

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

Executive Summary

People with lived and living experience of substance use and their families and friends (LLEAFF) are experts in the field of substance use. It is key that the Canadian Centre on Substance Use and Addiction (CCSA) partner with them whenever possible to ensure that our research is relevant and that services designed for people from LLEAFF groups meet their needs. This document provides guidance for working with people with lived and living experience of substance use and their families and friends and is intended for individuals and organizations who partner with or wish to partner with people from LLEAFF groups. Review this document to gain a deeper understanding of the value of partnering with LLEAFF groups and to learn more about the elements needed to develop sustainable and successful relationships.

The following requirements outline the minimum needed for initiating respectful engagement:

- People with lived and living experience of substance use and their families and friends are experts. Partnering with them is essential to enhancing research and improving services designed to meet their needs.
- Families and friends of people who use substances bring valuable perspectives. Engage and partner with people from these groups, as well as with people with lived and living experience of substance use.
- Practice equity, diversity and inclusion. Listen to people who use substances who come from diverse communities, including Indigenous, Black, African, Caribbean, people of colour, 2SLGBTQIA+, and other racialized and marginalized communities. Ensure their voices, concerns and issues inform the work you do together.
- Acknowledge unearned privilege and power imbalances and address them openly.
- Provide meaningful partnership and engagement opportunities and ensure the necessary tools and resources are available for everyone to participate fully.
- Create culturally safe spaces in which to work and engage with each other.
- Provide financial compensation that recognizes the expertise of people from LLEAFF groups.
- Create equitable working partnerships by hiring people from LLEAFF groups as expert consultants or salaried employees.



Introduction

CCSA and our partners and stakeholders are committed to engaging in meaningful partnerships with people with lived and living experience of substance use and their families and friends to enhance the quality of our work. This document consolidates the evidence and knowledge available for working with groups of people with lived and living experience and their families and friends (LLEAFF groups) to ensure that those engaging with them follow best practices. The publications informing this document include *Peerology* from the Canadian Association of People who Use Drugs (Canadian AIDS Society, 2015), the BC Centre for Disease Control's *Peer Engagement Principles and Best Practices* (Greer, et al., 2017), and the Canadian HIV/AIDS Legal Network's *Nothing About Us Without Us* (2005). While written with CCSA staff in mind, these guidelines can be used by any of our partners and stakeholders who wish to build and strengthen relationships with people from LLEAFF groups and participate with them in meaningful partnership opportunities.

This document was reviewed by members of the LLEAFF working groups who partner with CCSA on research and other projects. They recommended we acknowledge from the outset the unequal power relationships inherent in the systems and organizations within which we work, as well as those that exist between people who have experience of substance use and those who do not. Working equitably with people who use substances is central to CCSA's mandate, but on the path to equitable partnership we encounter obstacles, not the least of which are systems that privilege certain types of knowledge over others; for example, academic knowledge over experiential knowledge or Indigenous ways of knowing.

Despite efforts to be inclusive and respectful of different perspectives, the “us” and “them” divide is still present: it is still “us” engaging with “them.” It is imperative that all parties work together to dismantle the structures that prevent full engagement. This work requires acknowledging privilege, embracing multiple perspectives, removing barriers and making common cause to achieve meaningful change in how we work together. Ultimately, it is about changing the framework of how we engage, so that equitable partnerships replace “us” and “them.”

People who have experience with substance use, past or present, are experts in this field. Their involvement in our work is critical to evidence-informed activities, which include generating research ideas and knowledge mobilization initiatives. Engagement and partnership with these groups is necessary if we are to design and develop resources, tools, policies and programs that will reduce health inequities and positively impact the lives of people who use substances (Becu & Allan, 2018). If we do not seek input from LLEAFF groups, we miss things they would pick up and we contribute to structural harms that exclude them from decision making and have negative impacts on their lives.

CCSA is committed to advancing awareness and practices that support the well-being of people with lived and living experience of substance use. People from LLEAFF groups are a heavily researched population and careers have been built on researching this population. As subjects of research, they have often felt objectified, as well as excluded from the accolades and honours that accrue to researchers. Related to this power imbalance is the expectation, felt by many marginalized groups, that they are responsible for educating people outside their group about their lives and experiences with substances. As the importance of including people from LLEAFF groups in research and policy dialogues gains recognition, members of these groups are increasingly in demand. To avoid tokenism and other disrespectful practices, we must acknowledge that people from LLEAFF groups have the right to refuse participation in projects we initiate, to exercise agency both as a group and as individuals, and to do what is necessary to protect their health and well-being. LLEAFF partners have busy lives and are engaging with us in addition to their other work. They are under no obligation



to accept requests for participation in our projects and meetings, and when they do agree to participate, they have the right to define the parameters of their engagement.

