


# BMJ Open ‘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 British Columbia, Canada

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## ABSTRACT

**Objectives** To summarise PEEP’s (Professionals for Ethical Engagement of Peers—a group of consultants with lived and living experience of substance use) outputs and gain insights into PEEP’s impact and suggestions for the future.

**Design** Included an environmental scan to collate PEEP activities and outputs and a participatory qualitative design using thematic analysis.

**Setting** British Columbia, Canada.

**Participants** Eight members of PEEP and nine staff/people who consulted PEEP were interviewed.

**Results** PEEP members are co-authors/acknowledged for their input in 25 peer review publications and 16 reports; PEEP members co-presented or were co-authors on 33 presentations. PEEP meets by Zoom two times per week and is paid monthly via honorarium from the Provincial Health Service Authority at a current rate of \$C30 per hour. Four themes emerged from our interviews: (1) What is PEEP? (PEEP provides a sense of community, holds systems accountable and inspires others), (2) PEEP Process (suggestions for improvement: consultants should be prepared and involve PEEP throughout the process 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) and (4) Future of PEEP (sustainable funding and opportunities for growth are critical).

**Conclusion** PEEP is a cohesive group whose input is well-respected and influences policy and programmes. Given the ongoing drug toxicity emergency, it is critical to continue to support and expand PEEP.

## INTRODUCTION

The goals of prohibition have commonly been to limit harms from the use of drugs by limiting their availability and creating disincentives through penalties/punishments for those who use drugs and/or are involved

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ PEEP members with lived/living experience of substance use were engaged at all stages of project.
- ⇒ Provides insight from perspectives of PEEP members, staff and stakeholders seeking consultation from PEEP.
- ⇒ Identifies strengths and opportunities for growth within PEEP.
- ⇒ Use of interviews is susceptible to social desirability bias.
- ⇒ Our findings apply to PEEP in British Columbia, but they may not be representative of less established peer groups or of other geographical locations.

in drug trade.<sup>1 2</sup> However, prohibition has not succeeded in these goals.<sup>3 4</sup> Conversely, there is growing acceptance that prohibition is a cause of significant harm to individuals and communities.<sup>5</sup> As the dominant goals of drug policy globally have historically been to prevent people from using non-medical drugs, drug policy in general does not reflect the priorities and values of people who use drugs. The roots of prohibition are deeply intertwined in racism and classism, and today it remains people who are non-white and/or of low socioeconomic status that are most affected by the harms stemming from prohibition.<sup>6–8</sup> Thus, the tactics of drug policy have been to dehumanise, shame and alienate people for their substance use.

However, there has been growing acceptance and expansion of ‘harm reduction’ (HR) over the last 30 years and the pressure to treat substance use as a public health issue rather than a criminal issue. People who



use drugs are slowly taking on larger roles in policy and programme design in ways that serve their interests as people who use drugs.<sup>9</sup> While the validity of involving people with lived and living experience (PWLLE) of substance use in drug policy and programming is now widely recognised, the ongoing harms from prohibition remain ubiquitous and show that the priorities, needs and concerns of people who use drugs are still not well-represented.<sup>1</sup>

The impact of the unregulated toxic drug supply circulating in North America has resulted in frequent headlines of record-breaking deaths. In British Columbia (BC), Canada, a public health emergency was declared in 2016 due to the alarming rate of unintended deaths attributable to the toxic drug supply.<sup>10</sup> The average number of daily deaths in BC increased to six per day in 2021–2022 from less than one per day between 1999 and 2013.<sup>8</sup> The COVID-19 pandemic further exacerbated the risks associated with drug use due to physical-distancing policies and reduced capacity for HR services.<sup>11</sup> The surge in fentanyl and its analogues has been implicated in the coinciding rise of overdoses and unintentional deaths associated with substance use.<sup>12</sup>

Peer groups are important support systems involved in addressing the crisis and ongoing stigma associated with substance use. ‘Peers’ are PWLLE of substance use who use that experience in their work by advocating for safer drug policies, supporting each other, and creating a community. Peers are also first responders in their community and are well respected for their expertise and unique ability to relate to others who use substances.<sup>13–15</sup>

The British Columbia Centre for Disease Control (BCCDC) has an extensive history involving PWLLE of substance use throughout the province to provide HR services by assisting and guiding research, policy and HR programmes.<sup>16</sup> BCCDC currently employs peers in the Professionals for Ethical Engagement of Peers (PEEP) programme - a provincial consultation and advisory board on substance-related issues and policies. PEEP members are individuals with lived and living experience of substance use that are paid through honoraria and are not full time BCCDC staff. A scan of programmes in other jurisdictions revealed that PEEP is unique in its broad province-wide reach, ongoing frequent meetings and inclusion of people with current experience of substance use.

