

PROUD

OUT LOUD!

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Experts-by-Experience: Life Story Board Study

PROUD OUT LOUD is a newsletter produced to communicate research findings from the PROUD Study, as well as relevant information for our community members and partner organizations. This current issue covers recent findings stemming from the PROUD sub-study on the Life Story Board, which was conducted at the Sandy Hill Community Health Centre, Centertown Community Health Centre & Somerset West Community Health Centre in the summer of 2015.

What is the Vidaview Life Story Board™?

- The Life Story Board is an interview tool developed to represent people's personal lives, their relationships and how their lives change over time. In this case, peer researchers and participants worked together to create a visual of participants' histories of harm reduction and current practices.
- The peer researchers were involved in every step of the study design and implementation.



Findings (Part 1)

Purpose of Part 1: To test whether the Life Story Board was an effective tool for interviewing people who inject drugs.

Participants loved that it was peer researchers who designed the study: *"The questions were bang on."*

Participants

- 24 interviews (1 excluded)
- 14 men, 9 women
- Average age of participants = 50
- Average number of years injecting = 26
- 67% considered their housing stable

Participants connected to peer researchers because they shared similar lived experiences.

"It was easy to talk to them because I could tell that had been into it before too, so they were aware of what I was talking about."

The Life Story Board helped participants' remember life events, it kept the interviews on track, and provided **perspective**.

"It's a good way of understanding, you know, what happens to people... I found it really cathartic actually."

Participants gained new knowledge from taking part in study. They learned about new treatments, social services, prevention, and harm reduction practices.

Findings (Part 2)

Purpose of Part 2: To expand the definition of harm reduction to include the perspectives of people with lived experiences.

- Peer researchers defined harm reduction as *“All the ways you reduce your risk in your routines or decisions as an injection drug user”* and also gave personal examples of what harm reduction means to them (such as having their rent paid direct or smoking marijuana)

Participants access Community Health Centres more than other services/supports

- Most common reasons for using community health and social services include:
 - Clean gear
 - Mobile vans
 - Drop-in rooms
 - Moral support
 - Housing support
 - **Community connection**

“I go there you know just to sit and have a coffee. I go to the back and I know everybody back there.”

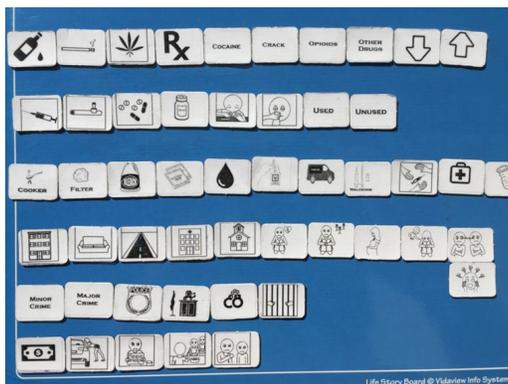
Prescription of methadone is described as a useful harm reduction strategy, but it also presents many barriers because:

- Carries are difficult to get
- Negative side effects
- **Requirements for changing dosage are too rigid**

“I’m not using. Why do you want to fucking cut me off now? It’s working! ...When I don’t have this, this is why I wanna use again. You know, right now it’s taking that craving away.”

Suggestion: **We need...**

“MUCH more peer support where we can sit down and talk about things that are going on in our lives and try and work it out as A COMMUNITY like ourselves without inviting anybody from the outside in.”



Peering through my eyes...

“The LSB study, as well as the whole peer research role, has given me a wealth of knowledge. Watching participants and peers alike realize they were reducing harms long before HARM REDUCTION was IN made us all feel included. LSB was constantly testing our abilities—it was exhilarating!”

-PROUD peer researcher

What is a “cultural interpreter”?

Our study employed an individual with lived experience to identify inaccuracies between the audio recordings and transcripts of the interviews, as well as to interpret slang and provide culturally contextual information.

Most common personal harm reduction practices include:

- Moderation
- Self-reflection
- Staying active
- **Community engagement**

“I took the Naloxone training, the peer overdose prevention program in 2014, and I’ve had seven successful resuscitations from respiratory arrest since then. That’s sort of given me a little bit of confidence and good feeling to be able to help the people around me who are using. And to sort of, I guess remind myself of why I’m not wanting to do that anymore.”

Special thanks to:

Our Community Advisory

Committee members: Brad R., Christine L., Dave P., Jenn B., Nic D., Ranji M., Sherri M., Tiffany R.

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