PEER2PEER: REINFORCING PEER'S INVOLVEMENT IN OUTREACH WORK

FINDINGS AND RECOMMENDATIONS E-BOOK

APRIL 2021

peer2peer
Reinforcing Peer's Involvement
in Outreach Work

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E DE CIÊNCIAS DA EDUCAÇÃO
UNIVERSIDADE DO PORTO

AUTOSUPPORT DES USAGERS DE DROGUES

Rights Reporter Foundation

Coordination and Edition

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Peer2Peer: Reinforcing Peer's Involvement in Outreach Work

The Peer2Peer project aims to reinforce the **capacity of outreach CSO** to reduce drug demand in accordance with the EU Drugs Strategy and Action Plan. It seeks **to increase the efficiency of outreach work** done by Civil Society Organisations by promoting the **inclusion of Peer Educators** and by researching **best practices in cooperation** between all relevant actors.

The approach of the project is inspired by the **European tradition of rights and liberties** which values the active **participation of all citizens**. It is also founded on research which has shown that **community involvement is essential** to drug demand reduction. When dealing with injectable drug users the involvement of peers, in particular – friends, colleagues or people involved in the same activity or context – is acknowledged to be more effective than interventions by healthcare providers.

The project will carry out in-depth research in order to develop an evidence-based programme for creating more equal and collaborative relations between the different stakeholders involved, such as professionals, outreach workers, peers, small-scale drug dealers and police forces. The project strategy emphasises Human Rights and dignity and actively includes end-users in the planning and implementation of processes.

Findings and Recommendations E-Book

This E-Book expects to be an important contribution in the journey towards the full recognition of the importance and share of good practises of cooperation practices between stakeholders, such as peers and professionals, outreach workers, small-scale drug dealers and law enforcement officials, particularly targeting the importance of peer educator's integration in outreach work with PUPS.

The E-Book includes relevant information related to the Peer2Peer project, as main achievements and guiding principles for best practices regarding cooperative strategies in outreach interventions with PUPS.

This manual is targeting not only outreach workers as professionals, peers, students and volunteers, but also decision makers, politicians, trainers, media and other fundamental stakeholders, who are working or are interested in outreach work with PUPS.

This E-Book is available in the project website.

Contents

Introduction

This project aims at **the capacity-building of CSO to reduce drug demand using scientific knowledge to increase the efficacy of cooperation practices between key actors in the outreach work** (professionals, outreach workers (OW), Peers, small-scale drug dealers[1] and police forces), emphasising the focus on the dyad "peer - Professional". The concept of "Small-Scale Drug Dealer" was created for the project as a means to reflect individuals who sell drugs to meet their needs for drug use, i.e., drug user dealers.

The principles that inspire this approach come from the long European tradition of rights and liberties that empower citizens to actively participate in society.

The Declaration of the Rights of Man and of the Citizen, in 1789, stated that: *"Every citizen has a right to participate personally, or through his representative, in its* [the Law] *foundation"* (art. 9). As the Treaty of the European Union mentions: *"Every citizen shall have the right to participate in the democratic life of the Union"* (art.10, n. 3). These documents illustrate that the participation of all is at the core of the fundamental values of European culture.

It is also useful to recall the contributions of the anti-psychiatry movement at the 1960's, namely by Laing, Cooper and Basaglia, criticising the detachment of the patient from his/her humanity and place in society, leading to a deinstitutionalisation and democratisation of the psychiatric treatment, with an emphasis on the human and civic condition of the patient (Barreto, 2011).

The UNODC also suggests the need for a strategy that considers **human rights, dignity and the fundamental rights of people when dealing with the drug issue and that all measures should be based on scientific knowledge and evidence**. **The involvement of the community and relevant stakeholders** - namely the target-population and their families, community members, employers and CSO - in the whole process of the drug demand reduction is essential to its **effectiveness** (UNODC 2009, p. 20-22).

At the European level, the **EU Drugs Strategy 2013-2020** (operative during the designing and [most of the time] during the implementation of the Peer2Peer project), as recommended by the UNDOC (2009), develops an approach to the phenomenon of illicit drugs use through a reinforced strategy to reduce drug demand and supply. In that context (as per the EU Action Plan on Drugs 2017-2020) several actions are proposed to achieve the overall objective of the EU Drugs Strategy with three cross-disciplinary themes of:

(i) **coordination**,

(ii) **international cooperation** and

(iii) **information, research, monitoring, and evaluation** strengthened by the activities developed in the project proposal,

By the time of writing the Guiding Principles in cooperation practices in outreach work, the **EU Drugs Strategy 2021-2025** is already in place with the following cross-cutting themes:

i) **international cooperation**,

ii) **research, innovation, and foresight** and

iii) **coordination, governance, and implementation**.

It is interesting and mandatory to analyse the document. After this analysis, it is evident the mention of Peer and Peer Work and its relevance.

The Strategic Priority 5 - **Prevent drug use and raise awareness of the adverse effects of drug use** - when it comes to addressing the provision, implementation, and, if necessary, increasing the availability of evidence-based targeted prevention interventions for young people and other vulnerable groups, it is recommended that *"The measures implemented should be evidence-based and should **support positive relationships with Peers** and with adults"* (p. 14).

The Strategic Priority 6- **Ensure access to and strengthen treatment and care services** - presents a Priority Area (6.2.) on **the promotion of Peer Work**: *"Peer-led outreach and peer group work should be **recognised as a key component of the care plan of a person who uses drugs**, promoting autonomy, empowerment and recognising the peer's expertise and experience. Peer-led work should be promoted as a way of sharing information, providing support and increasing awareness of relevant information among the community of people who use drugs"* (p. 16).

Lastly, the Strategic Priority 8 - **Address the health and social needs of people who use drugs in prison settings and after release** -, on the implementation of evidence-based measures in prison settings to prevent and reduce drug use and its health consequences, including measures to address the risk of drug-related deaths and the transmission of blood-borne viruses, advices for *"Preventing the use of drugs and the transmission of blood-borne infections within custodial settings through both evidence-based preventive measures and risk- and harm-reduction measures, **implemented by well-trained staff or Peers is part of a comprehensive strategy"*** (p. 22). For instance, Peers can help in making materials available, such as needle Exchange and condoms.

In addition, continue to evidence the relevant role of Peers, and as indicated by several scholars (Bovaird 2007; Bovaird and Loeffler 2012; Voorberg, Bekkers and Tummers 2015), **the co-production of service delivery by the users themselves can have very positive effects on improving the quality of the process and its outcomes**, profoundly altering the relationships, positions, and rules among the stakeholders involved; an open process of participation, exchange, and collaboration between all (including end-

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1   The concept of "Small-Scale Drug Dealer" was created for the project as a means to reflect individuals who sell drugs to meet their needs for drug use- in which case we are referring to drug user dealer-, and/or of a more essential nature (e.g., food supplies).

users) has the potential to mobilise community resources not otherwise available and develop mutual trust relationships between all the agents involved.

In particular, the involvement of Peers, defined *"as someone who is at the same level than the other individuals; in other words, a friend, a colleague or someone relatively strange, as long as they are involved in the same activity or context"* (Svenson 2002, cit. in Dias 2006), in service delivery is recognised as being more effective to work with People Who Inject Drugs, compared to other psychosocial interventions, specifically those provided by healthcare workers (WHO 2012, p. 9).

In this sense, the Peer2Peer project contributes with **a professional and scientific approach** to create an evidence-based programme to achieve more equal and concerted relations between the different stakeholders involved, effective in addressing the overall objective of the EU Drugs Strategy. Thus, it proposes a strategy that actively includes **the end-users in the planning and implementing processes**, while also focusing on human rights and dignity.

The general objective is to reinforce the capacity of outreach CSO, by **recovering and upscaling** the European heritage in cooperation between Peers and professionals, outreach workers, small-scale drug dealers, and law enforcement officials.

This project comprises internationally recognised research, social intervention, and advocacy institutions from Europe, gathered to increase the project's impact.

Starting from an **overall comparison of the experiences in some of the partners countries** (Portugal, Belgic, The Netherlands, Lithuania, Greece, and Poland), the project methodology was tested through three **case studies at local level** - Lithuania, Greece, and Poland - in tailored training and pilot-intervention, allowing the active participation of the stakeholders involved in actions and activities at a local and national level.

Regarding the **training**, it aimed at **promoting cooperation practices between different stakeholders, such as peers and professionals, outreach workers, small-scale drug dealers and law enforcement**. The training program was created by the European Harm Reduction Network, Free Clinic and ASUD and it was implemented in Lithuania, Greece and Poland, being EHRA, Praksis and Prekursor the focal points for its deliver.

The training focused on a conceptual framework about peers involvement and outreach work, planning and stakeholders, communication values, norms and boundaries and advocacy.
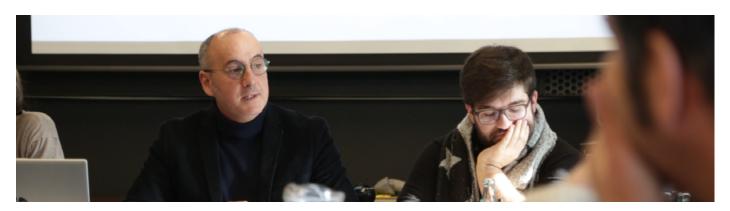
About the **pilots**, in **Lithuania**, the pilot aimed to promote community health by empowering the young population in festivals and recreational settings to manage their drug use and related risks in a proper and well-informed way. This was achieved by training activities focusing specifically on festival setting methodologies of work, individual mentorship, counselling activities and dialogue meetings. The pilot was implemented in close partnership with Young Wave (a grassroots organisation led by peers, who are also participating in the festivals, parties while providing harm reduction services)
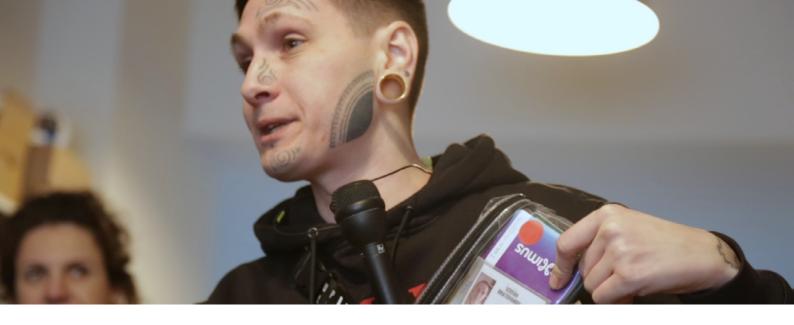
In **Poland**, the pilot aimed to support peer work and sensitising other experts in becoming equal partners within an organisation. This was achieved by training sessions, involving peers in activities, planning and evaluation of the Prekursor's Harm Reduction Program, activities in the PWUD community (namely, flyers distribution and conversations) and action towards CSOs (such as, interviews and discussions).

