



# **PEERS Alliance Rural Outreach Project**

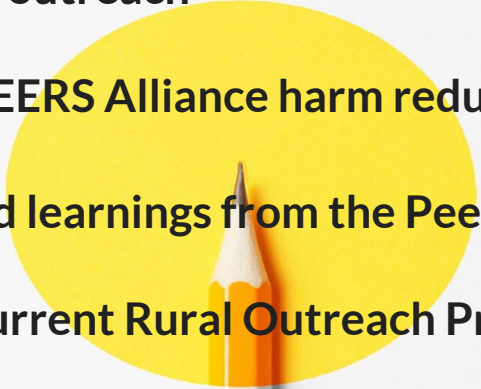
Overview for Belfast

We live on the historical and  
unceded territory of the  
Mi'kmaq peoples.



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# Objectives

1. Define harm reduction outreach
  2. Provide summary of PEERS Alliance harm reduction initiatives
  3. Describe outcomes and learnings from the Peer Led Rural Outreach Project
  4. Provide overview of current Rural Outreach Project
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# Harm Reduction Outreach

- A professional intervention, grounded in trauma informed practice and a harm reduction approach
  - Strategically structured to meet people where they are at - both literally and circumstantially.
  - Works with people who are actively using drugs to reduce harm and promote health
- Staff work in relationship with community members to meet immediate needs while also working collaboratively, with individual participants and relevant service providers, to promote attachment to services and increase stability/quality of life.

