

# Peerology:

**A guide by and for people who use drugs  
on how to get involved**



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M\*A\*C AIDS Fund

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## **Introduction**

We, the Module Development Team, are representatives from member organizations of the Canadian Association of People who Use Drugs (CAPUD). CAPUD was formed in 2010 with the assistance of the Canadian HIV/AIDS Legal Network and had subsequently received very little ongoing support. Its efforts have recently been reinvigorated through support given to the Centre for Addictions Research of British Columbia by the Canadian Institutes of Health Research to host a national meeting of people who use drugs, “Collective Voices Effecting Change”, in Victoria, BC in October 2013. As allies, the Canadian AIDS Society, the Canadian HIV/AIDS Legal Network, the Canadian Drug Policy Coalition and the Centre for Addictions Research of British Columbia are now providing teleconference services to enable CAPUD to meet and move its important work forward.

At the national meeting in Victoria, CAPUD members adopted “Nothing About Us, Without Us” as its guiding principle. CAPUD identified the need for more tools and resources on how best to include people who use drugs in decisions that affect their lives, both to better prepare its members to participate and to equip ally organizations to better include people with lived experience meaningfully. The Canadian AIDS Society received a grant from the MAC AIDS Fund to facilitate the process of developing a resource to address this need. A Module Development Team was established out of a subset of CAPUD members to work together to develop this module. We hope you find this resource useful and welcome your feedback.

### **The importance of language and the use of the word ‘peer’**

We are people with lived experience of illegal drug use who have been marginalized and criminalized. We are mobilizing to address stigma and to advocate for our inclusion in decisions that affect us. We chose the title ‘Peerology’ for this document, as a play on the word ‘peer’. Since this document is by and for people who use drugs, and since many of us share common lived experiences, we refer to each other as peers.

The use of the word ‘peer’ is also increasingly being used to mean ‘person with lived experience’ in the context of including people who use drugs in research, service delivery and policy settings. While some of us welcome the use of the word ‘peer’ and have embraced it as a word that recognizes and acknowledges our lived experience, there are situations where identifying people as ‘peers’ can be problematic and stigmatizing. When we are hired as employees and are labeled as ‘peer workers’, for instance, it can bring connotations of low-paying, dead-end jobs that rarely result in full-time professional employment opportunities for people who use drugs. It also outs workers as being people with lived experience of illegal drug use which can have negative repercussions. Those of us with the Toronto Drug Users Union believe that terms such as “outreach worker”, “program assistant”, “harm reduction program worker”, “needle exchange worker” and “project associate” are more beneficial to employees with lived experience. We offer this as food for thought and encourage you to have these discussions in your setting.

## What is the purpose of this document?

This document, written by and for people who use drugs, serves to guide those who wish to get involved locally and mobilize to improve the life conditions of people who use drugs in their area. It provides advice on how to include people who use drugs in decisions that affect their lives and tips to assist in building capacity to respond to the needs of people who use drugs.

We have chosen to highlight initiatives from our specific organizations and have included information about other initiatives you may wish to get more information on. This document includes guidelines for the inclusion of people who use drugs, examples of leadership training, tips on how to get involved in meetings and events, and tips on setting up programs by and for people who use drugs. For your reference, we have also included a directory of existing organizations of people who use drugs as well as a list of additional useful resources.

There are many other innovative programs and initiatives happening across the country than the ones included in this document. We encourage you to reach out and talk to various organizations. Please consult the list of organizations in Appendix A and contact us. We are happy to provide you with more information and assist you in whatever way we can so that this important work can continue to grow and make a difference in the lives of people who use drugs.



## **Guidelines for the inclusion of people who use drugs**

The ADDICQ is a project of AQPSUD (Quebec's Association for Health Promotion of People who Use Drugs). The ADDICQ Project advocates for the rights of people who use drugs. In 2011, ADDICQ members collectively organized a task force on the mobilisation of people who use drugs in all five regions of Quebec. We wrote an assessment based on our observations to help our members better mobilize in order to be heard and to help them assert their position and take a stand for a better quality of life.

Since the inclusion of people who use drugs is one of our main war horses, we came up with 11 recommendations to improve the inclusion of people who use drugs in community-based organisations as well as policy, research and other service settings. We hope that these recommendations are helpful to those who are interested in including people who use drugs in decisions that affect us so that we can work together to promote health and provide services which are better adapted to our needs.

### **1st Recommendation: Give us the means**

As people who use drugs, we are the ones who are in the best position to talk about our reality and find answers adapted to our needs. If you want us to participate in your discussions and decisions on services and other concerns, you have to allow us to do so.

That is why our 1st recommendation is: Please give us the means to take our place at your meetings but without taking us by the hand and doing it for us.

### **This implies:**

- being clear about the goals of your meetings and the process in which we are embarking;
- that the guidelines for the meeting are clear, understood and respected;
- being sure that information for the meeting is available, accessible and that we know where to find it;
- being well informed before meetings;
- taking the time to explain the meeting to us;
- building our capacity by mentoring us in the different aspects of participating in committees (writing minutes, facilitation, discussions and decision-making, etc.); and
- providing access to different resources so that we can fully participate (computers, agendas, bus tickets, calling cards, etc.).

## **2nd Recommendation: Include us in a meaningful way**

If you want to include us, it is important to do it fully. There is nothing more frustrating than having the impression that we are there as tokens and that our opinion is not sought, not listened to and not taken seriously.

That is why our 2nd recommendation is: Please include us in a meaningful way.

### **This implies:**

- clearly explaining your goals for including people who use drugs in your meetings or committee;
- giving everyone space to participate in the meeting;
- listening well and considering what is said; and
- mostly, not involving people who use drugs as tokens, PLEASE !

## **3rd Recommendation: Keep it simple!**

If you want people who use drugs to participate in committees and other settings, it is important to not complicate matters more than they already are.

That is why our 3rd recommendation is: Keep it simple!

### **This implies:**

- that meetings should not be too long and too formal;
- having breaks and predetermined end times;
- being well prepared to ensure that time is well spent and that we will not lose participants!

## **4th Recommendation: Adapt to our life conditions**

We often live in precarious conditions (for example, poverty, unstable housing, health issues, etc.), so if you want to include us, you must change your common way of doing things.

That is why our 4th recommendation is: Adapt to the realities of people who use drugs.

### **This implies:**

- using the phone instead of using e-mail to communicate with us since it is not always easy for us to access the internet;
- reaching us where we are (for example, at community-based organisations, on the street, etc.); and
- customizing your approach to better reach us.

### **5th Recommendation: Inviting two of us is better!**

For many reasons, it may happen that we cannot attend a meeting we had committed to going to.

That is why you should avoid giving all the information and all the responsibilities to only one person. Indeed, you must not overload us so that we may stay involved longer. At the same time, you must also allow us to have someone replace us when we cannot attend ourselves. Finally, having two of us attend meetings together will make us feel more at ease with other participants.

That is why our 5th recommendation is: Always invite at least two people who use drugs to a committee or a meeting.

### **6th Recommendation: Emphasize good deeds**

It is always good to know that what we did was appreciated and that it is worth continuing to be involved. Moreover, encouragement makes us feel good, especially when we are often badmouthed and rejected.

That is why our 6th recommendation is: Highlight the accomplishments, achievements and successes of our inclusion.

It is important to remember our brothers and sisters who have left us, to remember their contribution to encourage us to carry on.

### **7th Recommendation: Take action**

It is nice to get together, to share information and ideas, to find solutions to our problems, but if those meetings are not followed up by actions, we lose interest and that discourages us from getting involved. Also, meetings are not necessarily the most exciting part of promoting health and improving our life circumstances.

