

Harm Reduction Excellence | Breakout Session 2

Peer Work – This is why!
Practice for improving service accessibility

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VAADA Service Providers' Conference
2024



Visit Our Website
www.hrvic.org.au/fuse





Wurundjeri
Woi-wurrung

Acknowledgement of Country

We acknowledge the Wurundjeri Woi Wurrung people, who are the traditional custodians of the land on which Harm Reduction Victoria is based. We pay our respect to Elders past and present.





About Us

Harm Reduction Victoria (HRVic) is a state-wide, membership based, not-for-profit organisation which addresses a wide range of health, legal and social justice issues of relevance to people who use drugs.

We operate within a harm reduction and community development framework to promote the health and well-being of people who use drugs and to enhance the capacity of the health and human services sector to respond to the needs of drug users.

We work to reduce the harms associated with drug use for the individual and the community and to represent people who use drug in the debate about drug related issues.

Your Presenters



Christian Vega

Fuse
Initiatives
Workplace
Integration
Lead

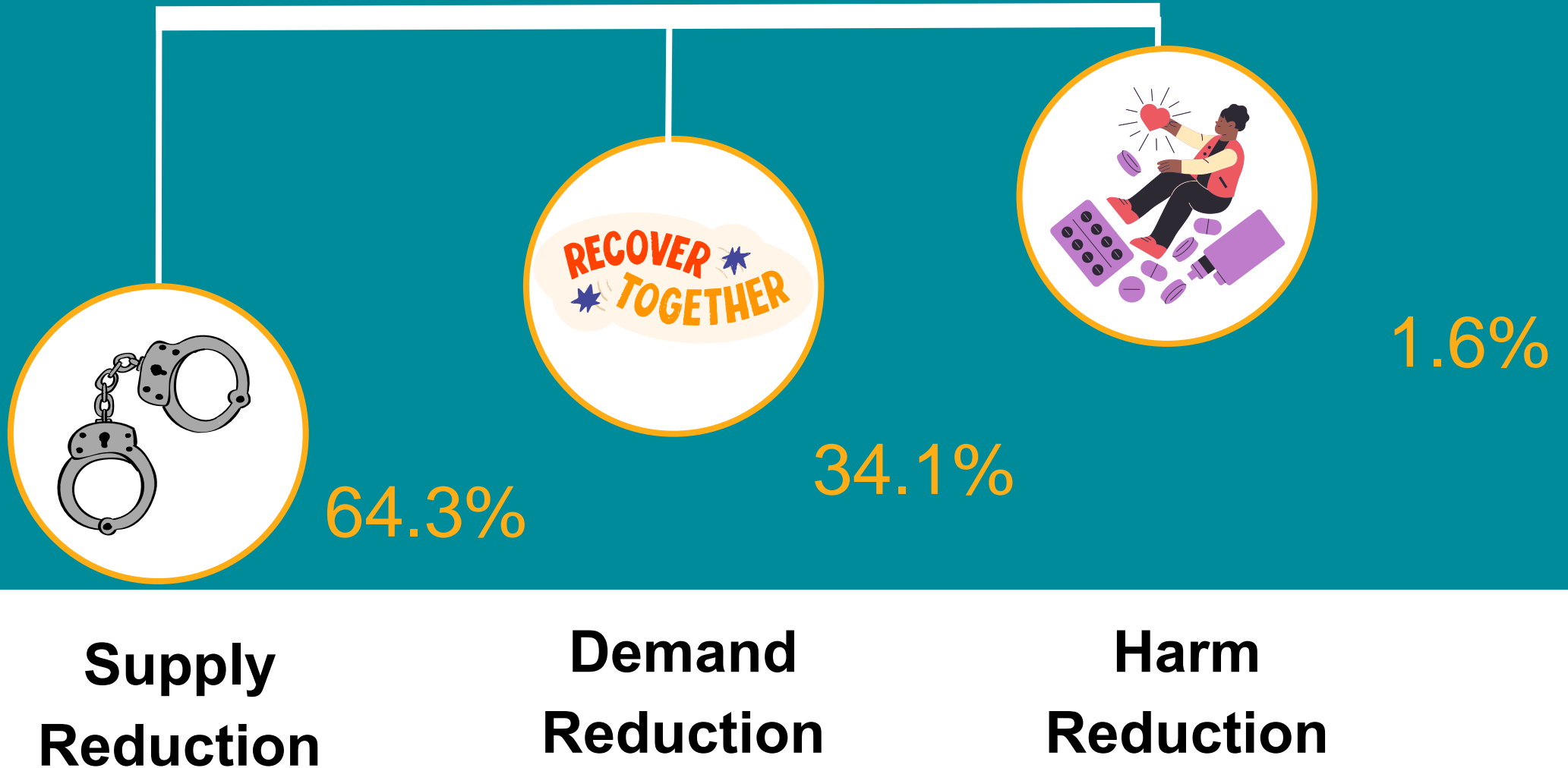


Amelia Berg


Fuse
Initiatives
Senior Project
Lead

Harm Minimisation

Australia's National Drug Strategy Since 1985




What is Harm Reduction?



Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.

It is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.



Source: Harm Reduction International. (n.d.). What is harm reduction?
<https://hri.global/what-is-harm-reduction/>

Who are Harm Reduction Peer Workers?

Harm Reduction Peer Workers are people with living experience of drug use and overdose risk, who are employed in harm reduction roles that promote the health and wellbeing of people who use drugs.



A brief history of Harm Reduction Peer Work

1980's

Peer response to
HIV/AIDS



1987

HRVic is funded



2000's

Primary Health
Units for PWUD



2017

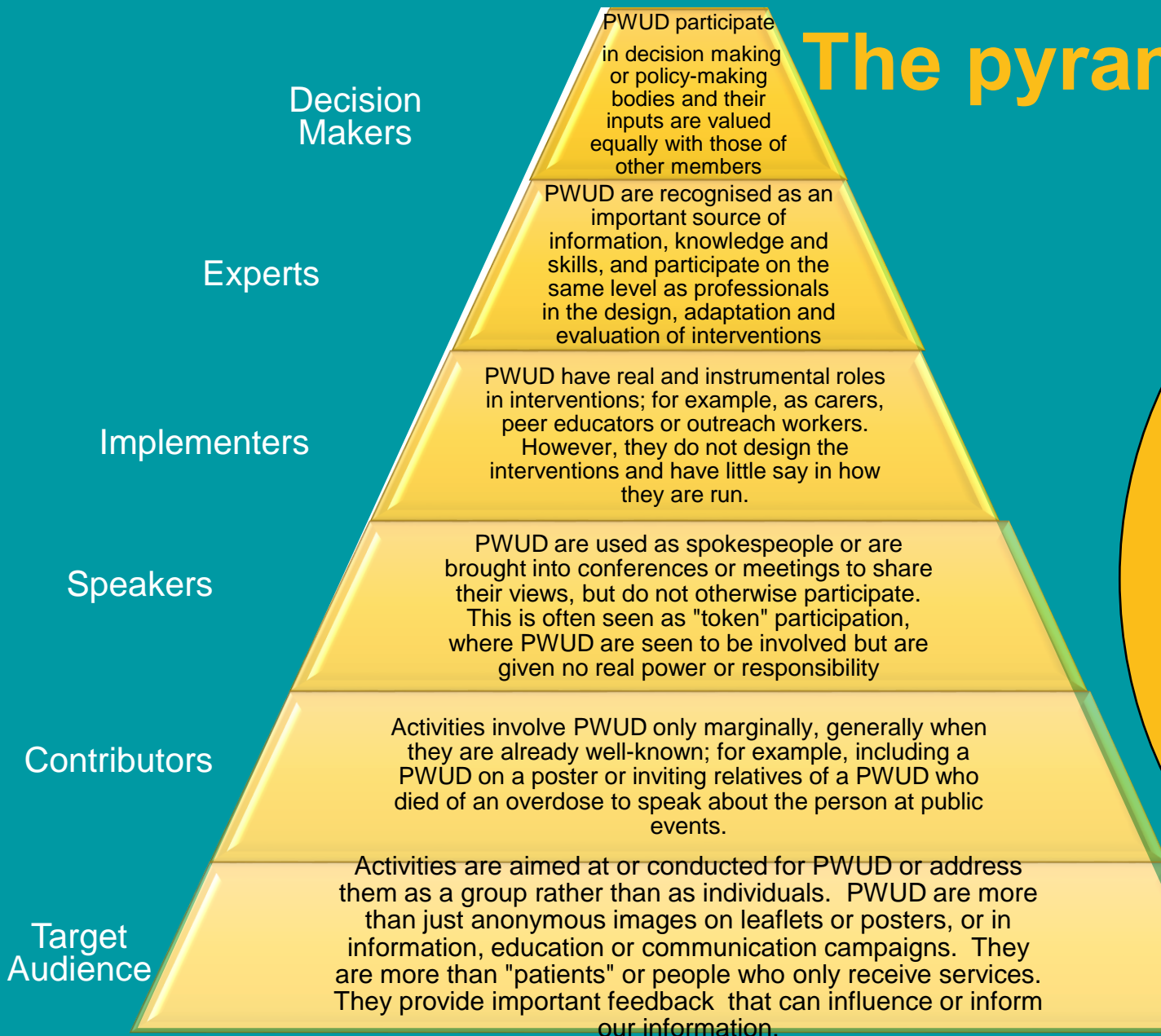
Reducing
Harmful Drug
Use Through
Peer-Led
Networks

