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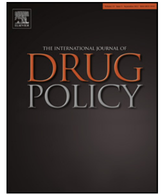

Research paper

Experiences of peer-trainers in a take-home naloxone program: Results from a qualitative study

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ABSTRACT

Background: Take-home naloxone programs (THN) are harm reduction programs with the aim of reducing the number of deaths caused by opioid overdoses. A THN program in Montreal called the PROFAN project was implemented with the goal of reducing overdoses through the use of peer-trainers. Peer-trainers are people who are currently or have previously used drugs, who are trained in overdose prevention and are then responsible for delivering a training session to other individuals who use drugs. While studies on other peer-led programs have shown that peer-helpers gain numerous benefits from their role, little attention has been devoted to understanding this role in the context of overdose prevention. Additionally, to our knowledge, this is the first time that the impacts of the peer-trainer role are being studied and documented for a scientific journal.
Methods: This research represents a qualitative study using individual interviews with the six peer-trainers of the Montreal program to explore the benefits and challenges encountered in their role.
Results: Interview results suggest that there are psychological benefits received through the peer-trainer role, such as empowerment and recovery. As well, there are a number of challenges associated with their role and suggestions to improve the program.
Conclusion: Knowledge about the impacts of the peer-trainer role will contribute to the development of THN programs. Additionally, the findings may also serve to demonstrate that THN programs are capable of not only reducing the number of deaths by opioid overdose, but that these programs may also have wider effects on a psychological level.

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Introduction

Death caused by opioid overdose is a significant problem in many countries around the world. In fact, overdose is the leading cause of death among people who inject drugs worldwide (Degenhardt et al., 2011). In Canada, estimating the number of opioid overdose deaths across the country is difficult, as only a few provinces report the number of overdose fatalities (Fischer & Argento, 2012). Over an 8-year period, from 2002 to 2010, there were 1654 overdose deaths in British Columbia, 2325 overdose hospitalizations between 2002 and 2009 (Vallance et al., 2012), and 275 drug overdose deaths in the year of 2011 alone (Banjo et al., 2014). Recently in April 2016, the Provincial Health Officer of British Columbia declared a state of emergency in response to the high number of overdoses and deaths (Provincial Health Services Authority, 2016). Other provinces in Canada, such as Ontario and Quebec, have also reported a high number of overdoses. For example, in the summer of 2014 in Montreal there were 28 reported overdoses, 15 of which were fatalities due to street heroin (Lindeman, 2014). The increase in deaths by drug overdose reported in Toronto also reflects the worldwide trend (Centers for Disease Control and Prevention, 2010). With the increasing distribution of high-purity heroin and the lethal combination of heroin and fentanyl, an increase in fatal overdoses is expected due to the higher potency of fentanyl, as well as users being unfamiliar with this drug (Carter, Graham, & Canadian Drug Policy Coalition, 2013). Since people who use drugs (PWUD) often consume together, they are usually present when an overdose occurs (Oliver & Keen, 2003; Strang et al., 1999). Some take-home naloxone programs (THN) aim to reduce the number of overdoses by training PWUD to respond by administering naloxone, which is an opioid antagonist that prevents death by overdose through the reverse of respiratory depression. The medication presents no effects in the absence of opioids and is non-addictive (Dorp et al., 2006; Dorp, Yassen, & Dahan, 2007).

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Peer-led interventions have shown great success in terms of the benefits that are offered to the participants in the program (the ones who receive help from the peer-helpers), as well as for the peer-helpers themselves. Alcoholics Anonymous (AA) programs represent a well-known example of a peer intervention in the addiction domain. In AA programs, peers are often in the process of recovery and may be involved in leading meetings and helping others with their recovery process (Zemore, Kaskutas, & Ammon, 2004). There has been an abundance of research on AA, as well as other 12-step programs, and how these programs offer benefits in terms of recovery by individuals mutually helping each other. There have been many studies published documenting the feasibility of THN programs, showing that PWUD are willing to participate and can be trained to respond to overdoses (Banjo et al., 2014; Bennett & Holloway, 2012; Day Manning, Best, & Gaston, 2009; Green, Heimer, & Grau, 2008). A few evaluation studies on THN programs have briefly mentioned the personal impacts of being a participant in the program. These benefits include a sense of empowerment (Banjo et al., 2014; Leece et al., 2013; Wagner et al., 2014), heroism and pride (Wagner et al., 2014), increased sense of control (Wagner et al., 2014), increased self-esteem (McAuley, Best, Taylor, Hunter, & Robertson, 2012), and even a decrease in drug use (Wagner et al., 2010). However, no studies discussing the impact of being a THN peer-helper were identified. Peer-led programs in other domains, particularly mental health and HIV/AIDS, have also reported a number of benefits among peer-helpers, including empowerment, increased self-esteem, increased confidence and responsibility, better medication adherence for individuals with HIV/AIDS, as well as factors related to recovery (Ahmed, Hunter, Mabe, Tucker & Buckley, 2015; Bastardo & Kimberlin, 2000; Bracke, Christiaens & Verhaeghe, 2008; Broadhead et al., 2002; Corrigan, 2006; Hutchinson et al., 2006; Marino, Simoni, & Silverstein, 2007; Moran, Russinova, & Stepas, 2012; Mowbray, Moxley, & Collins, 1998; Pallaveshi, Balachandra, Subramanian, & Rudnick, 2014; Resnick & Rosenheck, 2008; Salzer & Shear, 2002).

