small W , Peeace W , Douglas D , Pierre A , Wood E , 2006 Harm reduction by a "user-run" organization: A case study of the Vancouver Area Network of Drug Users (VANDU). Int. J. Drug Policy 17, 61–69. doi:10.1016/j.drugpo.2006.01.003

Latkin C , Mandell W , Oziemkowska M , Celentano D , Vlahov D , Ensminger M , Knowlton A , 1995 Using social network analysis to study patterns of drug use among urban drug users at high risk for HIV/AIDS. Drug Alcohol Depend. 38: 1–9. doi:10.1016/0376-8716(94)01082-V7648991

Marshall C , Perreault M , Archambault L , Milton D , 2017 Experiences of peer-trainers in a take-home naloxone program: Results from a qualitative study. Int. J. Drug Policy 41, 19–28. doi: 10.1016/j.drugpo.2016.11.01528027483

Mitchell K , Durante SE , Pellatt K , Richardson CG , Mathias S , Buxton JA , 2017 Naloxone and the Inner City Youth Experience (NICYE): A community-based participatory research study examining young people's perceptions of the BC take home naloxone program. Harm Reduct. J 14, 34. doi:10.1186/s12954-017-0160-328592287

National Drug Early Warning System Coordinating Center., 2016 The increase in fentanyl overdoses. Retrieved from https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/newhampshirehotspotreportphase 1final.pdf

Sherman SG , Gann DS , Scott G , Carlberg S , Bigg D , Heimer RA , 2008 Qualitative study of overdose responses among Chicago IDUs. Harm Reduct. J. 5: 2. doi: 10.1186/1477-7517-5-218218071

Small W , Wood E , Tobin D , Rikley J , Lapushinsky D , Kerr T , 2012 The injection support team: A peer-driven program to address unsafe injecting in a Canadian setting. Subst. Use Misuse 47, 491–501. doi: 10.3109/10826084.2012.64410722428817

Valente TW , Gallaher P , Mouttapa M , 2004 Using Social Networks to Understand and Prevent Substance Use: A Transdisciplinary Perspective. Subst. Use Misuse 39, 1685–1712. doi:10.1081/JA-20003321015587948

Wagner KD , Davidson PJ , Iverson E , Washburn R , Burke E , Kral AH , McNeely M , Jackson Bloom J , Lankenau SE , 2014 “I felt like a superhero”: The experience of responding to drug overdose among individuals trained in overdose prevention. Int. J. Drug Policy 25: 157–165. doi: 10.1016/j.drugpo.2013.07.00323932166

Weeks MR , Clair S , Borgatti SP , Radda K , Schensul JJ , 2002 Social networks of drug users in high-risk sites: Finding the connections. AIDS Behav. 6, 193–206. doi: 10.1023/A:1015457400897

Weeks MR , Li J , Dickson-Gomez J , Convey M , Martinez M , Radda K , Clair S , 2009 Outcomes of a peer HIV prevention program with injection drug and crack users: The risk avoidance partnership. Subst. Use Misuse 44, 253–281. doi: 10.1080/10826080802347677191428824

Highlights

- Novel overdose response interventions are needed in emergency shelters.
- Peer-led overdose response programs offer a variety of benefits.
- Relationships with peer workers were built on a shared lived experience.
- Informal peer support roles optimized overdose response efforts.

Table 1.

Sample Characteristics (*n=24*)

Age	
Average (mean)	41
Range	26–59
Gender	
Women	6
Men	18
Ethnicity	
White	13
Racialized/Indigenous	11
Emergency Shelter Sites	
Site #1	12
Site #2	12