Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Peer Engagement Toolkit & Guidelines

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UISCE

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For the entire team at UISCE,

"This is your research, designed, guided and presented by you and for you".

UISCE Peer Research Team:
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Contents

1. Introduction to UISCE

UISCE is the National Advocacy and Peer Support Service network for people who use drugs (PWUD) in Ireland. The network represents people with lived and living experience of drug use and advocates for their human rights and plays a lead role in service delivery and policy development. UISCE's work ensures that PWUDs are protected in law, included in policies, and supported in service delivery. The mission of UISCE is ensure PWUD play a key role in the design, delivery and evaluation of all services and polices that affect their lives, the lives of their families and our communities.

In addition to advocacy, UISCE supports harm reduction outreach projects, partners with others in research, delivers awareness training to the service sector, and represents PWUD in civic participation and policy development. The vision statement of UISCE represents a society where.

"All PWUD are treated with equality, dignity and respect, in all matters, and their civil liberties and human rights are protected at all times" (UISCE, 2022).

Like many marginalised communities PWUD experience poverty, exclusion and trauma. Consequently, their experience of engagement may be poor and they are often affected by social and health inequalities that position them with less power due to economic, social, historical and political conditions in society. This can be a barrier to engagement, or they can experience punishment for standing up for their rights.
The evidence suggests that decision-makers, service providers, and society in general routinely make decisions and judgements which silence people who use drugs without considering their views, experience and expert knowledge. This can impact on many areas of their lives.

The international evidence states that meaningful peer participation has many benefits, not only for individuals who use drugs but also for service providers, service delivery, research, and communities in general. For service providers, researchers peer engagement can offer practical insights into the lived and living experiences of the community. Peer engagement can provide different perspectives and can support

the development of empathy among service providers, ensuring a more critical worldview (Duddington et al., 2023, Greer et al., 2019). Co-designed research was also found to be more credible (Wilson et al., 2018), of a better quality (Damon et al., 2017), more inclusive (Lennox et al., 2021) and also helped to build trust between service providers and hard to reach communities (Lennox et al., 2021).

For PWUD themselves, peer engagement was shown to increase feelings of esteem and contribution (Greer et al., 2019, Weeks et al., 2006, Wilson et al., 2018, Damon et al., 2017). Some peer engagement also provided opportunities for employment (Closson et al., 2016, Brown et al., 2019) and was also found to contribute to a reduction in substance use (Wilson et al., 2018, Weeks et al., 2006, Lazarus et al., 2014, Ferguson et al., 2023). While the benefits of peer participation are well documented, the single most important element of sustainable and meaningful peer engagement is the actual peer networks itself.

Smith C., (2016, p. 82) argues for the *"fundamental centrality of autonomous peer organisation"*. Smith's seminal work also cites the growing body of global literature which demonstrates the value of peer engagement networks in education, policy debate and development, as well as harm reduction and health promotion (Smith, 2016, Donnington et al. 2023), all of which are clearly outlined in the case studies documented in this toolkit. Currently, peer networks continue to influence global policy from technical advisors at the United Nations (Kaplan et al., 2022) to UISCE's anti-stigma research conducted with the National Drug Treatment Centre and Merchant's Quay Ireland (UISCE, 2022). It is important that this is done externally by an autonomous peer network and not subsumed into the service-providing organisation, where its effects can become diluted and biased. Despite the growing trend of peer engagement, the evidence cautions against this and reminds state and policy organisations that unless autonomous peer network organisations are independently well-funded and resourced, in their mission the development, support, and sustainability of such organisations and their learning to date will be lost (Kaplan et al. 2022, Smith 2016).

2. Purpose of this Toolkit

The production of this toolkit is part of the recommendations of a Community Participation Research Project which was undertaken by Trinity College Dublin in partnership with UISCE in the Summer of 2024. The project was born out of the fact that although the current National Drug Strategy places a strong emphasis on clients involvement, the experiences of PWUD accessing services showed evidence to the contrary. The literature confirms that many PWUD still experience institutional stigma and have endured discrimination through their experiences of treatment services (Mayock and Butler, 2021, Comiskey, 2021). This evidence was also confirmed in the findings from the Knowledge Exchange Workshop (KEW) which was also conducted as part of the above research report.

The Union for Improved Services Communication and Education [UISCE] has been involved in several initiatives that have increased the level of participation by PWUD. These initiatives have included research, policy and service development, and health promotion interventions including outreach overdose prevention. As well as raising the profile of PWUD in Ireland, through this work, UISCE has set a range of clear strategic goals to improve the lives of PWUD across several domains (UISCE, 2022).

While UISCE's strategy is extremely welcome, on exploration there is little guidance or evidence available on how the process of peer engagement itself can be operationalised. This toolkit therefore provides a mechanism for both service providers and PWUD's themselves, to identify the level of participation they are operating at. The toolkit also provides directions on how to progress to higher levels of engagement. The evidence suggests that engagement and participation can range from non-participation/tokenism towards full partnership and control (Arnstein, 1969). This toolkit, informed by the research findings of *"Development of Guidelines to Support Peer Led Engagement in Ireland"* (Kelly et al., 2024) provides general guidelines and a conceptual framework that is accessible and implementable on a practical level.

3. A Framework for Change

Based on the data analysis from the previous report and the Knowledge Exchange Workshop this toolkit endeavors to explain and define the spectrum of participation based on the conceptual framework developed by UISCE and consolidated by the academic process and researchers from Trinity College (Figure 1).

The first elements of the framework on page six are the values and principles of peer engagement which underpins all aspects of UISCE's endeavours. These values (Table 1) inform all other elements of the framework including the Circle of Activities presented in Table 2.

Table 1 Values & Principles for Peer Engagement

Values	Principles
Equality	Decision-making and power will be shared. Acknowledge that everyone has a right to the same high standard of healthcare and equality across all state systems.
Respect	Relationships will be built on trust. The voice of lived and living experiences will be valued and incorporated into all decision-making.
Honesty	Be fair and truthful in everything that we do. The decision-making process will be open and transparent.
Compassion	Strive to empathise with the experiences and challenges of others without judgment or assumption. Strive to recognise the impact of trauma on others. Strive to create a supportive, comfortable environment.