Despite PEEP’s plethora of contributions and critical work since its inception as a research study in 2015, there is no structured record of the breadth of their work. Therefore, in collaboration with PEEP members and BCCDC staff, we developed the ‘This is PEEP’ project. The aim of it is twofold—first is to describe the development of PEEP and collate a summary of their contributions including publications, reports and presentations; second, through interviews with PEEP members, we sought to gain insights into what PEEP means to diverse stakeholders, its impact and suggestions for improvement and the future.

## MATERIALS AND METHODS

### Study design and rationale

The goal of the ‘This is PEEP’ project is to gain a comprehensive understanding of the history and impact of PEEP, its challenges, successes and ways to enhance it. We performed an environmental scan of PEEP activities, publications, reports and presentations through discussion with BCCDC staff and PEEP members and reviewing BCCDC documents, reports and website. A literature review of academic and grey literature was performed by searching key databases and websites; names of researchers involved with PEEP and PEEP members were searched as authors. We employed a qualitative research design to capture the richness of experiences and to explore the multifaceted perspectives of PEEP. A COREQ checklist was used to ensure proper reporting for this qualitative study.

### Patient and public involvement

PEEP was involved throughout the design, implementation and interpretation of the study and its findings. We used a participatory approach, engaging PEEP at all stages. PEEP provided input into the development of the interview guide and the selection of themes/subthemes from the interviews. Finally, PEEP reviewed the manuscript prior to submission and approved it.

### Initial engagement with Professionals for Ethical Engagement of Peers

The initial research team (KD and JAB) met in-person with PEEP members in December 2022 to propose the study. PEEP members were enthusiastic with everyone expressing a strong desire to be involved. A second meeting was held via Zoom in May 2023 to refresh PEEP members’ memory about the project and to seek input regarding the research process. During this meeting, PEEP members made specific requests, including providing the interview guide before the interviews took place and that interviewees should encompass a diverse group beyond PEEP members, including current and former staff, as well as individuals and organisations that have previously used PEEP’s consultation services.

### Participant recruitment

We employed purposive sampling to ensure a diverse representation of perspectives. The sampling strategy encompassed two distinct participant groups: (1) PEEP members from across BC and who joined PEEP at different times (ie, at the inception of PEEP and those joining before and after the COVID-19 pandemic emerged) and (2) past and present BCCDC staff and local, provincial and national entities that have used PEEP’s consultation process. The former are full-time employees of BCCDC, and the latter are individuals or groups that sought PEEP’s consultation. Participants were invited by email to participate in an interview. To acknowledge their invaluable contributions, PEEP members received a \$C25 honorarium for sharing their insights in the interview and

\$C25 per hour for their input into the framework, quote selection and final approval of the manuscript. BCCDC staff and consultants were not remunerated for participating in the project.

### Data collection

The environmental scan was conducted between March and June 2023. The material collected informed the interview guides which were developed in collaboration with PEEP members and BCCDC staff, ensuring alignment with research objectives. These guides were shared with participants in advance of the interview, so they could be prepared. In-depth, semistructured interviews designed to elicit rich narratives and perspectives were performed in June and July 2023.

Interviews were conducted by two experienced researchers who were not previously involved with PEEP to ensure a consistent approach and reduce social desirability bias. PEEP interviews were conducted by author KD and interviews with staff and individuals who had consulted with PEEP were facilitated by author AD. These one-on-one interviews, conducted via Zoom, provided participants with a secure and flexible means of participation. Each interview lasted 45–60 min, in which participants shared their insights, experiences and recommendations. Interviews were audio recorded and transcribed verbatim. Transcripts were reviewed, and personal identifiers such as names and locations were removed. Finally, to ensure anonymity, each PEEP participant was assigned a pseudonym to humanise the members. Staff/consultant quotes were combined and numbered (S/C 01–09). These two approaches also enable easy differentiation between the sources of the quotes.

