



NSW Users and  
AIDS Association

Mary Ellen Harrod,  
Charles Henderson,  
Hope Everingham,  
Tony McNaughton,  
Rodd Hinton, Sara  
Adey

# Peer workers: Why you need them on the team

# NUAA: who are we and what do we do?

- NUAA is a peer-based drug user organization – our understanding of the issues around AOD treatment access comes from our direct experience as drug users and service users
- Important part of the NSW investment in harm reduction and soon to have core AOD funding to expand access to peer support
- Emphasis on service delivery is wholistic and peer-delivered interventions
  - Needle and syringe program
  - Publications and resources
  - Training and education
  - Peer support of treatment (HCV and AOD)
  - Consumer engagement





# Peers increase access to treatment and options

---

- It can be incredibly socially isolating to be a drug user and confronting to access treatment
- Support from peers reduces social isolation, anxiety and increases access to support which in turns opens up options
- Our number one source of information is from our peers, this is not going to change
- Let's make sure it's quality information



Self disclosure is a powerful demonstration that you don't need to be ashamed

“Living proof” is a powerful model for people at all stages of drug use in all treatment settings

# Strengths based approach

- People who use drugs routinely practice self-care. Validation from support services shows us that we possess strengths.
- The primary evidence base for identified peer workers is from harm reduction services – the same principles apply to AOD services





The voices of identified peers have been stifled by stigma

- Need to bring about a rapprochement between harm reduction and treatment services – they are on a continuum not a dichotomy
- “Clean” vs “Dirty”
- Consideration needs to be paid to who is a peer in which service settings

# National AOD Workforce Development Strategy 2015 - 2018

- Peer support as tier 2 activity in reducing AOD related harm
- We need to ensure that peer support is not biased towards one treatment outcome and broadly available in low-threshold AOD settings.
- We need workforce development and support

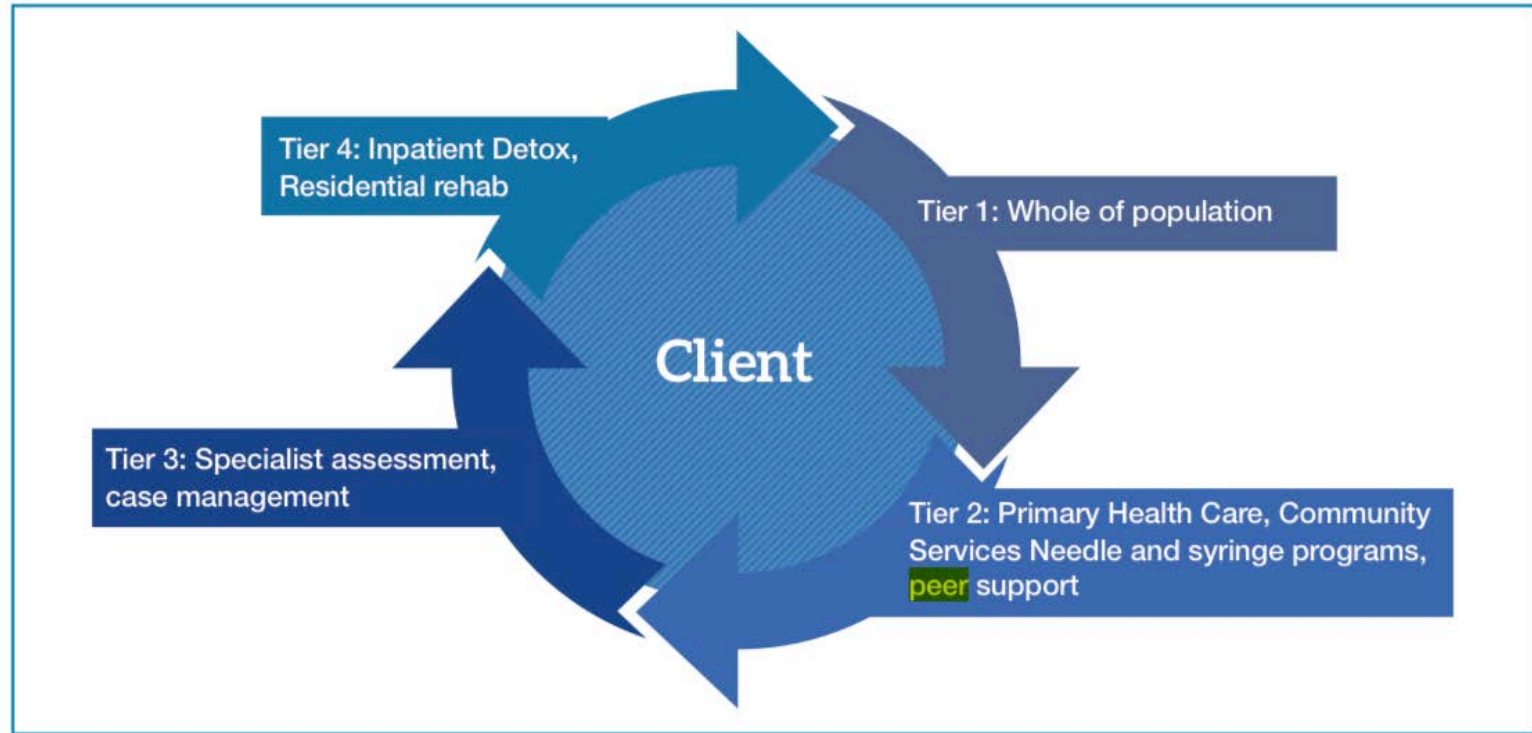



Figure 3: Wrap-around services, particularly for clients with complex needs.