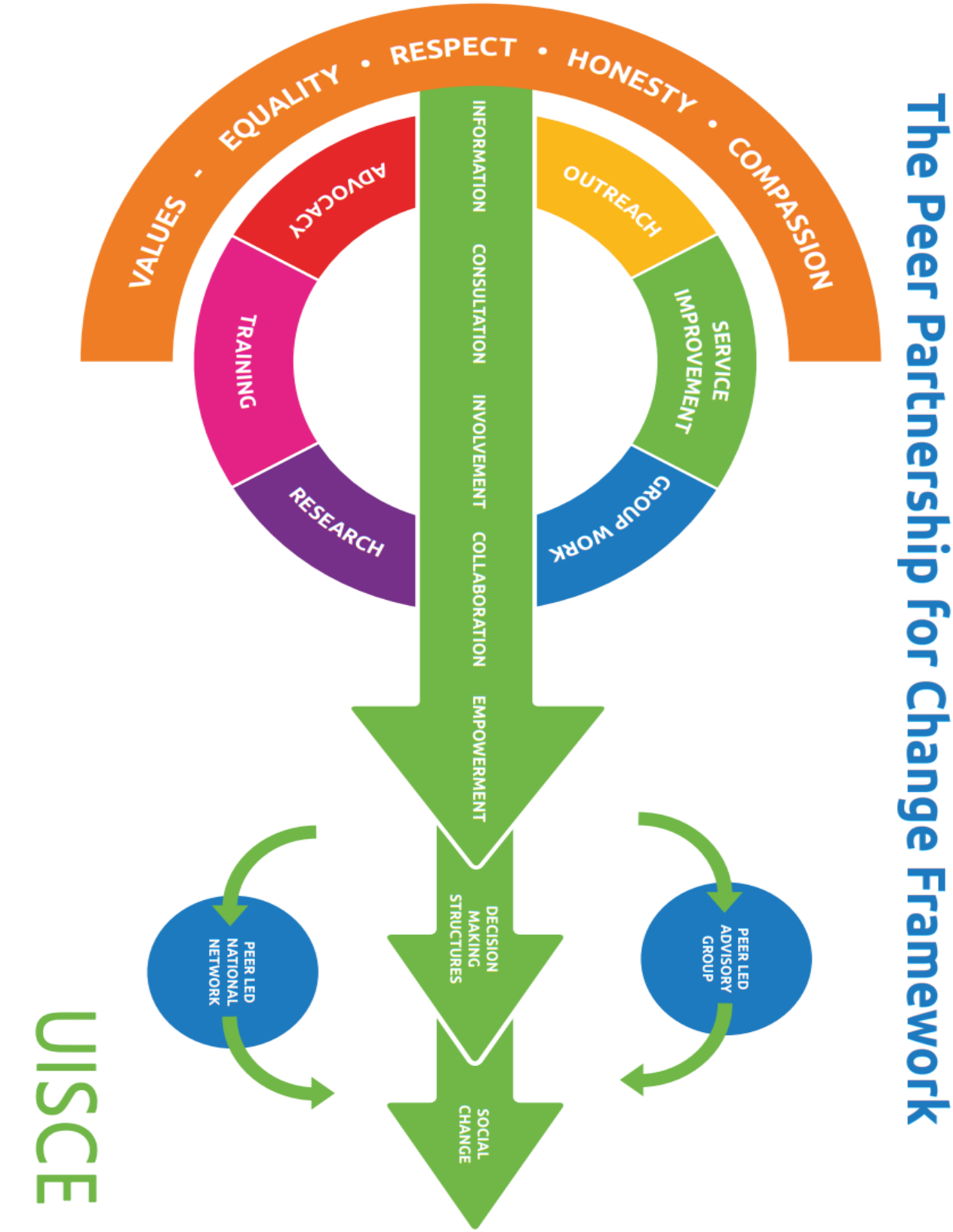


Figure 1: Peer partnership for change framework

Table 2 Circle of Activities for Peer Engagement

Circle of Activity	Examples
Outreach	Enables peer works to meet PWUD "where they are at", build relationships, create spaces for people to identify issues and have their voice represented, allow peer workers to know what is happening on the streets and be responsive (an example is identifying drug trends and informing early warning interventions).
Service Improvement	Development of peer-led advisory boards, analysis of current policies, strategies and approaches, informing or producing strategies and position papers with a view to service provision and policy development that leads to change.
Group Work	Issues-based workshops for people to explore the issues through their own living experience, develop their own analysis, explore relatable evidence, and design solutions.
Research	Participatory models of research -A strong process can democratise knowledge by involving peers in the research itself. This can promote social transformation rather than simply generating knowledge, or the acquiring of knowledge from a particular group which limits their ownership over what is produced and possibly the efficacy of what's produced.
Training	Overdose Prevention and Naloxone Training, Anti-Stigma Training, Harm Reduction Training, Increase Participation of PWUD in Service Provision and Policy Design Training (this toolkit).
Advocacy	Supporting people to navigate services, structures, and systems and to identify and address discriminatory or poor practice through a human rights framework.

The Circle of Activities is supported by the Pathway of Engagement (Table 3) which strengthens all processes and provides a clear outline of the levels of participation and engagement which can be experienced by the PWUD or delivered by the organisation. This can include information, which on the scale of engagement is mere tokenistic, up to empowerment which involves the PWUD making the final fully informed decision for the organisation or policy maker to implement. All UISCE activities are peer-led with an ongoing peer-led evaluation informed by a power analysis which allows activities to be

responsive to the needs of people and the issues they identify. All activities can be linked, as it might start by being raised as an issue on outreach, then developed into research, new training or to advocate for collective action on a local, regional or national platform.

Table 3 Pathway to Full Engagement

Pathway	Examples
Information	You are given all the information that is needed to help make a fully informed opinion. You now have the information to have a personal option.This is step one.
Consultation	People, services or researchers ask for your opinions, views or ideas about a particular topic. Having formed your option, you are now included in the consultation and your options are collected and listened too. This is step 2.
Involvement	You are involved in a project and are influencing the outcome in some way. You continue to participant in the development of the project and are involved in discussions and idea generating. This is step 3.
Collaboration	Partners and peers are learning from each other, ideas and information are exchanged to support co-ordinated decision-making towards an agreed and shared goal. This is a true learning experience for everyone involved leading to rich debates and mutual understanding. This is Step 4.
Empowerment	The process provides peers with a sense of personal strength, freedom and control over the outcome. The final step delivers the project decisions and plans and peers are truly empowered in the process. This is Step 5,

Finally, the structures necessary to support the peer engagement journey and be the catalyst for change are outlined in Table 4 and the outcomes are detailed in Table 5.

Table 4 Structures to Support Peer Engagement

Structure	Example
Peer-led advisory group	Peer-led structures that can explore issues and find solutions. They should influence an organisation, structure, strategy or policy by working with them on an equal level, promoting the value of lived and living experience.
Peer-led national network	Peer-led structure that brings together various advisory boards, peers or groups with different backgrounds or experiences with drugs, services, state agencies, drugs and polices (health, justice, social etc) that are interested in supporting and influencing policy at a national level.

Table 5 Table of Outcomes of Meaningful Peer Engagement

Outcomes	Examples
Decision-making structures	Involvement in a project or series of projects changes decision-making structures that relate to government actions, laws, policies, or practices to the extent that there is a noticeable and lasting benefit for PWUD.
Social Change	Involvement in a project or series of projects has a noticeable influence on society, e.g. lasting change in public attitudes or values relating to drug use or PWUD.

The framework developed by UISCE and informed by the previous research undertaken by the team from Trinity College Dublin, identifies the framework as the Peer Partnership for Change (PPC) model. It details the various types of activities undertaken by peer engagement and also highlights the various levels at which engagement and participation are currently delivered (inform, consult, involve, collaborate, and empower). However, according to the research and evidence in relation to this "ladder of engagement" the lower end of engagement being *"information and collaboration"* is considered tokenistic. It is not until the engagement reaches collaboration and empowerment does engagement become truly meaningful and impactful. It is at the point when peers are actively engaged in the actual decision-making that peer engagement becomes influential and significant. In practice, this represents the flow of knowledge and influence from peer to policy and can be used to demonstrate the effectiveness of the specific activity as a holistic journey to social change. This framework allows both peers and service providers to

review their engagement and monitor if the engagement is tokenistic (1-3 on the pathway) or if it is truly empowering.

