Infectious Disease Technical Assistance

STRENGTHENING SYRINGE SERVICE PROGRAMS

Employment and Volunteer Pathways for People with Lived Experience

Syringe service programs (SSPs) create a safe, nonjudgmental space for people who use drugs (PWUD) to access sterile syringes and other safer drug use equipment. By embracing harm reduction strategies, SSP staff provide vital support, from counseling on safer use to connecting clients with substance use treatment. They also offer education and testing for HIV, hepatitis C (HCV), sexually transmitted infections (STIs), and other infections, along with linkage to infectious disease preventative services including vaccination and treatment for infections.

Before harm reduction became a recognized public health approach, it was a grassroots movement started by PWUD who came together to share lifesaving supplies with one another.[2] PWUD and those with a history of drug use remain a key part of the harm reduction workforce, bringing essential expertise to address the evolving crisis.[3,4] They possess knowledge of safer drug use strategies and resources, skills connecting and building relationships with people within their communities, and a firsthand understanding of the unique challenges faced by PWUD.

Harm reduction is a set of practical strategies and ideas aimed at minimizing the negative consequences of drug use. It is also a social justice movement grounded in the belief in and respect for the rights of PWUD.[1]

As harm reduction has evolved, developed an evidence base, and gained broader acceptance, it remains important to remember its origins in peer-led services and spaces. Involving people with lived/living experience (PWLE) in designing and implementing services honors this history and demonstrates an organization's commitment to the well-being of the community of PWUD. Effective harm reduction services rely on trust and strong relationships. PWUD are uniquely positioned to build rapport and connections within their community, sharing messages of positive change rooted in compassion, shared experience, and solidarity.[5] By employing PWUD, organizations not only put health equity into practice but also strengthen trust, foster meaningful connections, and ensure services are informed by the expertise of those with lived experience—ultimately improving health outcomes for program participants.

This resource offers strategies for SSP staff to develop and implement employment and volunteer opportunities for PWLE. It serves as a guide, allowing SSPs to choose the approaches that best fit their organization's context and needs. This resource was developed for organizations and programs serving PWUD that are interested in developing or expanding their peer programming, with support from the Massachusetts Department of Public Health (DPH) Bureau of Infectious Disease and Laboratory Sciences.

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[1] https://harmreduction.org/about-us/principles-of-harm-reduction/

[2] Megan Morrison, "Two Decades of Change: A Brief History of Harm Reduction Coalition," https://www.comerfamilyfoundation.org/articles/two-decades-of-positive-change-a-brief-history-of-the-harm-reduction-coalition. Accessed April 10, 2024.

[3] Latkin CA. Outreach in natural settings: the use of peer leaders for HIV prevention among injecting drug users' networks. Public Health Rep [Internet]. 1998 [cited 2024 Oct 6];113(Suppl 1):151. Available from: /pmc/articles/PMC1307737/?report=abstract

[4] Gillespie A, Lasu B, Sawatzky A. Peer Support Models for Harm Reduction Services: A Literature Review for the Wellington Guelph Drug Strategy [Internet]. 2018 [cited 2024 Oct 6]. Available from: http://hdl.handle.net/10214/13527

[5] Raffit Baliian and Cheryl White. "Harm Reduction at Work: A guide for Organizations Employing People Who Use Drugs." Open Society Foundations, New York. https://www.opensocietyfoundations.org/uploads/170e646d-bcc0-4370-96d7-7cf2822a1869/work-harmreduction-20110314.pdf. Accessed April 12, 2025.

Volunteering at SSPs

Volunteering offers SSP participants opportunities for mentorship, community building, and skills development. At a syringe exchange program in Portland, Oregon, volunteers staff outreach tables, distributing safe injection supplies and overdose reversal education to anyone in need. Mirabai Scholz, the director of Portland People's Outreach Project, explains the benefits this way:

"We see participants and they'll be like 'Hey, can I get involved in this? Like, I'm not sober, but I'm trying.' And we'll tell them 'You don't need to be sober, and you're totally welcome to get involved with this…' We have some of our really long-time volunteers who credit [Portland People's Outreach Project] and the way that they were warmly welcomed into this community and given tasks and purpose that helped them get to a better place in their life and sometimes maintain sobriety and stay alive."

