Context and Background

Experiential Workers, i.e. peer workers with lived/living experience of substance use, provide crucial services in overdose response environments, including:
- Outreach
- Providing advice on reducing overdose risk
- Referrals to available services, including assistance with living conditions
- Reversing overdoses

Working in these environments is stressful and can have lasting social, emotional and mental health effects. Unlike other first responders and healthcare providers, Experiential Workers lack access to institutional supports to ameliorate these negative health effects.

The Peer-to-Peer (P2P) project aims to identify, implement and evaluate interventions that support Experiential Workers to provide optimal client care.

Intervention Planning

Eight focus groups were led by Experiential Researchers in the Lower Mainland & Victoria between November 2018 and March 2019 to identify support needs.

The transcripts were thematically analyzed and the key themes were grouped into three major categories to form the basis of the intervention model, titled “ROSE”:
- R - Recognition
- O - Organizational Support
- S - Skill Development
- E - For Everyone

Implementation and Measurement

The interventions within the ROSE Model are currently being implemented at two pilot organizations in BC.

A baseline survey consisting of demographic questions, measures of Experiential Workers’ perceptions of health and quality of life, substance use patterns and effects, and working conditions was administered prior to implementation of ROSE in September 2019.

6-month and 12-month follow-up surveys will be conducted in March and September 2020 to assess the impact of the intervention.

Conclusion

The ROSE Model holds much promise in meeting the needs of Experiential Workers, and in turn improving their service delivery, as they continue to provide crucial services to individuals that use substances during the ongoing opioid crisis.