

Hear Us, See Us, Respect Us

Respecting the Expertise
of People Who Use Drugs



Canadian Drug
Policy Coalition

Coalition canadienne
des politiques
sur les drogues

CAPUD 2021

CANADIAN ASSOCIATION OF PEOPLE WHO USE DRUGS

ABOUT THE CANADIAN ASSOCIATION OF PEOPLE WHO USE DRUGS (CAPUD)

The Canadian Association of People who Use Drugs (CAPUD) is the national drug user organization in Canada. Our mission is to reduce oppressive societal conditions that people who use drugs face and emphasize the need for their direct involvement in public policy decision making. We focus on the strengths, talents, and merits of our membership as we build a better future for people who use drugs (PWUD).

Our board and staff are comprised entirely of people who use(d) drugs. One of our main purposes is to empower people who currently use drugs deemed illegal to survive and thrive, with their human rights respected and their voices heard. We envision a world where drugs are regulated and the people who use them are decriminalized. We are survivors of this war and we'll continue to fight for policy reform that is based in evidence, understanding and compassion.

CAPUD was established on October 13, 2011. According to the Constitution of CAPUD, the purposes of the society are:

- a. To celebrate the strengths, we have as PWUD that allows us to survive and resist the war on drugs
- b. To realize, deepen and share the love, camaraderie, fellowship, and wisdom found in drug user support groups.
- c. To empower people who currently use drugs deemed illegal to survive and to thrive, with their human rights respected and their voices heard
- d. To improve the quality of life for people who use illegal drugs by developing and implementing educational programs, training events, and employment opportunities so PWUD can share and translate their knowledge about safer drug use and harm reduction.
- e. To establish an inclusive social justice network for people who use drugs that encourages, supports and welcomes drug users from across Canada and connects them with other people who use drugs across Canada and around the world.
- f. To develop networks and coalitions of informed and empowered people, both users and nonusers, which work to improve the health and social conditions of people who use illegal drugs
- g. To promote a better public understanding of the problems and dilemmas facing people who use illegal drugs and thus encourage the development of a regulated market for drugs and saner drug policies and laws at local, regional, and national levels.
- h. To ensure that the voices of people who use illegal drugs are strengthened and empowered so that their concerns about social, medical and economic issues can be heard by policy makers, service providers and the public at large.

We didn't start the war, but we'll end it!

ABOUT THE CANADIAN DRUG POLICY COALITION (CDPC)

CDPC's vision is for a safe, healthy, and just Canada in which drug policy and legislation, as well as related institutional practices, are based on evidence, human rights, social inclusion, and public health principles. Its mission is to advance and realize drug policies grounded in compassion that shift the public narrative around substance use and people who use drugs.

The Canadian Drug Policy Coalition (CDPC) is a policy advocacy organization comprised of over 50 organizations and 6,000 individuals working to support the development of drug policies for Canada that are based on science, guided by public health principles, are respectful of human rights, and include people who use drugs and those harmed by the war on drugs in moving towards a healthier Canadian society.

CDPC now co-hosts the Stimulus Program with CAPUD, and both were involved in planning *Stimulus 2018: Drugs, Policy and Practice in Canada*, the country's largest harm reduction conference widely recognized as establishing the benchmark for respectful inclusion of people who use drugs (PWUD). Since then, CDPC has continued to collaborate with CAPUD and Association des Intervenants en Dépendence du Québec (AIDQ) to deliver Stimulus programming, continuing to strive for the most inclusive model for participation of PWUD.

LAND ACKNOWLEDGMENT

CAPUD acknowledges that we work, live, and play on Mi'kma'ki, the traditional, ancestral and unceded territory of the Mi'kmaq People.

CDPC would like to acknowledge that they work, live, and play on the traditional, ancestral, and unceded territory of the Musqueam people.

As national organizations we also recognize that our work takes place throughout Turtle Island.

ACKNOWLEDGMENTS

The “War on Drugs” is a war on those who consume drugs, which disproportionately impacts Black, Indigenous, and People of Colour. Therefore, we must recognize these longstanding inequities in the work we do. People of privilege and power must use their presence to empower those who are systematically discriminated against. In drug policy much of the dialogue is focused on stigma, however, discrimination is the act experienced by our communities.

These negative and damaging experiences occur at a multitude of levels including structurally, socially, and internally. It is our job to act as advocates and change and remove the narrative of systematic racism. Through this work and the principles of harm reduction, we commit ourselves to end racism, homophobic, transphobic, discriminatory, or judgemental attitudes or interventions towards any population of people (who use drugs). We commit ourselves to standing up for those who may not be able to stand for themselves. Let us take this oath to be understanding, compassionate, caring, and empathic always.

This project was made possible by funding from Health Canada’s Substance Use and Addiction Program.

CAPUD and CDPC would like to thank everyone who played a role in developing, implementing, analyzing and finalizing this research project and document. A huge thanks to Jenn McCrindle and Michael Nurse, our two Research Assistants, for their exceptional work and commitment to the Best Practices of PWUD and this research project.

Thank you to Wyatt Noel, Joshua Edward, and Marie-Anik Blanchet-Gagnon for their support with data collection, coding, and writing. Thank you to San Patten and Associates for their work on this project. San was able to bring her passion and expertise to this work as it grew into important Canadian research.

Finally, we want to thank all of the individuals who shared intimate details of their lives and illegal drug use for this research, especially during COVID-19. We would not be able to do this work without your honesty and trust in CAPUD.



This project was led by San Patten and Associates, Inc., a health research and evaluation consulting group specializing in policies and programs regarding HIV, Hepatitis C and harm reduction.

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EXECUTIVE SUMMARY

This report is a summary of key findings of a national community-based research project to identify existing and emerging best practices in respecting the expertise of people who use(d) drugs (PWUD). It is our hope that by identifying best practices in equitable, meaningful, and respectful, engagement of PWUD, we will provide PWUD a solid evidence base from which to advocate for better inclusion in programs, policies, protocols, and initiatives. This document will also provide a framework for organizations to reflect on policies, practices, and structures and adapt to what is heard by the knowledge, perspectives, and expertise that PWUD

share in this document. Ultimately, CAPUD seeks to uphold PWUD human rights at all costs to ensure equitable and just opportunities within program and policy domains that affect their lives.

The practices described in this report were gathered from people who use illegal drugs, working in the harm reduction field and/or participating in drug policy conferences, meetings, and/or other related events, as well as representatives from organizations which convene conferences, meetings, and events.

SUMMARY OF BEST PRACTICE RECOMMENDATIONS

Feeling Valued and Respected as Harm Reduction Workers

The following are prerequisites for PWUD to feel respected and valued within the harm reduction field:

- ▶ A living wage that is equitable to other forms of expertise/qualifications
- ▶ Strong and supportive teamwork
- ▶ Ongoing opportunities for mutual training and skill development
- ▶ Having/holding a job title that conveys one's expertise and role
- ▶ Provide letters of recommendation for PWUD workers and volunteers
- ▶ Create opportunities within the organization that are not just focused on the fact that PWUD workers use drugs
- ▶ Organizational leadership and staff should receive training on equity, diversity, inclusion, and accessibility
- ▶ Recognize PWUDs' expertise and incorporate their input in decisions
- ▶ Provide regular debriefing and emotional supports for harm reduction staff

Types of Harm Reduction Roles and Responsibilities

Recognize that PWUD have many types of skills and expertise that they bring to harm reduction work. Even if PWUD are willing to volunteer, do not exploit their generosity. Work with PWUD to enhance their duties and offer predictable paid work to show PWUD workers that they are respected, valued, and capable. Also, recognize that PWUD workers deliver support to and harm reduction services outside of operating hours and there should be flexibility to compensate them for this essential work in the community.

Volunteerism

Harm reduction organizations may start as volunteer-run grassroots groups, but volunteerism is not sustainable and cannot remain the cornerstone long-term. Organizations should actively seek funding in order to equitably hire PWUD through salary paid roles akin to regulated professions. Volunteer roles provide important opportunities for PWUD to transition into employment. Volunteers should always be provided with adequate training, mentorship and supervision (preferably by other PWUD workers) and be formally recognized through letters of recommendation. PWUD volunteers should be prioritized when paid roles become available. If an organization relies on volunteers, then these same volunteers should have a voice within the organizational decisions, governance, and structure.

Organizational Issues

Harm reduction organizations must recognize that precarious and underpaid jobs are harmful to PWUD workers. Harm reduction organizations must seek to secure funding to ensure PWUD workers are fairly compensated. PWUD should not, by default, be the first to be sacrificed when there are funding shortfalls. Within funding pots for harm reduction and overdose prevention, funders (at all levels of government) should create dedicated funding to invest in PWUD expertise locally, regionally, provincially, and nationally.

Qualifications and Training for Harm Reduction Workers/Volunteers

Organizations must acknowledge the unique expertise that PWUD bring from drug use culture, and draw from that expertise to educate other staff, managers, and community members. PWUD must be supported to excel in their roles through comprehensive internal training programs that are tailored to the needs of individual PWUD. This training should include knowledge mobilization and translation (e.g., HIV and HCV prevention, overdose response, safe using skills, etc.) and mandatory frontline skills (e.g., de-escalation, support and counseling techniques, trauma informed care, crisis intervention, basic life support, etc.) and increasing capacity and specific to their roles in the organization.

Role Titles for PWUD Working in Harm Reduction Organizations

Organizations should collaborate with PWUD workers to identify a job title that:

- ▶ Does not involuntarily disclose an employee's current or past experience with drug use
- ▶ Conveys the expertise held by PWUD
- ▶ Conveys the roles and responsibilities fulfilled by PWUD employees
- ▶ Communicates to clients that the worker has expertise and experience

Fair Compensation for PWUD Working in Harm Reduction Organizations

PWUD workers should be paid a minimum starting wage of the livable wage of their province (No less than \$25 per hour) plus health benefits, vacation, sick time, and reimbursement for on-the-job expenses.

For one-off work engagements (e.g., workshop or conference speaker) PWUD should be paid \$50/hour, with time factored in for preparation and practice of the engagement. These payments should be paid out in a timely and feasible way, by cash and not by gift card.

Dual Roles and Managing Relationships

Harm reduction organizations must acknowledge that PWUD are often hired because of their intimate connection to the PWUD community and their knowledge of the local drug using culture. Thus, it is contradictory to penalize PWUD workers when these relationships enter the workplace context. PWUD workers must receive training (ideally from experienced PWUD employees) on how to handle conflict of interest or general stress between their personal and professional lives. In collaboration with PWUD employees, employers must clearly define workplace policies, procedures, and protocols related to boundaries and confidentiality at work that respect these relationships for employees and clients.

Drug Use at Work and While Working in Harm Reduction

Organizations which profess to hold a harm reduction philosophy must extend this approach to their own employees. They must deliberately choose to normalize the culture of drug use, allowing PWUD to be open and honest about different types of drug use within their own staff. Harm reduction organizations should challenge preconceived notions, assumptions, and learned beliefs that lead to reactions of employees using while on the job. If people are able to perform their role, there should be no judgment or bias related to staff members' drug use. Workplace policies around employees drug use must be clear and explicit, but also flexible and realistic.

Trauma and Burnout Among PWUD Working in Harm Reduction Organizations

PWUD workers who have been on the frontlines of the war on PWUD and the organizations that employ them must recognize the trauma, grief, stress and potential burnout for their staff. Organizations must make deliberate efforts to provide genuine emotional and psychological supports for PWUD workers. These supports may come from coworkers (e.g., team debriefing), or from access to confidential outside counseling or therapy (through health benefits). PWUD workers should also have flexibility

in their work schedule and be able to take time off for mental health and emotional reasons.

Fair Compensation for PWUD Participating in Conferences, Meetings and Other Events

Event conveners should pay PWUD for their contributions and participation, as a way to recognize and show appreciation of the unique expertise they bring. Standard practice when inviting PWUD to events is to ensure their travel, and accommodations are covered, and are provided per diems for daily meals, using the national rate. PWUD should be paid for their participation and work in the form of cash, at a daily rate comparable to the host organization's own employees. If PWUD are invited to speak or present, they should also be provided with an additional honorarium. If travelling outside of their community, hotel deposits (such as needing a credit card) and any medications, and/or childcare need to be clarified before departure. With respect to form and timing of payment, each PWUD participant should be given the opportunity to state their preference.

Timing of Payment for PWUD Participating in Conferences, Meetings and Other Events

Timing of payment must be negotiated with each PWUD participant in advance of the event, based on each individual's preferences and needs. While some individuals may appreciate and benefit from daily dispensing, others do not require or desire a daily allocation. Special consideration should also be given to events that span multiple days or take place in an international setting. In these cases, participants should be offered their full honoraria and per diem in advance of the event.

Availability of Harm Reduction Services at Conferences, Meetings and Other Events

Event conveners should pick venues based on the ability to provide a full range of harm reduction services to PWUD participants, including access to overdose prevention services, safe supply and/or ethical drug navigators to assist with securing a safe supply. Harm reduction services should be provided with careful consideration of accessibility and privacy. Should on-site services be impossible due to restrictive policies in the event venue, organizers should identify local/regional partners who can offer harm reduction services and resources in close proximity to the venue. Host organizations and their local partners should also consider ordering surplus supplies to offer vital harm reduction tools to organizations or individual PWUD who can't access them in their home jurisdictions.

Building a Sense of Community Connection and Learning Opportunities

Event conveners should make special efforts to provide opportunities for all participants, but especially PWUD, to connect at a cultural and social level. This could include community-building events that facilitate recreational, spiritual, and social connection.

Connecting PWUD to Event Opportunities

Event conveners and partner organizations should make special effort to make available the opportunity to a broad range of PWUD to participate in conferences, meetings, workshops, and other events. Organizations should actively help PWUD submit applications or registrations for access to such events. Organizations should ensure that such opportunities are diversified and not repeatedly given to the same PWUD.

INTRODUCTION

This report is a summary of key findings of a national community-based research project to identify existing and emerging best practices in respectful, and equitable engagement of People Who Use(d) Drugs (PWUD). This document identifies practices that can be used by governmental agencies, non-governmental agencies (NGOs), research institutions, academics, and community-based organizations (CBOs) who serve PWUD. It identifies the myriad ways that PWUD voices should lead the design, development, and implementation of policies, procedures, protocols, and practices at all organizational and governmental levels.

This report defines standards for proper engagement of PWUD, as defined by PWUD across Canada. By identifying practices in equitable engagement of PWUD defined by PWUD, this report not only provides their community with a solid evidence base from which to advocate for better inclusion in programs, policies, protocols, and initiatives, but also

provides a framework for organizations and governmental institutions to reflect on and adapt their own policies, practices and structures to meet the needs of those they seek to engage and empower.

The practices described in this report were gathered from PWUD, who held experience either working in the harm reduction field and/or participating in drug policy conferences, meetings, and/or other related events. These practices were also developed with input from representatives of organizations which convene such events. This report highlights specific examples of just and equitable engagement identified by both groups of informants, and how they might be adopted, modified, or adapted.

While this report is not intended to be a comprehensive planning or program development document for engaging PWUD, it provides clear guidelines on how to HEAR US, SEE US, and RESPECT US.

BACKGROUND AND RATIONALE

In response to the stigmatization and discrimination surrounding illegal drug use, the HIV and Hepatitis C Virus (HCV) epidemics, the coinciding overdose crisis, and due to lack of effective public health interventions in response to these concerns, grassroots organizations of PWUD have formed since the early 1990s to give a voice to PWUD. These organizations, through their advocacy and activism, have worked to address the overdose deaths, blood-borne infections, and other health and social related harms facing PWUD. Formed in 1998, the Vancouver Area Network of Drug Users (VANDU) is one the first drug user organizations that is internationally recognized as a grassroots leader giving voice to PWUD perspectives and demands.

VANDU was one of the first drug user organizations to demonstrate that PWUD can organize themselves and make valuable contributions to discourse and policies surrounding issues of drug use. As North America's first drug user organization, VANDU provided an example of how PWUD-led governance can lead public health initiatives. There have been many other drug user organizations that have been created and sustained over the years, one of which

is the Canadian Association of People Who Use Drugs (CAPUD), Canada's national organization of PWUD.

CAPUD's main mission is to raise the voices of PWUD throughout the development of policy and program creating initiatives and processes at every level of government. CAPUD strives to reduce oppressive societal conditions that PWUD face and emphasizes the need for their direct involvement in policy decision making. CAPUD focuses on the strengths, talents, and merits of our membership as we build a better future for PWUD. CAPUD currently has members in most Canadian provinces and territories, and its board of directors is composed entirely of PWUD.

CAPUD identified the need for more tools and resources on how best to include PWUD in the program and policy decisions affecting their lives, both to better prepare its members to participate and to equip ally organizations to better include PWUD in meaningful, engaging, and equitable ways.

Since its incorporation in 2011, CAPUD's advice and expertise has often been sought by organizations,

institutions, and governments on how best to bring PWUD together in an authentic, non-tokenistic, and inclusive ways. There are many examples in which CAPUD has advocated before or during an event to ensure that PWUD are equitably, justly, and respectfully heard. CAPUD has also respectfully pushed back against egregious practices during conferences, meetings and other events that neglect the needs of PWUD, place them in situations of harm, and/or place them at a disadvantage in terms of equitable participation and inclusion.

CAPUD has identified that the Canadian harm reduction sector and related employment practices need to be defined by PWUD and enact CAPUD's philosophy of "Nothing About Us Without Us".¹ CAPUD saw the need to outline non-discriminatory practices in areas including, but not limited to, employment titles, pay/salary/living wage, honoraria, recognition, employment security, employment equity, including; accommodation, and benefits.² The few guiding documents that exist to provide guidance on these issues were created by large institutions and not by and for PWUD.

CAPUD and CDPC also noted a lack of guidance on how best to create inclusive and equitable spaces that respect drug culture in conferences, meetings, and events focused on harm reduction, drug policy and services for PWUD. As documented in the evaluation of the Stimulus 2018: Drugs, Policy and Practice in Canada conference, PWUD participants in such meetings are at risk for a range of physical, psychological, and emotional harms. Both CAPUD and CDPC recognized the need for guidance on how to bring people together equitably way to discuss

policies and programs, including drug policy, harm reduction, STBBIs and other topics relevant to PWUD. Harm reduction considerations and services are needed in order for PWUD to fully participate in meetings, conferences and other events and in order for PWUD to feel that their expertise is respected and valued. The practices recommended in this document have been developed through extensive collaboration with PWUD to ensure these recommendations are grounded in the perspectives, voices and experiences of PWUD and to create equitable spaces that consider individuals' physical, emotional, mental, and spiritual needs that recognize and respect drug culture.

Further, this document aims to shift the lens on how the equitable engagement of PWUD is defined and operationalized. An existing and ongoing tension in attempts to engage PWUD in programming and policy development is that many of the primary decision makers are not themselves PWUD, and would seemingly have attained a position of power, influence, and decision making based on qualifications not based in drug use culture. These decision makers typically do not have current or past expertise of illegal drug use, nor have ever faced oppressive societal conditions that seek to label, paternalize, pathologize, and criminalize PWUD. Thus, parameters for equitable engagement of PWUD are too often not directed by PWUD, but by people who do not identify as PWUD.

**This document
is meant to change that.**

1 Canadian HIV/AIDS Legal Network (2005). Nothing About Us Without Us – Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, And Human Rights Imperative. <http://www.hivlegalnetwork.ca/site/nothing-about-us-without-us-greater-meaningful-involvement-of-people-who-use-illegal-drugs-a-public-health-ethical-and-human-rights-imperative/?lang=en>

2 Kerr, T., Small, W., Peeace, W., Douglas, D., Pierre, A., and Wood, E. (2006). Harm reduction by a "user-run" organization: A case study of the Vancouver Area Network of Drug Users (VANDU). *International Journal of Drug Policy*, 17(2), 61-69. <https://www.sciencedirect.com/science/article/pii/S0955395906000065>

AN ETHICAL IMPERATIVE

“It’s just absolutely critical to have the people who these programs are supposed to be helping involved in discussing solutions.”

– ORGANIZATIONAL REPRESENTATIVE

“Meaningful engagement” and participation of PWUD is often declared as a foundational component of public health policy, practice, and research, including harm reduction and other services that are in theory designed and intended to meet the unique needs of PWUD. PWUD are widely accepted as having unique, valuable, and expert insights into issues that directly impact them in both positive and negative ways. Their expertise is also recognized within community-based participatory research,

and within social justice principles in program and research planning, implementation, and dissemination. More specifically, it is increasingly recognized that programs and policies designed “for” unique populations (including PWUD) must engage, involve, and most importantly, benefit those individuals and communities they are designed to serve, i.e., “*Nothing About Us Without Us*”. Additionally, it is now widely established that the engagement and equity of PWUD, is of benefit regardless of outcome.^{3,4} Despite these widely accepted and espoused principles, operationalization of these principles are inconsistent across the sector of organizations working on drug use, harm reduction, and drug policy.⁵

METHODS

This report is produced from a review of existing literature and from a national community-based research project that unfolded through the following key steps:

- ▶ Recruitment and training of four researchers who identify either as PWUD or have been personally impacted by drug use
- ▶ Collaborative development of data collection tools: survey and interview guides
- ▶ Collaborative development of sampling and recruitment strategy
- ▶ Recruitment of PWUD participants and organizational representatives through research team’s professional and personal networks, social media, and listservs
- ▶ PWUD participants complete online screening survey (n=230)
- ▶ Eligible PWUD participants invited for telephone interview (n=66), with interviews audio recorded
- ▶ Organizational representatives interviewed (n=18)

- ▶ Interview data transcribed and entered into qualitative analysis software
- ▶ Collaborative development of coding scheme by research team
- ▶ Interview transcripts coded by research team
- ▶ Coded data interpreted and report written by research team

All of the data collection and analysis was conducted by a team of CAPUD RAs who are PWUD or have been impacted by failed drug policies, under the guidance of an established community-based researcher. The research assistants participated in step-wise training in all aspects of the research, including research ethics⁶, interviewing skills, data cleaning of transcripts, qualitative data coding, and qualitative interpretation. Surveys and interviews were conducted in both English and French. A full description of our methodology is included in Appendix A, along with our survey tool and interview guides.

3 Pauly B. (2008). Harm reduction through a social justice lens. *Int J Drug Policy*, 19(1), 4–10.

4 Public Engagement Guide [Internet]. Newfoundland Labrador: Office of Public Engagement. [cited 2017 Apr 3]. Available from: http://ope.gov.nl.ca/publications/pdf/OPE_PEGuide.pdf

5 National Harm Reduction Coalition (2021). Foundational Principles Central to Harm Reduction. <https://harmreduction.org/about-us/principles-of-harm-reduction/>

6 All research assistants completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – Course on Research Ethics (TCPS 2: CORE)

DESCRIPTION OF OUR PARTICIPANTS

In total, 230 PWUD completed an online survey, and of those, 66 were interested, eligible and available for an interview. We also interviewed 18 individuals who represent organizations which convene conferences, meetings, workshops, or other events which seek to include PWUD. The 66 PWUD interview participants were provided with \$50 (e-transfer) as an honorarium.

Our key eligibility criteria for follow-up interviews with PWUD was:

- ▶ Used illegal drugs within 5 years
- ▶ Currently residing in Canada
- ▶ Over the age of 18
- ▶ Had experience working or volunteering in harm reduction and/or
- ▶ Had ever participated in a harm reduction meeting, conference, workshop, focus group, or other event
- ▶ Expressed interest in participating in an interview, and provided contact information for follow-up

Have you ever participated in a harm reduction meeting, conference, workshop, focus group, or event?



How were you paid for your work?



Every effort was made to recruit PWUD representing a diversity of sex, gender, ethnicities and geographic locations with COVID limiting our ability to have further reach.