Volunteer roles can include preparing safe injection supplies for SSPs, like preparing safe use kits for snorting or boofing, packing cottons, folding pamphlets, or other essential tasks that anyone can learn and help with. Some volunteers have specialized skills, like medical training, and can assist in basic wound care at outreach sites; others are able to help out with organizing clothing or food donations. Volunteering to support program operations provides SSP participants with a low-threshold way to get involved, build valuable skills, and contribute to the health and well-being of their community.

This resource uses the terms "people who use drugs" (PWUD) and "people with lived/living experience" (PWLE) interchangeably to refer to a peer workforce.

"People with lived experience are those directly affected by social, health, public health, or other issues and the strategies that aim to address those issues. This gives them insights that can inform and improve systems, research, policies, practices, and programs."

- *Office of the Assistant Secretary for Planning and Evaluation. Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice. U.S. Dept. of Health & Human Services. https://aspe.hhs.gov/lived-experience*

Community Engagement Strategies at SSPs

SSPs are only as successful as their community engagement. Talking with people about news on the drug scene in their area can help staff be aware of any particular overdose trends or other health issues. Organizations provide appropriate tools and case management when they make the time to ask which supplies are useful and what resource linkage is needed. Gathering feedback on the backs of order forms, talking with people during outreach, and conducting informal needs assessments are all ways to learn more from participants.

Community Advisory Boards

A community advisory board (CAB) is a group of people who share a common interest or identity and come together to contribute a community voice to a program, policy, or project.[6] CABs provide a perspective that might otherwise be marginalized, ignored, or unknown. In harm reduction, CABs bring value to organizations by providing insight from the people they serve. They offer opportunities for community engagement, a venue for feedback, and provide input into program design directly from the community.

[6] Arbos, D., Kroll, E., & Jarowin, E. (2021, October 19). *Tools and resources for Project-based Community Advisory Boards*. Urban Institute. https://www.urban.org/research/publication/tools-and-resources-project-based-community-advisory-boards CABs

CABs can serve as a long-term approach for gathering feedback and guiding policy. They typically require a commitment to monthly meetings and often involve a deliberate membership process. The benefit of this consistent engagement is that regular meetings can lead to larger projects, stronger relationships, and an evolving response to the community's changing.

When deciding if a CAB is the right fit, SSPs can consider the population they serve, their funding resources, and the CAB's intended purpose. These factors will help determine the best approach for community engagement.

CABs need members who are able to commit to at least a year of meetings, making a more stably housed population potentially better suited for these roles. SSPs need to budget in advance for CAB meetings and for incorporating staff into CAB management to ensure that the meetings are organized and facilitated effectively. Beyond collecting programmatic feedback, SSPs should also consider whether developing additional goals can help maintain the CAB's momentum and inspiration.

A guide by Zach Kosinski and the Bloomberg American Health Initiative, A Toolkit for Building Effective Community Advisory Boards, outlines a framework with steps and tips for SSPs to create CABs.[7] This framework explains the benefits of CABs and how to recruit members, set up meetings, define expectations, and train and support members.

Flexible Approaches to Community Engagement

The typical structure of a CAB involves a commitment to attend bi-weekly or monthly meetings, each lasting up to two hours. This level of commitment isn't always feasible for everyone. Recognizing this, some harm reduction organizations have improvised by creating alternative meeting formats that do not require long-term participation. These shorter interactions often include food and paid incentives for participants. This approach still allows organizations to gather valuable feedback to inform policy discussions, while participants receive an opportunity to be compensated for their expertise.

Employing PWLE at SSPs

Employing PWUD honors a core tenet of harm reduction—'nothing about us, without us'. Beyond that, PWUD have a noteworthy advantage in their ability to connect with and relate to program participants through shared experience.[8] There is evidence that harm reduction programs that employ PWLE report a higher utilization of services, reduced stigma within the workplace, increased community engagement, and higher rates of treatment linkage.[9] PWUD can thrive in any role within an SSP, from entry-level to executive leadership. Lived experience should be recognized as a valuable qualification—just as relevant as a formal education, work, or internship experience.

One way to prioritize hiring PWLE is by explicitly highlighting the value of lived experience and associated strengths in job postings. Examples of job posting language may include:

'The successful candidate will draw on their lived experience to support program participants in identifying safer substance use practices.'