Be aware that we are personally invested and have strong emotions about issues that affect us so please do not discourage us from expressing ourselves, since we are the ones facing the issues we are collectively trying to solve!

That is why our 7th recommendation is: Don't just have meetings, take action!



### **8th Recommendation: Thoroughly train allies to understand and support our inclusion**

To support inclusion, we need allies who are aware of our realities and who are comfortable to work with us. We already have to deal with prejudice from the population and that makes us impatient sometimes. We want people who work with us to be aware of our problems and continue to support our mandates.

That is why our 8th recommendation is: Good training for our allies to understand and support our inclusion in decisions that affect us.

### **9th Recommendation: Recognize our expertise**

We are experts of our reality and lived experience, and that is why we are asked to participate in committees and meetings and why we want to be invited. Since we are the main stakeholders, we are the ones who are best suited to talk about our reality and find solutions to issues that affect us. But as we said, we want more than just to be present at a table.

That is why our 9th recommendation is: Recognize our expertise.

#### **This implies:**

- inviting us not only to focus groups;
- having enough confidence in us to do more than give an opinion (for example, give us the means to take on different tasks, integrate us in group workshops, let us work in committees from start to finish, etc.).

### **10th Recommendation: Compensate us for our time**

We are the experts, but we often are the only ones around a table who are not paid. Sometimes people are uncomfortable paying people who use drugs, fearing that they will use the money to buy drugs. But are we questioning how salaried persons spend their pay? And should we? We do not think so, and you should not either.

That is why our 10th recommendation is: Compensate us for our time.

#### **This implies:**

- offering us money, food or anything useful to compensate us for our time.

## **11th Recommendation: Support organizations of people who use drugs to support inclusion**

To support the inclusion of people who use drugs, it must be acknowledged that there are organisations of people who use drugs across Canada that have a mandate of inclusion. We are there to help you work with us.

That is why our 11th recommendation is: Support organizations of people who use drugs to support inclusion.

### **This implies:**

- providing us with financial support; and
- acknowledging the importance of the role of organizations of people who use drugs in supporting the inclusion of people who use drugs.

### **To conclude:**

It is important that people understand that at the ADDICQ project, we work for the inclusion of all people who use drugs. Since we have hundreds of advocates in different regions of Québec, we are well placed to support community-based organisations and other settings that want to include people who use drugs in their committees and meetings. Although the inclusion of people who use drugs sometimes upsets ways things are usually done and takes some effort, we are convinced that it is an investment that can only be beneficial for everyone.

At the ADDICQ project, we are not here to put a spoke in the wheels of the people who provide services to us, but rather to help them ensure that their services are well suited to our needs. Together, we can work to improve the lives of people who use drugs and to ensure that we are truly recognized as full citizens, to make our society more inclusive and fair!

### **Useful Resources on the Inclusion of People who Use Drugs**

- **Principles for participation and self-representation.** See **Collective** Voices Effecting Change: Final Report. National Meeting of Peer-run Organizations of People who Use Drugs, Victoria, BC, Oct 16-17, 2013. Available at <http://solidvictoria.org/article/capud-report>
- **Nothing About Us, Without Us: A manifesto by people who use illegal drugs.** Available on the Canadian HIV/AIDS Legal Network's website at [aidslaw.ca](http://aidslaw.ca)
- **Nothing About Us Without Us – Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative.** Available on the Canadian HIV/AIDS Legal Network's website at [aidslaw.ca](http://aidslaw.ca).
- **VANDU Manifesto for a Drug User Liberation Movement.** Available on CAPUD's website at [capud.org](http://capud.org).
- **VANDU. Research and Drug User Liberation.** Please contact VANDU for more information. Their contact information is available in Appendix A – Directory of Organizations of People who Use Drugs at the end of this document.

## **Leadership by people who use drugs**

This section on leadership showcases the history of how four organizations of people who use drugs formed. These organizations, AAWEAR, ADDICQ, SOLID and TDUU, illustrate what leadership by people who use drugs looks like in the real world. We hope that this information will inspire other leaders to mobilize and set up an organization of people who use drugs in their area. We have also included information on the innovative 'Street College' program created by SOLID, in collaboration with AIDS Vancouver Island, where people who use drugs train each other and gain leadership skills as well as information on what it means to be a leader.

### **What does leadership by people who use drugs look like in the «real world»?**

#### **An overview of AAWEAR**

AAWEAR stands for "Alberta Addicts Who Educate and Advocate Responsibly". We are a provincial group of people in Alberta with a history of hard drug use. Through supporting each other, educating others in the community, and raising awareness of health issues, we strive for an improved quality of life for those in the drug using community.

AAWEAR was formed after a meeting that took place in 2004. A group of people working in harm reduction came together to see if there was a need to create a group for people who use drugs in Alberta. They wanted to hear directly from people who use drugs to see if this need existed. The feedback was an overwhelming 'yes.'

From the report, these were the 5 recommendations:

- A provincial group for people who use drugs should be created.
- The two large cities in Alberta, Edmonton and Calgary, should start local groups.
- Recruiting and training group leaders would be important.
- Group members should be recruited from people who currently use drugs, people with a history of drug use, and staff of harm reduction programs.
- Harm reduction programs should find resources on topics like safer injection techniques, overdosing, safer drug use, hepatitis C, HIV, and relapse prevention.

What is important about this report is that it described how to set up a group that was substantially more likely to be successful because the report identified what was wanted and what the group should look like.

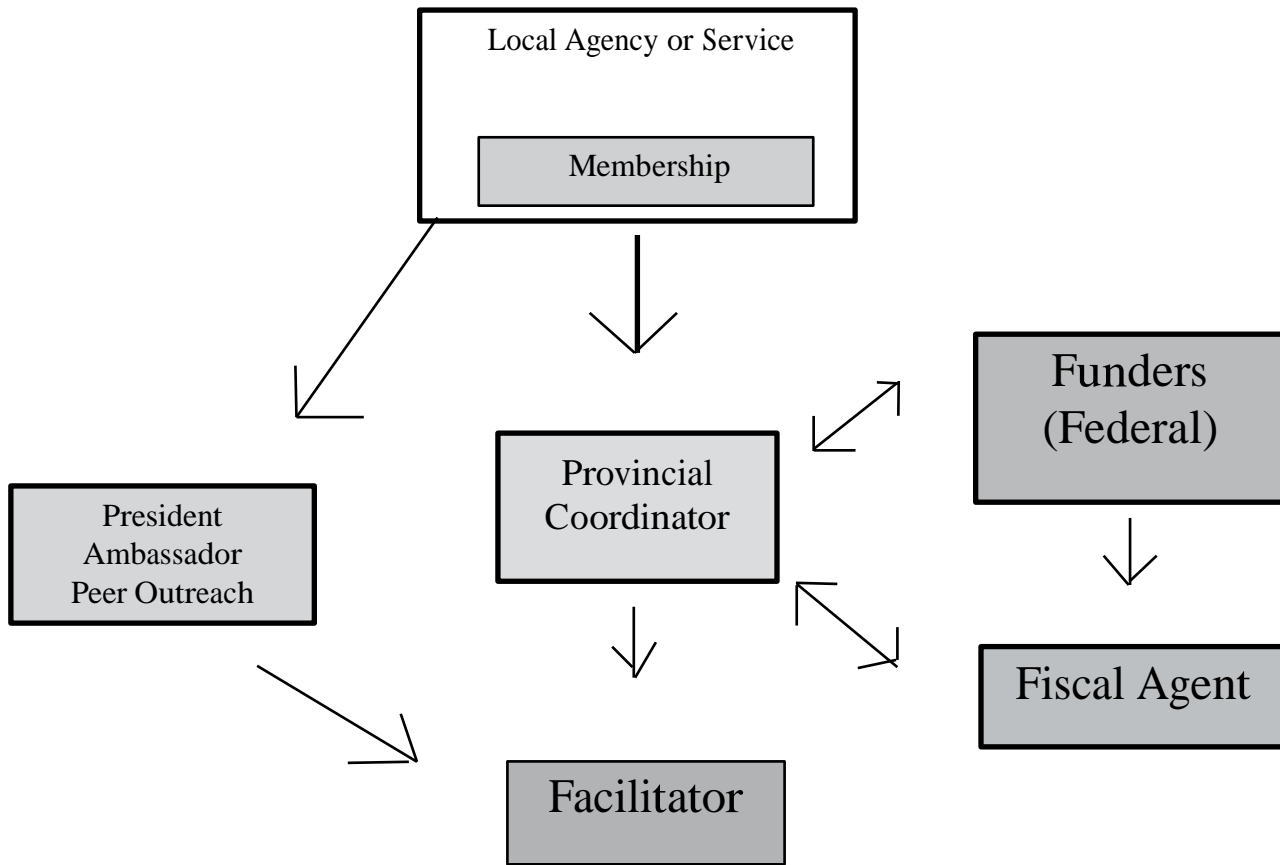
AAWEAR acknowledges the importance of the provincial voice of people who use drugs and it is reflected in the budget as money is spent on provincial cohesion.