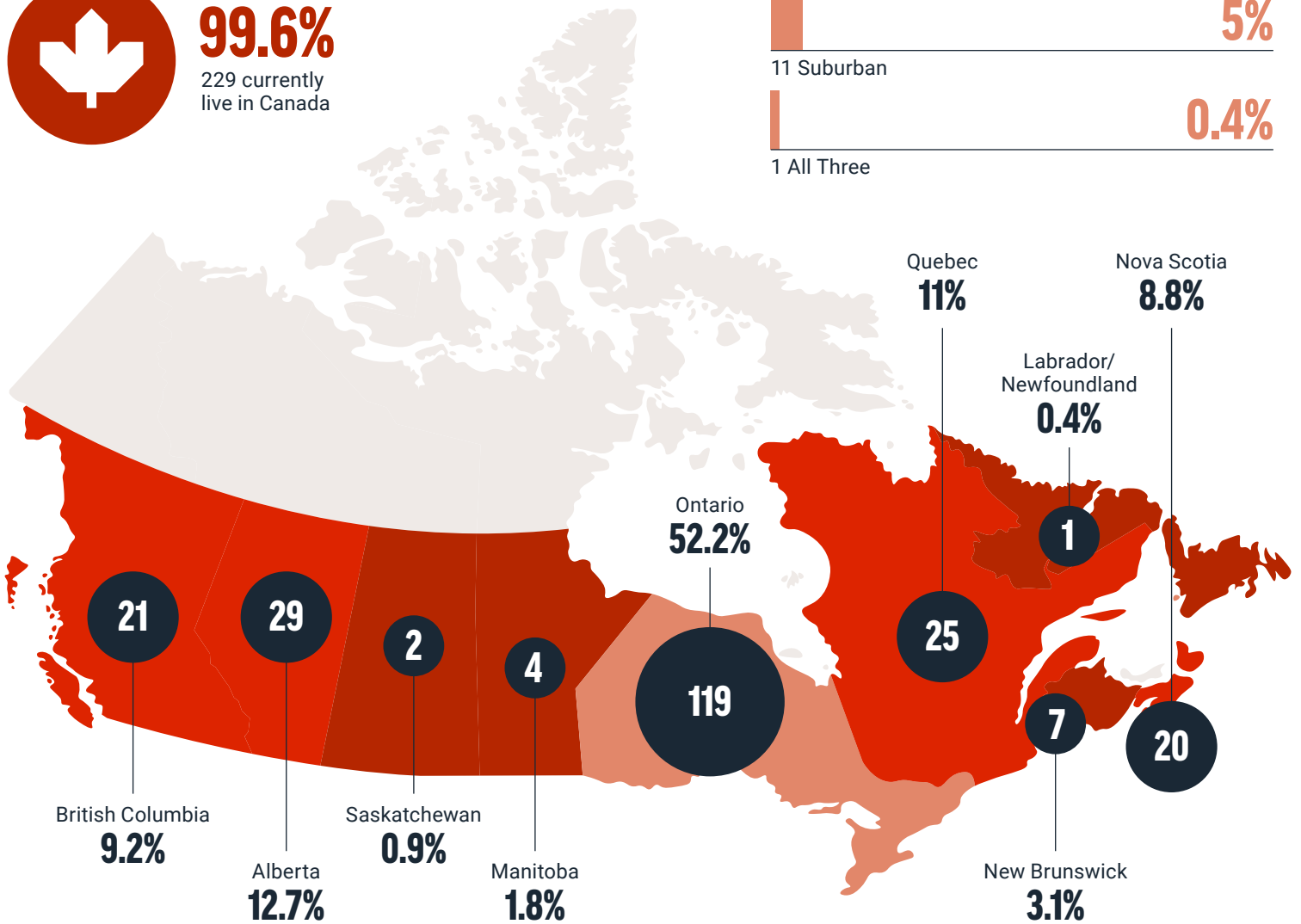
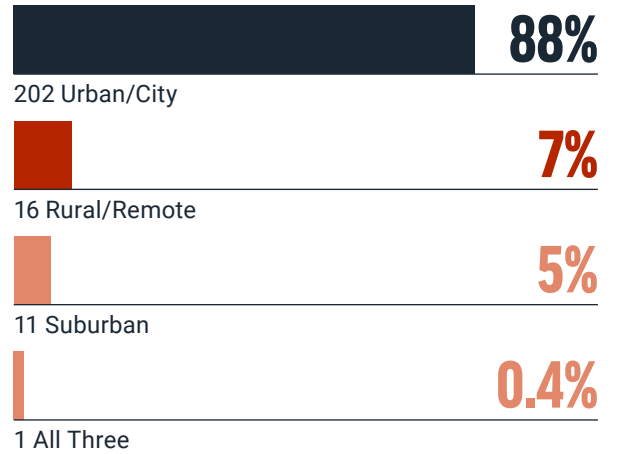
The following two pages outline the demographic characteristics of our survey sample.

Survey Respondent Demographics

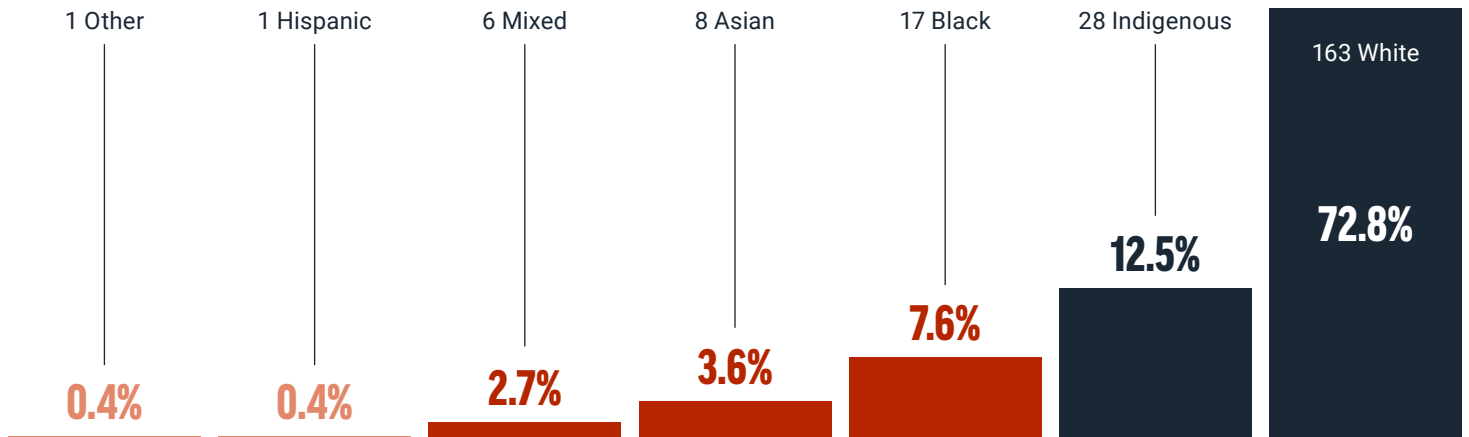


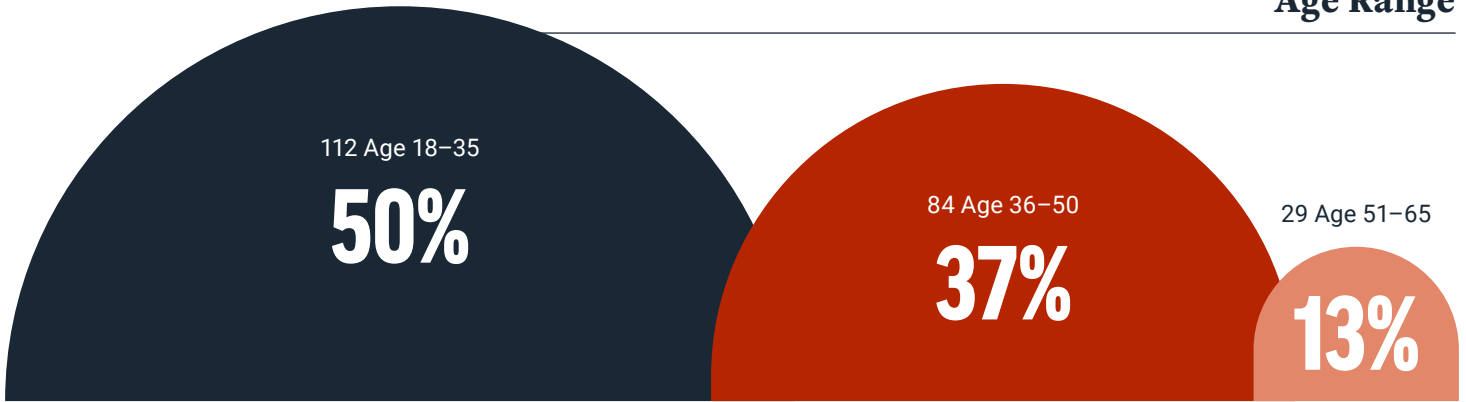
99.6%
229 currently live in Canada

Living Setting



Ethnicity

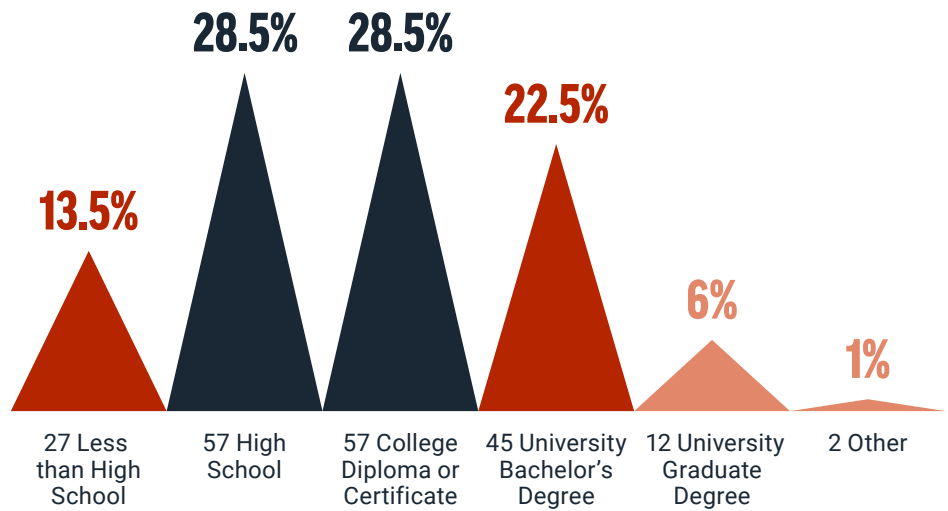




Gender

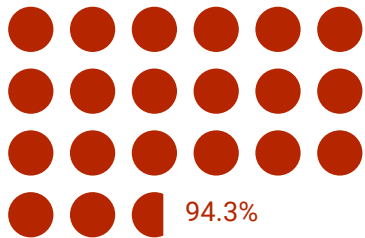
140 Female	63.6%
52 Male	23.6%
22 Non-Binary	10.0%
5 Trans	2.3%
1 Other	0.5%

Level of Education



Do you have current or recent experience using illegal drugs?

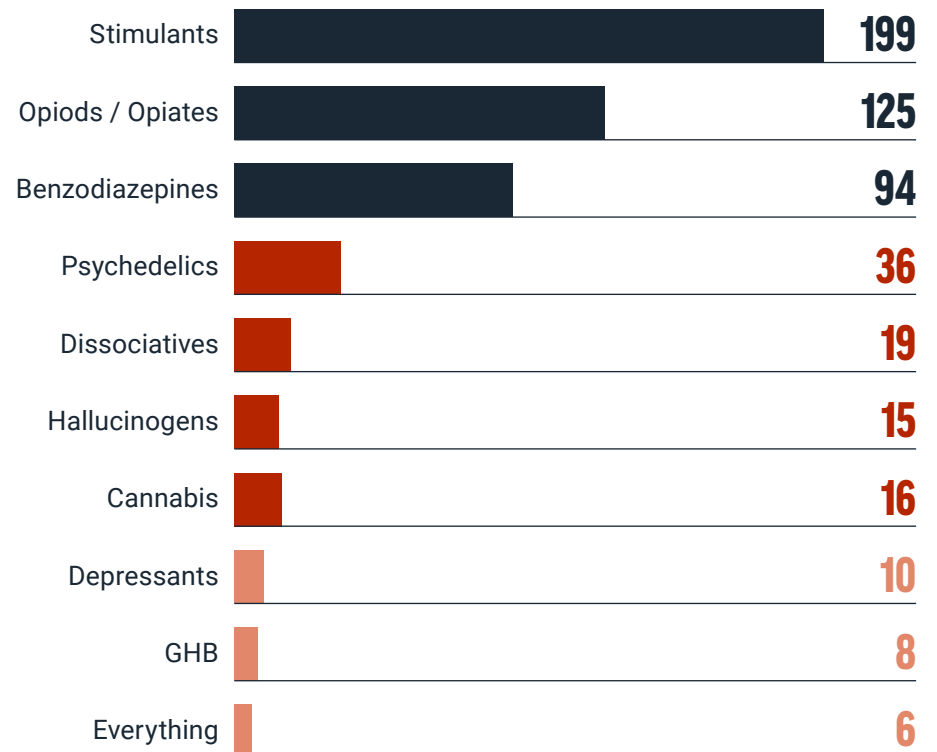
217 YES



13 NO



Preferred Drug(s)



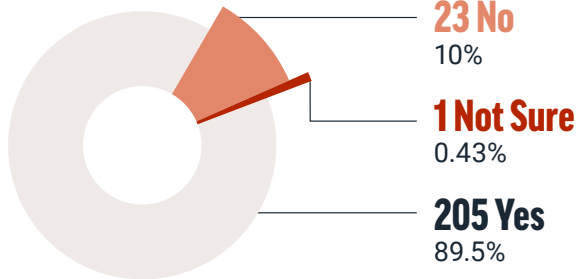


Experiences and Best Practices in

Working in Harm Reduction Settings

Harm Reduction Work

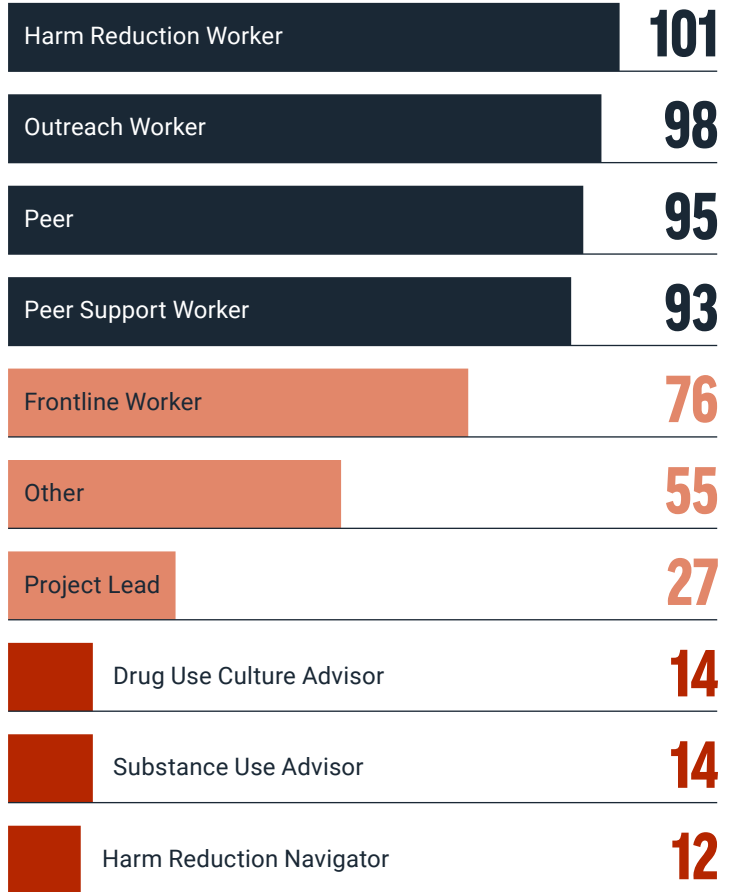
Have you ever worked or volunteered in the harm reduction field?



What kind of service or organization did you work at?



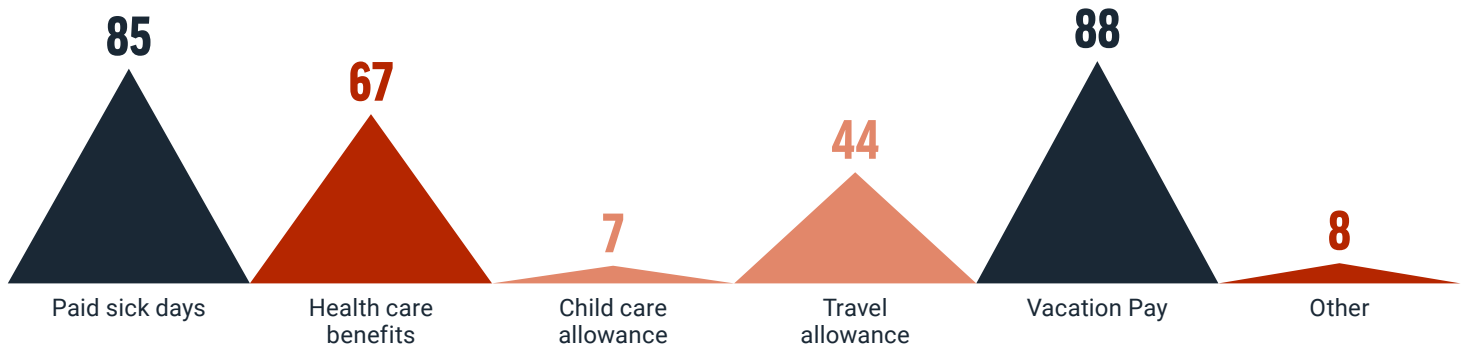
What titles have you been given in your paid or volunteer work roles?



How were you paid for your work?



Did you receive any additional benefits for your work?



“I started using drugs at 12 years old, meth and other things. I found heroin at 15. And I’ve been using it ever since and alcohol. And when I was about 18 years old, I hit this bridge in the road where I could have gone one direction, but I went another because somebody gave me a chance. They sat down with me, they talked to me. I looked like shit. I think I hadn’t changed my clothes in weeks. I was living couch to couch. And I just had this impromptu interview and that was the agency I was with for 10 years. It showed me that I was more than just a drug user, I was capable of being an accountant, I was capable of managing other people and doing all these different things.”

– PWUD INTERVIEWEE

PWUD, organizational and governmental representatives were interviewed about their experiences of engaging PWUD as employees/workers in harm reduction organizations or events. In the interviews, PWUD participants were asked about:

- ▶ the kind of paid or volunteer work they had experienced
- ▶ the training they did or didn’t receive when they began their work/volunteer roles
- ▶ if and how they were paid, and how fairly they felt they were compensated
- ▶ if they felt that their expertise was valued and their perspective respected
- ▶ the position titles they have held and how those titles made them feel
- ▶ thoughts on what a fair starting wage for PWUD working in harm reduction would be
- ▶ their ability to be open about their current drug use without repercussion
- ▶ their ability to access harm reduction services in the workplace
- ▶ support services around their own emotional/mental health, and
- ▶ requirements to be in medication-based treatment, or practice abstinence-based recovery to be employed at a harm reduction organizatio

Representatives of organizations who convene conferences, meetings, focus groups, workshops, or other events were also interviewed. They were asked about:

- ▶ their organization’s connection to drug use benefits and harms
- ▶ their hiring practices with respect to PWUD and the roles/responsibilities given to people with people who use(d) illegal drugs
- ▶ the training that PWUD receive when hired at their organization and the adequacy of that training
- ▶ if they feel that these staff positions are financially compensated fairly in relation to other staff positions
- ▶ if and how the contributions and perspectives of these staff are respected and have a place of influence within your organization, and
- ▶ if PWUD should be able to be open about their drug use at work, and any associated boundaries around this.

FEELING VALUED AND RESPECTED AS HARM REDUCTION WORKERS

The ways in which PWUD feel valued and respected within their roles, organizations, and community is multifaceted. The overwhelming majority of PWUD interviewees described harm reduction work as something they do out of love and money really isn’t the primary motivator. When PWUD workers can see the direct value of their work in their community, they are motivated to continue. They know that as support workers, their assistance in connecting

PWUD to resources, programs, and services directly helps to build PWUD’s social determinants of health. PWUD workers feel encouraged and motivated through these outcomes, relationships and conversations with PWUD. They express a strong feeling of solidarity and empowerment. But for every positive and supportive story told, another story is from PWUD who feel stigmatized or had experienced harm from their work.

“I’m a socialist bastard at heart, I could really give a shit less about making money. But if I saved one life, or change something, or just did the right thing that I find, right, not what is considered a moral compass of legality, but what’s within my moral compass. What I consider right, that I’ve done the right thing, and I’ll fight tooth and nail to the end of it.”

– PWUD INTERVIEWEE

Being paid a decent liveable wage is the number one suggestion from PWUD on how they can be made to feel valued. PWUD interviewees noted that their workloads are increasing, but systemic support is insufficient and compounding loss and traumas combined with a lack of supports is an endless downward cycle. Ensuring that PWUD workers can meet their own basic needs and maintain their own health has to be a priority when employing them in harm reduction roles. Decent pay helps people to feel recognized as a valuable asset and on a personal level, respected. Largely we heard that \$25/hour is considered a liveable starting wage. Employers should increase wages annually and include promotions equivalent to other staff. If people are working in a city with higher cost of living (e.g., Vancouver or Toronto) or remote communities (e.g., Yukon or PEI), this rate should be increased to accommodate the cost of living and include considerations of number of dependents.

Strong and supportive teams are crucial. Because there is so much negativity and stigma from the broader community and decision makers towards PWUD, it is essential that harm reduction workplaces are supportive and inclusive work environments. PWUD want to be authentic and open with those they work with, and are grateful when their past/current drug use is accepted and understood by their employer/organization and isn’t detrimental to their employment opportunities. Check-ins and team meetings were often mentioned as ways that would ensure PWUD feel valued by their organization. PWUD also like receiving constructive feedback and want to learn how to improve upon their education, public speaking, counseling, and other employment related skills.

Opportunities for mutual training and skill development in various aspects of non-profit work is another way to value and show appreciation and encouragement. Organizations should prioritize

sending PWUD employees to professional development and networking opportunities such as meetings, committees, workshops and conferences. Organizations should also build regular opportunities for PWUD to contribute their expertise to build the skills and sensitivities of their non-PWUD colleagues and supervisors, and build organizational understanding of the PWUD community and culture.

“I think if organizations actively sought feedback, as opposed to, were reactive to it, or a lot, like if there was like a weekly or bi-weekly or monthly sit down, and instead of just like a conversation around like care circles and care plans, and that sort of updates on clients, but it was, you know, there was a section or time carved out for specifically like feedback about the work. And, you know, allowing frontline staff to have more of a say in terms of strategy and policy delivery. Because that’s something that’s often not, there’s not full consultation with frontline staff, despite the fact that they’re the ones that are going to be implementing or responding to or delivering the actual policy decisions in terms of like how they are felt by the service user. So I think allowing frontline staff the time, and space and encouragement to be able to really candidly talk about what they feel like the impacts of the policy will be, or provide feedback in terms of how to shape and deliver policy, that would be beneficial.” (PWUD Interviewee)

Most participants indicated that their role titles make them feel productive, helpful and purposeful. Having an affirming employment title is validating and PWUD report feeling motivated by holding meaningful position titles. Organizations should work to develop more imaginative titles other than “peer”, starting with a discussion with the PWUD employees to find a title that they feel best captures their role and expertise, a title that they can be proud of and isn’t stigmatizing or involuntarily discloses their current/former drug use.

Regular team/staff meetings and personal check-ins are helpful for PWUD employees. Many shared that they are not always included in staff meetings, leaving them to feel left out and devalued. Organizations should ensure that there are inclusive spaces (e.g., debrief meetings, self-care or mutual support meetings) available only for PWUD employees. Participants expressed the need for more supports and debriefing amongst themselves. This could include sharing circles, teleconferences or

web meetings dedicated to mutual support among PWUD.

The newspapers remind us that the police and the paramedics are on the frontlines of the opioid crisis. Only, I've probably naloxone's or given breath to a lot more people than any cop ever has. And the paramedics when they show up, because we called them, the crisis is over. We are the first responder. And nobody anywhere calls me a health care worker or a first responder, and I'm offended by it.

– PWUD INTERVIEWEE

PWUD interviewees also encouraged organizations to find creative ways to highlight the good work, skills and contributions from PWUD employees. Some examples are small raises or bonuses, an awards ceremony, staff recognition, magazine/ newsletter features, gifts or sponsoring holiday dinners. It is also meaningful for PWUD to have letters of recommendation written on their behalf for any future job positions or presentations. These letters of recommendation do not necessarily need to be written only once a PWUD is leaving their work or volunteer position and should be written early in their employment.