In **Greece**, the pilot aimed to support front liners and public servants directly through training in order to enhance their services and as a result support indirectly the PWUD. Moreover, other goal the communication and linkage among different services and stakeholders. This was achieved by training at front liners and public servants and intervention in the field- it was implemented by outreach workers (mixed group of professionals and peers who had the training) and it included providing safe injecting material, snacks and water.

The training and pilot component was combined with the development of a strong **European advocacy plan**, with national seminars and a discussion forum, which includes numerous target-groups (such as academic experts, outreach workers, policy and decision-makers, psychosocial and healthcare professionals) contributes to the discussion and possible implementation of this cooperation methodology in other EU countries, meaning that they will benefit indirectly from this action.

In this E-Book, the partnerships proposes to revisit the research, training and pilot processes and then present **guiding principles for future outreach intervention based on cooperation practices**.

Chapter 1
Peer2Peer Research Process and Findings

The Process

The Peer2Peer project started with a research process structured in four steps and different research methodologies:

i) **Needs Assessment Focus-Groups** | Focus-Groups with law enforcement, judges, social workers, healthcare professionals, PWUD, small-scale drug dealers, academic experts, outreach workers, policymakers, and decision-makers were held in six (6) countries (Portugal, Belgium, The Netherlands, Greece, Lithuania, and Poland). They aimed to assess the need for scientific knowledge on the subject and to understand the perceived gaps felt by different stakeholders in terms of cooperation between key actors in outreach work that addresses PWUD, namely the integration of peer educators in outreach teams.

ii) **Scoping Review** | To produce a comprehensive and effective analysis of existing cooperation between key actors in outreach work that addresses PWUD and concerning the reduction of drug demand in Europe, a Scoping Review based on the topics from the previous need's assessment focus-groups was conducted. It allowed access, mapping, and synthesis of the scope of available formal and informal data and scientific evidence on the subject, in order to improve the strategic research agenda.

iii) **Go-along Interviews** | Based on the knowledge produced by the needs assessment of focus-groups and the scoping review, go-along interviews in countries with European heritage on the subject were conducted (Portugal, Belgium, and The Netherlands). The go-along interview method allowed the participants to have an active role in the interview, regarding the subjects and the places where they occur. These interviews were conducted with key actors who have extensive experience in terms of outreach work and cooperation and who have preserved specific memories, particularly those of peer education.

iv) **Focus-Groups** | Focus-groups with the participants from the previous focus-groups and other new added in the same countries (Portugal, Belgium, The Netherlands, Greece, Lithuania, and Poland) were held to discuss the empirical applicability of the data produced in the previous activities, as well as to focus on the changes that the covid-19 pandemic created to the subject- the new reality.

The research results were presented and discussed within the framework of the Partnership and the European Advisory Group in two online meetings and internal e-mail exchanges, achieving the following Guiding Principles in cooperation practices in outreach work.

Each of the stakeholders has a certain specificity in outreach work, being involved in the Project and its mentioned activities: law enforcement officers, healthcare professionals, psychosocial professionals, outreach professionals, academic experts, PWUD, Peers, and other relevant professionals. It should also be noted that the existing data collected were country-specific and linked to either the current legislation or the settings to which the stakeholders referred (i.e., open drug scenes, recreational context, etc.).

The main results

General conclusions retrieved from all these activities, jointly with the information gathered from the project meetings, are the basis for the process of the European Advisory Group and are referred below.

As this document aims to indicate general Guiding principles in cooperation practices in outreach work, the presented conclusions are inferred as a general frame for the Peer2Peer work. This means that some of them were not evidenced in some of the country partners. However, the evidences found, are applicable and useful in the future for the majority of the realities that were included here and explored in the formulation of the Guiding Principles.

Law Enforcement

- Comparatively to outreach work, law enforcement was frequently described as assuming a hostile approach towards PWUD.
- Law Enforcement agents are constrained in their actions by a legal framework that circumscribes where, when, and how they can act. Even if, in some moments, actions do not reflect personal points of view.
- Law enforcement actions towards PWUD are not as human centred as they could be;
- So far, examples of negative cooperation were more frequently presented than positive.
  - One negative experience has a large contagion effect on the opinion one has regarding Law Enforcement (i.e. Symbolic Representation);
  - Positive examples appear to be connected to specific agents and/or units;
  - Negative examples, usually, regard aggressiveness towards PWUD.
- The most consensual need mentioned by the participants regarding law enforcement was the need for standard and often training and also the need to have a close contact with harm reduction and outreach work.

Small-scale drug dealer

- Only a few cooperation experiences were reported.
  - Could stem from the one's ethics or legal barriers.
- The only cooperation processes mentioned by participants regarding small-scale dealers were the ones established with outreach teams[2]. Those processes were always described as being informal.
- There should be more quality control of the substances sold by the Dealer (i.e. Drug-Checking).

- There tends to be some informal protocol on how the teams approach the Dealer (in order to not hinder the sales process).
- The Dealer is not always considered as a viable option for cooperation, due to their representation not being positive for the stakeholders.

Academia

- They are the key stakeholder for providing scientific data and the policy makers should take them into consideration and involve them for the proper policy making and strategic planning and Action Plans for the reduce of demand.
- In some countries, the results showed little cooperation. However, there was a strong proposal and discussion on how to make it more stable and productive as there have been some really good practices that were reported in other countries.

Local community - Neighbourhood

- Their inclusion in outreach work is important, though it is difficult establishing and maintaining cooperation.
  - It is difficult for the teams to attend the needs of the community and, at the same time, the needs of the PWUD.
- The opinion the community has from outreach teams is not the best and, in many cases, even non- existing.
- There is still a punitive, restrictive opinion regarding Drug Use among some communities.
- The opinion that the local communities have on outreach work and the drug use, appear to have a direct influence over the political decisions.

Support network

- There is not much cooperation with this stakeholder, being difficult to actively involve them in PWUD's supporting activities and to get support.
- It is important to include family and other members of the support network in a PWUD (recovery or treatment) changing process.

Organisations/Associations of PWUD

- Primary advocates and social activists for the wellbeing of PWUD.

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2   In The Netherlands, there is informal cooperation also in housing projects for PWUD/ to which PWUD have access.

Policy (i.e., decision makers, policy makers, …)

- Should be responsible for the coordination of all stakeholders.
- Tend to have reactive actions to crisis situations.
- From the one hand, Governments' position seem to affect the attitude of other stakeholders towards the cooperation practices in outreach work, especially regarding peer work. From the other hand, the path that each party is following rarely affects legislation and Action Plans. In this sense, there seems to be a high need for keeping the Action Planning as independent and participatory as possible.

Peers

- A critical point of discussion emerged in two (2) focus groups (Portugal and Poland): is it acceptable that peers combine active drug use with outreach work? For some of the stakeholders this is not the case, but for others, this makes sense and is viable although one must be attentive to problematic use.
- Thus, for some stakeholders, both Former and Current Users may have a place as peers in outreach work and each option is linked to specific weaknesses:
  - Former Users have inherently a risk of relapse when re-entering psychotropic territories;
  - Current Users when using drugs should be attentive to the point where it can harm the work they do when in an outreach team.
- Peers should be employed in the organization, through a specific regime or bond. Different countries have different recommendations on how this should be achieved.
  - **Peers should have a clearly defined role and tasks that are accordant with the specificity of their possible contributions.**
- **There should be more communication between peers and other outreach professionals of the teams where they are included.**
  - **There should be an initial conversation about what will be expected from the peer.**
- **Peers can act as an inspiring example to other PWUD.**

Civil society organisations

- All partners regard the current state of cooperation on the field as extremely low.
  - Some participants refer that the main problem to this occurrence is the limited financial support provided to CSO.
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- Some participants refer that CSO are not yet capable of providing appropriate work conditions to peers, either by providing similar or specific conditions.
  - The work conditions and salary are the main challenge that arises with the professionalization of peers.
  - Most participants agreed that there are benefits for the inclusion of peers in an organisation intervention/project, as their inclusion increases the capacity to understand better the communities they work with.
- Given the constant changes in the drug field, some participants identified to be of importance to generate positive attitudes relating to this field, for example, by sharing best practices/experiences, or simply by communicating and disseminating information.
  - This appears to be important to promote on a local level, but also inside the organizations.
- Some partners refer that there is a lack of national guidelines for intervention in outreach work (i.e., relapse prevention, inter-institutional cooperation).
- At times, participants referred to have been in a disagreement between law enforcement agents and outreach workers, therefore hindering the cooperation processes.
- Most participants refer that there is not an active search for the inclusion of academia experts in their projects or interventions.

About the Covid-19 pandemic

The pandemic and its consequences on delivering of services to drug users, cooperation practices and peer work was not designed to be discussed in the Peer2Peer process in the beginning. However, due to its impact and the new situation that we are facing, it was discussed in some of the research activities.

The following information only reflects the focus groups of two (2) partners, namely Belgic (vzw Free Clinic) and Greece (PRAKSIS), as they were the ones providing some content related to COVID-19.