### Data analysis

Drawing from Braun and Clarke's approach,<sup>17</sup> we employed a thematic analysis framework that integrated inductive and deductive strategies. This methodology facilitated the identification and exploration of recurring themes within the dataset (transcripts), allowing for a nuanced understanding of the participants' viewpoints.

A collaborative coding team consisting of authors KD, AD and JAB engaged in an iterative coding process. This team 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 applied the preliminary coding framework to two additional transcripts and further revised it through discussion. Codes were synthesised, discussed and refined collectively, culminating in the development of a comprehensive coding framework. The coding framework included themes and subthemes identified from two data sources: PEEP member perspectives and staff/consultant perspectives, thus enabling triangulation of the findings. Preliminary findings were validated by presenting the themes and subthemes to PEEP at an in-person meeting. The refined coding framework was systematically applied to the entire dataset, facilitating

the identification and grouping of overarching themes and subthemes.

The coding team selected three-to-four relevant quotes from the transcripts for each subtheme for both the PEEP members and staff/consultants. The framework and quotes were reviewed at two 90-min consultative sessions with PEEP members. Some theme headers were revised, and the most pertinent quotes were selected, thereby adding depth and authenticity to the narrative presentation.

## RESULTS

We used a programme evaluation approach to organise our findings to describe the components, activities and targets, and the outcomes of PEEP.<sup>18</sup> Findings from the environmental scan were organised into *Development of PEEP* providing the historical evolution and *Current structure and activities of PEEP* summarising the key components and activities of PEEP. The findings from the interviews are presented in an evaluative framework under the themes of *What is PEEP?*, *PEEP Process*, *PEEP Outcomes* and *Future of PEEP*. This framework is divided into the perspectives of PEEP and the perspectives of staff/consultants to allow comparison and consistency between the findings of the two groups interviewed.

### Development of PEEP

The current PEEP evolved from a research study *Peer Engagement and Evaluation Project* also known as 'PEEP'. The original PEEP study was funded in 2015 by the University of British Columbia Peter Wall Institute for Advanced Studies for 3 years. The study aimed to design, implement and evaluate peer engagement best practice guidelines, including peer payment, for BC health authorities.<sup>16</sup>

In 2018, recognising PEEP's crucial contributions, funding was provided by the BC Ministry of Health for PEEP to continue. Members requested to keep the acronym 'PEEP' but change the associated words to *Professionals for Ethical Engagement of Peers* (see figure 1) (for more details, see online supplemental figure 1). During the 8-year history of PEEP, some PEEP members discontinued 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.

### Current structure and activities of PEEP

The current PEEP is a provincial consultation and advisory group comprised of people with diverse lived and/or living experience of substance use that works closely with BCCDC. PEEP members reside in all five health regions in the province. All members of PEEP work on the front lines of the illegal drug toxicity emergency across different HR organisations in overdose response, HR supply distribution and advocacy roles.<sup>19</sup>

	<b>Peer Engagement &amp; Evaluation Project</b>	<b>Professionals for Ethical Engagement of Peers</b>	
	Research project	Program based at BCCDC	
<b>Funding</b>	UBC Peter Wall Institute for Advanced Studies	BC Ministry of Health	
<b>Date</b>	<b>Feb 2015 – April 2018</b>	<b>May 2018 – ongoing</b>	
			<b>This is PEEP Project (2023)</b>
<b>Aim</b>	To empower and inspire peer leadership; Expand peer engagement and peer networks Design, implement and evaluate peer engagement best practice guidelines for BC health authorities	To be a provincial consultation and advisory group of PWLLE for BCCDC and external organizations regarding policy, programs and research	Obtain reflections of PEEP from PEEP members, staff & those who consult with PEEP to identify successes, challenges and potential improvements

**Figure 1** PEEP development timeline. BCCDC, British Columbia Centre for Disease Control; PWLLE, people with lived/living experience of substance use. UBC, University of British Columbia.

