

# GUIDING PRINCIPLES

## COOPERATION PRACTICES IN OUTREACH WORK

APRIL 2021

**peer2peer**  
Reinforcing Peer's Involvement  
in Outreach Work



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## Peer2Peer: Reinforcing Peer's Involvement in Outreach Work

The Peer2Peer project aims to reinforce the **capacity of outreach Civil Society Organisation** to reduce drug demand in accordance with the EU Drugs Strategy and Action Plan. It seeks **to increase the efficiency of outreach work** done by CSO by promoting the inclusion of Peer Educators and by researching **best practices in cooperation** between all relevant actors.

The approach of the project is inspired by the **European tradition of rights and liberties**, which values the active **participation of all citizens**. It is also founded on research, which has shown that **community involvement is essential** to drug demand reduction. When dealing with injectable drug users the involvement of Peers, in particular – friends, colleagues, or people involved in the same activity or context – is acknowledged as effective. The cooperation among healthcare and/ or psychosocial professionals with Peers seems to be effective and important at all levels and for all scenarios, especially in the outreach work, as well as in the additional support of the beneficiaries.

The project conducted an in-depth research in order to develop an evidence-based programme to create more equal and collaborative relationships between the different stakeholders involved, such as professionals, outreach workers, Peers, small-scale drug dealers, and police forces. The Human Rights and dignity project strategy actively includes end-users in the planning and implementation of processes.

# Guiding principles in cooperation practices in outreach work

This document expects to be an important contribution on the way to full recognition of the importance and sharing of good practices of cooperation experiences between stakeholders, such as Peers and professionals, outreach workers, small-scale drug dealers and law enforcement officials, in particular by highlighting the importance of peer educator's integration in outreach work with People Who Use Drugs (PWUD).

This document identifies principles to be used in holistic interventions and includes relevant information related to the Peer2Peer project, such as the main results of research and the explanation of the guiding principles for best practices concerning cooperative strategies in outreach interventions with PWUD.

This document is intended not only for outreach workers as professionals, Peers, students, and volunteers, but also for decision-makers, politicians, trainers, media, and other fundamental stakeholders, who are working or are interested in outreach work with PWUD.

The Guiding Principles guided training and pilot interventions in Lithuania, Poland, and Greece during the project, and they will be improved and converted into Recommendations after the assessment of its applicability.

In addition to the project lifetime, the Guiding Principles in cooperation practices in outreach work aims to indicate a path to stakeholders interested in replicate the Peer2Peer approach to promote cooperation - namely through training and tailored pilot interventions.

The Guiding Principles in cooperation practices within outreach work is available on the project website.

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## A. Introduction

The Peer2Peer Project aims at **the capacity-building of CSO to reduce drug demand using scientific knowledge to increase the efficacy of cooperation practices between key actors in the outreach work** (professionals, outreach workers (OW), Peers, small-scale drug dealers and police forces), emphasising the focus on the dyad “peer - Professional”. The concept of "Small-Scale Drug Dealer" was created for the project as a means to reflect individuals who sell drugs to meet their needs for drug use, i.e., drug user dealers.

The principles that inspire this approach come from the long European tradition of rights and liberties that empower citizens to actively participate in society. The Declaration of the Rights of Man and of the Citizen, in 1789, stated that: “Every citizen has a right to participate personally, or through his representative, in its [the Law] foundation” (art. 9). As the Treaty of the European Union mentions: “Every citizen shall have the right to participate in the democratic life of the Union” (art.10, n. 3). These documents illustrate that the participation of all is at the core of the fundamental values of European culture.

It is also useful to recall the contributions of the anti-psychiatry movement at the 1960's, namely by Laing, Cooper and Basaglia, criticising the detachment of the patient from his/her humanity and place in society, leading to a deinstitutionalisation and democratisation of the psychiatric treatment, with an emphasis on the human and civic condition of the patient (Barreto, 2011).

The UNODC also suggests the need for a strategy that considers **human rights, dignity and the fundamental rights of people when dealing with the drug**

1.The concept of "Small-Scale Drug Dealer" was created for the project as a means to reflect individuals who sell drugs to meet their needs for drug use - in which case we are referring to drug user dealer-, and/or of a more essential nature (e.g., food supplies).

**issue and that all measures should be based on scientific knowledge and evidence. The involvement of the community and relevant stakeholders**, namely the target-population and their families, community members, employers and CSO, in the whole process of the drug demand reduction is essential to its **effectiveness** (UNODC 2009, p. 20-22).

