Solution #1 Scaling Substance Use Peers Across Interior Health Acute Care

Student-led Cafe — HLTH 5200

November 5, 2025

ERIC ELIGH

SCALING SUBSTANCE-USE PEER (SUP) SUPPORT ACROSS ALL IH HOSPITALS, VIA IN-PERSON AND VIRTUAL ACCESS.

(1) COUNTER STIGMA, PROVIDE CLIENT-CENTRED SUPPORT, AND ADVOCATE FOR PWUD

(2) ACCOMPANY PATIENTS TO SANCTIONED SPACES WHEN ON-SITE OVERDOSE PREVENTION IS ABSENT, REDUCING COVERT USE AND ENSURING OVERDOSE-RESPONSE CAPABILITY

(3) STREAMLINE REFERRALS TO EVIDENCE-BASED INTERVENTIONS

(4) INTEGRATE WITH EXISTING SERVICES - EMERGENCY DEPARTMENTS, INDIGENOUS PATIENT NAVIGATORS, AND HOSPITAL OPS

(5) 24/7 VIRTUAL COVERAGE WHEN IN-PERSON PEERS AREN’T AVAILABLE

Acute Care Reality

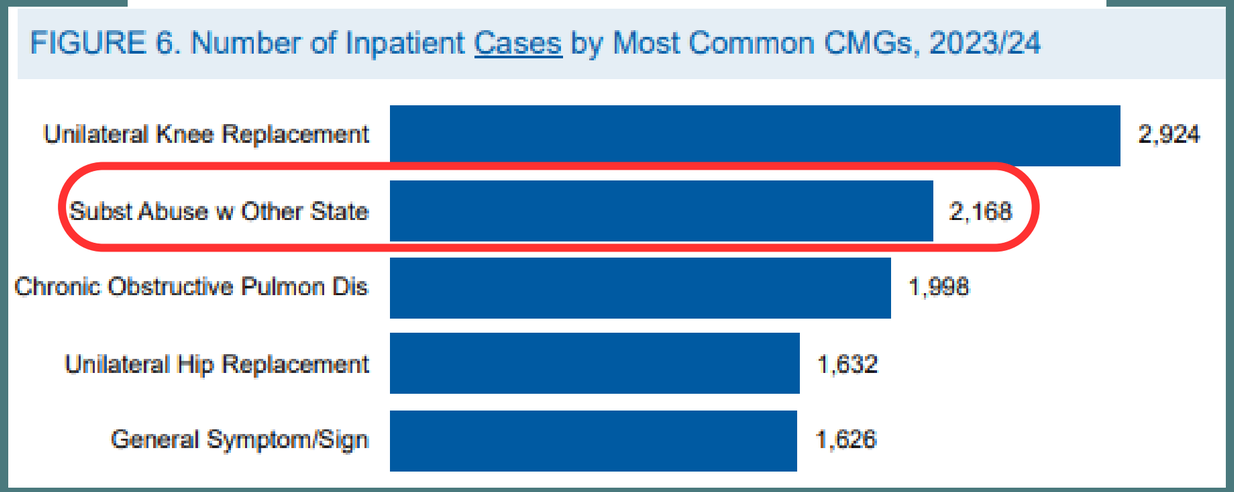
Opioid-related poisoning and anoxic brain injury in Canada: a descriptive analysis of hospitalization data

Between April 2019 and March 2020, for Canada (excluding Quebec), there were a total of 4,433 opioid-related poisoning hospitalizations.

Interior Health
Data & Analytics Services

Interior Health Hospitals Facility Profile - 2023/24

FIGURE 6. Number of Inpatient Cases by Most Common CMGs, 2023/24



CSUCH Canadian Substance Use Costs and Harms

Substance use led to $13.4 billion in healthcare costs in 2020.

This was equivalent to $386 per person in Canada.

Healthcare costs include:

Inpatient hospitalizations,
Day surgeries,
Emergency department visits,
Paramedic services,
Specialized treatment for substance use disorders,
Physician time and
Prescription drugs.

What Is Peer Support?