In an organization of people who use drugs, members take complete ownership over decisions made and the direction of group activities. The Provincial Coordinator and Facilitators are there to ensure that the group remains accountable for the funding received in terms of expenditure and work plan activities. The chart below shows just how supported the group is and how reliant they currently are on the Provincial Coordinator and Facilitator roles, which are key contributors to how successful the group is, but more importantly does so without any decision making powers.

As you will see from the organizational chart below, a “bottom up” approach is taken with each level being held accountable to the membership. The idea is that the group is run for the members by the members, which is why it looks different from most organizational charts.

“We meet to build the capacity of people who use drugs so that our voice can be heard and our health can be improved.”

**Organizational Chart**



*“We want all Albertans to realize that we are people who deserve respect and understanding within our communities.”*

## **An overview of the ADDICQ project**

Quebec's Association for the health promotion of people who use drugs (Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (AQPSUD)) is a provincial organization. We adhere to a harm reduction philosophy and work from an empowerment approach. AQPSUD brings together people who use drugs who aspire to promote health, prevent sexually transmitted infections and bloodborne infections, and improve their life conditions. AQPSUD is a community-based organization which manages L'Injecteur, a newspaper by and for people who use drugs, as well as the ADDICQ project.

At the ADDICQ Project, we are more than 400 people who use drugs and allies across Quebec's five regions: Abitibi, Laurentians, Montreal, Outaouais and Quebec City. The ADDICQ Project advocates for the voices of people who use drugs to be heard so that our life conditions can be improved.

## **An overview of SOLID**

SOLID stands for the Society of Living Illicit Drug Users. It was founded in 2003 by and for people who use drugs. SOLID is committed to providing support, education and advocacy to better the lives of people who use drugs.

SOLID believes in the value of all people and that everyone has a right to housing, support, a livable income and appropriate health care, including access to safer injection and smoking equipment and safer consumption environments.

We know that for many, poverty, racism, social isolation, trauma, mental health problems and other inequities are at the root of illicit drug use. We address this reality with empathy, compassion, education, support, harm reduction and acceptance.

We are people who use(d) drugs helping each other to be stronger, to be empowered and to live the lives we want to live. We know that practical harm reduction strategies in our own lives and in our communities help to improve our well-being, challenge personal and systemic injustice and ultimately save lives.

## **An overview of the Toronto Drug Users Union**

The Toronto Drug Users Union (TDUU – pronounced “to do”) held its first meeting in December 2008 at South Riverdale Community Health Centre. There are now approximately 120 members across the city. TDUU was established to fight for the rights of Toronto’s people who use drugs illicitly. TDUU believes that people who use drugs cannot achieve their human potential under prohibition and is determined to reform Canada’s drug laws.

### **Membership**

TDUU membership is open to any person who actively uses drugs or formerly used drugs who shares the union’s values of anti-oppression and collective organizing. In an effort to eliminate infiltration by police, any new member must be nominated by a current member who has known them for at least two years. Exceptions are made for individuals with few community connections as long as they can demonstrate some familiarity/connection with an individual who uses drugs or a dealer.

### **Structure**

Meetings are held monthly at a community-based agency in Toronto. Members are offered nutritious food and transit tokens at each meeting. TDUU has no hierarchy and is organized by a rotating Chair position. Meetings are confidential. TDUU has connections with the International Network of People who Use Drugs (INPUD), an umbrella group that represents organizations of people who use drugs globally. TDUU does not collect dues but has received small grants in the past to support organizing activities.

### **Focus**

Under its broad banner of fighting for the rights of people who use illicit drugs, TDUU has some specific areas of focus and plans to:

- Ensure that people who use drugs are not treated as second class citizens
- Educate the general public about the harms associated with the prohibition of drugs
- Educate people who use drugs about their rights as Canadian citizens
- Educate harm reduction/needle exchange programs about the priorities of people who use drugs and demand services that reflect our realities
- Advocate for user-driven safer consumption sites in Toronto
- Advocate for drug replacement therapy (i.e. heroin and cocaine prescription)
- Advocate for harm reduction policies and programs at all levels of government
- Demand methadone prescription/dispensation reforms
- Demand changes to treatment and detox services
- Fight housing discrimination/laws based on drug use
- Develop a bail-assistance program for TDUU members
- Develop a TDUU newsletter

The TDUU achieves its goals by attending demonstrations, providing prison support, participating in advisory committees/consultations and more. For example, TDUU once organized a rally to protest the unethical treatment of methadone patients by the College of Physicians & Surgeons of Ontario.

## **Leadership training**

SOLID has been offering leadership training by and for people who use drugs through its Street College program. Street College provides learning opportunities to people who use drugs and people who are street-involved through a series of courses designed from a harm reduction and health promotion standpoint. Street College is a joint program between SOLID and AIDS Vancouver Island (AVI), a local AIDS service organization.

Street College seeks to provide educational and intellectual opportunities to people who use drugs as well as opportunities for leadership to both emerge and develop from within the community of people who use drugs in Victoria, BC.

SOLID was invited to partner with AVI on the Street College project to build leadership skills and create a Steering Committee of people who use drugs for the project. The active involvement of people who use drugs as equal partners in the creation of this program has been an essential component to its success. Increasing levels of peer-driven program support, curriculum development, and material presentation is not only ethical, but a critical stabilizing influence on people whose lives are marked by instability, recidivism, and trauma.

Originally piloted in 2010, Street College has offered the following courses: Understanding drug-related stigma; Leadership; Street College essentials; Hepatitis C 101; Talking trauma; Harm reduction; Men's cooking; First aid; Presentation skills; and Creative writing. Courses currently in development include: Resiliency; 'Know your rights'; Sex work; Hepatitis C peer mentorship; and Health and wellness.

The Leadership stream focuses on practical skills to enhance leadership such as communication skills, consensus decision-making, active listening, identifying personal values, societal power structures, social action skills, and more.

## **Putting leadership skills into action**

Currently half of all Street College courses are facilitated by members of the Street College Steering Committee (SCSC) with a desire to increase this number to nearly 100%. We do this to honour the lived experience of those who are the subject of the public health discourse on harm reduction, as well as providing a venue for emerging leaders to practice their skills, mentor rising leaders, and meaningfully contribute to a collective understanding of the issues that most affect people who use drugs.