At the European level, the **EU Drugs Strategy 2013-2020** (operative during the designing and [most of the time] during the implementation of the Peer2Peer project), as recommended by the UNDOC (2009), develops an approach to the phenomenon of illicit drugs use through a reinforced strategy to reduce drug demand and supply. In that context (as per the EU Action Plan on Drugs 2017-2020) several actions are proposed to achieve the overall objective of the EU Drugs Strategy with three cross-disciplinary themes of:

- (i) **coordination**,
- (ii) **international cooperation** and
- (iii) **information, research, monitoring, and evaluation** strengthened by the activities developed in the project proposal,

By the time of writing the Guiding Principles in cooperation practices in outreach work, the **EU Drugs Strategy 2021-2025** is already in place with the following cross-cutting themes:

- i) **international cooperation**,
- ii) **research, innovation, and foresight** and
- iii) **coordination, governance, and implementation**.

It is interesting and mandatory to analyse the document. After this analysis, it is evident the mention of Peer and Peer Work and its relevance.

The Strategic Priority 5: **Prevent drug use and raise awareness of the adverse effects of drug use** - when it comes to addressing the provision, implementation, and, if necessary, increasing the availability of evidence-based



targeted prevention interventions for young people and other vulnerable groups, it is recommended that *“The measures implemented should be evidence-based and should **support positive relationships with Peers** and with adults”* (p. 14).

The Strategic Priority 6: **Ensure access to and strengthen treatment and care services** – presents a Priority Area (6.2.) on **the promotion of Peer Work**: *“Peer-led outreach and peer group work should be **recognised as a key component of the care plan of a person who uses drugs**, promoting autonomy, empowerment and recognising the peer’s expertise and experience. Peer-led work should be promoted as a way of sharing information, providing support and increasing awareness of relevant information among the community of people who use drugs”* (p. 16).

Lastly, the Strategic Priority 8: **Address the health and social needs of people who use drugs in prison settings and after release** –, on the implementation of evidence-based measures in prison settings to prevent and reduce drug use and its health consequences, including measures to address the risk of drug-related deaths and the transmission of blood-borne viruses, advises for *“Preventing the use of drugs and the transmission of blood-borne infections within custodial settings through both evidence-based preventive measures and risk- and harm-reduction measures, **implemented by well-trained staff or Peers is part of a comprehensive strategy”*** (p. 22). For instance, Peers can help in making materials available, such as needle Exchange and condoms.

In addition, continue to evidence the relevant role of Peers, and as indicated by several scholars (Bovaird 2007; Bovaird & Loeffler 2012; Voorberg, Bekkers & Tummers 2015), **the co-production of service delivery by the users themselves can have very positive effects on improving the quality of the process and its outcomes**, profoundly altering the relationships, positions, and rules among the stakeholders involved; an open process of participation, exchange, and collaboration between all (including end-users) has the potential

to mobilise community resources not otherwise available and develop mutual trust relationships between all the agents involved.

In particular, the involvement of Peers, defined *“as someone who is at the same level than the other individuals; in other words, a friend, a colleague or someone relatively strange, as long as they are involved in the same activity or context”* (Svenson 2002, cit. in Dias 2006), in service delivery is recognised as being more effective to work with People Who Inject Drugs, compared to other psychosocial interventions, specifically those provided by healthcare workers (WHO 2012, p. 9).

In this sense, the Peer2Peer project contributes with a **professional and scientific approach** to create an evidence-based programme to achieve more equal and concerted relations between the different stakeholders involved, effective in addressing the overall objective of the EU Drugs Strategy. Thus, it proposes a strategy that actively includes **the end-users in the planning and implementing processes**, while also focusing on human rights and dignity.

The general objective is to reinforce the capacity of outreach CSO, by **recovering and upscaling** the European heritage in cooperation between Peers and professionals, outreach workers, small-scale drug dealers, and law enforcement officials.

This project comprises internationally recognised research, social intervention, and advocacy institutions from Europe, gathered to increase the project's impact.

Starting from an **overall comparison of the experiences in the partners countries** (Portugal, Belgic, The Netherlands, Lithuania, Greece, Poland), the methodology was tested through three **case studies at local level** - Lithuania, Greece, and Poland - in tailored training and pilot-intervention, allowing the

active participation of the stakeholders involved in actions and activities at a local and national level. The development of a strong European advocacy plan, with national seminars and a discussion forum, which includes numerous target-groups (such as academic experts, outreach workers, policy and decision-makers, psychosocial and healthcare professionals) contributes to the discussion and possible implementation of this cooperation methodology in other EU countries, meaning that they will benefit indirectly from this action.