## National AOD Workforce Development Strategy 2015 – 2018 outcome area 6:

---

- Improve consumer participation in AOD service provision, policy, planning and research
  - Employment of consumer workers
  - Strategic involvement of consumers in services
  - Enabling environment to service user participation



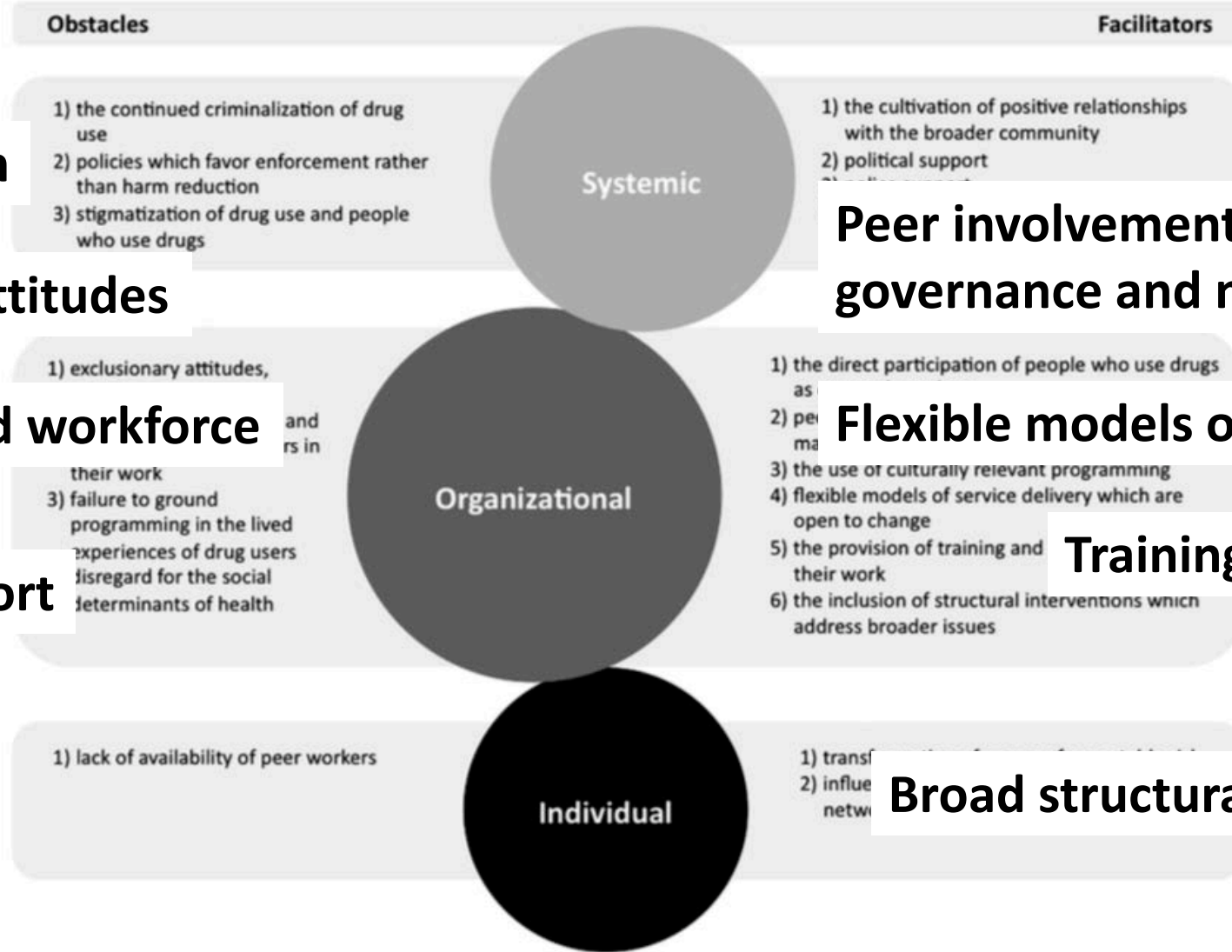
## Obstacles:

### Criminalisation

### Exclusionary attitudes

### Lack of trained workforce

### Lack of support



### Facilitators

### Peer involvement in governance and management

### Flexible models of service delivery

### Training and support

### Broad structural intervention

Fig. 4. Obstacles and facilitators to peer roles in harm reduction initiatives.

# Types of peer roles



A squirrel is standing on its hind legs on a wooden surface. It is holding a wooden block with the letter 'F' in its paws. To its right is a tall stack of seven wooden blocks with letters: 'H', 'A', 'N', 'K', 'Y', 'O', 'U'. The background is a blurred green forest.

# Acknowledgements

---

- NUAA is funded by the NSW Ministry of Health
- Our peer workers are funded by Nepean Blue Mountains and Hunter New England LHDs
- Our consumer work is funded by WentWest and CES PHNs