'Lived experience relevant to the scope of the work is highly valued and may be considered in place of educational or professional experience requirements.'

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[7] Kosinski, Zach. "A Toolkit for Creating Effective Community Advisory Boards." , Bloomberg American Health Initiative, 8 Mar. 2024, americanhealth.jhu.edu/news/toolkit-building-effective-community-advisory-boards.

[8] Jill Owczarzak, Noelle Weicker, Glenna Urquhart, Miles Morris, Ju Nyeong Park, Susan G. Sherman, "We know the streets:" race, place, and the politics of harm reduction,nHealth & Place, Volume 64 , 2020,102376, ISSN 1353-8292, https://doi.org/10.1016/j.healthplace.2020.102376

[9] People with Lived Expertise of Drug Use National Working Group., Austin, T. & Boyd, J. Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. *Harm Reduct J* 18, 1 (2021). https://doi.org/10.1186/s12954-020-00453-5

Another way to employ more paid PWLE in an organization is to offer a variety of opportunities that align with different levels of experience and availability. Organizations without the capacity for additional full-time staff can create part-time or stipend positions that leverage the experience and strengths of PWLE. Offering both part-time and full-time opportunities can fit different lifestyles. For people who receive benefits like Social Security Disability Income (SSDI) or Medicaid, changes in income can lead to partial or full loss of benefits Providing a stipend or part-time employment opportunities can help people stay employed without disrupting their benefits.

Building a Career in Harm Reduction: Possible Roles and Responsibilities

Table 1 below shows examples of roles and responsibilities that agencies may offer for PWLE.

Table 1. Example roles, positions, and responsibilities for PWLE

Role Level	Example Positions/Titles	Key Responsibilities
Program Support	Intern, SSP Volunteer	Assembling harm reduction outreach kits, preparing SSP supplies, reviewing educational materials, secondary exchange supply distribution.
Community Advisory Board	Community Advisory Board member	Attending and participating in regular meetings to help guide policy and projects related to drug user health in the region.
Entry-Level Direct Care	Harm Reduction Advocate, Community Health Advocate, Overdose Prevention Specialist	Preparing and distributing safer use kits and supplies, providing overdose education and naloxone distribution, participating in street/venue-based outreach, engaging with program participants, and providing HIV, HCV, STI, or other infectious disease prevention education and support.
Mid-Level Direct Care	Harm Reduction Case Manager, Peer Support Specialist, Short Term Health Navigator	Developing and facilitating prevention and well-being workshops, leading over-dose education and naloxone distribution training, conducting HIV, HCV, and STI testing and coordinating linkage to preventive services including vaccination and treatment, counseling on harm reduction techniques, navigating substance use treatment, scheduling medical appointments, and coordinating transportation for healthcare access.
Coordinator or Manager	Harm Reduction Services Coordinator, Project Manager, Director of Programs	Overseeing mobile syringe service sites, coordinating volunteers and staff, researching and writing grants, and managing collaborations with partner agencies.

Onboarding and Training

Training and onboarding for PWLE should look similar for any volunteer or employee, regardless of whether they have disclosed a history of drug use. Supervisors managing PWLE in outreach roles should emphasize the importance of prioritizing support over discipline and focusing on organizational policies relevant to the position. Gabrielle Warner, who has supervised Prevention Point Pittsburgh's Community Health Advocate program for the past six years, describes training and onboarding this way:

> "We go over…what does it mean to treat people with respect, and how to work in a program where you might know people but their anonymity needs to be respected and so does yours. We make sure people are familiar with all of our supplies, our brochures, and that they feel confident talking to people about it. We are clear about expectations and boundaries—I expect to check in with you twice a month, this is when your check comes out, this is how to reach out to our admin people. We focus on what it means to work with queer folks, trans folks, people of color, how to work with people from all walks of life. We are clear about what the expectations are to keep this position and grow in this position and what are its limits."

Warner further explains how to incorporate expectations and boundaries with staff through a harm reduction lens:

> "We're talking about employing people who might have housing disparities, we're talking about employing people who are food insecure… who have so many things going on. We're talking about a lot and so I keep that in mind when I'm bringing someone on. You know, if I had all that stuff going on, I would really hope that I wouldn't get fired from my job if I missed an appointment or missed my bus. For me I've never had a moment… where it's like 'You are done with this position forever.' I have absolutely put people on pause for months at a time, and the door is open when we both feel like they are ready to come back."

