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Research Paper

"It's an emotional roller coaster… But sometimes it's fucking awesome": Meaning and motivation of work for peers in overdose response environments in British Columbia

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ABSTRACT

Background: The province of British Columbia (BC), Canada is amid dual public health emergencies in which the overdose epidemic declared in 2016 has been exacerbated by restrictions imposed by the Coronavirus Disease of 2019 (COVID-19) pandemic. Experiential workers, commonly known as 'peers' (workers with past or present drug use experience) are at the forefront of overdose response initiatives and are essential in creating safe spaces for people who use drugs (PWUD) in harm reduction. Working in overdose response environments can be stressful, with lasting emotional and mental health effects. There is limited knowledge about the personal meaning that experiential workers derive from their work, which serve as motivators for them to take on these often-stressful roles.

Methods: This project used a community-based qualitative research design. The research was based at two organizations in BC. Eight experiential worker-led focus groups were conducted ($n = 31$) where participants spoke about their roles, positive aspects of their jobs, challenges they face, and support needs in harm reduction work. Transcripts were coded and analyzed using interpretative description to uncover the meaning derived from experiential work.

Results: Three themes emerged from focus group data that describe the meanings which serve as motivators for experiential workers to continue working in overdose response environments: (1) A sense of purpose from helping others; (2) Being an inspiration for others, and; (3) A sense of belonging.

Conclusion: Despite the frequent hardships and loss that accompany overdose response work, experiential workers identified important aspects that give their work meaning. These aspects of their work may help to protect workers from the emotional harms associated with stressful work as well as the stigma of substance use. Recognizing the importance of experiential work and its role in the lives of PWUD can help inform and strengthen organizational supports.

Background

Overdose deaths and non-fatal overdoses have increased in recent years across North America (Fischer, Murphy, Rudzinski & MacPherson, 2016; Rudd, Aleshire, Zibbell & Matthew Gladden, 2016; Wallace, Barber & Pauly, 2018). In Canada, more than 14,700 Canadians died

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because of an apparent opioid-related overdose between January 2016 and September 2019 (Public Health Agency of Canada, 2020). Unprecedented numbers of illicit drug toxicity deaths in the province of British Columbia (BC) led to the declaration of a public health emergency on April 14, 2016 (BC Gov News, 2016). At present, BC is amid dual declared public health emergencies – the first related to the ongoing epidemic of opioid overdoses, and the second declared on March 17, 2020 related to the pandemic of the 2019 coronavirus disease (COVID-19) (BC Gov News, 2020).

The onset of COVID-19 is affecting the ongoing overdose crisis in tangible ways. Since March 2020, when physical distancing measures were implemented in BC, the number of drug toxicity deaths has been on the rise. In July 2020, there were 175 suspected illicit drug toxicity deaths. This represents the third consecutive month where the number of illicit drug toxicity deaths has surpassed 161, the highest number previously recorded in a month in BC (BC Coroners Service, 2020).

Experiential workers, often referred to as 'peers'[1] have been central to the overdose response in BC, even before the declared public health emergency in 2016 (Law, 2018; Smart, 2018; Zeidler, 2019). Experiential workers are those with past or present drug use experience who use that lived experience to inform their professional work (G. Bardwell, Kerr, Boyd & McNeil, 2018; Greer et al., 2016; Kennedy et al., 2019). They are at the forefront of effective overdose response and prevention services for PWUD (G. Bardwell et al., 2018; Kennedy et al., 2019; Wallace, Pagan & Pauly, 2019) and are employed within overdose response environments where overdoses are likely to occur. Overdose response environments include settings where overdose prevention services are offered on outreach, as standalone services, or within shelters and housing agencies. Experiential workers perform a variety of roles including distribution of harm reduction supplies, peer witnessing of drug use, referrals to services such as housing agencies, advocacy, outreach work, overdose response, and research (Marshall, Dechman, Minichiello, Alcock & Harris, 2015). The advent of COVID-19 has further escalated the importance of experiential workers who provide outreach and mobile overdose response in the wake of reduced hours and closure of several OPSs.

Engagement of experiential workers is recognized nationally and provincially as a best practice in harm reduction (BC Centre for Disease Control, 2014; CATIE, 2013; Greer, Amlani, Pauly, Burmeister & Buxton, 2018). Accumulating evidence indicates that experiential worker-led programs are successful in creating "safe spaces" for PWUD, particularly for people otherwise disenfranchised from health and social care services (G. Bardwell et al., 2018; Greer, 2019; Harris & Larsen, 2007; Kennedy et al., 2019; Pauly et al., 2020; Wallace et al., 2018). Programs led by experiential workers help reduce harmful health behaviors such as sharing substance use supplies and unsafe sex practices (Jozaghi, Lampkin & Andresen, 2016; Latkin, Sherman & Knowlton, 2003), while also improving program accessibility and acceptability (Greer et al., 2016), building connections and trust (Pauly et al., 2020) and facilitating environments of comfort and safety for service users (G. Bardwell et al., 2018; Kennedy et al., 2019). Furthermore, growing evidence indicates that individuals with lived and living experience of substance use are leading the harm reduction movement in meaningful ways, successfully reducing the harms associated with drug use and structural violence (G. Bardwell et al., 2018; Gillespie, Lasu & Sawatzky, 2018; Greer, 2019; Kennedy et al., 2019; Wagner et al., 2013).

Despite evidence suggesting the value of employing experiential workers, ample research demonstrates that unemployment among structurally vulnerable PWUD is common (Boyd et al., 2018; Henkel, 2011; Richardson, Small & Kerr, 2013, 2016). Studies show that experiential workers often live in situations of structural vulnerability (e.g. poverty, homelessness or risk of homelessness, stigma, violence and criminalization) in which opportunities to use their experiential wisdom are not always available or their expertise is not valued (Boyd et al., 2018; Henkel, 2011; Richardson et al., 2013, 2016). Social, political and economic factors influencing drug laws and its enforcement exacerbate these vulnerabilities.