## B. The Peer2Peer Research Process

The Peer2Peer project started with a research process structured in four steps and different research methodologies:

i) **Needs Assessment Focus-Groups** | Focus-Groups with law enforcement, judges, social workers, healthcare professionals, PWUD, small-scale drug dealers, academic experts, outreach workers, policymakers, and decision-makers were held in six (6) countries (Portugal, Belgium, The Netherlands, Greece, Lithuania, and Poland). They aimed to assess the need for scientific knowledge on the subject and to understand the perceived gaps felt by different stakeholders in terms of cooperation between key actors in outreach work that addresses PWUD, namely the integration of peer educators in outreach teams.

ii) **Scoping Review** | To produce a comprehensive and effective analysis of existing cooperation between key actors in outreach work that addresses PWUD and concerning the reduction of drug demand in Europe, a Scoping Review based on the topics from the previous need's assessment focus-groups was conducted. It allowed access, mapping, and synthesis of the scope of available formal and informal data and scientific evidence on the subject, in order to improve the strategic research agenda.

iii) **Go-along Interviews** | Based on the knowledge produced by the needs assessment of focus-groups and the scoping review, go-along interviews in countries with European heritage on the subject were conducted (Portugal, Belgium, and The Netherlands). The go-along interview method allowed the participants to have an active role in the interview, regarding the subjects and the places where they occur. These interviews were conducted with key actors who have extensive experience in terms of outreach work and cooperation and who have preserved specific memories, particularly those of peer education.

vi) **Focus-Groups** | Focus-groups with the participants from the previous focus-groups and other new added in the same countries (Portugal, Belgium, The Netherlands, Greece, Lithuania, and Poland) were held to discuss the empirical applicability of the data produced in the previous activities, as well as to focus on the changes that the Covid-19 pandemic created to the subject- the new reality.

The research results were presented and discussed within the framework of the Partnership and the European Advisory Group in two online meetings and internal e-mail exchanges, achieving the following Guiding Principles in cooperation practices in outreach work.

Each of the stakeholders has a certain specificity in outreach work, being involved in the Project and its mentioned activities: law enforcement officers, healthcare professionals, psychosocial professionals, outreach professionals, academic experts, PWUD, Peers, and other relevant professionals. It should also be noted that the existing data collected were country-specific and linked to either the current legislation or the settings to which the stakeholders referred (i.e., open drug scenes, recreational context, etc.).

## C. Guiding principles in cooperation in outreach work

In line with the work developed throughout the project and the analysis dimensions considered during the research stage and within the European Advisory Group, the guiding principles presented below are framed according to the relevant stakeholders identified in the drugs field (especially regarding outreach work), and illustrate the promotion of cooperation among them and the link with the Covid-19 pandemic:

1. Law enforcement;
2. Small-scale drug dealer;
3. Academia;
4. Local community and Neighbourhood;
5. Support network;
6. Organisations/Associations of PWUD;
7. Policy;
8. Peers;
9. Civil society organisations;
10. About the Covid-19 pandemic.

### 1. Law enforcement

**To create an environment where law enforcement officials feel safe doing their work, namely through opportunities for (in)formal cooperation, (in)formal communication channels and networking among all stakeholders.**

There are some hindrances inherent in law enforcement and their symbolic representation, which makes cooperation a very difficult goal to achieve. On the one hand, their presence and/or involvement constitutes a barrier that prevents

3. The Guiding Principles presented in the *Law Enforcement* section are strongly based on – and are presented as – good practices and focused on a results approach. The partnership is aware of the legislative changes needed to implement these Guiding Principles, and those changes are addressed in the European and National Advocacy Strategies and in the Policy Recommendations for cooperation practices in outreach work.

users from accessing outreach intervention (Bill & Melinda Gates Foundation, 2009; Hammett, et al., 2005). On the other hand, the attitudes towards PWUD and outreach workers and the professional secrecy (and other legal issues) also prevent close work with this stakeholder (Des Jarlais, et al., 2007).

However, it is known that after establishing informal and personal relationships with police officials, officers began to express their support and even help the outreach projects, mostly through referrals (Hammett, et al., 2005). Ultimately, it resulted in a more intense adherence to the project's activities by the users (Hammett, et al., 2005). An example in Flanders (B) is the cooperation between law enforcement and Safe 'n Sound (peer-based organisation for harm reduction in festive contexts) at music festivals, raves, etc. Safe 'n Sound provides information and distributes harm reducing paraphernalia (e.g., disposable snorting straws) with the approval of police workers. The latter also contact Safe 'n Sound when they encounter someone they worry about and when drugs might be a factor. Both actors respect each other's professional secrecy.

In this sense, it is crucial to establish some kind of cooperation with this actor in order to overcome this barricade (Des Jarlais, et al., 2007; Hangzo, et al., 1997; Singh, 1998). The proposal is to advocate and include in outreach projects (namely in the application) specific moments to address the law enforcement stakeholder.

### **To provide specific training to law enforcement officials on cooperation practices in interventions with People Who Use Drugs.**

According to the Peer2Peer research results, law enforcement actions towards PWUD are not as human-centred as they could be. Until now, examples of negative cooperation have been presented more frequently than positive ones.