Belgic

- Stakeholders refer some positive aspects, specifically during the lockdown.
- The repercussions (e.g., number of infections in Free Clinic and similar care service) are reduced.
- Given the restrictions derived from the lockdown, PWUD were sheltered, which originated new opportunities for intervention.
  - It allowed the care service to increase/ maintain the amount of PWUD on HCV treatment.
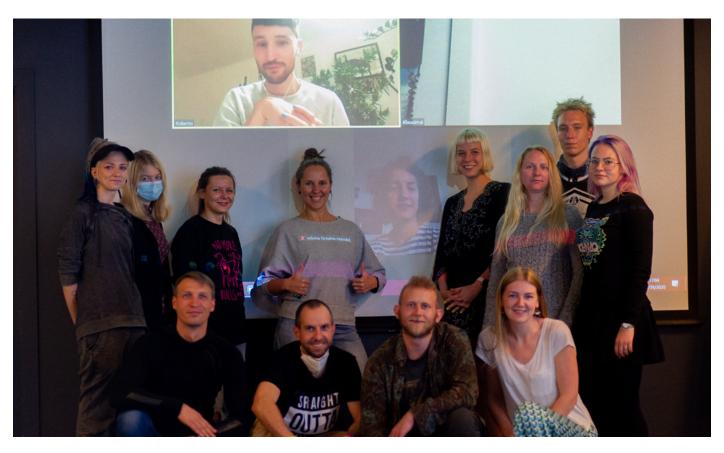
- Some stakeholders refer to the existence of extra strain derived from the pandemic.
  - · The sanitary control might have posed a hindrance to the development of cooperation between stakeholders.
- Some stakeholders refer to the existence of positive synergies to the cooperation (e.g., hospitals allowing for the visitation of buddies).

Greece

- Stakeholders referred the lack of preparation, knowledge and presence of the organisations to cope with the sudden situation of the COVID-19 pandemic.
  - · There is the need for the advanced coordination of the actions and the inclusion/ adaptation of the National Action Plan to the COVID-19 pandemic.
- Due to the COVID-19 added vulnerabilities to the already vulnerable groups (e.g., PWUD, sex workers, HIV+).
  - · The reality registered by the teams is different from the national statistics.
  - · There was also an added difficulty from HIV+ to access specialized care during lockdown.
- Some organisations transitioned from their usual work, to outreach work in order to not stop the support provided to PWUD.
  - · There were some initial difficulties in the first weeks of the pandemic.
  - · Some CSO and NGO started providing safe injection material, protective equipment for COVID-19 and food/water.

- · There was an added difficulty to reach this population.
- · There was an added difficulty to cover basic human need among this population, during lockdown.
- After the initial outbreak, the stakeholders referred the existence of good cooperation.
- Law Enforcement referred the existence of good cooperation with CSO providing outreach.
- There was a lack of solutions for the PWUD experiencing homelessness. It is important to point out that in Athens a shelter opened in order to support that group.
- There were no special measures or guidance on how to conduct intervention with this population.
- There was a preventive measure of locking down prisons to prevent the spread of COVID-19.
- There is a need for the coordination of the available resources on the field of outreach work, especially in case of a second lockdown. The access to basic need should be guarantee to PWUD, especially in the case of a second lockdown.
- There is a string need to have machines that have syringes, masks, and gloves.
- It was proposed, as a possible measure, the prison decongestion of drug offenders as a means to prevent/diminish the spread of the disease.
- Peers should be more involved and have an active role in raising awareness among the community and relevant stakeholders.
  - · Peers should be included in the design and implementation of outreach interventions.
- The outreach work coverage should be extended to non-urban areas.

Chapter 2
Peer2Peer Training and Pilot Intervention

As part of the Peer2Peer Project's achievement of promoting cooperation practices among stakeholders involved in social interventions with PUUD, the training and pilot-intervention component was one of the more important activities.

The premise that some partners have more developed strategies to promote cooperation, namely on the Peer Education Methodology, and that other partners could benefit from learning from them, led this entire process.

Preparation process

The process of the designing of the Intervention Plan and other training and pilot materials started in December 2019. In the second in-person meeting, the partners presented a first proposal to implement all this process were presented and discussed. After that, several meetings between the whole WP3 team, the trainers and the working teams were implemented with support from APDES, as the coordinator partner.

Each Intervention Plan was created using two main tools:

a) **Preparation questionnaire** | The WP coordinator-De Regenboog Groep- prepared the questionnaire together with WP3 team and APDES and it was delivered to the implementation partners. The questionnaires asked about i) general information and context; ii) cooperation; iii) specific services; and iv) pilot-intervention. From the received information, the team matched each trainer to the implementing country and started developing the training materials. All questionnaires can be consulted in the Annexes.

b) **Training session** | The partnership agreed it

would be an added-value to make this process as participatory as possible. In this sense, part of the Intervention Plan was completed and designed during the training in order to match the specific context needs and to create the participatory process.

The Portuguese partner UPorto was also involved in many steps of this process, so that the monitoring and evaluation plan could be aligned with all intervention goals and principles.

Training Experience

The goal of the training is **to improve the capacity of CSOs working in the field of drugs in addressing cooperation between different stakeholders**. Specifically, the training puts forward a methodology that supports the **involvement of people with lived experience** in outreach work, while at the same time it enables the development and implementation of cooperation strategies between different stakeholders.

As a result, organisations will be able to understand better how to establish and/or maintain peer programs, how to support people with lived experience in the development of outreach work activities, and how to reinforce existing structures of collaboration, or to implement new ones. Further, participants will be equipped with relevant information and tools that will improve their advocacy capacity.

This Training Program builds upon the results of several lines of work articulated in the Peer2Peer Project, namely:

i) the results of WP2, specially Needs Assessment and Scoping Review;

ii) answers from the preparation questionnaire and online meetings with the contact person in Greece, Poland and Lithuania, in order to identify main needs and characteristics of the possible participants and then define the main contents categories to be addressed in the Training (and following Pilot Intervention);

iii) online meetings with De Regenboog, Free Clinic, ASUD and APDES to define the contents, the structure of each module and a reasonable tasks division.

The training has been designed with the intention of being implemented in **different context** and to serve **diverse communities** of people who use[d] drugs.

The training was divided in five conceptual modules: i) peers involvement and outreach work, ii) project logistics and stakeholder collaboration, iii) strengthening communication; iv) boundaries, values, rules and conflict resolution; and v) advocacy.

Module 1 | Peer work and outreach work: a conceptual framework

The first module provides a **theoretical framework about peer support and outreach-work**, as what outreach-work and peer-work means and entails allows for different interpretation and approaches. For this reason, we will problematise and attempt to define these concepts.

This modules functions as an introduction to the different understandings of what peer support and outreach work are, what are the different models that exist, and what are the main concepts at play behind their implementation.

Complementing the theory, Module 1 includes an exercise that will help them clarifying what kind of peer work program they want to start, how would it fit to their local context, and what would be the most suitable way to organise it.

Similarly, Module 1 includes an exercise that will support organisation understanding better what kind of outreach activities would fit best to their intervention goals, and to their context. These two exercises are part of the build up toward working with peers and outreach-work.

At the end of the module, participants **will be able to define and articulate what approach to peer and outreach work is the most suitable to their goals and local contexts, and to understand better why and how to better work with people with lived experience.**

Module 2 | Project logistics and Stakeholder collaboration

Building upon Module 1, the second part of the training will guide the organisations into the necessary **steps to design a peer program intervention**. Conceived as a series interrelated exercises, Module 2 will present the **VMOSA methodology** and it will highlight the importance of developing a strategic and action plan.

Planning is understood as the process of developing a logical sequence of steps. Through planning, organisations are able to ensure that the interventions they develop meet the needs of the communities they support. Further, it allows them to distribute the work, and to ensure that all steps are clear as well as that all responsibilities are distributed adequately.

Successful peer projects are the result of the **joint effort of multiple stakeholders**. It is for this reason that the second part of this module focus on **building structures of cooperation with other organisations, service providers and institutions**.

Identifying potential collaborators implies understanding what are the **position, attitudes and arguments** that other stakeholders hold in favour and against the goals of an intervention and how to relate to each of them. Further, it requires an understanding of the **resources** that each bring to the table, whether these resources are knowledge, contacts, or the capacity to allocate or deny funding.

During this second part, organisations will be offers models with which to **practice mapping their local context**, **identify the most suitable stakeholders**, and **how to establish successful structures of cooperation** with them.

Module 3 | Strengthening communication

Communication is essential to all kinds of work, but particularly for outreach workers. Building relationships with communities experiencing vulnerability requires fostering **trust relationships**, **sharing information**, and often **solving conflicts**. The foundation for all of this is communication.

Module 3 will offer organisations foundational concepts and models on communication. Communication is not only speaking. It also involves **listening skills**, **body language** and **gestures**. When working on the streets, it is very important to know and to use non-verbal communication. We highlight the most of these communication skills.

Communication also requires **an understanding of the person with whom we communicate and the position from which we do so**. People are in a constant state of change. The Model of Change (Proshaska and DiClimente) allows participants to understand the state of change

people who they work with are in. The FRAMES model and the BMI model - mostly used in counselling - will offer tools to work with people during very short contacts. Complementing all of these models, PLISSIT will offer peers workers a framework to look at the different roles, and to give insights in keeping their own boundaries.

Complementing the theory presented, Module 3 includes an exercise that will help participants understanding **what kinds communication(s) strategies would fit best to their situation**.

Module 4 | Boundaries, values, rules and conflict resolution

Module 4 has been conceived as a follow up to the previous one. Once we start understand communication in a more nuanced way, immediately we find ourselves questioning how do we orient and articulate our interactions with other people.

Understood as the guidelines or limits that a person creates to help themselves identify safe, **boundaries are the foundation of successful and lasting relationships**.

Through **practice and discussion**, the participants will learn **how to identify their own boundaries**, and to assess **how to negotiate those within the so called *professional environment*** in the field of community work. Examples of these are how and when to exercise self-disclosure of lived experience, or how to ensure well-being.

To do so, Module 4 will also unpack the role that **values** play in putting into practice our relationships with other. Commitment and support to community does not arise out of nowhere. It comes from and is guided by **principles, assumptions and values** that spring from our cultures and lived experiences. Understanding them as guidelines for living and behavior, values will approached thorough a series of exercises that will offer participants insight into the **underlying expectations operating in their own context and communities they work with**. Once this is identified, participants will understand **how to formalise their boundaries and values into rules** with which to guide their cooperation projects.

Lastly, Module 4 will offer participants with a **foundational understanding of conflict resolution**. When boundaries are crosses, values are not enacted, or rules are not adhered to, how can we resolve the consequences that may arise? Frictions, misunderstandings, and unmet expectations are also occasionally a reality in peer. Building upon **mediation roles**, participants will be equipped with a foundational knowledge with which to approach unexpected situations in their peer programs.