2021

Fuse Initiatives



The pyramid of INVOLVEMENT



“[Peer] Workers are Workers and they need to be seen that way. They don’t need to be made to feel that they are lucky to have a job. We’re lucky to have them saving lives and reducing transmissions of HIV and hep C and that seriously needs to be acknowledged.”

Adapted from: International HIV/AIDS Alliance (2015). Good practice guide for employing people who use drugs.


Source: Blanchard, S.B. (2021) I Want the Same Protection”—Canadian Peer Harm Reduction Workers Unionize. FilterMag. <https://filtermag.org/canadian-peer-workers-union/>

Why do organisations employ Harm Reduction Peer Workers?


Harm Reduction Peer Workers are hired to do this work because:

- they have a live connection to a criminalised community,
- they have local, up to date and personal knowledge and experience of current drug use trends and issues; and
- they are accepted by the drug using community as a peer

The benefits of employing Harm Reduction Peer Workers



[People Who Use Drugs] (PWUD) have insights and expertise that can help inform the planning, delivery and review of harm reduction and HIV services. When we involve PWUD in the design and delivery of services, our work becomes more relevant, targeted and accessible... Employing PWUD sends out a clear message that they are valued partners and are welcome at all levels of service delivery. It also has a very practical set of benefits, helping services to better understand the needs and lived experience of PWUD



Source: International HIV/AIDS Alliance (2015). Good practice guide for employing people who use drugs.

5 Reasons Services Should Employ Peer Workers

According to Victoria's
Mental Health Royal
Commission

The final report of the Royal Commission into Victoria's Mental Health System highlighted key problems:

- 1. Inadequate Services and Accessibility**
- 2. Lack of Dignity and Empathy**
- 3. Over-Reliance on Involuntary Treatment**
- 4. Regional Disparities**
- 5. The exclusion and/or undervaluing of Living experience**

Peer workers have a long track record of their effective response strategies to Inadequate Services and Accessibility

Dealing with “Inadequate Services”, we developed :

Harm Reduction:

Breaks the binary of “good/bad” to frame decision-making as a spectrum of options.

Health Promotion:

Enabling and empowering our communities maintain positive health practice to reach out for new and different outcomes.

Peer Education:

Trusted sources of practical information in a world that denies us education, safety, & respect.

Peer Workers can reduce the over-reliance on involuntary treatment without compromising human rights and safety when we work closely with other workers.

Community-Based Care?





An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need.

It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.



R Williams, 1999

Cultural Safety – what does it mean for our work practice?’

Australian and New Zealand Journal of Public Health

Coming from stigmatised communities, Peer Workers are particularly capable of reconciling the lack of dignity and empathy identified in service delivery

The specialist knowledge and navigation skills required to bridge the disparity between regional and urban service users is already Living Experience. Harnessing this expertise into services enhance services, but makes a place in our work for some of the most marginalized and ignored voices

“Trying to get on pharmacotherapy out here is a nightmare. I sorted it out now but it took a long time and also something might change at any minute and stuff it all up.”

Female, 40s, Gippsland

“Everyone knows everyone. I have to drive a couple hours whenever I have to go to an NSP.”

Male, Central Victoria

“Thanks for giving out Naloxone, there’s no way I could find it or even ask anyone back home.”

Female, 30s, South Victoria

“There’s heaps of services out here, but they’re all treatment. I’m not looking for that so it feels like there’s nothing for me.”

Female, 50s, Central Victoria

“If you think your cops are bad, you should see what they're like in the country”

Male, 40s Central Victoria

Fundamental health beliefs and frameworks has lead to an exclusion and undervaluing of Living Experience in service delivery. Significant cultural change is necessary for the benefits of peer workers to be realized.

	Biomedical Model	Social Model
Good Health is...	The absence of illness , injury and impairment	A state of physical, mental and social well-being
... achieved through...	Clinicians learning and practicing skills to diagnose and respond to problems in patients' body	Ensuring social determinants positively influence the health of all community members
... the purpose of which is...	Longevity, living as long as possible	A necessary resource towards good quality of life for all people



Please listen carefully

I'm not the enemy

I'm just a [working peer]

Living out my authenticity.

