PEER-DELIVERED SYRINGE EXCHANGE TOOLKIT

Models, Considerations, and Best Practices

harm reduction COALITION

NYC Health

We dedicate this toolkit to the peers, both formal and informal, who have paved the way.

Peer-Delivered Syringe Exchange Toolkit: Models, Considerations, and Best Practices

Harm Reduction Coalition

In collaboration with New York City Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care and Treatment

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Introduction

About the Authors

We are a group of people who work at syringe exchange programs (SEPs) in New York City. We all have experience in either starting or running peer-delivered syringe exchange (PDSE) programs. We came together to share our knowledge and experience, both to improve our own programs and to respond to requests from other programs looking to initiate PDSE. We shared best practices and brainstormed with peers, coordinators, and new program staff to get their input and feedback.

What is Peer-Delivered Syringe Exchange?

Acknowledging that SEPs do not currently reach all injection drug users (IDU) due to a myriad of factors, peer-delivered syringe exchange was initiated to try and reach more users. Through their social networks, peers are able to reach drug users in need of syringes or other SEP services in ways that traditional SEPs are unable to. Peers are uniquely positioned to provide resources to harder-to-reach IDU communities and to provide them with free, sterile syringes, prevention education, and linkage to SEP services.

The PDSE model recognizes the value of peers as service providers and leaders in their own communities and offers a unique opportunity to connect an underserved population with supportive services.

Purposes and Uses of this Toolkit

This toolkit is intended to provide examples of policies and practices from current PDSE programs so new and existing programs can think about and incorporate the parts that work for them. It gives an overview of points to consider in starting a PDSE program and is intended to generate new ideas for revising and improving existing PDSE programs. Each section contains insight and ideas drawn from the experience of various programs and ends with *Questions to Consider* based on your own program's needs. Throughout the toolkit, we've included quotes from peers currently working at PDSE programs about their experiences and ideas.

While formal PDSE may be new, the practice of users engaging and informing fellow users in healthy practices is not. We hope that formal PDSE can harness this history and can continue to improve the health of people who use drugs.

Module 1: Peers and Programs

"We come from the 'hood to them. A peer really needs to be someone who's been there, done that. We know where the hot spots are." —Peer

Who is Involved in Peer-Delivered Syringe Exchange Programs?

Chances are if you're designing or running a PDSE program, you know that the goals and benefits of a peer program are many and varied. A peer program can have a big impact on the peers themselves, the participants or clients of the program, the staff, your organization and the broader community.

- **Peers**: Peers are developing their roles as leaders and professionals. Peer programs provide an opportunity to partner with peers to improve the quality of their lives, their health, and their overall well-being. Many peers have told us that doing something that feels good for themselves and for their community has had a positive impact on their own health. Additionally, peers may be able to leverage the skills and experience gained through a peer program to obtain more permanent employment in the field.

  Persons serving as peers, rather than being legitimized through academic credentials, draw their legitimacy from experiential knowledge and experiential expertise. Experiential knowledge is information acquired about harm reduction through the process of one's own use or being with others. Experiential expertise entails the ability to translate this knowledge into skills that can be passed on to others. Many people have acquired experiential knowledge about harm reduction, but those who have the added dimension of experiential expertise are ideal candidates for the role of peer.

- **Participants**: Peers are uniquely positioned to engage with and relate to program participants and potential program participants. Peers can offer agency participants important information with added credibility because they have "been there, done that". Participants can benefit from seeing people like themselves in positions of leadership and strive for those positions as well.

  Peers may also have social ties with other drug users who don't know about or don't otherwise feel comfortable accessing services at your program. One of the greatest benefits of PDSE is its ability to engage with networks of drug users who aren't otherwise linked with services.

- **Organization and Staff**. Your organization can benefit from the work of peers in numerous ways. PDSE leads to increased enrollments of new

participants, helping your agency meet deliverables. PDSE can enhance staff development. Through peer programs, staff have an opportunity to teach and to share their skills in mentoring or supervisory roles with peers. Peers may also develop their professional skills to the point that they progress to full employment within the organization.

Purposes and Priorities of PDSE

Syringe exchange programs' primary goal is improving the health of IDUs, so it is essential to deliberately seek the involvement of active IDUs. Active IDUs have insight into current cultural norms, practices, and needs among drug users, and may be able to gain trust more easily from participants; their involvement will reinforce the program's respect for active drug users.

Peer-delivered syringe exchange programs can serve a number of purposes. The agencies that contributed to this toolkit all initiated their PDSE programs for different reasons. Some examples include:

- **Reaching new or underserved populations**, such as transgender individuals, youth, or sex workers;
- **Tapping into existing social networks** to reach IDUs in areas where people are not currently accessing SEP services. Some programs use peers to bridge the gap between participants and SEP. However, there may be people who do not want to interact with a SEP at all and prefer to engage solely with a peer;
- **Expanding access to clean syringes** at times and dates the SEP is not open, such as evenings or weekends.

Models of Peer Programs

PDSE programs are commonly structured in three ways; most programs will use a combination of these models:

- **Storefront SEP PDSE**: In this model, peers work out of an office- or storefront-based syringe exchange program, during approved SEP hours and at approved SEP locations; participants must visit the program for services. Placing peers in your storefront SEP may encourage participants to come in and connect with other services you offer. Participants may feel more at ease if a peer is the first person they see when walking into your SEP.
- **Street-based PDSE**: This model refers to peers who – alone, in pairs, or with staff – do syringe exchange on the street, out of vans, or while walking through neighborhoods. This option is more flexible than the storefront model in that it is not limited to one specific area. Often, under this model, peers will have set dates, schedules, and routes or areas for their work. Peers go to the participants, rather than having participants come to peers.
- **Social Network Exchange**: This is the most informal PDSE model. Peers using this model take syringes back to their communities and distribute them whenever and wherever they want. This is the lowest threshold and least intensive model and allows peers to operate in their own space and on their own schedules. It has the most flexibility and may require the least oversight. For example: A peer keeps syringes and other safe injecting supplies in his apartment. His friends and acquaintances call him and stop by his apartment when they need supplies.
- **Delivery:** PDSE via Delivery Service is another innovative model that enlists PDSE workers to engage in an on-call syringe delivery service. Delivery requests for syringes are called into either the program or the individual PDSE worker, and workers are dispatched to locations for syringe collection and delivery. PDSE workers may fulfill their entire hourly commitment conducting delivery. However, these PDSE workers may also conduct SEP transactions within their social networks on their own time.

The size of a peer program depends on the capacity of your SEP and on how many peers you can effectively support at any one time. A program with fewer resources for staff may rely more heavily on peers to meet the needs of the community. However, it is important for programs to provide adequate support to PDSE peers and be cautious not to overburden them as a result of limited resources.

See page 7 for *Questions to Consider*.

CASE STUDIES:
Programs Using Multiple PDSE Models

Washington Heights CORNER Project (WHCP):
On a typical day, one peer in WHCP's storefront might assemble safer injecting kits while another peer goes on a walkabout (visiting a set route during specific times with supplies) with other peers or with staff, and a third peer comes in and picks up 700 syringes for distribution to her social network. PDSE peers have provided anywhere from 22% to 64% of WHCP's monthly unduplicated syringe exchange transactions. During a recent agency relocation, PDSE peers provided 50-64% of syringe exchange transactions.

AIDS Center of Queens County (ACQC):
Some peers go out to their own social networks on their own schedule while others go on walkabouts and bring participants to a van with staff inside to link them with other services; still more peers work out of the storefront during regular SEP hours.

Southern Tier AIDS Program (STAP):
STAP uses both social network PDSE and delivery. They will deliver to numerous locations, such as an individual's home, stores, parking lots, etc. They often meet up and will then go somewhere more private to exchange. Deliveries may be requested by regular contacts or arranged if someone can't or doesn't want to come to the storefront. The program will get the contact details and ID code or an alias, so that when the PDSE peer makes contact they can share the code or alias.

QUESTIONS TO CONSIDER:
Module 1: Peers and Programs

Who Is Involved in PDSE?