While feasibility of the program and effectiveness of naloxone are both important to demonstrate, it is necessary for researchers to now consider other impacts and purposes of this program. Clearly PWUD gain the knowledge and training that they can use to respond to overdoses and save lives. Since the success of THN programs depends on peers being involved and motivated to participate in the program, better understanding their experiences will help to ensure that they will continue to be involved, and that they gain the most they can from their involvement. However, there is a knowledge gap in the literature concerning the psychological impacts, as well as the challenges, associated with involvement in THN programs as a peer-trainer. The current study, which is part of a larger evaluation study of a Montreal THN program, aims to evaluate peer-trainer experiences.

Program description

The Centre de recherche et d'aide pour narcomanes (Cran), an addiction research and assistance centre, and Méta d'Âme, a peer-run drop-in residential centre, have implemented an overdose prevention program in Montreal called PROFAN (prevention and reduction of overdoses-training on, and access to, naloxone). The centre is run by individuals with a history of opioid use, and the PROFAN training is administered and supervised by peers at Méta d'Âme. Accredited by the Direction of Public Health of Montreal, this is a harm reduction program with the aim of reducing the number of deaths caused by opioid overdose. The initiative involves training people who use opioid drugs to correctly identify the signs of an opioid overdose, how to administer naloxone through needle injection, and how to perform cardiopulmonary resuscitation (CPR). A unique aspect of this program is that it has implemented the use of peers training peers, also called peer-trainers.

Objectives

This study aims to explore the extent to which peer-trainers experience benefits through their role as a trainer. The main research question guiding this study is: what are the psychological impacts of being a peer-trainer in the Montreal THN program? The paper presents qualitative data on the experiences of peer-trainers with (1) the overdose prevention training that they received, (2) their role as a trainer, and (3) the personal impact of taking on this role.

Method

The methodology chosen for this project is phenomenology, as the aim is to better understand personal experiences. Conducting individual interviews rather than a focus group was preferred in order to capture individual experiences, as not everyone may experience this role in the same way or may not adopt the role to the same extent. The research is approached from a constructivist framework (Berger & Luckmann, 1966) due to a personal belief that realities are socially constructed. This paper follows the SRQR guideline for reporting qualitative research (O'Brien, Harris, Beckman, Reed, & Cook, 2014).

Participants

Recruitment for participating as a peer-trainer in the PROFAN take-home naloxone study was conducted by Méta D'Âme, a peer-run organization in Montreal. The peer-helpers at Méta D'Âme recruited individuals to be peer-trainers through their clientele who frequently came to Méta D'Âme, were known well by the peer-helpers, and who expressed being able and comfortable to take on the peer-trainer role. Participants who attended the training sessions led by peer-trainers were recruited through word of mouth and posters. Peer-trainers and participants received $50 in cash at the end of the PROFAN training session. Six individuals volunteered to be peer-trainers, representing a convenience sample. Out of the six peer-trainers three were male and three were female. The age range of this group was between 25 and 44. Although there were six individuals who volunteered and were trained to be peer-trainers, only five delivered training sessions to other PWUD, as one trainer left the program to go back to school, and therefore did not have the opportunity to deliver any training sessions. This individual was still interviewed since he did sign up to be a peer-trainer and completed the training with the other five peers.

Training procedure

In April 2015, the six peer-trainers received a full-day training session on overdose prevention, naloxone administration, and CPR. All training sessions took place at Méta D'Âme and food was provided for the session. After being trained they were then in charge of delivering a training session to other PWUD (participants) on how to intervene in an overdose situation. The training sessions delivered by peer-trainers took pace from June to August 2015. Five of the six trainers delivered four training sessions (each session lasted about one hour) to a group of participants ranging in size from 6 to 12. During the training session two peer-trainers were paired together to give the presentation. To assist them they used a PowerPoint presentation which included information about the myths of overdose intervention, the steps to take to intervene

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