Eleven active PEEP members are supported by two staff including a peer coordinator ('PWLLE Stakeholder Engagement Lead') employed by the Provincial Health Services Authority and the HR team at BCCDC. PEEP meets virtually for 1.5 hours two times 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 in preparation for meetings. PEEP members are paid monthly via an honorarium at an hourly rate. Face-to-face meetings are held two times per year usually in Vancouver. Since 2015, PEEP members were compensated at \$C25 per hour for all activities. However, the compensation rate was increased in November 2023 to \$C30 per hour.

PEEP collaboratively develops reports on issues of current importance to the community, such as the availability and use of take-home naloxone<sup>20</sup> and most recently the decriminalisation of small amounts of illicit substances.<sup>21</sup> PEEP consults with internal and external groups and stakeholders and provides feedback on BCCDC HR policy development and programme planning, implementation and evaluation and at all stages of BCCDC HR research. This includes prioritising research questions, providing input on surveys, recruiting participants, administering surveys and interviews and providing feedback on findings and publications. Thus, PEEP members are co-authors or recognised in reports and publications and have presented at conferences. They have also participated in educational sessions to students in medicine, journalism and nursing at the University of British Columbia. For a list of PEEP's contributions and activities identified through the literature and document review, please see online supplemental table 1.

### This is PEEP qualitative study

We interviewed eight PEEP members (see table 1) and nine BCCDC staff and individuals who have consulted with PEEP from local, provincial and national organisations. Through thematic analyses and consultation with PEEP on the themes and selected quotes, we developed a framework with four major themes (see table 2). For a more detailed thematic framework including subthemes, see online supplemental table 2.

### What is PEEP?

At its core, PEEP is a community and source of empowerment for its members and engenders a deep sense of belonging, as Cindy describes "PEEP is like a family—support, love, care, and respect." Cindy goes on to explain that PEEP also tries to ensure "that PWLLE are at the forefront of this drug poisoning crisis or drug policy."

PEEP members perceive that being a part of PEEP has:

*"Empowered ourselves with knowledge and mentorship and feel confident about ourselves and our abilities to hold systems accountable [to substance-related policies]." (Nina)*

PEEP is a source of important input into policy and programmes; stakeholders and BCCDC staff have found inspiration in PEEP's work and its relentless pursuit of advocating for PWLLE.

*"...PEEP members seem so empowered now and speak so well and are so constructive in their approach... they really inspire me." (S/C 01)*

This same stakeholder highlighted that PEEP's approach was a strength:

*"[PEEP] are very constructive minded. When they get into rooms with decision makers they don't just scream and yell. They are goal-minded... always respectful to the people they meet with. But at the same time forceful." (S/C 01)*

**Table 1** Demographics of Professionals for Ethical Engagement of Peers (PEEP) member participants (n=8)

Category	Findings
Gender	6 cis female, 1 cis male, 1 non-binary
Age	3<35; 5 aged 35 and older
Indigenous identity	2 (25%) 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 paid employment (in addition to PEEP) 1 employed by PEEP only
When joined PEEP	3 original PEEP members (ie, 2016 and before) 2 in 2019 (ie, pre COVID-19) 3 in 2020 or later
Working group participation	All in BCCDC work groups, <i>for example, priority development for harm reduction services</i> 6 in provincial groups 5 in national groups
Research involvement	All assist in developing surveys and questionnaires All assist in interpretation of findings and co-author publications 7 have recruited participants and collected data, <i>that is, administer surveys, perform interviews and/or facilitated focus groups</i>
Presentations	All have presented at local meetings or at provincial conferences 5 have presented at national conferences

\*Large urban = population >100,000; small center = population 1,000 – 29,999.  
BCCDC, British Columbia Centre for Disease Control.

PEEP members are regarded as leaders and experts in substance-related issues around the province and their diversity of experiences and community connections allows them to share powerful insight amongst each other and to those who consult them.

*“PEEP members have a wealth of knowledge... associated to their own drug user groups but also working within systems of care.”* (Nina)

### PEEP: Process

A consultation with PEEP requires submitting a request which is reviewed by the BCCDC staff and peer coordinator. If deemed appropriate, it is brought forward to the group. PEEP finds this is an efficient and effective process. PEEP suggested that PEEP should be involved throughout the whole development process including

**Table 2** Themes from interviews

Theme	Content
What is PEEP?	What the programme means to PEEP members, to consultants and BCCDC staff, and the perceived role of PEEP
PEEP Process	The logistics behind PEEP including the consultation process and relationship with BCCDC
PEEP Outcomes	What PEEP members have gained through being a part of PEEP, what stakeholders and BCCDC staff have learnt from PEEP and the impact of PEEP
Future of PEEP	How PEEP members envision the future of PEEP and suggestions for improving PEEP from its own members and from consultants and BCCDC staff

BCCDC, British Columbia Centre for Disease Control.

the initial document or project review, not just at the end when stakeholders are seeking a *stamp of approval* from PWLLE of substance use.