The experience of substance use is deeply personal and requires considerable emotional and intellectual investment for LLEAFF partners to draw on it. One way to demonstrate respect for their engagement is for researchers to offer them meaningful opportunities that have the potential for lasting and powerful impact. Such opportunities will ensure that their efforts and time are well spent. On a related note, remuneration that reflects the expertise and knowledge they bring is critical to developing equitable partnerships. Hiring people with lived and living experience as consultants, permanent employees and leaders will help break down barriers to involvement, change perceptions of their contributions and challenge negative attitudes.

This document will assist organizations and individuals to engage in meaningful partnerships with people from LLEAFF groups. It offers guidance on how to build and strengthen partnerships, address power and privilege, and create safe spaces in which to work collaboratively. The goal of the document is to increase meaningful engagement with people from LLEAFF groups to ensure the quality, relevance and impact of our work and to improve services and resources. These guidelines are intended to be a living reflection of current best practices; hence they remain open to improvement and revision.

A Note on Families and Friends

With the research focus generally on people who use substances, family members and friends often consider themselves to be an untapped resource. Many family members and friends view themselves as people with lived experience because of their involvement and emotional investment in the lives of the people they love who use substances. Many are people with lived and living experience of substance use themselves. However they define themselves, they bring valuable insights to the work, and developing partnerships with individuals, groups and organizations who bring this knowledge and expertise will enhance the value of the work we undertake together.

Why Partnership Is Important

Partnerships with people with lived and living experience of substance use and their families and friends is important for the following reasons:

- People from LLEAFF groups are the primary stakeholders for any work done in their interest or for their benefit and so need to be integral partners in any such work.
- People from LLEAFF groups are best able to identify what works in and for their communities (Canadian HIV/AIDS Legal Network, 2005). Their involvement is necessary if we are to improve the relevance of research and the applicability of interventions and services.
- Research, both in Canada and internationally, provides evidence of the benefits from greater involvement of LLEAFF groups (Canadian HIV/AIDS Legal Network, 2005).
- People from LLEAFF groups have demonstrated their knowledge and expertise in the field while advocating for change and for greater inclusion in the design of services and supports for them.
- From an ethical and human rights perspectives, people should have a say in the decisions that affect their lives (Canadian HIV/AIDS Legal Network, 2005).
- Building capacity on both sides and empowering partners to reach their goals builds trust and deepens relationships and are value-added outcomes for CCSA, our partners and stakeholders.



Audience for These Guidelines

This document is for CCSA staff and external groups, stakeholders and partners. It applies to all roles and covers all aspects of the work we and our partners do, including research, knowledge translation, stakeholder relations, and building and maintaining partnerships. It is intended for work with adults. Separate guidelines need to be developed for engaging youth and populations who experience additional stigma and drug-related harms, such as pregnant or parenting women, Indigenous people, racialized populations, the 2SLGBTQIA+ community and so on.

CCSA established LLEAFF groups to inform our work. Given requests by our national and provincial partners to engage with these groups, we have put in place a process to respect the roles and responsibilities of the CCSA LLEAFF groups. When CCSA receives a request from a partner to engage with LLEAFF group members, we ask that the partner review these guidelines and demonstrate their understanding of the practices outlined herein and their ability to implement them. The decision as to whether to engage with the requesting partner will be up to LLEAFF members and the applicable working group. For partners and stakeholders who are engaging with people from LLEAFF groups outside of those associated with CCSA, these guidelines provide best-practice examples and can be used to guide specific engagements.

Terms of reference should be co-developed with members from LLEAFF groups before any work is undertaken in partnership with them. Such a document describes individual roles and responsibilities, and the scope and limitations of the work, and is a helpful tool for group decision making.