One of the methods identified to overcome the obstacles associated with this stakeholder is, within a humanistic framework, to provide training or advocacy-related sessions that include humanistic narratives on drug use for community intervention, drug use (including a guide to drug combinations/The Drugs Wheel as an approach to the substance awareness and training tool), harm reduction – including training in strategies to reduce drug-related deaths (e.g. prevention of fatal overdoses by applying basic life support and the timely administration of the naloxone drug) –, blood-borne diseases and gender issues, PWUD rights and limits in proceeding with violence – human rights approach. This has already proven to be effective according to Bill & Melinda Gates Foundation, 2009; Des Jarlais, et al., 2007; Hangzo, et al., 1997; Singh, 1998.

We propose that this training be included in the curriculum of the Police Academy – so that new officers are aware of all these issues before starting their career – and that this is transmitted to them by psychosocial and/or health professionals, Peers, and PWUD, as well as other law enforcement officials working in specific fields or projects closer to cooperation practices. This way of implementing the training will be in itself a sign of cooperation. Besides, the training should take place constantly after the Police Academy and with a repeated framework.

## 2. Small-scale drug dealer

### **To promote openings for informal cooperation through informal communication channels.**

The small-scale drug dealer can be a very useful stakeholder for promoting contact with (even more) hard-to-reach people. Since this stakeholder has some respect within the PWUD community, openings in the territories to the outreach

4. The results of this section cannot be concluded by the Greek research results as there was no data reported for that.



team and other stakeholders can be promoted, facilitating their work, and he/she can be a channel for disseminating information on safer drug use practices and other relevant information, namely through the distribution of preventive information and materials close to their location; and, afterwards, by retrieving kits from the team and distributing them to users who came to buy drugs. This was proved to be effective by Hangzo, et al., 1997.

However, cooperation with small-scale drug dealer raises some important legal issues, as the sale of drugs is a crime. In this sense, it is important to include this stakeholder strategically in interventions through informal conversations and requests - as some participants in the research process and European Advisory Group indicated. To this end, a specific protocol should be established and implemented in each team - previously discussed and co-written with relevant stakeholders.

This stakeholder is very important when we focus on the quality control of the substances sold. If the outreach work reaches and includes this stakeholder in the intervention, he/she may be aware of the prejudices of the sale of poor-quality substances and the need to test them. For this reason, this informal cooperation can first be included in the festivals and other party scenes in the drug-checking services. In Spain, for instance, Energy Control (an organisation that implements a.o. drug checking initiatives) dealers are involved in spreading information about polluted drugs.

### **To involve the small-scale drug dealer in online cooperation.**

From discussions within the Consortium (including national and international experts), the idea of online follow-up for interventions with young people appears to be a good example and future step towards including and practicing cooperation, especially during the Covid-19 pandemic.

In these online activities, the inclusion of the small-scale drug dealers is as important as in other formats, even if the goals and tasks are different. In this area, cooperation will focus on the dissemination of the activity, will be part of it and a beneficiary. In this way, some legal concerns could be overcome since the contact and the involvement in the activity will not be so directly asked and implemented.

### 3. Academia

#### **To stimulate evidence-based approaches, interventions, and recommendations.**

The social interventions - addressed to any public or any field - must be constructed from experiences and scientific evidence and allow results and process evaluation, in order to increase and improve the scientific knowledge in the field.

In this sense, it is important to present to the academic field or the *researchers* the work that has been done as the umbrella of Community Intervention, show them the full potential of the field, point to include in (social) projects, and explain to them the targets and some interesting needs to address in future research (for instance, economics, market research, and family issues).

After their inclusion in the process, the cooperation with this stakeholder will allow the creation of a common strategy, which will lead to an evidence-based need assessment that could make suggestions and influence the political agenda and orientation, policies, and legislation.

#### **To bring the Academia field and the Civil Society sector closer.**

Taking the example of the Peer2Peer project, Academia and Civil Society Organisations can work together to produce knowledge by monitoring and evaluating the different interventions and activities. Ideally, these projects will also include other stakeholders, namely community-based organisations (namely PWUD organisations) and decision-makers.

Nevertheless, a major constraint is the lack of funding. There seems to be a generalized and chronic reduction in the harm reduction budget, which is aggravated by the financing of research projects and activities. In this sense, we recommend the inclusion of broader research activities, impacts, and results as eligible in the calls for application, as well as the forecast of specific budget headings related to research activities and costs. A positive example is the support of EMCDDA to the TEDI- group (Trans European Drug Information project).

In addition, another approach is to address the Research Agencies (at different levels), to advocate for the inclusion of cooperation with CSO in their activity plans and budgets.

### **To include Peers Educators and PWUD in the research process.**

The voice and the knowledge of People with Lived Experience need to be included and validated at all stages of the research, as well as validate their expertise. That is, as the Peer2Peer project did, it is important to include them and their views when the team is preparing the research and thinking about research questions, focus-group and interview activities, and working groups. For instance, allowing them to talk about themselves about needs, obstacles, positive aspects, and thoughts about previous experiences, as well as creating phases of content and results analysis. In this way, the process is truly participatory and will be more effective.