Module 5 | Advocacy

Closing up the training, Module 5 offers participant an entry point into some foundational documents that articulate the need for the meaningful involvement of people who use drugs, in the development, implementation and evaluation of harm reduction programmes. As such, this Module is intended to provide participants with relevant foundational entry points that could inform their advocacy activities. Complementing this, the modules includes a second section in which specific practical understandings and methods to advocacy are shared.

Alongside with the main modules, the specific contents responded to the diverse, specific local needs and possibilities of the organization that implemented the training during the Per2Peer Project: EHRA (Lithuania), Praksis (Greece) and Prekursor (Poland).

The training lasted for three days, each module requiring between two and three hours, depending on the needs of the group. However, due to current COVID19 related circumstances, shorter and more concise implementations of the training have been conducted, delivering positive results as well.

Pilot Intervention

The design of the pilot-interventions started at the same time as the preparation of the training, since the partnership saw all WP3 activities as a continuous and participatory process. The questionnaires presented in the Intervention Plan informed about the needs to be addressed and it allowed a first chance to analyse ideas to be applied as pilot-intervention.

In addition, the training sessions were important moments to structure the pilot-interventions in cooperation with the trainees. Some of those trainees were involved in the pilot-interventions, as staff or beneficiaries. The training session, starting from the structuring of each training module, had some time, namely using different methodologies, for the trainees to think and work on the pilot-intervention proposal.

In this sense, the trainers from De Regenboog (NL) in Lithuania (with EHRA and Young Wave - informal partner), Free Clinic (BE) in Poland (with Prekursor) and ASUD (FR) in Greece (with Praksis and with support from CASO - Portuguese Drug Users Association) were a relevant role in the design of the pilot-training, as well as in the implementation and monitoring of the activities.

The context found in the partner reality was very different in each one of them, which motivated very **different pilot-interventions** - with different activities, beneficiaries and stakeholders, goals and contexts of implementation. Nevertheless, this was considered a strengthening of this project, because it allowed for a common framework and reference applicable to **tailor-made interventions**,

increasing the impact of the project action. In **Lithuania**, the pilot aimed to promote community health by empowering the young population in festivals and recreational settings to manage their drug use and related risks in a proper and well-informed way. This was achieved by training activities focusing specifically on festival setting methodologies of work, individual mentorship, counselling activities and dialogue meetings. The pilot was implemented in close partnership with Young Wave (a grassroots organisation led by peers, who are also participating in the festivals, parties while providing harm reduction services). In **Poland**, the pilot aimed to support peer work and sensitising other experts in becoming equal partners within an organisation. This was achieved by training sessions, involving peers in activities, planning and evaluation of the Prekursor's Harm Reduction Program, activities in the PWUD community (namely, flyers distribution and conversations) and action towards CSOs (such as, interviews and discussions). In **Greece**, the pilot aimed to support front liners and public servants directly through training in order to enhance their services and as a result support indirectly the PWUD. Moreover, other goals include communication and linkage among different services and stakeholders. This was achieved by training at front liners and public servants and intervention in the field - it was implemented by outreach workers (a mixed group of professionals and peers who had the training) and it included providing safe injecting material, snacks and water.

In order to the pilot-interventions be comparable and evaluable, the partners worked closely with UPorto to find some indicators and evaluation tools.

LITHUANIA

Promoted by EHRA, Young Wave and De Regenboog Groep

Overview of the situation

According to the 2019 annual report of the European Monitoring Centre for Drugs and Drug Addiction, prevalence of psychoactive substance use is **highest among young people (15–34 years old)**. In 2019, 19.3% of young people belonging to the category of age 15–34 years in Lithuania (almost 140,000) used psychoactive substances (NTAKD, 2019). Nearly half (49%) of 519 respondents who participated in research conducted in 27 places of entertainment in different cities in Lithuania in 2018 said that it is easy to obtain drugs, and 7% said that they used drugs against their will (e.g. somebody put it in their drink, etc.) (NTAKD, 2018). Next to this, 4% of the respondents stated that they use drugs (including marihuana, cannabis, and others) daily or almost daily; 5% a few times per week; 11% a few times per month; 14% once or few times per year; 30% have tried them but do not use them; and 36% have never tried any illegal drugs. Some 79% of respondents reported using alcohol in the last 24 hours, while 47% had used a tobacco product, and 8% illegal drugs.

The most common substances used in the last month identified by respondents were cannabis (25%), ecstasy (7%), amphetamine (5%) and cocaine (5%) (NTAKD, 2018).

Respondents indicated that most often they use drugs at **"friends' and acquaintances' parties" (57%)**. The second most frequent place is **"nightlife settings" (38%)**. Drugs are used at "**various music festivals" (32%)**, "abroad" (30%), and "alone" (19%), while 13% of respondents said "it doesn't matter where you use drugs." When asked what kind of services they would like to receive, participants mentioned "HIV testing" (60%), **"information on the consequences and harms of drug and alcohol use" (56%), and "counseling on adverse effects of mixing different drugs" (51%)** (NTAKD, 2018).

Prevalence of use in the last months has risen **more than threefold** (from 8.3% in 2013 to 26.7% in 2018), in the last year has **doubled** (from 20.1% in 2013 to 39.8% in 2018), while lifetime prevalence has risen by two thirds (from 38.3% in 2013 to 63.2% 2018) (NTAKD, 2019). The proportion of respondents who have never used psychoactive substances has fallen by over a third (from 62% in 2013 to 37% in 2018) (NTAKD, 2019). Cannabis is reported as the most popular substance, with MDMA next.

As it can be seen from the above described data, psychoactive substance use is becoming a part of the cultural and social life in Lithuania, and especially among party goers. However, during the few last years (starting from 2017) few initiatives existed to support people who use psychoactive substances, namely:

1) Non-governmental organizations working on harm reduction and drug policy, with support from the NTAKD (Drug, Tobacco and Alcohol control department) and the Ministry of Health, have been implementing the "Be Safe Lab" project at summer music festivals. Participants can receive professional consultations about the risks and effects of psychoactive substances and safe sex, estimate their blood alcohol content, and get a rapid HIV test. All these services are provided only during the summer and only in a few festivals per year; and this initiative includes only "experts/ professionals" in the team.

2) Another initiative is led by "Young Wave", a grassroots organization led by peers, who are also participating in the festivals, parties while providing harm reduction services (distribution of reagent test kits, distribution of different drug use equipment, providing PsyHelp (psychological support for people who are experiencing negative effects from drugs). In addition, they provide information on risks, consequences and harm reduction related to the use of psychoactive substances. Young Wave differs from the "Be Safe Lab" because it's led by peers - who have an experience in drug use -, and peers-experts - who both have an experience in drug use as well as working as social workers, psychologists, pharmacologists, etc.

In the last three years, Young Wave has witnessed the positive effects of their participation in music festivals during the summer. However, they also have observed that there is a lack of regular and daily harm reduction services for psychoactive substance users, particularly for the big amount of people who party in clubs, and bars. In there, they experience side effects because they do not have an adequate knowledge about a particular substance, or because they consumed something other than intended. Young Wave drug checking questionnaires show that most of the substances checked contain some other drugs,

usually synthetic cathinone. For these reasons, Young Wave decided to start providing face-to-face and online (via Facebook and email) consultations in the heart of Vilnius, for people who are planning to use substances or who are interested in them.

Besides a lack of regular harm reduction services, the actual structures of cooperation between different stakeholders do not have the capacity to contribute sufficiently to the quality of the nightlife of Vilnius. Now there are different organizations who are coordinating activities, in which bars and pubs take part. However, the majority of those lack an adequate understanding of harm reduction as an approach or the kind of initiatives it develops. For this reason, Young Wave finds it urgent at this point to assess the needs of these stakeholders, to identify and involve those who are not part of these structures of cooperation yet, and to find common points of action. Particularly important is to establish cooperation with governmental institutions and to develop advocacy activities to overcome the barriers that stand on the way to do so. Now, Young Wave has identified from their side a reluctance to cooperate with peers, as they are still not acknowledged as professionals and therefore not as equal partners. In Lithuania still prevails an 'old-fashioned' mentality with a rhetoric that sees peers as people unable to help others as they are regarded solely as recipients of support or unfit because of a lack of professional studies in the subject - even though in Lithuania there is not such a "degree".

Community profile

The Pilot Intervention aims at supporting two target groups:

i) **Peers who are providing services in festivals and recreational settings**. Most of the peers belong to the category of 19-35 years old. 60% of them identify as women, and 40% as men. All of the peers are connected through the "Young Wave" organization. Besides providing harm reduction consultations and other services in festivals and recreational settings, they also conduct activities in a newly established office. Service provision is not their main occupation. Most of the peers have a main job and they volunteer in their free time as peers in "Young Wave". At the moment of implementing pilot intervention, half of the team has already a few years' experience in harm reduction, and drug policy while the other half of the team is new and do

not have such knowledge. The organization is providing the team with capacity building meetings, and training at least twice per year, to support their knowledge, skills and capacities. As an organization, *Young Wave* is led by peers - who have an experience in drug use -, and peers-experts - who have both an experience in drug use and working as social workers, psychologists, pharmacologists, etc.

ii) **Young population who attend festivals and recreational settings**. The average age of this group is 25 years old. Sixty% of them are identified as men, and 40% as women. Drug use in this group is social and/or recreational/experimental. Next to receiving information in recreational settings, social media is another space in which the group requests and receives consultation. The most common substances used by participants of festivals and parties are cannabis, ecstasy and MDMA, amphetamine, cocaine, LSD, psilocybin, ketamine. Often, the substances consumed contain synthetic cathinone (such as Mephedrone, methylene, etc.), as evidenced by the results of the check-in service of "Young Wave". Although less consumed, there is also presence of GHB/GBL. Most of this group share their drugs among each other in groups between five and twenty people.

Overall aim and specific objectives of the Pilot Intervention

The aim of the pilot intervention is **to promote community health by enabling the young population in festivals and recreational settings to manage their drug use and related risks in a proper, well-informed way, which fits into their life's concepts**.

Objectives:

i) To strengthen the capacities, knowledge, and skills of the peers in the *Young Wave* organization to provide harm reduction services in festivals and recreational settings.

ii) To increase the access to off-line and online peer-based consultations provided by *Young Wave*.

iii) To establish and/or improve already existing partnerships with key stakeholders for the effective provision of health services.