Yearly, staff and SCSC members organize the Convergence for People who Use Illicit Drugs. This event opens its doors to 60 community members as well as 25 invited allies who participate in a series of presentations prepared by the participants of our yearly leadership program. The participants spend much of the leadership course learning facilitation and presentation skills and then go on to create presentations of their very own. These short, facilitated conversations are meant to provide program participants with skills in group management and public speaking as well as providing the community as a whole an opportunity to engage in issues that affect people who use drugs.

Since our inception in 2009, Street College has had over 200 people who use drugs participate in the program. Members of the SCSC, all former leadership program participants, represent the senior leadership of the program and meet regularly to discuss issues of curriculum development, community engagement, overall direction of the program and relations between the two hosting agencies. The members of the SCSC facilitate a variety of Street College classes as well as regularly present to community boards and groups on the need for supervised consumption services in Victoria.

In October of 2013 the members of the SCSC organized and hosted a national symposium of representatives from organizations of people who use drugs. This event will undoubtedly be seen as a pivotal event in the organization of people who use drugs across Canada and has propelled the Canadian Association of People who Use Drugs (CAPUD) forward with new energy and membership. Please see Appendix B – Useful Resource for information on how to obtain the report from this national meeting, Collective Voices, Effecting Change.

Street College participants were also encouraged to take part in a series of four ‘Skills Building’ workshops at SOLID after finishing their courses. At SOLID Skills Building, participants were able to focus on applying what they had learned in Street College. For example, Skills Building participants hosted peer forums on HIV/AIDS. The forums engaged people who use drugs in learning about safer drug use, and HIV prevention, care and treatment. These events provided opportunities for Street College participants to put their knowledge into practice and engage in community building and leadership.

### What does it mean to be a leader?

**For us at SOLID and Street College, being a leader means:**

- being put into a position of trust for other people who use drugs
- representing and furthering the position of people who use drugs
- striving to improve living conditions for people who use drugs and
- being in a supportive role for people who use drugs.

**Leadership IS:**

- listening
- asking questions
- responding
- following
- considering
- guiding
- mentoring
- respecting

**Leadership IS NOT:**

- manipulation
- control
- bullying
- deceit
- lying
- cheating

Leaders are conduits for their community. They are representatives of their community at large. Leaders are not representative of merely self-interest. Leaders must keep their mind on the greater good. To be a leader, we suggest that you take the following steps.



## **Assess your community**

Before you can become a leader, you need to know who your community is... WHO is in your community? Is it only people who currently use drugs? Do you want to include both people who currently use drugs or have used drugs in the past? Is it all people who use illicit drugs? How inclusive are you looking to be? Are you looking to engage a particular community of people who use drugs? People living with HIV and/or hepatitis C? People who inject drugs? People in the “party” scene? Is it the street community? And so on.

It's helpful for you to identify your community, find out who your community is. Your community will be made up of different people with different desires, hopes, struggles and goals. Find out your common interests, struggles, issues and work on identifying potential goals.

Think about what community means to you and the peers you are working with. You can find out who your community is by talking to your peers, going to meetings and spending time at drop-ins or other places that you might run into other community members. If you have a safe space you can use, you can host an open house or meet and greet for people who use drugs. Make the best use of that time. Ask questions and remember to listen. What needs and interests do you hear about from other people who use drugs? Are those needs and interests being met? Is there a better way to go about meeting those needs?

## **Identify and establish peer and allied relationships**

### **What do we mean by ally?**

Ally [v. uh-lahy; n. al-ahy, uh-lahy]

noun 1. a state formally cooperating with another for a military or other purpose, typically by treaty.

verb 1. combine or unite a resource or commodity with (another) for mutual benefit.  
«he allied his racing experience with his father's business acumen»

synonyms: combine, marry, couple, merge, amalgamate, join, fuse

Within our leadership programs we work with allies, meaning folks who do not necessarily identify as people who use drugs but, because of our common belief that people who use drugs should be treated as equals (a novel concept, indeed), we work together in creating programming to benefit people who use drugs. Allies come in many different shapes and sizes. They can take on many different roles and, if the match is right, can be invaluable to your group or organization.

As leaders, at some point you will more than likely work with different allies and it's important to have discussions about expectations, roles and discuss goals to ensure everyone is working towards the same objectives. It is helpful to have an idea of what it is your community and group might need and hope to gain from allied relationships.

### **Some questions to ask amongst your peers:**

- What roles do we need allies to take on?
- Are we going to allow allies to have votes on issues?
- Will people who use drugs have final say on issues?
- Do you want to allow allies to act as spokespeople for your group?
- Who would potential allies be?

### **Some helpful questions you might want ask potential allies:**

- What made you want to work with people who use drugs?
- What do you hope to get out of this experience?
- What roles do you see yourself in?

You might find some people are not the right fit for your group and that is ok! It is important that any potential allies are the right fit otherwise you might end up in conflict and wasting your time and theirs. That's why it's important to have a clear understanding of your community and groups' needs. As leaders, you are in the position to make the best decisions possible based on what those goals and needs are. It's not easy to tell someone that they aren't a right fit but in the long run it is better for both parties.

### **Find your place as a leader**

Being a leader within your community can bring forth a lot of new and exciting opportunities, however it can certainly feel overwhelming at times.

Asking yourself these self-exploration questions can help you find your place as a leader in your community:

- What are your motives?
- What are your intentions?
- Where do you go?
- What roles can you play?
- What does being a leader look like for you?

Only you can answer these questions for yourself. Becoming involved in local or national peer-run organizations like the ones listed in this guide is a great jumping point. Other leaders in the community will undoubtedly recognize your capacity and help guide you through this period of discovery and growth.

As you gain more experience you will discover your strengths and weaknesses. It's important for you to take the time to know yourself and your skills. If you are able to engage in activities that play to your strengths, then you will be able to make the most effective use of your particular skill set. You may want to talk to other peer leaders that you respect or who inspire you about different ways to get involved within the community.

There are so many places where your leadership and experiential knowledge could be an asset. It's about discovering where potential opportunities for leadership exist and what will be a good fit for you and your community.

Here are a few ideas:

- get on the board of directors of your agency or your local organization of people who use drugs if your area has one.
- become an expert in a particular area of work (e.g., HCV and HIV, peer support, safer drug use).
- get on committees locally, provincially or even nationally.
- be an advocate for issues experienced by people who use drugs.
- be a public speaker for issues experienced by people who use drugs in your area.
- become vocal in the media on issues that affect people who use drugs.

### **Set clear boundaries**

Figuring out your particular focus is crucial as it will help inform the work you do and keep you engaged, interested and passionate. Often times, as leaders, we wear many hats and for some people that can mean taking on too much too soon and can lead to burnout, anxiety and frustration.

If you have been identified as a leader in your community, it is important to consider what being a leader could truly entail and being truthful with yourself about your limitations.

## **Becoming a leader in your community: easy as**

# **1-2-3!**

### **Step one:**

- Look around and see what opportunities are available.
- Ask staff people questions, meet with board member, talk with your peers and think about your options.

### **Step two**

- Put your name forward for the work.
- For a board position, you may have to wait until training starts.
- If you're interested in paid employment, you'll have to keep your ears open for job postings and figure out whether you have the skill for the position.

### **Step three**

- Jump in!
- You can read and study but the best way to learn a new skill is to just get right into it.

**MOST OF ALL HAVE FUN  
AND LOVE WHAT YOU  
DO!**

Make clear boundaries with yourself and the people that you are working with about your time and how much you are really able to take on without overwhelming yourself. Just because you are capable does not mean you need to do everything that you are asked to do! Taking a leadership role can be stressful. Think about how you handle stress and how you can learn to manage stress.