- *What populations/networks do not currently access your program?*
- *Do you have participants/peers that are part of/have a relationship with those networks/ populations?*
- *What model/s of PDSE would be most accessible and acceptable to these populations/networks?*

Purposes and Priorities of PDSE

- *Can PDSE be integrated into existing services (i.e. outreach, storefront, etc)?*
- *What experience does your agency have to support different models of PDSE?*
- *What resources does your agency have to support long-term PDSE?*
- *How will your agency assess risk of overburdening PDSE peers?*

Visit harmreduction.org to download this as a printable worksheet.

Module 2: Getting Peers Started

"It's helpful to be exposed to staff in the field so you get to see a lot of styles in action. This goes beyond classroom training. It's also important to have a mentor in the beginning. This can be a staff person or another peer (as long as the peer is experienced). Ease new peers into their roles instead of tossing them out." — Peer

Recruitment and Hiring New Peers

The first step in hiring new peers is to consider how they might fit your agency's needs and goals. For example, if you're starting to target outreach to transgender clients, you will probably want to recruit a transgender peer with connections to the transgender community in your area. A younger peer would probably have the most success reaching a younger population. Think about how best to recruit a new peer if you are expanding your outreach into a new geographic area. You want someone familiar with the neighborhood and with that specific community. This may require strategically placed recruitment flyers to access potential peers since you are trying to engage people who may not already be accessing services from your organization.

Peer recruitment varies by program. Often, it occurs organically through a participant's involvement with the SEP. Some SEPs use their data collection system to find participants who consistently pick up large numbers of syringes and are presumably already doing social network exchange on an informal basis.

Alternatively, peers can be recruited through a traditional listing. Peer position descriptions should clearly identify and spell out the responsibilities of a peer's role. Descriptions should also include information about working conditions, such as tools and equipment used, knowledge and skills needed, and relationships with other positions in the organization. Each candidate should be interviewed in a consistent way that works best for that particular SEP. An interviewee may find a large group overwhelming. At the same time, having at least one other peer in the room may set that individual at ease. See the *Appendix* online for examples of interview formats and position descriptions.

Peers can also be recruited through referrals from participants within your agency. Case managers, social workers, and outreach workers can publicize the opportunity and provide applications to interested participants. Peers can also be referred to staff by other peers. As with active IDUs, former users will bring first-hand knowledge of cultural norms and sensitivities of drug users, as well as the experience of making changes to their own drug use. Former users may find that working at a SEP is especially rewarding given their own struggles and a desire to help others. However, it is also possible that former users may be somewhat removed from current drug use trends and communities. In addition, it is

important to be mindful that former users may bring certain biases or ideas about the best strategies for making changes to drug use from their own personal experience.

Even before accepting an application from an interested participant, you may want to send the candidate out with an existing peer to make sure he or she understands the responsibilities that being a peer involves. When recruiting new peers, keep in mind that people have varying degrees of stability and access to resources. These are characteristics of populations you are trying to access, and it makes sense to apply some of the same flexibility to peers that you apply to participants.

See page 13 for *Questions to Consider*.

Orientation for New Peers

PDSE orientation can cover a wide range of topics and information. Certain information is required based on program regulations, while other information is flexible depending on your specific program needs. Experience has taught us that the more explicitly and directly we cover these topics, the smoother things run for peers as they transition into a new role within our agencies.

After you have hired a peer, it is highly recommended that orientation cover the following topics related to *Roles, Expectations and General Program Requirements and Education and Skills-Building:*

Roles, Expectations and General Program Requirements

- The importance of PDSE to the SEP
- Peer role within the agency
- State and local rules and laws for PDSE and SEP – these vary by locality
- Accountability and expectations: consequences for missed meetings, property agreements, etc.
- Agency rules and use of office resources
- Compensation and hours
- Accommodating other commitments
- Taking care of your own health: sickness, detox
- Drug use, using on the job and resources for support and drug use management
- Making schedules and setting areas to serve (if applicable)
- Paperwork and documenting transactions
- Confidentiality agreement
- Safety and emergencies
- Grounds for termination and disciplinary process
- Resignation process

Education and Skills-Building

- Overview of harm reduction philosophy and how it applies to the peer's role
- Basics of HIV, Hepatitis C, Overdose Prevention, Safer Injection
- "What's in Your Backpack?" (see Module 3)
- Interacting with police on the job (see Module 3)

If possible, it is helpful to have an area of your office for peers to use – you can designate an area for them to keep their bags and materials and post a white board that lists important and required meetings, deadlines, and workshops for all to see. A designated place for peers to keep training binders and PDSE materials is especially helpful for those who have unstable housing.

See page 13 for *Questions to Consider*.

"The more education you have, the better it is. That's how we look at it."
— Peer

Training New Peers

As already mentioned, some training is integrated into the orientation process, but it is important to remember that training, education, and skills-building is an ongoing process. Training topics for new (and continuing) peers might include: HIV, hepatitis,

overdose, safer injecting, wound care, pharmacy access to syringes, local and state regulations on syringe access, maintaining healthy boundaries, entitlements such as SSI/SSDI and food stamps, sexual health, domestic violence, among others.

If a peer has previous experience, they may be given the opportunity to "opt-out" of a workshop on a case-by-case basis, however, he or she should still be encouraged to participate in any in-house training, if available. This gives peers an opportunity to get to know other peers and staff and to share information and experience.

Regardless of the training structure you choose, it is important to remember that training is as much about career development for peers as it is about improving agency service delivery.

A lot of training will probably occur during supervision in the form of "teachable moments". Supervisors may notice gaps in peer knowledge or other areas for improvement. Supervisors have also found that, in general, peers will let their supervisors know what they need based on what they are seeing on the job. Examples include: a peer witnesses an increase in abscesses among users in her network which prompts her to ask for more information on wound care; a peer's friend overdoses and he asks for a refresher on naloxone; or a peer is asked questions about detox programs to which he or she does not know the answers.

Especially for smaller agencies, peer training may occur in tandem with staff training. It is important to remember that adult learners may benefit from varied teaching styles and that each individual's unique life experiences may inform the meaning of new knowledge; adjust your training to reflect this. Some things to keep in mind when designing a curriculum:

Adult learners may:

- Learn best by doing and watching others.
- Need breaks more frequently.
- Process information better when we are introduced to one concept at a time.

NOTE:
Indicators That Someone Might Make a Good Peer

- Member of a drug-using community
- Comfortable approaching and initiating conversation with others
- Basic literacy (necessary for tracking transactions)
- Speaks the language of the target community
- Cultural competency with the target community
- Willingness to learn: prevention messages, laws regarding PDSE and possession, etc.
- Eager to educate self and peers
- A caring or helping personality
- Trustworthy
- Does not have any open warrants (this could endanger the operations of both the peer and your SEP)
- Desire to serve his or her community
- Knows the "lay of the land"
- Desire to become involved in health promotion work

Visit harmreduction.org to download this as a printable worksheet.

It is important to be mindful of how you structure your trainings and deliver material. Remember that some participants may need additional time to adjust to a traditional classroom experience or may have negative associations with these settings. Develop training that draws on the life experience and current expertise of peers while striving to present information that is applicable to real-life situations. Lastly, during the training phase, it is important to balance classroom training with on-the-job skills-building.

See page 13 for *Questions to Consider*. See the online *Appendix* for a list of trainings and websites you can use as resources.

Assessing Peer Performance

Before having peers interact with the community on their own, you want to make sure they have mastered certain core competencies such as: what to do when asked questions they do not know the answer to, how to track records, how many syringes they can distribute, and the basics of disease prevention.

Different agencies use different techniques to assess peer readiness. For topical information where there is a clear, correct answer, many prefer the use of quizzes or pre- and post-tests. To help practice real-life scenarios, many peers find role plays with feedback helpful.

Construct some form of ongoing assessment and establish a system for observation in the field.

Tools and resources for training and assessment can be found in the *Appendix* online.

