

FIRST NATIONS HEALTH AUTHORITY

BC CENTRE FOR DISEASE CONTROL

FROM PEER-TO-PEER

**WORKING
WITH SYSTEMS**

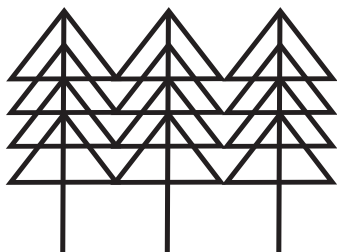
**STARTING A
LOCAL PEER GROUP
OR DRUG USER
ORGANIZATION!**

**SUPPORTS
& RESOURCES**

**DIFFERENT KINDS
OF PEER WORK**



Compassion, Inclusion and Engagement



CIE acknowledges with gratitude that our collaborative work took place on the traditional and unceded territories of the Coast Salish, Dakelh, Secwepemc, Tsimshian, Dunne-za, Kwakwaka'wakw, and Okanagan peoples. We acknowledge the troubling way that many of us came to be on this land, the brutal legacy of the residential schools and the ongoing harms caused by colonization.

It is with heavy hearts that we also acknowledge and honor all those who have died due to overdose during the course of this work. Many of whom we know, some whom have worked with CIE and all whom will be missed.



We would like to thank all of our partners across the province including peers, the regional health authorities and community agencies for their trust, generosity, kindness, and respect.

We are nothing without you.

We are deeply grateful for the funding and operational support of the First Nations Health Authority and the BC Centre for Disease Control.



First Nations Health Authority
Health through wellness



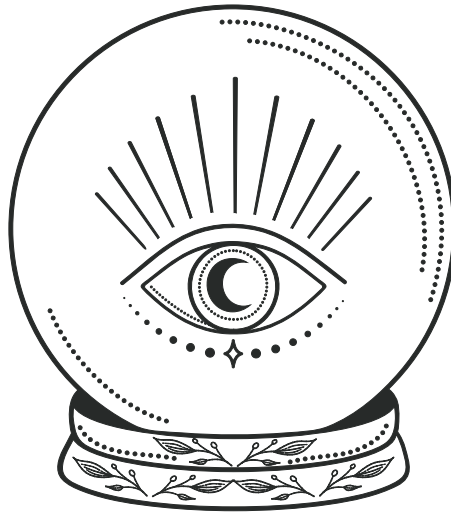
BC Centre for Disease Control
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INTRODUCTION

The Compassion, Inclusion and Engagement (CIE) initiative was a partnership between the First Nations Health Authority and the BC Centre for Disease Control that worked to create spaces for dialogue between people with lived experience of substance use (peers) and harm reduction service providers from 2015-2021. We supported peers and service providers to work collaboratively to improve harm reduction and overdose prevention planning and services. Our first priority was always to support the meaningful involvement of peers in the design, delivery, and evaluation of the services they access.

This document is a collection of advice and learning that peers have shared with us along the way, which is intended to support the work to continue long after the CIE project. Feel free to use it however it makes sense to you. This is a living document that is owned by no one and intended to be freely accessible to anyone.

DEFINING PEERS

There are several terms that are used when referring to peers and they all have a slightly different meaning. The following are three commonly used terms.

People with Lived Experience (PWLE¹): A general term used to refer to community members whose current or past life experiences with drug use, sex work, incarceration, homelessness, health status or poverty informs their knowledge about their personal, social, legal, and health impacts and harms. PWLE may or may not draw on their life experiences in their work.

Experiential workers: People whose expertise in their field of work is formed, at least in part, by lived experience. Often used interchangeably with “peer workers”, or “peers”.

Peers: Refers to people who bring their lived in relation to drug use, mental health, homelessness, HIV and Hep C status, gender or sex work to their community engagement, activism, or work.

CIE uses the term peer as it most accurately reflects the role of PWLE in our project. It is important to note that not all PWLE use the word peer to define themselves or their work and individual preferences should always be respected.

¹ Sometimes people use the term people with lived and living experience (PWLLE)

HARM REDUCTION

Harm reduction is an approach that aims to reduce the harms associated with substance use (legal and illegal).

It can also be applied to sex work, incarceration, poverty, diagnosis, homelessness, and other social and economic situations. It is based on some important ideas including:

- Respect for human rights and dignity
- Commitment to social justice for all
- Developing laws and policies that are based on evidence
- Avoiding stigma and judgement
- Accepting people where they are at
- Reducing the effects of harmful laws and policies
- Saving lives
- Offering alternatives to abstinence only approaches

“It’s really rewarding and it’s very meaningful and it’s work that you can’t go to school for. Just to be who you are and to be honest and to be truthful and just do the work from your heart and have integrity with doing the work.”

- PEER | KELOWNA



STARTING A LOCAL PEER GROUP OR DRUG USER ORGANIZATION



FREQUENTLY ASKED QUESTIONS

Q: How can I join a peer group or drug user organization?

A: See if you can find a local group by asking folks you know or staff at the local harm reduction site. If there's a local group see if you can get a phone number or email address and reach out.

Q: What would be expected of me if I join?

A: Most groups have lots of ways you can participate depending on your life situation, skills, and experience. It could be showing up to meetings, helping to organize, getting the word out or even taking on a leadership role.

Q: Can anyone start a peer group or drug user organization?

A: Yes, but it is recommended that the leadership are people with lived or living experience of drug use.

Q: How can you find a safe location to meet?

A: Ask a trusted person at your local harm reduction site if they know of anywhere. Ask friends and people you trust if they know of anywhere. Stay close to where most people hang out.

Q: Where can you find funding?

A: It can be tricky...there is a list of places to try on page 58. Start small and as close to home as possible, small local grants are easier to get.

Q: Do you have to be actively using drugs to be part of a peer group or drug user organization?

A: Generally not, but it depends on the group and what their rules are. It is expected that you have some lived experience of drug use, but sometimes allies can do support work.

Q: How do you approach someone to start a peer group or drug user organization?

A: Have a couple of questions worked out in advance. Spend a bit of time thinking about what you think it is going to be and what you want to be doing. Start by talking to people you trust, people who would get it and test out some ideas.

WHAT IS A PEER GROUP/DRUG USER ORGANIZATION?

Peer Group: a group of people who share experiences such as drug and/or alcohol use, homelessness, incarceration, sex work among others. Members can decide who to include. People can participate in lots of different ways like leading, organizing, attending meetings, or providing services and outreach. Peer groups can be formal or informal.

Drug User Organization: often a more formal group of people who have a shared experience of illicit drug use. Drug user organizations are often associated with social justice and advocacy for the liberation of people who use drugs.

“Go in, go strong, go ahead.

Nobody is not welcome, nobody should not be there...everyone and anyone is needed, so it's not like there's lack of need.”

- PEER | QUESNEL

WHY START ONE?

There are lots of good reasons to start a peer group or drug user organization in your community including:

Support: being part of a community of people who can relate to your life experience without judgement is good for a person's mental health.

Advocacy: you can advocate for things that are important to you and your community like safe consumption sites and respect for the rights and dignity of people who use drugs.

Getting a seat at the table: you are more likely to get a seat at decision making tables when you are part of a group than if you are just a single person.

Be a resource in your community: when the city, health authority, media or other organizations are looking to connect with folks who understand the experience of peers, they often look for a peer group or drug user organization in the community.

Access funding: it is much easier to access funding if you have a group or organization rather than an individual.

Create employment: peer groups and drug user organizations often create peer-specific employment opportunities.

WHAT TO KNOW BEFORE YOU START

It's OK to start small: it might take a while to build membership. Three or four people are enough to start something in your community.

Take the time to talk about who you are and what you want: it is natural to want to get to work right away, but it is worth taking the time to talk about what you want the group to be. These questions might be helpful.

If your group was really successful, what would you be doing?

Who would be part of the group? Why?

Are there other peer groups or drug user groups that you know of? What are they doing that you would really like to do or not do? Why/why not?

“Share from your heart and come... Come to our meetings. Come. If you’re in a different town, find your local drug user group, speak to other peers. And if you don’t have a drug user group, form one. It just takes a few people.

I would just really encourage people to come together and support each other and empower each other and make things happen in their community, and if they need help to reach out to other drug user groups that have already been established and to get started ...we’d be willing to support any other community.”

- PEER | QUESNEL

Keep the door open to everyone: include as many perspectives as possible. Diversity might make things more complicated in the short term, but it will make you stronger in the long run.

Find a safe and welcoming space to meet: if you can find a regular place to meet it is easier for folks to find you. Provide snacks if possible. You might be able to get donations from local businesses, community agencies or churches.

Find a champion who will support you as you grow: it helps if you can find someone who works for a community agency, friendship centre, health organization or even the city who will support you. They can help you find space, get organized and sometimes even apply for funding.