The focus of training and supervision for PWLE should be to emphasize that they are not accessories to the organization, but equal and valued staff members whose experience is valuable and not tokenized. While this may feel different for those whose experience comes mainly through formal education, this training provides an opportunity to address bias and recognize the diverse strengths of all staff. New staff might need explicit education regarding the structure of the organization, or conversations about funding sources and challenges. Supervisors might need explicit training in conflict resolution skills, anti-bias education, and their own support for navigating complex situations and identities. The shared commitment to compassion and the desire to help is what unites a harm reduction organization in its mission to improve the health of the people it serves.

Challenges

Stigma

The stigma associated with using drugs can create significant barriers to healthcare, employment, and maintaining relationships with family and friends. When internalized, stigma can heighten the risk of overdose, infectious diseases, and mental health challenges like depression. Integrating and employing PWUD within an SSP not only helps reduce stigma but also strengthens the program's impact. However, meaningful support systems must be in place to ensure that PWUD feel valued, heard, and empowered to advocate for themselves.

Even with an organization's best intentions towards including PWLE, some workers still face risks of exploitation and limited opportunities for career advancement due to the stigma that can persist within harm reduction organizations.[10] A systemic review about peer workers in Canada highlighted that there are often insufficient opportunities to include the perspectives of PWLE into harm reduction programming.[11] Peer workers are sometimes seen only as direct care or program support staff, rather than as potential managers or directors. Including PWLE, and all affected staff, in decision-making and policy development can lead to greater organizational cohesion and reduce turnover, creating a more supportive atmosphere for all staff.[12]

Compassion Fatigue and Burnout

Working at an SSP within the ongoing opioid crisis can be both challenging and heartbreaking.[13] The loss of community members to overdose, helping participants navigate complex medical systems, and witnessing discrimination can take a toll on a person's mental health and outlook.[14] SSP and harm reduction work are often physically demanding and emotionally distressing, with the emotional burden potentially being greater for PWUD due to their shared experiences.[15,16]

Compassion fatigue refers to the unique stress that comes with being continuously exposed to the trauma experienced by others.[17] While the trauma is not directly happening to the individual, the emotional weight of listening to and responding to those affected carries its own burden. In harm reduction work, compassion fatigue can develop as workers struggle to navigate the constant crisis of a changing drug supply, the high rates of overdose, the stigma surrounding harm reduction and drug use, and the blurred lines between personal and professional commitments due to deep involvement with the affected population.[18] For PWLE who are transitioning into working at an SSP, there might be an added stressor of adjusting to a new role within their own community as they try to delineate between their work life and personal life. Staff who are developing their work boundaries need extra support to address feelings of isolation.

[10] Greer A, Bungay V, Pauly B, Buxton J. "Peer" work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work. Int J Drug Policy [Internet]. 2020 Nov 1 [cited 2024 Sep 7];85. Available from: https://pubmed.ncbi.nlm.nih.gov/32911320/

[11] Marshall Z, Dechman MK, Minichiello A, Alcock L, Harris GE. Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives. Drug Alcohol Depend [Internet]. 2015 Jun 1 [cited 2024 Sep 7];151:1–14. Available from: https://pubmed.ncbi.nlm.nih.gov/25891234/

[12] Greer A, Buxton JA, Pauly B, Bungay V. Organizational support for frontline harm reduction and systems navigation work among workers with living and lived experience: qualitative findings from British Columbia, Canada. Harm Reduct J. 2021 Dec 1;18(1).

[13] Kolla G, Strike C. 'It's too much, I'm getting really tired of it': Overdose response and structural vulnerabilities among harm reduction workers in community settings. Int J Drug Policy. 2019 Dec;74:127-135. doi: 10.1016/j.drugpo.2019.09.012. Epub 2019 Oct 4. PMID: 31590088.