Furthermore, there is an onus on stakeholders to be prepared before asking to engage with PEEP - this includes being clear about the task, the impact of the proposed project and the ‘ask’ of PEEP from the start. As one PEEP member articulated, the process should be that:

*“PEEP is brought... into the conversation from the beginning, not in the middle or near the end of it.”* (Jeff)

Stakeholders and staff highlighted that consulting PEEP is an informative process in which PEEP always shows up well prepared and ready to engage in open dialogue. It was suggested that PEEP should be made aware of the results of their input to ensure PEEP’s contribution has been acted on. PEEP could request further amendments, or decline to be acknowledged, before the project is finalised. As one consultant explained:

*“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.”* (S/C-07)

The relationship that PEEP has with the BCCDC places them in a unique position that is both effective and powerful in nature. A consultant shared:

*“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-03)

However, some participants felt it was important that PEEP’s contributions, and PEEP as an entity within the BCCDC should be better highlighted, appreciated and celebrated. As one PEEP member said:

*“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)

PEEP members are leaders in their community, but they also lead lives outside of their advocacy work. Hence, appropriate remuneration is important, and most PEEP members were satisfied with their rate of pay, time commitment and expectations of their roles.

### PEEP: Outcomes

PEEP has provided members with opportunities to gain new skills and confidence to:

*“Speak against the bullshit rhetoric they are spewing. And I don’t think I would have been able to do that [before joining PEEP].”* (Dana)

Another PEEP member reflected:

*“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.”* (Cindy)

It is a source of mentorship and leadership development for its members which translates to an effective community of like-minded individuals that respect each other - even when opinions differ. PEEP has become a voice for PWLLE through its authentic peer engagement.

*“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 programme or that community with whatever initiative.”* (Dana)

Furthermore, PEEP is a source of education for its stakeholders and BCCDC staff. A staff member shared:

*“I feel like I learn the most from PEEP compared to any other person or group I work with in harm reduction.”* (S/C-02)

This collaborative nature where PEEP shares its experiences and expertise with stakeholders permits real-world actionable change related to substance use policies and initiatives and interpreting research findings. As a staff member articulated:

*“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 PEEP... 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.”* (S/C-02)

Although concerns were expressed regarding PEEP being unaware of the final outcome of their input during the consultation process, consultants repeatedly highlighted how PEEP’s input led to practice changes. One consultant stated:

*“There are so many practice changes that have been implemented in our organisation, 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 programmes and garnered feedback on them.”* (S/C-04)

### Future of PEEP

Ensuring PEEP’s sustainability and continuity is critical not just to its members, but to the broader community of PWLLE. PEEP’s longevity is contingent on adequate funding; hence, guaranteed funding should be maintained and expanded to allow for training and professional development and continuity of staff. As PEEP members and staff expressed:

*“Listening to us. Hearing us. Validating us. Investing in us. I mean that both through training, capacity building, funding to expand the work.”* (Nina)

*“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... [PEEP] is fairly person-dependent. We need to make it more sustainable.”* (S/C-04)

Nina suggested *“there needs to be more hours of commitment”*; however, she recognised that current PEEP members may not have *“the ability to add more time to their schedule.”* Additionally, funding and resources are expected to replicate the job market in which workers receive sick pay, benefits, and vacation time to support their health and well-being.

*“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...”* (S/C-04)

Beyond finances, ensuring PEEP continues to expand around the province, and incorporates more diversity is critical. Several members noted the desire for more youth, males, Indigenous peoples and gender diversity. Furthermore, PEEP wants to use its professional development and personal empowerment to collaborate with stakeholders and policy-makers directly. Similarly, PEEP requested gaining a greater presence provincially and nationally, in addition to helping others develop similar peer consultative groups.