Principles

Mutual, non-hierarchical relationship
Person-centred and voluntary
Self-determination
Trauma-informed practice

Core characteristics of a peer/peer worker

Lived/living experience
Empathy
Compassion/caring
Authenticity
Strong interpersonal communication
Relationship-building
Intentional presence

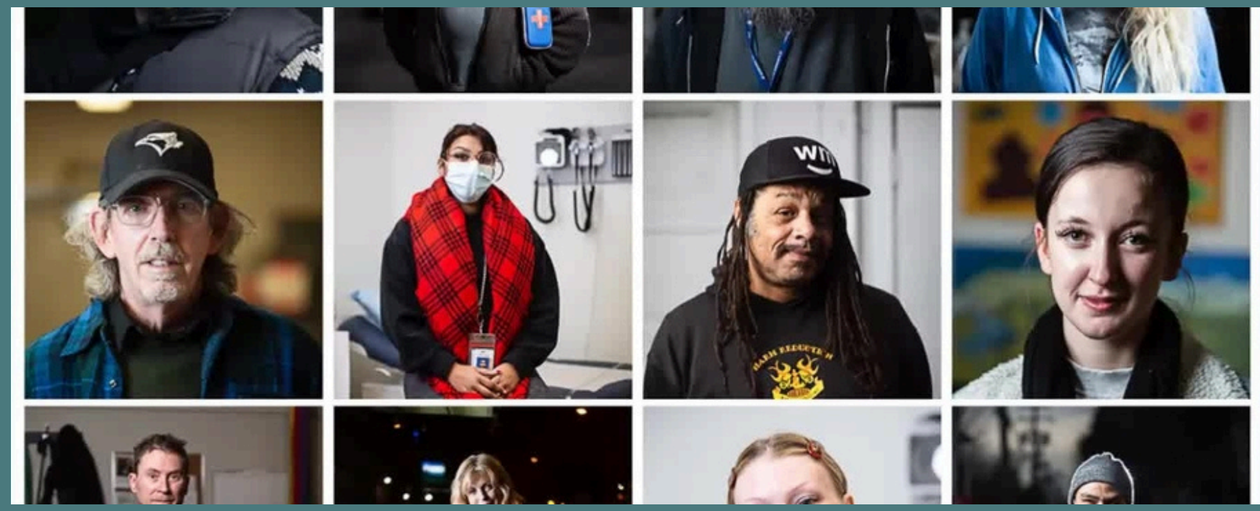
What defines peer services?

Grounded in shared experience
Relationship-based (not clinical/diagnostic)
Recovery-focused (non-linear; harm reduction compatible)
Always voluntary & self-directed
Flexible to context while keeping peer identity distinct from clinical roles.

Evidence

KEY INDICATORS

- Reduce stigma and increase trust in ED encounters
- Clinician time optimized
- Increase in navigation to OAT/detox/housing/ID
- Increased access to harm-reduction education & supplies
- Facilitated witnessed consumption
- Reduced emergency care utilization
- Improved connection to community services