Connect with other peer groups/drug user organizations: there are lots of groups in BC now. Connecting with other groups can support you as you get going and you could probably learn from some of their experiences. Some established groups can provide mentorship opportunities. A directory of peer groups/drug user organizations in BC is included on page 50.

“Just jump in it, talk to somebody. Just talk to somebody who is already involved, especially up here, because peers, they know what you’ve gone through to even come up and talk to them about coming and helping. Because peers are so used to getting the attitude of well, yes, you can come and do that if you abstain. So just the acceptance of the fact that they are... you can still be using... but they’re valued, [your] input is still valued.”

- PEER | QUESNEL

Don't be afraid to ask for help: there are lots of people who want to see you succeed. Ask other peer groups/drug user organizations, join the network, ask a trusted service provider.

"Go for it. It's a great experience, lots of providers out there that support you."

- PEER | QUESNEL



HOW TO CONNECT WITH A CHAMPION

Think of someone you trust at a community agency or health centre.

Let them know what you are trying to do and who else is involved.

Think about how they could help you and ask for something specific.

Don't get discouraged if they aren't able to say 'yes' right away, it can take time and you may have to ask someone else.

"I'm a valued member of this community and...I have a voice."

- PEER | VICTORIA

WHAT ARE THE MOST IMPORTANT FIRST STEPS?

Meet regularly: even if only a few people show up, you can start working together. If you keep meeting, word will spread, and more people will want to join. It helps if you can meet in the same place at the same time.

Decide how you want to work together: there are lots of different ways that groups can function and make decisions together. You will be making lots of decisions if you want to work together. It is important to be really clear about how you want your group to work and stick to it. Write it down and agree to it before you start. The chart on page 16 gives a few examples of how to make decisions.

Find funding if you can: even if you start small with \$100-200, it could buy snacks and drinks that you can share. There is a list on page 58 of places you can apply for funding, but you can also start by talking to people in your community. If you can connect with a champion, they might know where to look.

Make it official: choose a name, design a logo. It can also be helpful to write a mission statement.

WRITING A MISSION STATEMENT

The mission statement includes a clear statement about:

What needs the group/organization is trying to fill

Who is the group/organization hoping to work with or influence

How is the group/organization planning to do its work

Why does the group/organizations exist, what is its purpose

- It should reflect the values, beliefs, and philosophy of the organization
- It should be realistic enough for members to buy into it
- It should bring the group together around ideas and give you energy in your work



MISSION STATEMENT EXAMPLES

VANDU – VANCOUVER AREA NETWORK OF DRUG USERS

VANDU is a group of people who use or have used illicit substances, and who work to improve the lives of other people who use illicit substances through user-based peer support and education. VANDU is committed to increasing the capacity of people who use illicit drugs to live healthy and productive lives. VANDU is also committed to ensuring that drug users have a real voice in their community and in the creation of programs and policies designed to serve their needs by affirming and strengthening people who use illicit drugs to reduce harms both to themselves and their communities.

WAHRS – WESTERN ABORIGINAL HARM REDUCTION SOCIETY

WAHRS' mission is to improve quality of life for Aboriginal people who use illicit drugs and/or illicit alcohol by encouraging the development of support, education, and training programs that reflect the values of Aboriginal people. WAHRS' meetings give a voice, teach advocacy, and empower Aboriginal people to fight for themselves, and educate members in harm reduction.

CSUN – COALITION OF SUBSTANCE USERS OF THE NORTH

The Coalition of Substance Users of the North is an alliance of people who use or have used currently illicit drugs. Our members are dedicated to improving life for all substance users who live in the northern region of BC and throughout Canada

CSUN supports substance users by facilitating the development of programs, services and resources for our community members and providing regional representation and community-based participation in BC's and Canada's overall response to the overdose crisis and any and all matters impacting people who use drugs.



MAKING DECISIONS

AUTOCRACY

1. One person makes decisions and everyone else has to follow

PLUS

- + you can make decisions quickly
- + there is often consistency

MINUS

- decisions don't reflect the wisdom of the whole group
- people don't feel motivated because they don't feel like they are really part of the group

MAJORITY RULE

1. The group votes on decisions and the choice with the most votes wins
2. You can decide which decisions have to be voted on and which ones can be made by individuals
3. You can decide how much of a majority you need (51%, 75%, 80%)

PLUS

- + people feel more involved and heard
- + there is an opportunity for people to explain why they want something

MINUS

- decisions don't reflect the wisdom of the whole group
- people don't feel motivated because they don't feel like they are really part of the group

CONSENSUS

1. The group has to all agree on decisions
2. Some decisions might need consensus, and some could be decided in other ways

PLUS

- + everyone feels heard
- + people are more invested in success because they are part of it

MINUS

- it can take a long time to make decisions
- it can cause conflict if people don't agree

HOW DO YOU WANT TO MAKE DECISIONS?

Once you have a group of three or more people, you will probably want to think about how you want to make decisions together. Which process would work best in our group?

AUTOCRACY (ONE PERSON MAKES DECISIONS)

PLUS

MINUS

Who would make the decisions?

MAJORITY (VOTING)

PLUS

MINUS

How big does the majority need to be? ☐ 51% ☐ 75% Other:

CONSENSUS (EVERYONE AGREES)

PLUS

MINUS

HOW DO YOU KEEP IT GOING?

Make it more official: if you want to apply for larger amounts of funding or be part of more formal networks, you might want to think about becoming a not-for-profit society or non-profit organization. There are a few steps to becoming a not-for-profit society.

What is a not-for-profit? Not-for-profit organizations do not earn any profits for its members. All money is donated to the organization's cause or goal. They are known as societies. Societies are independent, democratic organizations that are required to comply with the Societies Act and their own constitution and bylaws. An example of a drug user organization's bylaws is included on page 61.



What's a non-profit? Non-profit organizations use money to support the organization's cause or goal, but they also use some money to pay for employee salaries and administration.

What's a for-profit? For-profit organizations may have similar goals as not-for-profit organizations but they also distribute profits to owners and do not have to comply with the Societies Act. It is difficult to get government or charity funding if your organization is for-profit.

STARTING A NOT-FOR-PROFIT SOCIETY

1. Define the societies purpose
2. Create a set of bylaws
3. Assign directors
4. Request and reserve a business name (\$30)
5. Incorporate the society (\$100)

You can find more details on each of these steps at:

<https://www2.gov.bc.ca/gov/content/employment-business/business/not-for-profit-organizations#start>

You can find the Societies Act at:

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/15018_01

TIPS FOR STARTING A NOT-FOR-PROFIT SOCIETY

- + You will need at least three directors to start a not-for-profit
- + You may want more than three in case someone needs to step back
- + Make sure everyone knows what they are being asked to do
- + Be very clear about the roles people will be taking on
- + Find out what people are good at and ask them what role they would like to have
- + Set dates for regular meetings a few months at a time
- + Go over the bylaws together and make sure everyone has a copy
- + It can take a couple of months to work through all the steps of creating a society

Join peer networks: there are provincial, national, and international networks of people who use drugs. Joining networks can keep you informed about events and campaigns, introduce you to like-minded people, give you access to resources and sometimes funding opportunities. A list of peer networks is included on page 52.

Connect with allies in your community and beyond: allies are people who may not identify as PWLE but will work with you and advocate on your behalf. YOU decide who your allies are, and it can change over time. Allies can help you get access to people and places it might be hard for you to access alone. Working with allies can be difficult, especially if they are new to the work and early in their learning journey. Talking to other PWLE and joining peer networks can help you figure out who you can trust.

Sometimes allies are in formal positions like harm reduction co-ordinators or outreach workers. Sometimes they are in unexpected places like business owners, clerks at city hall or security guards. It takes time to trust someone as an ally and YOU decide if or when that happens.



Look for funding: if you are not a registered not-for-profit, you can still look for donations in your community. Registering as a not-for-profit will allow you to apply for government funding and charitable donations. A list of accessible funding opportunities is on page 58. Remember that getting funding is competitive, so take the time to submit a complete application. It might be helpful to ask someone who has done it before to help you fill in the applications. When you apply for funding make sure you can do what you put in the application. It can be really stressful to have money you can't spend.

If you have a trusted ally, they might be able to work with you to apply for funding even if you are not a registered not-for-profit. If they are part of an established non-profit, they may be able to apply for you. They will need to hold on to the money and will likely need to take a small fee for administering the funds.

GRANT PROPOSALS

If you want to access funding, you will have to start writing grant proposals. This can seem intimidating, but here are a few helpful tips and resources.