PWUD interviewees provided many accounts of the ways that harm reduction organizations can do more to ensure that they are valued and respected in their harm reduction work. A number of participants shared that they feel tokenized, hidden, stigmatized and discriminated against by their organization and the broader health and social service community. Racialized people feel discrimination and suggest more cultural training for the organization is necessary. While harm reduction staff deserve more respect and inclusion in general, it is important to note that there is an under representation of Black, Indigenous and other People of Colour (BIPOC) in harm reduction work. This is especially important since ill-informed policies and criminalization impact BIPOC communities disproportionately.

“I can count how many black people are present on one hand, and it's, it's encouraging to know that I'm representing a very large population as one person and trying to have that voice. But I think there needs to be more voices at the table, not only for more black

people to access harm reduction services, but for all sorts of the voices, that could speak to the funders, that could speak to decision makers that could speak to committees, and panels, and really give people an idea as to what our experiences are as peoples who use substances.”

– PWUD INTERVIEWEE

The majority of PWUD participants do not feel that their ideas are heard or implemented. Even as PWUD come up with innovative programs, ideas, and solutions, these ideas are often handed to workers with more privilege to operationalize. If PWUD are consulted on various topics, they should be given key roles in shaping and implementing initiatives that they conceive. Participants shared stories and feelings of being disposable, hidden, tokenized, frustrated and exposed. Feelings of tokenistic “checking boxes” for consulting PWUD was a common theme throughout the interviews. Some felt they are only being asked to participate in order to meet others’ criteria for inclusion, but the discussions leave people feeling exploited and tokenized.

“Well, so I feel like its selective, you know, what they value when, or what they want to hear and what they don't, you know? Once it starts getting political, they want you to shut up, want us to keep our mouths closed, or to tone it down a bit.”

– PWUD INTERVIEWEE

PWUD interviewees also noted that harm reduction organizations place too much emphasis on “professionalism” rather than supporting workers and allowing them to express emotions. They also felt that rules or “codes of ethics” can be too stringent and PWUD often feel micromanaged. There is often infighting and favouritism between staff within organizations, creating stress, trauma, skepticism and feelings of exclusion for PWUD.

As well, there is an undeniable lack of accessible supports with respect to trauma, burn-out and mental health for PWUD. In the face of an ever-growing drug poisoning crisis, PWUD workers often struggle to see that their work makes a difference. Providing PWUD options to process and heal from what they have experienced at work is paramount.

“I think, you know, given the context of everyone dying, and especially in the Downtown Eastside, which is, you know, my community. It’s hard, it’s hard to feel valued when you don’t feel like you’re, you’re stopping all this death. But I think, you know, in terms of organizational support, I definitely feel like my work is valued. Maybe it’s a question of, is it effective?”

– PWUD INTERVIEWEE

The ways that PWUD perceive themselves within organizations has everything to do with how they are treated by co-workers and management. There is often a hierarchy, with more compensation and opportunities going to people with formal education or professional titles than those with direct community-grounded knowledge and expertise of drug use. Organizations should find ways to rebalance these inequities and demonstrate respect and appreciation for the contributions and work of PWUD.

For PWUD, fair compensation, secure and permanent positions with benefits, and organizational efforts to reduce hierarchies amongst staff are essential, but they are not the *only* consideration in creating work cultures that respect and value the inputs, contributions, and perspectives of PWUD. There should be leadership opportunities for PWUD, creating equitable distributions of power within harm reduction services. Leadership and power sharing within programming that impacts their lives demonstrates respect for PWUD in ways that transcend financial compensation and other workplace concerns and conditions. These are ethical, human rights, and political concerns that cannot be reduced to a program budget or salary, and can transform the work of harm reduction agencies and services in real and valuable ways for all involved.⁷ The engagement of PWUD can transform organizations and governmental institutions, but can also transform the lives of PWUD. It builds partnerships and support networks, and offers essential supports for those engaged in the often difficult and frequently traumatic work of harm reduction.⁸ A core practice of any harm reduction organization is debriefing and emotional supports for harm reduction employees who witness and intervene in traumatic events.

Best Practice Recommendations

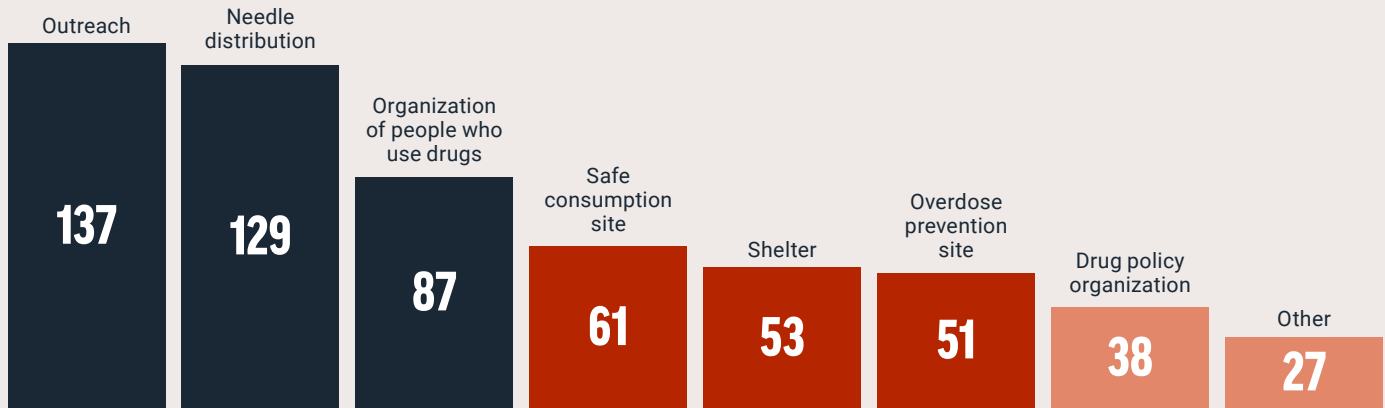
The following are prerequisites for PWUD to feel respected and valued within their harm reduction roles:

- ▶ A living wage that is equitable to other forms of expertise
- ▶ Strong and supportive work team
- ▶ Ongoing opportunities for mutual training and skill development
- ▶ Having a job title that is meaningful and conveys one’s expertise and role
- ▶ Provide letters of recommendation for PWUD workers and volunteers
- ▶ Create opportunities within the organization that aren’t just focused on the fact that PWUD workers use drugs
- ▶ Organizational leadership and staff should receive training on equity, diversity, inclusion and accessibility
- ▶ Recognize PWUDs’ expertise and incorporate their input in decisions
- ▶ Provide regular debriefing and emotional supports for harm reduction staff

7 Byrne, J., & Albert, E. R. (2010). Coexisting or conjoined: The growth of the international drug users’ movement through participation with International Harm Reduction Association Conferences. *International Journal of Drug Policy*, 21(2), 110-111.

8 Olding, M., Barker, A., McNeil, R., & Boyd, J. (2021). Essential work, precarious labour: The need for safer and equitable harm reduction work in the era of COVID-19. *International Journal of Drug Policy*, 90, 103076.

What kind of service or organization did you work at?



TYPES OF HARM REDUCTION ROLES AND RESPONSIBILITIES

“There’s not just one role, we do literally everything.”

– PWUD INTERVIEWEE

PWUD interviewees reported a wide range of experience in various types of harm reduction work. Most had experience working in street/mobile outreach, including needle debris/sweeps, distributing drug using equipment or sex use supplies, overdose response, making referrals and supporting fellow PWUD within their network. More specific roles under frontline overdose response included working in overdose prevention sites (OPS), supervised consumption sites (SCS), and as front-line respondents. Others worked as healthcare, safe supply, and opioid agonist therapy case managers, navigators, housing or shelter workers, project leads within organizational structures. From community health centers to sex work program coordinators to drug checking technicians, the PWUD interviewees brought a wealth of work and employment experience.

“I respond to overdoses, connect people to different resources, help meet like immediate needs, get them connected to case management, or get them connected to health care, and lots of like informal counseling, and de-escalation, stuff like that. I liaison with a lot of different community partners as well, like paramedics and shelters and different social services, resources. Sometimes police, unfortunately, and yeah, I capture a lot of data,

also, like the stats for the amount of people who access the site, and the different referrals that we make. So, I do a lot of data entry in that regard. I also participate in a lot of meetings, for my workplace in regards to different needs that our service users identify and try to relay that back to our management.”

– PWUD INTERVIEWEE

The PWUD interviewees described their skills in crisis de-escalation, informal counseling, liaising with, and making referrals to, health and social service community partners. They also noted that they are commonly engaged in administrative duties such as data entry and record keeping as part of their harm reduction roles. Some also had experience in developing training or workshop modules, or had opportunities to engage in research, data analysis, grant application or report writing. Many have also represented their organizations or network of PWUD on committees, panels, and advisory boards to help build relationships and develop programs, procedures, protocols and policies for various organizations. Community-based advocacy, organizing demonstrations/events and public speaking are additional ways that PWUD are engaged in harm reduction work. Roles within the community may overlap, from a day job working for an organization, to working casually at an OPS/SCS, to being an activist organizing a rally or demonstration. It is not uncommon for PWUD to wear multiple hats for various organizations.

Some PWUD workers are paid informally or only occasionally, usually through an honorarium (cheque), food vouchers or gift cards. While people appreciate the gesture, being compensated in this way can lead to uncertainty of income and being tokenized. Regular forms of payment for continuous work are much preferred.

“At times I would volunteer, at times I would be paid, depending on what projects I was working on, or what event I was doing or whatnot. But our payments, like usually were in cheque form and would take months to get like...waiting three months for a cheque.”

– PWUD INTERVIEWEE

PWUD noted that honoraria for participation in one-off events or advisory roles had highly variable rates of pay, often with long delays for payment, and with unpredictable and unclear rates of pay. Organizations must understand that many PWUD have no, low or precarious income and a delay of a week or two in an expected payment can be very disruptive in meeting their basic needs.

“This peer advisory board, like nobody would ask if we’re getting paid, they were all too scared to ask about payments. So there were times where we would go for training, and expect everybody’s getting paid. And then we’re told no, we’re not gonna get paid until we’ve finished two more trainings and then we’ll get paid for all of them at the same time. Like, stuff like that wasn’t conveyed to us, like how we were getting paid and when.”

– PWUD INTERVIEWEE

Overall, PWUD interviewees felt that there are not enough full-time paid opportunities that include a regular paycheque based on a salary or hourly wages. These kinds of employment are less common than part-time or casual jobs that are paid through cash honoraria or hourly wage (usually \$20 per hour) based on however many hours worked, often dependent on types of positions and the organization or program. Participants also shared stories of being paid far lower at \$10-\$12/ an hour. One suggestion from interviewees was that organizations could ease PWUD into “increments” of paid work with duties and number of paid hours increasing as PWUD are able to demonstrate that

perform their responsibilities well. Being assigned enhanced duties and pay raises shows PWUD workers that they are valued and capable, and their sense of confidence becomes a positive feedback loop to more responsibilities.

Best Practice Recommendation

Recognize that PWUD have many types of skills and expertise that they bring to harm reduction work. Even if PWUD are willing to volunteer, do not exploit their generosity. Work with PWUD to enhance their duties and offer predictable paid work to show PWUD workers that they are valued and capable. Also, recognize that PWUD workers deliver harm reduction outside of operating hours and there should be flexibility to compensate them for this essential work in the community.

PWUD interviewees reported many forms of unpaid work, partly due to their desire to give back or help their friends, loved ones and the community. But much of this unpaid work was because PWUD feel compelled to serve fellow community members, or because they were hoping to build work experience and be noticed for future employment opportunities.

“I went from full time down to 12 hours a week. But the amount of like meetings and stuff like that took up the 12 hours. So all the rest of like, anything I did, outside of that would be on me. And it was kind of expected.”

– PWUD INTERVIEWEE

“So when I was kind of building my career, I did a lot of that begrudgingly, a lot of the time because I was under compensated or not compensated at all. But I was trying to build a career for myself. So I was willing to do it, but I didn’t do it because I felt valued in that space.”

– PWUD INTERVIEWEE

When connecting with marginalized people, there is no on/off switch between work hours and personal time. PWUD employees tend to continue their harm reduction work in their personal time, almost always going above and beyond to support others.

“I try to leave work on time, I often don’t, but regardless, you know, on my way home, I encounter lots of people who I know who, you know, are either medical patients here or receive some kind of social services or other forms of broader health care at our center.”

– PWUD INTERVIEWEE

Trying to confine PWUD efforts to working hours or attached to strict timekeeping rules is not helpful from a harm reduction approach. Organizations should build in buffers within their personnel budgets to allow PWUD workers to bill for those hours spent outside of their scheduled work hours.

“I was being paid for 20 hours a week, and I was doing more than 20 hours a week of work. I’m sure I could have put my foot down and said no, I’m not willing to do anything more. But you know, things needed to be done. So yeah I’m sure I definitely did more than 20 hours a week.”

– PWUD INTERVIEWEE

Generally, work by PWUD in harm reduction settings has been found to be “precarious, characterized by nonstandard or casual work arrangements, high employment instability and insecurity, insufficient wages, and limited social benefits.”⁹ In Canadian harm reduction programs and agencies, these conditions have sometimes led to “ripple effects” that impact PWUD in real and direct ways – job precarity, casual employment arrangements and instability might lead PWUD to avoid pursuing structural changes (for example, unions) that might directly improve employment conditions out of fear that jobs and positions might be eliminated entirely. This in turn has very real potential impacts on those harm reduction organizations serving PWUD, as they perpetuate some of the social harms and inequities in the very organizations that provide services to PWUD. Harm reduction providers should recognise that employment precarity for PWUD creates inequity for the very individuals and communities that they work with and serve.^{10,11}

VOLUNTEERISM

Most of the PWUD interviewees got their start in harm reduction work through volunteer roles, offering their time to support events, projects, and tasks that were important to them. Some common ways that PWUD have volunteered are doing administrative tasks for organizations which lack funding, supporting PWUD after hours, and joining meetings or committees to share their voice. Also, grassroots harm reduction initiatives, advocacy and activism across Canada is typically led by volunteers. PWUD interviewees commonly noted that they do not work in harm reduction with the goal to make substantial money. Rather, they do the work out of “love, commitment and care” for their fellow PWUD, often out of a sense of “giving back” or even “making amends” to their community.

“There’s a certain amount of, you know, volunteerism, and I guess, honourable discipline, you need to have when you’re doing this kind of work, if you want to see like tangible and real social change.”

– PWUD INTERVIEWEE

9 Greer, A., Bungay, V., Pauly, B., & Buxton, J. (2020). ‘Peer’ work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85, 102922.

10 Greer, A., Bungay, V., Pauly, B., & Buxton, J. (2020). ‘Peer’ work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85, 102922

11 Greer, A., Bungay, V., Pauly, B., & Buxton, J. (2020). ‘Peer’ work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85, 102922.



Best Practice Recommendation

Harm reduction organizations may start as volunteer-run grassroots groups, but volunteerism cannot remain the cornerstone over the long-term. Organizations should actively seek funding in order to equitably hire PWUD. Volunteer roles provide important opportunities for PWUD to transition into employment. Volunteers should be provided with adequate training, mentorship and supervision (preferably by other PWUD workers) and be formally recognized through letters of recommendation. PWUD volunteers should be prioritized when paid roles become available. If an organization relies on volunteers, then these same volunteers should have a voice within the organizational decisions and structure.

It was common to hear stories from PWUD who began harm reduction work by volunteering their time and expertise in support positions or outreach roles. Sometimes PWUD would be offered honoraria or worked on contract. Some of the PWUD interviewees described feeling the need to “prove themselves” before being offered a paid or more regular position. PWUD interviewees noted the difficulty of building their resumes and volunteering can help build skills and experience that helps them gain employable skills. Most of the participants recounted that employment opportunities did eventually evolve from volunteer roles, but there were instances of more privileged workers filling positions ahead of those who have put in volunteer time. Interviewees noted that they were happy to volunteer and see harm reduction as mutual aid in their communities, but this does not discount the need for equity in who is considered for paid positions when they become available.

Volunteerism is an important and at times foundational component of harm reduction programs and services, and the contribution of PWUD as volunteers in these efforts is significant. While volunteerism can provide valuable employment training and skill-building opportunities for PWUD, it is important to recognize that these types of personal development might represent symbolic value to PWUD, but do not contribute to the daily needs of PWUD (food, housing, and procuring and using drugs).¹²

“You have to have a proving ground somehow. Sometimes that’s through volunteer-ship. But you know, there comes a point where a volunteer-ship...if there’s not an outcome of adequate compensation and sustainable income for people, then that volunteer-ship becomes a form of enslavement. And I think that organizations need to take great care to ensure that people who are volunteering with the understanding that this may lead to employment, be given proper support, direction, support to develop work plans, and also to know what the steps are going to be to in order for them to actually attain employment. And I think without that, you’re just doing an injustice to people who are highly vulnerable and have already been abused and dismissed and dispossessed, just displaced and disempowered.”

– PWUD INTERVIEWEE

¹² Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., Small, W., & McNeil, R. (2018). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy*, 55, 40-46.

ORGANIZATIONAL ISSUES

Organizations must take deliberate action to respect the expertise of PWUD. If implementing these practices is perceived as too complicated, complex, or unrealistic, it could be argued that such organizations and/or governmental institutions, are ill-placed to work with PWUD, their communities and drug use issues overall. Any program design and implementation should intentionally and thoughtfully include and engage PWUD; otherwise, there will be gaps in understanding the communities the organization serves and there will be blind spots, including logistical, practical and ethical concerns. Dedicating adequate resources for engagement of PWUD makes programs stronger and makes organizations/governmental institutions more relevant to the people they serve.

From a systems level perspective, many PWUD feel the stress of insecure project funding, knowing that their positions are both temporary and uncertain. The PWUD interviewees acknowledged that most organizations are under-staffed and under-funded with few resources. Newly formed grassroots harm reduction organizations, especially, often receive little to no support, funding or recognition from governments. The insecurity of harm reduction employment for PWUD adds anxiety to already demanding roles, and leaves the broader community of PWUD to feel disregarded and abandoned.

PWUD participants understand that many harm reduction organizations claim to have limited and often precarious funding and sometimes cannot afford to offer a living wage or benefits such as paid sick days. However, lack of funding is not a valid excuse for exploitive practices, such as using PWUD for cheap labour. Organizations must apply and seek out more funding and take responsibility for adequately paying PWUD. Precarious working conditions put PWUD in unstable situations and creates high staffing turnover, placing additional burden and burnout on remaining staff and disrupting service relationships with clients.

Several organizational and governmental representatives clearly identified a need to offer more generous compensation to PWUD but spoke to the chronic underfunding of NGOs and harm reduction especially. PWUD participants generally noted that federal and provincial governments are taking little action towards funding harm reduction programs,



Best Practice Recommendation

Harm reduction organizations must recognize that precarious and underpaid jobs are harmful to PWUD workers. Harm reduction organizations must secure funding so that PWUD workers can be fairly compensated. PWUD workers must not, by default, be the first to be sacrificed when there are funding shortfalls. Within funding pots for harm reduction and overdose prevention, funders (at all levels of government) should create dedicated funding to invest in PWUD expertise locally, regionally, provincially, and nationally.

OPS/SCS, and other lifesaving services that are needed to stop the ongoing public health crises. Government institutions/funders must ensure PWUD are not an afterthought in funded programs and take responsibility to ensure funding programs justly and equitably build PWUD leadership from the ground up. Lack of funding continues to leave organizational managers with difficult decisions, and too often PWUD employees are more impacted by funding cuts than management or other staff with formal credentials. Ironically, having PWUD on staff is often used to bolster funding proposals, but there is no reciprocity in adequately funding PWUD positions, and PWUD jobs are often the first to be cut when there are funding shortfalls.

“We just continually are being downgraded. That’s what I know, also, that we’re continually being offered half-ass or less than what we were previously. You know, that’s just been my experience is that I don’t think they really care about us, or we’re disposable. We’re just a non-profit. In the end, it will be nurses and doctors who are our big saviors, according to the system.”

– PWUD INTERVIEWEE

Several participants spoke of structural challenges to fair and adequate compensation, especially as it pertains to PWUD in board or volunteer leadership positions. These participants reported guidelines

and policies that specifically prohibited the paying of wage or salary to board or volunteer positions; in the case of board representation, potential for conflict of interest and the need to maintain board objectivity was highlighted as a specific barrier. It should be noted that Canadian charitable registration does not always prohibit financial compensation to board representatives. For example, board members may be reimbursed for reasonable expenses incurred by them in the performance of their duties.¹³

Organizations providing supports and services to PWUD report many barriers and constraints in developing equitable, well-paid services run by and for PWUD, including those offering harm reduction support. Adequate long-term funding for harm reduction programs, including staffing and PWUD roles, is frequently unattainable. Funding sources may be sporadic and term-limited, as in the case of one-time grants, pilot programs, and research studies.

Individual organization budgets vary significantly depending on jurisdiction, organizational capacity and how well-established an organization is. It may not be possible to create full staff positions for PWUD. In this case, organizations or agencies

should consider paying PWUD the equivalent hourly wage for the engagement or involvement of PWUD rather than honoraria.

Studies have found that most harm reduction service programs are initiated by non-profit and non-governmental organizations, many representing small, grassroots initiatives by community residents without the knowledge or experience necessary to secure sufficient funding for organizational costs, including staffing. Most harm reduction agencies (87%) run by non-profit and non-governmental agencies fall well below the benchmarks of harm reduction funding set by the United Nations, and even those programs in higher-resource settings face risk of budget shortfalls, funding precarity, and even closure.^{14,15,16} These programs also face constraints owing to a variety of local and federal prohibitions against or outright criminalization of drug use, including the provision of spaces for drug use and the distribution of drug use supplies for PWUD. Combined, the pressures of inadequate and sustainable funding, and a patchwork of discriminatory policies towards PWUD and the agencies that work with and for them, has significantly contributed to the precarity of employment conditions for harm reduction workers.¹⁷

13 https://www.canadiancharitylaw.ca/blog/cras_view_of_compensation_of_directors_of_registered_charities/

14 Stone, K., & Shirley-Beavan, S. (2016). The global state of harm reduction 2018.

15 Cook, C., & Davies, C. (2018). The Lost Decade: Neglect for harm reduction funding and the health crisis among people who use drugs. *London: Harm Reduction International*.

16 Olding, M., Barker, A., McNeil, R., & Boyd, J. (2021). Essential work, precarious labour: The need for safer and equitable harm reduction work in the era of COVID-19. *International Journal of Drug Policy*, 90, 103076.

17 Pauly, B. B., Mamdani, Z., Mesley, L., McKenzie, S., Cameron, F., Edwards, D., ... & Buxton, J. A. (2021). "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. *International Journal of Drug Policy*, 88, 103015.

QUALIFICATIONS AND TRAINING FOR HARM REDUCTION WORKERS/VOLUNTEERS

A primary area of tension in meaningful and equitable engagement of PWUD in harm reduction work is the difficulty in codification or classification of “lived/living expertise of drug use” as a professional qualification. Basic concepts in programming like “professional qualifications,” for example, remain rooted in licensure, academic credentials, or time served or experience gained in specific employment settings, and may not consider the expertise of PWUD to be a “qualification.”

“People who use drugs are the experts. And as somebody who isn’t one of those people, my job is to help where THEY decide I need to. I can help and still continue to recognize that they are experts.”

– ORGANIZATIONAL REPRESENTATIVE



PWUD shared feelings of being stigmatized because they lack the formal credentials despite the fact that they often perform the same work of nurses and social workers within harm reduction organizations.

Many organizations described the difficulty in recognising the value of experience of illegal drug use as a qualification within sectors that rely heavily upon credentials, licensure, professional training, and the need for technical and educational experience. Several organizational participants also expressed concern about honouring specific PWUD because of the risk of outing, concern over tokenisation, and concern that PWUD as an identity could supersede other intersections of experience and identity. Several participants noted specifically the emotional labour of PWUD involved with initiatives who were asked to “wear” that identity for *all* PWUD, and the unfairness of asking one individual to represent the voices and perspectives of so many.

“Really, harm reduction refers to a well-developed body of knowledge and practices. It’s a profession. It’s a practice...I mean it’s both a term for services, and a profession.”