To put this proposal clearer, we suggest that all research studies in this field must organise a community session and/or a community report (to return results to participants).

### **To acknowledge the Peer Work in the Academia and the different ways to produce knowledge.**

People with Lived Experience can be producers of knowledge within the Academia scope or in other contexts, such as CSO.

As highlighted by the European Advisory Group, some researchers also assume the role of Peers (including in the Peer2Peer project team), to have past or present lived experience in drug use. Following this premise, the profile of a Peer is not only the person who works in an outreach team and daily and directly contacts with current drugs users, providing services and support to those people, but can also be actors in other contexts in which they have a fundamental role in the production of Academic knowledge, giving meaning to interventions and results at the Academic level and articulating the different sources of data.

At the same time, the knowledge is not only created at the Academic level. A bottom-up research experience and approach is also relevant, inclusive, and used, for instance, by CSO, in which Peers can play a significant role and add validity and fidelity to the results.

The applicability of this principle is important for the achievement of the previous principles and is an integrated approach to strength cooperation at the Academic level.

## 4. Local Community and Neighbourhood

### **To cooperate to change the vision of the local community towards PWUD.**

First, the stakeholders in the field identified the need to change the way drugs, drug use and PWUD are seen by the local community. This is aligned with the literature where the creation and sustainability of a supportive environment within the general community appears to be difficult to achieve (Sotero, Lotta & Oliveira, 2019). Occasionally, the residents of a neighbourhood may be against the procedures of the outreach work in their community, which may hinder intervention and future steps of local cooperation.

In this sense, the work teams should have a specific protocol to address this issue, ideally integrating other organisations or groups of interested people. This protocol should include activities such as advocacy training skills sessions (Bill & Melinda Gates Foundation, 2009), or a meeting to debate and clarify community apprehensions (Hangzo, et al., 1997). One point that was revealed was the need to raise awareness of this topic in local communities, notably through the construction of human narratives and involvement with local decision committees (social commissions, local parish) to demonstrate who are the PWUD and revert not in my backyard policies and practices.

### **To address partnerships in the neighbourhood.**

After the previous process is started, the local community could be a valuable resource in the intervention with PWUD. Their social participation should be desired, planned, and implemented at the beginning of the project, namely by establishing secondary distributors to act as an extension of outreach workers and contact with local businesses and key locations for the PWUD population.

## 5. Support network

### **To ask for consent when it comes to integrating reference persons in the intervention.**

Following Walsh, Gibbie, & Higgs' results (2008), it is known that integrating people from the PWUD support network (e.g., family, friends, colleagues, among others) is beneficial and effective in what concerns positive outcomes. However, as discussed at the meetings of the European Advisory Group, some traditional members of a support network are often and in specific situations a cause of pressure or violence.

In this sense, it is always needed to clarify who is a recognisable member of the support network and ask for the consent of the PWUD on the inclusion of someone in particular. This consent does not need to be formal and written but must consist of at least one frank conversation and the presentation of the goals of the proposal and the implications of the decision.

That said, the following principles are based on the assumption presented above.

### **To include the support network as a channel to build community acceptance with outreach interventions.**

The team (outreach from the civil society or Government or any other) should contact the members of the support network, in order to involve them in this specific trajectory of the person who uses drugs and this stakeholder, understating the importance of the service, and showing that it can play an important role as an intermediary in the relationship with the community, in particular by explaining to them - in an understandable language - the work the

team is developing.

### **To allow the support network to be a member in the activities.**

Although it is important to have clear limits on the support network and its role, the family or other entities or a significant person in the life of a PWUD must be included as far as possible in the activities (Walsh, Gibbie, & Higgs, 2008), while also inquiring them about their opinion of the team's efforts (Hangzo, et al., 1997). For each service provided by the outreach team, action executed by a law enforcement and any management, evaluation, or research activity proposed by the Academia, it is necessary to think about the possibility of the support network initiative and how everyone can take advantage of its positioning.

This could be implemented in many ways: i) the significant person accompanies the user to service providers or clinical appointments; ii) the significant person is heard, and their support is taken into consideration before any action; iii) the significant person perspectives and history are included in the design of activities or suggestions of any project.

## **6. Organisations/Associations of PWUD**

### **To guarantee the same access to organizational work, with stakeholders ensuring PWUD voice and engagement in decision-making processes.**

As primary advocates and social activists for the well-being of people who use drugs, these associations need to know what is being done on the ground and their impacts on the community, namely through regular meetings with other stakeholders, opportunities to go to the streets with the outreach team, and through the use of an effective system to collect the opinion of the users. From

that, they can present their suggestions, from the point of view of the person with lived experience, explain the feedback of the community, and, most importantly, respond to the needs of all stakeholders in a holistic manner and in a public way, that is, using their advocacy power, especially for Governments.

However, the set of stakeholders, especially the outreach teams, need to understand that each organisation of PWUD is different and may adapt the approach and the expectations. In this sense, it is fundamental to establish standard boundaries and rules for cooperation practices.