Experiential workers employed within overdose response environments are engaged within the context of a legal framework that criminalizes drug use (Pauly et al., 2020). For example, criminal records can be a major barrier to employment and constrain people's capacity to participate in employment settings (Dickson-Gómez, Knowlton & Latkin, 2004; Richardson et al., 2016; Salmon, Browne & Pederson, 2010). Work settings often frame drug use as a criminal behavior or require abstinence before PWUD are 'employable' (Hinton, 2010; Roose, Cockerham-Colas, Soloway, Batchelder & Litwin, 2014). Some studies suggest that abstinence-based work cultures may perpetuate negative views towards experiential workers and assert that PWUD cannot meaningfully contribute to strategies that address the opioid crisis (Wallace et al., 2018).

However, evidence demonstrates that experiential workers are able to successfully manage substance use and employment despite work policies that perpetuate unemployment based on these behaviors (Moore, Pienaar, Dilkes-Frayne & Fraser, 2017). Experiential work has several personal benefits including skill development, increased empowerment, and improved employability (Greer, 2019; Greer et al., 2018; Kennedy et al., 2019).

Although the programmatic and individual benefits of employment that acknowledges and utilizes experiential expertise are evident, the impact of these benefits on motivation to work is less clear, particularly in overdose response environments. Additionally, working in overdose response environments can be stressful, with lasting social, emotional and mental health effects (Greer, 2019; Kennedy et al., 2019; Kolla & Strike, 2019). During COVID-19, experiential workers are often putting their own health and wellbeing at risk in order to serve their communities. When considering the difficulty of experiential work, an important question arises: what is the meaning of work and how does this meaning motivate experiential workers to take on and continue working in these stressful roles? While some authors have focused on studying experiences of meaningful work, others have identified the importance of examining the meaning that is associated with work and how these meanings are integral to understanding motivations and provide a window into enhancing work environments (Steger, 2017). Meaning of work includes the value of work in one's life (e.g. purpose) but also encompasses one's values, beliefs, and motivations, relationships with others and the work environment (Steger, 2017).

A key principle of the harm reduction movement has been inclusion and engagement of people with lived experience in decisions that affect their lives and an emphasis on the importance of people with lived experience participating in the development and delivery of services (Canadian HIV/AIDS Legal Network, 2005; Harm Reduction International, 2020). Prior to the current overdose epidemic, peer workers were integral to the delivery of HIV interventions (Latkin, 1998; Needle et al., 2005; Weeks et al., 2006). The success with which experiential workers are reducing the harms associated with substance use (G. Bardwell et al., 2018; Gillespie et al., 2018; Greer, 2019; Kennedy et al., 2019; Wagner et al., 2013), is an indicator that they are a key element in addressing the overdose crisis in BC. BC has some of the most progressive harm reduction policy compared to other provinces in Canada (Hyshka et al., 2017; Wild et al., 2017). BC is also known as a leader in harm reduction internationally, given the establishment of Insite, North America's first officially sanctioned supervised injection site, establishment of overdose prevention sites, outreach services and a province-wide take home naloxone program, among other interventions (Banjo et al., 2014; Kerr, Mitra, Kennedy & McNeil, 2017; Wallace et al., 2019; Young, Williams, Otterstatter, Lee & Buxton, 2019). As such, knowledge and best practice

[1] During the focus groups, several individuals with lived/ living experience indicated that they find the term "peer" derogatory and suggested the use of the term "experiential worker" instead. This point forward, the term "experiential worker" will be used in this paper, unless referring to a direct quote.

from BC is often considered for guidance.

It is necessary to recognize the benefits that experiential workers derive from their work, develop strategies that can increase positive work experiences, and further strengthen commitment and support for their positions. In this paper, we focus on filling the gaps in knowledge regarding meanings of work that serve as motivators for experiential workers in overdose response environments, thus enhancing knowledge of work experiences through a strength- based perspective. Such knowledge will also lay the foundation for the development of interventions and strategies to support experiential workers and sustain their engagement in harm reduction efforts.

Methods

The Peer-2-Peer research project is aimed at identifying, implementing and evaluating supports for experiential workers in overdose response environments in BC. The project used a community-based research design, whereby experiential workers were actively involved in each part of the research, from the development of the research questions to data collection and analysis. The research was based at two organizations located in four urban centers spanning three of the five BC health regions: 1) Solid Outreach - an experiential worker-led organization in Vancouver Island that educates, advocates and provides services for individuals that use substances, and 2) RainCity Housing - a not-for-profit, housing-first organization in the lower mainland that provides housing and support services for people living with mental health, substance use and other challenges.

The research team comprised of academic researchers and experiential workers. Five experiential research assistants (ERA) were recruited by managers at pilot organizations, and trained in research methods. More ERAs were added to the team and some took a leave or withdrew from the project at various times, due to competing priorities or personal circumstances. We found it is important to be flexible in supporting people to take a leave or withdraw as well as supporting returns at whatever point they wanted to re-enter. An overall pool of at least five ERAs was maintained to ensure representation of individuals with lived and/ or living experience of substance use. These ERAs were involved in all steps of the data collection and analysis. The study received Research Ethics approval from the University of British Columbia Research Ethics Board (REB #: H18–00867) and harmonized approval from University of Victoria and Island Health.

We used a qualitative research approach for data collection. Focus groups were conducted at each of the four urban centers between November 2018 and March 2019. An additional focus group was conducted at an emergency shelter with an OPS in Victoria, to encourage a diversity in experiential worker perspectives. Purposeful sampling (by ERAs or organizational managers) was used to identify and recruit participants with subjective and in-depth experiential knowledge regarding experiential work from different positions, circumstances and perspectives (Greer, 2019; Patton, 1999, 2015; Thorne, 2016). Participants either self-selected to participate or were referred by others to the research team. The inclusion criteria for participants were (1) working, formally or informally, in an overdose response environments,[2] (2) Identifying as a peer/ experiential worker (3) being over the age of 18, (4) being able to complete a survey in English and (4) Being able to complete an interview in English.

Focus group conversations were guided by a semi-structured interview guide. The guide was informed by the research objectives, preliminary discussions with ERAs and a literature review. The content areas included questions about experiential workers' roles, positive aspects of their jobs, stressors or challenges they faced, and support needs. Given the depth and diversity of data obtained from the focus groups, we chose to limit this paper to report on the meaningful aspects of the experiential workers' jobs. Focus groups started with a brief description of the project and the goals of the focus group. Informed consent was then obtained and participants were asked to complete a one-page demographic questionnaire. The focus groups were conducted by two members of the research team: an ERA who facilitated the focus group, and an academic researcher who took field notes and provided logistical support. Each focus group lasted approximately one hour. Focus groups were audio-taped and each participant received $25 CAD in cash as well as food.