[14] Schoenberger, S.F., Cummins, E.R., Carroll, J.J. et al. "Wanna cry this out real quick?": an examination of secondary traumatic stress risk and resilience among post-overdose outreach staff in Massachusetts. *Harm Reduct J* 21, 66 (2024). https://doi.org/10.1186/s12954-024-00975-2

[15] Gillian Kolla, Triti Khorasheh, Zoe Dodd, Sarah Greig, Jason Altenberg, Yvette Perreault, Ahmed M. Bayoumi, Kathleen S. Kenny, "Everybody is impacted. Everybody's hurting": Grief, loss and the emotional impacts of overdose on harm reduction workers, International Journal of Drug Policy, Volume 127, 2024, 104419, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2024.104419.

[16] Mamdani, Z., McKenzie, S., Pauly, B. et al. "Running myself ragged": stressors faced by peer workers in overdose response settings. *Harm Reduct J* 18, 18 (2021). https://doi.org/10.1186/s12954-020-00449-1

[17] Cocker F, Joss N. Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review. Int J Environ Res Public Health [Internet]. 2016 Jun 22 [cited 2024 Sep 8];13(6). Available from: https://pubmed.ncbi.nlm.nih.gov/27338436/

[18] Bardwell G, Kerr T, Boyd J, McNeil R. Characterizing peer roles in an overdose crisis: Preferences for peer workers in overdose response programs in emergency shelters. Drug Alcohol Depend [Internet]. 2018 Sep 1 [cited 2024 Sep 6];190:6–8. Available from: https://pubmed.ncbi.nlm.nih.gov/29960202/

Strategies for Support

All workers in harm reduction spaces require increased support and a strong commitment from their organizations to their well-being.[19] Some organizations schedule monthly check-ins with outside resource specialists to help workers process trauma, while others focus on staff meetings and social events to foster joyful, shared experiences. Although harm reduction workers are often recognized for their perseverance and resilience, organizations must still prioritize creating space for processing and decompressing from difficult and tragic situations.

Compassion satisfaction is often viewed as the antidote to compassion fatigue. It refers to the sense of connection with participants and the feeling of meaning derived from the purpose of one's work.[20] Harm reduction staff find meaning in their work through educating and supporting participants, while also embracing the mission of upholding the worth, dignity, and autonomy of all people. When peer workers recognize their role in someone's overdose reversal and continuation of life, it gives them a sense of purpose in helping others.[21] Compassion satisfaction is often high in workers who take pride in their role and feel motivated by their ability to help others.[22] Policies that foster compassion satisfaction within an organization might include regular meetings or other events where staff share positive experiences, support groups to address community losses, and improved financial support for staff to alleviate external stressors. Staff develop pride in their work when they know that their organization values and recognizes their contributions as essential.

Conclusion

Integrating PWLE into the provision of harm reduction services enhances the quality of services offered to participants. By prioritizing the well-being of workers, providing opportunities for professional and personal growth, and fostering an environment of respect and inclusion, organizations can ensure a more effective and compassionate response to the ongoing challenges of the opioid crisis. The commitment to both the health of individuals and the health of the workforce is essential in driving meaningful change and creating a more equitable, compassionate future for all.

Additional Resources

Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs

Issues Impacting People with Lived Experience in Drug Use Working in Harm Reduction

[19] Winstanley EL. The Bell Tolls for Thee & Thine: Compassion Fatigue & the Overdose Epidemic. Int J Drug Policy. 2020 Nov 1;85:102796.

[20] Hunsaker S, Chen HC, Maughan D, Heaston S. Factors That Influence the Development of Compassion Fatigue, Burnout, and Compassion Satisfaction in Emergency Department Nurses. J Nurs Scholarsh [Internet]. 2015 Mar 1 [cited 2024 Oct 6];47(2):186–94. Available from: https://pubmed.ncbi.nlm.nih.gov/25644276/

[21] Pauly B (Bernie), Mamdani Z, Mesley L, McKenzie S, Cameron F, Edwards D, et al. "It's an emotional roller coaster… But sometimes it's fucking awesome": Meaning and motivation of work for peers in overdose response environments in British Columbia. Int J Drug Policy. 2021 Feb 1;88:103015.

[22] Mamdani Z, McKenzie S, Ackermann E, Voyer R, Cameron F, Scott T, et al. The Cost of Caring: Compassion Fatigue among Peer Overdose Response Workers in British Columbia. Subst Use Misuse. 2023;58(1):85–93.

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