Barriers to Partnership

The first step towards engaging in partnerships with people with lived and living experience and their families and friends is to recognize that they face barriers to such engagement:

- Lack of access to technology (the “digital divide”) is a significant barrier (Greer, et al., 2019). For example, surveys that are only available online can exclude the populations and organizations we most need to reach.
- Related to the technology gap, is lack of knowledge about engagement and partnership opportunities. We cannot assume that everyone has a phone or computer and should seek alternative methods for contacting potential partners, such as using flyers, drop-in centres, organizations of people who use substances, advocacy groups for people who use drugs, and community health centres (Canadian AIDS Society, 2015), as well as LLEAFF member networks.
- Fear of discrimination stemming from stigma about substance use is a barrier to engagement (Greer, et al., 2019). Potential breaches of confidentiality are of particular concern for individuals who experience stigma and discrimination.
- Fear of discrimination encompasses fear of being recognized via a setting or location (Greer, et al., 2019). When planning an in-person meeting, ensure the location is safe and discreet.
- Logistical and financial barriers to engagement stemming from poverty and material deprivation need to be addressed at an individual and systemic level. Covering the cost of an individual’s transportation, meals, lost income and hours worked should be the minimum financial commitment, in addition to providing a safe space with appropriate technology and other resources to facilitate full partnership.



- People living in remote northern and rural locations bring much needed perspectives, but are often excluded because of the logistical challenges associated with these settings, especially if technology is not available. To address these challenges, solutions at the systemic level are needed, such as universal basic income, affordable housing, improved IT infrastructure and recognizing the internet as an essential service. Advocating for systemic change and supporting people from LLEAFF groups in their advocacy work is fundamental to building partnership.
- Tokenism is inherently disrespectful: engaging with people from LLEAFF groups simply because it is a funding requirement is unacceptable.

Enablers of Partnership

The following points have been identified as enablers to engagement with people with lived and living experience and their families and friends (adapted from Canadian AIDS Society, 2015; Greer, et al., 2017; and Alberta Health Services, 2018):

- Acknowledge the expertise of people from LLEAFF groups by providing appropriate financial compensation. (See Appendix A for proposed honoraria rates.)
- People might have jobs that do not pay them for their participation in meetings, focus groups or research projects, and compensation should reflect this.
- Show confidence in LLEAFF partners by including them in tasks at all levels, not just reviewing documents or working in an advisory capacity, but also writing publications, facilitating meetings and taking leadership roles.
- Keep meetings to a manageable length with breaks and pre-determined ends so people can take opportunities for self-care and plan their day. Consider flexible meeting schedules to accommodate people who work outside the 9-to-5 time slot.
- Partnering with only one person with lived and living experience may make them feel additionally marginalized. Avoid tokenism by engaging with a larger group, which will broaden the perspectives offered, avoid isolating or overloading one person, and create a safer space in which to speak.
- At the beginning of any event or project, clearly communicate the goals of the research, meeting or conference through co-developing the terms of reference, outlining scope, roles and responsibilities, decision-making and so on.
- Acknowledge the importance and role of organizations for people from LLEAFF groups. Partner with these organizations and with community health centres, drop-in centres and so on to build and strengthen relationships and create opportunities to include the voices of organizations that have historically been difficult to reach.
- Offer stable, consistent and sustainable opportunities to engage with staff who are committed, compassionate and knowledgeable. Staff should take the time to explain the meeting, project or research, and to actively listen and consider what is said.
- Provide access to information and all necessary documents. Advise partners of opportunities to obtain further information.
- Consider hiring staff with lived and living experience of substance use and train staff to be allies who are comfortable working with people from LLEAFF groups.



- When planning in-person meetings, hold these in inconspicuous locations with access to public transportation and harm reduction services such as safe consumption sites and overdose prevention sites.
- If people are expected to travel to cities with which they are unfamiliar, compile a list of resources and consider hiring a local person with lived or living experience to orient attendees to local interventions, services and resources, and provide information on the local drug supply. Ensure accommodations are close to the event space and consider setting up a temporary overdose prevention site close to the event and accommodations.
- Hire a trained substance use counsellor, preferably someone with lived or living experience of substance use, to be available throughout a conference, event or meeting.
- Remember that people from LLEAFF groups are deeply invested in the work, so support them by being an advocate for change.
- Provide access to knowledge and skills development to build the capacities of LLEAFF members to be equitable partners.

These points are useful general guidelines for partnering with people with lived and living experience of substance use and their families and friends. Additional components to engagement are helpful in building sustainable partnerships based on trust and a mutual passion for the work. Incorporating these components into our work and relationships helps build a culturally safe space in which to engage with each other.