It is OK to say no and take measures to ensure your own self-care. At times you might be put into a position where you will have to learn new skill sets and work with new people at the drop of the hat. Are you a quick learner? Do you take a little more time to get adjusted to new situations? Are there certain personality types that you have a difficult time working with?

Some leaders can end up in the public eye. Many people with leadership abilities tend to be natural public speakers as well, although not all. Whether it be speaking on a panel to other people who use drugs or talking on an international news cast, being in the public eye can leave you open for criticism. As you become more visible more people will have an opinion of you as a person and what you stand for. Are you able to brush off those negative reactions? Is it possible this could traumatize you? Are you ready to be publicly known as a person who uses drugs? Could being public have ramifications for your family? Keep in mind that being a good leader is not synonymous with becoming a spokesperson. These are just some typical difficulties as a leader in the community of people who use drugs. Again it's all about finding your strengths and your place that will respect your own health as well.

### **Make a difference!**

There are so many incredible benefits to taking on responsibility and commitments within your community; learning and skills building opportunities, making new connections, being involved, creating meaning and a sense of belonging, gaining confidence and pride. When you are passionately involved, you know you are making a difference in the community and the lives of your peers and organization and you will feel good doing it! All these benefits can sincerely change your life. Just make sure you are doing it in a healthy way. How can you take care of others if you are not first taking care of yourself?!

### **Skills to pay the bills**

People who use drugs are asked to participate in a wide variety of projects from research, sitting on committees, and outreach, just to name a few. Often times, as peer leaders, people looking to partner with us seek us out to connect them with other people who use drugs. Unfortunately the task of ensuring that our peers are not being exploited or tokenized often falls on us, as even partners who are experienced with working with people who use drugs and organizations of people who use drugs can take many factors for granted.

One of the biggest and most uncomfortable factors is figuring out how and when you are getting paid. A lot of times that is overlooked and it is assumed that "someone is paying them". This can be a difficult conversation, especially if it is something that you are passionate about and you don't want it to appear as if that is all you care about. As uncomfortable as this conversation may be, it's important to set expectations at the very beginning. If everyone else at the table is getting paid, shouldn't you and your peers be compensated for your time?

Remember that your knowledge, thoughts, and work are valuable. Your experience makes you an expert in your own story and it's that experience that people are seeking out. If you are working within a respectful partnership, you should be able to have this conversation. Hopefully, consideration for this has been thought of ahead of time but that is not always the case. How will you be paid? An hourly wage? Will they pay you in cash or gift cards? Is there support for child care? Will transportation be provided or bus tickets? These are all things to think about when partnering with allies.

## **Getting involved**

This section focuses on various ways to get involved. We have prepared useful tips on how to participate in meetings, how to host meetings, how to start a local group or organization, how to create pamphlets about your group or project, and how to hold an information table at various events to raise awareness about issues that affect people who use drugs.

## **Participating in meetings**

People who use drugs are increasingly invited to participate in various committees and meetings. For example, a community organization's board of directors might want individuals who represent people who use drugs at their table. We are also called on when services are being implemented to meet our needs. We are therefore invited as experts because no one knows our reality and our needs better than ourselves!

Here is a list of recommendations to consider if asked to participate in meetings:

### **Be prepared!**

We don't want to be there just as tokens... Ask to see documents related to the committee and make sure you understand the role you are being asked to fill. If you are asked to become a member of a board of directors, workshops exist on the roles and responsibilities of directors.

### **Be punctual.**

Let's show that we are reliable and that it is possible to work with us.

### **Take your place.**

Do not hesitate to speak your mind. It could improve things for you and your peers.

### **Do not hesitate to ask to be paid.**

After all, everyone around the table probably is, why not you? (except for a Board of Directors)

### **Make sure, if it's the case, that you represent your group or organization.**

Review the meeting agenda as well as the follow up actions with other members of your group or organization and note everyone's comments. If we represent a group or organization, it is possible that not everyone will agree on what needs to be reported. Make sure you bring forward all of the members' concerns, not just your own.

## **The essence of holding a meeting**

### **Conversations that matter**

Being an effective leader is an art. Hosting a meeting is a highly effective way of harnessing the collective wisdom and self-organizing capacity of groups of any size. Based on the assumption that people give their energy and lend their resources to what matters most to them (in work as in life), the art of hosting a meeting blends a suite of powerful conversational processes to invite people to step in and take charge of the challenges facing them.

### **Using all of the ingredients of good conversation**

So why is conversation so powerful? Conversation, more than any other form of human interaction, is the place where we learn, exchange ideas, offer resources and create innovation. Not every conversation works like this though. Many people experience meetings that waste time, and conversations that feel more like debates, and invitations to input which turn out to be something altogether different. People want to contribute, but they can't see how. Leaders want contribution but they don't know how to get it.

We believe, as leaders involved in peer collaboration and facilitation on matters that concern us all, that the art of hosting meetings involves the use of storytelling. Storytelling provides the opportunity to connect with others via shared experiences.

Participants come together, trust is being established, issues are being discussed, and a collection of ideas are exchanged. As people divulge more of themselves, new ideas are able to flourish. It is through this process that team building arises, thus tapping into a wealth of potential ideas. Subsequently, effective leaders host productive meetings conducive to fostering trust in relationships, team building, and setting and meeting challenges.

## **Creating a local group of people who use drugs**

### **Why create a local group?**

There are many positive reasons for creating a group. There is continuing supporting research and evidence finding positive effects for using peer support programs, including improvements in practical knowledge, empowerment, development of new coping skills, and enhancement of quality of life. Recent studies of peer support/peer-led interventions have noted greater improvement with increased attendance. Peer-led services have also been found to be a beneficial tool when trying to access hard to reach individuals through outreach programs.

### **Positive outcomes of creating a local group of people who use drugs include:**

- Harm reduction – Lowering the risks and consequences of sharing needles, injection equipment and crack pipes and of unprotected sex. Networking with agencies regarding homelessness, substance use and social assistance to try to minimise partaking in risky situations and behaviours.
- Self-advocacy – Empowering and improving confidence, enabling self-advocacy and self-sufficiency.
- Building skills and knowledge – Learning harm reduction awareness and attending training.
- Education – Sharing skills and knowledge with other people who use drugs, specialists, students and support services to improve the quality of services.
- Community awareness – Breaking down barriers and stereotypes.
- Peer led services – Work better at accessing hard to reach individuals.

## **What does a local group do?**

### **Meetings**

Group meetings occur regularly, for example every other week. Members discuss updates and task each other with what is to be done in the community. If funding is available, members are reimbursed for travel and are provided with incentives to attend meetings such as cash, gift cards, snacks, drinks and/or t-shirts. See section on 'Fundraising' below. Meetings can often be held in spaces provided by community partners.

### **Presentations**

Create presentations to share with groups in the community. Sharing personal experiences with the community, be that professional or public, is incredibly important. Members of AAWEAR, for example, have presented to nursing colleges, medical students and community groups such as the Rotary Club. People who speak on behalf of the organization, ambassadors, share their own experiences, the importance of the group and what it does in the community.

### **Fundraising**

Create additional funding for side projects. Some organizations of people who use drugs have obtained funding from provincial or regional health authorities. Groups also raise funds through events such as 'block clean ups' or other community events. These funds give the local groups more options and the freedom to spend unassigned cash. It also increases our community awareness and raises the group's profile.

### **Partners**

Friends in all the right places. Partnering with groups helps us establish a reputable and respected reputation in our communities. Partners may include local groups to end homelessness, HIV/AIDS service organizations, universities, and health and community services.