– PWUD INTERVIEWEE

Those organizations that identified the most innovative practices in recognising and honouring drug use experience specifically framed lived/living experience of drug use as an expertise or expert qualification. One organizational representative reported that their organization would only hire PWUD, and that they actively and specifically recruited those with either current or previous drug use experience. An additional innovative practice was integrating staffing positions and opportunities into what one organizational representative called “full labour equality” of PWUD within the organization. Even if a PWUD does not have sufficient expertise in one content area (for example, event planning and coordination), there should be explicit recognition that the experience of PWUD is a valued employment classification and type of expertise. Many participants identified the need to go further than “*Nothing About Us Without Us*” when respecting the expertise of PWUD, such as shifting to leadership models that recognise that the essential experts are PWUD, and ensuring that leadership positions and decision-making are always driven by PWUD. Indeed, the terrible reality of the overdose crisis and related deaths in Canada may be a consequence of excluding the wisdom, expertise, and leadership of PWUD.

Most of the PWUD participants noted that they had received little or no formal training in relation to their harm reduction work roles. However, as PWUD, they bring community connection, understanding of drug culture, and empathy for other PWUD that no amount of training can provide. While many stated that they were “self-educated” and brought their expertise in the form of lived/living experience, others characterized their training as “trial and error” or being left to figure things out on their own. The PWUD participants provided a helpful list of the kinds of training that they had received, or wished to receive, for their various paid or volunteer roles within harm reduction organizations:

- ▶ Anti-discrimination
- ▶ ARAO (anti-oppression, anti-racism)
- ▶ Biohazard handling
- ▶ Conflict resolution
- ▶ Coping with grief and loss
- ▶ COVID screening
- ▶ Crisis intervention
- ▶ Cultural safety and humility
- ▶ Decolonization
- ▶ Drug use effects and responses
- ▶ Engagement with LGBTQ2S+ communities
- ▶ Experiences within correctional facilities
- ▶ First Aid
- ▶ Freedom of Information and Protection of Privacy
- ▶ Hepatitis C, HIV and STI prevention
- ▶ Human resource policies
- ▶ Indigenous approaches to harm reduction
- ▶ Injection drug use and vein care
- ▶ Managing professional/personal boundaries
- ▶ Mental health and safety
- ▶ Mental Health First Aid
- ▶ Overdose prevention
- ▶ Overdose response: CPR, Naloxone, oxygen and defibrillator use
- ▶ Oxygen administration
- ▶ Police de-escalation
- ▶ Prisoner release plans
- ▶ Privacy and Health Information Act
- ▶ Privacy and confidentiality
- ▶ Program data management
- ▶ Proper use of personal protective equipment
- ▶ Inclusive use of language
- ▶ Self-care and burnout prevention
- ▶ Socio-political aspects of drug use
- ▶ Suicide prevention and response
- ▶ Trauma informed practice
- ▶ Workplace harassment
- ▶ Wound care and management

Many PWUD participants with experience working in harm reduction noted that they had received a variety of training, the most valuable of which were on the topics of CPR, First Aid, mental health first aid, crisis intervention, trauma informed practice, filling out social assistance and housing assistance forms, injection drug use, overdose prevention and reversal, and prevention of sexually transmitted and blood borne infections. While many interviewees referred to their experiences of drug use as the best training for harm reduction work, there were many recommendations for training topics that should be considered standard offer for new workers: training and use of a bag valve mask and oxygen, conflict de-escalation training, confidentiality, self-care and burnout prevention, self-defence, an anti-oppressive anti-racist approach to harm reduction, engaging

with the 2SLGBTQIA+ (Two-spirit; Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual Plus) community, the clinical side of harm reduction, how not to take work home with you, respectful terminology and language, and understanding racism as a determinant of health. Multiple harm reduction employees noted that the most valuable and important training they received was for administration of Naloxone. Finally, training for all harm reduction personnel (staff, volunteers, managers) should include the concepts of institutional and structural racism and bias and their impact on under-served and under-represented communities. Harm reduction personnel should also learn how to incorporate the perspectives of multiple communities, including communities of colour (including but not limited to Indigenous, African, Caribbean, Black, and Brown

communities), in the consideration of impacts and outcomes of a decision-making process.

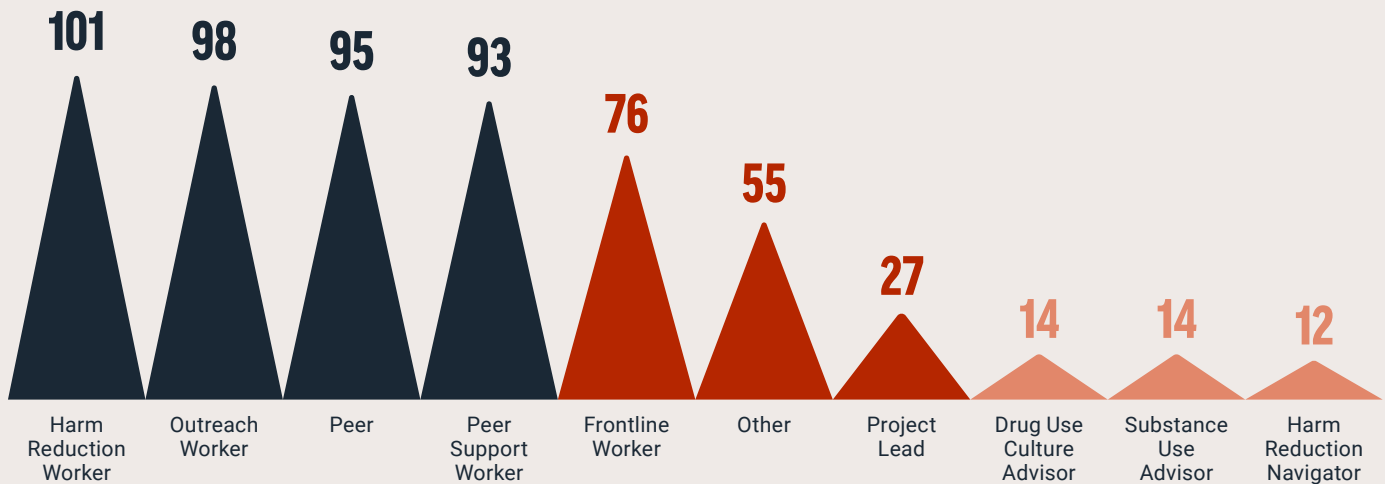
PWUD participants reported varying levels of satisfaction with the kind and amount of training that they received as part of their harm reduction volunteer/work roles. While some employees felt prepared or confident in their training, others felt that they were lacking basic requirements, such as First Aid training and/or ASIST: Applied Suicide Intervention Skills Training. Participants noted, however, that formal training programs can be costly and small organizations may lack the capacity to provide extensive training opportunities. Participants also noted that inconsistent management structures can cause the availability of training opportunities to be volatile. Some employers substitute formal or accredited training with “team building” activities.

Organizations that do not provide any training should consider the impact on individual PWUD, who may find themselves in workplace settings in which they are not provided the tools, resources, and opportunities to succeed. Both organizational

representatives and PWUD interviewees frequently identified the lack of formal training opportunities for PWUD as a barrier and obstacle to equitable engagement but lacked a clear vision for how this could be remedied. One recommendation is that all harm reduction organizations ensure adequate budget for training of *all* personnel, and use these training programs as opportunities to engage PWUD in identifying specific training needs and opportunities, developing and delivering the training programs to new staff.

The impacts of widespread lack of formal training for PWUD working in harm reduction settings, as well as the ongoing supports required for successful employment, is underrepresented in literature on the unique roles of PWUD in the harm reduction sector. While research may not yet capture the specific relationship between training and support deficits and challenges to successful, sustainable employment, it can reasonably be inferred that insufficient training and lack of ongoing worksite supports for PWUD increases the overall risk of employment precarity for PWUD.

What titles have you been given in your paid or volunteer work roles?



ROLE TITLES FOR PWUD WORKING IN HARM REDUCTION ORGANIZATIONS

PWUD participants listed a wide variety of role titles that have held within harm reduction organizations.

- ▶ Addiction Worker
- ▶ Board Member
- ▶ Case Manager
- ▶ Community Counsellor
- ▶ Community Liaison
- ▶ Community Support Worker
- ▶ Educational Workshop Facilitator
- ▶ General Member
- ▶ Harm Reduction Counsellor/Coordinator
- ▶ Community Organizer
- ▶ Coordinator
- ▶ Director
- ▶ Harm Reduction Educator/Coordinator
- ▶ Harm Reduction Outreach
- ▶ Harm Reduction Satellite Worker
- ▶ Harm Reduction Specialist
- ▶ Health Navigator
- ▶ Injection Drug Use Outreach and Support Worker
- ▶ Intervenor
- ▶ Lived/living experience Advisor
- ▶ Overdose Prevention Site Coordinator
- ▶ Overdose Prevention Worker
- ▶ Pair à la Mobilisation (Peer Worker for Involvement and Advocacy)
- ▶ Peer Community Based Research Team Facilitator
- ▶ Peer Coordinator
- ▶ Peer Educator
- ▶ Peer Health Educator
- ▶ Peer Lead Development Coordinator
- ▶ Peer Mentor
- ▶ Peer Witness
- ▶ Peer Worker
- ▶ People with Living/Lived Experience Stakeholder Engagement Lead
- ▶ Project Lead
- ▶ Program Coordinator
- ▶ Shelter Worker
- ▶ Speaker
- ▶ Street Outreach Coordinator
- ▶ Support Worker

As PWUD working in harm reduction, the titles that they are given and how they are referred to, matters to PWUD both personally and on a professional level. Titles are something PWUD are generally proud to have, and several participants shared that they tended to work harder when they felt there was value behind the titles. Over half of the participants expressed positive associations with their “Peer” role titles, feeling important, respected and empowered as a result of their title. When working with other PWUD, their work titles signify that PWUD hold specific value in their connectedness to community and having a title gave a sense of purpose.

“I have life experience and lived experience that’s similar to these folks. So, also part of my job is to share my experience, share some of my life experience in order to create a more equal sort of working relationship with these folks. So I’m not really like a doctor or a social worker...that can sometimes be a little bit triggering for a lot of folks. But as a ‘Peer,’ I sort of mix in lived experience with some concrete supports for folks that are using drugs.”

– PWUD INTERVIEWEE

Many said they felt more approachable among other PWUD with titles that indicate that they are fellow PWUD with relatable expertise. They preferred the word “Peer” in their title as it conveys a shared connection to the lives of PWUD, and more specifically, conveys direct experience with illegal drug use. It connects people to their community and creates a balance of power and understanding. Without “Peer” in the title, some people do not feel like their title encapsulates their valuable role as a fellow community member. “Peer” in one’s work title evokes the expertise and insight into the realms of drug use, and forms bonds that allow people to open up and seek support with others who have experienced similar lifestyles. Some participants also noted that the “Peer” title is a helpful signal to other PWUD that this worker can relate on a more intimate level with their struggles and challenges, and are more likely to create spaces that are equitable when clients are seeking help from a harm reduction organization. It was also noted by some that “Peer” is an earned title, and that those who have no direct experience with drug use but are allies, should not be titled as “Peers”. Additionally, PWUD employees/volunteers want control over disclosure of their drug use

expertise, and having “Peer” in their title can take away that agency.

“I am part of the, you know, the movement and the conversation to refer to Peers, as people with lived experienced, people who have expertise, or experts because the designation of Peer, as it’s been an integral part of harm reduction work and has been has presented as positive. It also has negative outcomes as it relates to how people are included in larger organizational meetings and discussion.”

– PWUD INTERVIEWEE

Conversely, participants felt strongly that the dichotomy in types of expertise – professional/academic versus PWUD – should be abolished. These participants noted that “Peer” is often stigmatized by professionals in other areas of healthcare, institutions, and sometimes within their own organizations. The title is an unnecessary outing of their choices or lifestyle, and discloses information that people may not be comfortable with. This involuntary outing can do a lot of harm to family members, or when seeking a letter of recommendation, or applying for other employment opportunities. Some interviewees felt that the drug use implication in their job title and job description made it difficult for them to obtain employment outside of harm reduction. Others noted that PWUD who are securely housed or look “put together” were given more professional and elaborate titles than “Peer” titles. Some harm reduction employees refer to themselves as “Palatable Peers”, noting the privilege of being (or appearing to be) a “high functioning” PWUD, and recognizing that privilege plays a part in how a worker is labelled.

Best Practice Recommendations

Organizations should collaborate with PWUD workers to identify a job title that:

- ▶ Does not involuntarily disclose a worker’s current/past experience with drug use
- ▶ Conveys the expertise held by PWUD workers
- ▶ Conveys the roles and responsibilities fulfilled by PWUD workers
- ▶ Communicates to clients that the worker has expertise and experience

“But as soon as I was tapped with interacting with people and agencies outside of us, all of a sudden, I realized that the only people anyone cares about are nurses.”

– PWUD INTERVIEWEE

Some PWUD participants felt that “Peer” titles can contribute to internalized stigma, leading PWUD to think they are not capable of holding a higher position in an organization. Stigma from co-workers who have academic or professional credentials can be problematic in a team and PWUD can be made to feel like second-class citizens within their workplaces, feeling hidden, forgotten or unheard. This stigma crosses into interactions with other organizations, the healthcare system, and other professionals. PWUD interviewees recounted incidents when healthcare providers, paramedics, or police had subjected them to ridicule, shame, anger or misunderstandings within professional settings. In these instances, the title of “Peer” has been harmful. Some of the PWUD participants noted that their role title is almost always lowest in the staff hierarchy. The title constantly outs them as a person who uses drugs and they worry about being perceived as illegitimate or unprofessional. One participant noted that “Peer” workers are not always included in general staff meetings in some spaces, and thus are left out of important discussions within the organization and don’t have opportunities to build equitable working relationships with their co-workers.

“I’ve heard some people say that when they’re working with their communities, that they prefer the word Peer, and it resonates better with the people that are trying to serve or help. But then when they step outside and trying to work with or educate other professionals, the peer title often holds them back and they would prefer, like Harm Reduction Worker, Frontline Worker, works better with people like, academics or professional type of people. So it’s really interesting how a title can change people’s perceptions of us, even though we’re doing the exact same work.”

–PWUD INTERVIEWEE

The majority of participants believe that Harm Reduction Worker, Frontline Worker, or Outreach Worker are positive titles that encompass a variety of skills and duties. Participants felt that these titles

imply, and are commonly understood to mean, that those who hold these titles have some form of lived or living expertise of drug use and display compassion, kindness and respect in their interactions. The term “Navigator” was also mentioned frequently as a preferred title, signifying that someone is able to help navigate resources, systems, or the individual needs of clients. Worth noting from our interviews is that many PWUD identify as first responders, yet they are rarely referred to as such. In their frontline responder roles, they meet urgent basic needs as well as intervene in crisis situations (e.g., overdose, emotional or psychological distress, wound care).



“We do outreach, we do support, counseling, we provide referrals. So, I think harm reduction worker, really encompasses the work. I think we’re all harm reduction specialists in our own right, we have our own understanding that’s very unique to the work that we do, combined with our experience.”

– PWUD INTERVIEWEE

Below is the list of suggestions from PWUD participants about titles that they would prefer as people working in harm reduction services and organizations:

- ▶ Drug Culture Advisor
- ▶ Frontline Worker
- ▶ Harm Reduction Coordinator /Counselor
- ▶ Harm Reduction Specialist
- ▶ Harm Reduction Worker
- ▶ Justice Prevention Worker
- ▶ Navigator
- ▶ Outreach Worker
- ▶ Peer Coordinator
- ▶ Peer Mentor
- ▶ Peer Support Worker
- ▶ Project Lead
- ▶ Program Coordinator
- ▶ Person with Lived/Living Experience
- ▶ Substance Use Advisor
- ▶ Social Mediator

“I think I would lean slightly more towards ‘person with lived experience’ over a ‘peer’ per se, but I think I would prefer to have to have my own title that would be unique to the work that I’m actually doing, as opposed to yeah, exactly having this label put on me.”

– PWUD INTERVIEWEE

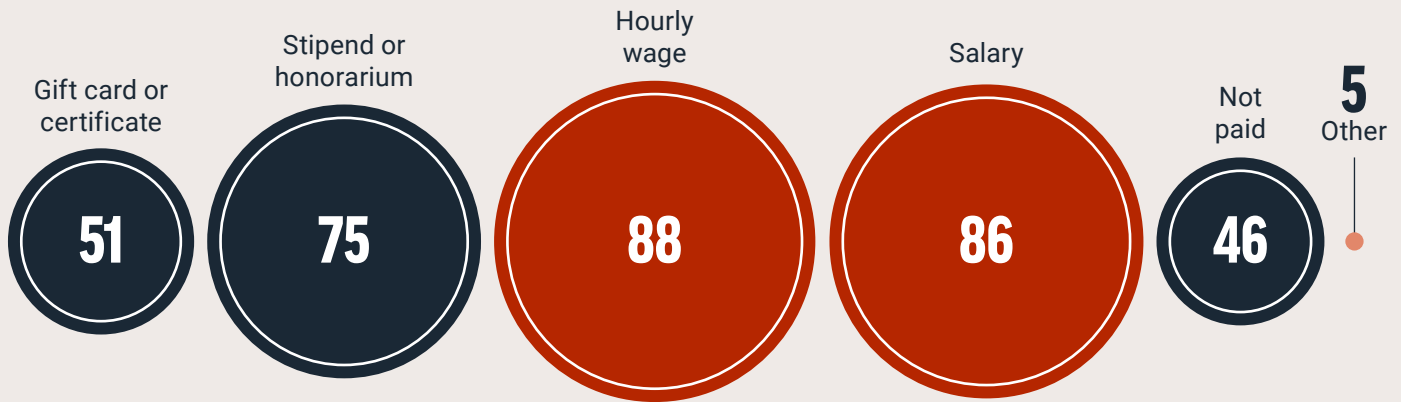
Finally, a number of participants expressed they were indifferent to titles. More important than titles is how a worker treats clients and interchangeable buzzwords shouldn’t matter. Generally, careful considerations must be made when creating and naming a role for PWUD workers (both paid and volunteer) within harm reduction organizations. The most fundamental best practice is to ask PWUD workers for their opinion and preference about their title. All individuals engaged in harm reduction work

deserve recognition with a title that they are comfortable holding. Organizations should collaborate with PWUD to identify a role title that suits their particular expertise and skills, captures the expectations of the role, and is respectful. The title needs to strike a balance between being both professional and accessible.

“Hopefully, we’ll just have titles that reflect what people are actually doing, as opposed to imposing this title of their experience onto them. Or letting people decide for themselves kind of what their title would be...And I know, ‘Peer,’ for example, it’s fallen out of favor in some places and other places still really embrace that term.”

– PWUD INTERVIEWEE

How were you paid for your work?



FAIR COMPENSATION FOR PWUD WORKING IN HARM REDUCTION ORGANIZATIONS

Central to this Best Practices document is fair and equitable payment for people who have expertise in drug use, harm reduction, overdose prevention, living with HIV or HCV, criminalization and/or imprisonment, sex work and/or street involvement. Despite the extensive expertise held by PWUD and their special abilities to reach and relate to clients, they are often underpaid in relation to other staff with credentialed qualifications.

“Stop the wage difference and stop saying that, because they don’t have a university degree, they don’t know what they’re saying. You know, at (organization) we heard a lot of things, “Oh no, but you didn’t go to college for four years, you shouldn’t get the same salary as me,” well, yeah, “you didn’t do nine years in prison either, you know.”

– PWUD INTERVIEWEE

The level of pay and benefits for PWUD who work in harm reduction varies significantly across Canada and even between harm reduction organizations within the same region. Some interview participants felt that their own pay was fair, but that their colleagues at neighbouring organizations were not receiving fair pay. PWUD participants reported a variety of payment structures, spanning from pure volunteer roles for no pay, to ad-hoc (one-off)

engagements for an honorarium, to part-time or full-time hourly wages, to full-time salaries with benefits. When asked to assess the fairness of their level of pay, some PWUD who work in harm reduction organizations perceived themselves to be “extremely underpaid” while others felt that they had “fair compensation.” Perceptions of fairness varied by comparators.

Many of the PWUD participants were satisfied with their level of pay. One PWUD mentioned that it is the first time in their life that they have not been “low-income.” They also appreciated other forms of compensation and benefits through their paid employment, such as being able to take time off in lieu of overtime. Many of the interviewees noted that they are pleased to receive a living wage, and some even felt that minimum wage would be fair for workers in the harm reduction sector. Several PWUD noted that they do not mind working extra hours to get necessary work done, and even expressed surprise that they were offered paid positions, because they would have done the harm reduction work as volunteers and are happy for the opportunity to build their resume. On the other hand, some of the interviewees noted that they began with volunteer roles within harm reduction organizations with the implicit understanding that there is “future promise” of paid work with the organization.



Best Practice Recommendation

PWUD workers should be paid a minimum starting wage of the livable wage of their province (no less than \$25 per hour) plus health benefits, vacation, and reimbursement for on-the-job expenses.

For one-off work engagements (e.g., workshop or conference speaker) PWUD should be paid \$50/hour, in a timely and predictable way, by cash and not by gift card. Hourly wages should be no less than \$25 per hour.

Some of the PWUD participants noted that they do not expect to be paid as much as nurses and social workers in harm reduction organizations, while others believed there should not be any discrepancy in pay between those with expertise of drug use and those with education-based credentials. Many of the interviewees felt that their drug culture expertise is not valued or reflected in their pay, even when taking on the job responsibilities of managers or supervisors. This inequity in pay is often paired with long wait times for payment, risky street-based outreach work (e.g., needle clean-ups), and a job title that outs individuals as PWUD and garners less respect from colleagues. One of the participants advised that PWUD negotiate with their employer to avoid having “Peer” in their job title, as “you may end up with higher compensation.”

“I had the idea of making a salary scale where experiential knowledge would have the same value as, say, schooling. Good if you have both, but there’s not one that’s better than the other.”

– PWUD INTERVIEWEE

Harm reduction organizations pay part-time, full-time, permanent, and contract employees through hourly wage and salary, and through direct deposit and e-transfer. Some of these organizations provide employees with benefits packages. Shorter-term, less permanent positions, such as irregular shifts

or event attendance are mostly being compensated via stipends, gift cards, cash, and/or coverage for travel and accommodations. Several interviewees also noted that PWUD who are receiving social assistance will receive their ad-hoc pay from the organization “under the table” so as not to jeopardize their government benefits. Gift cards are generally perceived to be paternalistic. One participant reported, for example, that they were given a gift card to a store that doesn’t sell cigarettes, and that the employer knew this. PWUD participants also noted lengthy delays to receive honorarium payments, sometimes taking weeks. It should also be noted there is no obligation to report social insurance numbers or issue T4 slips for short-term, casual work engagements such as honoraria.

Harm reduction organizations tend to prioritize compensation for credentialed staff, such as those with social work and nursing degrees, over workers with expertise of drug use. In situations in which organizations have a decline in funding, for example, PWUD staff are often the first to lose their jobs. In addition to this job instability, PWUD participants also noted that in many organizations, PWUD workers hold the same responsibilities as those with social work or nursing degrees/diplomas, but make significantly lower wages/salary and fewer benefits (e.g., sick days, vacation time). PWUD workers are also often last to be considered or included in networking or professional development opportunities.

Organizational representatives reported a variety of compensation rates, and highlighted structural challenges to offering fair and adequate compensation to PWUD. Only a small number of interviewees reported that they paid PWUD full-time salaries. Of note, these organizations all reported that these salaried positions were created specifically to provide a professional classification of expertise to PWUD within their organization, and that salaries were commensurate with equivalent positions within the agency or organization. Several interviewees indicated that as lived/living expertise of drug use was not a specific qualification in filling organizational positions, there likely were PWUD currently employed (but not “out”) who would be earning a fair wage according to internal pay guidelines.