### **To present this stakeholder as an option for the future of the drug user.**

From the discussion with the experts, we conclude that this role of having a voice representing the community could be very appealing to the drug user. In this sense, there should be space for the association to share its experience, goals, and it must open a safe space for all people who use drugs to contribute.

Nevertheless, these organisations need to make themselves credible to work with. This begins with the awareness that they represent a larger group (the community of PWUD) and with their ability to transcend themselves as individuals. Besides, actions focused on the empowerment of these groups, or PWUD individuals who show interest in activism enrolment, are in need.

A very important point, which has been claimed by Peers and other experts, was the need to have legal status to be able to have equal opportunities for financial support and, therefore, be equal partners even in a specific partnership.



## 7. Policy

### **To make politicians responsible for the coordination of all stakeholders.**

From the qualitative research conducted in the project, it was clear that this stakeholder must lead the actions of cooperation.

In fact, given the multiplicity of fields that ought to be involved in drug-related initiatives (Sotero, Lotta, & Oliveira, 2019), it is crucial to gather governmental support in outreach work interventions (Garofalo, Soares, & Cordeiro, 2015). The support from governmental institutions and/or officials is a vehicle for improving a project's credibility amidst the community (Sotero, Lotta, & Oliveira, 2019).

Since this will be a huge task - given the number of stakeholders participating- it is important to assign someone to this work and prepare a well-structured case management tool with all the institutions to apply in some territories, an agenda for the meetings and activities to be developed and a communication procedure between the stakeholders. This task could be facilitated by electing a representative/delegate person of each stakeholder to address and communicate (to the person allocated to this position) the concerns of the field he/she represents.

The Authority that may have this coordinating role may be the National Coordinator for Drugs, established in each country. This Authority should not depend on the differences among political parties, but be an Authority that can coordinate, support, improve, suggest, and implement with the cooperation of all key stakeholders.

### **To stimulate the Politicians to proactive actions (rather than reactive actions to crises).**

Since Politicians in general, and Governments in particular, tend to be linked with the current legislation, it is important to boost them towards active actions and changes, give them understandable data and arguments and invest in a long-term advocacy strategy.

To invite them for small activities (such as the internal discussion forum) and training is a step towards integrating them into the routine of other stakeholders and then influencing these actors.

Another important observation is that the stakeholders highlighted in this document can work closely with regional and local Authorities. While it is important to reach out to national or European politicians and try to influence their attitudes and decisions, this is a very difficult and resource-consuming task. In this regard, and in a complementary perspective, the stakeholders, namely outreach teams, may invite and present their activities, proposals, and impacts to local or regional politicians, including the youngest, with an interest in this area and who are open to the possibility of getting involved in the cause, in particular by taking the issue to national stages. Besides this, the impact on the territory could be greater if we contact politicians closer to the field and better able to understand the local needs.

## 8. Peers

### **To recruit the Peer Educator based on the personal knowledge and Lived Experience and ability to work with the target population.**

Peer recruitment seems to place more emphasis on the attitude and street knowledge of the individual, than on formal education (Weeks, et al., 2009). Although basic communication skills are, at times, required (Walsh, Gibbie, & Higgs, 2008), network centrality is the object of priority (Weeks, et al., 2009).

This tends to be important because Peers who have relevant roles and ties in the drug user community might have greater access and potentially more influence over PWUD (Abdul-Quader, et al., 1992).

Continuous drug use does not seem to be a fixed criterion. Within the partnership and experts' groups, it was agreed that it is not the main relevant issue when contracting a Peer, although it was consensual that the active Peers who use drugs need extra supervision from the colleagues.

At the beginning of the working collaboration, there must be an initial conversation about his/her role and about what is expected from him/her. The results of this conversation need to be very clear to everyone in the organisation, namely through an internal guide about the competencies, resources, rules, and specificities of the team or project. The coaching of peer workers is of paramount importance and must be an ongoing/permanent resource.

**To provide training on important topics, such as harm reduction, Blood Borne Viruses (BBV) education, prevention, epidemiology, Hepatitis C and other STI, as well as on communication skills and community mediation**

In the welcoming process in a team, it is important to provide training to the Peer, as a way to actualize the expertise of the person: the knowledge of someone who knows the situation and the whole process of using drugs. Thus, it is possible to conjugate the important knowledge of the street with scientific knowledge and different approaches for hard-to-reach populations.

The training seeks to endow Peers with the necessary aptitude to conduct the health-related activities with the least number of challenges and this has been shown to have a great impact (for instance by Andersen, et al. (1998), Dickson-Gomez, Weeks, Martinez, & Convey (2006), Weeks, et al. (2009), Colón, Deren,

Mino, Kang, & Shedlin (2010).