NOTE:
Sample Models for Peer Program Orientation

New York Harm Reduction Educators (NYHRE): NYHRE's Peer program, UPRISE (Uniting Peers for the Rights of Injectors and Sex Workers Everywhere) is rooted in social and economic justice and provides the opportunity to educate and empower substance users and sex workers to be the activists and advocates of tomorrow. UPRISE recruits a cohort of 9 to 13 peers twice per year and at the beginning of each cohort, the new peer team attends a series of twenty eight workshops. Once a week, there is a full day of training with one workshop in the morning and another in the afternoon. Peer trainees eat lunch together between the two workshops, providing an opportunity to socialize and get to know one another. Peer trainees are also provided transportation reimbursement to get to and from the training location, but are given no other compensation or incentives for attending workshops. Upon completion of the training cycle, Peer trainees will graduate and become UPRISE Peer Educators who will then complete a 6-month paid (stipend) practicum focusing on outreach and group facilitation roles.

FROST'D /Harlem United: FROST'D/Harlem United doesn't have a cohort of peers who begin all at once, so a set 2-week orientation is not feasible. Instead, peers are hired as slots open up all year round. Potential peers spend 3-4 weeks going to sites to get oriented on how services are provided in order to determine their fit with the program and the organization. Afterwards, they sit down with the peer supervisor to review the specifics of paperwork, functions of the peer role, supplies, etc. After this point, the peer can begin work officially.

VOCAL: New peers are trained in four half-day sessions as part of their orientation to the agency. The training is provided by staff and includes role-plays on topics such as safe injection and overdose, as well as interacting with or de-escalating interactions with police officers.

Determining Peer Hours and Work Sites

For programs that employ a set schedule with particular hours and routes, orientation is also a good time to talk with new peers about their schedule and the areas they will visit. Be sure to ask questions beyond simple availability. Peers might need to accommodate other commitments, such as shelter curfews, methadone maintenance, etc. Be sure to let them know that you are aware that these are priorities and that they will not be penalized as a result of any time conflicts; that said, peers, like other employees, need to be up-front about these requirements so that the program can schedule around them.

When figuring out routes new peers will cover, you will want to ask them about any areas they may want to avoid. Is there a certain area where they used to cop? Does an ex who is best avoided live near a certain corner? Obviously, if your program is using the social networking model, no schedule or locations will need to be set. However, it is important to discuss any potential barriers or conflicts between and within networks and help peers plan to manage these issues. When peers are working in the field it is also important for them to emphasize with participants alternative ways of accessing injecting equipment and services in the event that the peer is not available.

NOTE:
Sample Training Structures Used at SEPs

Program A: Peers attend a standard 4-session training series that the SEP offers to all new staff and volunteers on a quarterly basis. Additionally, peers are sent to trainings sponsored by outside groups, such as government funders and non-profit training agencies, on relevant topics, such as preventing needlestick injuries, managing stress, the basics of hepatitis, etc.

Program B: After orientation, peers are encouraged to attend additional internal and external trainings, depending on their interests and availability. Staff may go into the field and observe a peer if concerns arise or provide extra support when requested, but this is discretionary.

Program C: Peers attend a series of in-house training workshops, totaling around 60 hours. Trainings include a broad range of health, political, and social issues, harm reduction, civics and participation, and outreach strategies.

QUESTIONS TO CONSIDER:

Module 2: Getting Peers Started

Recruitment and Hiring

- *Are your recruitment materials bilingual?*
- *Can materials be accessed by a range of literacy levels?*
- *Are application deadlines flexible, given the often transient lifestyle of potential peers?*
- *Does your job listing allow for multiple ways to contact the agency, not just an email address for interested candidates?*
- *Do you want to have your PDSE open only to active participants in your program's caseload?*
- *Who will create the application form? Who will review it?*
- *Will there be a standardized application form?*
- *Who will review applications?*
- *Who will conduct interviews – a group of staff or a group of peers?*
- *Where will interviews take place?*

Peer Orientation

- *Who facilitates the orientation? Is it the head of the peer program?*
- *What role can existing peers play at the orientation?*

Peer Training

- *What skills do peers need?*
- *How does a program ensure that peers continue to develop skills beyond the orientation period?*
- *How will you get feedback from peers about the quality and meaningfulness of training provided?*
- *How will you continue peer training?*
- *How will you get and implement feedback from peers on training they need or want?*
- *Does your agency offer in-house training sessions?*
- *Do you send peers to trainings at external organizations?*
- *How will you support peer attendance to outside trainings? Will you provide compensation for travel and time?*
- *Will you help peers maintain a record of trainings attended?*

Visit harmreduction.org to download this as a printable worksheet.

Module 3: Running Your Program

"You have to respect them. That's basically what we do. We always speak to them, greet them and they don't bother us. They know what we're out there doing, we educate them and let them know what we're doing and we have no problems." - Peer, speaking about law enforcement

Setting a Peer-Delivered Syringe Exchange Schedule

Peer hours will vary depending on the specific needs of your program, the model of PDSE being used, the needs of your peers and any number of other factors.

Some examples of current SEP peer hours:

1. Peers commit to an agreed upon number of hours per week on-site for activities such as packing kits, conducting outreach, and attending meetings. Additionally, they are expected to conduct social network exchange at any time they choose.

2. Peers sign up to do PDSE in a given neighborhood every Monday afternoon and Thursday morning. In addition, they are expected, and are paid, to attend educational groups to continue to improve their skills.

It is also important for supervisors to consider whether peers will work independently in the field, with other staff, or with other peers. Each model comes with certain pros and cons. In practice, SEPs handle this in a variety of ways. It is common for peers to go out in pairs. See the table on page 16 for more information on models of staffing your program.

Peer Payment – How Do You Compensate Your Peers?

It is essential that peers are compensated for their work. That said, it is also important to review with your fiscal department the best way to pay for the PDSE program. How your agency decides to compensate peers depends on how much funding you can allocate to the program. For legal, human resources, and accounting reasons, some SEPs have found it important to highlight that peers receive a stipend as opposed to a salary or hourly pay. Peer stipends are defined as monetary incentives for volunteer activities. Most programs provide participants with travel expenses (for example, NYC peers often receive a monthly subway pass, or "Metrocard", which currently costs $104). Peers receiving stipends are not full-time nor part-time workers regardless of the number of hours worked; because the position is voluntary, peers are not provided benefits given to staff members.

How to use the money allocated to a peer program is a decision with which many programs struggle: *Do you use money to extend the number of hours you can pay peers? Do you use the money to pay peers more for the time they are already giving? Do you keep the pay scale and number of hours the same and hire additional peers to expand the scope of your services?*

It is also important to consider whether there will be a penalty for missed meetings and workshops. Some SEPs deduct up to $10 from a stipend for each missed meeting, training, or workshop; others might give peers a "bonus" $10 for attending optional networking meetings, trainings, or events.

Some possible complications regarding compensation:

1. **Peer absences:** It is not uncommon for peers to periodically decrease their hours or take a leave of absence due to health concerns or any number of other issues. This may mean that while a peer is gone, some participants – those who primarily get syringes from this peer – may lose access to services. What will you do if this happens – will you hold the position open for this peer to return? If so, for how long? You may be able to temporarily reassign the peer's duties. He or she may have limited mobility and stamina but might be able to stay in your storefront and assemble kits while other peers spend more time doing walkabouts.
2. **Acquiring other employment:** Have a conversation about career goals during orientation. A peer may view his or her role within your agency as a permanent job, rather than a step on the path to professional development, and not seek employment elsewhere. A peer might turn down a job offer elsewhere so as not to "let you down". Let peers know your agency would be supportive of peers achieving permanent employment, even outside of the agency, and that the program will be flexible. Again, making this clear from the outset can help avoid problems or conflicts down the road.
3. **Impact on benefits status:** Some of the peers you hire may be recipients of SSI, SSD, Medicare, Medicaid, housing assistance, etc. How monetary compensation affects their status as recipients varies by state and type of benefits. Websites for many benefit programs have an eligibility calculator that can help determine what effect, if any, a peer's pay could have. Discuss these issues with peers to avoid potential disruptions in benefits.