PWUD participants were asked to indicate the wage or salary that they felt should be a minimum starting pay rate for PWUD harm reduction workers. PWUD interviewees preferred starting wages ranging from minimum wage to \$45,000 per year annually. The majority of respondents stated preferred starting wages between \$24 to \$30 per hour, and noted that these rates should be higher for one-off presentation or speaking roles. If people are working in communities with high cost of living (e.g., Vancouver) or remote communities (in Yukon or PEI for example), wage/salary rates should be increased to accommodate the cost of living. PWUD interviewees most commonly considered \$25/hour a starting living wage, but a range of other amounts were also listed:

- ▶ Minimum wage
- ▶ A bit more than min. wage
- ▶ \$14/hr (approx. \$27,000/yr)
- ▶ \$15/hr
- ▶ \$16/hr
- ▶ \$17/hr
- ▶ \$17.50/hr
- ▶ \$18/hr
- ▶ \$19.23/hr
- ▶ \$20/hr
- ▶ \$21/hr
- ▶ \$22/hr
- ▶ \$23/hr
- ▶ \$24/hr
- ▶ **\$25/hr (approx. \$49,000/yr)**
- ▶ \$27/hr
- ▶ \$28/hr
- ▶ \$30/hr (approx. \$58,000/yr)

In addition to this suggested starting wage, PWUD interviewees noted other key compensation requirements, such as paying enough for staff to cover the cost of additional needed vehicle insurance if that is required of employees, and extra pay for client accompaniments. Interviewees noted that \$50 per hour is fair pay for a PWUD presenting at a speaking engagement, and that \$28 per hour was fair for hiring a Harm Reduction Consultant. Although many interview subjects mentioned that they “would do this job for free” because their primary motivation for being involved in the work isn’t for the money, equitable pay should be universal across all PWUD positions.

“It’s like peer worker positions where they’re paid in honoraria - they’re not compensated well and they’re not provided benefits. And those were some big reasons for moving [our model] into salaried and benefited roles. We want to just provide PWUD with supports that other stuff had available to them. PWUD are dealing with the overdose crisis at home AND for work - and they don’t have access to mental health benefits, or anything that other employees do. But those other employees are not bringing that work home with them as much as PWUD are.”

– ORGANIZATIONAL REPRESENTATIVE

Insufficient wage compensation and job insecurity can lead to or exacerbate housing stress and precarity for PWUD, can make long-term life planning difficult, and can lead to increased personal debt and interpersonal stress. These conditions can then directly impact the work performance of PWUD, which can then make employment opportunities even more precarious. PWUD have reported earning less than minimum wage in many PWUD positions, and studies have documented PWUD being paid as little as \$3.00 per hour for some PWUD positions.¹⁸ PWUD have identified low-pay rates as demeaning, and one of many factors that furthers and contributes to the ongoing stigmatisation and oppression of PWUD in communities and society. PWUD interviewees reported feeling that they have been subjected to “poverty pimping” by harm reduction agencies paying sub-standard compensation, and that low pay may be intentional, in order to create labour conditions that deliberately exploit those PWUD at their most financially desperate.¹⁹ Without ensuring fair and adequate compensation, harm reduction organizations are adding to the oppression, stigmatization and discrimination of PWUD.

18 Greer, A., Bungay, V., Pauly, B., & Buxton, J. (2020). ‘Peer’work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85, 102922
 19 Greer, A., Bungay, V., Pauly, B., & Buxton, J. (2020). ‘Peer’work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. *International Journal of Drug Policy*, 85, 102922.

DUAL ROLES AND MANAGING RELATIONSHIPS

For many PWUD who work in harm reduction, a major challenge and skill is managing the dual roles of being a service provider while also being a community member. PWUD come to their harm reduction positions with pre-existing relationships with other community members, many of whom are clients. Co-habiting, having sexual relations, engaging in drug transactions with clients, or using with a client when not at work, are all practices deemed by many harm reduction organizations to be crossing professional boundaries, and are thus prohibited or at least discouraged for reasons of potential/perceived conflict of interest. PWUD participants noted, for example, that there are instances when a harm reduction employee will provide housing for friends who were personal connections before the individual gained employment from the organization, and they are fired from their jobs due to a conflict of interest.

“A lot of us work as peer navigators and our work just kind of melts into our personal life because we eat, breathe, sleep drugs and harm reduction, right? So, we don’t really get that break between things.”

– PWUD INTERVIEWEE

The challenges are especially pronounced for harm reduction workers who identify as people who currently use drugs. PWUD are hired because of their intimate connection to, and knowledge of, the community and the local drug use culture/scene. PWUD workers are able to draw on their own experiences to know what drugs are currently circulating and guide their clients in using safely. However, they are not always able to draw clear boundaries between community and personal connections, and their role as harm reduction workers/volunteers. For example, a harm reduction worker may be actively struggling to find a drug supply for themselves or a loved one, or have the responsibility of “keeping their partner alive,” and thus may be late for work or miss meetings.

“It’s like I’m a fake Peer, even though I was sick to my stomach two hours before, I called because I couldn’t get my dope, and I missed a staff meeting.”

– PWUD INTERVIEWEE

Likewise, harm reduction workers never really leave their work behind. Because of their personal connections within the community of people who use drugs, their work in providing emotional, mental health, harm reduction and related supports to PWUD does not end when their work shift is over. Harm reduction employees thus cannot escape the responsibility of looking out for other people and can feel that no one is helping them take care of their own mental health and/or issues related to drug use.

“But most times, there’s usually always stuff to do after hours, outside work hours, especially things like, people reaching out just to talk when they’re lonely or depressed.”

– PWUD INTERVIEWEE

“My boss keeps saying to me, you need to learn to shut that off. I’m like I can’t, I just can’t do it. I can’t say no, somebody messages me or calls me, and they’re in crisis. I’m going to stay on the phone with them every time.”

– PWUD INTERVIEWEE

Some of the interview participants noted that they can feel physically unsafe at work, such as when working in a safe consumption or overdose prevention site with a client who is having a violent episode. Others mentioned that they have worked with colleagues who have overdosed and died on shift. Ironically, harm reduction organizations amplify the message “don’t use alone.” However, when employees of harm reduction organizations are forced to hide their drug use, using alone is often a reality. This in turn, can lead to overdose and overdose deaths.

“If the theory is to keep substance users safer, and the advertisement of these services is don’t use alone, then why should employees?”

– PWUD INTERVIEWEE

The stress of dual roles also arises when harm reduction workers witness or experience disrespect towards clients from other professionals (e.g., social workers, paramedics or police officers). Interview participants noted that they have felt torn between maintaining professional distance, and intervening on behalf of a client in violent encounters with police officers.

“What if the police just think I’m basically a criminal, or look at me, like I’m not a paid person doing what I’ve been asked to do by a committee that involves the chief of police.”

– PWUD INTERVIEWEE

Employers are unlikely to fully understand the challenges of dual roles played by PWUD workers, and should pay PWUD to train managers and non-PWUD co-workers about how to support their PWUD colleagues through these challenges. PWUD harm reduction workers typically receive no training on how to handle conflict of interest or general role stress between their personal and professional lives, and employers do not adequately define boundaries in their employee policies. Employers and PWUD workers must collaborate to define and understand where a PWUD worker’s culture and community connection and expertise begins and/or ends in relation to their work role. For the most part, harm reduction workers reported that they received no training on how to deal with the crossover of client relationships in post-shift life. In many cases, harm reduction workers both live and work in the same area, making this an even more difficult boundary to set. PWUD participants stressed the desire for more training in the area of personal/professional boundaries and relationship management. Additionally, they expressed the need for training on how to deal with clients who are acting out in aggressive ways. They also noted the need for training regarding guidelines around maintaining confidentiality within client-service provider relationships, even outside the workplace context, akin to a client-counsellor relationship.



Best Practice Recommendation

Harm reduction organizations must acknowledge that PWUD are often hired because of their intimate connection to, and knowledge of, the community, the local PWUD and their culture. Thus, it is contradictory to penalize PWUD workers when these relationships enter the work place context. PWUD workers must receive training (ideally from more experienced PWUD workers) on how to handle conflict of interest or general stress between their personal and professional lives. In collaboration with PWUD workers, employers must clearly define workplace policies, procedures, and protocols related to boundaries and confidentiality at work that respect these relationships.

It was also noted that even when a PWUD is no longer working as a harm reduction worker, their former clients may still seek support and advice from them and do not want to have to develop a relationship with other harm reduction workers. Research conducted with PWUD working in “Peer” and other roles within harm reduction agencies and services has documented that this work can create significant stress for PWUD, and can cause lasting harms to physical, mental, and social wellbeing. For many PWUD working in harm reduction settings, the ongoing COVID-19 pandemic has created significant additional risks to physical and emotional health. The meaning and values that PWUD take from employment within harm reduction agencies is an important consideration, but is not the only one. Concrete efforts to value and recognise the staffing contributions of PWUD should also involve a commitment to ongoing, adequate supports for their roles beyond the intrinsic value of experiential work for PWUD.²⁰

²⁰ Pauly, B. B., Mamdani, Z., Mesley, L., McKenzie, S., Cameron, F., Edwards, D., ... & Buxton, J. A. (2021). “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. *International Journal of Drug Policy*, 88, 103015.

DRUG USE AT WORK AND WHILE WORKING IN HARM REDUCTION

Active drug use at work or events presented an area of tension for interview participants – both PWUD and organizational representatives. It was universally held that PWUD may need to actively use drugs at work or events to stay healthy, and it was also universally held that honesty, transparency, and the de-stigmatisation of active drug use are all essential and important values. Some of the organizational representatives identified specific policies or procedures that addressed active drug use at work or events, including: what was and was not considered “drug use” (e.g., staff may legally take prescription drugs, but are not allowed the use of illegal drugs, such as distinguishing between use of methadone vs. the use of illegal opioids); what, if any, boundaries should be in place to support safe drug use at work (e.g., allowing drug use so long as employment functions and standards were met); and policies and regulations that specifically prohibit active drug use at work (most frequently on the rationale of liability concerns).

A small minority of organizational representatives reported that active drug use was allowed in their workplace setting, and identified specific staffing practices and procedures that facilitate safe use and set appropriate boundaries for drug use while at work. These interviewees recognised that forbidding drug use at work, especially while seeking the active engagement of PWUD, was hypocritical, may increase risk and liability, and was fundamentally at odds with many of the principles of harm reduction. They noted that prohibition at work discourage honesty about drug use, and run counter to their missions. Interviewees also shared values that active drug use should be safe and enjoyable for PWUD, not secretive and stressful, and recognised that many employees in a variety of workplace settings use a variety of “allowed” drugs every day (examples included coffee, lunchtime drinks, marijuana, and prescription medications).

“Our overall message is use substances so that you can stay well when you’re at work, but use them so that your use doesn’t impact your work in a negative way. And I think that’s what people already do. I think that we’re not recognizing that so many people are ALREADY using substances at work. People have been for a long time. Like, whether that’s coffee, or

whether that’s cigarettes, or other drugs too. People use psychoactive drugs to maintain their productivity. So just using enough that so that you stay well and that it doesn’t impact your work negatively is going to be different for each person, but it’s a helpful guide.”

– ORGANIZATIONAL REPRESENTATIVE

PWUD interviewees were asked if they believed PWUD should be open about their own drug use while working in a harm reduction organization. They noted both advantages and drawbacks of being open about their own drug use in the context of their work roles. The majority of PWUD interviewees deemed openness surround drug use in the workplace as a necessary and positive conversation. While most of the participants felt that PWUD workers should be able to be open about their drug use at work, many at the same time choose not to disclose their drug use to colleagues or managers. A common sentiment among interviewees was that one’s own drug use should be of no concern to an employer as long as the worker is able to perform their work.

“No, I don’t think it’s anybody’s business. Again, if you know someone does the job and does it well, it’s irrelevant what they’re doing or using or whatnot. Yeah, I don’t think it’s anybody’s business.”

– PWUD INTERVIEWEE

Some noted that in any line of work, if someone shows up to work incapacitated and unable to perform their work, there may be safety concerns and their job could be at risk, and it should be no different in harm reduction organizations. Organizations are challenged to strike a balance between valuing PWUD for their living expertise with drug use and ensuring that there are clear guidelines for competency around work roles/responsibilities.

“The more open you can be, like if you have to be secretive about it, then like things are going to be unsafe, like, especially if you’re somebody that that has to use while you’re working or whatever for like a maintenance dose...If people know, like if you’re going to the bathroom, or if you have a space where you’re able to use, you

know, being able to be open and honest about it, like people know, if you're not back in five minutes, like, maybe check in on me kind of thing. One of the things is, when I was using at work and it came to me driving, they were like, oh, no, you can't be using because you're driving. So then I was like, okay, well, then I don't want to drive because like, I'm not gonna go, you know, a full day without using. They would still want me to do the job, but then they wouldn't want they wanted me to not use. So then I would have to lie about my use. Because even though I would use after I got out of the vehicle, and I knew I wouldn't be back out there for a couple hours. So I knew it wasn't going to like affect my driving or anything like that. I found that I still had to, like be secretive about it. Because people would be worried about like the whole liability, and oh, it looks bad if people know that you're like using and then getting behind the wheel a couple hours later, kind of thing."

– PWUD INTERVIEWEE

When examining policies surrounding employee drug use while working, a number of interviewees mentioned that it is important to understand one's level of functioning, and how drug use may affect ability to work within a certain time span of taking drugs. It was also mentioned that new PWUD workers could, in a collaborative and respectful way, work with a more veteran worker who can help ensure that work responsibilities and tasks can be safely completed. PWUD participants felt it was essential to distinguish between drug use for allowing a worker to feel well enough to work, versus perceptions of drug use as workers "getting high."

"I sat in meetings, like I was silent, I sat with lots of professionals. They don't like us sitting in meetings. They can't stand working with us. And that's because our reputations have been ruined. Because of the shit show of people showing up high as fuck. Excuse the language. And if we want to get jobs and work with people, people have to be regulated. They have to know not to be a shit show when they show up."

– PWUD INTERVIEWEE

That said, to be consistent with a harm reduction philosophy, organizations should accommodate PWUD workers who use drugs, and provide accommodations and flexibility for employees who are temporarily unable to perform their job. There should be accommodation and lenience if a worker's drug use impacted their job, for example if having to locate a drug source for themselves in order to be well before their shift, causes them to be late or absent. PWUD interviewees felt that they should be not only allowed, but encouraged, to talk about their drug use, and have workplaces in which it is safe for workers to be open about their own drug use. It is especially important to have a work culture in which PWUD workers can talk to their supervisors as well as co-workers about their own drug use without fear of judgment or reprisal.

"I strongly, strongly believe that substance use needs to be normalized, because it is reality in our everyday lives, whether we partake or not."

– PWUD INTERVIEWEE

Some interviewees noted that there also needs to be sensitivity with respect to other workers who may wish to abstain and "could possibly relapse if they're around certain behaviour or language." PWUD interviewees also noted that being open about one's own story of drug use while serving an important harm reduction role can be inspiring to other PWUD who also want to make a difference in the community. Interviewees noted PWUD workers can be open about their drug use but also maintain a professional level of discretion.

"I don't think you have to shy away from talking about [your own drug use], but I don't know if it's necessarily the most professional, like I wouldn't make it a topic of conversation necessarily either. Like, you know, I wouldn't go into work and say, 'Oh, yeah, I was busted out of my head on rock last night. I was so fucking high.' You know, like, there's just some ways of talking about your drug use that are appropriate, I guess, and some that aren't. But I also wouldn't lie about it either."

– PWUD INTERVIEWEE

PWUD interviewees also reflected on whether employees who use drugs should be able to access the harm reduction supplies and services offered at their workplace. A minority of interviewees felt that

it is inappropriate for harm reduction employees to retrieve and use harm reduction supplies from their workplace, citing reasons of conflict of interest and contravention with workplace policies. However, the majority of PWUD interviewees felt that harm reduction employees accessing supplies and services in their own workplace was not only necessary, but a right. While many PWUD interviewees noted that using while on shift or in the workplace is often-times not recommended, taking supplies home for themselves or another PWUD is not only acceptable, but encouraged. They reasoned that the principle of harm reduction should apply for employees, just as it does for clients. For the most part, interviewees reported that managers had no problem with PWUD workers accessing harm reduction supplies and services. And they noted that being secretive about one's own drug use at work can be dangerous, because they are then using alone without a support system. For a PWUD who requires a maintenance dose through the workday, for example, it is safest to be open about one's drug use with colleagues, in case of accidental drug poisoning. Should a worker be asked to take time off for self-care or to feel well again, their manager/supervisor should follow up with the staff member to ensure that they are well.

“I do believe that a person who uses drugs should be able to access supplies from places where they work. And as someone who uses drugs, I have done so myself, I find that that gives you an opportunity to access supplies in an anonymous way.”

– PWUD INTERVIEWEE

Some PWUD interviewees noted their own reluctance to access harm reduction supplies in their workplace, as they worried that their colleagues would observe the frequency with which they obtained harm reduction supplies, or that colleagues aligned with abstinence philosophies might feel compelled to “hold an intervention” for them. These PWUD interviewees noted, however, that they chose not to access harm reduction supplies or services from their workplace out of their own internalized stigma and concern about what colleagues would think, and not due to any prohibitive workplace policies or rules.

“I have worked with people who have overdosed on shift and died. Because they

couldn't tell their co-worker they were working with, they were using drugs.”

– PWUD INTERVIEWEE

Most of the PWUD interviewees also strongly disagreed with any requirements from an employer for PWUD to enter addiction treatment, enter medication-based treatment (i.e., OAT), be given safe supply, or practice abstinence-based recovery. Coercion into any kind of treatment was deemed by most participants to be unacceptable. They noted that PWUD have a lot to offer, and it would be a waste to miss out on their talents and abilities by barring them from work unless they meet treatment or abstinence conditions. Additionally, the medications available do not necessarily work for everyone. The general consensus among PWUD interviewees was that PWUD should be provided with the option to partake in treatment requirements or abstinence-based recovery, and if they choose not to, the employer should not ask for, nor enforce this concept. It should be noted, however, that there were some PWUD interviewees who believed that treatment requirements such as Methadone or Suboxone™, or other regulated supplies, would be beneficial for PWUD workers by reducing the risks associated with unregulated drug supply. Some participants noted that a PWUD worker should only be asked to consider treatment options if they aren't doing their job well and their level of functioning is placing their job in jeopardy, as an alternative to being fired. Participants noted that treatment programs such as Methadone or Suboxone™ can also have side effects that may temporarily hinder someone's ability to work. Additionally, once employed, some harm reduction workers in treatment find it difficult to navigate their jobs along with regular trips to the pharmacy to take their treatment.

“Well if their doctor says it's okay for them to work, well it's okay for them to work. But is it okay for them to do their drugs at work? Because you know it's bad because people are working on Methadone. They're on a nod, like Methadone kicks in and they just want to go to sleep.”

– PWUD INTERVIEWEE

Some of the PWUD interviewees observed that despite harm reduction organizations wishing to project an image of being open to employees with living experience of drug use, the employment



Best Practice Recommendation

Organizations which profess to hold a harm reduction philosophy must extend this approach to their own staff. They must deliberately normalize the culture of drug use, allowing PWUD to be open and honest about different types of drug use within their own staff. Harm reduction organizations should challenge preconceived notions, assumptions, and learned beliefs behind reactions to a worker using while on the job. If people are able to perform their jobs, there should be no judgment or bias related to staff members' drug use. Workplace policies around workers' drug use must be clear and explicit, but also flexible and realistic.

contract is based on a “don't ask, don't tell” policy that hinders the PWUD to be openly accepted in the workplace. Thus, it is vital that organizations collaborate with PWUD in writing staff policies, job descriptions and work contracts. Abstinence policies, in particular, contradict any claim to be a harm reduction organization.

Clear and specific rules and regulations for drug use in the workplace should be made explicit, and developed in collaboration with PWUD workers who are impacted by such policies and regulations, to ensure that developed policies are fair and equitable. Organizations which face structural barriers to drug use at work (e.g., those in government offices or

buildings with restrictive tenant policies) should facilitate drug use offsite during work hours.

Organizations that discourage or outright prohibit active drug use by employees should consider assessing such policies within both mission and mandate, and within a harm reduction lens. Specifically, these organizations should examine whether policies may in fact be increasing risk of harm to PWUD workers, and of furthering stigmatisation of PWUD both internally and externally. This is especially important in workplace settings in which decisions about what constitutes “drug use” are informal and neither based in science nor evidence.

“I think you should be able to lift that stigma around drug addiction, because if you had cancer or something you would openly talk about it.”

– PWUD INTERVIEWEE

Drug use while working represents one ongoing area of potential stigmatisation of PWUD, including for those working in harm reduction settings. These workers find themselves working in community settings in which drug use is still criminalised. This criminalisation can present significant barriers to employment, as any drug use (including in harm reduction settings) can be perceived as illegal conduct in a workplace setting.^{21,22,23,24} Despite the widespread acknowledgement that abstinence-based policies and prohibitions against drug use are ineffective, and in fact have significantly contributed to the current overdose crisis, drug use at work remains largely forbidden. Ample research confirms that PWUD are able to successfully manage active drug use in workplace settings.²⁵

21 Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., Hobbs, H., & Connolly, J. (2020). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. *PloS one*, 15(5), e0229208.

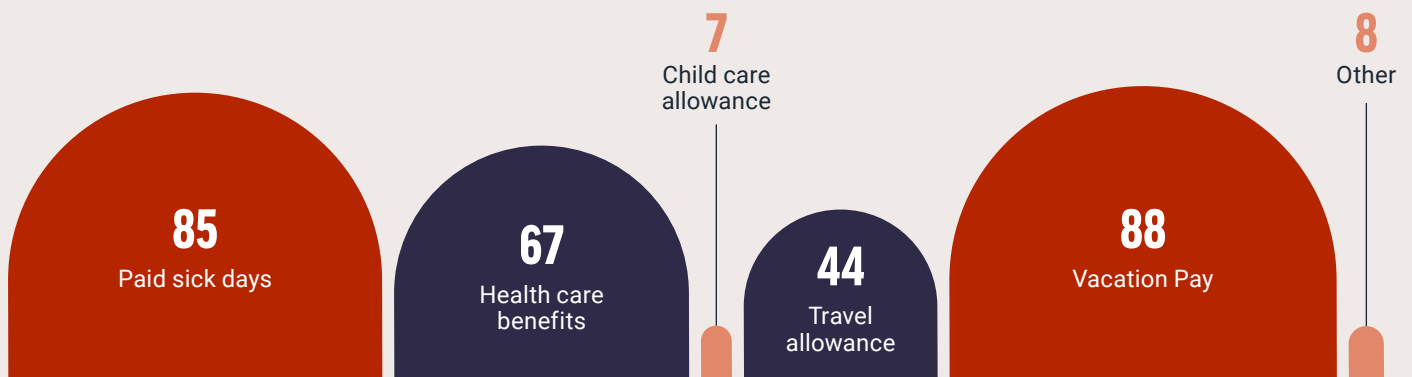
22 Dickson-Gómez, J. B., Knowlton, A., & Latkin, C. (2004). Values and identity: the meaning of work for injection drug users involved in volunteer HIV prevention outreach. *Substance use & misuse*, 39(8), 1259-1286.

23 Richardson, L., Small, W., & Kerr, T. (2016). Pathways linking drug use and labour market trajectories: the role of catastrophic events. *Sociology of health & illness*, 38(1), 137-152.

24 Salmon, A., Browne, A. J., & Pederson, A. (2010). 'Now we call it research': participatory health research involving marginalized women who use drugs. *Nursing Inquiry*, 17(4), 336-345.

25 Moore, D., Pienaar, K., Dilkes-Frayne, E., & Fraser, S. (2017). Challenging the addiction/health binary with assemblage thinking: An analysis of consumer accounts. *International Journal of Drug Policy*, 44, 155-163.

Did you receive any additional benefits for your work?



TRAUMA AND BURNOUT AMONG PWUD WORKING IN HARM REDUCTION ORGANIZATIONS

PWUD interviewees recounted their experiences of stress, burnout and trauma as a result of working in harm reduction, stemming from traumatic experiences such as witnessing overdoses or police brutality. Most of the PWUD interviewees expressed that PWUD workers are not adequately supported by their employers to do the work. A small number of people did say that they were satisfied with the supports they received, but some noted that they have never received or been offered any emotional or mental health support from their employers. Generally, PWUD felt that they were not adequately supported and were being “set up to fail.” PWUD interviewees felt that adequate psychosocial support was crucial to doing the work. PWUD need support for the overwhelming grief from the loss of friends, colleagues and clients due to deaths caused by the opioid crisis; helping to manage “burnout” which was noted as a constant risk associated with doing the work; managing personal drug-use; coping with and responding to violence from clients, also noted as a constant risk associated with the work; navigating experiences of homeless or insecure housing; and managing one’s own mental wellness and overall self-care. Interviewees noted, in particular, that their past traumas can be triggered by experiencing violent acts against them or witnessing

violence against others while working (perpetrated by clients, or onto clients, co-workers, or authorities).