Each section of this toolkit, moving forward will include evidence-based examples and support for the UISCE's framework, including case studies and examples of lived and living experiences. For this toolkit to be successful, it will be a working document, represented in Figure 1, which can be understood and implemented by people with little previous understanding of community development or principles of peer-led participation.

4. Applying the Framework

"Service user involvement builds on the principle that whilst professionals provide expert advice, the people who use the service are experts on both their own treatment needs and on how services can be improved in the future". (Welsh Government, 2014, p. 7).

The high-level participation activities highlighted in Table 2 are underpinned by the overarching values of UISCE's own peer engagement. When applying the framework your own organisation's values are important, do they align with the principles of peer engagement, and are they reflective in the way in which your work is conducted? Do they know what human rights or trauma principles look like when applied to healthcare services? How do they measure or appraise this?

The activities are facilitated by replicable processes, a clear communication strategy and supported by structures in the form of the Peer Led National Network and a Peer Led Advisory Group (Figure 1).

"Peer support has been shown to be a crucial element in harm reduction, offering non-judgmental support and improving access to services" (Marshall et al., 2017).

In order to progress and develop peer engagement, as an organisation or policy developer, it is important that the concept of peer engagement is truly understood, research would suggest that the concepts are very often poorly understood. Peer engagement is not simply *"a nice thing to do"* or a *"box to be ticked, as policy is going in that direction"*, peer engagement is an evidence-based, value-added process that has proven to positively impact the development and delivery of services and the other activities outlined and undertaken by peer network organisations, like UISCE.

4.1 Types of Engagement

The areas of activities characterised in the UISCE framework (Figure 1) are represented by the circle of activity and are also identified in the literature which include.

1. Outreach Projects
2. Service Improvement or influence.
3. Group Work
4. Research
5. Training (& Education because it's in the name UISCE)
6. Advocacy (individual and collective)

4.2 Making the Engagement Meaningful

In order to make the engagement meaningful the pathway to engagement applies the seminal Ladder of Engagement (Amlani et al 1969) process which is the one most commonly applied in the literature. Table 6 adapts the Vancouver Health Authority version to provide a measurable level of the type of engagement executed.

Table 6 Levels of Peer Participation

	Inform	Consult	Involve	Collaborate	Empower
Peer Engagement Goals	Provide information to the community in a peer friendly language, assist them in understanding the problem, alternatives, opportunities, and/or solutions.	Obtain feedback from peers on policies, programming and decisions including change.	Work directly with peers throughout decision-making process to ensure concerns are understood and considered.	Equal partnership with peers in all aspects of decision making, including the development and identification of the preferred solutions.	Placing the final decision about the policy or activity in the hands of peers.
Promise to Peers	We will continue to inform peers.	We will seek your feedback, and keep you informed, listening to and acknowledging your concerns.	We will ensure that concerns are reflected in policies and initiatives, providing feedback on how their input influences decisions.	We will work with peers to formulate solutions and include their advice.	We will implement peer decisions.
Role of Peers	Audience of decisions	Providers feedback after decisions are made.	Provide feedback before decisions are made.	Equal partners in decision making.	Leaders of decisions.
Example of involvement	Presentation of research findings to peers.	Receive feedback on decision that has already been developed.	Consult with peers and use information to develop policy or initiative.	Partner with peers on development from deigning to end.	Empower peers to develop the policy or initiative and then implement.

Adaapted from Greer, A.M., Amlani, A.A., Buxton, J.A. & the PEEP team. (2017). Peer Engagement Best Practices: A Guide for Health Authorities and other providers. Vancouver, BC: BC Centre for Disease Control

"Naloxone distribution and training have been critical in reducing fatal overdoses" (Doe-Simkins et al., 2018).

"*Peer engagement is critical in developing collaborative skills and fostering a sense of belonging within groups"* (Smith et al., 2020).

4.3 Benefits of Engagement Types

The benefits of these activities for different stakeholders are outlined in more detail in the research document which supersedes the development of this toolkit and should be reviewed as an introductory report, but as a recap, the top-line benefits are captured in Table 7 and are evidence-based.

Table 7 Key Benefits of Peer Engagement to All Stakeholders

Stakeholder	Benefits	Evidence
PWUD	Empowerment	Weeks et al. (2006), Comiskey et al. (2021) Damon et al. (2017), Follevag & Seim et al. (2021).
	Sense of responsibility	Damon et al. (2017), Asian Network of People Who Use Drugs (2018) Weeks et al. (2006)
Research Institutes	Improved credibility of research	Greer et al. (2018), Damon et al. (2017) Lennon et al. (2021), Wilson et al. (2017), Lazrus et al. 2014, Lennox et al. (2021).
	Creation of Trusted Allies	Marshall et al. 2015 Greer et al. (2018).
	Improves the quality of data collection and reduces hierarchy in research	Dunne & Brown et al. (2019), Duddington et al (2023), Weeks et al. (2006), Geer et al. (2018), Brown et al. (2019), Wilson et al. (2017)
Service Providers	Improvement in service delivery Increased trust and better service engagement	Damon et al (2017), Barron et al (2019)
	Reduction in institutional stigma	Comiskey et al (2021), Damon et al (2017)
Policy Developers	Reduction in health inequality	Barron et al (2019),Greer et al (2018), Damon et al (2017)
	Evidence information policy	Greer et al (2018), Dunne & Brown et al (2023), Duddington et al. (2023)