The audio recordings were transcribed verbatim by an external transcriber. The transcripts and field notes were then de-identified. We used a participatory coding process to sort the quotes into relevant codes that helped surface the underlying meanings behind the quotes (Thorne, 2016). The ERAs on the P2P research team preferred to work from a draft or template rather review full transcripts and generate codes. Thus, as requested by the ERAs, the academic researchers developed the initial coding framework by reading over the raw transcripts. This framework was shared with ERAs for validation and additional suggestions, based on their own experiences. The ERAs' revisions were incorporated into a revised framework of codes, which was inputted into NVivo (QSR International, version 12) where data analysis progressed in an iterative and reflexive manner.

Throughout the data interpretation process, bi-weekly meetings were held with ERAs. As per interpretative description, our goals were to generate practical and applied knowledge, as opposed to building or extending theory, which distinguishes it from other forms of qualitative analysis (Thorne, 2016). Interpretive description begins with real world questions, builds on the empirical knowledge base in the field and situates new knowledge within the conceptual and contextual realm to address the 'so what' of the knowledge generated. We began with thematic analysis to comprehensively identify, analyze, organize, and report themes, which aligned with the applied focus of our study (Braun & Clarke, 2006; Nowell, Norris, White & Moules, 2017). Consistent with ID, we moved to higher levels of interpretation with the development of themes and hierarchies, with the ERAs, who helped to interpret the meaning of quotes and situate the themes within the real-world context. The ERAs were also responsible for selecting the quotes for each theme which were most reflective of their experience. The ERAs and academic researchers on our team have made every effort to select quotes that represent views of all four sites. Because of the small scale of experiential work in BC, demographic identifiers are not associated with quotes presented in this paper to protect workers identities.

Findings

Eight focus groups were conducted: four in Victoria, two in Vancouver, one in Maple Ridge, and one in Coquitlam. Fig. 1 provides a map of sites in BC where focus groups were conducted. Urbanicity was determined based on BC Ministry of Health classifications (BC Ministry of Health, 2018). The larger data points represent multiple focus groups within the same location:

Each focus group had three to six participants. The groups were intentionally kept small to allow participants enough time to voice their thoughts within one hour. A total of 31 experiential workers participated in the focus groups. The demographic profile of these participants is presented in Table 1.

As indicated in Table 1, just over half of focus group participants were male (55%). Of those that filled out the demographic questionnaire, most were aged between 31 and 50 years (32% of total) and reported some education beyond high school (34%).

Three themes emerged that related to the meaning of work that serve as motivators for experiential workers in overdose response environments. The three themes are: (1) sense of purpose from helping others (2) pride from being an inspiration for others, and (3) a sense of belonging within a community. These themes speak to the experiences

[2] A formal or informal site in which overdoses are likely to occur or do occur; and there is a response mechanism for overdoses in place.

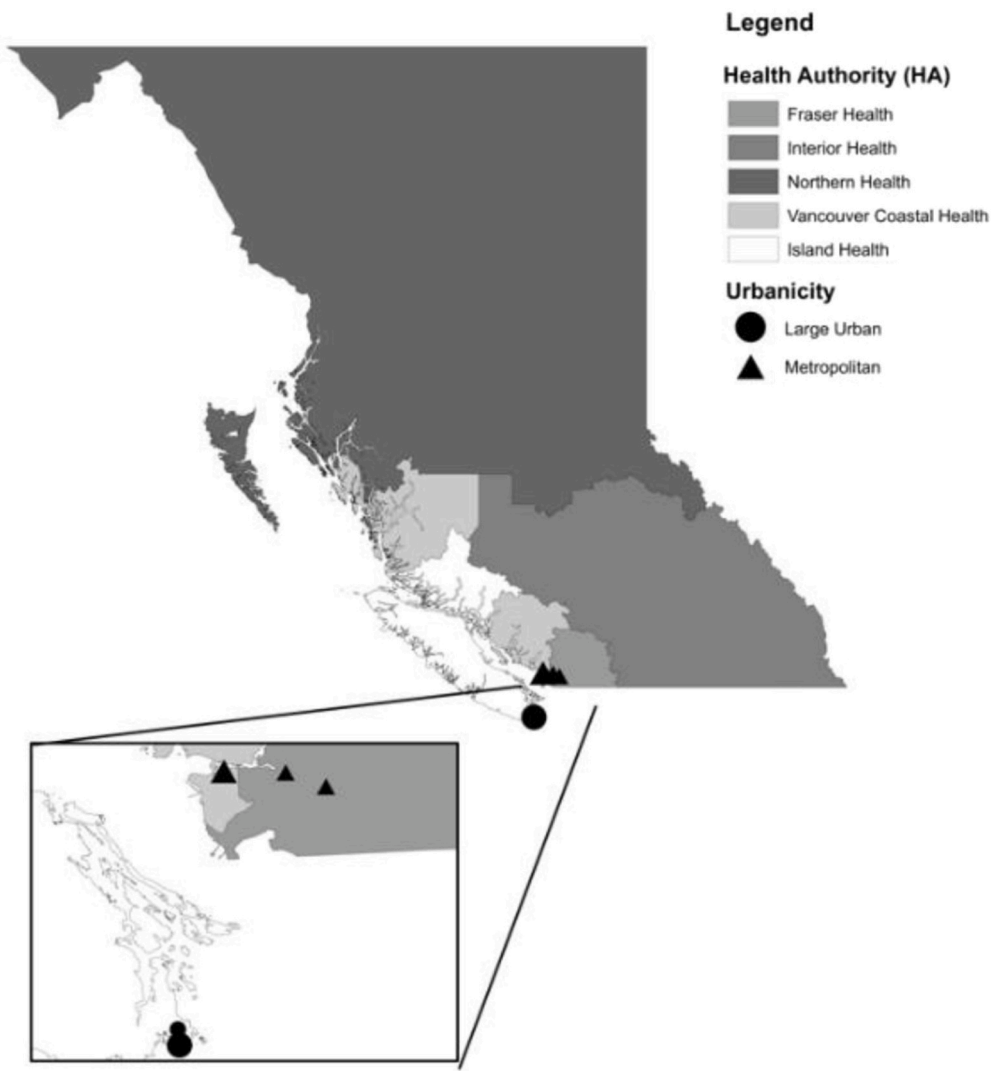

Fig. 1. Map of sites in BC where the focus groups were held.