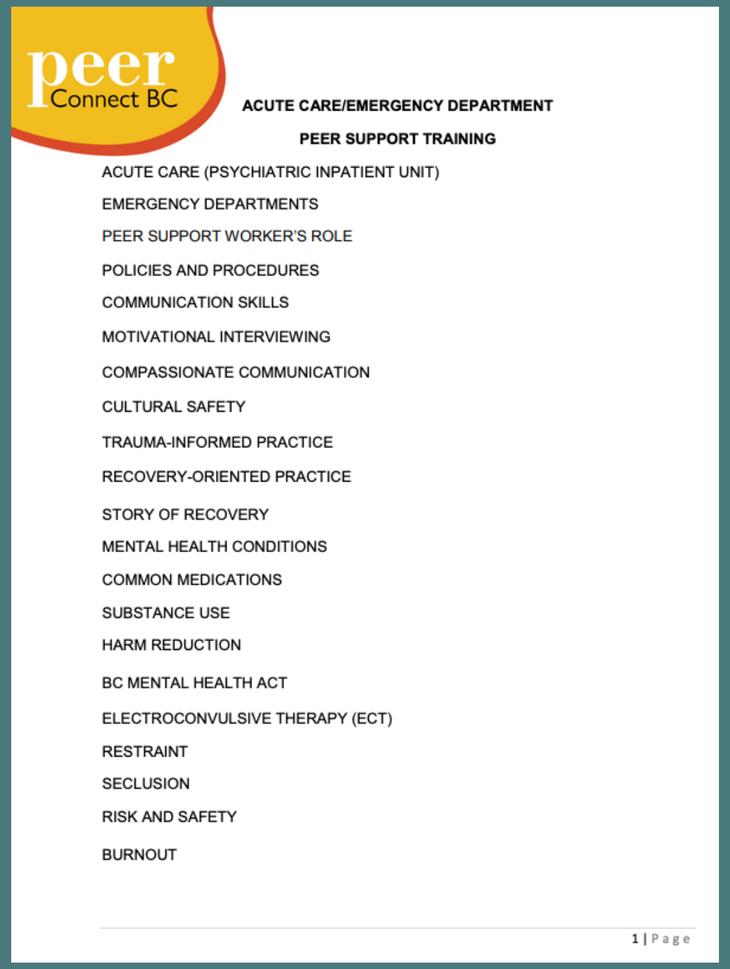


“ED nurses reported in the survey that having PSWs present reduced their workload and improved overall job satisfaction”

Peer Support Programs

- ANKORS, AIDS Network Kootenay Outreach and Support Society
- AVI Health & Community Services
- BC Centre of Substance Use – Peer Support Program
- BC Mental Health and Substance Use Services (BCMHSUS)
- Canadian Institute for Substance Use Research (CISUR), University of Victoria Coalition of
- Substance Users of the North Community Action Initiative (CAI) Downtown Eastside SRO
- Collaborative Society
- Frances Street DCS ClubHouse (Program of DUDES Club Society)
- Interior Health Peer Engagement and Inclusion Program
- New Leaf Nanaimo
- New Westminster Overdose Community Action Team
- Oximeter Study Project
- Peer Engagement and Evaluation Project (PEEP)
- Peer Engagement Network
- Peer Navigation Program at AIDS Vancouver
- Peers Victoria Resources Society – Housing Overdose and Peer Prevention Services (HOPPS)
- PHS Community Services Society (PHS)
- Powell River Employment Program (PREP) Society
- Purpose Society Peer Programs: Harm Reduction Support Peer Team
- (Burnaby, New Westminster, Tri-Cities, Maple Ridge)
- Quesnel Shelter and Support Society Raincity Peer Witnessing Program – Vancouver
- SFU BC Campus Project
- SisterSpace and Sister Square – Atira Women’s Resource Society
- SOLID Victoria
- Squamish Helping Hands
- The Folks on Spokes Clean Team (FOS)
- Vancouver Coastal Health – Harm Reduction Peer Program
- Vancouver DUDES Club
- Western Aboriginal Harm Reduction Society

Guiding Resources



peer Connect BC

ACUTE CARE/EMERGENCY DEPARTMENT

PEER SUPPORT TRAINING

ACUTE CARE (PSYCHIATRIC INPATIENT UNIT)

EMERGENCY DEPARTMENTS

PEER SUPPORT WORKER'S ROLE

POLICIES AND PROCEDURES

COMMUNICATION SKILLS

MOTIVATIONAL INTERVIEWING

COMPASSIONATE COMMUNICATION

CULTURAL SAFETY

TRAUMA-INFORMED PRACTICE

RECOVERY-ORIENTED PRACTICE

STORY OF RECOVERY

MENTAL HEALTH CONDITIONS

COMMON MEDICATIONS

SUBSTANCE USE

HARM REDUCTION

BC MENTAL HEALTH ACT

ELECTROCONVULSIVE THERAPY (ECT)