- Ask for help. Reach out to allies and established peer groups and drug user organizations who have done it before
- See if anyone in your group has experience writing or knows someone who does
- Think about EXACTLY what you would use grant money for and make sure it is something that is likely to be funded
- It is really difficult to get funding for a for-profit or anything that has a for-profit component
- Funding cycles can be short, so you will likely have to keep applying

RESOURCES

Deciding whether to go for a grant:

<https://bit.ly/3II5PIB>

There are different kinds of grants - video:

https://youtu.be/UiKgM_nqmY8

Grant writing guide:

<https://bit.ly/3nRKdFO>

Grant writing handbook:

<https://bit.ly/3nYnlVg>

“I mean it’s hard work. It’s hard work. You gotta have the passion, you gotta have the drive, never give up, ‘cause there’s always folks out there to help, and I mean, I’ve reached out lots, and my networking now, I mean I have people all over the place now, I can reach out and be like, I need to know about this, so I can call this individual. I need to know about this, I can call this individual.

And patience, you have to be patient. Especially when you’re having to work with the other systems and other individuals who aren’t peers.

Patience.”

- PEER | DAWSON CREEK

Find a permanent space: finding a permanent space can take time. You will probably have to secure funding before you can find a permanent space. You may be able to work out a long-term arrangement with a community organization who might let you use space for regular meetings for free or at low cost. Religious organizations sometimes have space available but check to make sure they are OK with harm reduction, are safe for all genders and races and that group members feel comfortable there.

Provide services: once you have a permanent space you can think about providing harm reduction services. This can take several years, and you will have to work with the health authority to get supplies. You can start with mobile outreach even without a permanent space, taking supplies out to people in the community or connecting them with services if they are new to town.

Host events: you can host events with or without a permanent space. Allies in your community might help you find a space or secure a permit to host an outdoor event. Page 68 has an event planning checklist that might help you get started.

Keep the doors open: once you have some established members and/or directors, keep the doors open and keep inviting new members to join. People sometimes have to step back from the work, and it is good to have lots of people who can step in. Try to think of different ways for people to be part of the group so you can include as many people as possible. Section two describes different kinds of peer work and might give you some ideas about how folks can get involved.

Staying well: this work can be really hard. It has lots of ups and downs and it can ask a lot of you. It is really important to take care of yourself and have a wellness plan. This could include:

STAYING WELL

- Plan for time off when you can
- Have a trusted person who can be your 'sounding board' to let off steam
- Include time to be together as a group that might not be all about work
- Give each other the chance to step back if you need to
- Connect with an elder if you can
- Return to your mission statement often to remind yourself why you are doing the work



Celebrate your successes: sometimes change is slow, and it can feel like a long uphill battle but there are always small successes along the way. Celebrating all your successes, small or large can help to keep things going.

"Be open-minded, be compassionate, have empathy, and never put your perspectives into somebody else. And you can't go in there, 'Oh, I'm gonna fix everybody,' cause you can't."

- PEER | SURREY



WHAT WE LEARNED FROM CIE

There are a few things that CIE has seen really help new peer groups and drug user organizations succeed and some common challenges.

WHAT HELPED GROUPS SUCCEED?

Having a shared vision/mission – taking the time to talk about what you want to do together and how you want to be together can be important to keep you together when things get tough. It helps to write it down and record it so you can come back to it when you need to.

Shared, consistent leadership – having a leadership team is a great way to set up your group so you can share the responsibilities of leadership and have different thoughts and opinions.

Connecting with allies – it takes time to build trust and you don't need to rush into relationships until you feel comfortable, but if someone shows themselves to be genuine, trustworthy, and consistent, they might be really helpful.

Keep the door open – not everyone will come to the group with the same ideas. It can be hard to find ways to work with people with different ideas, but if you are able to find a way to work together, you can usually get further together. Keep an open mind and leave the door open, you never know who might walk through.

WHAT WERE THE BIGGEST CHALLENGES?

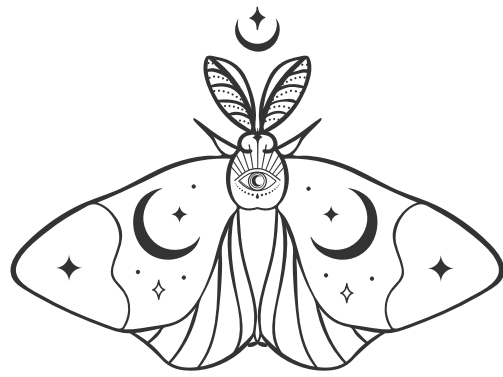
Municipalities – local governments in small communities have not always been friendly to peer groups and drug user organizations. Sometimes you can build connections with local governments but sometimes you have to do your work in spite of them or work around them.

Stigma in the community – getting people involved in a peer group or drug user organization can be difficult, particularly in smaller communities. It can be hard for people to identify as PWLE in communities where there is still a lot of stigma about substance use, homelessness, sex work or a history of incarceration. Sometimes it is helpful to intentionally blur the definition of PWLE, not asking people to disclose if they have past or present lived experience, or are there because they know or love someone who does.

Insisting on abstinence – everyone is on their own journey and has their own relationship with substances. Taking a harm reduction approach means that you don't insist that people are abstinent to be able to participate. Sometimes this can be challenging, and it is important to talk about how you will navigate difficult situations as early as possible.



Finding funding – this is probably the biggest challenge that peer groups and drug user organizations have, especially in the beginning. It can take several years before you are ready to apply for and hold larger amounts of funding. It's a good idea to start small and build your capacity as you go. There are more funding opportunities now than there have ever been. Look for low barrier funding to start that doesn't have a really complicated application.



“Basically, just be yourself and don’t try to think yourself higher than anybody else. It’s gonna be difficult out on the street to gain trust and respect but keep at it and you will gain it. And it’s tough, it’s gonna be a tough goal, but stick with it and you’ll get there.”

- PEER | PRINCE GEORGE

REFLECTION

Is there a peer group or drug user organization in my community already?

Would I belong in a peer group or drug user organization? Why/why not?

What could I bring to a peer group or drug user organization?

What would I expect from a peer group or drug user organization?

Do I know anyone in my community who I would like to work with in a peer group or drug user organization?

NOTES



**DIFFERENT KINDS
OF PEER WORK**

FREQUENTLY ASKED QUESTIONS

Q: Where should I start looking for work?

A: Go to your local harm reduction services and ask. Ask peer outreach workers you meet in the community.

Q: How do I get started?

A: Ask around at your local harm reduction site. If you know someone who does outreach or works at a harm reduction site, ask them how they got started.

Q: Can I do this work if I have a criminal record?

A: It depends, organizations have different rules and policies. It's a good idea to ask early on.

Q: Do I have to be abstinent to do this work?

A: It depends. Like having a criminal record, organizations have different rules about active substance use. It is a good idea to have these conversations early on and if you are starting a peer group, you might want to talk about expectations around abstinence and how you will handle situations when they come up (because they will...)

Q: What supports will be available to me?

A: It can vary depending on where you work. Most non-profits or community agencies that already have peer workers will have some supports in place.

Q: Is just hanging out and talking with peers considered peer work?

A: It could be if you are talking about organizing or helping each other out. It usually needs to be a bit more formal to get paid.

Q: What kinds of work are available?

A: Handing out harm reduction supplies, food, or water. Working at an OPS or harm reduction site. Helping people find their way to services if they want them.

Q: Where is the best place to give back?

A: Depending on what skills and experience you have, it is usually the small, non-profit organizations that need the most help. If you're not ready for a formal work situation, just be there for your community.

COMMUNITY WORK

Volunteering: attending meetings, planning, and participating in events is often done on a voluntary basis, particularly in the beginning. While volunteering is often important when you are getting started, it is important to start thinking about how much you are being asked to do and whether it should really be considered a paid role, especially if you have secured funding.

Community clean up: several peer groups have participated in community clean up efforts like picking up discarded needles and other waste, installing sharps containers and waste bins in places where people often hang out and even working with schools and businesses to keep high traffic areas free to debris.

Working with community organizations: if you can make good connections with community organizations and even your local government sometimes you can be part of events with them or contribute to projects at art galleries and public spaces.

Organizing and Advocacy: sometimes things just need to change, and you may need to organize and advocate for change. Being part of a peer group or drug user organization can really help. Sometimes you can find allies, but advocacy work should really be led by peers. There are some resources on page 55 to help you organize and find the issues you want to take on. Advocacy can be anything from changing policies and bylaws in your community to being part of the decriminalization movement nationally and internationally. Unfortunately, most people don't get paid for advocacy work.

"We have a list of other organizations that use peers or are looking for peers. So, we kind of network with the other organizations and we do actively, like, one of our ... members – we got them a job with ... 'cause they were looking for somebody and we didn't really have any paid positions although we're doing the outreach. We got funding for the people that were doing the outreach. So that we could pay them."