Results from the training experience

Professional gains	Training outcomes	Follow-up activities
Methodologies and concepts through which to understand better the work they do which can be directly implemented in their daily work. Increased archive of resources and tools to consult after the training. Increased group cohesion, as well as an increased self-awareness - both individually and as a group -, which immediately manifests itself in an increased capacity to provide more effective harm reduction services. Clearer understanding of the advantages and needs for the inclusion of people with lived experience in outreach services. As a result, an increased capacity to advocate for the upscale and improvement of existing peer programs in Lithuania. Clearer understanding of the context in which they work, as well as the main actors in the field. As a result, an increased capacity to start establishing new cooperation with other organizations and/or institutions, as well as the capacity to improve existing ones.	Young Wave's capacity to develop harm reduction services is increased. The development of foundational structures, skills and content with which to implement a peer Pilot Intervention in nightlife and recreational settings in Vilnius, Lithuania. The development of foundational structures and skills with which to support cooperation with other stakeholders, as well as to develop advocacy activities.	Young Wave implemented a peer Pilot Intervention that will contribute to the overall health of the young population in the recreational and nightlife context. The trainer will support the organization with the development of the Pilot Intervention framework, as well as during the implementation if needed. Young Wave developed and implemented a communications strategy, including a stakeholder's analysis, with which to establish the necessary cooperation for the effective implementation of their harm reduction services. EHRA built upon these experiences, and organize a "Dialogue Meeting" in which they will advocate for the upscale of peer involvement in harm reduction, as well as for the need for cooperation between stakeholders in Vilnius.

Results from the pilot intervention

Professional gains	Pilot intervention outcomes	Follow-up activities
New forms of services – online consultations were started in the framework of P2P project. It is evaluated as a much-needed service, because many young people are based in other cities then Vilnius and they cannot come to Vilnius just for the consultation. So online consultations are especially needed to reach out to people, who live in other parts of Lithuania. However, there are challenges related with safety and security of people. P2P provided services are much trusted, then other professionals. It is seen from discussions with clients and some online surveys. However, we believe that it is important to create partnerships and cooperation with experts and provide integrated harm reduction services. Knowledge and skills on principles of P2P work, as well partnership building. New partnerships, especially with governmental institutions.	Increased how-to-knowledge and confidence of Young Wave peers in delivering Harm Reduction counselling. Increased access to health and Harm Reduction information/consultation of the young population attending festivals and other recreational settings. Increased quality of cooperation with key stakeholders.	Increased how-to-knowledge and confidence of Young Wave peers in delivering online Harm Reduction consultations. Increased access to health and Harm Reduction information/consultation through online consultations. Increased access to health and Harm Reduction information/consultation through offline consultations, in Young Wave office (in Vilnius centre).

POLAND

Promoted by PREKURSOR and Free Clinic

Overview of the situation

PWUD experience systemic discrimination. They have difficult access to health care, social assistance and legal advice. The few harm reduction programs in operation offer help, support in dealing with many cases, within the projects they use harm reduction tools and strategies, but over the years little has changed in terms of access to public health and social services institutions. Peer work should be an essential part of the organization's programs and activities, not only because of the effectiveness of this form of work in reaching PWUD, but also in the context of changing the attitude of doctors, law enforcement, social workers and other people working in this area in general. Peer workers should be included in work at every stage of the process. From exchanging needles and syringes, providing information, to assisting in reaching out to public institutions. Most often, it is here that the door is closed for them - precisely because they are drug users, because they are from the community. Recognizing a peer work as a job is one of the things that could affect how PWUD are perceived. It can also make a difference in how drug users perceive themselves (as motivation, showing that their experience is invaluable). Peer work needs to be introduced among PWUD. The community is not familiar with the idea. There have always been people within the community who were active in giving support, guiding, connecting people. Moreover, starting from this – becoming peer worker can be an identity transformation.

The recognition of peer work, the inclusion of peer workers in teams on an equal and partnership basis must begin within the harm reduction organisations themselves. Too often harm reduction programs, which are the only offer of assistance and support for PWUD, do not pay enough attention to the principles that should be the basis of cooperation with peer workers involved. The Prekursor, as the only one who hires peers, has to verify its approach to the idea of peers and re-establish such principles. Prekursor started its peer work project (within harm reduction program funded by the state) with initial idea to have peer work team, operating separately from the main program's team. It was a mistake. Peer workers must be involved in the work of the team (as members) at every stage. They should participate in all team meetings, supervisions, meetings. Peer work should be present in the context of the project implementation not as a side, additional element, but as an integral, inalienable part of the whole program. We plan to initiate a discussion on the topic of peer work in a team - give space also to express doubts, concerns, how they understand the idea. Recognition of peer work is very often impossible because the professionals in harm reduction programs themselves are biased towards drug users. An open, sincere approach to the topic may allow for a change of attitude and then introduce such strategies and practices to other organizations' activities.

Community profile

Clients of the Prekursor's program is a **very diverse group**. Although most of them are opiate-dependent users, they are of different age, with different resources and functioning differently. There is a group of older drug users, most of whom are OST patients. Some of them still take illicit substances, inject methadone, and take risky behaviors. These are people with many diseases, in antiretroviral treatment, with HCV infection (waiting for the treatment). There are people buying a substitute on the black market, not under any medical care, with very limited access to health care and social services. There are young users who are injecting. The vast majority of clients use New Psychoactive Substances. In Poland, with its restrictive drug policy, the NPS phenomenon has spread rapidly, and today they are, along with benzodiazepines, the most commonly taken substances. This creates a particular risk. Among the clients of the program are immigrants from the East (Chechnya, Ukraine, Belarus), who do not have access to health facilities at all (often no legal residence, no insurance, very often no IDs). In this group, the most frequently used substance is heroin, but some people buy methadone. The situation of this group is particularly difficult - due to the language barrier, often-cultural barrier, and the hermetic nature of this community. For the Prekursor team it is particularly difficult to reach them and establish permanent contact. Peer workers coming from this community are needed.

The recipients of the program are also sex workers - the relationship and contact are maintained, but these people have specific needs that go beyond the possibilities of the program.

Despite the fact that the **Prekursor program has contact with the largest number of users in the country**, a large group have not yet had contact with the program and operate completely outside the reach of organizations and institutions. These are injecting drug users who have never done an HIV/HCV test, live far (often on the outskirts of Warsaw), and therefore cannot receive any support. These are most often small groups of drug users who live together and supply substances together. Only peer workers can reach them.

Overall aim and specific objectives of the Pilot Intervention

The aim is **to strengthen peer work and sensitising other experts in becoming equal partners within an organisation**.

Results from the training experience

Professional gains	Training outcomes	Follow-up activities
Knowledge on peer support and outreach work; Clear role and position of peer support in the organisation.	A peer group is established to share experiences and to strengthen each other; Peers will be more involved in the organisation Prekursor; **Establishment of Polish Network of People Who Use Drugs (PoliNPUD)**.	Peers were involved in team meetings, supervision, project planning at Prekursor; A peer-group is established to share knowledge and experiences; An information leaflet was created by peers; A brief-intervention talk about what peer support was made by the group; Leaflets were spread among PWUD and stakeholders; Talks within the Prekursor team, PWUD and stakeholders about peer support happened.

Results from the pilot intervention

Professional gains	Pilot intervention outcomes	Follow-up activities
Change in the way the team functions in the Harm Reduction Program - full inclusion of peers in the work, building partnership; Recognition and appreciation of peer work among the Prekursor team, PWUD environment, other organisations; Transfer of knowledge about peer work, its basics and principles among the Harm Reduction Program team, PWUD community, other organisations; Strengthening the PWUD community, peers and PoliNPUD; Establishing contacts with professionals from other NGOs - perspective for further activities and possible cooperation in order to include peer work in projects; Willingness to engage in peer work among PWUD who were direct and indirect recipients of interventions.	The newly formed PoliNPUD organisation was strengthened. Establishment of contacts with new recipients of the Harm Reduction Program and to strengthen relationships with current clients. Establishment of new contacts with other NGOs working in the drug field. Peer workers implementing the intervention acted as experts, people who are specialists not only in the field of drug use but also in the context of the peer work.	PREKURSOR plans to reformulate the current framework of the harm reduction program and place peer work not as an additional form of activity, but as a pillar, a permanent component of the whole. Peer work meetings are planned to be expanded to include Harm Reduction Program recipients, health care representative, other NGOs, relevant stakeholders. PREKURSOR is supporting the development of PoliNPUD. PREKURSOR applied in the last Norwegian funds for a peer work project. PREKURSOR is working to introduce peer work at the annual National Conference on drugs, national and local seminars and events.

GREECE

Promoted by PRAKSIS, ASUD and CASO

Overview of the situation

The Pilot will include two interventions.

1) The first intervention will be **training**. According to the participants in the Needs Assessment Focus group and the Focus Group, the need for a common training among the members of staff involved in outreach interventions should be available. In addition, many health professionals and front liners who intervene and provide services directly or indirectly to PUPS are not familiar with this field. As a result, we will proceed with a training at front liners and public servants (4 hours/one day) aiming at: i) raise awareness; ii) providing information on Outreach Work (individual, health and social benefits); iii) information on stakeholders intervening in the Field of Addiction in order to refer PWUD to appropriate services. Trainers will be health professionals - experts in the field of Addiction and peers as well.

2) The second intervention will be an **intervention** in the field. It will be implemented by outreach workers (mixed group of professionals and peers who had the training) and it will include providing safe injecting material, snacks and water.

Community profile

Firstly, the trainees will be **front liners and public servants** who provide directly or indirectly services to PWUD.

The second part of the Pilot intervention will **support peers to work with the teams intervening in the field** and it will reinforce their **active participation**. In addition, PWUD will be supported directly by the material provided and the benefit of peers who can become a role model and inspiration for them and professionals as well.

Overall aim and specific objectives of the Pilot Intervention

The goal is **to support front liners and public servants directly through training in order to enhance their services** and as a result, we will support indirectly the PWUD. Moreover, we have as a goal the communication and linkage among different services and stakeholders.

Objectives:

i) Awareness raising;
ii) Providing information on Harm Reduction (individual, health and social benefits);
iii) Information on stakeholders intervening in the Field and theirs services in order to refer PWUD;
iv) Reinforcement of peers;
v) Active participation of peers in the teams providing services in the field;
vi) Support to PWUD.