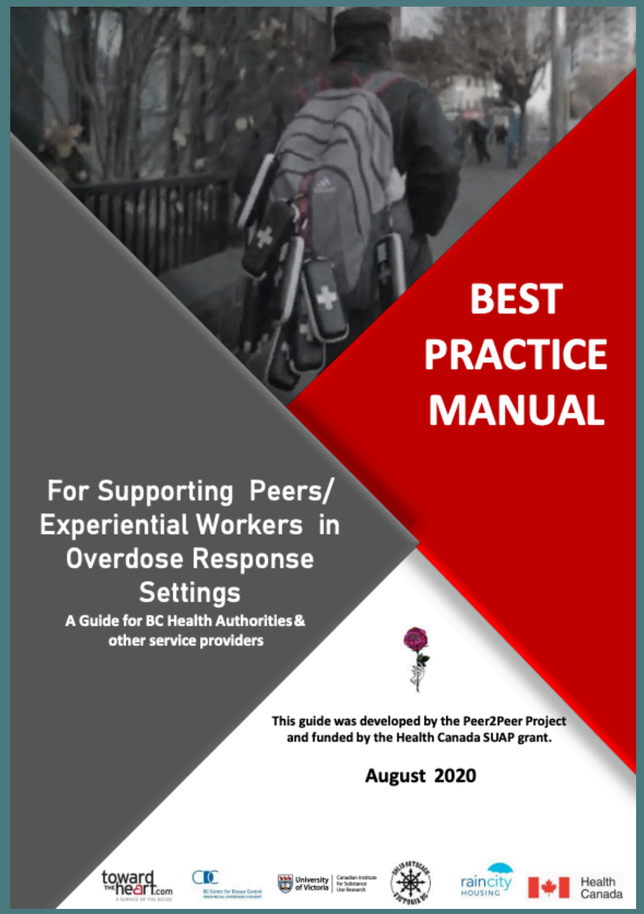
RESTRAINT

SECLUSION

RISK AND SAFETY

BURNOUT

1 | Page



BEST PRACTICE MANUAL

For Supporting Peers/ Experiential Workers in Overdose Response Settings

A Guide for BC Health Authorities & other service providers

This guide was developed by the Peer2Peer Project and funded by the Health Canada SUAP grant.

August 2020

toward the heart.com | BC Centre for Disease Control | University of Victoria, Canadian Institute for Substance Use Research | raincity HOUSING | Health Canada

February 2018
V1

PAYING PEERS IN COMMUNITY BASED WORK

AN OVERVIEW OF CONSIDERATIONS FOR EQUITABLE COMPENSATION

In partnership with the Paying Peers Working Group

Sincerest thanks to the late Larry Howett for his review of this document.

Provincial Health Services Authority | toward the heart.com | BC Centre for Disease Control