- PEER | VICTORIA

OUTREACH AND HARM REDUCTION SERVICES

Outreach services: outreach can mean lots of different things, like:

- Distributing harm reduction supplies
- Wellness checks
- Connecting people to services
- Helping people navigate the healthcare system
- Distributing food and water

Outreach work can happen from a mobile site like a bus or van or be on foot. The point of outreach work is to meet people where they are at instead of expecting them to come to a building or a fixed site. Peers are often hired to do outreach. Peer groups and drug user organizations often start by offering outreach services until they have a permanent site. If you want to distribute harm reduction supplies in your community, you will need to follow a few steps

You might already be doing this work: if you are distributing harm reduction supplies like needles or other supplies, food, clothes or helping people find shelter or services, you are already doing outreach work. You might want to talk to the organizations you connect with to see if you can get paid for your work or if they have other paid opportunities.

DISTRIBUTING HARM REDUCTION SUPPLIES

Your site must be pre-authorized by the regional Health Authority to receive and distribute supplies through the BCCDC Harm Reduction Supply Program. You can find contact information for your local health authority harm reduction coordinator at <https://bit.ly/3htp9Sr> or email harmreduction@bccdc.ca if you have any questions.

You can learn more about what supplies are available free of charge through the provincial harm reduction supply program at <https://bit.ly/3C5soav>



PAY AND COMPENSATION

If you are working regular hours, providing feedback or consultation, asked to present, or providing services, you should be getting paid for your time. You should not be paid with gift cards or vouchers. You should be paid with money. Most peers prefer to be paid cash for short term or one-off work, but longer-term employment might require a more structured payment method. There are a few peer payment guidelines available. The table below brings them all together.

TYPE OF WORK	DESCRIPTION	RECOMMENDED COMPENSATION
General support	Event set-up, cleaning	\$15-20/hr
Training position	Training to provide services or be part of a facilitation team. Not expected to take on tasks alone or provide leadership	\$15-20/hr
Taking surveys or participating in interviews	Participating in online, written or telephone interviews. Completing surveys	\$20-25/hr
Advisory role	Attending planning or consultation meetings, reading, and giving feedback on documents. Providing written feedback	\$25-40/hr Depending on the amount of guidance and support required
Research assistant	Helping with interviews, data analysis with support and guidance	\$25/hr
Peer meeting support worker	Providing other peers support during and outside meeting times	\$30/hr \$100/day on call
Presentation/facilitation	Presenting original content or co-presenting with others, facilitating discussions or meetings	\$30-50/hr
Writer/researcher/recorder	Generate original content, write reports, articles, grant applications, videography, photography	\$30-60/hr Depending on experience

You might want to look at the original resources. They have a lot more information. They might be helpful if you are negotiating an hourly rate or a wage.

BCCDC's Peer Payment Standards

<https://bit.ly/3Ep7mFS>

Vancouver Coastal Health DTES Peer Framework

<http://www.vch.ca/Documents/DTES-Peer-Framework.pdf>

Pacific Aids Network Policies and Procedures Concerning Peer Workers

<https://bit.ly/3tKiHeF>



“If you’re gonna enter into peer work or work with other peers, be real. Yeah, because these people will play that... “Oh, I can get a job, I can get paid. I can get... It’s free money, blah, blah, blah.” It’s not free money, you’re using your time to do this and if you do it right, you can benefit from this in the future.”

- PEER | KAMLOOPS

REFLECTION

What kind of peer work could I see myself doing?

Would I want to do it full time? Part time?

Am I willing/able to volunteer?

What kind of training do I need to do the work I want to do?

Where can I start?

Where can I go for help? Who do I know that I can ask?

What skills/experience do I have already?

NOTES



**WORKING
WITH
SYSTEMS**

FREQUENTLY ASKED QUESTIONS

Q: Do I have to be sober to work in the health system?

A: There will be rules about substance use in hospitals and other healthcare settings. Non-profits and community agencies can sometimes be more flexible.

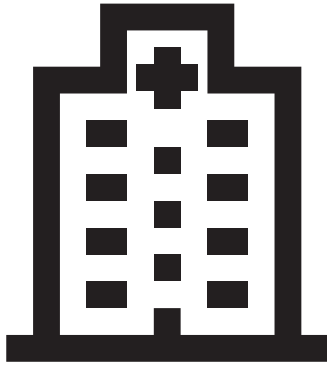
Q: What kind of education or training do I need?

A: Most of the time you won't be expected to have any formal education or training. The work you end up doing will depend more on what you are able to and want to do. Sometimes you will have access to training once you start working. A good workplace will adapt the work to your skills and abilities and provide any supports you need to be able to do your job.



WHAT IS SYSTEMS WORK?

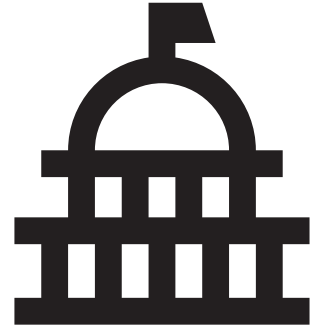
Working in systems can mean lots of different things. You could be working in:



**THE HEALTH
SYSTEM**



**THE JUSTICE
SYSTEM**



**LOCAL OR PROVINCIAL
GOVERNMENT**

You could be an advisor on committees or at planning tables, an advocate working for change or a peer support worker who helps people navigate systems and find services.

Working in systems can be hard. It is different than community work because you will probably spend most of your time with people who don't have lived experience. Systems can be rigid and inflexible, which can be very frustrating and exhausting. Some professionals who work in systems, but don't understand harm reduction can have a lot of stigmatizing ideas about people who use substances. There are often a lot of rules in systems and some of them don't make a lot of sense. Working for change can be a long and frustrating path and you will need to be resilient and have a wellness plan when things get tough. It can also be very rewarding and give you access to opportunities you might never have thought of.

You can see some stories of people working in and with systems at:

Peer2Peer Project – Peer Life

<https://youtu.be/XcMBpGJqwGU>

NCCDH – Webinar on Peer Engagement

<https://bit.ly/3ElinrL>

Canadian Mental Health Association – Partners, Peers and Power Webinar

https://www.getloudbc.ca/peers_partnerships_and_power

SOME IMPORTANT CONCEPTS

If you start working in the health or justice system, you will likely come across some words and ideas that might be new to you. Some people use these words and ideas in different ways and sometimes people don't use them correctly. They are complex.

ALLIES

Allies are people who don't necessarily have lived experience of drug use, homelessness, sex work or incarceration, but who want to support you and your work. This can take many forms. Sometimes they work in systems and can help you access people, places, and funding. Sometimes they can support your work by helping with paperwork or applications. Sometimes they advocate for you and your organization when you are not there or get you invited to the table.

Lots of people might call themselves your ally, but it is up to YOU to decide if someone is an ally or not. It is not up to them to decide, and it can change over time. Allies can be helpful, but they should not be taking over or making decisions within a peer group or drug user organization unless you agree to it.

It can get tricky if an ally also provides you services like healthcare, housing, or harm reduction. Sometimes it is best to find allies that are a little bit removed so you don't have to worry about crossing lines with them. This might not be possible in a smaller community though.

Allies WILL make mistakes. Be patient if you can. Help them to learn. If they are not humble enough to learn from you, they may not be a great ally after all. Look out for these warning signs:

- They always need to be right
- They only meet when and where it is convenient for them
- They use stigmatizing words like 'junkie' or 'drug addict'
- They are very new to the work with no real experience
- They treat you like a child
- They are always trying to get you into treatment, even if you have told them that is not your choice
- They don't acknowledge PWLE contributions to their work



TOKENISM

Sometimes it is difficult to tell if something is a good opportunity or just someone 'ticking a box'. Including PWLE can be tokenizing if what you say is not heard or valued. It might not be possible to act on everything you say, but you should feel like you are being heard, what you say has value and you are given credit for your ideas and your experience.

Sometimes PWLE are invited to 'share their stories'. While this can be very empowering for some people, it can be harmful and triggering for others. Be very careful if someone asks you to share your story. Ask yourself these questions:

- Do I know this person?
- Do I know this organization?
- Do I know anything about what they do or how they do it?
- Are they harm reduction oriented?
- What supports am I being offered?
- What are we doing to prepare?
- Do I know EXACTLY what they will ask me?
- Is it being filmed or recorded?
- Who will be there?
- Why do they want to hear my story?
- Will I be paid for my time?