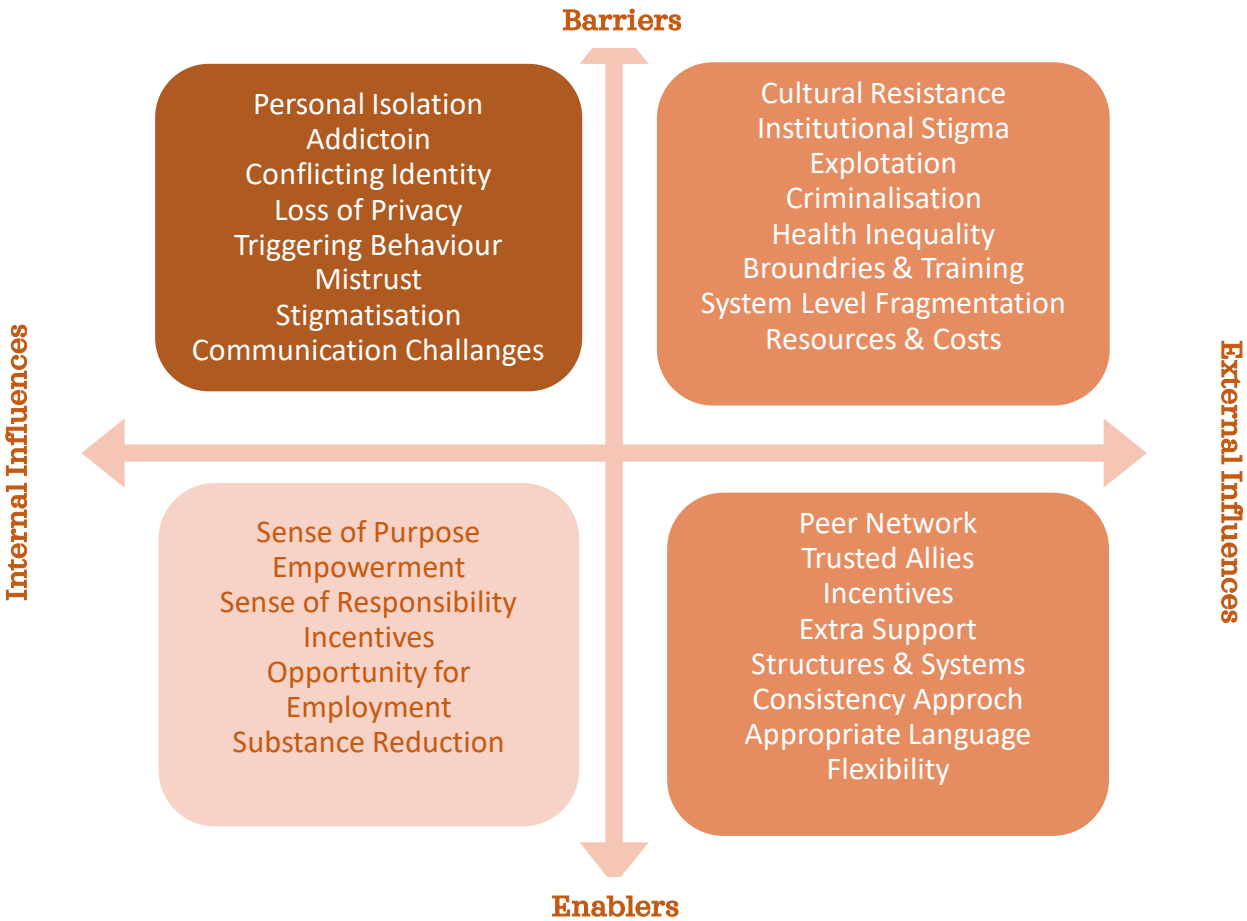
The overarching improvement is one of sustainable, meaningful relationships (Marshall et al. 2015). These relationships facilitate collaborative learning, working with service providers to improve understanding service needs of people who use drugs. These relationships also support harm reduction outreach programmes, recognizing and responding to, including the use of Naloxone. Encourage peers to always carry Naloxone and know how to use it.

5. Effective Peer Engagement

While the type, process, and benefits of peer engagement have been outlined, the effectiveness of the engagement is an important element of the process. Across both the literature reviewed and the data gathered at the Knowledge Exchange Workshop one of the first steps to effective peer engagement was identifying the barriers and roadblocks to meaningful engagement. A thematic analysis of the literature discovered the emerging elements which were reconfirmed in the data collected at the workshop.

The identified elements of effective peer engagement can be divided into internal and external barriers and enablers which are demonstrated in Figure 2. The internal barriers and enablers are those which are personal to the PWUD , while the external barriers and enablers are generated by the peer engagement environments and/or external organisations.

Figure 3 Elements of Effective Peer Engagement



5.1 Language Matters

In addition to the identified barriers and enablers in Figure 3, language and communication can become a real barrier to peer engagement. However, language does not stand still. The language we use about people who use drugs can isolate, exclude, and reduce acceptance.

"Language has always played an important role in the generation of stigma, as well as in combating it." (Wakeman, S.E., 2019, pg71).

The cultural aspect of drug use also has its own slang words and idioms. UISCE continue to destigmatise language with their "Brass Munkie" publications. Language plays an important part in the lives and community of PWUD. The use of such language should be assessed by the user in the context of their own circumstances and their relationship within the community. While some words were initially used as derogatory terms, they have now been reclaimed by the community of interest as a term of empowerment. An example of this language evolution is the word *"queer"*, once intended as a disrespectful term has recently been reclaimed by the LGBTQ+ community as a term of empowerment. Similarly, PWUDs have the moral authority to *"redeploy the symbols of their oppression"* and to use terms like" junkie" when referring to themselves and their community if they so wish.

Guidelines of current language developed by the peer network are demonstrated in Table 8. By making more positive language choices over time the PWUD may reduce their self-stigma. By contributing to this language change you will contribute to placing the *"person first"* and not simply defining the person by their drug use. If in doubt check with the person about their preferred term. Listen to them and respect their views. You may not always get it right but you are moving in the right direction.

Encourage PWUD, service providers, and others to use language that is supportive and free of stigma. Encourage the use of person-first language, rights-based language (e.g., "person who uses drugs" rather than "addict").

Table 8 What to Say and Not to Say

	What to Say	What not to Say
	People/person who uses/use drugs.	drug user, drug abuser, druggie, junkie, fiend, gear head, smack head, crackhead, meth-head, living with addiction.
	People/person, who injects drugs	Injector, junkie, pinhead, on the needle, intravenous drug user.
	People /person who smoke drugs	Smoker, crackhead, meth-head, weed-head, pothead.
	People/person who use/s drugs occasionally or opportunistically	Recreational drug user
	People/person with drug dependency.	Addict, drug addict, drug abuser, problem(atic) drug user, misuser, substance abuser, person who is addicted.
	People/person who uses/use drugs	Patient, unless this is the preferred term of the client.
	Currently using drugs	Relapse, non-abstinent, fallen off the wagon, using again, had a setback, lost cause, not clean.
	People/person who has used drugs	Clean, sober, drug-free, ex-user, in recovery, maintaining recovery, ex-alcoholic.
	Positive/Negative drug screen: presence/absence if drug metabolites in screen process	Clean/dirty urine/blood
	Communities (of people who use drugs); Networks (of people who use drugs); peer led networks.	Drug using population(s), affected communities, vulnerable population
	Opioid Treatment programme; Opioid Agonist Treatment	Opioid Substitution Treatment; Opioid Replacement Therapy

"*Stigma reduction through language and communication is key to creating supportive peer environments*" (McGinty et al., 2020).

5.2 Peer Engagement Charter

Another aid to assist reduce sigma is a Peer Engagement Charter (PEC). The PEC outlines the principles, expectations, and guidelines for productive and respectful engagement with and between peers, in a professional, academic, or collaborative environment. Below is a sample of a Peer Engagement Charter, which you are welcome to complete and display on your premises. It is important to also set common goals which form the basis and duration of the engagement. In addition to the duration compensation and the degree of flexibility should also be outlined in an accompanying document, the Terms of Engagement (Appendix 1).

Both the Peer Engagement Charter and the sample Terms and Conditions of Peer Engagement can be customised based on the specific context, policies, or activities of the organisation being undertaken. It ensures clear expectations for peer engagement while promoting accountability and collaboration.