VERSION 2
DECEMBER 2017

PEER ENGAGEMENT PRINCIPLES AND BEST PRACTICES

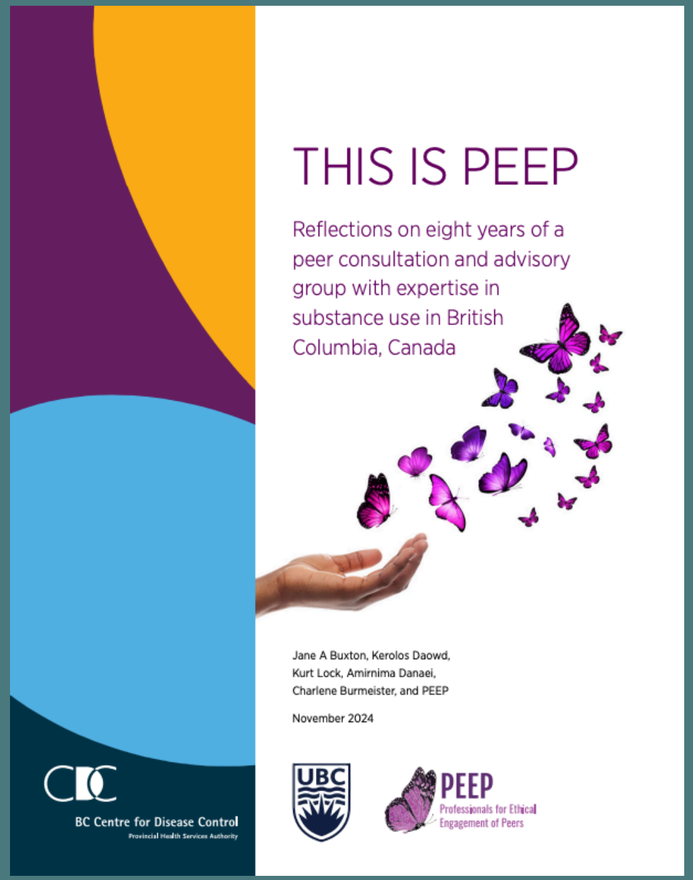
A GUIDE FOR BC HEALTH AUTHORITIES AND OTHER PROVIDERS

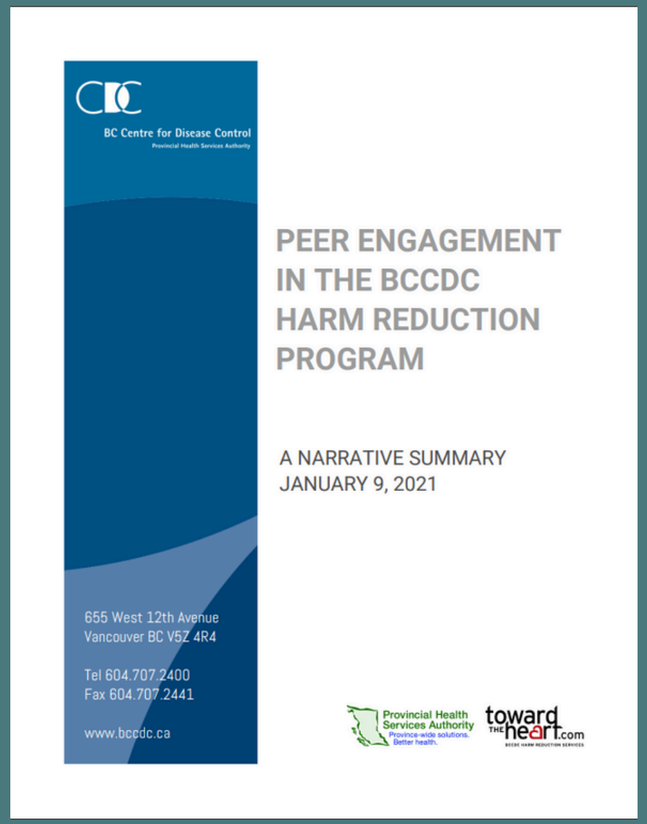
Written in partnership with peers and providers

Provincial Health Services Authority | UBC | toward the heart.com | BC Centre for Disease Control | WALL

This guide was developed by the Peer Engagement and Evaluation Project Team through a research project funded by Peter Wall Institute for Advanced Studies

Evaluation


THIS IS PEEP
Reflections on eight years of a peer consultation and advisory group with expertise in substance use in British Columbia, Canada
Jane A Buxton, Kerolos Daowd, Kurt Lock, Amirnima Danaei, Charlene Burmeister, and PEEP
November 2024
BC Centre for Disease Control
Provincial Health Services Authority
UBC
PEEP
Professionals for Ethical Engagement of Peers