*“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)

A consultant reflected that PEEP should be a model for other jurisdictions:

*“And I haven’t seen it in any other province... 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-05)

## DISCUSSION

In 2023, there were 2572 toxic drug deaths in BC - the most fatal year ever.<sup>22</sup> As overdoses and fatalities due to the toxic drug emergency continue increasing, PWLLE, organisations and political leaders seek ways to address this complex situation. PWLLE of substance use play a core role in HR initiatives as a reliable and trusted source to the community.<sup>18</sup> Peer engagement is increasingly recognised as best practice in designing HR programmes and practices<sup>23</sup> and a tool for policy change, capacity building and equity.<sup>24</sup>

The Peer Engagement and Evaluation Project developed peer engagement best practices<sup>24</sup> and payment standards<sup>25</sup> which continue to be used as the gold standard in BC. As an indication of the utility of these documents, PEEP has received numerous requests to update the best practices and standards; with funding from Community Action Initiative, PEEP is in the process of consultation with stakeholders to revise and make the documents more relevant to the current environment.

In recognition of their valuable work, ongoing funding was identified in 2018 for PEEP to continue as a provincial consultation and advisory body. As of November 2023, funding for PEEP is now part of the base budget. However, although a provincial group, PEEP's knowledge and skills have become known across Canada, and they are often asked to fill the gap with national organisations.<sup>19</sup>

Over the years, PEEP has played a significant role at the BCCDC and provincially with their input being used to change policies, for example, the BC Emergency Health Services implemented their input into practice. PEEP has assisted BCCDC in its commitment to peer engagement in the planning, delivery and evaluation of harm reduction initiatives in BC.<sup>24</sup> PEEP attends the regular BC Harm Reduction Strategies and Services (BCHRSS) meetings and supports other peers to attend these meetings. PEEP has facilitated prioritisation discussions with other peers in half day peer-only meetings prior to BCHRSS. Furthermore, PEEP has played crucial roles in all stages of research and evaluation related to HR policy and programmes. PEEP provides input into the regular BC harm reduction client survey, which provides timely province-wide information about substance use, related harms, stigma and access to harm reduction services, which is an example of how PEEP's perspectives and priorities are routinely incorporated into research and evaluation in BC.<sup>26</sup> However, in our study, PEEP shared frustration that their input, which is reality-based and offers pragmatic solutions, was not always used by consultants/stakeholders that sought their input.

'This is PEEP' has enabled PEEP's contributions to be collated (online supplemental table 1). Developing the impressive list of peer-reviewed publications, reports and presentations has brought immense pride to PEEP members. A narrative literature review to summarise evidence regarding peer engagement among people who use drugs and '*its role in policy and programme development*' identified knowledge gaps and a lack of published peer

reviewed evidence.<sup>27</sup> This current manuscript responds to the authors of the narrative review recommendation that those involved in peer engagement should aim to publish their findings.<sup>27</sup>

There are many perceived barriers to authentic peer engagement including accessing diverse experiences and providing appropriate remuneration for their expertise.<sup>28</sup> PEEP shared that peer groups are widely available; hence, the onus should be on consultants to seek out peer groups rather than use the lack of easy access as an excuse to not consult. Having a readily available consultation and advisory group such as PEEP who receive provincial funding and have regular meetings enables timely access and feedback while providing appropriate payment for the peers' expertise. The current lack of diversity among PEEP was identified as an area for improvement such as recruiting more males, Indigenous peoples, members of the LGBTQ2+community and members of varying age groups.

All PEEP members work on the front lines of the drug toxicity emergency in different capacities. Some members work on the streets to support their peers, while others are more policy-focused, for example, one member is employed by their health authority. A recent study in BC identified key stressors for peer workers included financial insecurity, lack of recognition and respect at work and constant exposure to death and trauma both in their work and in their personal lives.<sup>29</sup> Membership in PEEP provides a small regular income, and the twice-a-week PEEP meetings provide the members an opportunity to debrief about their experiences and to offer support to each other while staying connected.

Including PWLLE of substance use in the discussion of drug use policies, practices and programmes is imperative during the drug toxicity emergency.<sup>30</sup> Staff and organisations that sought consultation from PEEP responded very positively about PEEP's work ethic and ability to produce timely and pertinent input. However, as PEEP identified, their involvement should be throughout the entire process, and they should be aware of the impact of their input while being able to provide additional feedback.