Burnout can result from having to be emotionally engaged in the work for a long period of time and not being well supported to engage in self-care; being unable to take a self-care break from the work, for fear of being penalised or losing paid employment; having to repeatedly witness people suffering through vulnerable situations; feeling unsupported in their role, being overworked and underpaid; and having to constantly encounter stigmatizing attitudes and/or discriminatory acts or behaviors.

PWUD participants mentioned that there should be better healthcare services (dental, mental health, etc.) provided to harm reduction staff, and that paid time off should be a standard benefit. Having adequate supports in place to ensure the wellbeing of PWUD workers is essential for them, in turn, to provide optimal care to those they are serving.

“I take my work home with me, and I’m on call like 24/7. If somebody needs me, I’m going to be there. This is how I roll.”

– PWUD INTERVIEWEE

The PWUD interviewees also noted several sources of stress and trauma, as well as gaps and areas of improvement with respect to supports for harm reduction workers:

- ▶ Unaddressed stigma in the work culture towards PWUD workers
- ▶ Having no job security or benefits
- ▶ Having no access to paid days off for self-care or paid vacation
- ▶ Having to beg or persistently self-advocate for accessing needed supports
- ▶ Having to rehash traumas to everyone in order to access supports
- ▶ Difficulty accessing counselling
- ▶ Having no say in what counselling will look like
- ▶ Experiencing or witnessing racism and racialized trauma
- ▶ Not having access to follow-up support after a work-related overdose or death, particularly the overwhelming deaths from the current drug poisoning crisis
- ▶ Feeling punished for not meeting a work standard rather than supported to do better
- ▶ Having to go on waiting lists to access counselling
- ▶ Only being offered access to abstinence-based supports to address drug use
- ▶ Poor funding for supports
- ▶ Supports or people who provide support being unfamiliar with the experience of working from expertise of drug use
- ▶ Frustration experienced when navigating access to supports
- ▶ The fear of being dismissed from paid position after disclosing a problem when seeking support at work, or for taking time off
- ▶ Experiencing insecure housing or being unhoused “living rough”, and being expected to show up for work at 8am, and being required to carry a float of cash
- ▶ Fear of being seen as someone who can’t cut it at work
- ▶ Fear of active drug use being exposed at my place of work

All of the PWUD interviewees expressed that support for managing mental and emotional health is vital for both paid workers and volunteers in harm reduction organizations. PWUD interviewees reported that these supports are mostly unavailable, or that there are many barriers to accessing these supports.

A supportive work environment was described as one in which there is a culture of support for all, where PWUD are treated on an equal plane as other staff, and management is committed to, and prioritises, mental and emotional health. If a PWUD worker needs to debrief, they should be able to find a supportive colleague at any time, or be able to take a break to step away from work in order to look after themselves.

“There should be better health services provided to frontline people When you’re reviving somebody with Naloxone, you’re basically acting as God in that moment.”

– PWUD INTERVIEWEE

“If a guest dies or if somebody overdoses and passes away, there’s very little mental health supports being offered to people who may have been right there in the last moments of their lives.”

– PWUD INTERVIEWEE

Counselling was mentioned often and in particular, PWUD interviewees want to have the ability to choose the counsellor they work with, and to have access to counsellors who are familiar with the harm reduction work context and can empathise without having to be brought up to speed. These counselors should be familiar with the work context, but employed outside the organization, so that confidentiality can be maintained in the case that a worker has grievances with their employer. One of the most important supports needed by PWUD workers is access to grief counselling to help cope with the loss of friends, colleagues and clients resulting from the overdose/drug poisoning crisis. Furthermore, even when initial support is offered for grief and loss, there should be follow-up by colleagues and management in the organization to ensure that the PWUD worker is feeling well enough to return to or continue work (and if not offered paid time off to get well).

“I think it’s really important for peers to get together and share their experiences, because that’s what builds strength and teamwork and, and positive ethos.”

– PWUD INTERVIEWEE

PWUD interviewees also noted the value of informal supports from co-workers and managers, and not necessarily only from other workers who have drug use expertise. Organizations should work to nurture a culture of mutual support and community building, building close-knit teams and meaningful working relationships/friendships that allow workers to show their vulnerability, pooling emotional resources and capacity among staff to help each other get through another day of tough work. Harm reduction workers are well-suited to support one another; one of the most meaningful support strategies is having trusted coworkers that one can confide in or just “unload to.” The PWUD interviewees noted that it would be valuable to have access to emotional and mental health supports before and following work-shifts, or even on a regular weekly or bi-weekly. This kind of readily accessible support is one way that organizations can offer support for their workers, given the many triggers involved in the work and the daily possibility of incidents that may cause PWUD workers to have to relive trauma.

PWUD interviewees noted that it is important that organizations allow workers to access the supports and pathways to wellness that are of their own choosing, rather than be constrained by the types of support services available to them. One suggestion was that organizations could provide a mental health account that allows PWUD workers to choose how they spend their benefits on mental and emotional supports.

“I feel like the harm reduction and peer workers field...there’s so many ups and downs and it’s a big role. And it can mean so many different things. So regular check ins and meetings. Yeah, we’re all people right, too. And the work we do is heavy. And for a lot of us, we would do it because of our life experience.”

– PWUD INTERVIEWEE

The PWUD interviewees also identified what they found to be helpful and supportive in coping with stress and trauma stemming from harm reduction work:

- ▶ Informal support from colleagues (this is the most effective support available)
- ▶ A supportive work environment
- ▶ A workplace that prioritises wellness
- ▶ Being considered part of staff team, strong sense of belonging
- ▶ Health care benefits and paid sick leave
- ▶ Access to follow up support and counseling for dealing with death and grief
- ▶ Supports that are clearly identified
- ▶ Low barrier access to support
- ▶ Designated support person(s) at work who is actually available and approachable
- ▶ Support that offers confidentiality from the workplace
- ▶ Flexible scheduling for accessing support
- ▶ Having the ability to schedule and choose the type of support desired
- ▶ Paid support / self-care time
- ▶ Frequent check-ins and debriefs
- ▶ Having opportunities for self-care built into the work
- ▶ Providing money for people to spend as they desire for wellness/self-care
- ▶ Not having to fear being reprimanded for taking care of self
- ▶ Simply to be recognised as doing a job that is important
- ▶ Have a social worker and/or counselor on staff
- ▶ Have regular staff appreciation gestures
- ▶ Regular team building sessions for people to get to know each other better

The PWUD interviewees provided additional suggestions for supports that would make their work lives less stressful, such as:

- ▶ An agency/therapy dog to interact with people
- ▶ Body therapy such as acupuncture and massage therapy
- ▶ Healing circles
- ▶ Group sessions for mutual support
- ▶ Yoga classes
- ▶ Overdose services
- ▶ Safe consumption services
- ▶ Classes on topics such as how to cope with death or other stressful life events
- ▶ Access to a conflict mediator
- ▶ Art therapy sessions
- ▶ Online or phone counselling supports
- ▶ Smudging, praying, or other forms of spiritual connection

“I spend more time explaining my grief than getting support for it.”

“We can never really support other people unless we are fully okay ourselves.”

“People in this line of work face threats of violence every day.”

“You cannot expect stability from an employee who is working 3 hours a week and receiving \$100 every 2 weeks.”

“I’m in a position where I’m trying to help people with addictions and mental illness and yet nobody is trying to look out for my possible addictions or my mental health.”

“Police are making, in some cases over \$100,000 a year and can get sent home with pay after unloading bullets into some one, and we can’t get sent home with pay for one day.”

“Support not punish.”

– PWUD INTERVIEWEES



Best Practice Recommendation

PWUD workers who have been on the frontlines of the war on PWUD and the organizations that employ them must recognize the trauma, grief, stress and potential burnout for their staff. Organizations must make deliberate efforts to provide genuine emotional and psychological supports for PWUD workers. These supports may come from coworkers (e.g., team debriefing), or from access to confidential outside counseling or therapy (through health benefits). PWUD workers should also have flexibility in their work schedule and be able to take time off for mental health and emotional reasons.

Workplace stress specific to PWUD in harm reduction settings is well-established in research. Low pay, poor job security, and the ongoing criminalisation of drug use (including in some harm reduction workplaces) place unique emotional demands on PWUD. Additionally, the overdose crisis has significantly heightened the risks to emotional health and wellbeing of PWUD in harm reduction contexts, as PWUD employees may witness the overdose and even deaths of their family, friends, and other loved ones. The emotional costs to PWUD are real and significant. At the same time, PWUD working in harm reduction settings may experience high levels of personal and job satisfaction from their experiences working on the “front lines” of initiatives and efforts in their own communities. The complex interplay of experiences of PWUD in support roles and other employment roles in harm reduction should always be carefully considered. The positive aspects and potential stressors and other roles filled by PWUD should be constantly compared, so that possible support mechanisms designed to mitigate emotional stress and burnout can be designed with intention, and with the ultimate goal of preventing or mitigating ongoing trauma and burnout for PWUD.^{26,27}

26 Pauly, B. B., Mamdani, Z., Mesley, L., McKenzie, S., Cameron, F., Edwards, D., ... & Buxton, J. A. (2021). “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. *International Journal of Drug Policy*, 88, 103015.

27 Winstanley, E. L. (2020). The bell tolls for thee & thine: compassion fatigue & the overdose epidemic. *International Journal of Drug Policy*, 85, 102796.



Experiences and Best Practices in

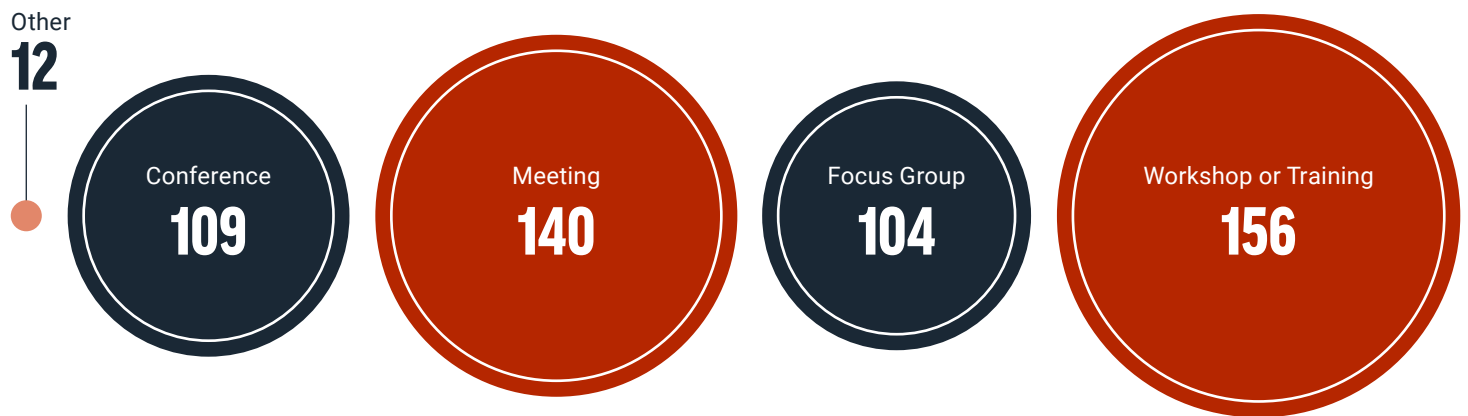
Engaging PWUD in Conferences, Meetings & Other Events

Harm Reduction Events

Have you ever participated in a harm reduction meeting, conference, workshop, focus group, or event?



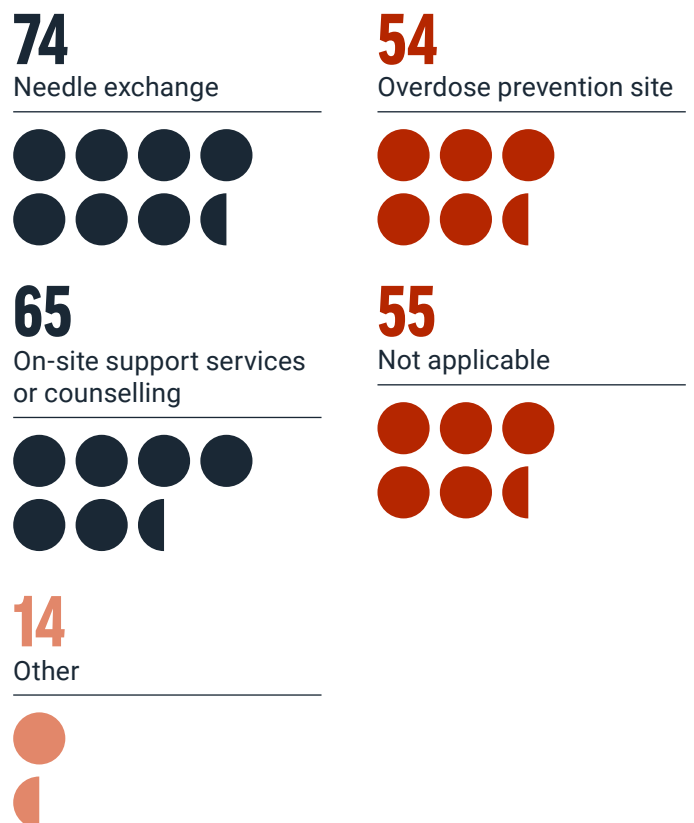
Which of the following have you been involved in?



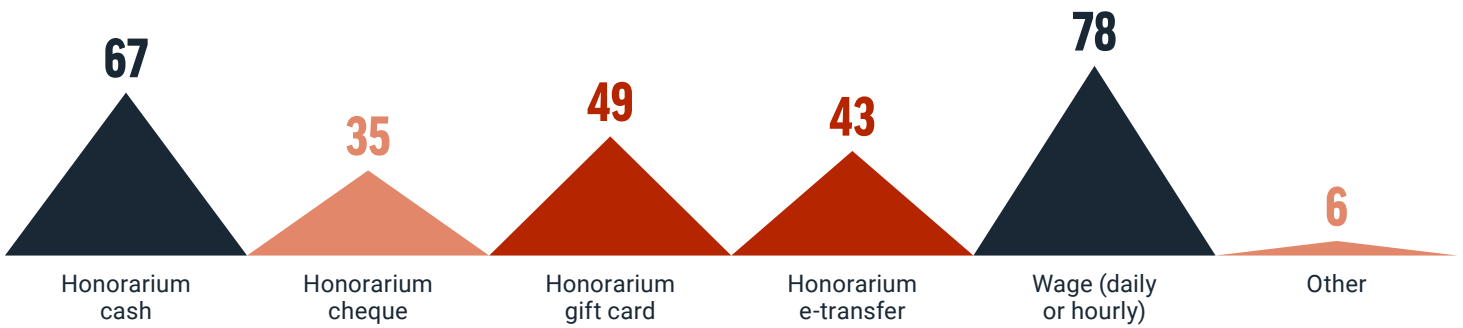
What role did you fill at these events?



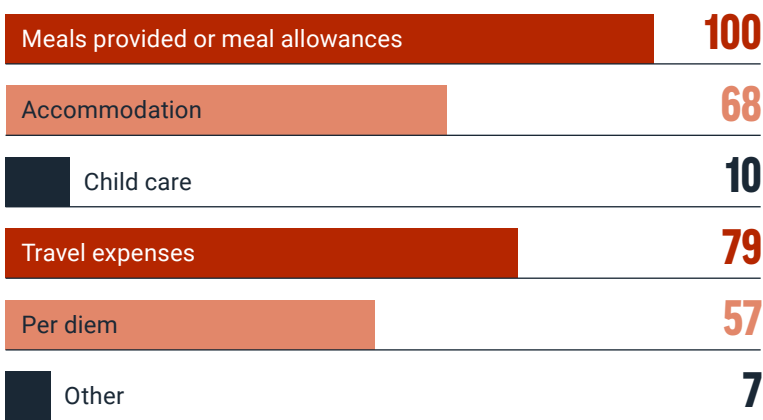
What harm reduction services were there?



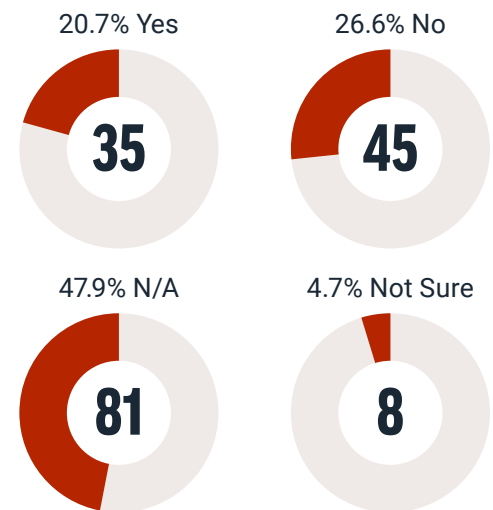
Were you compensated for your involvement in these events?



Were any of your other living expenses covered for the time you were at the event?



Were you required to have cash or credit card deposit to check into the hotel?

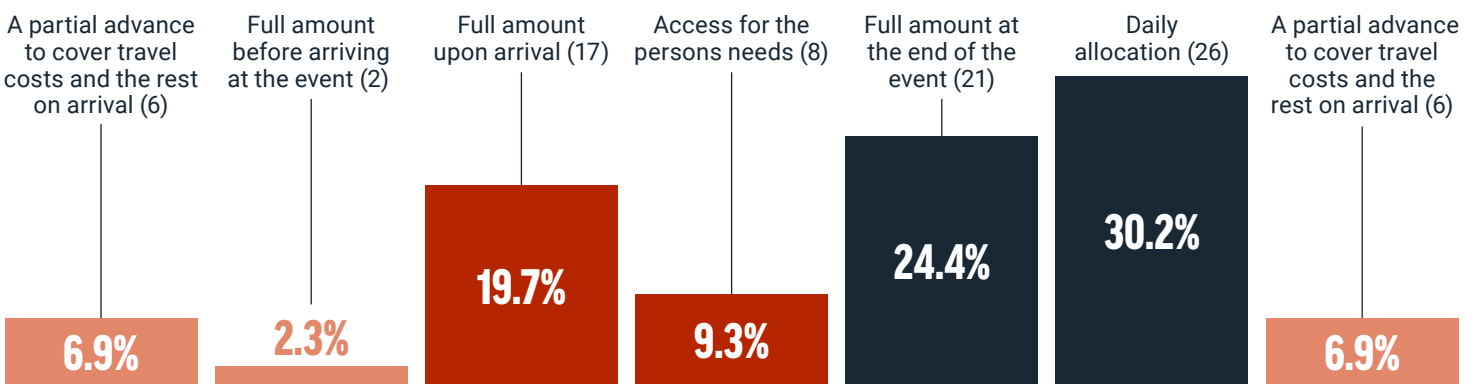


What travel related expenses were you compensated for?*

*This question was not applicable to 80 people (49.6%)



When should financial compensation be given so that people who use drugs can meet their needs while at the event?



Which of the following have you been involved in?



EXPERIENCES AND BEST PRACTICES IN ENGAGING PWUD IN CONFERENCES, MEETINGS & OTHER EVENTS

Both PWUD and organizational representatives were interviewed about their experiences with respect to equitable, meaningful and respectful engagement of PWUD in conferences, meetings, focus groups, workshops, or other events related to issues of drug use, drug policy or harm reduction. PWUD were asked about: their experience(s) in various events; how they found out about or were connected to the event; what it was like being at that event as a PWUD; if they felt that their participation, perspective or input was valued and respected; if they were paid, and if so, if it was enough to fairly recognize their contributions at the event and the appropriate timing of payments; the kinds of harm reduction services available at the events; and how PWUD should be better involved in such events.

Representatives of organizations who convene various events were asked about: their organization's role in organizing and hosting events; how these events include or invite PWUD and in what roles; how their event(s) attempt to value and recognize the participation, perspective or input of PWUD; how their event(s) accommodate the needs of PWUD while participating in the event; financial and other supports for PWUD, including adequacy, fairness and timing of compensation; harm reduction services provided in conjunction with the event(s); and how PWUD should be more meaningfully and equitably involved in such events.

“It feels a little bit like trauma porn, almost. I feel like constantly we’re always pleading to people and trying to tell people how bad it is out there.

And how many of our friends are dying and how much it needs to change. And people might listen and might take a little bit of interest temporarily, but nothing ends up changing.

And we’re just constantly stretching ourselves thin.”

– PWUD INTERVIEWEE

PWUD interviewees named a variety of conferences, meetings, focus groups, workshops, or other events that they had participated in, ranging from local music festivals to international conferences, listed below as examples:

- ▶ Stimulus 2018: Drugs, Policy and Practice in Canada
- ▶ BC Centre for Disease Control
- ▶ BC/Yukon Association of Drug War Survivors
- ▶ CATIE
- ▶ Canadian Centre on Substance Use and Addiction
- ▶ Centre for Addiction and Mental Health: Strengthen Your Voice (grief/advocacy)
- ▶ Sex Work conferences
- ▶ Hepatitis C conferences
- ▶ Gay, Bisexual and other Men who have Sex with Men conference
- ▶ International AIDS conference

They also noted that they had participated in a variety of committees and advisory boards, such

as patient advisory boards, an advisory committee for the College of Physicians & Surgeons, public health committees, and police academy training. Participants have primarily engaged with healthcare professionals on advisory boards and committees where input is ongoing. Most people attended various trainings or groups on topics related to harm reduction or overdose response. For the rest of this section, we will be concentrating on larger events such as conferences, where many viewpoints and stories come together in efforts to exchange knowledge, network and build community, inform policy, and educate.

The majority of PWUD interviewed were grateful for these experiences. They valued the opportunity to travel, learn new concepts and network with new people. These events provide important spaces for knowledge sharing among PWUD, with open and honest discussions potentially resulting in saved lives. Unfortunately, most PWUD interviewees feel that conference opportunities are few and far between, with harm reduction organizations typically sending nurses or social workers.

HOW TO ENSURE PWUD CAN FULLY PARTICIPATE

If conveners/organizers of events such as conferences, workshops and meetings value the participation of PWUD, they should take steps to support PWUD so that they have the capacity to fully participate. Just as a typical researcher or health professional would feel like a fish out of water if asked to do community street-based harm reduction outreach, PWUD may find conferences, workshops, meetings and other events to be intimidating and uncomfortable. According to PWUD interviewees, there are many barriers for PWUD to fully participate in meetings or conferences. Some of the barriers are logistical, such as the accessibility of travel and transportation. For some, travelling causes a great deal of stress and planning/budgeting beyond their means. Travelling with illegal drugs is another set of worries, as is arriving in a location without any drugs. If it is a local meeting, providing PWUD with transit tickets or cab rides helps to ensure arrival at the location and back again. For virtual events, PWUD should be loaned tablet or computer devices and provided with free internet access, as many people don't have the technology to participate in events held virtually.

“People who use drugs are capable of doing work. We don't just show up as the reality TV person, you know, for somebody to watch our lives. If you're bringing us in because you believe that we have skills around harm reduction, around drug use, around the cultures, the barriers in all of these things, then let us be a part of doing those pieces. People have a lot of great skills.”

– PWUD INTERVIEWEE

Another major barrier to full participation for PWUD is feeling distracted by the need to procure drugs or receive OAT carries if required to travel out of their community. Every effort must be made by organizers to provide what people need for their own wellness so that they can focus on and participate in the event. Ideally, a safe supply of drugs would be available to participants. Alternatively, organizers should ensure that there are ethical drug navigators to facilitate procurement of needed drugs, as well as access to nearby dispensing locations for OAT. Other considerations for enhancing participation of PWUD is scheduling meetings for later in the afternoon, providing lots of breaks so people can dose or walk around, communicating any expectations clearly before the event, and allowing for flexibility.

“One rotten apple spoils the whole cart. It does, it fucks it up for all of us. They look at all of us like we’re just a piece of garbage right? When some of us, when a lot of us try really hard with that advocacy work. It takes one person to come in and ruin it for everybody. Yeah, because they’re like look, I told you look, you see what they did? One person.”