See page 22 for *Questions to Consider*.

NOTE:
Sample Compensation Models

Program A: Peers receive $10 an hour for 10 hours per week. Peers also receive four round trip Metrocards ($18 value total) weekly.

Program B: Peers receive $120 every two weeks. Peers are required to work 10 hours each week. Each peer also receives a one-month Metrocard ($104 value).

Program C: Peers receive $200 a month for 4 hours of work each week and a monthly Metrocard ($104 value).

Program D: Peers receive $100 every two weeks but have no set time commitment to the program. They also receive a monthly Metrocard ($104 value).

Program E: Peers are on payroll. The number of hours they work varies, but all peers, many of whom started as volunteers, are paid $10 an hour. Peers also receive a weekly Metrocard ($29 value).

Program F: All peers work on a voluntary basis and do not receive monetary compensation. The peers are able to build skills while making less of a commitment to the agency. Their work can potentially be a stepping stone to a paid position at the agency.

NOTE:

Pros and Cons of Various PDSE Outreach Staffing Models

This table lists some of the pros and cons comparing peers working independently, with staff and with other peers.

Model	Pros	Cons
Going out alone	▪ A peer can draw on his/her own social network without barriers. ▪ Easier for the peer to work with his/her own schedule.	▪ Safety issues. ▪ Potentially, data could be falsified.
Going out with another peer	▪ Peers have reported that they are seen as "more legit" when they approach people in a pair rather than alone. ▪ Peers may feel more motivated to approach people they do not know when they have a partner. ▪ Good model for building teamwork, camaraderie, motivation. ▪ More experienced peers can train newer peers. ▪ Another peer is introduced to the social network, thereby creating a "back-up" system. ▪ Different peers can learn about different networks and different approaches from each other.	▪ Due to stigma, potential participants may not approach a peer if that peer is with someone the individual does not know. ▪ Personality conflicts among peers. This may simply be a matter of compatibility. ▪ Peers may need to adapt their outreach approaches when working with other peers from different social networks. ▪ It is necessary to pay two peers rather than one to be at the same location/ network at the same time.
Going out with a staff member	▪ Staff may have more training to make referrals. ▪ Increases oversight of paperwork/data and prevents inaccuracies. ▪ Opportunity for staff to observe/learn peers' techniques when engaging with networks. ▪ Increases staff awareness about the realities of participants; helps staff to identify needs and potential resources.	▪ Depending on who the staff member is, a peer's network may not be comfortable talking to them. ▪ This can take up a lot of limited staff time. ▪ May undermine peer self-efficacy.

Visit harmreduction.org to download this as a printable worksheet.

The Importance of Having Identification

An identification (ID) card is very important to protect peers if they are stopped by police. An ID card may include a photo, the peer's name and title (e.g. Peer Educator), agency name, logo, address, telephone number, and a supervisor's name and contact information. Some programs have found it helpful to include an expiration date to cover peer turnover and collect cards if the peer leaves the agency. Talk to new peers directly about when it is proper to use ID cards, why, and consequences for misuse.

There are other ways for peers to identify that they are working with your agency. For example, organizations have used t-shirts, hats, armbands, and buttons. There are pros and cons associated with using strategies that outwardly identify peer status. On one hand, participants who need services are able to easily locate a peer. On the other, it may make participants more hesitant to approach peers for fear of being targeted by the police.

Some programs also give peers a copy of their approval letter (in New York State, a waiver letter from the New York State Department of Health), which explains the regulation allowing them to distribute syringes.

Working with Law Enforcement

Due to the nature of their work and the environments they will be working in, peers may be stopped by the police. For example, they may be operating in highly policed neighborhoods or a police officer may observe a syringe exchange and assume it is a drug deal. In New York State, it is important for all peers to attend the required NYS DOH training on the laws and regulations of syringe exchange. It is equally important to plan ahead with peers to minimize the chances of being stopped, and to discuss how to handle a situation should it arise.

It may be helpful to inform local police about what PDSE is, specifically what peers are doing, and in what areas they will be working. Consider talking to police whether you have a pre-existing relationship with the area precinct or not – different officers may come into contact with peers since peers might be going out at different hours and to different locations. Some programs have found it beneficial to present information about the PDSE program to police at local precincts during roll call.

Some peers recommend talking to police the way they would with any participant. On the street, peers may want to offer materials to the police so they can see exactly what information is given out. One program introduces interested peers to the police precinct and undercover drug units so that the peers' faces are known ahead of time. This may not be possible for your program or it may not be something a peer feels comfortable with, but it is one possibility to consider.

If a peer is stopped, it is helpful for him or her to have an official card or letter that they can hand to the officer. This card or letter should have a number to your agency that the police can call to verify who the peer is and that they are a peer employed by the agency. Be mindful that interactions with law enforcement may take place outside of normal business hours. Some programs have found it useful to have a cell phone that staff is on-call to answer in case of emergency. It may be possible to put this information directly onto the ID cards.

Peers also need to know that when they are working, they must not engage in any illegal activity. They cannot have drugs or paraphernalia on them. If they carry prescription pills, the medication must be in the correct bottle with the peer's name on it, with the appropriate amount in the bottle, etc. This should be stressed to peers during orientation so they are aware of all boundaries and expectations.

Encourage peers to report any incidents they have with law enforcement recording as many details as possible such as date, location, time, persons involved and officer badge number or name (if possible). If you are unable to attain the badge number or name of the officer, documenting the other details will still be sufficient to file an official incident report. If there are witnesses to the event, it is important to collect and record their testimony also. Report all incidents (see the *Appendix* online for sample incident report forms) and inform peers of the outcome of the report. Agencies should make legal consultation available to peers.

See page 22 for *Questions to Consider*.

TIPS FROM THE FIELD:

Tips for Doing Peer-Delivered Syringe Exchange Safely

Peers at the 2010 Peer-Delivered Syringe Exchange Conference in New York City developed the following list of safety precautions and recommendations for doing syringe exchange.

- **Carry ID:** Have a SEP membership card and an ID card from your agency that identifies you as a peer syringe exchanger. An ID card that says you are a "peer" carries more weight than an ID card that says "volunteer".
- **Don't go out by yourself:** Always do peer syringe exchange with at least one other person.
- **Know the area you're going to:** Is the area a known hot spot? Have a relationship with people in the area that you go to, so that they can tell you what is going on.
- **Carry a cell phone:** Cell phones should be carried at all times, and make sure you have the phone number for your supervisor or site. Call in regularly to check in and let your supervisor or team leader know where you are and how things are going.
- **Know the peer-delivered syringe exchange rules and regulations:** Know where you can and cannot go. Know what you can and cannot do. (This information is available as part of the NYS-required training on laws and regulations.)
- **Dress appropriately:** Do not draw unnecessary attention to yourself. Do not wear tight clothing or otherwise dress provocatively. Do not wear a lot of jewelry or an expensive watch. Wear light-colored clothing to differentiate yourself from people "in the game".
- **Dress for the weather:** Be prepared for cold temperatures, rain, snow, heat, etc.
- **Know your teammates:** Be able to read your partner to know if and when something is going on. Have some code words and an exit plan in case you need to communicate under pressure or to leave suddenly.
- **Prevent needlestick:** Do not take used syringes from clients if you do not have a proper sharps container. Do not pick up used syringes off the street if you do not have tongs and gloves. Do not wear open-toed shoes. Go to the needlestick training at the AIDS Institute.
- **Get vaccinated:** Make sure you have been vaccinated for Hepatitis A and B and get a tetanus shot.
- **Get trained in overdose prevention:** After you've completed training, always carry your Overdose Rescue Kit with Narcan (naloxone) on you.
- **Don't carry any weapons.**
- **Don't carry any illicit drugs on you:** This includes pills, marijuana, everything.
- **Don't steer [tell people where they can get drugs]:** It is a misdemeanor. You are a peer syringe exchanger, not a runner. Remember who you work for.