BC Centre for Disease Control
Provincial Health Services Authority
PEER ENGAGEMENT IN THE BCCDC HARM REDUCTION PROGRAM
A NARRATIVE SUMMARY
JANUARY 9, 2021
655 West 12th Avenue
Vancouver BC V5Z 4R4
Tel 604.707.2400
Fax 604.707.2441
www.bccdc.ca
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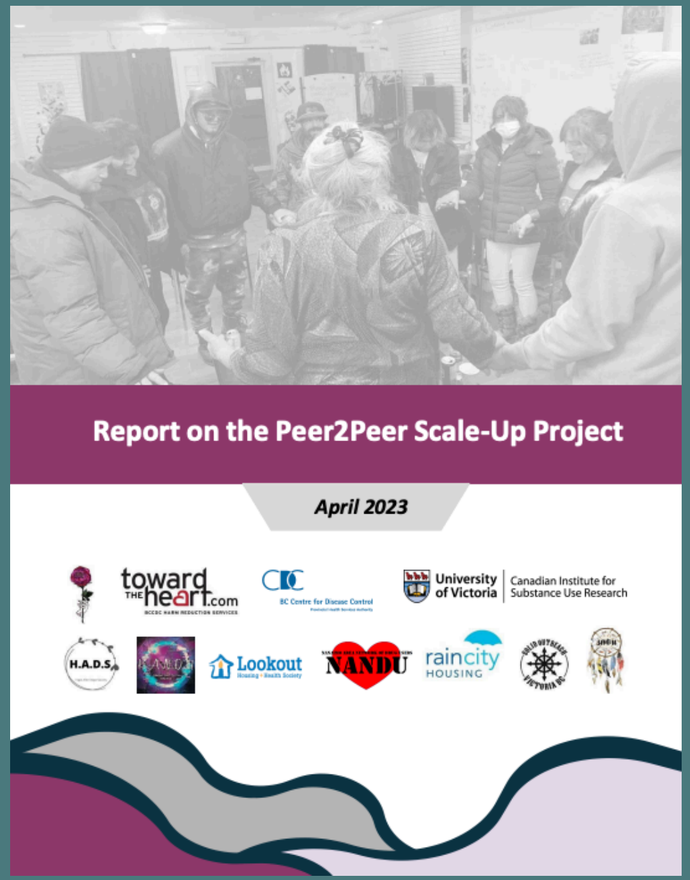

Report on the Peer2Peer Scale-Up Project
April 2023
toward the heart.com
BC Centre for Disease Control
University of Victoria
Canadian Institute for Substance Use Research
H.A.D.S.
Lookout
NANDU
raincity HOUSING

IH Substance Use Strategic Framework

SAFE SERVICES

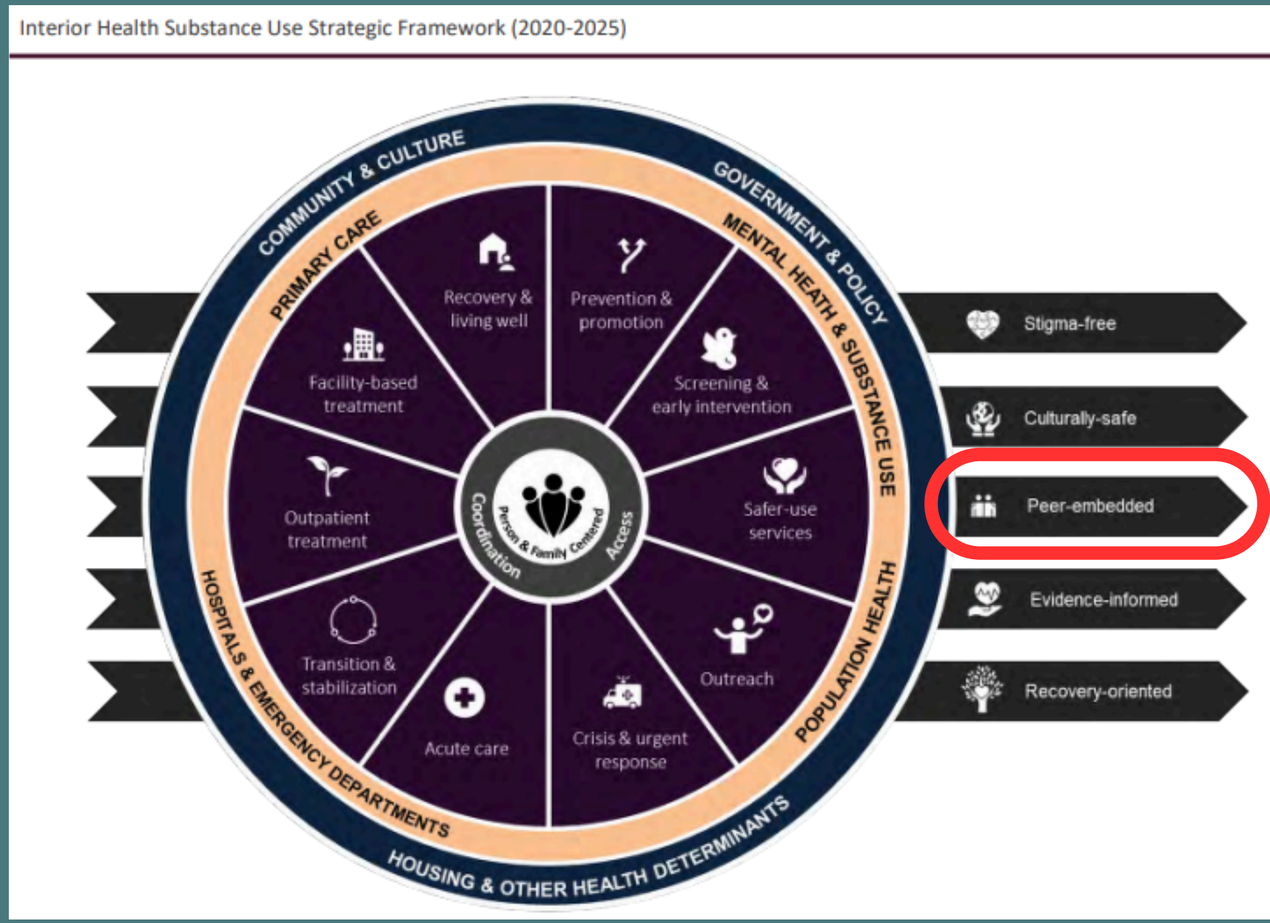
Create safer services for people who use substances by reducing stigma and discrimination throughout the system, and ensuring that services are culturally-safe and trauma-informed.