Results from the training experience

Professional gains	Training outcomes	Follow-up activities
Professionals acknowledged that they should involve widely peers in their teams, that the peers can be very useful because their knowledge about drugs is different from the one of the professionals and that they must help peers to be organised. Peers acknowledged importance of have a strong Drug Users organisation and that they must co-operate with all the other groups of drug users or former drug users.	The training put forward a methodology that will support the integration of people with lived experience in outreach work; while at the same time created the conditions for sharing methods and collaboration strategies between different stakeholders.	Organisations understood better how to establish and/or maintain peer programs, how to support people with lived experience in the development of outreach work activities, and how to reinforce existing structures of collaboration. Other stakeholders understood the extra value of working with peers in outreach.

Results from the pilot intervention

Professional gains	Training outcomes	Follow-up activities
Enhance of knowledge among professionals who are not familiar with the field of Harm Reduction knowledge and also indirectly support to PWUD. The inclusion of peers in the teams and outreach interventions supported the peers and their active participation, the persons who use substances as and the professionals as peers share their acquired knowledge and experience and can become a role model and inspiration as well.	Collaboration among services and professionals and opportunity for stronger synergies; Information on specific topics that are needed in order to further gain knowledge on specific topics; Theoretical knowledge gained; Practical knowledge gained; Creating a linkage among different stakeholders; Providing support to professionals; The overall feedback showed really the need of such trainings as well as the benefit that it could bring. Provision of safe injection material and protective material for the prevention of infection by Covid-19 and snacks as well to homeless PWUD or persons who live in precarious conditions; Collaboration among peers and professionals contributes to better practices and stronger synergies; Providing support and active participation of peers.	The feedback provided by frontlines and public servants proved the need of such activities; There was also a request from the trainees to organize a network meeting among the key stakeholders also in order to exchange and be updated on all interventions. These interventions are much needed and are continued at a daily basis by PRAKSIS staff.

Chapter 3
Peer2Peer Recommendations

Guiding principles in cooperation practices in outreach work

In line with the work developed throughout the project and the analysis dimensions considered during the research stage, within the European Advisory Group and feedback received from the training and pilot experiences, the guiding principles presented below are framed according to the relevant stakeholders identified in the drugs field (especially regarding outreach work), and illustrate the promotion of cooperation among them and the link with the Covid-19 pandemic:

(i)   Law enforcement;
(ii)   Small-scale drug dealer;
(iii)   Academia;
(iv)   Local community- Neighbourhood;
(v)   Support network;
(vi)   Organisations/Associations of PWUD;
(vii)   Policy;
(viii) Peers;
(ix)   Civil society organisations;
(x)   About the Covid-19 pandemic.

(i)   Law enforcement[3]

To create an environment where law enforcement officials feel safe doing their work, namely through opportunities for (in)formal cooperation, (in)formal communication channels and networking among all stakeholders.

There are some hindrances inherent in law enforcement and their symbolic representation, which makes cooperation a very difficult goal to achieve. On the one hand, their presence and/or involvement constitutes a barrier that prevents users from accessing outreach intervention (Bill and Melinda Gates Foundation, 2009; Hammett, et al., 2005). On the other hand, the attitudes towards PWUD and outreach workers and the professional secrecy (and other legal issues) also prevent close work with this stakeholder (Des Jarlais, et al., 2007).

However, it is known that after establishing informal and personal relationships with police officials, officers began to express their support and even help the outreach projects, mostly through referrals (Hammett, et al., 2005). Ultimately,

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3   The Guiding Principles presented in this section are strongly based on- and are presented as- good practices and focused on a results approach. The partnership is aware of the legislative changes needed to implement these Guiding Principles, and those changes are addressed in the European and National Advocacy Strategies and in the Policy Recommendations for cooperation practices in outreach work.

it resulted in a more intense adherence to the project's activities by the users (Hammett, et al., 2005). An example in Flanders (B) is the cooperation between law enforcement and Safe 'n Sound (peer-based organisation for harm reduction in festive contexts) at music festivals, raves, etc. Safe 'n Sound provides information and distributes harm reducing paraphernalia (e.g., disposable snorting straws) with the approval of police workers. The latter also contact Safe 'n Sound when they encounter someone they worry about and when drugs might be a factor. Both actors respect each other's professional secrecy.

In this sense, it is crucial to establish some kind of cooperation with this actor in order to overcome this barricade (Des Jarlais, et al., 2007; Hangzo, et al., 1997; Singh, 1998). The proposal is to advocate and include in outreach projects (namely in the application) specific moments to address the law enforcement stakeholder.

To provide specific training to law enforcement officials on cooperation practices in interventions with People Who Use Drugs.

According to the Peer2Peer research results, law enforcement actions towards PWUD are not as human-centred as they could be. Until now, examples of negative cooperation have been presented more frequently than positive ones.

One of the methods identified to overcome the obstacles associated with this stakeholder is, within a humanistic framework, to provide training or advocacy-related sessions that include humanistic narratives on drug use for community intervention, drug use (including a guide to drug combinations/The Drugs Wheel as an approach to the substance awareness and training tool), harm reduction - including training in strategies to reduce drug-related deaths (e.g. prevention of fatal overdoses by applying basic life support and the timely administration of the naloxone drug) -, blood-borne diseases and gender issues, PWUD rights and limits in proceeding with violence – human rights approach. This has already proven to be effective according to Bill and Melinda Gates Foundation, 2009; Des Jarlais, et al., 2007; Hangzo, et al., 1997; Singh, 1998.

We propose that this training be included in the curriculum of the Police Academy - so that new officers are aware of all these issues before starting their career - and that this is transmitted to them by psychosocial and/or health professionals, Peers, and PWUD, as well as other law enforcement officials working in specific fields or projects closer to cooperation practices. This way of implementing the training will be in itself a sign of cooperation. Besides, the training should take place constantly after the Police Academy and with a repeated framework.

(ii)   Small-scale drug dealer[4]

To promote openings for informal cooperation through informal communication channels.

The small-scale drug dealer can be a very useful stakeholder for promoting contact with (even more) hard-to-reach people. Since this stakeholder has some respect within the PWUD community, openings in the territories to the outreach team and other stakeholders can be promoted, facilitating their work, and he/she can be a channel for disseminating information on safer drug use practices and other relevant information, namely through the distribution of preventive information and materials close to their location; and, afterwards, by retrieving kits from the team and distributing them to users who came to buy drugs. This was proved to be effective by Hangzo, et al., 1997.

However, cooperation with small-scale drug dealer raises some important legal issues, as the sale of drugs is a crime. In this sense, it is important to include this stakeholder strategically in interventions through informal conversations and requests - as some participants in the research process and European Advisory Group indicated. To this end, a specific protocol should be established and implemented in each team - previously discussed and co-written with relevant stakeholders.

This stakeholder is very important when we focus on the quality control of the substances sold. If the outreach work reaches and includes this stakeholder in the intervention, he/she may be aware of the prejudices of the sale of poor-quality substances and the need to test them. For this reason, this informal cooperation can first be included in the festivals and other party scenes in the drug-checking services. In Spain, for instance, Energy Control (an organisation that implements a.o. drug checking initiatives) dealers are involved in spreading information about polluted drugs.

To involve the small-scale drug dealer in online cooperation.

From discussions within the Consortium (including national and international experts), the idea of online follow-up for interventions with young people appears to be a good example and future step towards including and practicing cooperation, especially during the Covid-19 pandemic.

In these online activities, the inclusion of the small-scale drug dealers is as important as in other formats, even if the goals and tasks are different. In this area, cooperation will focus on the dissemination of the activity, will be part of it and a beneficiary. In this way, some legal concerns could be overcome since the contact and the involvement in the activity will not be so directly asked and implemented.

(iii)   Academia

To stimulate evidence-based approaches, interventions, and recommendations.

The social interventions - addressed to any public or any field- must be constructed from experiences and scientific evidence and allow results and process evaluation, in order to increase and improve the scientific knowledge in

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4   The results of this section cannot be concluded by the Greek research results as there was no data reported for that.

the field.

In this sense, it is important to present to the academic field or the 'researchers' the work that has been done as the umbrella of Community Intervention, show them the full potential of the field, point to include in (social) projects, and explain to them the targets and some interesting needs to address in future research (for instance, economics, market research, and family issues).

After their inclusion in the process, the cooperation with this stakeholder will allow the creation of a common strategy, which will lead to an evidence-based need assessment that could make suggestions and influence the political agenda and orientation, policies, and legislation.

To bring the Academia field and the Civil Society sector closer.

Taking the example of the Peer2Peer project, Academia and Civil Society Organisations can work together to produce knowledge by monitoring and evaluating the different interventions and activities. Ideally, these projects will also include other stakeholders, namely community-based organisations (namely PWUD organisations) and decision-makers.

Nevertheless, a major constraint is the lack of funding. There seems to be a generalized and chronic reduction in the harm reduction budget, which is aggravated by the financing of research projects and activities. In this sense, we recommend the inclusion of broader research activities, impacts, and results as eligible in the calls for application, as well as the forecast of specific budget headings related to research activities and costs. A positive example is the support of EMCDDA to the TEDI- group (Trans European Drug Information project).

In addition, another approach is to address the Research Agencies (at different levels), to advocate for the inclusion of cooperation with CSO in their activity plans and budgets.

To include Peers Educators and PWUD in the research process.

The voice and the knowledge of People with Lived Experience need to be included and validated at all stages of the research, as well as validate their expertise. That is, as the Peer2Peer project did, it is important to include them and their views when the team is preparing the research and thinking about research questions, focus-group and interview activities, and working groups. For instance, allowing them to talk about themselves about needs, obstacles, positive aspects, and thoughts about previous experiences, as well as creating phases of content and results analysis. In this way, the process is truly participatory and will be more effective.

To put this proposal clearer, we suggest that all research studies in this field must organise a community session and/or a community report (to return results to participants).

To acknowledge the Peer Work in the Academia and the different ways to produce knowledge.

People with Lived Experience can be producers of knowledge within the Academia scope or in other contexts, such as CSO.