Visit harmreduction.org to download this as a printable worksheet.

"It's important to have something to ID you. Peers here are pushing to get something stating who they are, in part so dealers don't think you're competing with them." — Peer

- **Be wary of dealers using you as a cover:** Do not give out syringes too close to drug dealers. Police might think you are working together with the dealers.
- **Have a relationship with local cops:** Make sure your program has a relationship with the local precinct, so that if you are stopped by police, you can tell them you are with the syringe exchange program.
- **Act professional:** Do not respond to unwelcome or negative comments. Keep it professional. You are on the job.
- **Get certified in CPR and First Aid.**
- **If you're on medications, be prepared:** Be properly medicated for your shift, and be mindful of your schedule. If you need take meds during your shift, have the medications with you (insulin, blood pressure medications, HIV meds, etc.). Make sure you carry the prescription with your name on it.
- **Don't let your own drug use interfere with the job:** If you are too high and you cannot function, do not do the shift. Call in sick. Be real with yourself about your abilities.
- **Don't carry a lot of money on you:** If you are carrying incentives (Metrocards, gift cards), do not let everyone know you have them. Keep them in a safe place.
- **Don't give out change or cigarettes:** If you start this practice, it may become expected of you.
- **Don't get caught up in the local rumors:** gossip, small talk. If people ask you if you have seen someone, do not engage with them. Use discretion.
- **Night outreach:** Be hyper-aware of your surroundings at night. Go out with at least one other person, preferably two or more people if possible. Do not carry lots of supplies; just carry as many supplies as you need, probably only a few sets. Do shorter shifts at night—maybe only 1 or 2 hours.
- **If you are driving, drive safely:** Wear a seat belt. Keep your driver's license and vehicle registration handy. Do not drive under the influence. Follow all traffic rules.
- **Be consistent.** If you have a scheduled route, do the same route every time and go at the same days and times. (This may not apply to social network syringe exchange.)

TIPS FROM THE FIELD:
Staff Orientation and Support for the PDSE Program

There are several things you can do to integrate peers into your organization as a whole. Respectively, there are also important things for staff to keep in mind when working with peers. Here are some things that we have found helpful:

Consider making a presentation at a staff meeting about the peer program	Explaining the potential of a good peer program, how it fits in with the agency's goals, and how the agency can benefit from PDSE, can generate buy-in and enthusiasm among staff.
Involve staff from other parts of your organization in the peer program	Peers help staff meet deliverables and bring in new participants. Ask staff to help recruit and interview potential new peer hires. Consult staff about the selection of peers or the peer training curriculum subjects. If you know a staff person has a particular strength or area of expertise, invite him or her to facilitate a training for peers on that subject, and vice-versa for peers. Involve staff in peer celebrations, like their graduation party if you have one.
Invite staff to act as mentors to peers	Staff mentors alleviate some of your supervisory responsibilities, give frontline staff a chance to teach their skills (which they often may not get to do), and give peers an alternative confidante if they ever have an issue they do not feel comfortable bringing to their supervisor, or if their supervisor is not around in a moment when they need advice.
Remind staff not to express their grievances with a particular peer within earshot of any other peers, participants, or staff	It is important for staff to communicate about peers' professional development and job performance; staff should be reminded that these conversations should be constructive. Peers may talk amongst themselves about who is working hard, who is not, and why, just as staff do, but staff are not to talk to peers about other peers and their performance. Even if peers are doing similar work as staff, it is important to treat them with the same confidentiality guidelines as participants. While it may be constructive to share information about a peer's work habits among staff, staff must also evaluate whether that information is constructive or gossip – just as when we share sensitive health information about a participant with another staff person, we only would do so to try to coordinate better care for the participant.

Visit harmreduction.org to download this as a printable worksheet.

Remind staff to be encouraging but not to make false promises or to make statements that may induce false hopes

Staff who are enthusiastic about the peer program and the work of the peers may share the goal to transition peers into stable employment with the organization. That said, they may not be as acutely aware of the limited funding of the peer program or may not be thinking through the implications of saying things like, "Hey, pretty soon you'll be staff!" to a peer. It is encouraging, and it may make someone feel good in the moment, but it should be avoided (unless, of course, it has been established the person will soon secure employment with your organization); down the road, the peer may feel strung along or taken advantage of if they are not hired by your organization.

Remind staff to respect peers' time and commitment

Peers are in a tricky position. Often motivated and eager to help, their time and efforts can also be exploited. If a peer's role is to help with outreach only, staff should know that they cannot delegate office tasks to the peer. As the coordinator of a peer program, you may find yourself in a position of reminding peers they are allowed to say "no." Staff who are used to wearing many hats may ask peers to do the same, forgetting that the hours peers are paid for are limited, and monetary compensation is usually quite small. Peers may feel obligated to volunteer their time above and beyond their paid shifts and can then experience burnout or feel underappreciated and underpaid. Staff should be reminded that the organization only has a limited budget to pay peers, and beyond that, the peers should not be pressured to volunteer extra time.

QUESTIONS TO CONSIDER:

Module 3: Running Your Program

Peer Compensation

- *Will peers be paid an hourly rate?*
- *Will peers be placed on payroll or given a stipend?*
- *How will you help peers understand any potential impact their payment as a peer will have on public benefits (such as SSI/SSD)?*
- *Will there be opportunities for pay increases and promotions?*
- *How will you manage transitions between unpaid or volunteer peer positions to paid peer and staff positions?*
- *Will peers be provided with additional benefits such as health care?*
- *Will transportation be compensated (public transportation, gas, mileage, repairs, etc.)?*
- *How will you remain accountable to differences in pay scales and benefits between staff and peers? Are peers doing the same jobs as staff for lower wages?*

Interactions with Law Enforcement

- *What will you do if a peer is arrested while doing peer-delivered syringe exchange?*
- *What resources can the agency provide to peers who are arrested or have ongoing legal issues for a PDSE-related arrest?*
- *How will PDSE peers identify themselves to law enforcement or other community members?*
- *How will you prepare PDSE peers for potential interactions with law enforcements?*
- *How will you document interactions with law enforcement?*
- *How will your agency outreach to local law enforcement to prevent negative interactions with local police?*

Visit harmreduction.org to download this as a printable worksheet.

Module 4: Supervising Peers

"Listen to what peers say rather than being top-down. Involve peers in decision-making. Say, 'We're thinking about doing this. What do you think?' The peers are directly on the street, and they know. Harm reduction became successful because it was done by people on the street. It's a balance." —Peer

All supervision should be supportive, developmental, and non-judgmental. Supervision is an opportunity for peers to reflect on, evaluate, and share their experiences; whenever possible, supervisors should take direction from peers.

Supervision can be formal (scheduled, individual or group, in a closed setting away from active work) or informal (spontaneous, either one-on-one or with others around, during work). A combination of different types of supervision may be beneficial. Regardless of structure, supervision should always be an ongoing process; it should establish clear goals, promote frequent communication so that issues may be addressed as they arise, and stress mutual accountability. Be careful that supervision does not become a chore, but is rather a source of support.

Informal supervision happens "in the moment". As the peers' supervisor, it is ideal if you can work alongside them from time to time. By doing so, you can make constructive suggestions as well as offer positive feedback.

The supervisor should strive to:

- Be consistent
- Offer support and constructive feedback
- Model expectations (make appointments, be on time, call if running late, etc.)
- Be as honest and transparent as possible
- Ask peers what they want/need in a supervisor and from their supervision meetings

See page 33 for *Questions to Consider*.

Key Areas of Supervision

It is helpful to think of supervision within three key areas:

1. **Administrative Supervision:** Dealing with scheduling, timekeeping, pay, paperwork, etc.

2. **Supportive Supervision:** Referring to how the peer is handling the work, boundaries, issues they are facing, workplace relationships, and, if need be, time management and budgeting

3. **Skills Development:** Learning specific skills, such as communication, health-related topics (such as disease prevention), and computer literacy

The person who does the supportive supervision with a peer may be different from the supervisor who fulfills an administrative role. This structure is helpful in cases when you think peers might not feel comfortable talking to a "boss" about sensitive issues; it ensures that they still have an avenue to access support.