Table 1
Demographic Characteristics of Focus Group participants.

Gender	**% out of $N = 31$**
Male	55%
Female	45%
Age	**% out of $N = 31$**
Under 20	0%
21–30	6%
31–40	19%
41–50	13%
51–60	6%
61–70	10%
71+	3%
Unknown	42%
Highest Level of Education	**% out of $N = 31$**
Some high school	23%
Completed high school	10%
Some community college or technical school	6%
Completed comm. college or technical school	6%
Some university	3%
Completed Bachelor's degree	6%
Post Graduate Training	3%
Unknown	42%

that experiential workers identify with in their roles and provide insights into the motivating factors for continuing their work as well as potential strategies for work environments.

Sense of purpose from helping others

A key meaning identified by participants was the sense of purpose that they find in their work. Experiential workers described how they are on the 'front-line', working one-on-one with PWUD, and serving as a connection or bridge between the community of PWUD and other service providers. This bridge is based on trust and compassion. As one participant described: *"We can reach people that [other service providers] can't and [PWUD] talk to us."* In this quote, the participant highlights the ability to establish trust when others may be unable to do so.

Trust is essential as a foundation for connecting people to services especially given the context of distrust that is exacerbated as consequence of drug laws that criminalize use. Experiential workers, with shared experiences, are able to reach people that others cannot, allowing them to act as a translator between PWUD and other service providers. While there are clear benefits of this for the individual seeking services, there is also a benefit for the experiential worker in the knowledge that they have helped or reached someone who may not have received services.

For many experiential workers, the knowledge that they contribute meaningfully to the lives of others fosters a sense of purpose that their work matters. This serves as both a benefit to and motivator for experiential workers. As one experiential worker mentioned: "*I look forward to going [to work] because I feel like I'm doing some good out there*".

Embedded within this notion of "*doing some good*", experiential workers described how being useful allows them to ascribe meaning to their lives and make sense of it:

"*I lost a couple of my best friends in the last couple years and it's just been really friggin' hard. But now you get to be able to do something and it makes me actually feel like I'm useful. Makes you feel like all the shit that I've done in my life wasn't for nothing. It actually comes in handy, and it's nice to be acknowledged for having such a shitty, hard life.*"

In this example, the individual describes purpose and meaning as helping others, and this, in turn, helps the individual to make sense of their personal losses as well as their own hardships. Along with the positive experiences, benefits, and sense of purpose experiential workers derived from their work, several commented that they work in very stressful and emotionally taxing environments, highlighting an important tension: passion for one's work is situated within a seemingly unending crisis, characterized by immense loss of life. As one participant mentioned: *"[I]t's hard to say that you actually like this job. […] It's how you look at it, I guess. People are dying in front of you…"* Although participants described having a passion for their work, many experiential workers found it difficult to witness the daily hardships and deaths within their communities. In a workday, often punctuated by intense loss, experiential workers summarized the grief and trauma of the overdose crisis with moments of happiness and meaning. As one participant described: "*It's an emotional roller coaster… but sometimes it's fucking awesome.*"

For many, the burden of the emotional roller coaster is lessened by experiential workers' ability to save lives. Helping others and saving lives is, thus, a key motivator, and a source of purpose. In the words of some participants: *"I really like that in a way, when you reverse an overdose for somebody, you've given them another chance at life. It's a pretty profound experience."*

Several experiential workers mentioned the comfort they take in knowing that each life saved is a step forward in changing the trajectory of the overdose crisis, which became clear as a primary source of motivation in experiential work. As one experiential worker mentioned, "*I am a part of the solution, not a part of the problem."* This quote indicates that despite the emotional harms associated with overdose prevention work, and despite frequent overdoses that they witness, experiential workers derive a sense of meaning and purpose from their work by tangibly saving lives, and by leading and contributing to meaningful solutions that seek to change the course of the overdose epidemic.

Pride from finding and being an inspiration to others

Another important theme that emerged from the data was the notion of finding and being an inspiration to other PWUD. For some participants, their work is a meaningful reminder of their own their own journey. One experiential worker described:

"*I think working at the OPS has been essential to my own recovery. Without the OPS, I don't know where I would be [with] my recovery.*"

As this quote indicates, work has fueled many experiential workers' recovery. This, in turn, represents a possibility that is open to others for a better future:

"*[PWUD] remember I used to be on the street with them too and was just as fucked up as they are and I guess now that I'm not, they think that's bit of an inspiration.*"

"*Clients feel like, oh my god, you were here last year and now you're here. And then they [ask] 'how did you get in there?' […] You get the clients engaged into wanting to better their futures. It's amazing when you see [that] I could inspire somebody to do the same thing.*"

These quotes indicate that the experiential workers are a symbol of hope and inspiration for other PWUDs. Some experiential workers use the term "role model" to describe their relationship with the PWUD they support:

"*We're role models 'cause [PWUD] can look at us and say, 'I knew that person on the street when they were […] living in a tent and just sticking needles in their arm every day. And look at this person now. I mean, they still do dope but, you know what, they're doing okay'.*"

The use of the word "role model" is quite powerful. It signifies a sense of responsibility and this allows experiential workers to derive both pride and happiness from their work. The quotes highlight how experiential workers garner respect and serve as an inspiration for others regardless of continuing substance use.

Experiential workers acknowledged that together, they represent a force against the stigmatization of substance use, and take pride in representing organizations that support this mandate:

"*The idea that I represent an organization is a big thing for me because […] I always say conduct yourself accordingly because you're not talking about for yourself. You're representing an organization*."

In this quote the participant highlights how they are positioned in relation to their organizational role. Participants in the study described how they serve as the voice and face of PWUD and accordingly, how they are involved in changing the way society views substance use. As one experiential worker described: "*It's interesting to learn as well, the world of addictions is changing. And we get an opportunity to take part in that.*" These findings indicate that experiential workers are not only role models within their own communities, nor are they simply connections to underserved populations. Rather, they are leaders in transforming how society views and treats PWUD. Experiential workers in acknowledging the usefulness of their unique expertise, "*plan to make something more of it."* In so doing, experiential workers contribute to a broader purpose and something bigger than themselves that further ascribes meaning to their work.