The documentation of techniques to resolve conflicts also ensures constructive outcomes. It is very important that the process of peer engagement is structured, and documented, and that expectations, processes, and procedures are clearly outlined and communicated.

Peer Engagement Charter

Purpose
This charter serves as a guide to ensure all members of the [group/team/organization] engage with one another in a constructive, respectful, and supportive manner. Our goal is to foster an inclusive environment where collaboration, open communication, and mutual respect are the foundation of our interactions.

1. Respect and Inclusivity

- We commit to treating all peers with respect, regardless of background, position, or perspective.
- We will actively listen to each other and ensure that all voices are heard.
- We will promote a culture of inclusivity by welcoming diverse viewpoints and ideas.

2. Constructive Communication

- We commit to clear, honest, and respectful communication.
- Feedback will be given in a constructive and considerate manner, focusing on the issue rather than the individual.
- Disagreements will be handled professionally and with a focus on finding common ground.

3. Collaboration and Support

- We will foster a collaborative environment where everyone contributes meaningfully to shared goals.
- Team members will support one another by sharing knowledge, resources, and expertise.
- We will celebrate each other's successes and offer encouragement during challenges.

4. Accountability and Responsibility

- Each individual is responsible for upholding the principles of this charter.
- We will hold ourselves and one another accountable for maintaining high standards of engagement.
- If conflicts arise, we will seek resolution in a mature, respectful, and timely manner.

5. Confidentiality and Trust

- We commit to maintaining confidentiality where appropriate and ensuring that trust is at the heart of our peer relationships.
- Sensitive matters discussed in confidence will not be shared outside the group without consent.

6. Commitment to Growth and Learning

- We will approach our interactions with a growth mindset, open to learning from others.
- We will be open to constructive feedback aimed at personal and collective improvement.
- We will actively seek opportunities for professional and personal development through our peer interactions.

7. Conflict Resolution

- In case of conflict, we commit to resolving issues promptly and respectfully.
- We will use mediation, where necessary, to resolve disputes and will seek support from a neutral party if needed.

5.3 Dos and Don'ts of Peer Engagement

During our research for this Toolkit and from our collective learning at the Knowledge Exchange Workshop conducted in August 2024, we have been able to create a quick checklist of dos and don'ts in relation to peer engagement which will enhance the experience of everyone involved. The list below will give you a brief example of some basic dos and don'ts communicated by peers from the UISCE network.

Table 9 The Do and Don't of Peer Engagement

Do's	Don'ts
Invite the peer network, UISCE, to select representatives.	Don't just invite a *"handy"* person in recovery, who previously used drugs.
Do invite more than one participant.	Don't invite just one person, people need support.
Do show flexibility with meeting times	Don't assume participants can get to meetings at 9a.m. on public transport etc.
Do consider a comfortable low-key venue.	Don't use official buildings or formal offices.
Do consider making your meeting less formal.	Don't just assume your normal "formal" processes.
Do provide a key contact person who can explain and support the engagement.	Don't assume that the participants know what to expect if it has not been explained.
Do consider holding a planning session so we can get to know each other and the project	Don't assume we cannot learn new processes and how to provide more.
Do guarantee confidentiality and privacy.	Don't identify the participant outside the project or request disclosure or current drug use.
Do provide compensation for our time and travel (usually previously agreed).	Don't provide us with a coupon or a voucher.
Do give us cash.	Don't ask us to come back and collect payment or supply bank details.
Do check if we need extra support with reading or writing.	Don't assume that we are ignorant or cannot read or write either.

5.4 Extra Support for Peers with Diverse Needs

From time-to-time peers may need extra support or have extra needs, this is part of engagement with peer participants. While it should not be assumed that participants cannot read or write it should likewise not be assumed that they can. Many marginalised groups in society lack formal education or many are neurodiverse and need additional support.

Consider supplying material, questionaries, or documents to the peer network a week or so before the engagement to ensure participants have the opportunity to review in comfort with their own peers. Avoid using jargon and unfamiliar abbreviations or acronyms. Don't make sentences too long, 15 to 20 words for each sentence. Additional information is available for using plain English from the National Adult Literacy Agency (www.NALA.ie).

5.5 Peer Engagement Best Practice Checklist

1. Preparing for Participation

- Review Relevant Materials: Read any documents, notes, or agendas before meetings or group work sessions.
- Consider the venue, location and access.
- Bring Necessary Tools: Ensure you have everything you need, such as notes, devices, or other resources.

2. Actively Engaging in Discussions

- Contribute Ideas and Opinions: Share your own thoughts, even if they differ from others, and explain your reasoning.
- Use Clear and Concise Language: Communicate your points clearly to avoid confusion and stay on track.
- Have you assured participants about the privacy and confidentiality of the engagement?

3. Practicing Respectful Communication

- Listen Fully: Avoid multitasking or planning your response while others are speaking.
- Wait Your Turn: Be patient and respectful, allowing others to finish their points before speaking.
- Be Open to Differing Opinions: Respectfully consider alternative views and be open to changing your perspective.

4. Contributing Constructively

- Stay on Topic: Keep your comments relevant to the discussion or agenda.
- Provide Constructive Feedback: Offer feedback in a respectful and solution-focused way.
- Suggest Practical Solutions: If issues arise, propose realistic solutions to help move the group forward.
- Acknowledge Group Goals: Reference group objectives or goals to keep your contributions aligned.

5. Demonstrating Initiative

- Volunteer for Tasks: Offer to take on roles or tasks that match your strengths or interests.
- Take Responsibility: Accept accountability for both successes and setbacks in your contributions.

6. Maintaining a Positive Attitude

- Stay Open-Minded: Approach discussions and tasks with a willingness to learn and adapt.
- Stay Solution-Oriented: Focus on overcoming obstacles rather than getting stuck on problems.
- Encourage Others: Offer positive reinforcement to motivate and support your peers.
- Have you removed any personal barriers or provided extra support around literacy?

7. Reflecting on Participation

- Evaluate Your Contributions: Reflect on whether you shared ideas effectively and contributed to group progress.
- Seek Feedback: Ask peers for input on your participation and areas for improvement.
- Adjust Based on Reflection: Use feedback and self-assessment to enhance your future participation.
- Celebrate Group Achievements: Recognize the group's accomplishments and acknowledge everyone's contributions.

5.6 Peer Responsibilities in Engagement

People Who Use Drugs (PWUD) play a critical role in peer engagement, offering unique insights, support, and advocacy within harm reduction, public health, and social services settings. Their lived and living experience positions them to make meaningful contributions that enhance the effectiveness and reach of services aimed at supporting other PWUD. However, the appointment of PWUD in the role of peer engagement is not without its responsibilities, some examples of which are listed below.

1. Advocacy and Voice Representation

- **Responsibilities**: PWUD often act as advocates, representing the interests, concerns, and rights of their community in discussions with service providers, policymakers, and the public. Their insights are crucial in shaping policies and programs to better meet the needs of people who use drugs.
- **Examples**: PWUD often work to reduce stigma, advocate for safer drug policies, and push for harm reduction services such as needle exchange programs, supervised consumption sites, and access to treatment.
- **Evidence**: Research underscores the effectiveness of PWUD in advocating for harm reduction policies, as their participation directly correlates with policy shifts and improved community health outcomes (Marshall et al., 2015; Greer et al., 2016).