Programs with experience running PDSE programs have learned through trial and error some "best practices" for supervising peers. Though we have separated the three purposes below, the reality is that supervision will involve a blend of all three at different times. You might, however, find it helpful at times to clearly separate them.

Administrative Supervision

Administrative supervision is the "nuts and bolts" support that helps peers get the job done.

This includes working with peers on meeting deadlines, on having the knowledge needed for good performance, on setting professional goals, etc. In administrative meetings with peers, you will go over paperwork, reports, data quality, etc. See the *Appendix* online for sample forms.

Scheduling: Hours Worked and How to Track Them

Generally, most peers are expected to work a minimum number of hours per week, though for peers who exclusively work in the social network model, this may not be true. How many hours per week a peer works (if hours are tracked at all) varies by program arrangement. Peers may work independently, with another peer, during a scheduled outreach shift with a SEP staff member, or in the SEP office. You may have different ways of tracking hours for each of these scenarios.

For those peers whose hours will be tracked, you'll want to decide how to track hours – through logbooks, the "honor system", or checking in with supervisors before and after scheduled hours. If logbooks are kept, it's necessary to decide where the books are kept, how often they are due, and what to do if the books are late or incomplete. Some programs using a low threshold social network exchange model do not track hours at all.

Paperwork: Tracking Interactions and Syringe Transactions

Regardless of how your program is funded, most require a minimum amount of reporting on the work that is done. Because peers operate in environments that are not always conducive to the same type of paperwork completion that is possible at a SEP site, it is important to balance the need to capture data with the need to have paperwork that is as easy to fill out as possible.

Be aware of potential literacy limitations and make sure to explain forms to new peers rather than assuming that they will be intuitive for everyone. You might go over each form with peers line-by-line and have them watch others fill them out, or you could do a role-play with peers so they have a realistic scenario in which to practice completing the forms.

You may want to discuss how peers approach their encounters. Do they have a duffel bag and sit on a corner in public for people to come by to pick up syringes? Do they go to individual houses, or have friends or family come to their house? Depending on these different scenarios, the peers may collectively want to discuss how to track transactions and what is most convenient for them. For example, some peers may not feel comfortable having a clipboard and a full piece of paper in public for fear that individuals watching may think they are documenting more information than they are. Some programs have small, wallet-sized outreach books to make completing documentation less conspicuous. These books are also easier to carry around for peers on the go, compared to storefront-based syringe exchange, where the size and weight of the paperwork is less of an issue.

It is important to make sure that peers document transactions clearly and consistently at the same time that they are delivering services. As mentioned, it may be wise to work one-on-one with each peer to role-play various situations. For example, the peer supervisor may play the role of a new participant and ask questions about HCV prevention. The peer

will respond and answer questions, then write the transaction in the book. This is a good opportunity to review accuracy of both health information and documentation procedures.

It is important to get peer feedback when developing reporting forms on issues such as language, structure, and content. English-only language requirements can pose a barrier to consistent and accurate completion of documentation. Explore whether your agency has the capacity to receive documentation in multiple languages. If your program uses forms or checklists, you may want to have these forms translated into the primary languages of your peers to make documentation easier for them.

Paperwork: Oversight
It is important to establish quality assurance in the reporting system your agency uses. The work that peers do will ultimately be reflected in the reports you submit. It is recommended that the supervisor in charge of the peer program regularly pull a percentage of transaction records and check them against that week's schedule. You can also have staff accompany peers periodically to "calibrate" with peers on paperwork completion. Again, this is something a supervisor would do with all staff, not only with peers.

Supportive Supervision
Consider building time into each supervision meeting to check in with peers about their goals and possible needs.

Topics that fall under supportive supervision include, but are not limited to:

- Boundary management
- Burnout prevention
- Conflict management
- Professional and personal development
- Drug use
- Health and well-being

When providing supportive supervision to peers, be mindful that peers may still be interested in accessing services at your agency. Make sure the peer knows he or she can still utilize these services and make additional referrals available as needed. Remember that when a peer accesses services, as with any participant, he or she is entitled to the same level of confidentiality.

Individual Supportive Supervision
In individual supervision, you may vary your style according to the peers' learning and interpersonal style. In some case, peers will have specific issues that they want to discuss. Other times, it is helpful to prepare questions or topics to guide the discussion. In either situation, peers should be given the lead in supportive supervision. Doing this effectively requires active listening, so that you can explore issues that the peer raises, rather than bounce superficially and rigidly through a list of prepared questions. The supervisor, in turn, can use open-ended questions to help stimulate dialogue. It is important to communicate that there are no right answers to any of your questions or reiterate that the question can just be something to think about for now and maybe discuss at a later time.

"We need long-term peer support – this can help us deal with things we experience. For example, when a participant you work with for a long time dies, and then another dies soon after, you feel a little isolated." — Peer

Group Supportive Supervision
Formal group supervision can be highly effective. These meetings are a great time for peers to bring up problems with work and to hear from their fellow peers for ideas and solutions, as well as to reinforce that their fellow peers support them and empathize with them. It is also an opportunity for peers to share positive experiences and moments of growth, pride, and satisfaction. It can help everyone in the room think more reflectively about their own experiences with the work.

Some agencies bring in an outside clinical social worker to facilitate group supervision. Decide for your program how often this should occur, but also consider asking the group how often they would like to have a group peer meeting. Twice a month may be sufficient, or weekly meetings may be more suited to your particular program.

Boundary Management

Boundary management is an area of potential conflict between peers and participants. Where traditional helping professions (physicians, nurses, psychologists, social workers, addiction counselors) emphasize hierarchical boundaries and maintaining detachment and distance in the service relationship, peer-based services rely on reciprocity and minimizing social distance between the helper and those being helped. Peer programs are effective because those being helped (participants, patients, etc.) can identify with the helper because they are peers: the peer demonstrates that positive behavior change and harm reduction is possible for the participant, that it does not imply immediate cessation of a pleasurable and familiar activity, that it does not necessarily lead to complete severing of ties with, and rejection from, a familiar community, and that rewards such as a position in a peer program are feasible and tangible goals. Peers, however, must maintain a level of professionalism when they are acting in the role of peers and treat all participants equally and with respect, regardless of personal relationships. It is also encouraged that peers take advantage of opportunities to provide harm reduction education.

Drug Use

Syringe exchange programs originated because drug users took control of their own health needs. It is important to maintain this spirit of self-determination and respect for participants' expertise. A SEP should be a place where drug users – peers and participants alike – feel safe and supported as individuals. Unfortunately, stigma around drug use, especially in the workplace, is so pervasive that some peers may be unable or unwilling to discuss their use, especially in cases where it becomes problematic or interferes with their job performance. Supervisors should respect peers' boundaries when talking about drug use while creating a safe, confidential and supportive environment for people to explore these issues if and when they choose. Supervision within this context requires a commitment at every level of the agency to challenge drug-related stigma and discrimination and should not be limited to the PDSE program. Additional training and support may be necessary to increase cultural competency across the agency.

It is important that supervisors do not make assumptions that job performance issues are related to drug use. There is no expectation that workers will abstain from or change their drug use, however there is an expectation that they will fulfill the responsibilities of their job. Supervisors should work with peers to address any potential issues related to job performance. In cases where drug use management is identified by the peer as a concern, supervisors should help to identify resources and support.

Though individual programs should determine how to approach the topic of peers and drug use, most programs do have explicit rules with regards to certain issues. For example, peers cannot conduct any illegal behaviors on the job such as buying or selling drugs, bringing drugs into the agency, or accepting drugs from participants. During employment orientation, expectations need to be made clear along with any relevant consequences. This issue is addressed in greater detail in the section, *Addressing Job Performance Problems and Termination*.