A sense of belonging within a community

Another important theme that arose was the importance of a sense of kinship among PWUD and finding meaning in being part of a community. Many experiential workers explained that being part of a community is rooted in common experiences. This idea was prevalent in the data and illustrated with multiple quotes:

"*We bond over a common thing. There [are] some people from different walks of life here. Even though we're all kind of the same in one area, we're all very different in others. There [are] so many differences, yet there's a commonality. We bond over the same things.*"

"*[Shared experiences] make people that generally would not associate, associate. It's beautiful. It' s an amazing melting pot, it really is.*"

The common experiences facilitate a welcoming atmosphere for all PWUD, who can come in to OPSs for support, without fear of judgement. In the words of an experiential worker:

"*We have an open-door policy where anyone can come in. You just get to see people through all their ups and downs and it's really nice to have that consistent support structure*."

While creating a safe space for other PWUD, experiential workers tend to derive this same sense of support from their colleagues with shared experiences. This is indicated by the description from a participant:

"*It's nice to have a safe space where you can talk […] as freely as you want to. And everybody has some kind of addiction experience and it's just like walking into a warm hug. Everybody's there to support you and understands what you've been through.*"

It is clear from these quotes that the relationship experiential workers have with those they seek to help, and the support that they derive from other experiential workers gave them a sense of belonging.

For many experiential workers, a day at work is reminiscent of idealized familial environments, in which overdose prevention program blends safety with acceptance and support:

> *"[The workplace is] where everyone gathers and talks and … hashes out their problems and bitches and complains and gets things solved and gets things done. It's just like a kitchen table in an Italian house*."

This metaphor indicates that many experiential workers liken the relationships with each other to "a family". As one participant mentioned: "*We may be gaudy and tacky down there, but we're one big happy, frickin' family*".

Experiential workers have a profound commitment to create a safe, protective, non-judgmental space for the individuals they support and for each other, as shown through the words of a participant: "*There's this […] protective concern kind of thing that goes on*."

As such, unlike other first-responders, work for experiential workers is not about merely serving clients, it is about belonging to a community and protecting the people they consider their family.

Discussion

In summary, our findings illustrate that the sense of purpose experiential workers derive from helping others and the pride they feel from being an inspiration for others act as motivators for continuing what is often stressful overdose prevention work. We found that despite the stressful nature of this work, experiential workers enthusiastically describe the meaning and benefits they derive from their work. For some, experiential work brings purpose to their lived experiences, suggesting that it was not for nothing as well the importance of feeling useful and finding meaning in helping others. Further, experiential workers find inspiration in their work for their own recovery as well as serving as an inspiration to others through the possibility of a better future. For experiential workers, belonging to a community and their position as role models have central meaning and are important motivators. Experiential workers describe their work with a desire to make a difference within their communities. These sentiments are woven throughout the experiential workers' narratives, where they described their skill, capacity and contributions to a broader community, with pride.

The results of our study highlight that the value experiential workers place on their work cannot be understated. Previous studies have illustrated the personal benefits of employment for experiential workers, including improved employability, skill development and increased empowerment and pride (Greer, 2019; Greer et al., 2018; Kennedy et al., 2019; Wagner et al., 2013). Consistent with these studies, our findings demonstrate that the personal benefits of experiential work for PWUD are manifold. Within a social climate characterized by stigma and discrimination against PWUD, experiential work represents a key source of purpose and hope for a better future. Like other studies (Wagner et al., 2013) we find that work provides experiential workers with a sense of pride, and positions them as role models within their communities.

Several work settings continue to require abstinence before PWUD are 'employable' (Hinton, 2010; Roose et al., 2014). These abstinence-based work cultures may perpetuate negative views towards experiential workers and assert that PWUD cannot meaningfully contribute to strategies that address the opioid crisis (Wallace et al., 2018). Our findings suggest that despite continued substance use, employment which values lived and/or living experience positions experiential workers as sources of inspiration in their communities. It allows experiential workers to garner respect and serve as role models for others. Experiential workers not only act as conduits between disenfranchised communities and health and social care services, but represent a change in how lived and/ or living experience is valued and utilized.

As previous studies have indicated, such satisfaction from one's work can positively alter one's own self-image and improves their wellbeing (Faragher, Cass & Cooper, 2005; Mann, Hosman, Schaalma & de Vries, 2004). As such, fulfilling employment can help to protect experiential workers from the social harms associated with the stigmatization of drug use. Steger (2017) propose a three-level model of meaningful work (Steger, 2017). First, work is meaningful if the worker feels they have a purpose in contributing to the organization. A second level of meaning is that work is in harmony with their life and of benefit to the individual. A third level that transcends the first two is meaningful work that has benefit to others or contributes to a greater good. It is clear in our findings that all three levels of the meaning of work are captured by experiential worker. Experiential workers are contributing to the lives of others, beyond their organizations and themselves and this is well aligned with finding purpose and meaning in one's life.

A key meaning that experiential workers derive from their work is a sense of kinship or 'family', which in turn, fosters a feeling of safety and support. Situated within harm reduction philosophy, experiential worker-based overdose prevention facilitates non-judgmental, non-coercive support, while affirming that PWUD are the primary agents of reducing harms of substance use (Canadian Mental Health Association, 2020). This allows experiential workers to create safe and meaningful relationships with other experiential workers and the individuals they serve in their communities. The "Italian kitchen table" metaphor, as described by an experiential worker, symbolizes the support that binds the PWUD community, where one may have a 'hard day', but is always welcomed back. This study demonstrates that for many experiential workers, their work and associated relationships facilitate an emotional safety net, and a sense of belonging that protects them against the harms of stigmatization. This finding stands in contrast to some others which show that some experiential workers may 'cut social ties' as a coping mechanism within emotionally distressing work environments (Greer, 2019; Wagner et al., 2013).

Our study suggests that working in a team may mitigate the emotional distress workers face by supporting each other through their daily up's and down's. Other studies have also indicated that experiential workers' support for each other mitigates power differences and fosters social safety through shared experience and perceived caring (G. Bardwell et al., 2018). On the contrary, lone experiential workers within an organization tend to get tokenized and exploited (Canadian HIV/AIDS Legal Network, 2005; Greer, 2019; Peer Engagement & Evaluation Project Team, 2017). As such, the need to employ experiential workers as a group cannot be overstated.