2. Peer Support and Mentorship

- **Responsibilities**: Providing one-on-one or group support to other PWUD is a core responsibility. Peer supporters help individuals navigate challenges such as accessing health services, reducing risky behaviours, and managing substance use.
- **Examples**: Peer support from PWUD is shown to enhance engagement in services and adherence to harm reduction strategies (Miller et al., 2017). Mentorship programs by PWUD can also help reduce overdose risks by offering real-life harm-reduction strategies.
- **Evidence**: Research suggests that PWUD-led peer support is associated with increased harm reduction practices and improved mental health outcomes among participants (Boucher et al., 2017; Ti et al., 2018).

3. Education and Outreach

- **Responsibilities**: PWUD engage in educational activities, sharing critical information about safe drug use practices, overdose prevention, and available resources. Through outreach, they disseminate information within their communities that might not be accessible otherwise.
- **Examples**: PWUD often participate in naloxone distribution programs, provide safer-use education, and distribute harm reduction supplies like clean syringes and condoms to their peers.
- **Evidence**: Studies demonstrate that education and outreach by PWUD improve engagement with health services and promote safer practices within communities (Harris et al., 2019; Wenger et al., 2020).

4. Data Collection and Participatory Research

- **Responsibilities**: PWUD are increasingly involved in research roles, where they help design studies, gather data, and share findings. This participatory approach ensures that research is grounded in real-world experiences, leading to more relevant and actionable insights.
- **Examples**: PWUD-led research projects provide critical data on issues like drug use education, stigma reduction, service gaps, and the impacts of drug-related policies on communities.

- **Evidence**: Participatory research involving PWUD enhances the validity and relevance of studies and has been recommended as best practice in harm reduction and other community participation research (Jozaghi et al., 2016; Greer et al., 2019).

5. Service Co-Design and Evaluation

- **Responsibilities**: PWUD participate in the co-design and evaluation of programs and services intended for their communities. Their feedback helps ensure that these services are user-friendly, accessible, and aligned with real needs.
- **Examples**: Input from PWUD often leads to changes or improvements in service delivery that increase accessibility and engagement, such as adjusting hours of operation or ensuring cultural sensitivity.
- **Evidence**: Evidence highlights that services co-designed with PWUD are more effective and better utilised, improving health outcomes and engagement rates (Pauly et al., 2017; Boyd et al., 2018).

6. Role Modelling and Cultural Mediation

- **Responsibilities**: As community insiders, PWUD can model positive behaviours, provide relatable examples of harm reduction, and bridge cultural or experiential gaps between service providers and PWUD communities.
- **Examples**: PWUD often serve as role models by demonstrating harm reduction techniques or safe use practices, showing peers pathways to stability, and mediating misunderstandings between clients and staff.
- **Evidence**: Role modelling by PWUD enhances the credibility of harm reduction programs and facilitates trust-building with hard-to-reach populations (Marshall et al., 2015; Jenkins et al., 2017).

6. Examples of UISCE Case Studies

The application of the Peer Engagement for Change Framework (Figure 1, p7) informs all elements of the development of these UISCE case studies. The application of the process (Table 3) underpinned by the values (Table 1) are evidence of the impact of meaningful peer engagement (Table 5). The framework provides a step-by-step guide to the development of truly meaningful peer engagement which not only empowers peer workers but provides practical, evidenced-based, peer-led solutions to a number of societal challenges.

6.1 Peer Led Networking Case Study 1

Challenge – Problem Statement: In 2021, UISCE did not deliver peer-led outreach, and has low levels of engagement.

Solution – Approach: To address this, the organisation began outreach efforts, ensuring staff had lived and living experiences of drug use. The focus was on building relationships with people who use drugs (PWUD), identifying issues faced together, developing a collective analysis and looking at potential solutions, and how to affect change.

Results – Outcomes: The peer-to-peer approach encouraged participants to take on leadership roles early in the process. As a result, several participants expressed interest in getting more involved and became UISCE volunteers after a brief induction. This involvement grew, fostering more open discussions about issues and ideas for change. Peers were supported in setting up and co-facilitating groups on topics they were passionate about. Over time, these activities led to the creation of the UISCE Peer-led Advisory Board ensuring collective peers' involvement and decision-making processes within the organisation. Peers led out on various aspects, including resource development, media representation, submissions to the Citizens' Assembly on Drugs Use (CA), research involvement, and leading similar initiatives in other organisations.

Key Takeaways: This engagement model helped shift participants from feeling excluded and powerless to being included and empowered, realising their value in being part of the solution rather than always being seen as the problem. UISCE's ground-up, strength-based, and peer-led approach produced higher engagement levels.

Reflection: The case illustrates how a peer-led model and network can empower marginalised individuals by involving them in decision-making, advocacy, and the creation of solutions.

6.2 Shaping & Informing Services Case Study 2

Challenge – Problem Statement: In this case study, UISCE were invited by the National Drug Treatment Centre (NDTC) to explore setting up a 'service user forum', recognising that people accessing the centre had low levels of involvement in decision making, which was recognised by management who wanted to address and improve people's experience, outcomes and to have direct influence in the identification of issues and design of services.

Solution- Approach: UISCE were invited to engage individuals in discussions about their concerns without imposing a rigid structure. They ran a six-week workshop with interested peers, facilitated by a coordinator with lived and living experience and supported by a peer volunteer.

Results-Outcomes: The group identified key issues, particularly that their voices were being ignored by the community, services, and policymakers. This prompted a meeting with NDTC management, A key agreement was for NDTC to work directly with the group rather than through UISCE, which would be facilitated and supported by UISCE, as the independent national advocacy service for people who use drugs.

The NDTC PLAB developed and agreed the Terms of Reference with management and committed to meet every 6-8 weeks to include ongoing engagement with staff and management. Peers developed a proposal, met with management, and agreed on a continuous process involving peer-led community meetings, in-reach and workshops. This engagement increased peer participation and the NDTC Peer-led Advisory Board focused on important issues like the complaints process, care plans, stigma, decisions on best practice of dissemination of harm reduction materials such as crack pipes, advice and overseeing of new programmes and the continued engagement of their peers within the NDTC. The process extended beyond NDTC to Merchant's Quay Ireland (MQI), where a similar peer-led approach was undertaken. Peers conducted outreach and in-reach, leading to high-quality engagement and the establishment of several groups focused on issues affecting clients.

Key Takeaways: The work informed a broader anti-stigma research project and a campaign involving peers from UISCE, NDTC, and MQI. The engagement increased peer participation and the NDTC Peer-led Advisory Board focused on important issues like the complaints process, care plans, and stigma. Peers continue to lead efforts in engaging people who use drugs (PWUD), ensuring they are included in the design, delivery, and evaluation of services at MQI's, Medically Supervised Injection Facility (MSIF).

Reflection: This peer-led, strengths-based approach, which includes outreach, in-reach, community meetings, and workshops, has fostered high levels of engagement and ensures that PWUD have a voice in shaping services and informing broader community and state responses.