It is possible that a peer's relationship to drugs may have an impact on the way they provide services to others. For example, it is not uncommon for former drug users to exhibit heightened judgment toward current users. Former users may have a difficult time supporting the struggles and experiences of participants who are actively using drugs. While often well-intentioned, some former drug users can further marginalize participants by over-identifying with them or by projecting their own path to abstinence. In addition, the SEP environment may pose obstacles or particular difficulties for some former drug users if abstinence from drugs is their goal. Again, supervision and training will be important to avoid potential problems and to provide a supportive work environment for former drug users. In cases where the peer is no longer a good fit for the PDSE program, you may need to help them identify other peer opportunities.

See page 33 for *Questions to Consider*.

Supervision for Skill Development

One of the goals of PDSE is to encourage the personal and professional development of peers.

Skill development involves building on what was learned in initial training and orientation and expanding according to interests and needs. It is a broad category and can include:

- **Cultural competency:** Working with people of different ages, ethnicities, sexual orientations, gender identities, and drug user communities, etc.
- **Outreach techniques:** Engagement, counseling, conveying health and harm reduction messages, safety, interacting with law enforcement, etc.
- **Technical skills:** Data collection, data entry, computer literacy, etc.
- **Topical knowledge:** Subjects such as hepatitis, HIV, legal rights, safer injection, etc.

Skill development should focus on the individual interests of peers as much as possible so that they can use the position to further their own career goals. Search for trainings, meetings, and events that pertain to the specific interests of peers; encourage them to participate, to network with others peers and to deepen their practice. As peers continue to develop more skills, they may feel increasingly empowered to talk to participants. Sometimes, SEP peers and staff can feel overwhelmed by how many topics there are to cover in a brief exchange – safer use, hepatitis C, treatment alternatives, overdose prevention, "know your rights", safer sex, etc. With additional training, peers can feel confident initiating a conversation while remaining responsive to each individual participant's needs. It is also important to encourage peers to feel comfortable saying "I don't know" when necessary and to help them identify resources so that they can provide accurate information. Encourage dialogue between staff and peers so that they can benefit from shared expertise and knowledge.

Staff can either conduct trainings in-house or peers can be sent to outside trainings. For more information, see the section *Getting Peers Started: Training New Peers*.

CASE STUDY:
Skill Development with Specializations

NYHRE: NYHRE assigns each peer a specialization based on the interest and knowledge that he or she exhibits during the training portion of the program, including: HCV Peer Specialist, Overdose Prevention and Response Peer Specialist, Drug User Rights and Safer Use Peer Specialist, Sex Worker Rights and Safety Peer Specialist, Political Action Leader, and Know Your Rights Peer Specialist. This can be a great way to support peers' passion about certain issues and to affirm their sense of leadership in that area. UPRISE and Peer Specialists are scheduled for NYHRE outreach, group facilitation, office-based and community building and organizing activities that include attending NYC Planning Council meetings; attending press conferences and meeting with legislators and to advocate for funding and/or improved policies for our communities.

NOTE:
Supervision Scenarios

Program A

Program A pays peers a small stipend and asks them to perform duties that may overlap with those of full- or part-time staff who earn more and receive health care benefits.

This situation could easily contribute to peer burnout, high turnover, and erosion in the quality of harm reduction services delivered without proper supervision that communicates appreciation and the value of peer work. Adequate support, advancement opportunities for peers into staff roles, and setting limits on hours worked are crucial for sustaining the quality of PDSE.

Program B

At Program B, peers work alone to deliver PDSE in their communities.

Peers assigned to work outside of an office setting, particularly those working alone, need increased support to counter the particular stressors inherent in this role. Such support can include special training related to safety management, regular check-ins and training opportunities, technical supports (cell phones, two-way radios), etc.

Program C

Program C is a SEP that provides harm reduction services through a cadre of volunteers from the drug-using community. A participant with a reputation for being inappropriate with women applies for a peer position.

The screening of peers and staff is designed in part to protect the hiring agency and its participants. This protective function must be balanced with agency standards of fairness in their selection procedures (e.g., not excluding someone based only on second-hand gossip).

Exploitive and inappropriate behavior within the community is unacceptable and can be grounds for disqualification. The purpose of such disqualification would be the protection of both participants and the reputation of the agency, assuring that people will feel safe and comfortable seeking services at the organization. In this scenario, the program may opt to select a different applicant who is better qualified in certain areas. That said, it is vital that information be based in facts, not rumors or word of mouth. Talk to the peer, and be transparent and clear about concerns and expectations. Provide scenarios to see how peers would respond and offer guidance when necessary. Additional training may be necessary to deepen people's understanding of respecting personal space and boundaries. If the program does not have proof of any particular behavior and thinks the applicant has significant strengths to bring to a peer position, partner him with another staff member or peer so that he does not interact with participants alone until the program is satisfied that the behavior is no longer a concern.

Visit harmreduction.org to download this as a printable worksheet.

Program D

Mary has functioned as an exceptional peer for Program D for the past two years, but is currently going through a very difficult divorce. The strain of the divorce has resulted in sleep difficulties, significant weight loss, and concern expressed by Mary about control over her drug use.

It is important to consider when events in our personal lives become professional practice issues. Events in our personal lives are of unique concern when they ripple into how we perform on the job. All of us experience periods of vulnerability that require focused self-care and may temporarily diminish our capacity to serve others. Mary and her supervisor need to consider what would be best for her, for the agency's participants, and for the agency itself. One option is for Mary to adjust her hours and to get increased supervisory or peer support for a period of time. Another option would be for Mary to take a leave from work as a peer to focus on getting her personal life back in order. Reinforce during supervision with Mary that bringing up issues such as drug use and personal challenges that may have an impact on her work demonstrates responsibility and commitment. This is actually the mark of service excellence—making sure that one's own periodic difficulties do not spill into the lives of those we are committed to helping.

Program E

Robert has volunteered as a peer with Program E for the past 1-½ years, working extensively with participants. In recent months, he has noticed that he is bringing less energy and enthusiasm to his work as a peer and is dreading seeing certain participants in the street.

Emotional and physical disengagement can do a great disservice to those in need of peer-delivered syringe exchange. Robert is exhibiting signs of burnout, which need to be acknowledged and addressed in supervision. It is important to talk to Robert to understand what the problem is. It is also important to reflect on any potential role your agency could play in Robert's burnout. Perhaps the program is not providing enough support or doing a good job at integrating peers into agency culture. Alternately, Robert may want a break in his peer activities, and together you might consider adjusting his hours or activities for a period of time. If Robert does want to shift his duties temporarily, his supervisor should ask what Robert thinks will "recharge" him. It might also be a good time for Robert to refresh his stress management skills via training or by accessing supportive services. Peers need the option of taking sabbaticals from their work, but they also have a responsibility to recognize this need early enough to plan an orderly transition or termination process for those with whom they are working. Agencies also have a responsibility to seek input from peers about how to best manage the program and support peer needs.

Program F

Stella was a participant with Program F for a number of years, and six months ago she became a peer. Recently, her diabetes and hypertension have worsened, and she is having difficulty getting around. She is seeing her doctor and, while she expects to recover, she can no longer go on walkabouts as other peers do.

Have a conversation with Stella to discuss whether there are other duties within the program that might be more appropriate given her current health situation. Depending upon the resources of the SEP, it may be possible to shift Stella's hours to in-house work such as assembling kits. Participants she works with can be told that she provides supplies on-site and can come to her, or peers with capacity can also visit Stella's previous walkabout route to provide services. Stella can also assist the SEP with groups and administrative tasks. Be mindful to provide support to other peers who may be taking on Stella's previous responsibilities; include Stella in discussions about how to make sure her participants are still receiving the services they need.

Recognizing and Showing Appreciation to Peers

The work that peers do – including outreach and engagement with the community – is a critical element of harm reduction programs and services. Peers are often the first point of contact with the SEP. They are a vital resource for community members and SEP staff alike. Peers provide a heightened level of insight into drug using communities and trends that SEPs rely on to be responsive to shifting needs within the community. They work in constantly shifting, fast paced and sometimes stressful environments which often provide far less structure and support than traditional outreach or fixed-site SEPs. It is critical that programs recognize and show appreciation for the work that peers do.