### **Committees**

Our members sit on local and provincial committees. Advocating on committees is central to our professional image and to supporting our goal of being able to systematically advocate for a more equal community for people who use drugs. For example, our members sit on the following boards: Canadian Association of People Who Use Drugs, Canadian HIV/AIDS Legal Network, and the International Network of People who Use Drugs.

### **Educate Peers**

Passing on what we've learned. Building peer connections is something the members are best at. It is the greatest way to share knowledge with our target group and advertise the group. Members can share safer practices and the knowledge they have gained whilst being part of the group with friends and associates.



## Making a pamphlet

If you create an organization or have a project to promote, a pamphlet is an efficient tool to promote it! The ideal page layout is a 3-column landscape page orientation so that the page can be folded in three (see image).

### Here are some ideas for what information to include :

1st fold:

- The name of your organization or project
- A logo
- Images

Inside folds:

- A description of your organization or project
- Your target audience

Last fold:

- Your website
- Your contact information

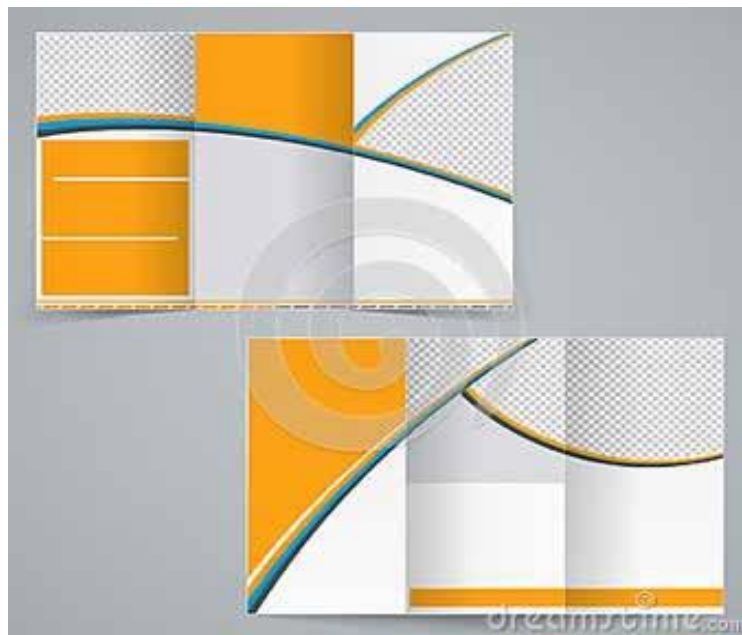
Visual:

- Include a background image
- Include photos and images that represent you

It is important not to put too much information in your pamphlet, otherwise you will lose your audience. Limit the text to a strict minimum. If it's too long, people will not read it. The most important information should be placed on the inside fold.

Focus on key words and short and concise sentences.

For the layout, you can use Word, Publisher or Open Office. If you have access to software such as QuarkXpress or InDesign, even better. There are websites that can help you with your pamphlet design production.



## **Holding an information table**

A good way to promote your group is to visit sites that provide services to people who use drugs and to attend different events such as conferences, symposia, workshops, etc. It will help to promote the inclusion of people who use drugs.

A good way to approach people is to ask them if they know your group or organization. If their answer is no: Let them know what you do and how they can get involved. If their answer is yes: Ask them what they think of what you do, remind them about how they can get involved and invite them to a meeting.

At AQPUSUD, we are regularly invited to participate in all kinds of events and to hold an information table. For example, each year we attend the frontline workers' association meeting in Quebec. It is an excellent way to promote our group. With our colorful table, full of our magazines and other giveaways, we are one of the most popular tables!

### **Things you need:**

- Copies of your documents and publications
- Flyers/pamphlets
- Signs announcing your next meetings or activities
- A box for donations
- Your group or organization's banner
- A sheet to register to your e-mail list
- Membership material
- Pins, stickers, t-shirts and any promotional items you have
- A price list of the items you are selling
- A money box

It is best to have two people representing your group or organization who can be at your table for the duration of the event to answer all questions. Sometimes people are shy to come to information tables. Approach them when they pass nearby. If someone reacts negatively to your information, stay calm. State your position clearly and move on to someone else.

## **The human touch: Self-care and developing a sense of community**

### **Self-care**

Helping other people who use drugs can be very rewarding. It can also take a toll on us personally if we don't have good self-care strategies. We offer some strategies for you to consider in order to take good care of yourselves and each other.

We deal with the stress of this work in two main ways, by having organizational strategies and taking advantage of the supports offered through our agency, and through personal strategies.

### **Organizational strategies:**

#### **Safety first**

- Self-care program starts with safety first, never going out alone. We ensure safety at work and provide backup when needed. Safety is paramount. Teams consist of workers of all genders who can support each other and understand the needs of all genders in the community. We have built a compassionate relationship with client engagement in the community.
- We engage with a cross-section of service providers in the community that assist with references to detox, medical assistance, treatment and housing. Through these partnerships, we support our community members through supporting each other and developing a multidisciplinary professional team.
- We intervene with city police and by-law to ensure a best practice outcome occurs in our community.

#### **Team meetings**

- If you are part of a team of people who use drugs helping out your peers through outreach or other services, holding regular team meetings can be helpful for mutual support.
- These meetings can be only for people who use drugs, to give us our own space where we can talk privately, without pressure.
- Team meetings begin with a 'check-in'. We create a safe place to communicate with each other where everyone has a voice. We discuss what is working, what needs to be changed and how to better fulfill our capacity in engaging with other people who use drugs.
- We spend time acknowledging the successes in our work. This is the time we share and receive encouragement from each other. It is also an opportunity to share our frustrations and our positive and negative experiences. We allow time for laughter.
- Other meetings can involve supervisors, coordinators and sometimes guests.
- One on one meetings every 3-6 months with a supervisor, if applicable, can take place as part of ongoing evaluation and reflective practice.

## **Practice guidelines and training**

We have Practice Guidelines that assist us in being aware of our professional responsibilities and boundaries. We recognize that our workers may need additional support on occasion and encourage health and wellness through personal strategies such as sweat lodges, men's and women's groups, counseling and attendance of AA and NA meetings.

We have an active training program that gives our workers confidence and identifies their training needs that will assist them with their work in the community. Our supervisors support us in establishing training opportunities. They ensure that we understand the protocols, employment requirements and importance of confidentiality.

## **Personal strategies**

Self-care and burnout are a prime concern for all of us doing this work. Personal self-care strategies can ensure that you are well enough to be able to work and contribute to your community and help others.

Personal strategies may include:

- Attending bigger picture meetings and activities for networking, support, and advocacy
- Having informal discussions with family, friends and co-workers
- Getting feedback and strategies from clients and learning from them and with them (how to cope, positive feedback)

## **Socializing**

- Informal check-ins by phone or text
- Attaining wellness by:
  - Exercising daily
  - Eating healthy
  - Engaging in activities you enjoy
  - Saying no to things that don't meet your needs
  - Possessing a sense of humor
  - Practicing mindfulness
  - Personal therapy
  - Going on retreats or holidays
  - Seeking beauty to connect with
  - Eating food you love
  - Connecting with your inner self and doing what you love: you will never work another day in your life.

## Developing a sense of community

There are four elements which are characteristic of a strong sense of community:

1. membership, or a feeling of belonging
2. influence, or a feeling that you and your community matter
3. fulfillment of needs, or a feeling that community members' needs will be met by resources received through community membership
4. emotional connection, or the belief that community members share common experiences and history

This sense of community enhances peoples' ability to come together around community issues and work together towards common solutions. Within the groups there is a strong sense of commonality and common purpose. Although each group and its members are unique, there is an acute recognition that the challenges they face are fundamentally the same.