6.2.1. Adaption and Application of Case Study 2

UISCE's current work on outreach and ongoing engagement with peers and staff in MQI along with engagement with HSE SI have identified issues with the presentation of PWUD along the quays and on the Riverbank area, close to and around MQI. This is having a negative impact on PWUD and the wider community. Different stakeholders have identified this as a major concern, which has resulted in fears this may negatively impact the opening of the MSIF, which is an action in the National Drug Strategy. Ensuring the transition to the opening of the MSIF in Riverbank is successful for all the different stakeholders and ensuring the benefits are documented, communicated, and felt by everyone in the community can increase our ability to progress this vital service beyond the initial pilot phase.

UISCE has indicated that they can achieve this through adopting a structured peer-led approach that identifies issues as they arise, with UISCE, MQI, HSE and other relevant stakeholders responding in real time to address and improve outcomes for all concerned. The ongoing engagement process that focused on being independent, peer-led and focusing on the issues people had raised and seeking to look at ways to affect change moved people from being 'excluded, having no voice or no power' to now being 'included, having some voice and some power or agency' or realising they had value to add and could be part of the 'solution' as opposed to always been seen as the 'problem'. The focus on 'meeting people where they are at' and creating the conditions for a genuine ground up approach, a strong peer-led and strength-based approach produced higher levels of engagement which leads to peers being in a position to be involved in decision making is increasing participation.

UISCE delivers between 16 and 22 outreach sessions a week, each day of the week. Between 6-33 people are engaged in each session. As a snapshot, UISCE peers had over 350 engagements on outreach in the month of August. They currently run a weekly group in MQI each Wednesday and engage between 12-17 people in each session. All outreach is peer-led with elevated levels of engagement due to peer access and relationships.

UISCE has also set up a working group for people who use drugs intravenously with one member sitting on the MSIF operational group which has led to an increase in participation in decision making by peers, in the MSIF, this group is involved in the planning and delivery of the MSIF, has developed and delivered a number of training sessions on safer injecting best practices and anti-stigma and will continue to monitor and influence decision making and service delivery throughout the opening of the MSIF and beyond.

Strong representation from peers has added to the efficacy of the MSIF stakeholders' group with UISCE holding membership. This ensures people with living experience are working directly with the HSE, MQI, DCC, An Gardai Síochána, local schools, residents and business, to identify emerging issues and develop collective responses. 12 peers from MQI and UISCE developed and worked with the above stakeholders on the *"What's the Story- Breaking Down Barriers and Building Stronger Communities"* project. This is a result of the ongoing engagement through peer-led outreach and groups.

USICE have seen an improved relationship with locals, stakeholders, and the peers through the outreach team. Several issues and viable solutions have been identified through the various platforms USICE are represented on. They are in strong position to provide critical information on gaps in services. The outreach team have provided on street naloxone training, deescalated and prevented conflict, administered naloxone, and provided people with one-to-one advocacy on issues related to harm reduction, access to services, mental health, accommodation, welfare, access to treatment, HR information and discrimination.

This illustrates how peer networks 'close the gap' between people who usually have no power (PWUD) and those that hold power (services, state agencies, policymakers and stakeholders) through a peer-led process that can lead to improved outcomes for PWUD, families and our communities.

6.3 Research Promoting Social Change Case Study 3

Challenge - Problem Statement: Through peer-led outreach, recurring issues were identified among PWUD, who were living in emergency accommodations, including stigmatisation and human rights violations. Peers expressed a desire to conduct their own research.

Solutions - Approach: UISCE's approach emphasises creating conditions that allow peers to participate meaningfully in research, leading to stronger findings and more impactful recommendations. Instead of conducting research *for* or *about* PWUD, UISCE advocates for Community Participatory Research, involving peers directly in the design, delivery, and evaluation of such studies.

Results - Outcomes: With UISCE's support, a successful funding proposal was developed through the Irish Human Rights and Equality Commission (IHREC). This resulted in a project titled "Agency, Access, and Solutions," aimed at analysing gaps in equity in homeless service provision. A group of six peer researchers currently co-produce a space weekly with a professional researcher, taking full ownership of the process.

The process included exploring and understanding Public Sector Duty, Human Rights and how to conduct research. The group have used these skills, and their living experience to develop a survey, interview 148 of their peers and develop an overall analysis condensed into a report, presentation and action plan.

Relevant stakeholders (HSE, DCC, Housing Bodies such as DePaul, NOVAS, Salvation Army, McVerry Trust, Simon Community) and private operators were identified by UISCE and the peer researcher team which were contacted for attend a dialogue session which had a process that deconstructed the power dynamics and created the conditions for people with living experience of homelessness and drug dependence to work in partnership with policymakers and service providers to address current gaps in equity of service provision for people who use drugs in emergency accommodation.

The dialogue session has produced an agreed action plan on how to develop a partnership approach which recognises current gaps and has recommendations and a subsequent process to implement and evaluate.

Key Takeaway: The project exemplifies how research can be used not only to generate knowledge but also to democratise it, empowering marginalised individuals by closing the gap between those excluded from power and decision-makers. The ultimate goal is to share power, promote social transformation, and use research as a tool to achieve meaningful social change.

Reflection: This case study highlights how research can drive social change when those most affected by an issue are full partners in the process.

6.4 Peer Informed Harm Reduction Case Study 4

Challenge- Problem Statement: Despite no formal confirmation of synthetic opioids in Ireland at the time, peers from UISCE, including the Peer Outreach Team and the Peer-led Advisory Board, reported widespread evidence of its presence, based on street-level information. This evidence included claims of synthetic opioids being sold, bought, and used in various forms, including being mixed with heroin and street tablets. Reports from both PWUD and service providers suggest this had led to confirmed drug related deaths.

Solutions – Approach: Lead by UISCE a peer-led approach was applied to developing an overdose prevention strategy in response to the emerging threat of synthetic opioids, particularly in November 2023.

Results – Outcomes: The UISCE Peer Outreach Team, in collaboration with the Peer-led Advisory Board, developed an initial strategy informed by peer experiences and research on how other jurisdictions have responded to synthetic opioid threats. The strategy served as a foundation for collaborating with relevant stakeholders to develop a comprehensive response.

Peer involvement was key in gathering this vital information and leading the discussion on how to respond. They compared the situation in Ireland with concerning developments in the UK, where synthetic opioids like fentanyl and nitazenes had led to confirmed drug-related deaths.

Key Takeaways:. This case study underscores the importance of peer engagement in rapid decision-making processes and demonstrates how UISCE's commitment to a peer-led approach allows for timely, informed responses to emerging public health crises.

Reflection:. This evidence further fuelled concerns about the imminent arrival of these potent substances in Ireland.

6.4.1 UISCE update on Research Case Study

This case study led to and influenced a peer-led Position Paper on How to Reduce Drug Related Deaths. The paper presented evidence for consideration in the urgent implementation of overdose prevention techniques in the face of a shifting drug market. The paper was submitted to policymakers in the Drug Policy Unit (DPU) in the Department of Health and raised on the agenda of the National Oversight Committee (NOC) and Strategic Implementation Group 3 (SIG 3) which has reducing drug deaths as an outcome.