Peers have reported that they do not always feel appreciated or fully recognized for their work. Supervisors need to remain mindful of the sources of potential discontent. Peers are in a unique position within many agencies – they are not quite staff and not quite participants. They often perform many tasks similar to those of staff, however are not always given the same level of acknowledgment whether through compensation or inclusion. Some agencies have struggled to fully integrate peers into the professional and social culture of the SEP. The distinction between participant, peer and staff in sometimes unclear and can create confusion for peers and staff alike. Peers who transition from participant to peer take on new responsibilities and expectations, while also negotiating shifting relationship dynamics in their social networks and at the SEP.

Peers should be involved in the structuring and revising of the PDSE program and given real voice in development of policies that will affect them most such as compensation schedules, travel reimbursement, data collection and general operations. When programs include peers in program management, they are often able to prevent potential problems.

NOTE:
What Does/Would Make You Feel Appreciated?

Here are suggestions from a group of ten peers at NYHRE when asked "What does/would make you feel appreciated?"

- Honesty, clear communication, and respect from staff.
- When staff ask my advice or opinion about how program-related things should be done.
- When staff introduce peers to participants as being part of the team.
- Staff knowing peers' strengths and weaknesses – providing constructive criticism and acknowledging a job well done.
- Having clear rules and the consequences for breaking those rules.
- For those of us who are "in recovery," don't put too much pressure on us.
- Being flexible, supportive, accommodating peoples' schedules and stated preferences for hours (i.e., after a daily visit to a methadone program or to comply with parole stipulations) and locations (i.e., not in the spot where I used to cop drugs, or near the home of a former abusive partner).
- Invite peers to staff events. Where possible, have parties, lunches, celebrations, etc. specifically for peers.
- Having the support of my fellow peers.
- When peers acknowledge each other's work.
- Getting positive feedback from participants.

Visit harmreduction.org to download this as a printable worksheet.

Addressing Job Performance Problems and Termination

Problems occur on the job with all programs, and addressing them is a part of routine program management. Dealing with issues quickly and consistently can prevent them from developing into even bigger issues. Problems of job performance, no matter how major or minor (e.g., breaching rules, provision of misinformation to participants, confusion about role as peer) should be addressed as soon as possible.

When addressing personal or potentially difficult issues, a supervisor should never confront a peer in front of other staff, participants, or other peers. Most programs institute a disciplinary process that distinguishes both by the seriousness of the issue and involves progressive stages of action based on repeated problems. For example, if peers violate agency policy, they will receive a written warning. If the problem persists, a second warning is received, followed by a one-week suspension. Termination may follow if a problem continues after suspension. There may be certain behaviors that your program has identified as particularly serious, and can warrant more serious disciplinary measures, such as immediate termination. Whatever process is decided upon by the agency, it must be clearly outlined during peer orientation and should be applied consistently. It is also important to emphasize that when a policy is breached, a tailored plan should be developed with the peer to identify ways of preventing future incidents and which clearly outlines expectations and consequences.

When a peer is terminated, it is important to reinforce that they will still be able to access the full range of services available at the SEP. It is the supervisor's job to ensure that staff know to reach out to the peer as they would any other participants, regardless of why the peer was terminated.

Below we provide some examples of job performance problems that have been experienced by SEPs in the past. Some of these situations resulted in peer termination. In other instances, peers received a verbal or written warning, or other disciplinary action was taken. These examples are being provided to help program managers anticipate potential concerns that could arise in any SEP and are not necessarily specific to peers.

- Violence
- Hateful or derogatory language
- Selling drugs while on the job
- Stealing property
- Peers misrepresenting their role within the agency
- Forging staff signatures on timesheets
- Any illicit activity that could bring a felony or misdemeanor charge while on the job
- Using syringes as leverage to get something from a participant, selling syringes, or bargaining with participants. *[Note: If a peer is selling syringes, discuss why he or she needed to do this and what support your program can offer, especially if he or she felt compelled to do so out of financial need.]*
- Faking transactions: For example, recording transactions that didn't take place or taking syringes out of the packet and putting them into sharps containers to give the appearance of syringe collection. *[Note: This may be rooted in a concern that if syringe collection or exchange numbers are not high enough it will reflect poorly on job performance. It is the responsibility of the supervisor to clearly communicate any relevant expectations related to quantity of syringes exchanged.]*

Peer Absence

Situations may arise in which peers may be out of contact with the program for periods of time for any number of reasons, such as health issues, family emergencies, lack of transportation, phone problems, arrest, concerns or conflicts with the agency, or other personal issues. Regardless of the reasons, there should be clearly stated policies and procedures for addressing periods of absence without communication. Programs should have emergency contact information for each peer; there should be contingency plans in place to address any administrative issues (return of supplies, cell phones, etc.) and for ensuring that participants will not be left without services (whenever possible). Reinforce the importance of regular communication and check with the peer to make sure that there aren't programmatic issues contributing to the absences. Consequences for peer absence will vary by program and circumstance. Your program should determine its policy in advance of any problems.

Ensuring Smooth Transitions When Peers Leave

Some peer positions are cyclical and have a set start date and a set end date. Other programs do not have time limits. The departure of a peer can present problems because there may not be anyone taking over provision of services to this network of users.

Peer departures can have a significant negative impact on the participants they see; those participants may no longer have access to clean syringes or other services. This underscores that one of the primary purposes of PDSE is not just the distribution of syringes, but also the engagement of participants with your program. Where possible, ask a peer to identify a potential replacement or at least to provide information on how you can outreach to his or her network. Likewise, peers and staff should be sure to inform their participants of pharmacy access to syringes in New York, under the Expanded Syringe Access Program. Programs should decide how much notice they would like to receive from peers who want to leave the program and communicate this expectation with them during orientation.

In Conclusion

Peer-delivered syringe exchange as a formal model for syringe access is still in the beginning stages. It is our hope that by sharing some of our successes, challenges and overall experiences implementing the model, we will be able to support both existing and new PDSE (or similar peer-driven) programs.

One of PDSE's greatest strengths is its capacity to change and adapt to best meet the ever-shifting needs of our communities. It is the challenge of syringe access programs to support and empower PDSE peers throughout the process. To do this successfully, it will be necessary for each program to change and adapt PDSE to best meet the ever-shifting needs of your agency, participants and peers. This toolkit has been created to offer guidance and suggestions; however it will be up to each individual program to figure out what works best for them.

We would love to get your feedback on this manual, as well as learn your tips and ideas for successful implementation of PDSE. Please email publications@harmreduction.org to share thoughts and resources.

We dedicate this toolkit to peers, both formal and informal, who have paved the way. Thank you!

QUESTIONS TO CONSIDER:

Module 4: Supervising Peers

Supervising Peers

- *How often will the supervisor(s) meet with peers?*
- *Who will provide consistent supervision? Have you identified other staff and peers who are available for additional (informal) supervision and guidance?*
- *Will there be different supervisors for different areas of supervision, such as Administrative and Supportive?*
- *Will there be peer group meetings to provide additional peer support?*

Drug Use

- *Can you identify appropriate supervisors who will be able to create a safe, supportive, non-punitive environment for peers to talk about their drug use?*
- *How do you transition PDSE peers who are no longer using or connected to the same social networks?*
- *Does your agency have different expectations around drug use among peers versus staff?*
- *What sort of supportive services does your agency have available for peers and staff related to their drug use (current or former)?*
- *How do you maintain records of confidential information, including discussions of peer drug use?*

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Peer-Delivered Syringe Exchange Toolkit: Models, Considerations, and Best Practices

Harm Reduction Coalition

In collaboration with New York City Department of Health and Mental Hygiene, Bureau of Alcohol and Drug Use Prevention, Care and Treatment

harmreduction.org

About Harm Reduction Coalition

Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Harm Reduction Coalition advances policies and programs that help people address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration.

We recognize that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

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