The onset of COVID-19 has highlighted the true commitment and dedication of experiential workers to their communities. While BC's strict physical distancing guidelines have opened the door for other professionals to work from the safety and comfort of their homes, for experiential workers, that was never an option. The workload for experiential workers has increased considerably as several outreach programs and organizations servicing PWUD, including OPSs, have faced reduced hours and closures (Pagliaro, 2020; Woo, 2020). Experiential workers continue to provide outreach services and are at the frontline of overdose reversals to protect their communities, despite the risk of COVID-19 infection. Such is the commitment of experiential workers to their communities.

In this paper, we highlight ways that experiential workers find meaning in their work. Recognition that experiential work plays an important role in the quality of life of PWUD will inform strategies that bolster these positive sentiments and lead to implementation of interventions that improve the extent to which experiential workers can reap gains from their jobs. However, it must be acknowledged that there is an inextricable correlation between the positive and negative facets of the job. For instance, one's desire to help others through working in overdose response environments can lead to repeated exposure to fatal

and non-fatal overdoses, which over time may cause stress, burnout and overdose-related compassion (Winstanley, 2020). Furthermore, the overdose crisis can have a serious emotional toll on individuals, characterized by loss of lives of individuals that experiential workers consider their "family". Recognition of the inextricability of the positive and negative dynamics is crucial in evaluating the relationship that experiential workers have with their jobs. In another paper, we explore the stressors faced by experiential workers and the supports needed by them in their work. The positive aspects of the job must be analyzed in conjunction with the stressors when designing support interventions that bolster the positive effects of experiential work while ameliorating the accompanying stressors.

Our study has many strengths. The 31 participants had diversity of age, gender, education level and different levels of experience in overdose response. We also succeeded in getting a purposeful sample of individuals with experience as first responders. Furthermore, the study has the potential to inform the development of support interventions for experiential workers. Despite all its strengths, however, this study is not devoid of limitations. One limitation is that the study represents data from only three organizations, all of which are situated in metropolitan or large urban centers; the experiences of experiential workers in rural settings may be different. The use of focus groups to collect data poses another limitation as participants may have been hesitant to express their opinions due to fear of judgement from other participants, and possibly fear of jeopardizing their jobs. One way that this concern was mitigated was by keeping the focus groups small and comfortable for experiential workers, and by ensuring that no managers were present. Furthermore, each focus group was facilitated by an experiential worker to promote power balance. Another limitation was that the raw data was initially coded by academic researchers and we recognize that some important aspects of the reality of experiential workers' lives may have been lost by not including ERAs in the entire coding process. However, we used participatory coding in subsequent rounds and conducted data validation meetings with ERAs to mitigate this issue.

Conclusion

Our study shows that experiential workers derive a sense of purpose through their work from helping others, and this gives their work and lives meaning. Work also positions experiential workers as role models in their communities, allowing them to gain personal satisfaction from being able to inspire others. Furthermore, work facilitates a sense of belonging within the PWUD community, providing an emotional safety net and a familial feeling which motivates experiential workers to continue to serve despite frequent hardships, stress, and loss that accompany overdose response work. The commitment of experiential workers continues despite the onset of COVID-19, which has augmented the workload for experiential workers who willingly continue to serve their communities, despite the risk of potential harmful health outcomes. Recognition of the important role that work plays in the lives of PWUD is crucial to enhance creation of work for experiential workers through a strengths-based perspective. These findings may be used to inform strategies to bolster positive work environments and implement supports for experiential workers to sustain their engagement in harm reduction efforts in British Columbia, nationally and internationally.

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Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request

Declaration of Competing Interests

The authors have no actual or potential conflict of interest to declare.

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References

Banjo, O., Tzemis, D., Al-Qutub, D., Amlani, A., Kesselring, S., & Buxton, J. A. (2014). A quantitative and qualitative evaluation of the British Columbia Take Home Naloxone program. *CMAJ Open, 2*(3), E153–E161. https://doi.org/10.9778/cmajo.20140008.

Bardwell, G., Anderson, S., Richardson, L., Bird, L., Lampkin, H., & Small, W. (2018a). The perspectives of structurally vulnerable people who use drugs on volunteer stipends and work experiences provided through a drug user organization: Opportunities and limitations. *International Journal of Drug Policy, 55*, 40–46. https://doi.org/10.1016/j.drugpo.2018.02.004.

Bardwell, G., Kerr, T., Boyd, J., & McNeil, R. (2018b). Chracterizing peer roles in an overdose crisis: Preferences for peer workers in overdose response programs in emergency shelters. *Drug and Alcohol Dependence, 190*, 6–8. https://doi.org/10.1016/j.drugalcdep.2018.05.023.

BC Centre for Disease Control. (2014). *BC Harm Reduction Strategies and Services Policy and Guidelines*. http://www.bccdc.ca/resource-gallery/Documents/Guidelines.

BC Coroners Service. (2020). *Illicit Drug Toxicity Deaths in BC: January 1, 2010 - July 31, 2020*. Retrived on September 9, 2020 from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf.

BC Gov News. (2016). Provincial health officer declares public health emergency | BC Gov News. In *BC Gov News*. https://news.gov.bc.ca/releases/2016HLTH0026-000568.

BC Gov News. (2020). Province declares state of emergency to support COVID-19 response. In *BC Gov News*. https://news.gov.bc.ca/releases/2020PSSG0017-000511.

BC Ministry of Health. (2018). *Community Health Service Areas*. https://catalogue.data.gov.bc.ca/dataset/community-health-service-areas-chsa.

Boyd, J., Richardson, L., Anderson, S., Kerr, T., Small, W., & McNeil, R. (2018). Transitions in income generation among marginalized people who use drugs: A qualitative study on recycling and vulnerability to violence. *International Journal of Drug Policy, 59*, 36–43. https://doi.org/10.1016/j.drugpo.2018.06.014.

Braun, V., & Clarke, V. (2006). Using thematic analysis in pyschology. *Qualitative Research in Psychology, 3*(2). https://doi.org/10.1191/1478088706QP063OA;PAGE:STRING:ARTICLE.

Canadian HIV/AIDS Legal Network. (2005). *"Nothing About Us Without Us" Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative*. www.aidslaw.ca/Maincontent/issues/druglaws/greater_.