3.3 Apply the IH Peer Inclusion Framework and increase hiring of people with lived experiences into appropriate MHSU and Emergency Department Roles

ACCESS

Increase access to specialized substance use treatment by expanding current services and introducing new, evidence-informed models of care.

1.2 Implement and expand innovative models of care, such as digitally enabled services, and mobile services for populations not well served within current programming



Peers are being engaged to share their substance use expertise

November 24, 2022

Interior Health has been running a program that gives people who have lived with or have living experience with substance use the opportunity to get involved and share their voice.

Service Delivery Roles:
Welcoming individuals at an OPS, doing outreach, and co-facilitating recovery groups.

Planning / Health Care System:
Improvement Roles: Involve joining committees or project teams to advise on service improvements.

Primarily virtual and open to peers across the Interior region with internet access.

Fragmented Support Systems

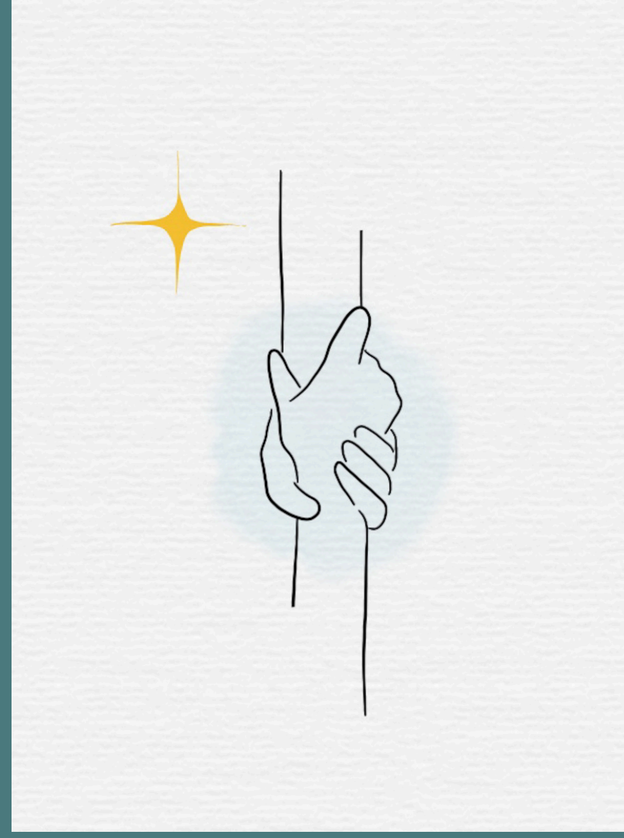
CURRENT INITIATIVES

- Fragmented hours/site coverage
- Inconsistent EHR integration & consult triggers
- Variable supervision/role clarity