Building Cultural Safety into Our Work and Partnerships

A culturally safe space is one that recognizes, respects and supports the unique cultural identity of people with lived and living experience of substance use and their families and friends. It is free of mental, emotional, physical and psychological harms and promotes equality, equity, power-sharing and the elimination of stigma. It is a space within which it is recognized that stigma is intersectional and that there are multiple ways in which stigma and discrimination can be experienced by people with lived and living experience of substance use and their families and friends, including colonialism, racism, sexism, ageism and classism. Acknowledging this fact is an important first step in understanding the complexity and diversity of individual experiences of stigma. Recognizing that there are a range of voices that should be heard is part of creating an inclusionary space and we should be diligent in seeking partnerships with people who bring diverse perspectives.

The following guidelines describe how to build a culturally safe space that demonstrates respect for the expert knowledge that people from LLEAFF groups bring, as well as sensitivity to their unique and diverse experiences:

- Practice diversity and inclusion. Listen to people from diverse backgrounds and cultures and support their work by amplifying their voices, using established platforms to showcase their work, and, where possible, providing funding for their projects. When invited to do so, partner with people from Indigenous, Black, African, Caribbean, people of colour, 2SLGBTQIA+, and other racialized and marginalized communities, as well as with people from different substance-use cultures. Create opportunities to partner with these groups and communities.
- Engage with people who bring different knowledge systems, world views and engagement practices to the partnership and meet people “where they’re at.” One member of a LLEAFF group described meaningful engagement as simply getting out from behind the boardroom table to



meet people in their communities. Consider arts-based projects and projects grounded in local and traditional knowledge systems as alternatives to academic research and publications.

- Maintain the confidentiality of the people you work with. Set up guidelines and rules for maintaining the confidentiality of participants in closed meetings, such as a rule that discussions containing personal information are not shared outside the meeting space.
- Engage with people from LLEAFF groups as early as possible in the design or planning phase of your research project, meeting, event or conference, and commit to staying engaged with them throughout (Canadian Foundation for Healthcare Improvement, n.d. a). Such engagement can mean including them in priority setting, project design, research, knowledge translation and evaluation. Engaging earlier rather than later builds trust, makes it less likely that critical components are missed or excluded, and improves the relevance and appropriateness of the research, meeting, event or conference.
- Establish the nature of the work, the hours involved and payment. (See Appendix A for guidelines on payment.) Co-develop the scope of work and terms of reference.
- If you are requesting participation in an already established project, be transparent about how the research topic or project was developed and whether people from LLEAFF groups were consulted. If they were not consulted, explain why.
- Include LLEAFF partners in the request to all participants to identify their expectations and the roles they see themselves playing. This discussion can help participants gain clarity around individual and collective expectations, contributions and group strengths. Inviting everyone to identify what matters to them develops a shared understanding of goals and desired outcomes and helps build a team.
- Be transparent about how inequities will be addressed. Acknowledge the power differentials within the group and involve all participants in decision making (Greer, et al., 2017). Continuously offer opportunities to effectively highlight and address inequities.
- Provide access to resources to enable full participation. Such resources include technology, research or project-related documents, academic libraries and databases, and so on.
- If meeting in person, choose a meeting venue in collaboration with people from LLEAFF groups to ensure it is safe and discreet.
- Recognize the emotional labour required of people from LLEAFF groups in the work they do. Regularly check in with people during a meeting to ask how the meeting is going for them. Be prepared to respond supportively if someone is not doing well; for example, by providing an onsite counsellor with lived or living experience of substance use. Provide a safe room and a way to opt out if needed.
- The needs of LLEAFF partners vary. Acknowledge the needs of people who exercise abstinence, as well as the needs of people who exercise substance use. Discuss their needs with them in advance of any engagement and develop mutually agreed upon ways to accommodate them.
- Engagement is a journey and there are emotional risks for everyone involved. People from LLEAFF groups may have experienced trauma. Stories of abuse, racism, sexism and loss may be part of the dialogue generated in working and focus groups. Trauma is rooted in unequal power relations, so do not reproduce feelings of powerlessness when partnering with people from LLEAFF groups (Shimmin, Wittmeier, Lavoie, Wicklund, & Sibley, 2017). Be aware of the potential



for re-traumatization and be prepared to provide trauma- and violence-informed, culturally and gender-sensitive care to participants in meetings and focus groups (Shimmin, et al., 2017). Ask people what they need to feel safe in advance of the work. Acknowledge these needs and mutually agree upon ways to accommodate them.