If they don't want to answer your questions, are rushing you or making you feel uncomfortable, say **NO. Nobody is entitled to your story!**

Guide to sharing your personal journey

<https://bit.ly/3tGQ5Tk>

ENGAGEMENT

Engaging and including PWLE in planning is becoming more normal and is now recommended for many agencies and organizations that provide services to PWLE. Not everyone knows how to do this and sometimes people think they are doing the right thing, but they can be causing harm. The table on the next page explains some of the ways it can go wrong and some signs to look out for if you are invited to do this work. The link below is a guide for service providers that you might want to share.

Peer Engagement Principles and Best Practices

<https://bit.ly/3k7Yzjs>



LEVELS OF PEER ENGAGEMENT

EXPLOITATION			TOKENISM		EMPOWERMENT		
MANIPULATION	DECORATION	INFORMING*	CONSULTATION*	PLACATION*	INVOLVEMENT*	COLLABORATION*	EMPOWERMENT
Peers and PWLLE are placed on rubberstamp advisory committees for the purpose of “educating” them or engineering their support.	Peers and PWLLE are used to help or bolster an initiative in an indirect way. They have little information and no say in the development of the initiative.	Provide balanced and objective information to the community using safe and accessible methods; assist in understanding the problem, the problem, initiatives	Obtain feedback from peers and PWLLE on programs, and decisions, including alternatives and analyses of initiatives.	Select peers and PWLLE play an active role and advice on harm reduction programs, initiatives policies and decisions.	Work directly with peers and PWLLE throughout the process to ensure that communities concerns and aspirations are consistently understood and considered.	Equitable partnerships with peers during decision making, including the development of alternatives and the identification of the preferred solution.	Place the final decision making in the hands of peers and PWLLE.
*These can be the first steps toward meaningful engagement but there is risk for tokenism if there is a one-way flow of information, no channel for feedback, no power for negotiation, and if there is no action on the recommendations and decisions of peers and PWLLE.							

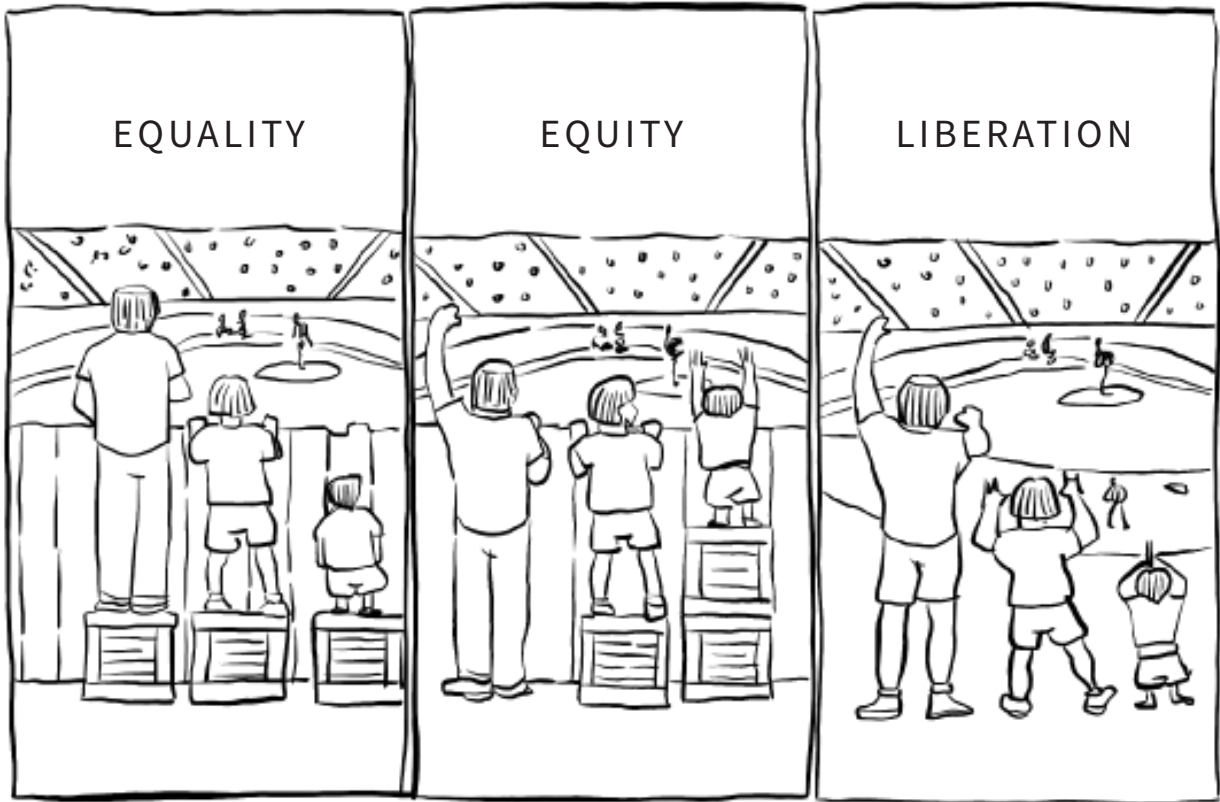
OWNERSHIP

ALLYSHIP

Graphic Adapted from: Arnstein, S.R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), 216-224.
 BCDCG Spectrum of peer engagement in decision making in harm reduction initiatives.
 Hart, R. A. (2013). *Children’s participation: The theory and practice of involving young citizens in community development and environmental care*. Routledge. IAP2’s Public Participation Spectrum.

EQUITY

You will probably hear this word a lot. Lots of people use it but don't really know what it means. It sounds good, but it is hard to do.



Equity is not equality.

Equity is about fairness. Understanding that not everyone has the same advantages or opportunities.

Equality is about everyone being treated the same regardless of who they are or where they come from.

Even better than equity, is liberation.

Removing systemic barriers instead of just helping people to live within them.



STIGMA - LANGUAGE MATTERS

It might seem like 'political correctness', but language matters.

The way we talk about each other is almost as important as what we say about each other. Using respectful language makes people feel seen, heard and fully human. PWLE are more than their substance use or life experiences. Below are a couple of resources that explain why language matters.

Northern Health – Stop Stigma, Save Lives

<https://bit.ly/2XiamCJ>

First Nations Health Authority – Talking about Substance Use

<https://bit.ly/3Cj0tDV>

BCCDC – Language Matters

<https://bit.ly/3tNQWC3>

INDIGENOUS CULTURAL SAFETY AND ANTI-RACISM

We cannot fight against our own oppression and continue to oppress or ignore the oppression of others. It is important for us all to understand and recognize the harm that has been done and continues to happen because of colonization. The First Nations and Indigenous peoples of this land have resisted assimilation and continue to thrive in systems that were designed to cause them harm. We must all be part of dismantling harmful and racist systems and commit to being part of the solution by examining our own thoughts, beliefs, and actions.

Island Health – Cultural Safety

<https://vimeo.com/537813329>

Northern Health – Cultural Safety

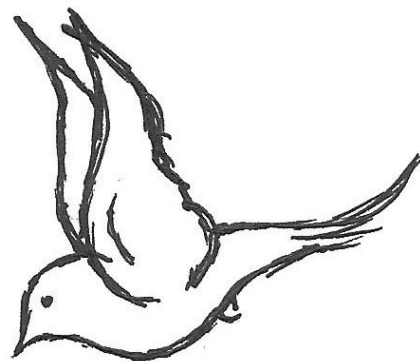
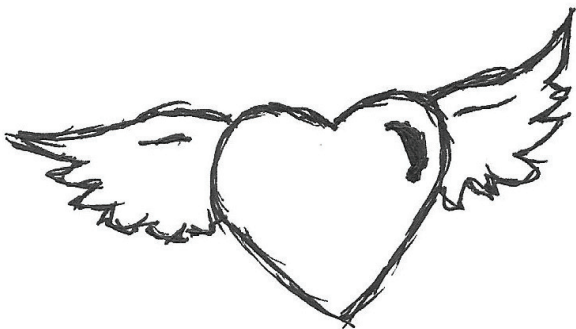
<https://youtu.be/MkxcuhdglwY>

The War on Drugs is Also Racist

https://youtu.be/g_tw_cOSTl8

The Drug War Drives Racial Inequalities

<https://youtu.be/HSozqaVcOU8>



SEX, GENDER AND SEXUALITY

Gender is not sex. Sex is a biological term while gender is about how you are defined socially. Sex does not determine gender. All people should be free to identify their own gender and should be accepted fully for who they are and who they love. There are lots of terms that are used to understand sex, gender, and sexuality like 2spirit, Transgender, Gay, Lesbian, Bisexual, Queer, Intersex, Pansexual, Asexual, Cisgender, and Non-binary. The video below explains some of them.

Sex, Gender and Sexuality Explained

<https://youtu.be/xXAoG8vAyzI>



“As a peer, I feel I’m a steward, and I am here as a beacon to lighten the way. And if I can put my hand up there and say, come with me, I got something that could help,

I’m gonna carry on.