Van Michaels A P, 2024

"Drag Queens Save The World" RuPaul's Drag Race
All Stars Season 9, World of Wonder

I'm not the enemy

Recap: How Harm Reduction Peer Workers Improve Service Accessibility



**People Who
Use Drugs
Are Welcome
Here!**

1

Credibility and acceptability

2

Best practice evidence base for peer support and education

3

Peer Workers can act as a bridge between clinicians and services users

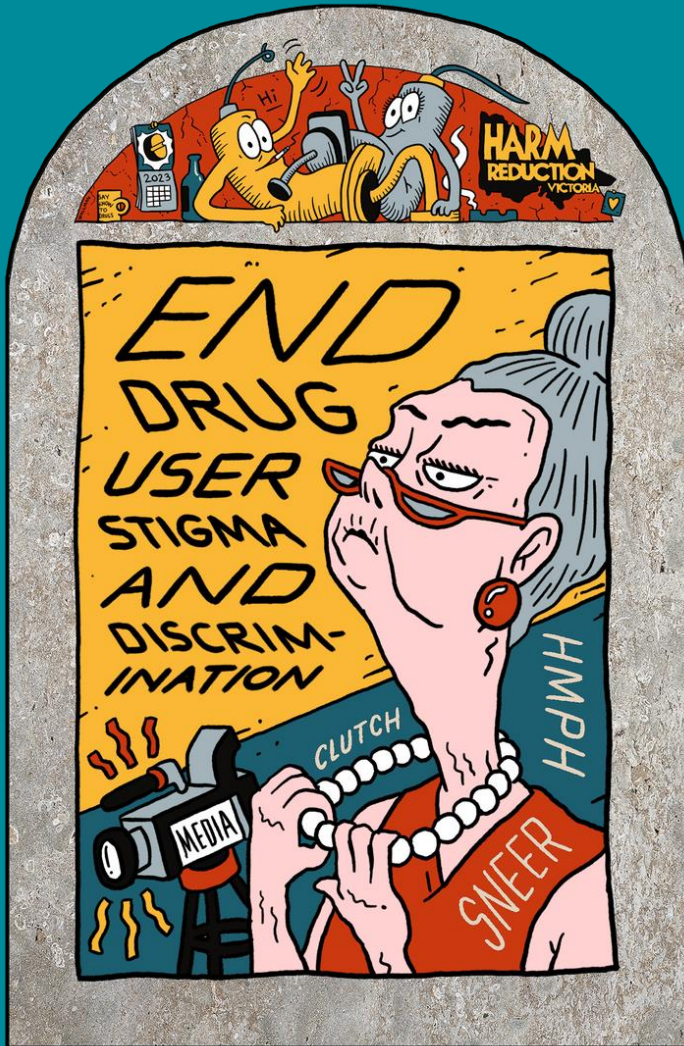
4

Empowers service users to take control of the health and healthcare

5

Reduced delay in accessing healthcare, resulting in less hospital admissions

Drug use stigma



Harm reduction at its core is a strategy against stigma. Giving people the space and freedom to manage their own health without judgment or coercion is a core component.

Harm reduction is not just a strategy to minimize the risks of drug use, but a philosophy for self-care and community care that promotes compassion, openness and practical knowledge that can improve and save lives.

Source: Sekaran, S. (08/09/2022). Stigmatizing Drug Use Is Killing Us, But Why Is It So Hard to Stop? (<https://filtermag.org/drug-use-stigma/>)

We are not protected against discrimination

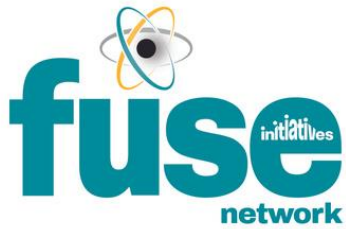


All organisations considering employing Harm Reduction Peer Workers must commit to providing safe and supportive workplaces for people who use drugs by:

- Actively working to tackle stigma and discrimination
- Providing Peer Workers with the opportunity to engage in career development, training and networking opportunities with their fellow peer workers
- Support and fund the opportunity for Peer Workers to access discipline-specific supervision

Fuse Initiatives

Supporting and strengthening the harm reduction peer workforce



- Monthly Fuse Network meeting (equivalent to COP)
- Discipline-specific supervision
- Support interventions



- HRPW Training
- Training for non-peer colleagues



- Organisational readiness training
- Harm reduction peer workforce Strategy
- Discipline-Specific PD's
- HRPW-friendly policies and procedures

Thank You!



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