- Train staff in resiliency and personal self-care so they are equipped to manage their responses, as well as their responsibilities to the work and their ability to nurture the engagement process.
- Include a section in the terms of reference that outlines the mechanisms, such as conflict resolution strategies, needed to manage and resolve conflict, should it arise.
- People from LLEAFF groups can do more than tell their stories. While these stories are powerful, partnership extends beyond telling stories to providing expert perspectives and insights throughout the project (Canadian Foundation for Healthcare Improvement, n.d. b).
- Build capacity and resilience by encouraging ownership of the work, supporting collaborative leadership and sharing power, which includes sharing authorship on publications and integrating people from LLEAFF groups into presentations, conferences, focus groups and workshops as co-researchers, facilitators, authors and presenters.
- Support people from LLEAFF groups in drafting research proposals or applying for funding.
- Have substance use workplace policies in place that protect individual rights.
- Highlight the accomplishments, achievements and successes of people from LLEAFF groups (Canadian AIDS Society, 2015).
- Practice self-reflection, which means sincerely identifying and monitoring your biases, stigma, power and privilege, assumptions and intolerances.
- Ensure that there is a respectful ending to the engagement, which can include reporting on research outcomes, lessons learned, next steps and so on.
- Ensure that the work is of value to people from LLEAFF groups with the potential for creating meaningful and lasting change.
- Continue engagement efforts after the project has ended. Include an evaluation component asking participants to provide feedback on their experience and what could be done better.
- Behave professionally, always being well prepared to ensure that time is well spent (Canadian AIDS Society, 2015).
- Do your homework. Do not expect people from LLEAFF groups to educate you. Be open to the knowledge they share and take ownership in educating yourself.
- Respect people's privacy. Do not ask personal questions.
- Check your language. We all make mistakes: acknowledge your mistake and apologize.
- Don't speak for; know when to stop talking and listen; share the spotlight.
- Be patient; building trust takes time.



Safe Virtual Spaces

With the changes to the way we work that have resulted from the COVID-19 pandemic, a few words on creating safe virtual spaces are in order. While most of the practices described above are applicable to an online meeting or event, some practices may be more challenging because physical and social cues are less obvious online (e.g., gauging the mood of attendees). While more research is needed, the following guidelines, based on anecdotal information, are offered for virtual meetings:

- Agree in advance on a platform that is accessible to all. If a video meeting is planned, include a phone-in option for those who do not have access to a laptop or smartphone.
- Advise participants well in advance of the technology they will need to participate, including any app they need to download and any set-up that is required. As host, ensure technology is functioning properly.
- Have IT support available for persons experiencing challenges using the technology.
- At the start of the call, go through the methods for participating and offer IT or other support to persons who express a need.
- Once on the call, allow everyone to introduce themselves (name, location, organization and preferred pronoun), so all are aware of those with whom they are speaking. Since some people may prefer introducing themselves through the chat function, provide this option.
- At the outset of the meeting, decide on speaking times for each person so everyone gets a chance to speak. Be sure to make time for quiet people. If necessary, structure the agenda so that each attendee has a protected, uninterrupted time within which to speak.
- If there is a decision to record the meeting, obtain approval from participants in advance and be transparent about how the recording will be used. If written permission is required, obtain this from participants before the meeting.
- Ensure that all attendees understand that they can opt out of the meeting at any time. Where appropriate, have a safe virtual room with a counsellor with lived or living experience of substance use available on stand-by for the duration of the meeting. For people phoning in, provide a number where the counsellor can be reached.

The Importance of Cultural Safety

By consciously building cultural safety into our work, we create a space where transformative collaboration is possible (Shimmin, et al., 2017). Transformative collaboration challenges the status quo and the traditional researcher–researched / us–them power dynamic. A culture shift is a necessary component of this change. It opens up the possibility of a new model for undertaking initiatives and conducting research that relies on co-creation and the centrality of experiential knowledge. The possibilities for change are limited only by our capacity for ongoing critical self-reflection and a willingness to challenge the approaches and structures that create division.