Canadian Mental Health Association. (2020). *Harm reduction*. https://ontario.cmha.ca/harm-reduction/.

CATIE. (2013). *Best Practice Recommendations for Canadian Harm Reduction Programs*. http://www.nuaa.org.au/wp-content/uploads/2014/03/aivl-drug-user.pdf.

Dickson-Gómez, J., Knowlton, A., & Latkin, C. (2004). Values and identity: The meaning of work for injection drug users involved in volunteer HIV prevention outreach. *Substance Use & Misuse, 39*, 8. https://doi.org/10.1081/JA-120038686.

Faragher, E. B., Cass, M., & Cooper, C. L. (2005). The relationship between job satisfaction and health: A meta-analysis. *Occupational and Environmental Medicine, 62*(2), 105–112. https://doi.org/10.1136/oem.2002.006734.

Fischer, B., Murphy, Y., Rudzinski, K., & MacPherson, D. (2016). Illicit drug use and harms, and related interventions and policy in Canada: A narrative review of select key indicators and developments since 2000. In *International Journal of Drug Policy, 27* pp. 23–35). Elsevier B.V.. https://doi.org/10.1016/j.drugpo.2015.08.007.

Gillespie, A., Lasu, B., & Sawatzky, A. (2018). *Peer Support Models for Harm Reduction Services: A Literature Review for the Wellington Guelph Drug Strategy (WGDS)*. https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902.

Greer, A. (2019). *Work Experiences and Conditions Among People Who Use Drugs Engaged in Peer Wor: A Critical Examination of Peer Work in British Columbia, Canada*. https://doi.org/10.14288/1.0383396.

Greer, A., Amlani, A., Pauly, B., Burmeister, C., & Buxton, J. (2018). Participant, peer and PEEP: Considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health, 18*(1), 834.

Greer, A., Luchenski, S., Amlani, A., Lacroix, K., Burmeister, C., & Buxton, J. (2016). Peer engagement in harm reduction strategies and services: A critical case study and evaluation framework from British Columbia. *BMC Public Health, 16*(1), 1. https://doi.org/10.1186/s12889-016-3136-4.

Harm Reduction International. (2020). *What is Harm Reduction?* https://www.hri.global/what-is-harm-reduction.

Harris, G. E., & Larsen, D. (2007). HIV peer counseling and the development of hope: perspectives from peer counselors and peer counseling recipients. *AIDS Patient Care and STDs, 21*(11), 843–860. https://doi.org/10.1089/apc.2006.0207.

Henkel, D. (2011). Unemployment and substance use: A review of the literature (1990–2010). *Current Drug Abuse Reviewse, 4*(1), 4–27. https://doi.org/10.2174/1874473711104010004.

Hinton, T. (2010). *Voices on Choices: Working Towards Consumer-Led Alcohol and Drug Treatment*. Social Action and Research Centre Anglicare. p.

Hyshka, E., Anderson-Baron, J., Karekezi, K., Belle-Isle, L., Elliott, R., & Pauly, B. (2017). Harm reduction in name, but not substance: A comparative analysis of current Canadian provincial and territorial policy frameworks. *Harm Reduction Journal, 14*(1), 50. https://doi.org/10.1186/s12954-017-0177-7.

Jozaghi, E., Lampkin, H., & Andresen, M. A. (2016). Peer-engagement and its role in reducing the risky behavior among crack and methamphetamine smokers of the Downtown Eastside community of Vancouver, Canada. *Harm Reduction Journal, 13*(1), 19. https://doi.org/10.1186/s12954-016-0108-z.

Kennedy, M. C., Boyd, J., Mayer, S., Collins, A., Kerr, T., & McNeil, R. (2019). Peer worker involvement in low-threshold supervised consumption facilities in the context of an overdose epidemic in Vancouver, Canada. *Social Science and Medicine, 225*, 60–68. https://doi.org/10.1016/j.socscimed.2019.02.014.

Kerr, T., Mitra, S., Kennedy, M. C., & McNeil, R. (2017). Supervised injection facilities in Canada: Past, present, and future. *Harm Reduction Journal, 14*(1), 28. https://doi.org/10.1186/s12954-017-0154-1.

Kolla, G., & Strike, C. (2019). 'It's too much, I'm getting really tired of it': Overdose response and structural vulnerabilities among harm reduction workers in community settings. *International Journal of Drug Policy, 74*, 127–135. https://doi.org/10.1016/j.drugpo.2019.09.012.

Latkin, C. A. (1998). Outreach in natural settings: The use of peer leaders for HIV prevention among injecting drug users' networks. *Public Health Reports, 113*(SUPPL. 1), 151–159. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1307737/?tool=pmcentrez&report=abstract.

Latkin, C., Sherman, S., & Knowlton, A. (2003). HIV prevention among drug users: Outcome of a network-oriented peer outreach intervention. *Health Psychology, 22*(4), 332–339. https://pubmed.ncbi.nlm.nih.gov/12940388/. https://doi.org/10.1037/0278-6133.22.4.332.

Law, M. (2018). Peer support workers in Quesnel work to reduce overdose deaths in the north. *Quesnel Cariboo Observer*. https://www.quesnelobserver.com/news/peer-support-workers-in-quesnel-work-to-reduce-overdose-deaths-in-the-north/.

Mann, M. Michelle, Hosman, C. M. H., Schaalma, H., & de Vries, N. (2004). Self-esteem in a broad-spectrum approach for mental Health promotion. *Health Education Research, 19*(4), 357–372. https://www.researchgate.net/publication/8508641_Self-esteem_in_a_broad-spectrum_approach_for_mental_Health_promotion.

Marshall, Z., Dechman, M. K., Minichiello, A., Alcock, L., & Harris, G. E. (2015). Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives. In *Drug and Alcohol Dependence, 151* pp. 1–14). Elsevier Ireland Ltd. https://doi.org/10.1016/j.drugalcdep.2015.03.002.

Moore, D., Pienaar, K., Dilkes-Frayne, E., & Fraser, S. (2017). Challenging the addiction/health binary with assemblage thinking: An analysis of consumer accounts. *International Journal of Drug Policy, 44*, 155–163. https://doi.org/10.1016/j.drugpo.2017.01.013.