I’m gonna carry on.”

- PEER | FORT ST JOHN

“Well, like I kinda have a model of whatever walk of life, and wherever they’re at in their life, kinda just meet them at the level they’re at. Right? Yeah. Meet them where they’re at and have compassion to where they’re at in their life.

Like, don’t kinda look down on them, because they’re doing drugs or their homeless, or...Yeah, no judgement. Have compassion towards them.”

- PEER | SURREY

WHAT WE LEARNED FROM CIE

WHAT WERE THE BIGGEST CHALLENGES?

Some of the biggest challenges we have heard from peers when they have started working in systems include:

Relapse – systems work can be really stressful, especially if you are working with people who are new to the work and don't know how to support you. If you are sober, relapse can happen, or you may find your substance use increases if you are still actively using substances. It's a good idea to talk about this possibility before you start and have a wellness plan that will allow you to stay in the work or take a step back if you need to.

Not being supported to do the work – not everyone will know what you need. If you have a good relationship with your allies and/or employer, ask them. Use the guidance documents and talk to other PWLE who have done this work to find out what might support you and how to ask for it.

Imposter syndrome – you DO belong here! – it can feel overwhelming to step into a work environment that is new to you where everyone has degrees and qualifications that you don't. If you have been hired or invited into this work, you DO belong. Degrees and education do not qualify you to do peer work. You are bringing something unique and very valuable.

Not knowing where to look for support or answers – It can feel lonely if you are the only PWLE or one of only a couple where you work. It helps to stay connected to a bigger network of PWLE for support, guidance, and community.



WHAT HELPED PEOPLE SUCCEED?

There are a few things that have really helped people to succeed in peer work, including:

Staying connected to your network – you are not alone and don't have to do this work alone. Staying connected to people you can relate to and sharing your experiences can help everyone to succeed.

Understanding what drives you to do this work and keep reminding yourself – it can get tough at times, and you might hit some walls along the way. Take the time to understand why you are doing this work and it will help you to stay grounded when it gets hectic. Committing to a mission or a goal is easier to hold on to than committing to a person or an organization because these can change over time.

Finding your 'peeps' in the system – hopefully there will be other PWLE working with you, but if not, find your allies and stay connected to your network. No one can do this alone.

Getting paid – Even though we all know that people need to get paid for their time and expertise, it can sometimes be a struggle to get paid for peer work. Have these conversations as early as possible. If you do agree to volunteer, make sure it is clear what you are being asked to do and if you are asked to do more, think about whether you need to get paid. Use the peer payment guidelines to set expectations when you are asked to do something and ask for money instead of gift cards or vouchers. Think about how it might affect any benefits or social security you are receiving and make sure it makes sense for you.



"It's changed my life. It's given me a lot, a lot. I really wasn't doing anything before this, I was very depressed, staying home all the time, scared to go out and be with the people that I care about, 'cause I was worried about my own recovery. And doing this work has actually helped my recovery and it's given me fulfillment; it's given me purpose and value."

- PEER | QUESNEL

WHAT DO YOU NEED TO KNOW TO START?

ACCESS TRAINING:

Most of the time you will be offered the opportunity to learn on the job. There are some free, online courses you can take anytime. They might help you to understand if or how you want to get involved in harm reduction.

BCCDC Peer Worker Training

<https://towardtheheart.com/peer-worker-training>

Vancouver Coastal Health – Street Degree

Email: overdoseresponse@vch.ca

ANKORS – Street College

<https://www.ankorsstreetcollege.com/street-college.html>

USEFUL SKILLS:

Some of the skills you might want to start with include:

- ☐ Administering Naloxone
- ☐ Overdose prevention
- ☐ Safe injection practices
- ☐ First aid
- ☐ Computer skills
- ☐ Non-violent communication and preventing lateral violence



“Do it. Do it, do it, do it.”

- PEER | VERNON

“It was really good. I really liked it. It made me feel like I was making a difference.”

- PEER | PRINCE GEORGE

REFLECTION

What motivates me to do this work?

What is the vision that I want to work toward?

How could I be part of that vision?

Who could help me get started?

What do I want for myself?

NOTES



“You’re not alone. Mostly you’re not alone. That’s a big deceptive voice of addiction. It’s to use alone, or isolate, and that’s it. That’s the big deceit. Is that you’re alone. You’re alone when you use for the most part, you’re alone when you’re trying to come to with the guilt. You’re alone either through marginalization or exclusion. It’s isolation, either self imposed or imposed by others or whatever, right?”

So, you are not alone.”

- PEER | QUESNEL



SUPPORTS AND RESOURCES



DIRECTORY OF PEER GROUPS AND DRUG USER ORGANIZATIONS IN BC

Organization	Location	Contact Information
Vancouver Area Network of Drug Users (VANDU)	Vancouver	https://www.vandu.org/ vandu@vandu.org (604) 683-6061
Kelowna Area Network of Drug Users (KANDU)	Kelowna	https://kandu-kelowna.weebly.com/index.html
Society for Narcotic and Opioid Wellness (SNOW)	Dawson Creek	https://www.facebook.com/snowdawsoncreek/
Coalition of Substance Users of the North (CSUN)	Quesnel	https://coalitionofsubstanceusersofthe.business.site/ https://www.facebook.com/CoalitionofSubstanceUsersoftheNorth/ (250) 991-0091 openingdoorstoharmreduction@gmail.com
Society of Living Intravenous Drug users (SOLID)	Victoria	https://solidvictoria.org/ health.education@solidvictoria.org (250) 298-9497
Coalition of Peers Dismantling the Drug War	Vancouver	https://www.cpddw.ca/ cpddwvan@gmail.com
Vancouver Association of people on Methodone (BCAPOM)	Vancouver	https://bcapom.wordpress.com/
East Kootenay Network of People who use Drugs	Cranbrook	https://ankors.bc.ca/event/eknpud-meeting-in-cranbrook/
Western Aboriginal Harm Reduction Society (WAHRS)	Vancouver	https://wahrs.ca/ wahrsdtes@gmail.com https://bit.ly/3AoW6Ha
Paid Employment Opportunities for People with Lived Experience (PEOPLE)	Kelowna	https://www.peopleemploymentservices.com/who-we-are
Peers Empowering Everyone's Rights Society (PEERS Outreach)	Prince George	
Preventing Overdose, UNDOing Stigma (POUNDS Project)	Prince George	https://www.facebook.com/thepoundsproject/ (778) 798-5857
Rural Empowered Drug Users Network (REDUN)	Interior	https://ankors.bc.ca/redun/ coordinator.redun@gmail.com 250-505-9690
AIDS Network Kootenay Outreach and Support Society (ANKORS)	Kootenays	https://ankors.bc.ca/about/ 1-800-421-AIDS 250-505-5506 information@ankors.bc.ca https://www.facebook.com/ankors.west
Vernon Entrenched People Against Discrimination (VEPAD)	Vernon	https://vepad.org/
BC Yukon Association of Drug War Survivors (BCYADWS)	Provincial	http://bcyadws.ca/ (604) 544-8867 https://www.facebook.com/BCYADWS/
Northern Sun Helpers	Fort St John	

PEER NETWORKS

THE CANADIAN ASSOCIATION OF PEOPLE WHO USE DRUGS (CAPUD)

A national organization that is comprised entirely of people who use(d) drugs, including our board and staff. One of our main purposes is to empower people who currently use drugs deemed illegal to survive and thrive, with their human rights respected and their voices heard. We envision a world where drugs are regulated and the people who use them are decriminalized. We are survivors of this war and we'll continue to fight for policy reform that is based in evidence, understanding and compassion.

<https://www.capud.ca/>

INTERNATIONAL NETWORK OF PEOPLE WHO USE DRUGS (INPUD)

A global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

INPUD is a movement of people who use drugs (current and former) who support the Vancouver Declaration. The Vancouver Declaration sets out the demands of people who use drugs, emphasising that their human rights must be respected and their health and wellbeing prioritised. INPUD is a global network that seeks to represent people who use drugs in international agencies such as the United Nations and with those undertaking international development work. We believe that people who use drugs should be meaningfully represented in decision-making processes that affect our lives. INPUD is committed to demonstrating at country level how people who use drugs can constructively contribute to the development and delivery of services for our community. We believe that we have a unique insight that can help money be spent wisely thus delivering better results for individuals and the wider community. We are asking the international community to stop always framing us as the problem and instead to recognise that we are part of the solution when it comes to addressing problems associated with drugs and drug policy around the world.

<https://www.inpud.net>



MANITOBA HARM REDUCTION NETWORK

The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships.

We do this by administrating regional harm reduction networks that provide services, education, advocacy and events that are relevant to their specific communities. We could be described as a network of networks!