Best Practices for Honoraria and Compensation

Ideally the future will see the system in which we work move away from cash honoraria and instead organizations will hire people with lived and living experience of substance use as expert consultants or full-time employees and provide them remuneration that is commensurate with the knowledge, skills and expertise they bring. Investing in partnerships in this way is one of the most effective



means of eliminating barriers to participation. One of the most frequently cited complaints of people with lived and living experience working in harm reduction is that they are not paid the same amount or treated with the same respect as their colleagues who do not use substances (People with Lived Expertise of Drug Use National Working Group, 2021). This inequity is replicated in other workplace settings where people from LLEAFF groups are paid a token honorarium, while the people they work with who do not use substances receive consulting fees or a salary. This practice is discriminatory and perpetuates stigma. **Until there is widespread hiring of people with lived and living experience, we must be guided by the current best practices for providing compensation while advocating for systems-level change.** Below are some best practice guidelines for honoraria and compensation:

- See Appendix A for a table of suggested honoraria rates for various types of engagement, based on Health Canada's honoraria rates.
- In advance of the work, agree on the terms of payment for amount, frequency and method. Give people an option on how they are paid (e.g., lump sum, per task, etc.). Itemize all expenses that will be covered such as parking, transportation, travel time, childcare, printing and so on (Becu & Allan, 2018).
- Cash is generally the preferred method of payment. Avoid gift cards as they are stigmatizing. Since in-person payments should be conducted privately, however, current physical distancing requirements and remote working conditions make cash payment impractical. Make arrangements for direct deposit through e-transfer or payment by cheque.
- For people without bank accounts, e-transfer is not an option. If paying by cheque include the amount for a cheque cashing fee typically charged by services such as Money Mart (Becu & Allan, 2018).
- Advise the people you work with that most organizations, including CCSA, are required to keep records of all financial disbursements, whether cash, cheque or direct deposit.
- Advise people that the Canada Revenue Agency requires a T4A tax slip be issued if a person's honoraria equal or exceed \$500 for a calendar year. In this case, the honorarium recipient must provide a Social Insurance Number (SIN). A SIN is confidential and should be disclosed only to the appropriate financial administrator in the organization.
- The previous requirement has implications for people with lived and living experience and their families and friends and may affect their ability to participate. For example, it may impact people who are enrolled in government assistance programs or pay taxes. Full transparency about this requirement is necessary in advance, especially on long-term projects where honoraria amounts can accumulate over the year. Stay up to date on federal and provincial legislation concerning government assistance programs and taxation.
- Honoraria that is classified as income can cause a reduction in or loss of income support payments or an increase in rent for people from LLEAFF groups who are living in geared-to-income rental arrangements. Consider classifying honoraria as expenses or gifts, rather than income, to avoid the requirements outlined above about records and taxation.
- For long-term engagements, consider hiring or contracting people with lived and living experience of substance use and their families and friends as independent contractors or permanent salaried employees.



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Appendix A: Proposed Honoraria for People with Lived and Living Experience of Substance Use and Their Families and Friends

Objective: To provide fair, appropriate compensation for those with lived and living experience and their families and friends in recognition of their knowledge, expertise and contributions to inform decisions and key deliverables.

The table provides baseline honoraria amounts that are subject to change or increase, as needed. These amounts should be reviewed and updated on an annual basis. The amounts are based on Health Canada’s honoraria rates for 2020.

Level of Engagement	Type of Engagement	Examples	Honorarium Amount*	Other
High level engagement	Engagement involving preparatory work or work on products	<ul style="list-style-type: none"> • Presenter • Facilitator or moderator • Contributor to product review or development 	\$25/hour to a maximum agreed to in advance by both parties Payment will be rounded up to the full hour	None
Participation	Contributing to defined objectives at an event or meeting by providing input or advice	<ul style="list-style-type: none"> • Advisory group member • Focus group member • Meeting participant 	Full day = \$350 Half day = \$175	Compensate for travel, accommodation and incidentals
Attendance	Attendance at an event or meeting with no specific role or request to provide input or advice	Attendee at an event or meeting	No honorarium provided	May compensate for travel, accommodation and incidentals

* Based on a 7.5-hour day

Considerations

Payment method by cheque or direct deposit.

Tax implications (T4A) if the total of honoraria in a calendar year exceeds \$500.00.

Other considerations:

- Agree on honorarium amount and payment method in advance of the work.
- Provide in-person payment in a location that is private or separate from the event.
- Account for costs for a counsellor, including a separate room for in-person events.
- Cover costs for naloxone kits.
- For longer term engagements, use a contract or service agreement.

Sources

This information accords with guidelines for Health Canada’s Opioid Response Team and Strategic Policy Branch, the honoraria policies of the Mental Health Commission of Canada and the Centre for Addiction and Mental Health’s Provincial System Support Program, and information in Becu & Allan (2018) and Canadian HIV/AIDS Legal Network (2005).



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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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