Needle, R. H., Burrows, D., Friedman, S. R., Dorabjee, J., Touzé, G., Badrieva, L., Grund, J. P. C., Kumar, M. S., Nigro, L., Manning, G., & Latkin, C. (2005). Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users. *International Journal of Drug Policy, 16*(SUPPL. 1), 45–57. https://doi.org/10.1016/j.drugpo.2005.02.009.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis. *International Journal of Qualitative Methods, 16*(1), 160940691773384https://doi.org/10.1177/1609406917733847.

Pagliaro, J. (2020). City's busiest supervised injection site to reopen after month-long closure over COVID-19. In *The Star*. https://www.thestar.com/news/city_hall/2020/04/16/citys-busiest-supervised-injection-site-to-reopen-after-month-long-closure-over-covid-19.html.

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research, 34*(5 Pt 2), 1189–1208. http://www.ncbi.nlm.nih.gov/pubmed/10591279.

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods: Integrating Theory and Practice* (4th ed.). California, USA: Sage Publications.

Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., & Hobbs, H. (2020). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. *PloS One, 15*(5), Article e0229208. https://doi.org/10.1371/journal.pone.0229208.

Peer Engagement and Evaluation Project Team. (2017). *Peer Engagement Principles and Best Practices*. http://www.bccdc.ca/resource-gallery/Documents/PEEP Best Practice Guidelines.pdf.

Public Health Agency of Canada. (2020). Opioid-Related Harms in Canada. In *CBC News*. https://health-infobase.canada.ca/substance-related-harms/opioids/.

Richardson, L., Small, W., & Kerr, T. (2016). Pathways linking drug use and labour market trajectories: The role of catastrophic events. *Sociol. Health Illness, 38*(1), 137–152. https://doi.org/10.1111/1467-9566.12344.

Richardson, L., Wood, E., & Kerr, T. (2013). The impact of social, structural and physical environmental factors on transitions into employment among people who inject drugs. *Social Science and Medicine, 76*(1), 126–133. https://doi.org/10.1016/j.socscimed.2012.10.015.

Roose, R. J., Cockerham-Colas, L., Soloway, I., Batchelder, A., & Litwin, A. H. (2014). Reducing barriers to hepatitis C treatment among drug users: An integrated hepatitis C peer education and support program. *Journal of Health Care for the Poor and Underserved, 25*(2).

Rudd, R. A., Aleshire, N., Zibbell, J. E., & Matthew Gladden, R. (2016). Increases in drug and opioid overdose deaths — United States, 2000–2014. *Morbidity and Mortality Weekly Report, 64*(50–51), 1378–1382. https://doi.org/10.15585/mmwr.mm6450a3.

Salmon, A., Browne, A. J., & Pederson, A. (2010). 'Now we call it research': Participatory health research involving marginalized women who use drugs. *Nursing Inquiry, 17*(4). https://doi.org/10.1111/j.1440-1800.2010.00507.x.

Smart, A. (2018). *Peer Support Workers on front Lines of the OD Crisis Need Support Too: Experts*. National Post. https://nationalpost.com/pmn/news-pmn/canada-news-pmn/peer-support-workers-on-front-lines-of-the-od-crisis-need-support-too-experts.

Steger, M. (2017). Creating Meaning and Purpose at Work. In L. G. Oades, M. Steger, A. D. Fave, & J. Passmore (Eds.), *The Wiley Blackwell Handbook of the Psychology of Positivity and Strengths-Based Approaches at Work (First)*. John Wiley & Sons, Ltd.. https://www.wiley.com/en-us/The+Wiley+Blackwell+Handbook+of+the+Psychology+of+Positivity+and+Strengths+Based+Approaches+at+Work-p-9781118977651

Thorne, S. (2016). *Interpretive Description: Qualitative Research for Applied Practice (Developing Qualitative Inquiry)* (2nd edition). New York, USA: Routledge.

Wagner, K. D., Davidson, P. J., Iverson, E., Washburn, R., Burke, E., Kral, A. H., McNeeley, M., Bloom, J. J., & Lankenau, S. E. (2013). "I felt like a superhero": The experience of responding to drug overdose among individuals trained in overdose prevention. *International Journal of Drug Policy, 25*(1), 1. https://doi.org/10.1016/j.drugpo.2013.07.003.

Wallace, B., Barber, K., & Pauly, B. (2018). Sheltering risks: Implementation of harm reduction in homeless shelters during an overdose emergency. *International Journal of Drug Policy, 53*, 83–89. https://doi.org/10.1016/j.drugpo.2017.12.011.

Wallace, B., Pagan, F., & Pauly, B. (2019). The implementation of overdose prevention sites as a novel and nimble response during an illegal drug overdose public health emergency. *International Journal of Drug Policy, 66*, 64–72. https://doi.org/10.1016/j.drugpo.2019.01.017.

Weeks, M. R., Dickson-Gomez, J., Mosack, K. E., Convey, M., Martinez, M., & Clair, S. (2006). The risk avoidance partnership: Training active drug users as peer health advocates. *Journal of Drug Issues, 36*(3), 541–570. https://doi.org/10.1177/002204260603600303.

Wild, T. C., Pauly, B., Belle-Isle, L., Cavalieri, W., Elliott, R., & Strike, C. (2017). Canadian harm reduction policies: A comparative content analysis of provincial and territorial documents, 2000–2015. In *International journal of drug policy, 45* pp. 9–17). Elsevier B.V.. https://doi.org/10.1016/j.drugpo.2017.03.014.

Winstanley, E. L. (2020). The bell tolls for thee & thine: Compassion fatigue & the overdose epidemic. *International Journal of Drug Policy*. https://doi.org/10.1016/j.drugpo.2020.102796.

Woo, A. (2020). Virus measures may be hurting overdose prevention in Vancouver, official says. *The Globe and Mail*. https://www.theglobeandmail.com/canada/british-columbia/article-virus-measures-may-be-hurting-overdose-prevention-in-vancouver/.

Young, S., Williams, S., Otterstatter, M., Lee, J., & Buxton, J. (2019). Lessons learned from ramping up a Canadian Take Home Naloxone programme during a public health emergency: A mixed-methods study. *BMJ Open, 9*(10). https://doi.org/10.1136/bmjopen-2019-030046.

Zeidler, M. (2019). People have to be bold. In *CBC News*. https://newsinteractives.cbc.ca/longform/people-have-to-be-bold.