Consistent with another study performed in BC which highlighted the importance of organisational understanding, recognition and support for peer work in HR,<sup>31</sup> PEEP expressed their need to receive adequate recognition. In addition to offering a sense of community, peer groups offer skill building and training which is important for the well-being of peer workers in other overdose response settings.<sup>32</sup> PEEP expressed their desire for more professional-based training to better support others and increase their resiliency.

PEEP are front line heroes who also deal with their own personal life challenges that are associated with loss and suffering caused by the drug toxicity crisis. Nevertheless, PEEP continues to show up prepared and eager to challenge the structural and political walls surrounding drug use policies, practices and programmes. As the drug toxicity emergency continues, it is essential to

support PEEP as they provide timely reality-based input into substance use policy and research from their many distinct perspectives.

### Strengths and limitations

The data in this study were collected through semistructured interviews, and as such there are inherent biases. Responder bias is a consideration as interviewees knew the project was being conducted by the BCCDC. However, this was mitigated by having two non-BCCDC interviewers. Our findings apply to PEEP, an effective peer advisory and consultation group in BC; however, transferability may be limited in less established peer groups or in other jurisdictions due to differences in sociopolitical landscapes. PEEP is situated in a province where harm reduction has largely been viewed as best practice, although recent non-evidence based ideological and political rhetoric in the media is presenting a false dichotomy between harm reduction and recovery.

All PEEP participants were current active members that joined at different times. Therefore, we did not include perspectives of former PEEP members, which may differ from those who continue to be engaged and may indicate selection bias of the participants.

Including PEEP throughout the entire process of the project ensures the validity of study findings and that the manuscript is relevant to PWLLE. In addition, this project benefited from the use of triangulation by including PEEP members, BCCDC staff and those who sought consultation from PEEP to develop a comprehensive understanding of PEEP.

This paper highlights the importance of peer groups like PEEP and provides insights into the process and potential outcomes of such a group. We hope it will inspire jurisdictions to start and support their own ongoing peer consultation groups.

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### REFERENCES

- Office of National Drug Control Policy: Executive Office of the President. *The National drug control strategy*. Washington, DC: The White House, 1996. Available: <https://www.ojp.gov/pdffiles/strat96.pdf>
- Musto DF. *Drug abuse research in historical perspective*. Washington, DC: National Academy of Sciences, 1996:284–93.
- Office of National Drug Control Policy: Executive Office of the President. *National drug control strategy*. Washington, DC: The White House, 2022. Available: <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>
- Fischer B, Murphy Y, Rudzinski K, et al. Illicit drug use and harms, and related interventions and policy in Canada: A narrative review of select key indicators and developments since 2000. *Int J Drug Policy* 2016;27:23–35.
- Singer JA. Harm Reduction: Shifting from a War on Drugs to a War on Drug-Related Deaths. Available: <https://www.cato.org/sites/cato.org/files/pubs/pdf/pa-858.pdf>
- Boyd N. The Origins of Canadian Narcotics Legislation: The Process of Criminalization in Historical Context. Available: <https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1371&context=dlj>
- Musto DF. Opium, cocaine and marijuana in American history. *Sci Am* 1991;265:40–7.
- BC Government. BC coroners service death review panel: a review of illicit drug toxicity deaths. 2022. Available: [https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review\\_of\\_illicit\\_drug\\_toxicity\\_deaths\\_2022.pdf](https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/review_of_illicit_drug_toxicity_deaths_2022.pdf)
- Werb D. Post-war prevention: Emerging frameworks to prevent drug use after the War on Drugs. *Int J Drug Policy* 2018;51:160–4.
- BC Government. Provincial health officer declares public health emergency. 2016. Available: <https://news.gov.bc.ca/releases/2016HLTH0026-000568>
- BCCDC. Unregulated Drug Poisoning Emergency Dashboard. Available: <http://www.bccdc.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>