NEEDED SOLUTIONS

- Standardize role, training, supervision
- Auto triage triggers to page peers
- One-click EHR order + smart-phrases
- Monthly QA and equity monitoring

Solution Proposal



Model:

25 peer support FTEs across 22 IH hospitals (plus 1–2 FTE administrative/supervisory staff)
Blended in-person/virtual peer-support model
Either IH employees or contracted through an existing peer program

Phased Rollout:

Year 1: ~6–8 peers across 3–4 major hospitals (e.g. Kelowna, Kamloops)
Year 2 (Scale-up): Expand to medium-volume sites. Add ~12 additional peers so that most regional hospitals have at least 1 peer, and 2 peers in the larger ones. Virtual support for small sites would be formalized
Year 3 (Full rollout): Extend to all 22 hospitals.

Annual Cost Estimate:

~$2M/year (includes salaries, benefits, admin, training, tech)

Financial Feasibility

Interior Health
Data & Analytics Services

Interior Health Hospitals Facility Profile - 2023/24

FIGURE 6. Number of Inpatient Cases by Most Common CMGs, 2023/24

Table 1	Reference cost
Emergency Medical Services	$518.00 (240–848)
Emergency Visit	$1,061.00
Physician Assessment	$176.00
Nasal Naloxone	$125.00
Hospitalization	$7803($6,620 – 13,647)

Supporting community-based organizations and helping community address critical needs related to the illegal toxic drug and overdose crisis

Substance Use and Addictions Program

British Columbia (total of $18,482,671 for 16 projects)

Empowering Peer Navigators as a Pathway to Build Capacity in Communities
The City of Abbotsford – Abbotsford, BC
$802,500 to build on and scale up the SUAP funded PEOPLE Peer Navigator and Capacity Building Project

Peer Support Initiative – Adult Addiction Medicine and Substance Use Services
Fraser Health Authority – Surrey, BC
$2,386,017 to embed peer support workers across six mental health and substance use programs at Fraser Health

Shifting the Substance Use System of Care through Peer Navigators
ASK Wellness Society – Kamloops, BC
$2,081,314 for their project that will build on ASK's experience with providing transitional employment, to recruit, train, support and embed peer navigators within organizations in Penticton, Kamloops, and Vernon to transform substance use

Utilization of telehealth and ECHO to support communities and individuals with substance use disorders
Alberta Health Services – Calgary, AB
$1,009,636 to expand, adapt and evaluate the existing Alberta Health Services (AHS) virtual telehealth-based Rapid Access Addiction Medicine Program (RAAM), targeting people who live in smaller and rural communities. Based out of the

National Overdose Response Service: A national hotline service connecting callers with peers for wellness planning, prevention education, and safer substance use consumption and support
Grenfell Ministries – Owen Sound, ON
$6,233,834 to expand their existing national peer-led virtual overdose monitoring service, NORS, to support communities

Peer Led Integrated Care Hub and Outreach Service
Leeds, Grenville and Lanark District Health Unit – Brockville, ON
$3,615,907 to provide a 24/7 single point of access to peer lead coordinated care that is rooted in harm reduction, equity, diversity, inclusion, trauma and violence informed care for people who are struggling with mental health, substance use

cai community action initiative

About Impact Grants

Back to all grants

Provincial Peer Network Grants

Current

How much money was available for PPN Phase 4 Grants?

There was a total of $2.2M available for grants per year, and 3 years of funding has been confirmed for PPN grantees ($6.6M in grants in total).

BRITISH COLUMBIA BC Budget

Mental health and addictions

Government has made significant investments to strengthen mental-health and addiction services throughout B.C. Budget 2025 includes $500 million in new funding over three years for addictions treatment and recovery programs that are underway.

Evaluation

ACCESS/ENGAGEMENT

% ED visits with peer contact
# warm handoffs
OAT ≤72h

FLOW & UTILIZATION

LWBS/PDD
Time-to-peer
ED Revisit Rate

EXPERIENCE & SAFETY

Client Satisfaction
Staff Workload Assessment
SU Security Calls
Peer Retention Rates