– PWUD INTERVIEWEE

PWUD interviewees recounted an array of experiences, both positive and negative, while attending events and meetings. Large conferences organized with a strong harm reduction lens leave PWUD feeling energized, inspired and empowered. PWUD interviewees describe the opportunity to educate other professionals and help to combat stigma as powerful and important roles of PWUD in these events. The involvement of PWUD is especially high impact when PWUD speak on panels or are given other presentation or speaking engagements, and when PWUD are fairly compensated for sharing their valuable expertise. Meaningful engagement of PWUD within event proceedings demonstrates a level of inclusion and trust by the organizers and helps PWUD feel validated and respected. Furthermore, when PWUD are able to be open and honest about their drug use, their expertise adds legitimacy and relevance to the event. It was also noted that stories from people who are currently using drugs are just as, if not more, impactful than “recovery” stories.

Event organizers and planners were encouraged by PWUD interviewees to incorporate thoughtful ways each day of the event to recognize the good work that PWUD do in community settings. Other suggestions on how to create equitable spaces was to provide PWUD opportunities for expression, not only by inviting them to speak, but also through art or music, and encourage conference participants to write and display letters of appreciation for PWUD. Another suggestion was to help PWUD speakers create bios and provide other supports/assistance to make them feel comfortable as speakers at the event.

“Understanding that people have rich contributions, but aren’t necessarily able to function within a framework that is based off of the expectations of people without substance dependency.”

– PWUD INTERVIEWEE

In terms of negative experiences, many PWUD expressed feeling intense stigma from both organizers and professionals in attendance. Too often there was no incentive or payment offered as part of the invitation, presenting a financial hardship for PWUD participants. There are instances in which conferences or other events pushed abstinence rather than making harm reduction services available for PWUD participants. Ideally, event planning would support both options, with a full range of harm reduction services (harm reduction tools, Naloxone, OPS, seamless OAT access, safe supply) discussed in more detail below. PWUD interviewees also recounted that they have felt invalidated and shut down when presenting their ideas. Inviting PWUD participants without respecting their inputs results in them feeling tokenized and exploited.

“They’re very proud of themselves for having real drug people around. And they don’t want to hear a word out of our mouths.”

– PWUD INTERVIEWEE

“Don’t take the passion peers have for this work and take advantage of that.”

– PWUD INTERVIEWEE

Some important considerations for events include hiring a “peer coordinator” or ethical navigator to address the barriers and impacts for PWUD as well as to recruit PWUD participants representative of a wide range of drug user experiences and contexts, to provide support before, during and after the event, and to have a central role in planning the event to ensure its inclusive and respectful of PWUD participants. PWUD interviewees suggested that the PWUD Navigator should also check in with PWUD in the days or weeks after attending a large event to provide debriefing support and “aftercare”. People report feeling incredible highs from being involved with like-minded colleagues but returning home and back to work can feel isolating, with a rapid deflation of morale. PWUD interviewees also recommended that organizations check in informally or through staff team meetings to ask how PWUD participants are feeling after returning home after an event.

“Listen to people who use drugs. Change the drug policies based on what we’re hearing from people with lived experience. What we’re hearing over and over again from people who use drugs is ‘we know exactly what to do.’ But it’s just not happening - it’s just not palatable to politicians- and this is morally wrong. Because we’re talking about human lives, and we’re talking about public health.”

– ORGANIZATIONAL REPRESENTATIVE

PWUD interviewees identified many ways in which they felt that PWUD should be engaged in the planning and delivery of conferences, meetings, workshops and other events. PWUD interviewees noted that their fellow PWUD should be involved with the entirety of the planning process for conferences, meetings, workshops and other events, including: scheduling, exhibitions, administration, presenting, media relations, cleaning, setting up, and follow-up communications after the event. The list of these roles is below:

- ▶ Sharers of stories, speaking opportunities
- ▶ Panelists, plenary speakers
- ▶ Working groups, think tanks
- ▶ Distributing harm reduction supplies in booths/ tables
- ▶ Educators
- ▶ Staffing SCS/OPS
- ▶ Drug navigators and safe transport of drugs
- ▶ Entertainment, food, art, venue detail
- ▶ Developing website
- ▶ Research, report writing, survey results
- ▶ Mentoring
- ▶ Debriefing circles
- ▶ Ambassadors, media support
- ▶ Set up and take down of event

What role did you fill at these events?



“Again, just more inclusion, any of these conferences, I’ve always been involved after the fact like, I’ve never been a part of choosing the content...a lot of them are very inaccessible, very expensive, and you know, you need scholarships to attend and stuff like that. So yeah, more meaningful inclusion of people that use drugs.”

– PWUD INTERVIEWEE

The majority of PWUD interviewees stressed the importance of meaningful involvement, regardless of the role. Meaningful involvement starts with assessing individuals’ skills, interests and talents, and discussing what roles they feel comfortable filling. For some, these opportunities can offer a sense of gratitude and a means to give back to their community. In other instances, PWUD can feel tokenized by being placed in these roles based only on being identified as a PWUD.

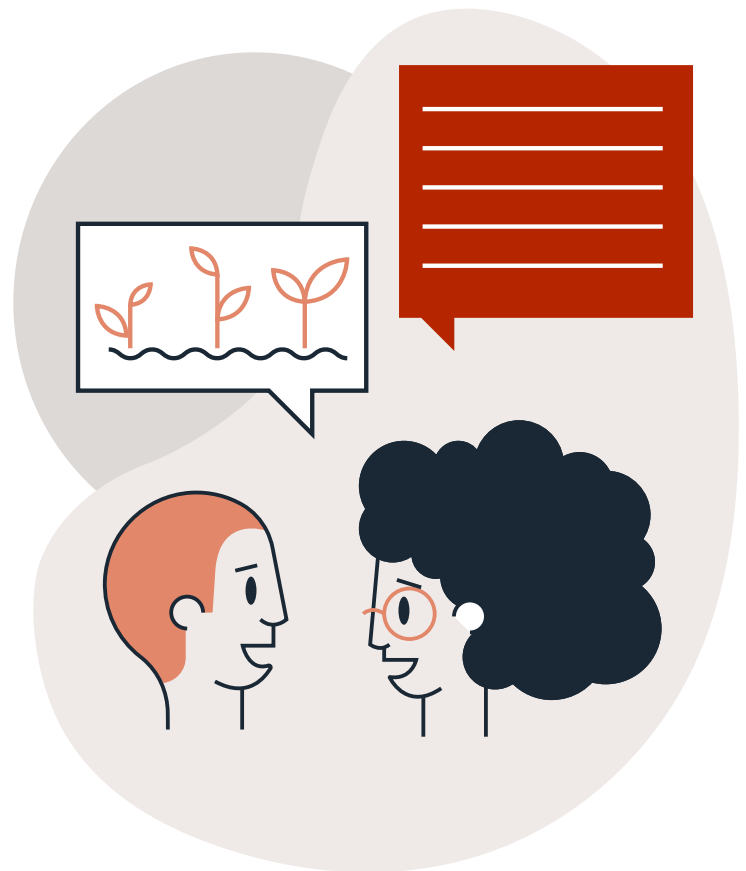
“I’m just there so some agency, they can check a box by having me there, basically and that’s a really horrible experience to go through, a very condescending thing when you’re just kind of there like window dressing.”

– PWUD INTERVIEWEE

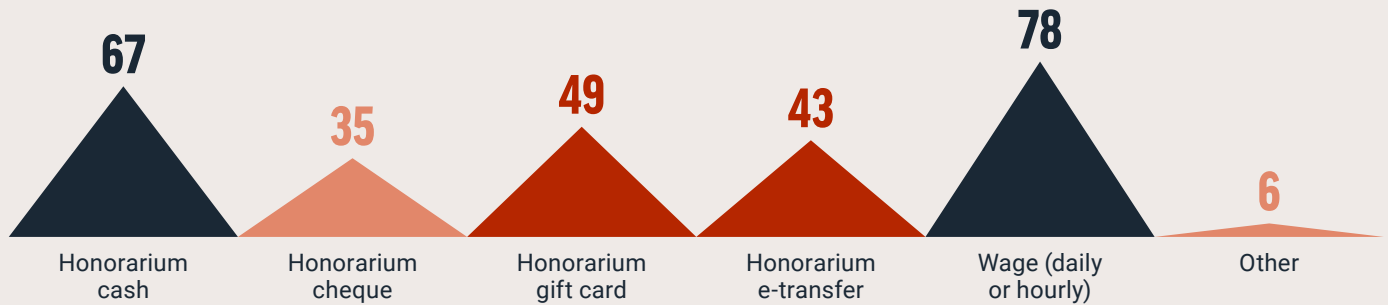
Larger scale conferences should aim for significant inclusion of PWUD in various roles. Drug user organizations should be provided with space to hold their own sessions or meetings within those events. Working groups should be established to include people with varying kinds of expertise, including PWUD, providing opportunities for mutual learning and training between PWUD and other working group members. *Nothing About Us Without Us* must apply to conference planning and delivery, just as it does with research, harm reduction services, education and policy development concerning drug use issues.

“The difference between a conference organized by and for drug users and a conference organized by or for health professionals is your voice. Your voice doesn’t get heard at all, if you are at a conference with health professionals. And in fact, if you’re too radical...like I’ve been banned from many tables, we’re asked to leave places for pointing the finger of blame for all the deaths at the health authorities and the government more generally. So I think, you know, people who use drugs...if they’re used as a tokenistic object, the tone and the experience is going to be way different, right?”

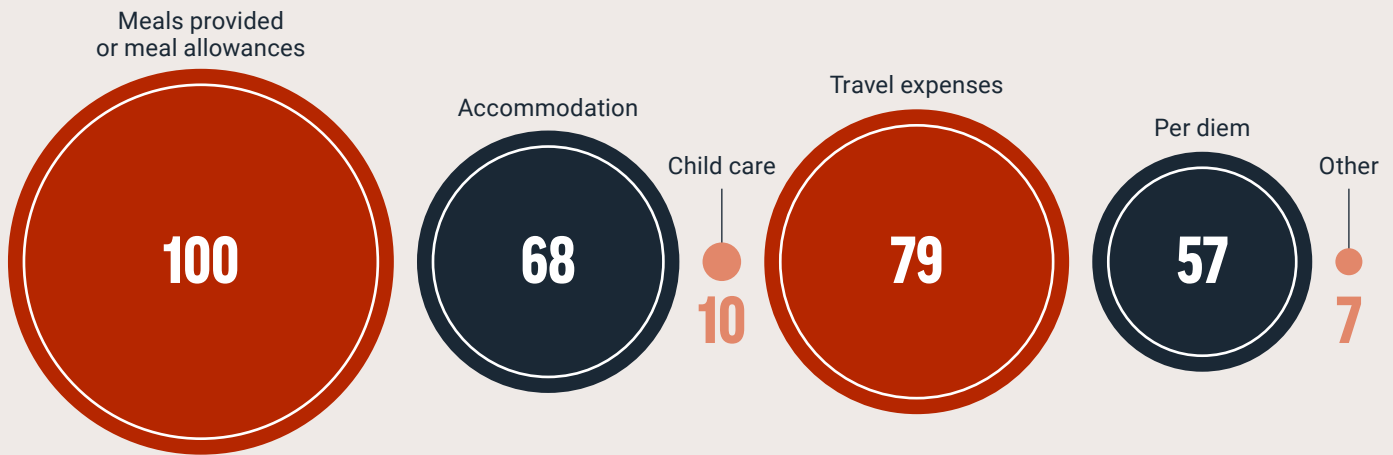
– PWUD INTERVIEWEE



Were you compensated for your involvement in these events?



Were any of your other living expenses covered for the time you were at the event?



FAIR COMPENSATION FOR PWUD PARTICIPATING IN CONFERENCES, MEETINGS AND OTHER EVENTS

“That’s something I always have to advocate for peers for. I will say, I come to this in a paid role, I don’t need honoraria. But there are people here who do not have paid roles, and they need to be compensated.”

– PWUD INTERVIEWEE

Some of the PWUD interviewees noted that they assumed attending events is a beneficial experience, but not something for which they expect to be paid. PWUD interviewees commonly reported that there is inequity with respect to payment for participation in conferences, meetings, and other events. Many PWUD said they felt tokenized and that they were invited only to “check boxes” by health authorities and other governmental and non-profit organizations. PWUD tend to engage in these meetings “from the heart” and are not looking for any financial gain, therefore it is frustrating to be taken advantage

of (often exploited) and not receive decent, liveable pay. This must change.

Professionals and academics are compensated fairly for their time and experience to present on harm reduction and drug use topics, as part of their jobs and professional roles, yet the PWUD are often asked to share their personal (and sometimes painful) stories and experiences for little or no financial compensation. As PWUD are the experts, payment should be increased to be consistent with the compensation of other participants and presenters. Even though these kinds of opportunities are ad-hoc, drug user organizations should collaborate in creating a standard guide for compensation to attend various events (considering location, duration, roles). In addition to payment for their contributions, PWUD participants should be provided with safe and comfortable transportation needs, giving them the comfort that will enable them to participate fully.

PWUD interviewees listed the following as ideal forms of payment for their contribution to conferences, meetings, workshops and other events:

- ▶ Honoraria (cash)
- ▶ Hotels covered
- ▶ \$50 as a minimum standard for per diem (unless meals provided for all conference participants)
- ▶ Medication covered
- ▶ Transportation to attend (mileage, bus/train tickets, cabs, airfare)
- ▶ \$200 paid for presentations or speaking (\$50/hour x 4 hours for preparation and presenting)
- ▶ Cash/e-transfer is preferred by most people

While PWUD interviewees noted recommended dollar amounts for per diem, hotels and transportation, CAPUD adheres to the standards set by the National Joint Council's²⁸ rates and allowances, and the BCCDC's guidelines of \$200 per presentation.

PWUD interviewees noted that they prefer cash or e-transfer over gift cards and other forms of honorarium. Many expressed how often the distribution of stipends or honoraria feels paternalistic, stigmatizing and patronizing. PWUD deserve autonomy to choose how they spend money and should not be restricted.

“It’s frustrating when you’re asked to do something, but the pay hasn’t been established, right away. And, the ask is, you’re asking me to speak about this topic that you know, that I’m passionate about, and that obviously I want to speak about, but for some reason he didn’t approach me in a professional manner by saying, “we have this opportunity, and we’re able to pay this much, and are you available to fill this position role that we need on the panel or as a presenter” or whatever. It’s kind of like they sell the dream, and then they tell you what they can afford. And then it’s up to you to decide, but you’re passionate about it. And oftentimes it’s like having to choose between making a difference, or standing up for yourself as a professional.”

– PWUD INTERVIEWEE

²⁸ <https://www.njc-cnm.gc.ca/s3/en>



Best Practice Recommendation

Event conveners should pay PWUD for their contributions and participation, as a way to recognize and show appreciation of the unique expertise they bring. Standard practice when inviting PWUD to events is to ensure their travel, meals, and accommodations are covered. PWUD should be paid for their participation and work in the form of cash, at a daily rate comparable to the host organization’s own staff. If PWUD are invited to speak or present, they should also be provided with an additional honorarium. If travelling outside of their community, hotel deposits and any medications, and/or childcare need to be clarified before departure. With respect to form and timing of payment, each PWUD participant should be given the opportunity to state their preference.

PWUD interviewees were fairly evenly split in their perception of the fairness of compensation for attending events. While some attendees are willing to attend conferences or other events without compensation, others feel as if conference organizers, academics and healthcare professionals, receive an inequitable amount for attending these events. Interview participants did distinguish between types of organizations hosting events; government-hosted events should provide top rates of compensation, while smaller non-profit organizations may have financial constraints that make their compensation rates more modest. Additionally, PWUD participants felt that their employer should pay them for work time if they participate in an event during or after business hours, and that the pay rate should reflect their expertise.

Payment of honoraria and stipends also varied widely amongst organizational representatives who were interviewed. Most interviewees acknowledge the need to compensate PWUD for participation in special meetings, conferences, symposia, and other events. Travel, meals, and accommodations were nearly universally paid for to further the engagement of PWUD, and a small number also provided childcare coverage and / or reimbursement. Several

agencies also reported offering “scholarships” for attendance, identifying the waiving of registration fees as one way to remove a financial barrier to participation for PWUD.

The type of payment offered also varied considerably amongst interviewees, and as above, was also linked to individual agency and government practice or regulation(s). It was widely shared that the fairest type of payment would be cash, as this reduces the potential barriers for PWUD (for example, by removing the barrier of having to visit a bank or credit union to cash a cheque). Many participants specifically advised against the use of prepaid cards or gift certificates, as these may be of limited value to PWUD, and may be sold or traded at less than face value for cash, thereby functionally reducing the amount of payment a PWUD is offered for participation.

Of note, several interviewees identified specifically the need to work with PWUD to identify payment timing and structure options that are designed specifically with the needs of PWUD in mind. Providing payment in the form of cheques or gift cards is a form of paternalism and an attempt to prevent PWUD using honoraria and stipends to purchase drugs or other substances. Participants noted that it should not be of concern how an individual chooses to use honoraria or stipends. Some interviewees were concerned that prepayment of honoraria or stipends could leave a participant without sufficient funds to purchase food or other necessities during the event. Several participants offered ways that this risk could be offset, including by paying both per diem for meals and incidentals, as well as offering food for all conference participants during conference hours.

TIMING OF PAYMENT FOR PWUD PARTICIPATING IN CONFERENCES, MEETINGS AND OTHER EVENTS

PWUD interviewees were asked when it is most appropriate to provide per diem and honorarium payments to PWUD participating in conferences, meetings, workshops or other events. Many felt that to ensure the full and equitable participation of PWUD at meetings, workshops or advisory boards, it is ideal to provide payment after completion. If the event is overnight or over multiple days, some interviewees felt that they should be given half upon arrival with the remainder calculated into a daily stipend. Another consideration is that PWUD may choose to be compensated before they leave their home community, to ensure they have acquired their drugs through a known source rather than taking a risk from a new supplier.

It is crucial that organizations communicate well with PWUD participants before these commitments and plan what would work best for their needs. The issue is often not money mismanagement, but needs not being met. Organizers should ask direct questions about participants’ preferences and allow for some flexibility. Organizations should budget for unexpected occurrences, such as people missing meals provided during the conference, or financial help with accessing medications.

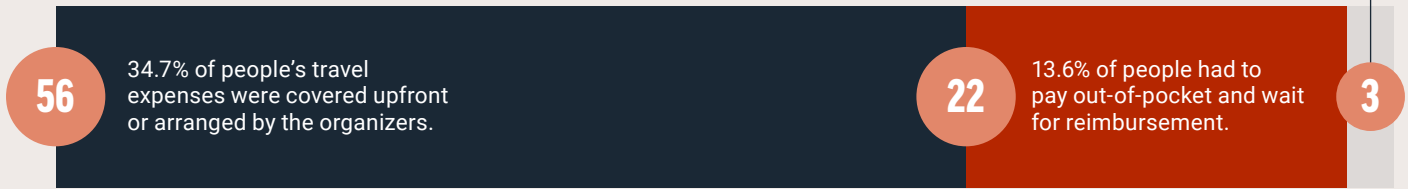
Best Practice Recommendation

Timing of payment must be negotiated with each PWUD participant in advance of the event, based on each individual’s preferences and needs. While some individuals may appreciate and benefit from daily dispensing, others do not require or desire a daily allocation. Special consideration should also be given to events that span multiple days or take place in an international setting. In these cases, participants should be offered their full honoraria and per diem in advance of the event.

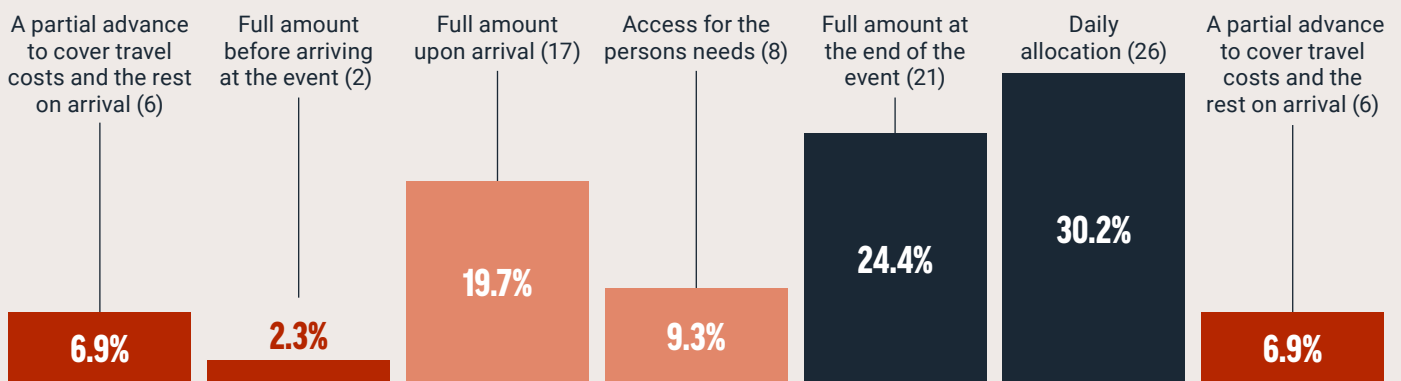
What travel related expenses were you compensated for?*

*This question was not applicable to 80 people (49.6%)

1.8% of people experienced both



When should financial compensation be given so that people who use drugs can meet their needs while at the event?

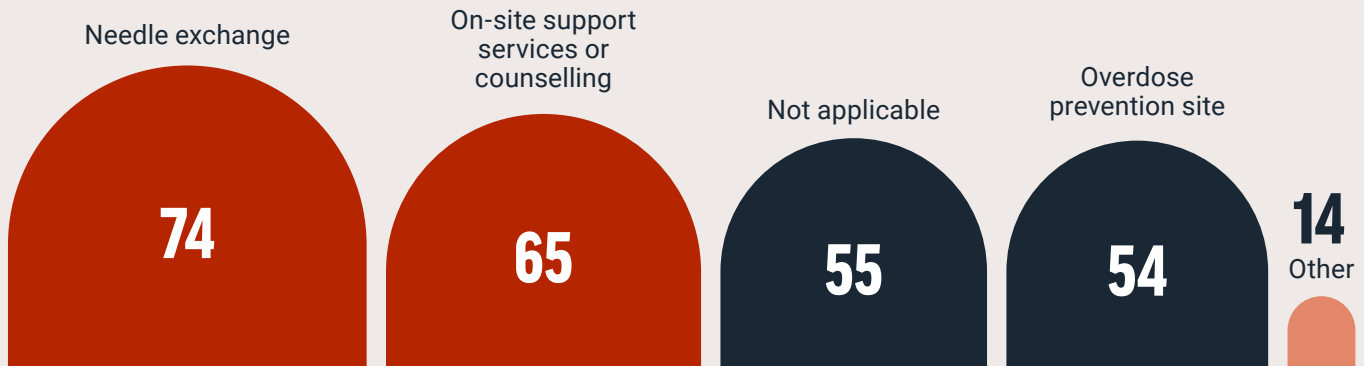


“Quite often, it’s this really paternal approach to delegation of funding, like we’re gonna pay you a little bit each day and then give you the majority at the end so that you don’t screw up and not show up for the event. And I get the importance of ensuring that people are at the table and contributing and accountable to what they’ve agreed to do. But it’s a give and take... it’s really about reaching out to each individual and ensuring that you’re meeting the individual needs and not assuming that everybody is the same. Peers will quite often say, “don’t pay me everything you owe me. Just give me my food money, because I don’t want to blow my money before I go home.” So it really has to be considered from an individual basis, and they drop the ball on that quite often.”

– PWUD INTERVIEWEE

Organizational representatives noted that timing of payment for honoraria and stipends is an important consideration in demonstrating mutual and respectful engagement of PWUD, and an issue that required careful thought and consideration. For individuals who may need or desire daily wellness check-ins, daily distribution of per diem and honoraria is also a valuable opportunity to ensure they are well and have the supports that they need throughout the event. Most interviewees identified specifically the need to be flexible in payment timing to meet the needs of individual PWUD, but many also identified the challenge of working within organizational rules and regulations for the timing of honoraria and per diem payment (which frequently prohibit the pre-payment of participant honoraria).

What harm reduction services were available at these events?



AVAILABILITY OF HARM REDUCTION SERVICES AT CONFERENCES, MEETINGS AND OTHER EVENTS

“We say to folks who are coming that use drugs, what do you need? What are the accommodations you would like us to have in place? And if there are some things we’re missing, they tell us what it is that THEY need.”