We also do workshops, community projects, support organizations in creating or improving policy and services, and partner with peer-based organizations and groups of people who use drugs. We focus on harm reduction, access, community building, and the inclusion of people impacted by substance use in the services and decisions that affect them.

We believe that harm reduction, equitable access and safer service delivery are important parts of supporting communities.

<https://mhrn.ca/>





**FREE
EDUCATION
AND
RESOURCES**

PEER WORKER TRAINING

BCCDC Peer Worker Training

<https://towardtheheart.com/peer-worker-training>

Free online peer-to-peer resources

<https://bccampus.ca/projects/provincial-peer-training-curriculum/>

Vancouver Coastal Health - Street degree

<https://bit.ly/3hGunKr>

ANKORS – Street College

<https://www.ankorsstreetcollege.com/street-college.html>

BCcampus

peerconnectbc.ca

HARM REDUCTION

Free online harm reduction and non-profit development training

<https://harmreduction.org/our-work/training-capacity-building/>

Recommendations for overdose prevention at meetings and events

<https://bit.ly/2XwL04y>

First Nations Health Authority

<https://youtu.be/P4JmgY2Jp58>

The Truth about the War on Drugs

<https://youtu.be/MdyDCTgi28Q>

NALOXONE

Introduction and training

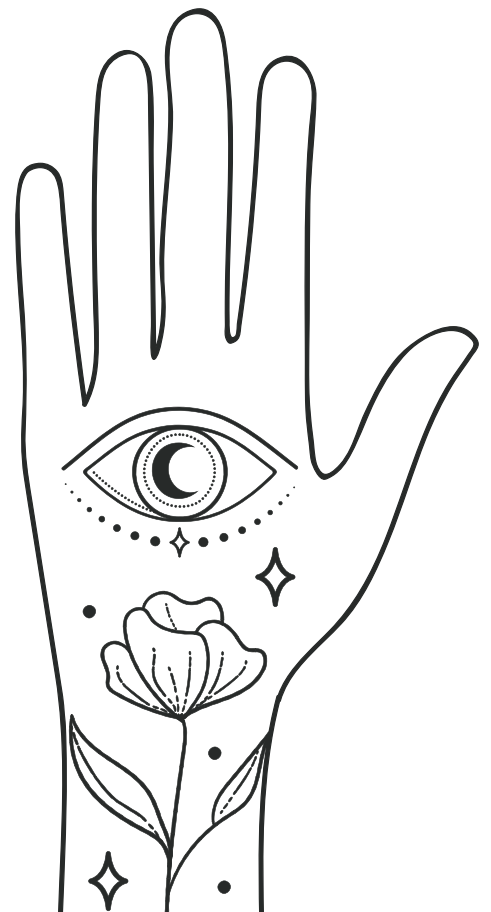
<https://vimeo.com/180113957>

<https://www.naloxonetraining.com/>

Take Home Naloxone

<https://towardtheheart.com/naloxone>

<https://towardtheheart.com/site-finder>



TRAUMA INFORMED PRACTICE

Trauma-informed Practice guide

<https://bit.ly/3hEbyYz>

<https://youtu.be/igwklvoJfrQ>

Trauma Informed Practice & the Opioid Crisis

<https://bit.ly/3hEqSnX>

INDIGENOUS CULTURAL SAFETY

Island health – Cultural Safety

<https://vimeo.com/537813329>

Northern Health – Cultural Safety

<https://youtu.be/MkxcuhdglwY>

First Nations Health Authority – Creating a Climate for Change

<https://bit.ly/3Cj560L>

MENTAL HEALTH SUPPORTS

What is mental health?

<https://bit.ly/39foWxq>

Free and low-cost counselling and mental health supports

<https://bit.ly/3zhs46w>

Debriefing

<https://bit.ly/2XBpMIU>

Self-compassion exercises

<https://self-compassion.org/category/exercises/#guided-meditations>

PEER WORK AND ADVOCACY

Missing Voices: Listening to people with lived experience

<https://vimeo.com/542837236>

Nothing about us without us

<https://www.opensocietyfoundations.org/publications/nothing-about-us-without-us>

There is no Authority but Yourself

<https://bit.ly/39cuMj9>

Pacific Aids Network - Peer Support Group Start Up Guide

<https://bit.ly/2XlcV72>

Interior Health - A Guide to Develop and Deliver Peer Support Services

<https://bit.ly/3kdUvOu>

RESOURCES FOR SERVICE PROVIDERS

Guidelines for Partnering with People with Lived and Living Experience of Substance Use and Their Families and Friends

<https://bit.ly/3tNgVJI>

BCCDC Peer Payment Standards

<https://bit.ly/3hA9ocn>

Peer Engagement Principles and Best Practices

<https://bit.ly/3nF49Mr>

Connecting - A Guide to Using Harm Reduction Supplies as Engagement Tools

<https://ohrn.org/connecting/>

Open Society - Guide for Organizations Employing People Who Use Drugs

<https://osf.to/3EobDcy>

International HIV/AIDS Alliance - Good practice guide for employing people who use drugs

<https://bit.ly/3ltw5Ac>

FUNDING SOURCES

Community Action Initiative

<https://caibc.ca/grants-training/>

Health Canada

<https://bit.ly/39c4ugS>

Indigenous Peoples Resilience Fund

<https://communityfoundations.ca/initiatives/indigenous-peoples-resilience-fund/>

Charity Village – list of funders

<https://charityvillage.com/canadian-foundations/>

Imagine Grants – Northern Health

<https://www.northernhealth.ca/services/healthy-living-in-communities/imagine-grants>





SAMPLES AND TEMPLATES



COALITION OF SUBSTANCE USERS OF THE NORTH (CSUN) BYLAWS

The society has given permission for these to be used by others.

Part 1 — Definitions and Interpretations

Definitions

1.1 In these Bylaws:

“Act” means the Societies Act of British Columbia as amended from time to time;

“Board” means the directors of the Society;

“Bylaws” means these Bylaws as altered from time to time.

Definitions in Act apply

1.2 The definitions in the Act apply to these Bylaws.

Conflict with Act or regulations

1.3 If there is a conflict between these Bylaws and the Act or the regulations under the Act, the Act or the regulations, as the case may be, prevail.

Part 2 — Members

Application for membership

2.1 A person may apply to the Board for membership in the Society, and the person becomes a member on the Board’s acceptance of the application.

Duties of members

2.2 Every member must uphold the constitution of the Society and must comply with these Bylaws.

Amount of membership dues

2.3 The amount of the annual membership dues, if any, must be determined by the Board.

Member not in good standing

2.4 A member is not in good standing if the member fails to pay the member’s annual membership dues, if any , and the member is not in good standing for so long as those dues remain unpaid.

Member not in good standing may not vote

2.5 A voting member who is not in good standing

(a) may not vote at a general meeting, and

(b) is deemed not to be a voting member for the purpose of consenting to a resolution of the voting members.

Termination of membership if member not in good standing

2.6 A person’s membership in the Society is terminated if the person is not in good standing for 6 consecutive months.

Part 3 — General Meetings of Members

Time and place of general meeting

3.1 A general meeting must be held at the time and place the Board determines.

Ordinary business at general meeting

3.2 At a general meeting, the following business is ordinary business:

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- (a) adoption of rules of order;
- (b) consideration of any financial statements of the Society presented to the meeting;
- (c) consideration of the reports, if any , of the directors;
- (d) election or appointment of directors;
- (e) appointment of an auditor, if any ;
- (f) business arising out of a report of the directors not requiring the passing of a special resolution.

Notice of special business

3.3 A notice of a general meeting must state the nature of any business, other than ordinary business, to be transacted at the meeting in sufficient detail to permit a member receiving the notice to form a reasoned judgment concerning that business.

Chair of general meeting

3.4 The following individual is entitled to preside as the chair of a general meeting:

- (a) the individual, if any , appointed by the Board to preside as the chair;
- (b) if the Board has not appointed an individual to preside as the chair or the individual appointed by the Board is unable to preside as the chair,
 - (i) the president,
 - (ii) the vice-president, if the president is unable to preside as the chair, or
 - (iii) one of the other directors present at the meeting, if both the president and vice-president are unable to preside as the chair.

Alternate chair of general meeting

3.5 If there is no individual entitled under these Bylaws who is able to preside as the chair of a general meeting within 15 minutes from the time set for holding the meeting, the voting members who are present must elect an individual present at the meeting to preside as the chair.

Quorum required

3.6 Business, other than the election of the chair of the meeting and the adjournment or termination of the meeting, must not be transacted at a general meeting unless a quorum of voting members is present.