A key component to the groups' success is that it provides members a safe place, where their experiences are recognized as valuable and an asset, which is extremely rare in a culture that typically demonizes and stigmatizes drug use and the experiences associated with it. This recognition allows members to reconstruct and reorient deeply ingrained personal belief systems about both themselves and the community as a whole.

“They are breaking away from the old self-identity of being ‘just a junkie’ to being a valued member of society”  
(AAWEAR Group Facilitator)

The groups are an effective mechanism that provides members access to information and skills required to effectively devise solutions, and develop plans of action to address their concerns. AAWEAR members have taken part in a number of skill development classes, such as CPR training, suicide intervention, overdose prevention, and infectious disease information sessions. With support from the Group Facilitators, members continually assess and mobilize latent skills within the community, and identify areas where they need to develop. Although the groups express concern for issues such as housing, poverty, stigmatization, and lack of treatment, their ability to assess their own capacity enables them to narrow their focus towards more immediate and resolvable issues, which they will be more likely to find success in, such as promoting awareness through public speaking. These successes will increase the groups' momentum to continue moving forward. The ability of an organization to identify and build upon their weaknesses through their own efforts increases members' sense of ownership in regard to both the problems and solutions being addressed by the organization. This is especially important in the beginning stages of capacity building.

## **Setting up programs by and for people who use drugs**

In this section, you will find examples of programs that are operated by and for people who use drugs, or in which people who use drugs are actively involved. We hope that it can inspire you to set up similar programs in your area or to adapt them to your local needs. We have chosen to showcase satellite harm reduction programs, overdose prevention programs and hospital visits.

### **Satellite harm reduction programs: Introducing COUNTERfit**

The South Riverdale Community Health Centre (SRCHC) has been providing harm reduction services in the south east Toronto community for over 17 years. Harm reduction programming began at SRCHC from an identified need for health care and harm reduction services for the local population of people who use drugs. COUNTERfit, as the harm reduction program is now known, is continuously evolving and expanding based on service user feedback, regular program evaluations and community-based research.

COUNTERfit believes that people who use drugs are in the best position to define their realities and design programs that are relevant to their lives. The emphasis on user-driven programming and employment opportunities for people who use drugs is a critical part of the program. Some of the most important positions at COUNTERfit are filled by workers who identify as people who use illegal drugs, and we strive to meaningfully involve people who use drugs in all aspects of program design, development and evaluation.

Presently, COUNTERfit is one of the busiest needle distribution programs in the city, distributing 268,102 sterile needles and collecting 260,467 used needles in the last fiscal year (April 1, 2013 – March 31, 2014) along with 21,850 safer crack stem kits and over 100,000 condoms. We have historically had a needle return rate nearing or exceeding 100%.

COUNTERfit takes a diverse and comprehensive approach to harm reduction service delivery, distributing harm reduction materials using alternative hours and delivery methods, which increases the success of providing effective and targeted services to people who use drugs.

The COUNTERfit harm reduction program offers a wide range of programs aimed at meeting the health and social needs of people who use drugs, in various ways and through multiple venues. Our main programs include:

- COUNTERFit Office (Fixed site)
- Mobile program
- Women's Harm Reduction Program: weekly Women's Breakfast Drop-in and Women's Circle
- Common Ground Program: Community cooking program (weekly), Grief and Loss Education and Action Project, Drug Users' Memorial Project
- Total Hype magazine
- Satellite program: Community-based satellite sites and Service-based satellite sites

In addition to the fixed site at the COUNTERfit office, the Satellite Site Program has two models of programs: service-based satellite sites and community-based satellite sites. These models offer alternate venues for people who use drugs to obtain the same high quality harm reduction services provided at the COUNTERfit office.

We support other organizations working with people who use drugs to act as service-based satellite sites. Our community-based satellite sites use trained peer workers to provide harm reduction materials as well as education and support services from their homes.

These alternative and innovative approaches to program delivery have proven to reach people who use illegal drugs when and where they are most in need, effectively addressing gaps in service provision for this community.

### **Service-based satellite sites**

There are currently two service-based satellite sites - Houselink and Woodgreen - which offer unique features:

Houselink is a housing location for people with substance use and mental health issues, with 38 residents. The satellite worker visits weekly for 4 hours and is set up in an administrative office. Coffee and snacks are provided. The satellite worker offers similar services to those available at the COUNTERfit Fixed Site: supplies, referrals and education.

Woodgreen is a multi-service community agency. The satellite worker is based out of their residential transitional harm reduction housing site for men 50 years or older and visits the site weekly for 4 hours during a drop-in/ food bank program attended by 50-60 clients per week. The satellite worker provides similar services to those available at the COUNTERfit Fixed Site: supplies, referrals and education.

The satellite workers face some challenges in delivering services to these service-based satellite sites. Houselink has a higher proportion of people living with serious mental illness, which can make shifts more unpredictable. The residents' symptoms are not always well managed. These clients are a more socially isolated group of people who often require psycho-social support. The satellite worker may encounter some safety concerns. At Woodgreen, clients often require referrals for services that are difficult to address like affordable housing and/or doctors. Stigma regarding drug use means that we are their main source of supplies and information. Clients are not always willing to ask for supplies from other staff.

Despite these challenges, such service-based satellite sites give community members access to unlimited harm reduction supplies. The service is client-centred and we come to where they live. The fact that the satellite workers have lived experience with drug use also offers community members access to this lived experience knowledge and perspective. It also increases their comfort and reduces stigma.

## **Community-based satellite sites**

Community-based satellite sites are part of a secondary syringe distribution program which pays people who use drugs to provide harm reduction supplies, education and other supports from their homes to other people who use drugs

These sites operate 24 hours a day, 7 days a week when the fixed site is not open or in locations where fixed sites/mobile services are not available. They were operated by volunteers for the first nine years and obtained funding in 2010.

Community-based satellite site workers are long-term clients of COUNTERfit and are people who currently use drugs. They are required to complete ongoing training regarding infectious disease transmission, correct use and disposal of harm reduction supplies, overdose prevention, etc.

The community-based satellite sites have a return rate of over 100% and distribute about 35,000 needles. They are successful in extending the reach of these services, both geographically and in terms of extended hours. They act as a one-stop shop where people can obtain harm reduction supplies and consume more safely and receive real-time education and learning.

Community-based satellite sites offer a low barrier way to access harm reduction supplies, information and education. This model works well for sex workers (and women generally) who are often unable to access services during traditional service hours. Such sites also provide an opportunity for conducting 'sentinel surveillance' related to drugs by providing access to information from the 'word on the street'. They also provide low threshold employment opportunities.

While a high volume of service provision can attract negative attention from neighbours and police, community-based satellite sites help build links with the more formal health and social service system.



## **Overdose prevention programs**

Canada now has the highest per capita consumption of opioids in the world. While it is difficult to know the extent of opioid related overdose deaths in Canada because only a few provinces actively report overdose deaths, the increasing use of both medical and non-medical use of opioids in Canada is cause for alarm. Overdose is the leading cause of preventable death among people who inject drugs.

In 2005, as a response to a local increase in overdose deaths in Edmonton, Alberta, Streetworks, a community-based program that offers services to people who use drugs, developed and implemented Canada's first community-based naloxone program.

The Streetworks Overdose Prevention Project works with one physician prescribing naloxone to people who use opiates and a registered nurse who trains people who inject drugs and the people in their social networks to prevent overdoses, to recognize the signs of an overdose and to take life saving measures. Participants learn about the importance of calling 9-1-1 in the event of an overdose, how to perform rescue breathing and administer Naloxone.

People who use opioids are given replacement kits once their kit has been used to save a life. The only requirement for training/kit is that the person is a current opioid user. AAWEAR members in Edmonton have received this training and are currently carrying the kits in their outreach bags.