As highlighted by the European Advisory Group, some researchers also assume the role of Peers (including in the Peer2Peer project team), to have past or present lived experience in drug use. Following this premise, the profile of a Peer is not only the person who works in an outreach team and daily and directly contacts with current drugs users, providing services and support to those people, but can also be actors in other contexts in which they have a fundamental role in the production of Academic knowledge, giving meaning to interventions and results at the Academic level and articulating the different sources of data.

At the same time, the knowledge is not only created at the Academic level. A bottom-up research experience and approach is also relevant, inclusive, and used, for instance, by CSO, in which Peers can play a significant role and add validity and fidelity to the results.

The applicability of this principle is important for the achievement of the previous principles and is an integrated approach to strength cooperation at the Academic level.

(iv)   Local community - Neighbourhood

To cooperate to change the vision of the local community towards PWUD.

First, the stakeholders in the field identified the need to change the way drugs, drug use and PWUD are seen by the local community. This is aligned with the literature where the creation and sustainability of a supportive environment within the general community appears to be difficult to achieve (Sotero, Lotta and Oliveira, 2019). Occasionally, the residents of a neighbourhood may be against the procedures of the outreach work in their community, which may hinder intervention and future steps of local cooperation.

In this sense, the work teams should have a specific protocol to address this issue, ideally integrating other organisations or groups of interested people. This protocol should include activities such as advocacy training skills sessions (Bill and Melinda Gates Foundation, 2009), or a meeting to debate and clarify community apprehensions (Hangzo, et al., 1997). One point that was revealed was the need to raise awareness of this topic in local communities, notably through the construction of human narratives and involvement with local decision committees (social commissions, local parish) to demonstrate who are the PWUD and revert *not in my backyard* policies and practices.

To address partnerships in the neighbourhood.

After the previous process is started, the local community could be a valuable resource in the intervention with PWUD. Their social participation should be desired, planned, and

implemented at the beginning of the project, namely by establishing secondary distributors to act as an extension of outreach workers and contact with local businesses and key locations for the PWUD population.

(v)   Support network

To ask for consent when it comes to integrating reference persons in the intervention.

Following Walsh, Gibbie, and Higgs' results (2008), it is known that integrating people from the PWUD support network (e.g., family, friends, colleagues, among others) is beneficial and effective in what concerns positive outcomes. However, as discussed at the meetings of the European Advisory Group, some traditional members of a support network are often and in specific situations a cause of pressure or violence.

In this sense, it is always needed to clarify who is a recognisable member of the support network and ask for the consent of the PWUD on the inclusion of someone in particular. This consent does not need to be formal and written but must consist of at least one frank conversation and the presentation of the goals of the proposal and the implications of the decision.

That said, the following principles are based on the assumption presented above.

To include the support network as a channel to build community acceptance with outreach interventions.

The team (outreach from the civil society or Government or any other) should contact the members of the support network, in order to involve them in this specific trajectory of the person who uses drugs and this stakeholder, understating the importance of the service, and showing that it can play an important role as an intermediary in the relationship with the community, in particular by explaining to them - in an understandable language - the work the team is developing.

To allow the support network to be a member in the activities.

Although it is important to have clear limits on the support network and its role, the family or other entities or a significant person in the life of a PWUD must be included as far as possible in the activities (Walsh, Gibbie, and Higgs, 2008), while also inquiring them about their opinion of the team's efforts (Hangzo, et al., 1997). For each service provided by the outreach team, action executed by a law enforcement and any management, evaluation, or research activity proposed by the Academia, it is necessary to think about the possibility of the support network initiative and how everyone can take advantage of its positioning.

This could be implemented in many ways: i) the significant person accompanies the user to service providers or clinical appointments; ii) the significant person is heard, and their support is taken into consideration before any action; iii) the significant person perspectives and history are included in the design of activities or suggestions of any project.

(vi)   Organisations/Associations of PWUD

To guarantee the same access to organizational work, with stakeholders ensuring PWUD voice and engagement in decision-making processes.

As primary advocators and social activists for the well-being of people who use drugs, these associations need to know what is being done on the ground and their impacts on the community, namely through regular meetings with other stakeholders, opportunities to go to the streets with the outreach team, and through the use of an effective system to collect the opinion of the users. From that, they can present their suggestions, from the point of view of the person with lived experience, explain the feedback of the community, and, most importantly, respond to the needs of all stakeholders in a holistic manner and in a public way, that is, using their advocacy power, especially for Governments.

However, the set of stakeholders, especially the outreach teams, need to understand that each organisation of PWUD is different and may adapt the approach and the expectations. In this sense, it is fundamental to establish standard boundaries and rules for cooperation practices.

To present this stakeholder as an option for the future of the drug user.

From the discussion with the experts, we conclude that this role of having a voice representing the community could be very appealing to the drug user. In this sense, there should be space for the association to share its experience, goals, and it must open a safe space for all people who use drugs to contribute.

Nevertheless, these organisations need to make themselves credible to work with. This begins with the awareness that they represent a larger group (the community of PWUD) and with their ability to transcend themselves as individuals. Besides, actions focused on the empowerment of these groups, or PWUD individuals who show interest in activism enrolment, are in need.

A very important point, which has been claimed by Peers and other experts, was the need to have legal status to be able to have equal opportunities for financial support and, therefore, be equal partners even in a specific partnership.

(vii)   Policy

To make politicians responsible for the coordination of all stakeholders.

From the qualitative research conducted in the project, it was clear that this stakeholder must lead the actions of cooperation.

In fact, given the multiplicity of fields that ought to be involved in drug-related initiatives (Sotero, Lotta, and

Oliveira, 2019), it is crucial to gather governmental support in outreach work interventions (Garofalo, Soares, and Cordeiro, 2015). The support from governmental institutions and/or officials is a vehicle for improving a project's credibility amidst the community (Sotero, Lotta, and Oliveira, 2019).

Since this will be a huge task - given the number of stakeholders participating- it is important to assign someone to this work and prepare a well-structured case management tool with all the institutions to apply in some territories, an agenda for the meetings and activities to be developed and a communication procedure between the stakeholders. This task could be facilitated by electing a representative/delegate person of each stakeholder to address and communicate (to the person allocated to this position) the concerns of the field he/she represents.

The Authority that may have this coordinating role may be the National Coordinator for Drugs, established in each country. This Authority should not depend on the differences among political parties, but be an Authority that can coordinate, support, improve, suggest, and implement with the cooperation of all key stakeholders.

To stimulate the Politicians to proactive actions (rather than reactive actions to crises).

Since Politicians in general, and Governments in particular, tend to be linked with the current legislation, it is important to boost them towards active actions and changes, give them understandable data and arguments and invest in a long-term advocacy strategy.

To invite them for small activities (such as the internal discussion forum) and training is a step towards integrating them into the routine of other stakeholders and then influencing these actors.

Another important observation is that the stakeholders highlighted in this document can work closely with regional and local Authorities. While it is important to reach out to national or European politicians and try to influence their attitudes and decisions, this is a very difficult and resource-spending task. In this regard, and in a complementary perspective, the stakeholders, namely outreach teams, may invite and present their activities, proposals, and impacts to local or regional politicians, including the youngest, with an interest in this area and who are open to the possibility of getting involved in the cause, in particular by taking the issue to national stages. Besides this, the impact on the territory could be greater if we contact politicians closer to the field and better able to understand the local needs.

(viii) Peers

To recruit the Peer Educator based on the personal knowledge and lived experience and ability to work with the target population.

Peer recruitment seems to place more emphasis on the attitude and street knowledge of the individual, than on formal education (Weeks, et al., 2009). Although basic communication skills are, at times, required (Walsh, Gibbie, and Higgs, 2008), network centrality is the object of priority (Weeks, et al., 2009).

This tends to be important because Peers who have relevant roles and ties in the drug user community might have greater access and potentially more influence over PWUD (Abdul-Quader, et al., 1992).

Continuous drug use does not seem to be a fixed criterion. Within the partnership and experts' groups, it was agreed that it is not the main relevant issue when contracting a Peer, although it was consensual that the active Peers who use drugs need extra supervision from the colleagues.

At the beginning of the working collaboration, there must be an initial conversation about his/her role and about what is expected from him/her. The results of this conversation need to be very clear to everyone in the organisation, namely through an internal guide about the competencies, resources, rules, and specificities of the team or project. The coaching of peer workers is of paramount importance and must be an ongoing/permanent resource.

To provide training on important topics, such as harm reduction, Blood Borne Viruses (BBV) education, prevention, epidemiology, Hepatitis C and other STI, as well as on communication skills and community mediation.

In the welcoming process in a team, it is important to provide training to the Peer, as a way to actualize the expertise of the person: the knowledge of someone who knows the situation and the whole process of using drugs. Thus, it is possible to conjugate the important knowledge of the street with scientific knowledge and different approaches for hard-to-reach populations.

The training seeks to endow Peers with the necessary aptitude to conduct the health-related activities with the least number of challenges and this has been shown to have a great impact (for instance by Andersen, et al. (1998), Dickson-Gomez, Weeks, Martinez, and Convey (2006), Weeks, et al. (2009), Colón, Deren, Guarino, Mino, and Kang (2010) and Guarino, Deren, Mino, Kang, and Shedlin (2010).

In addition to health-related training, including in their curriculum a specific module that addresses communication skills, is very necessary so that after the sessions, trainees ought to be able to approach PWUD conversationally and educationally (as evidenced by Weeks, et al., 2009). Besides, the training should focus on work organisation, strategic planning, conflict resolution, and frustration management, setting limits and knowing the service network (and how to access it, articulating strategies).

To clearly define the general and specific tasks of the Peer keeping in mind the unique inputs they can provide to the outreach work.

Peers should be able and have the opportunity to perform specific tasks as other outreach workers. In this

way, they can be responsible for education about Blood Borne Viruses (BBV), distribution of safer use materials (i.e., sterile water, bleach, and condom), basic and more specialized assistance of social services (i.e., food, shelter) and needle and syringe exchange. At the same time, they can be responsible for the safe collection and disposal of those used directly from PWUD, shooting galleries and other locations in the community (i.e., public bathrooms, parks).

In addition, the members of the European Advisory Group agreed that they could also be responsible for micro-planning. Peers have a responsibility to analyse risk behaviours of PWUD and track shifts in hotspots, so that the outreach team can prioritize those most at-risk in the community ensuring, consequently, maximum coverage (as suggested in Hangzo, et al., 1997).