"Peer-led harm reduction initiatives are effective in reducing the transmission of infectious diseases and preventing overdoses" (Strike & Watson, 2020)

6.5 Peer-led Resource Development Case Study 5

Challenge- Problem Statement: A significant rise in crack use was identified, with many individuals asking about harm reduction methods. Outreach revealed that many people already possessed knowledge about best practices for harm reduction but lacked an avenue to share and formalize this information.

Solutions – Approach: Lead by UISCE a targeted outreach initiative was launched to form a group of people who use crack, enabling them to create a harm reduction leaflet. Over two collaborative sessions, the group designed and approved the leaflet. Peers were actively involved at every stage, from planning to distribution, ensuring the resource was accurate and well-received.

Results – Outcomes: The leaflet was distributed through outreach, with peers who contributed to its creation leading the distribution. This peer-led approach ensured the relevance and effectiveness of the resource while empowering participants to take ownership of the initiative.

Key Takeaways: Meeting people where they are, valuing their lived experiences, and adopting a peer-led approach can produce impactful solutions. People who use drugs are integral to addressing challenges and creating meaningful change.

Reflection: The initiative challenged traditional narratives about people who use drugs. It highlighted their capacity to lead and contribute, shifting the perception from "problem" to "solution." This reframing is vital for reducing stigma and encouraging further peer-led collaborations.

6.6 Creative Writing Workshop Case Study 6

Challenge- Problem Statement: People who use drugs often face exclusion, stigma, and unmet literacy needs, leaving them with limited platforms to voice their experiences and engage in decision-making.

Solutions – Approach: Lead by UISCE A creative writing workshop was established as a tool for individuals to organize thoughts, analyse issues collectively, and build confidence. The workshop provided a space for participants to explore their lived experiences and develop leadership skills. This led to the creation of the *Now You See Me Campaign*, which used poetry and stories from the workshop to address stigma and societal power imbalances through six impactful videos.

Results – Outcomes: The resulting campaign reached over 28,000 people on social media, raising awareness about stigma and systemic issues. Participants performed their work at the Irish Medicine Symposium, engaging in a panel discussion and offering insights into solutions.

Key Takeaways: Creative and peer-led approaches can empower marginalised individuals to highlight issues, challenge stigma, and drive systemic change, showcasing the power of lived and living experience as a tool for advocacy. The workshop's success reinforced the value of peer-led models. By allowing individuals to take ownership of the campaign, from its conception to its public presentation, the initiative demonstrated how those most affected by societal issues can drive transformative change when given the opportunity and support.

Reflection: One of the most powerful reflections lies in the unintended outcomes of the workshop. Beyond identifying issues and fostering activism, participants experienced personal growth, including enhanced social and communication skills. This ripple effect showed that creative processes can unlock potential in unexpected and impactful ways.

6.7 Partnership, Training, Respect & Saving Lives Case Study 7

Challenge- Problem Statement: The presence of synthetic opioids, like nitazenes, in the drug supply increased the risk of fatal overdoses. Clinics needed effective naloxone training to ensure those at risk had access to this lifesaving intervention.

Solutions – Approach: UISCE collaborated with City Clinic to provide peer-led naloxone training. Leveraging the trust built through existing relationships, UISCE peers engaged participants and conducted accessible training using HSE-approved materials. This model was expanded to other OST clinics across the city.

Results – Outcomes: Nine clinics were engaged, training nearly 500 individuals. Many trained peers have since used naloxone to save lives. The collaboration demonstrated the power of peer involvement in fostering trust and delivering critical interventions.

Key Takeaways: Peer-led training not only improves access to lifesaving tools but also challenges stigma and highlights the leadership potential of individuals with lived experience. Collaboration between peers and professional staff can achieve impactful results.

Reflection: The success of the project illustrates how partnerships—between peers, organizations, and outreach teams—can generate impactful results. Each stakeholder played a crucial role, but the leadership and lived expertise of peers drove the initiative.

These case studies are examples of the tasks and the process of community development and clearly show how a strong peer-led process leads to better outcomes, addressing specific challenges. Meaningful peer engagement is about creating the space for people who use drugs to explore the issues through their own lived and living experience, advance their own analysis and become actors for change.

UISCE's commitment to the process ensures a balance of power in all aspects of their spaces or work. It allows them to exercise a structured approach to 'how' the gap is closed between those that have power (policy makers, researchers, state agencies, services, workers, decision makers etc.) and those that do not, in this case people who use drugs, who in most cases already come from multiple marginalised communities.

Activities, research, strategies, and policies can be tools to achieving social change, however in order to achieve the best possible outcomes the conditions must be created for those most impacted, with the most experience, to be full partners in the process, which will lead to more positive outcomes and deliverable recommendations.

This requires a strong process which can democratise knowledge by involving peers in both the process and task, promoting social transformation rather than simply knowledge generating, or the acquisition of knowledge from a particular group. This approach limits peer ownership over what is produced and dimmish the efficacy of the outcomes.

The evidence, international and national, suggests that the protection of independent autonomous peer-led spaces, to identify and address the social issues associated with drugs and harmful policies that will lead us to effective responses, is critical in the pursuit of better outcomes for PWUD, families and our communities.

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7. Continual Evaluation and Feedback

"Regular feedback is essential for the continuous improvement of peer engagement strategies" (Taylor & Francis, 2021).

7.1 Building A Culture of Engagement

Regardless of the best-efforts evidence would suggest that those introducing changes in peer engagement and participation can expect some cultural resistance. The resistance may come from qualified staff members in the organisation who consciously or subconsciously do not wish to share the power of decision-making or have concerns about the dilution of professional standards in their organisation (Duddington et al., 2023). Changing institutional practices is never easy and the resistance may be both structural and cultural (Follevag & Seim, 2021, Pratchke et al. 2022).

Figure 4 Environmental Barriers to Peer Engagement

This is not unique to your project or programme. The word cloud Figure 3 demonstrates some of the environmental roadblocks to peer participation discovered in the literature review. In order to remove the roadblocks, one must continue to build a culture of engagement, encouraging ongoing efforts to maintain high levels of peer engagement. It will certainly be necessary to continue to discuss this with the leadership of the organisation and within the engagement group.

7.2 Assessing the Impact of Peer Engagement

Continually assessing the level of peer engagement on a Pathway To Engagement detailed in the framework is a critical element of improvement and growing your peer engagement capacity. This will also contribute to changing the peer engagement culture in the organisation. This change can also be facilitated by providing tools for peers to evaluate the effectiveness of their engagement and support efforts.

You may use surveys, focus groups, or one-to-one feedback sessions to gather insights. Providing guidelines for evaluation will also ensure that you are collecting comparable data. Reviewing the effectiveness of peer engagement is also a recommended activity. International evaluation indicators suggest that peer networks, using system thinking and evidence-informed approach, can also be used for evaluations. This approach has been applied throughout the development of this toolkit. The development of peer network indicators and engagement level indicators is also recommended. In this regard, UISCE as the national organisation is best placed to assist you.

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