In addition to health-related training, including in their curriculum a specific module that addresses communication skills, is very necessary so that after the sessions, trainees ought to be able to approach PWUD conversationally and educationally (as evidenced by Weeks, et al., 2009). Besides, the training should focus on work organisation, strategic planning, conflict resolution, and frustration management, setting limits and knowing the service network (and how to access it, articulating strategies).

**To clearly define the general and specific tasks of the Peer keeping in mind the unique inputs they can provide to the outreach work.**

Peers should be able and have the opportunity to perform specific tasks as other outreach workers. In this way, they can be responsible for education about Blood Borne Viruses (BBV), distribution of safer use materials (i.e., sterile water, bleach, and condom), basic and more specialized assistance of social services (i.e., food, shelter) and needle and syringe exchange. At the same time, they can be responsible for the safe collection and disposal of those used directly from PWUD, shooting galleries and other locations in the community (i.e., public bathrooms, parks).

In addition, the members of the European Advisory Group agreed that they could also be responsible for micro-planning. Peers have a responsibility to analyse risk behaviours of PWUD and track shifts in hotspots, so that the outreach team can prioritize those most at-risk in the community ensuring, consequently, maximum coverage (as suggested in Hangzo, et al., 1997).

There is also the supplementary part of service referral and mediation, where Peers, due to the understanding of most of the problems of the users give

guidance and information of existing services and even facilitate the exchanges with other professionals (as indicated in Ayon, et al., 2018).

**To include Peers as organisation's employees through a specific regime or bond.**

At the moment, the job is not yet regulated in many countries and contexts. Abstractly, when a job is not regulated and there is no defined base salary, that gives a social message (to the community, Academia, or other professionals/stakeholders) of no validation or less value of the work and the contribution as professionals.

In this sense, fixed payments, working in the same way as or similar to a salary were important, since Peers are being asked to adhere to a schedule, where they conduct outreach, and should be compensated as such. Even so, by rewarding their work not only one acknowledges them and what they do, but it is also possible to reinforce their role as Peers (Dickson-Gomez, Weeks, Martinez, & Convey, 2006).

Currently, the regime for this payment diverges in different locations and, for that, the partnership concludes it is beneficial to discuss it with the person. Essentially, it could work as a per-task incentive, where Peers receive a fixed amount when certain assignments are successfully performed (Des Jarlais, et al., 2007) or reward Peers with hourly or monthly stipends (Guarino, Deren, Mino, Kang, & Shedlin, 2010).

Notwithstanding, the job title is not yet regulated and that is an important point that is lacking and must be addressed in the advocacy efforts of Peers Educators.

**To prepare and operationalise a guide regarding the risk of relapse.**

The main concern that Peers and other professionals manifest when joining efforts with outreach workers is the associated vulnerability to relapse. Former users constantly face the psychological pressure of relapsing, due to the possibility of encountering past running friends (i.e., someone with whom they hustled and shared drugs) or the possibility of entering personal trigger locations. Colón et. al (2010) and Abdul-Quader et al. (1992) refer that this particular concern can be overcome with appropriate guidance and counselling. We believe the starting point should be not to focus on this issue, since this is stigma-inducing and essentially irrelevant to the extent that a peer worker has far more talents/characteristics than drug use-related ones.

Furthermore, the consortium believes that former PWUD are familiar with their own specific signs that point to the risk of relapse and have learnt to become aware of any relevant behavioural changes. In both instances, **coaching** on this issue can be needed and knowledge thereof is essential, and, besides that, it should be ensured that Peers are safe when a relapse may happen, namely with psychological and medical support available on a voluntary basis.

Furthermore, it is relevant to create a **contingency plan** to guide the response as an organisation to incidents involving Peers, including how to deal with relapse by establishing a criterion to define when this becomes a matter of urgency and/or influences the peer worker's professional functioning. We need to add, however, that no such universal criteria exist. We believe it is advisable to depart from the way a peer - or any professional for that matter - executes her/his job.

**To act as an inspiring example to People Who Use Drugs.**

The Peers should have in mind the great opportunity this job could be for themselves and for others.

Internal reflections showed that many Peers are able to realize that it has a constructive impact on their life. The most referred facet is the heightened sense of self-worth due to their involvement in their community and knowing that what they were doing was making a difference. In the end, Peers are able to recognise that the abilities they developed were valuable skills that could be applied to and for the rest of their lives.

As we said about the drug users' organisations, the role of having a voice and performing daily work activities within the community and leveraging personal learning could be very appealing to any drug user. This idea of spreading the word about other life possibilities in the community is a very important task for Peers.

## 9. Civil Society Organisations

### **To advocate for an increase in the financial support allocated to CSO working in the drugs field.**

One of the field's historical issues is its under-financing, which has been strengthened and aggravated in several countries in Europe (and other parts of the World) in the past few years. In this process of cooperation, and taking advantage of moments such as training, partnership interventions, events, and others, this issue should not be forgotten and can be addressed in many ways and moments, even in the format of awareness-raising.