There is also the supplementary part of service referral and mediation, where Peers, due to the understanding of most of the problems of the users give guidance and information of existing services and even facilitate the exchanges with other professionals (as indicated in Ayon, et al., 2018).

To include Peers as organisation's employees through a specific regime or bond.

At the moment, the job is not yet regulated in many countries and contexts. Abstractly, when a job is not regulated and there is no defined base salary, that gives a social message (to the community, Academia, or other professionals/stakeholders) of no validation or less value of the work and the contribution as professionals.

In this sense, fixed payments, working in the same way as or similar to a salary were important, since Peers are being asked to adhere to a schedule, where they conduct outreach, and should be compensated as such. Even so, by rewarding their work not only one acknowledges them and what they do, but it is also possible to reinforce their role as Peers (Dickson-Gomez, Weeks, Martinez, and Convey, 2006).

Currently, the regime for this payment diverges in different locations and, for that, the partnership concludes it is beneficial to discuss it with the person. Essentially, it could work as a per-task incentive, where Peers receive a fixed amount when certain assignments are successfully performed (Des Jarlais, et al., 2007) or reward Peers with hourly or monthly stipends (Guarino, Deren, Mino, Kang, and Shedlin, 2010).

Notwithstanding, the job title is not yet regulated and that is an important point that is lacking and must be addressed in the advocacy efforts of Peers Educators.

To prepare and operationalise a guide regarding the risk of relapse.

The main concern that Peers and other professionals manifest when joining efforts with outreach workers is the associated vulnerability to relapse. Former users constantly face the psychological pressure of relapsing, due

to the possibility of encountering past running friends (i.e., someone with whom they hustled and shared drugs) or the possibility of entering personal trigger locations. Colón et. al (2010) and Abdul-Quader et al. (1992) refer that this particular concern can be overcome with appropriate guidance and counselling. We believe the starting point should be not to focus on this issue, since this is stigma-inducing and essentially irrelevant to the extent that a peer worker has far more talents/characteristics than drug use-related ones.

Furthermore, the consortium believes that former PWUD are familiar with their own specific signs that point to the risk of relapse and have learnt to become aware of any relevant behavioural changes. In both instances, **coaching** on this issue can be needed and knowledge thereof is essential, and, besides that, it should be ensured that Peers are safe when a relapse may happen, namely with psychological and medical support available on a voluntary basis.

Furthermore, it is relevant to create a **contingency plan** to guide the response as an organisation to incidents involving Peers, including how to deal with relapse by establishing a criterion to define when this becomes a matter of urgency and/or influences the peer worker's professional functioning. We need to add, however, that no such universal criteria exist. We believe it is advisable to depart from the way a peer- or any professional for that matter- executes her/his job.

To act as an inspiring example to People Who Use Drugs.

The Peers should have in mind the great opportunity this job could be for themselves and for others.

Internal reflections showed that many Peers are able to realize that it has a constructive impact on their life. The most referred facet is the heightened sense of self-worth due to their involvement in their community and knowing that what they were doing was making a difference. In the end, Peers are able to recognise that the abilities they developed were valuable skills that could be applied to and for the rest of their lives.

As we said about the drug users' organisations, the role of having a voice and performing daily work activities within the community and leveraging personal learning could be very appealing to any drug user. This idea of spreading the word about other life possibilities in the community is a very important task for Peers.

(ix) Civil society organisations

To advocate for an increase in the financial support allocated to CSO working in the drugs field.

One of the field's historical issues is its under-financing, which has been strengthened and aggravated in several countries in Europe (and other parts of the World) in the past few years. In this process of cooperation, and taking advantage of moments such as training, partnership

interventions, events, and others, this issue should not be forgotten and can be addressed in many ways and moments, even in the format of awareness-raising.

To provide appropriate work conditions for Peers, either by providing similar or specific conditions.

Linked to the previous principle, CSO referred to the need for additional financial support when it comes to providing decent working conditions for Peers.

In line with other suggestions, the first step - which is already in place in many contexts - is to sensitise the stakeholders, for example by involving them in the training - and present concrete evidence.

To share good practices and understandable information.

In order to reinforce the role of CSO and disseminate their work and results, those organisations should promote- and involve other stakeholders- activities to inform the general public and demystify beliefs.

(x) About the Covid-19 pandemic

Although the research process was not focused on the Covid-19 pandemic issue, the results and experiences from the partners were discussed within the partnership. In this sense, the following Guiding Principles are proposed.

To foresee in the National Action Plan on Drugs (or other legal instruments) the necessary adaptations to respond to PWUD during pandemic (or other exceptional) times.

The countries have their own Strategy or Actions Plans to translate the Drug Policies into community services. An effective translation of public policies requires good implementation and regulation procedures. Thus, these institutions are called to monitor the quality and impact of the interventions in the drug field. Moreover, intermediary institutions have a key role in opening a communication channel where information could flow between the decision-makers and the social actors playing on the ground.

In this sense, these documents and the institutions that design and monitor them should include and be aware of the specific needs of bridging the gap during pandemic times. As it is increasingly likely, the World is going to face other pandemics, and, for that, all structures must learn from the Covid-19 pandemic and prepare for the future.

To prepare specific Cooperation Plans aimed at extreme and exceptional situations.

Although the partners mentioned good cooperation levels during the first phase of the pandemic, that new situation caught everyone by surprise, given the extreme circumstances. As already stated before, the World is going to face other pandemics, so the Governments, CSO, and other stakeholders should take conclusions from the Covid-19 pandemic and prepare Cooperation Plans so that all institutions involved could know how to proceed: services to maintain and under what conditions, adaptations and changes, such as prioritizing cases and requests from the beneficiaries, having in mind the specific needs of this populations.

To design and implement measures aimed at better cooperation in the use and allocation of resources.

During the pandemic, especially in its first stage, the lack of resources (human, safety materials, user materials, monetary) was both a fear and a reality in some moments and places.

For the next phases of the current pandemic, but also for future situations like this that we are living in now, it will be relevant to stipulate some measures, so that the available resources are distributed in an equal and reasonable way among all stakeholders and organisations involved.

Some examples are the creation of a task force at a national and local level to monitor the resources allocation, the use of advanced management mechanisms and tools, the establishment of temporary centres for collection of materials, and shared documents to update each organisation's situation regarding the delivery of materials.

To install machines for delivering syringes masks, gloves, containers (among others) in strategic public spaces.

The pandemic times can be an opportunity to learn, reflect, improve, and innovate in outreach work.

An important part of the work with PWUD under analysis in the Peer2Peer project is related to the provision of social and health services, as well as materials for safer drug use and, in the past months, hygienic label materials. Given all the vulnerabilities and poor social conditions of the population, the interruption of services was not an option and it was highly necessary to sensise and give material information on how to prevent a Covid-19 infection. To facilitate contact with the target group in a safer way, it is recommended to install public machines for the delivery of syringes masks, and gloves (among others) in strategic places. That option was already in place at some locals (as in Antwerp, Belgic) even before the pandemic, proving its efficiency.

To prepare Internal Emergency Plans aimed at extreme and exceptional situations.

During the pandemic, CSO and other organisations have prepared and since then are adapting Contingency Plans to deal with the new situation. However, those Contingency Plans should be revised and improved with the lessons learnt in this period, in order to be translated into (stable) Emergency Plans to be used in the future. The Emergency Plans should define the procedure when facing an extreme

situation, the priority beneficiaries, and the necessary adaptations to the service, that will be in charge of each task, delivering safety measures, and material distribution, among others.

To produce and update realistic data.

The data is a source of knowledge not only to inform those who work in the ground, but also to inform decision-makers and lead their action.

In this sense, CSO and/or Academia (or other institution capable of it) must collect and analyse data even during pandemic times- especially during lockdown- so everyone involved have access to a complete and realistic image of what is happening with PWUD and other hard-to-reach populations.

In order to be able to do so, it should be clearly defined in the Cooperation and Emergency Plans.

To encourage Peers to have an active role in raising awareness among the community and relevant stakeholders.

As we formulated in other principles, Peers can perform an active and fundamental role in the intervention prepared and implemented during the pandemic.

At times, when contact with the beneficiaries presents increased obstacles, the Peers are required to have an even more relevant job, since the co-production of service provision by the users themselves can have affirmative effects on the improvement of the value of the procedure and its results, by profoundly altering the relationships, positions, and rules among the stakeholders involved.

CONCLUSION

In this E-Book, we intended to compile empirical and research information on cooperation practices, taking into consideration the local and social contexts of the work teams in which these processes can be beneficial. We also proposed practical recommendations that serve as basis for the implementation of projects or actions aimed at the implementation of cooperation between different stakeholders, namely focusing on the integration of PWUD through the figure of the **Peer**.

According to the information gathered throughout the Peer2Peer project and the research carried out, we concluded that the role of the strategies of cooperation, in terms of integration, communication and empowerment must be guided by concrete and operational proposals, to which the individuals and institutions can relate to (in a direct and pragmatic way). This action implies working with each stakeholder and (at the same time) carrying out advocacy and awareness work amongst the local actors (social support networks) to promote the effective creation and design of integrated programmes.

The main objective for developing a training program and tailor-made pilot-interventions was to make clear the added-value of **working together**, namely in what concerns to Peers. Therefore, much should be done to improve their training and employment conditions, in order to strengthen the results of their interventions and their impact in the communities they work with.

Regarding clues to the future, two main axes of action were trigger off during the project and now could be boosted by the capacitated organisations and empowered stakeholders. From the one hand, the CSOs need to **internally** work on how to fully include and recognise Peer Work, namely with the creation of specific guides, codes, practices and prioritization of participatory methodologies in their daily work life. From the other hand, **intensive lobbying and extensive coalitions** should continue to be put in place and reinforced by CSO, Peers and other stakeholders to the acknowledge of the Peer Work, provision of structured and consistent information to strategic decision and policy-makers, in order to trigger off extensive policy changes, and also reinforcement of the advocacy plans already in place with new actors and updated strategies.

The Peer2Peer project was an important and meaningful step towards Peer Work recognition in contexts before apart from the **Peer Education Methodology**. This proposal will most certainly be enriched over time but we believe that at least an important milestone has been promoted for a wider debate on cooperation practices in outreach work and professional recognition of Peers.

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peer2peer

Reinforcing Peer's Involvement
in Outreach Work