- 12 BC Coroners Service. *Illicit drug toxicity type of drug data: Data to Dec 31, 2022*. Vancouver: Ministry of Public Safety & Solicitor General, 2023. Available: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>
- 13 Olding M, Boyd J, Kerr T, *et al.* "And we just have to keep going": Task shifting and the production of burnout among overdose response workers with lived experience. *Soc Sci Med* 2021;270:S0277-9536(20)30850-9.
- 14 Mamdani Z, Loyal JP, Xavier J, *et al.* We are the first responders': overdose response experiences and perspectives among peers in British Columbia. *Drugs Educ Prev Policy* 2024;31:91-104.
- 15 Pauly B, Mamdani Z, Mesley L, *et al.* "It's an emotional roller coaster... But sometimes it's fucking awesome": Meaning and motivation of work for peers in overdose response environments in British Columbia. *Int J Drug Policy* 2021;88:S0955-3959(20)30353-4.
- 16 Song K, Buxton J. *Peer engagement in the BCCDC harm reduction program: A narrative summary*. Vancouver, BC: BC Centre for Disease Control, 2021. Available: [https://www.llbc.leg.bc.ca/public/PubDocs/bcdocs2022/725438/725438\\_Peer\\_engagement\\_in\\_the\\_BCCDC\\_harm\\_reduction\\_program.pdf](https://www.llbc.leg.bc.ca/public/PubDocs/bcdocs2022/725438/725438_Peer_engagement_in_the_BCCDC_harm_reduction_program.pdf)
- 17 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77-101.
- 18 Porteous NL, Sheldrick BJ, Stewart PJ. Introducing Program Teams to Logic Models: Facilitating the Learning Process. *Can J Program Eval* 2003;17:113-41.
- 19 Toward The Heart. Peer engagement and evaluation project. 2024. Available: <https://towardtheheart.com/peep>
- 20 BC Centre for Disease Control. Naloxone is not enough: letters from the heart of the crisis. 2021. Available: <https://ohrn.org/wp-content/uploads/2021/08/Naloxone-Is-Not-EnoughLetters-From-The-Heart-Of-The-Crisis.pdf>
- 21 Lock K. Decriminalization of possession of illegal drugs in british columbia: a report by peep. Oral Presentation at: 2023 Issues of Substance Use National Conference; 2023
- 22 BC Coroners Service. *Unregulated drug deaths in B.C. (to July 31, 2024)*. Vancouver: Ministry of Public Safety & Solicitor General, 2024. Available: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>
- 23 Greer AM, Amlani A, Pauly B, *et al.* Participant, peer and PEEP: considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health* 2018;18:834.
- 24 Greer AM, Luchenski SA, Amlani AA, *et al.* Peer engagement in harm reduction strategies and services: A critical case study and evaluation framework from British Columbia, Canada. *BMC Public Health* 2016;16.
- 25 Greer AM, Pauly B, Scott A, *et al.* Paying people who use illicit substances or 'peers' participating in community-based work: a narrative review of the literature. *Drugs Educ Prev Policy* 2019;26:447-59.
- 26 BCCDC. Harm reduction client survey. 2024. Available: <http://www.bccdc.ca/health-professionals/data-reports/harm-reduction-client-survey>
- 27 Ti L, Tzemis D, Buxton JA. Engaging people who use drugs in policy and program development: A review of the literature. *Subst Abuse Treat Prev Policy* 2012;7.
- 28 Greer AM, Amlani A, Burmeister C, *et al.* Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada. *Can J Public Health* 2019;110:227-35.
- 29 Mamdani Z, McKenzie S, Pauly B, *et al.* "Running myself ragged": stressors faced by peer workers in overdose response settings. *Harm Reduct J* 2021;18:18.
- 30 Jürgens R. *Nothing about us without Us: Greater meaningful involvement of people who use illegal drugs: a public health, ethical, and human rights perspective*. Ontario: Canadian HIV/AIDS Legal Network, 2005. Available: <https://canadacommons-ca.eu1.proxy.openathens.net/artifacts/1224917/nothing-about-us-without-us/1777993/view/>
- 31 Greer A, Buxton JA, Pauly B, *et al.* Organizational support for frontline harm reduction and systems navigation work among workers with living and lived experience: qualitative findings from British Columbia, Canada. *Harm Reduct J* 2021;18:60.
- 32 Mamdani Z, McKenzie S, Cameron F, *et al.* Using intervention mapping to develop "ROSE": an intervention to support peer workers in overdose response settings. *BMC Health Serv Res* 2021;21:1279.