Quorum for general meetings

3.7 The quorum for the transaction of business at a general meeting is 3 voting members or 10% of the voting members, whichever is greater.

Lack of quorum at commencement of meeting

3.8 If, within 30 minutes from the time set for holding a general meeting, a quorum of voting members is not present,

- (a) in the case of a meeting convened on the requisition of members, the meeting is terminated,
- and
- (b) in any other case, the meeting stands adjourned to the same day in the next week, at the same time and place, and if, at the continuation of the adjourned meeting, a quorum is not present within 30 minutes from

the time set for holding the continuation of the adjourned meeting, the voting members who are present constitute a quorum for that meeting.

If quorum ceases to be present

3.9 If, at any time during a general meeting, there ceases to be a quorum of voting members present, business then in progress must be suspended until there is a quorum present or until the meeting is adjourned or terminated.

Adjournments by chair

3.10 The chair of a general meeting may, or, if so directed by the voting members at the meeting, must, adjourn the meeting from time to time and from place to place, but no business may be transacted at the continuation of the adjourned meeting other than business left unfinished at the adjourned meeting.

Notice of continuation of adjourned general meeting

3.11 It is not necessary to give notice of a continuation of an adjourned general meeting or of the business to be transacted at a continuation of an adjourned general meeting except that, when a general meeting is adjourned for 30 days or more, notice of the continuation of the adjourned meeting must be given.

Order of business at general meeting

3.12 The order of business at a general meeting is as follows:

- (a) elect an individual to chair the meeting, if necessary ;
- (b) determine that there is a quorum;
- (c) approve the agenda;
- (d) approve the minutes from the last general meeting;
- (e) deal with unfinished business from the last general meeting;
- (f) if the meeting is an annual general meeting,
 - (i) receive the directors' report on the financial statements of the Society for the previous financial year, and the auditor's report, if any , on those statements,
 - (ii) receive any other reports of directors' activities and decisions since the previous annual general meeting,
 - (iii) elect or appoint directors, and
 - (iv) appoint an auditor, if any ;
- (g) deal with new business, including any matters about which notice has been given to the members in the notice of meeting;
- (h) terminate the meeting.

Methods of voting

3.13 At a general meeting, voting must be by a show of hands, an oral vote or another method that adequately discloses the intention of the voting members, except that if, before or after such a vote, 2 or more voting members request a secret ballot or a secret ballot is directed by the chair of the meeting, voting must be by a secret ballot.

Announcement of result

3.14 The chair of a general meeting must announce the outcome of each vote

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and that outcome must be recorded in the minutes of the meeting.

Proxy voting not permitted

3.15 Voting by proxy is not permitted.

Matters decided at general meeting by ordinary resolution

3.16 A matter to be decided at a general meeting must be decided by ordinary resolution unless the matter is required by the Act or these Bylaws to be decided by special resolution or by another resolution having a higher voting threshold than the threshold for an ordinary resolution.

Part 4 — Directors

Number of directors on Board

4.1 The Society must have no fewer than 3 and no more than 11 directors.

Election or appointment of directors

4.2 At each annual general meeting, the voting members entitled to vote for the election or appointment of directors must elect or appoint the Board.

Directors may fill casual vacancy on Board

4.3 The Board may, at any time, appoint a member as a director to fill a vacancy that arises on the Board as a result of the resignation, death or incapacity of a director during the director's term of office.

Term of appointment of director filling casual vacancy

4.4 A director appointed by the Board to fill a vacancy ceases to be a director at the end of the unexpired portion of the term of office of the individual whose departure from office created the vacancy.

Part 5 — Directors' Meetings

Calling directors' meeting

5.1 A directors' meeting may be called by the president or by any 2 other directors.

Notice of directors' meeting

5.2 At least 2 days' notice of a directors' meeting must be given unless all the directors agree to a shorter notice period.

Proceedings valid despite omission to give notice

5.3 The accidental omission to give notice of a directors' meeting to a director, or the non-receipt of a notice by a director, does not invalidate proceedings at the meeting.

Conduct of directors' meetings

5.4 The directors may regulate their meetings and proceedings as they think fit.

Quorum of directors

5.5 The quorum for the transaction of business at a directors' meeting is a majority of the directors.

Part 6 — Board Positions

Election or appointment to Board positions

6.1 Directors must be elected or appointed to the following Board positions, and a director, other than the president, may hold more than one position:

- (a) president;
- (b) vice-president;
- (c) secretary;
- (d) treasurer.

Directors at large

6.2 Directors who are elected or appointed to positions on the Board in addition to the positions described in these Bylaws are elected or appointed as directors at large.

Role of president

6.3 The president is the chair of the Board and is responsible for supervising the other directors in the execution of their duties.

Role of vice-president

6.4 The vice-president is the vice-chair of the Board and is responsible for carrying out the duties of the president if the president is unable to act.

Role of secretary

6.5 The secretary is responsible for doing, or making the necessary arrangements for, the following:

- (a) issuing notices of general meetings and directors' meetings;
- (b) taking minutes of general meetings and directors' meetings;
- (c) keeping the records of the Society in accordance with the Act;
- (d) conducting the correspondence of the Board;
- (e) filing the annual report of the Society and making any other filings with the registrar under the Act.

Absence of secretary from meeting

6.6 In the absence of the secretary from a meeting, the Board must appoint another individual to act as secretary at the meeting.

Role of treasurer

6.7 The treasurer is responsible for doing, or making the necessary arrangements for, the following:

- (a) receiving and banking monies collected from the members or other sources;
- (b) keeping accounting records in respect of the Society's financial transactions;
- (c) preparing the Society's financial statements;
- (d) making the Society's filings respecting taxes.

Part 7 — Remuneration of Directors and Signing Authority

Remuneration of directors

7.1 These Bylaws do not permit the Society to pay to a director remuneration for being a director, but the Society may, subject to the Act, pay remuneration

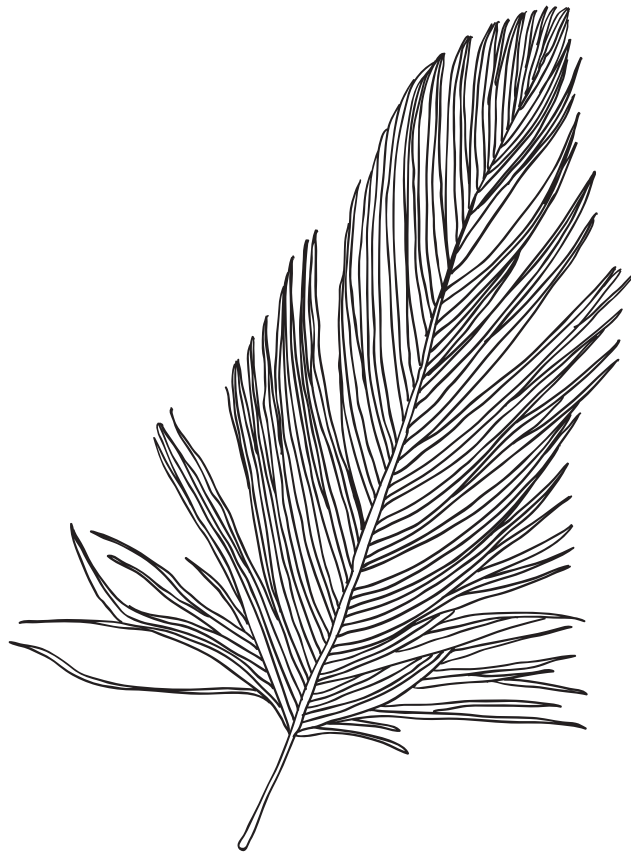
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to a director for services provided by the director to the Society in another capacity.

Signing authority

7.2 A contract or other record to be signed by the Society must be signed on behalf of the Society

- (a) by the president, together with one other director,
- (b) if the president is unable to provide a signature, by the vice-president together with one other director,
- (c) if the president and vice-president are both unable to provide signatures, by any 2 other directors, or
- (d) in any case, by one or more individuals authorized by the Board to sign the record on behalf of the Society.





EVENT PLANNING CHECKLIST



- Set a date well in advance, it can take several weeks to get organized
- See if you can get a community organization or the health authority to support you
- Check to see if you need permission from the city to hold outdoor events
- Check if there are public health restrictions because of COVID
- Check to see if there are limits on the number of people who are allowed in indoor spaces
- Secure a location and set a time before you start advertising
- Think about whether you need a safe consumption site or can direct folks to one
- Think about whether you want to have harm reduction supplies on hand

Make sure you have enough help; it can take a lot of people to pull off an event.

You might need:

- people planning and organizing the event
- people to set up and take down the event
- people at the door/entrance
- people at booths or information tables
- people serving snacks or drinks
- people cleaning up during and after the event



NOTES