By engaging people who use drugs, overdose prevention programs empowers us to become active participants in our health care. Since this program started, other jurisdictions have developed similar programs. There is now an increasing movement to implement peer-run overdose prevention programs.

### **Additional resources:**

- British Columbia's Take Home Naloxone Program. There are some useful training materials on the website: <http://towardtheheart.com/naloxone/>
- Canadian Drug Policy Coalition: Opioid Overdose Prevention & Response in Canada: Policy Brief Series. Available at: [http://drugpolicy.ca/wp-content/uploads/2014/07/CDPC\\_OverdosePreventionPolicy\\_Final\\_July2014.pdf](http://drugpolicy.ca/wp-content/uploads/2014/07/CDPC_OverdosePreventionPolicy_Final_July2014.pdf)
- Méta d'Âme. PROFANE Project. Peer-run overdose prevention program.
- POINT Program through Toronto Public Health, in Toronto, Ontario: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=cf9b62ca69902410VgnVCM10000071d60f89RCRD>
- Streetworks Overdose Prevention Program, Edmonton, Alberta: <http://www.catie.ca/en/pc/program/overdose-prevention-project>

## **Hospital visits**

Another way to support each other is to visit each other when we are in the hospital.

AAWEAR members in Edmonton have been going to inner city hospitals to visit their peers for over a year. The group had suggested visiting community in hospital as there were many that weren't staying to complete their treatment. They saw a need for support, hygiene products, comfort items, etc. They found that their peers were feeling lonely, isolated and depressed. They found that by doing regular visits, they were encouraging them to stay in hospital until they were well enough to be released.

In July of 2014 a new program was established in the inner city hospital (Royal Alex). The program, called ARCH (Addictions Recovery Community Health) has partnered with AAWEAR to continue to increase the hospital visits as they saw a need as well. Currently, the group goes out twice a week. We provide the ARCH team with our schedule so that they can ask patients if they are interested in a visit on the specified days. The hospital views this service as essential to patient recovery and therefore is looking to expand the service.

## **Appendix A – List of organizations of people who use drugs by province**

### **Alberta**

AAWEAR: Alberta Addicts Who Educate and Advocate Responsibly.  
website: <http://www.aawear.org/>

Calgary: Grateful or Dead  
Address: Sheldon M. Chumir Health Centre, 1213 4th Street SW  
Phone: 403 955 6575

Edmonton: As It Is  
Address: Boyle Street Community Services 10116 - 105th Avenue NW  
Phone: 780 473 0359

Lethbridge: Courage  
Address: Lethbridge HIV Connection, 1206 6th Ave South  
Phone: 403 328 8186

Red Deer - Next Step  
Address: Central Alberta AIDS Network Society, Turning Point, 4611-50 Avenue  
Phone: 403 346 8858

### **British Columbia**

BCAPOM: BC Association of People on Methadone  
Contact Information: see VANDU

BCYADWS: BC/Yukon Association of Drug War Survivors  
Contact Information: see VANDU

REDUN: Rural Empowered Drug Users Network  
101 Baker Street, Nelson, BC, V1L 4H1  
Phone: 250-505-5506  
Fax: 250-505-5507  
[information@ankors.bc.ca](mailto:information@ankors.bc.ca)

SOLID: Society of Living Illicit Drug Users  
SOLID Office  
857 Caledonia Avenue  
Victoria BC, V8T 1E6  
phone: 250-298-9497  
email: [solidinfo@shawbiz.ca](mailto:solidinfo@shawbiz.ca)  
website: <http://solidvictoria.org/>

VANDU: Vancouver Area Network of Drug Users  
VANDU OFFICE:  
380 East Hastings Street  
Vancouver, BC V6A 1P4  
Phone: (604) 683-6061  
Fax: (604) 683-6199  
Email: [vandu@vandu.org](mailto:vandu@vandu.org)  
website: <http://www.vandu.org/>

WAHRS: Western Aboriginal Harm Reduction Society  
<http://wahrs.wordpress.com/>

## **Canada**

CAPUD: Canadian Association of People Who Use Drugs

website: <http://capud.org/>

## **Manitoba**

MANDU: Manitoba Area Network of Drug Users.

website: <http://www.mandu.undun.org/>

## **Ontario**

DUAL: Drug Users Advocacy League (Ottawa)

DUAL Office

216 Murray Street, Ottawa ON K1N 5S6

Telephone: 613 788 2972

Chairperson: Sean LeBlanc: [seanleblanc.dual.ca@gmail.com](mailto:seanleblanc.dual.ca@gmail.com)

website: <http://dualottawa.ca/>

TDUU: Toronto Drug Users Union

emai: [torontodrugusersunion@gmail.com](mailto:torontodrugusersunion@gmail.com)

UNDUN: Unified Network of Drug Users Nationally

<http://www.undun.org/>

## **Quebec**

The ADDICQ Project of AQPSUD, the Association Québécoise pour la promotion de la santé des personnes utilisatrices de drogues (Quebec Association for the Health Promotion of People who Use Drugs)

1495 Bennett Ave

Montreal, QC H1V 2S5

Telephone : 514-904-1241

website: [www.linjecteur.ca](http://www.linjecteur.ca)

Email: [aqpsud@gmail.com](mailto:aqpsud@gmail.com)

Méta d'Âme - Association of People who Use Opiates in Quebec

2250 Florian Street

Montréal QC

H2K 2P5

Email: [administration@metadame.org](mailto:administration@metadame.org)

Telephone: 514-528-9000

Fax: 514-527-6999

website: <http://metadame.org/>

## Appendix B – Additional resources

**British Columbia's Take Home Naloxone Program.** There are some useful training materials on the website: <http://towardtheheart.com/naloxone/>

**Canadian Drug Policy Coalition:** Opioid Overdose Prevention & Response in Canada: Policy Brief Series. Available at: [http://drugpolicy.ca/wp-content/uploads/2014/07/CDPC\\_OverdosePreventionPolicy\\_Final\\_July2014.pdf](http://drugpolicy.ca/wp-content/uploads/2014/07/CDPC_OverdosePreventionPolicy_Final_July2014.pdf)

**Méta d'Âme. PROFANE Project.** Peer-run overdose prevention program. See Appendix A for contact information.

### **POINT Program through Toronto Public Health**

<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=cf9b62ca69902410VgnVC-M10000071d60f89RCRD>

**Streetworks Overdose Prevention Program,** Edmonton, Alberta: <http://www.catie.ca/en/pc/program/overdose-prevention-project>

**Canadian Association of People Who use Drugs.** (2014). Collective Voices, Effecting Change: Final Report of National Meeting of Peer-Run Organizations of People Who Use Drugs. Victoria, BC: Oct 16-17, 2013. Centre for Addictions Research of British Columbia. Available at <http://solidvictoria.org/article/capud-report>

### **Nothing About Us, Without Us: A manifesto by people who use illegal drugs.**

Available on the Canadian HIV/AIDS Legal Network's website at [aidslaw.ca](http://aidslaw.ca)

### **Nothing About Us Without Us – Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative.**

Available on the Canadian HIV/AIDS Legal Network's website at [aidslaw.ca](http://aidslaw.ca).

### **VANDU Manifesto for a Drug User Liberation Movement.**

Available on CAPUD's website at [capud.org](http://capud.org).

**VANDU. Research and Drug User Liberation.** Please see Appendix A for VANDU's contact information

**The Vienna Declaration.** It calls for the decriminalization of people who use drugs and for their inclusion in decisions that affect them. Available at <http://www.viennadeclaration.com/the-declaration/>

**Notes:**

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