– ORGANIZATIONAL REPRESENTATIVE

Participating organizations presented significant differences in the types of harm reduction services that were offered (both internal/workplace and external/events). Of those participants who expressed offering limited or even minimal harm reduction services, many linked these limited options to workplace, municipal, provincial, or even federal constraints. Organizational representatives noted that a variety of policies and regulations prevented offering the types / scope of harm reduction services that they would like to offer; others, especially those representing coalition or policy development entities, did not typically offer harm reduction services and identified not being a “front line” or service organization as the reason why. Participants also identified budgetary constraints or a lack of partnerships as a barrier to the provision of harm reduction services, or a constraint on providing harm reduction services of the breadth and scope they would ideally provide.

In event settings, most organizations reported that they offer drug use supplies, although many offered supplies only for injection drug use, and did not offer inhalation supplies. Drug checking was only

offered by a minority of organizations, but many hoped to be able to offer this service in the future. Only one organization identified offering safe supply at an event. In the graph above, it should be noted that survey participants may have considered safe supply in broad terms (e.g., equating safe supply to OATs such as methadone or Suboxone™). For participants who did not provide safe supply drugs to PWUD, a variety of strategies were identified that could bridge the gap between offering safe supply directly and providing indirect access to drug use supplies for PWUD. Nearly all participants agreed that the provision of safe supply was a paramount concern and need in meaningful and respectful engagement of PWUD, as no individual should be at risk of exposure to the unregulated drug market because of their involvement or engagement in initiatives as a representative of those with drug use expertise.

For the one organization that provided safe supply in an event setting, steps were taken to ensure partnership and cooperation with local law enforcement and the appropriate regional health authorities to ensure that neither PWUD nor the hosting organization would be at risk of criminal sanctions. Partnerships, such as with local PWUD advocacy groups, were also central to those organizations that took steps to offer drug use equipment indirectly. In this model, organizations would work with local partners to “map” a given drug supply in a city, and to identify possible drugs of concerns for PWUD.

Some organizational representatives reported that they worked with community members to identify specific dealers who could ensure enough safe supply for visiting PWUD. Similarly, organizations which did not provide drug use equipment or supplies (e.g., pipes and/or needles) and other harm reduction supplies (e.g., condoms) partnered with local organizations to provide those harm reduction tools indirectly, either by distributing them at events, or by providing PWUD a map or resource guide where harm reduction supplies, overdose prevention site or supervised consumption site, and other resources could be found nearby.



The organizational representatives noted that there are structural barriers to providing harm reduction products and services to PWUD participants, including the internal procedures and policies of hosting venues (or, occasionally government agencies) that prohibit the provision of harm reduction products and services on-site. Participants reported that many venues, especially large conference hotels, have policies that prohibit the distribution of harm reduction materials, and forbid OPS/SCS. That said, organizational representatives identified strategies to overcome these barriers, including “shielding” OPS/SCS internally (e.g., staff might provide a

devoted hotel room for consumption of drugs). Another strategy is to select event venues that are within a short distance of external OPS/SCS facilities and providers of other harm reduction materials.

Several organizational representatives also identified an important innovation: the use of events themselves to further harm reduction work nationally. These interviewees noted that national meetings, conferences, and other events are ideal ways to distribute harm reduction materials (such as inhalation supplies, Naloxone kits or drug testing strips or drug checking spectrometry) to colleagues from across Canada, including those from provinces where such materials might not be available. Event organizers should locations based on cities or communities that allow harm reduction services, and “over order” supplies for participants to return to their own provinces and communities with supplies that might not otherwise be available.

PWUD interviewees provided a list of harm reduction services that organizers/conveners of events should make readily available to participants, in order to adequately accommodate their health needs and to ensure that they are able to fully participate in the event:

- ▶ Harm Reduction supplies (drug use equipment)
- ▶ Naloxone
- ▶ Overdose Prevention Sites
- ▶ Easy access to obtain OAT treatments, medications, etc.
- ▶ Safe supply
- ▶ Ethical drug navigators (several, as one person can't be on shift 24/7)
- ▶ PWUD Support, Indigenous circles, memorial spaces, counseling areas
- ▶ Drug testing
- ▶ Point of care HIV/Hep C testing
- ▶ Sharps disposal containers in washrooms and other strategic areas
- ▶ On-site wound care and injection related infection care
- ▶ Virtual “spotting” options including overdose response phone lines
- ▶ Opportunity to try new types of harm reduction supplies



Best Practice Recommendation

Event conveners should pick venues based on the ability to provide a full range of harm reduction services to PWUD participants, including access to overdose prevention services, safe supply and/or ethical drug navigators to assist with securing a safe supply. Harm reduction services should be provided with careful consideration of accessibility and privacy. Should on-site services be impossible due to restrictive policies in the event venue, organizers should identify local/regional partners who can offer harm reduction services and resources in close proximity to the venue. Host organizations and their local partners should also consider ordering surplus supplies to offer vital harm reduction tools to organizations or individual PWUD who can't access them in their home jurisdictions.

“I would love to see a standard of harm reduction supplies being available at events, like an overdose prevention site or spotting service being embedded into the system, the coordination of the event. So you know, when you sign in, and you get your packet of the agenda, and there’s also a document with people available to support you in your use, and keep you safe, or a site that is nearby. And, and some sort of support to get there. Whether it’s tokens or bus fare, or there’s you know, a room that’s rented within that hotel, that is then used to be able to supervise people while they need to use, while they’re on conference. I think that, you know, you got to put your money where your mouth is and if you believe in harm reduction services, and if you provide them and you take money to provide them, then you should ensure that they’re there when there’s a conference about the topic, and when you’re providing speakers on the subject of specialists - why wouldn’t you?”

- PWUD INTERVIEWEE

The majority of PWUD interviewees believed that harm reduction services need to be easily accessible at all events, especially if the duration is longer than one day away from their community. For shorter meetings or workshops, having access to supplies and Naloxone on site is recommended. Careful thought and consideration should be given to how these services are implemented and delivered. As an example, the designated area for the OPS must be private and discreet as possible. They may be set up onsite, but most interviewees preferred one or two designated hotel rooms over venues. An important consideration is providing an OPS that offers inhalation, but this does not work well in a hotel environment. PWUD should be hired to staff these spaces and be equitably compensated for their time and expertise.

It is extremely dangerous when PWUD are travelling into unfamiliar places and left without access to a trusted source of the drugs they use. PWUD interviewees also stressed the importance of having access to a safe supply during conferences or other events. PWUD travelling to a conference or other event will experience an unfamiliar drug supply and price range. Ideally, PWUD would work with organizers to obtain safe supply. Having a reliable

safe supply would better ensure full participation and learning from the event. If access to safe supply is not possible, it is suggested that PWUD from the hosting community are hired as ethical harm reduction navigators to assist in the purchasing of drugs.

“I don’t know... it wasn’t my job and I like, I don’t even know what the ethics around this look like. But I spent a substantial portion of my time at that conference sourcing dope for people.”

- PWUD INTERVIEWEE

Accommodation should also be made for participants who are avoiding drug use. Activities that are specified as drug-free should be made available. Several PWUD interviewees shared experiences of having their abstinence jeopardized because of encounters during conferences, meetings or other events. As important and inclusive it is to consider this perspective, harm reduction services at any meeting, workshop or event should never direct people to abstinence-based recovery services. PWUD participants should be provided with a list of 12-step or recovery support groups in the area, alternative social events and on-site counseling for those having thoughts about using.

BUILDING A SENSE OF COMMUNITY CONNECTION AND LEARNING OPPORTUNITIES

“Yeah, I mean, that was my experience at Stimulus was absolutely incredible. Primarily because I had never experienced, you know, being in the company of people who use drugs, who took such a very, like, humanist approach to substance use, you know? You know, discussions of like, bodily integrity, and you know, the extremely racist nature of the war on drugs. You know, they weren’t things that I hadn’t experienced on a level like that.”

– PWUD INTERVIEWEE

PWUD interviewees shared experiences of feeling energized and refreshed while sharing space with PWUD and partners who have similar values and goals. People feel empowered and validated by learning from fellow PWUD and other professionals within the harm reduction community. Events can serve as an important moment of connection to inspire and build a sense of solidarity and belonging among PWUD working in the harm reduction field.

In terms of facilitating meaningful learning opportunities, PWUD interviewees discussed the need for organized events to make use of creative ways to build accessible and engaging learning strategies beyond the usual PowerPoint presentations, such as using arts-based methods as a means of expression, and provide a way to process grief, trauma, anger, and as a coping skill. Efforts should also be made to invite PWUD to share their expertise beyond typical abstract submission and formal presentation processes which can be inaccessible to non-academic participants. The language and structure of events should accommodate alternative community-friendly knowledge-sharing opportunities such as a townhall meeting, a trivia event, a dance, a games night, or other social and arts-based events.

Many PWUD interviewees noted that events helped them gain a deeper understanding and appreciation for Indigenous cultures, worldviews and ceremonies. They were then able to incorporate this knowledge in their own personal lives and into their harm reduction work. Event organizers should consider offering healing circles as a support/debrief opportunity and make efforts to build cross-cultural connections.



Best Practice Recommendation

Event conveners should make special efforts to provide opportunities for all participants, but especially PWUD, to connect at a cultural and social level. This could include community-building events that facilitate recreational, spiritual, and social connection.

Others reported learning new concepts including adulterants and new drug using techniques, identifying abscesses/skin conditions, safe supply vending machines, psychedelic benefits/treatments, compassion clubs, pregnancy, and drug use techniques.

Suggestions to enhance learning for PWUD included more opportunities to share stories and experiences, especially from mothers or other parents who use drugs. PWUD enjoy connection, networking and learning from others in the field. Some PWUD interviewees encouraged conference organizers to schedule longer session times. Sometimes it takes a while for people to reflect on the content, then feel comfortable to ask questions. Another recommendation was to advise speakers to avoid being too scripted in presentations and dive into details rather than scratch the surface of a topic.

“I’ve had very great experiences. And I wouldn’t say negative experiences, I’ve had tokenistic experiences. It’s given me an opportunity to travel, which I would never have been able to do. I’ve been to Vancouver, I’ve been to Newfoundland, you know, I’d never have been able to do that on my own dime and time. That’s been really great. I’ve met a lot of really amazing people. But frankly, a lot of the conferences is...I got really conferenced out. Too much theory, not enough practice? I guess. So yeah, I would say overall it was definitely a very positive experience. You know, I met people from all different levels of life.”

– PWUD INTERVIEWEE

CONNECTING PWUD TO EVENT OPPORTUNITIES

PWUD interviewees were asked how they were connected to opportunities to participate in conferences, meetings, workshops or other events. They listed the following as key ways in which they learn about such opportunities:

- ▶ Academics
- ▶ Advisory panels
- ▶ CAPUD
- ▶ Local networks of people who use drugs
- ▶ Health authorities
- ▶ Network of colleagues or coworkers
- ▶ Counselors
- ▶ Funders
- ▶ Harm reduction and recovery organizations

“I think a lot of the time, it is by luck of the draw, right? When big conferences happen, like the ones that you really, really want to go to, if your organization decides to share it with you, sure, you get to go. If they don’t, then you don’t get to go. And by the time you hear about it through the grapevine, all those scholarships are gone. There’s no opportunity for you to participate as a speaker, but you need to pay out of pocket to go. And that’s really unfortunate.”

– PWUD INTERVIEWEE

Most participants were initially connected to events through drug user or community organizations, through word of mouth or invitations to attend. They also hear about such opportunities through advertising and event promotions on email lists, social media and online. Several people reported seeing the workshop, meeting or event posted on bulletin boards, flyers and posters in their community. Some of the PWUD interviewees noted that the same prominent people are always given opportunities to participate in events. Organizations should make special effort to involve a wider diversity of PWUD rather than “the usual suspects” repetitively, particularly those who aren’t well-connected to harm reduction organizations and may be isolated.

Overall, PWUD find conferences to be inaccessible and too expensive without financial support such as a scholarship. Many believe they will not be chosen or have the means to attend, so they do not attempt to do so. Organizations that employ PWUD should openly communicate when opportunities arise, provide reminders about deadlines, and assist with any necessary scholarship applications.



“I think that we need to do better at advertising opportunities, there needs to be more networking, that occurs, that is visible, so that people know where to go, who to ask, how to get involved. I love to see diversity happening. So I’d love to see us do better and in the area of ensuring people have access. And it’s not just based on who you know.”

– PWUD INTERVIEWEE

CONCLUSION

Most organizations working in the harm reduction and drug policy sector have good intentions around meaningful inclusion of PWUD. *Nothing About Us Without Us* was the single most used phrase by organizational representatives across the sector, from front-line service organizations working with and for PWUD, to high-level federal agencies working to develop and implement policies that impact PWUD across the nation. While it is admirable to see the identification and prioritisation of engagement of PWUD in those programs and policies, the actual manifestation of the principle *Nothing About Us Without Us* varied considerably.



on how to respectfully work alongside and in solidarity with PWUD colleagues, and training for PWUD workers on how to manage the highly valuable but often stressful dual roles that they play as harm reduction workers and community members. One of the most important recommendations is that managers/supervisors collaborate with their PWUD staff to define their roles, and to designate a job title that the PWUD is comfortable with and best reflects the expertise that they bring.

“There isn’t one point for meaningful and respectful engagement of PWUD. It is a start to finish process, and meaningful and respectful engagement should be embedded in every step of that process and at all levels.”

– ORGANIZATIONAL REPRESENTATIVE

Ideally, organizations planning conferences, meetings, workshops or other events should ensure that a full range of harm reduction services are made available on-site for PWUD participants, so that they may fully participate and remain well during the event. Should this not be possible due to restrictions on the ability to offer safe supply or other harm reduction services or resources in the event venue, alternatives must be sought. Organizers should start planning early in order to consult with local representatives, including PWUD, to identify local/regional partners who can offer harm reduction services and resources not allowed in certain venues. Event sites should be selected specifically based on their proximity to harm reduction services or resources. Host organizations and their local partners should also consider ordering surplus supplies to assist in the distribution of vital harm reduction tools to organizations or individual PWUD who can not access them in their home jurisdiction.



Best Practice Recommendation

Event conveners and partner organizations should make special effort to make available the opportunity to a broad range of PWUD to participate in conferences, meetings, workshops, and other events. Organizations should actively help PWUD submit applications or registrations for access to such events. Organizations should ensure that such opportunities are diversified and not repeatedly given to the same PWUD.

Those organizations which identified the most innovative practices in recognising and honouring the expertise of PWUD specifically framed “lived/living experience of drug use” as an expertise or expert qualification, at least on par with degrees/diplomas in social work or nursing. These organizations integrated recruitment, hiring, and staffing practices to explicitly create or mandate positions that could only be met through the qualifications of PWUD, and ensured that these positions were fairly compensated for their expertise, and in accordance with other staffing positions.

Interviewees in this study – both PWUD and organizational representatives – identified the need for PWUD to have their expertise recognized in tangible ways, including a starting wage of at least \$25/hour, benefits packages that incorporate mental health supports for the stressful dual roles played by PWUD workers, training for all staff and managers

Respecting the expertise of PWUD starts with the intentional, deliberate, equitable and thoughtful inclusion of PWUD in all levels of leadership and within all research, program, and policy decision-making and planning processes that affect their lives. Organizations must deliberately create reciprocity between all service providers (PWUD and non-PWUD), ensuring opportunities for mutual learning and capacity development for PWUD and other stakeholders alike. This exchange of capacity building leads to better programs and policies, better service delivery, and better outcomes for all. Engaging PWUD starts with acknowledging that those most directly impacted by a given issue, and who stand most to benefit from a given response, have unique insights, qualifications, and expertise

that may offer unique and valuable contributions to the development of responsive and successful policies, programs, and initiatives.

Above all, best practices for honouring and recognising the contributions of PWUD should always be driven by PWUD themselves. This includes allowing their leadership and expertise to determine who they speak for and represent (and do not), and the ability to frame their identity as a PWUD on their own terms, within the daily experiences of their own lives. PWUD should be honoured and recognised through opportunities for real leadership and decision making, and should have their voices, ideas, and solutions prioritised over those experts who lack in drug use expertise.

APPENDIX A: METHODOLOGY

This community-based project embodied the principle of *Nothing About Us Without Us*. All stages of the research process were led by PWUD, with support from an established community-based researcher. The research team included the following individuals:

- ▶ Natasha Touesnard, Executive Director, Canadian Association of People who Use Drugs
- ▶ Shay J. Vanderschaeghe, Stimulus Program Coordinator, Canadian Drug Policy Coalition
- ▶ Matt Bonn, Program Coordinator, Canadian Association of People who Use Drugs
- ▶ Jenn McCrindle, Research Assistant, Canadian Association of People who Use Drugs
- ▶ Michael Nurse, Research Assistant, Canadian Association of People who Use Drugs
- ▶ Wyatt Noel, Research Assistant
- ▶ Joshua Edward, Research Assistant
- ▶ Marie-Anik Blanchet-Gagnon, Research Assistant
- ▶ San Patten, Community-Based Research Consultant

Summary of Research Stages



All of the data collection and analysis was conducted by a team of CAPUD research assistants (RAs) who are people who use(d) illegal drugs or have been affected by the “War on Drugs,” and failed drug policies stemming from drug prohibition and criminalization, under the guidance of an established community-based researcher. The RAs participated in step-wise training in all aspects of the research, including research ethics²⁹, interviewing skills, data cleaning of transcripts, qualitative data coding and qualitative interpretation. Surveys and interviews were conducted in both English and French. PWUD who participated in the interviews were given an honorarium of \$50 (e-transfer).

²⁹ All research assistants completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – Course on Research Ethics (TCPS 2: CORE)

INTERVIEW GUIDE FOR PWUD

PREAMBLE

[*Make sure there is not too much background noise. Ask individual to move to a quiet, private space if possible.*]

Hi, my name is Michael/Jenn.

Thanks very much for being willing to do this interview.

I am going to ask you some questions about your experiences and opinions of working, volunteering and participating in events like meetings, conferences workshops, etc. in the harm reduction field.

This interview should take no longer than one hour

Your responses will be anonymous. That means when we write up the results, your name will not be attached to anything you say. There will be a code for this interview, but it's just my own initials and a number.

Your participation and personal information will also be held confidential; nobody will know that you took part in this interview.

At the end of the interview, I'll confirm your contact information so that we can send you an honorarium of \$50.

Feel free to skip any questions that you don't feel comfortable answering.

Do you have any questions for me?

Are you ok with us recording this interview just so that we can capture everything you say? The recording will be erased as soon as we can type out your responses. ****PRESS RECORD****

EMPLOYMENT

[*if applicable, based on survey results*]

1. **In your survey you noted that you worked or volunteered in an organization that provides harm reduction services.**
 - a. Please tell me what kind of paid or volunteer work you did there.
 - b. What training did you receive when you started that work/volunteer role? Was the training adequate? [*if they were paid*]
 - c. Were you paid for all of the time that you worked in that role, or was some of it on your own volunteer time?
 - d. Did you feel that you were paid fairly for your time and expertise in comparison to all the other staff who worked there?
 - e. Did you feel your contributions were valued and your perspective was respected? Please explain. What more could the organization(s) have done to make you feel respected and heard?
 - f. In the survey you filled in for us, you also noted that you had the following position titles. [*read the ones they selected in survey, Q14*]
 - Peer
 - Peer Support Worker
 - Outreach Worker
 - Frontline Worker
 - Project Lead
 - Experiential Worker
 - Harm Reduction Worker
 - Harm Reduction Navigator
 - Drug Use Culture Advisor
 - Substance Use Advisor
 - Other (specify):
 - g. How did that/these title(s) make you feel? [*probe: did you feel valued or not as a worker, colleague*] Why did it make you feel that way?
 - h. If you could choose your own title, what would your title be?

2. What do you think is a fair starting wage for a PWUD who is working in harm reduction?
3. Do you think people who are actively using drugs should be able to be open about their drug use at work?
4. If yes, should they be able to access the harm reduction services at their workplace?
5. Did your workplace offer any support services for your own emotional/mental health? (e.g., grief counseling, debrief sessions). Would this have been helpful to you?
6. Should people who use drugs be required to be in medication-based treatment (i.e., OAT), be given safe supply, or practice abstinence-based recovery to be employed at a harm reduction organization?
7. Ideally, how should harm reduction organizations recognize the expertise of workers who have experience with drug use?

CONFERENCES, EVENTS, FOCUS GROUPS

[if applicable, based on survey results]

8. In the survey that filled in for us, you indicated that you had participated in a *[read the ones they selected in survey Q16: meeting, workshop, focus group or conference]* focused on issues of drug use, drug policy or harm reduction.
 - a. Please tell me a bit about that experience *[meeting, workshop, focus group, or conference]*.
 - b. How did you find out about or get connected to the event in the first place?
 - c. What was it like being at that event/workshop/conference as a person who uses drugs? Did you feel that your participation, perspective or

input was valued and respected?

- d. Do you think you got paid enough to fairly recognize your contributions at that event? If not, what would have been a fair amount?
 - e. Is there anything that would have made you feel more valued or respected?
9. Ideally, what kind of harm reduction services should be available at these events? *[prompts if needed: needle exchange, safe consumption site, safe supply]*
 10. When should financial compensation be given so that people who use drugs can meet their needs while at the event? *[e.g., full amount before departure, full amount upon arrival, daily allocation, full amount at the end of the event]*. Please explain.
 11. Ideally, how should people who use drugs be involved in meetings, conferences or events about drug use? *[probes: level of involvement, recognition, input]*
 12. Do you have any other comments or suggestions about how people who use drugs can be meaningfully recognized for their expertise?

CLOSING

Thanks very much for answering those questions.

We will be doing about 60 interviews across Canada and it will take us some time to write up the results. If you'd like, we can make sure that you get a copy of the results.

Is this your email address *[read from info sheet]*? Is it ok to use that email address to send you the results as well as e-transfer the \$50 to you? *[If no email address, we can text you an e-transfer as well. If no e-transfer possible, we can do direct deposit and San will follow up to get bank details.]*

INTERVIEW GUIDE FOR ORGANIZATIONS

Preamble

Thanks very much for being willing to do this interview. It shouldn't take more than about 45-60 minutes. I want to let you know that your responses will be anonymous and compiled with other participants' responses in a way that is not identifiable. Do you have any questions for me?

1. Please tell me a bit about your organization and how it is connected to drug use issues
2. Does your organization consciously hire people with lived experience of drug use?
 - a. If so, please tell me about those roles and their responsibilities. What title(s) are they given?
 - b. What training do people in those positions receive when they start with your organization? Do you think that the training is adequate?
 - c. Do you feel that these staff positions are financially compensated fairly in relation to other staff positions?
 - d. Do you feel that the contributions and perspectives of these staff [use position titles] are respected and have a place of influence within your organization? What more could be done for these [position titles] to have their expertise recognized?
 - e. Do you think people who are actively using drugs should be able to be open about their drug use at work? What boundaries, if any, would you (or have you) put around this?
3. Please tell me about your organization's role in organizing and hosting conferences, meetings, workshops, focus groups or other events focused on drug use, drug policy, addictions or harm reduction related issues.
 - a. Do these events include or invite people who use drugs? If yes, in what roles? (participants, staff, leaders, speakers, organizers, hosts, advisory committee members)
 - b. How does your event attempt to value and recognize the participation, perspective or input of people who use drugs?
 - c. How does your event attempt to accommodate the needs of people who use drugs when they are participating in your event?
 - d. Are people who use drugs given any financial support in order to participate in your event(s)? Do you think those supports are adequate and fair? Does this include costs (childcare, travel, accommodation, per diem) as well?
 - e. When should financial compensation be given so that people who use drugs can meet their needs while at the event? [e.g., *full amount before departure, full amount upon arrival, daily allocation, full amount at the end of the event*]. Please explain.
 - f. What, if any, kinds of harm reduction services are provided at your events? [*prompts if needed: needle distribution, safer inhalation supplies, safer sex supplies, safe consumption site, safe supply*]
 - g. Ideally, how should people who use drugs be involved in meetings, conferences or events about drug use? [*probes: level of involvement, recognition, input*]
4. Do you have any other comments or suggestions about how people who use drugs can be meaningfully recognized for their expertise?