**To provide appropriate work conditions for Peers, either by providing similar or specific conditions.**

Linked to the previous principle, CSO referred to the need for additional financial support when it comes to providing decent working conditions for Peers.

In line with other suggestions, the first step - which is already in place in many contexts - is to sensitise the stakeholders, for example by involving them in the training - and present concrete evidence.

**To share good practices and understandable information.**

In order to reinforce the role of CSO and disseminate their work and results, those organisations should promote - and involve other stakeholders - activities to inform the general public and demystify beliefs.

## **10. About the Covid-19 pandemic**

Although the research process was not focused on the Covid-19 pandemic issue, the results and experiences from the partners were discussed within the partnership. In this sense, the following Guiding Principles are proposed.

**To foresee in the National Action Plan on Drugs (or other legal instruments) the necessary adaptations to respond to PWUD during pandemic (or other exceptional) times.**



The countries have their own Strategy or Actions Plans to translate the Drug Policies into community services. An effective translation of public policies requires good implementation and regulation procedures. Thus, these institutions are called to monitor the quality and impact of the interventions in the drug field. Moreover, intermediary institutions have a key role in opening a communication channel where information could flow between the decision-makers and the social actors playing on the ground.

In this sense, these documents and the institutions that design and monitor them should include and be aware of the specific needs of bridging the gap during pandemic times. As it is increasingly likely, the World is going to face other pandemics, and, for that, all structures must learn from the Covid-19 pandemic and prepare for the future.

### **To prepare specific Cooperation Plans aimed at extreme and exceptional situations.**

Although the partners mentioned good cooperation levels during the first phase of the pandemic, that new situation caught everyone by surprise, given the extreme circumstances. As already stated before, the World is going to face other pandemics, so the Governments, CSO, and other stakeholders should take conclusions from the Covid-19 pandemic and prepare Cooperation Plans so that all institutions involved could know how to proceed: services to maintain and under what conditions, adaptations and changes, such as prioritizing cases and requests from the beneficiaries, having in mind the specific needs of this populations.

### **To design and implement measures aimed at better cooperation in the use and allocation of resources.**

During the pandemic, especially in its first stage, the lack of resources (human, safety materials, user materials, monetary) was both a fear and a reality in some moments and places.

For the next phases of the current pandemic, but also for future situations like this that we are living in now, it will be relevant to stipulate some measures, so that the available resources are distributed in an equal and reasonable way among all stakeholders and organisations involved.

Some examples are the creation of a task force at a national and local level to monitor the resources allocation, the use of advanced management mechanisms and tools, the establishment of temporary centres for collection of materials, and shared documents to update each organisation's situation regarding the delivery of materials.

**To install machines for delivering syringes masks, gloves, containers (among others) in strategic public spaces.**

The pandemic times can be an opportunity to learn, reflect, improve, and innovate in outreach work.

An important part of the work with PWUD under analysis in the Peer2Peer project is related to the provision of social and health services, as well as materials for safer drug use and, in the past months, hygienic label materials. Given all the vulnerabilities and poor social conditions of the population, the interruption of services was not an option and it was highly necessary to sensitise and give material information on how to prevent a Covid-19 infection. To facilitate contact with the target group in a safer way, it is recommended to install public machines for the delivery of syringes masks, and gloves (among others) in strategic places. That option was already in place at some locals (as in Antwerp,

Belgic) even before the pandemic, proving its efficiency.

### **To prepare Internal Emergency Plans aimed at extreme and exceptional situations.**

During the pandemic, CSO and other organisations have prepared and since then are adapting Contingency Plans to deal with the new situation. However, those Contingency Plans should be revised and improved with the lessons learnt in this period, in order to be translated into (stable) Emergency Plans to be used in the future. The Emergency Plans should define the procedure when facing an extreme situation, the priority beneficiaries, and the necessary adaptations to the service, that will be in charge of each task, delivering safety measures, and material distribution, among others.

### **To produce and update realistic data.**

The data is a source of knowledge not only to inform those who work in the ground, but also to inform decision-makers and lead their action.

In this sense, CSO and/or Academia (or other institution capable of it) must collect and analyse data even during pandemic times - especially during lockdown - so everyone involved have access to a complete and realistic image of what is happening with PWUD and other hard-to-reach populations.

In order to be able to do so, it should be clearly defined in the Cooperation and Emergency Plans.

**To encourage Peers to have an active role in raising awareness among the community and relevant stakeholders.**

As we formulated in other principles, Peers can perform an active and fundamental role in the intervention prepared and implemented during the pandemic.

At times, when contact with the beneficiaries presents increased obstacles, the Peers are required to have an even more relevant job, since the co-production of service provision by the users themselves can have affirmative effects on the improvement of the value of the procedure and its results, by profoundly altering the relationships, positions, and rules among the stakeholders involved.

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