## EXAMPLES OF HARM REDUCTION IN OTHER AREAS



SUN  
SCREEN



SEAT  
BELTS



SPEED  
LIMITS



BIRTH  
CONTROL



CIGARETTE  
FILTERS

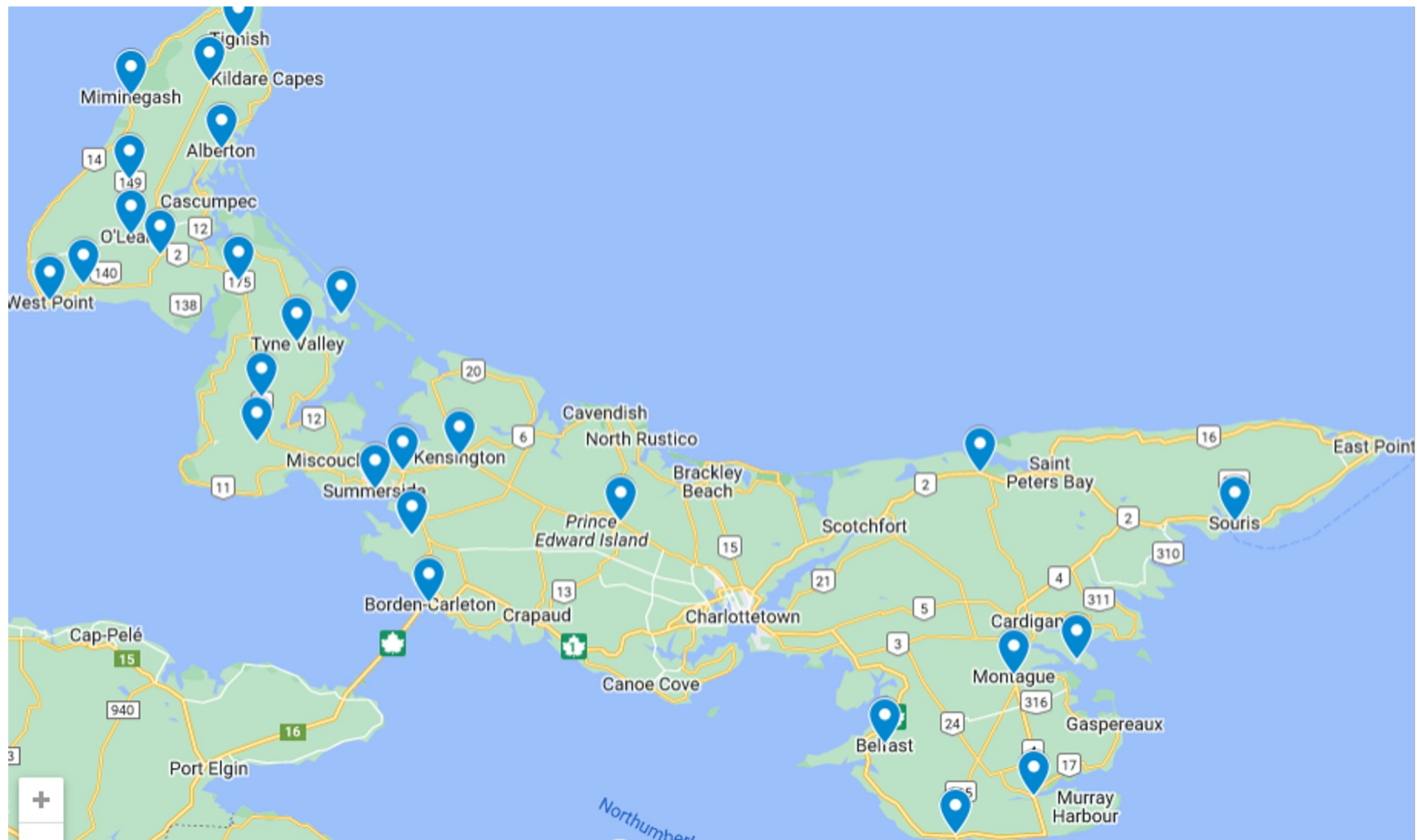
# The Harm Reduction Approach

- Understanding that, at any given time, there will be people who are unable or unwilling to focus on sobriety.
- Knowing there are wait times and gaps in treatment services.
- Accepting that recurrence is often a part of recovery.
- Acknowledging that it is possible to reduce risks in the context of high-risk behaviour.
  - disease prevention
  - overdose prevention
  - general health promotion
  - connections to other needed services i.e., housing



## PEERS Alliance harm reduction initiatives

2024	Urgent Public Health Needs Site	<ul style="list-style-type: none"><li>• Drug checking technology</li><li>• Engagement activities</li><li>• Educational programming</li></ul>
2020	Street Outreach	<ul style="list-style-type: none"><li>• Bridges to case management</li><li>• Links to coordinated access/HIFIS</li><li>• Provides basic need support</li></ul>
2022	Rural Outreach	<ul style="list-style-type: none"><li>• Builds on peer led efforts</li><li>• Directly connects to PEERS Alliance staff</li><li>• Focused on identification and engagement through basic need/ harm reduction support</li></ul>



## Peer Led Rural Outreach Project



## Overdose Risks in Rural and Small-Towns

- Street sourced substances in PEI have become increasingly toxic
  - 59% of surveyed Rural Outreach participants reported witnessing an accidental drug poisoning at some point in the last 12 months.
  - 31% of surveyed Rural Outreach participants reported administering naloxone at some point in the last 12 months.
  - 23% of surveyed Rural Outreach participants reported experiencing an accidental drug poisoning themselves at some point over the last 12 months.

*"[My Peer Leader] was able to give me important information for staying safe and always had clean supplies to give out. Those things are harder to get when you don't live in Charlottetown, but we need them here [in rural communities] too." - Project Participant, Kings County*



# 95%

## Improved access to Naloxone

95% of those asked (70/74) reported improved access to Naloxone through the Peer Led Rural Outreach Project

- 94% of respondents reported that they were more likely to administer IM naloxone after receiving basic training.
- 86% reported feeling confident in administering IM naloxone
- 61% of respondents reported that they now carry naloxone with them regularly

# 82%

## Changed at least one high risk behaviour

82% of those asked (61/74) reported adopting a healthy behaviour and/or had changed consumption practices through project participation.

- Stopped reusing/sharing consumption equipment x30
- Started using proper sharps disposal practices x17
- Changed primary method of consumption x3

# 62%

## Awareness of remote overdose prevention technology

62% of those asked (46/74) reported an awareness of the remote overdose prevention technology offered by NORS and BRAVE.

- 7% reported using a remote overdose prevention service at least once.
- 2023 = 27 calls to NORS from PEI
- 2024 = 22 calls to NORS from PEI in January alone.



## Engagement in Belfast

- Belfast was identified as an underserved area through the Peer Led Outreach Project
  - Outreach activities were provided/logged in Belfast area even though we did not have a Peer Leader living in the community
  - Over the course of the project, 27 unique interactions were recorded in Belfast (<1%)
  - Additional interactions were logged nearby (i.e., Wood Islands = 5)
- In publicly promoting an outreach access point in Belfast, our goal was to let community members know that staff will be regularly available in their area via a mobile outreach service.

## Current Project

- Two person staff team
- 1 day per week West of Charlottetown
- 1 day per week East of Charlottetown
- Unmarked organizational vehicle
- Dedicated rural outreach phone line



- Safer injection equipment
- Sharp boxes
- Safer smoking equipment
- Naloxone and naloxone training
- Overdose prevention information and education
- Drug testing services
- Sharps (and consumption waste) collection and disposal
- Survival equipment as available (snacks, water, socks, blankets, first aid kits, etc.)
- Referrals to housing, health, and other services



# Questions?

*“The whole project was a learning experience, the naloxone and test strip training was important and I learned a lot from the peer support and boundary setting session with CMHA. I got to give back to my own community.” - Peer Leader, Prince County*

*“I feel like I have a friend in [my Peer Leader]. I feel supported and comfortable talking to [PEERS Alliance] staff and volunteers ... about drugs and about other things I need - my mental health, food, housing.” - Project Participant, Prince County*

*“I pretty much stopped using needles now that I can get bowl pipes when I need them.” - Participant, Prince County*