



**Experience to Expertise;
Insight to Impact:
*Developing Effective
Peer Support in
Chemsex Services***

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Peer Support

- Peer support originated in the 18th century at an asylum in France by Dr Pinnel who “welcomed the **practical wisdom of a layman** and adopted his empirical evidence” (Schuster & Limosin, 2011)
- Organised peer support in addiction treatment, HIV response and mental health flourished from the late 1980’s onwards
- Referred to as Recovery coaches, Community Health Care Workers, Peer Supporters
- Often are individuals with **lived** or **living experience**
- Stigmatisation and criminalization hinder help seeking among people who engage in chemsex who **prefer peers compared to professionals**



Image: “Freeing the Insane” Dr Pinnel ordering the removal of chains from a patient

Elements of Effective Peer Support

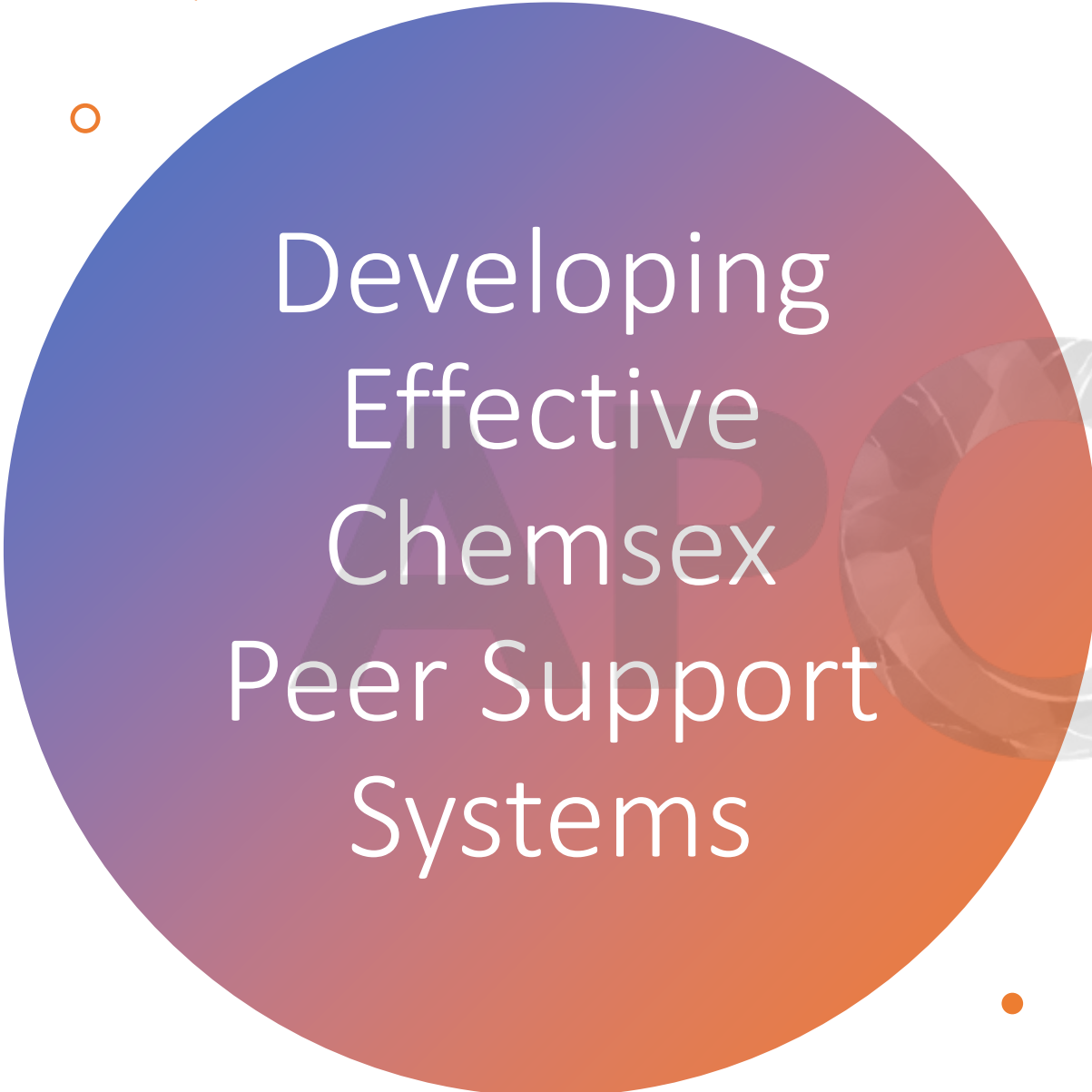

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|------------------------------------|--|
| Clear client-centered outcomes | Improved chemsex management Retention & engagement in treatment Client satisfaction |
| Professional Relationship | Therapeutic alliance – common understanding of problems and goals Trust and Rapport -- feels understood, respected & safe |
| Boundary Management | Professional boundaries upheld No dual relationships Recognises and observes limitations |
| Promotes client empowerment | Nurtures independence Navigates recovery process Promotes agency and self-efficacy |
| Self-Reflection and Self-Awareness | Continuous development Appreciation of EB approaches |
| Personal Attributes & Values | Personal Wellbeing & Recovery Ability to inspire Hope Accountability |

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Challenges of Peer Support

- Clients who require services for chemsex often have **complex presentations**
- Maintaining **boundaries with self, work and clients**
- Chemsex interventions can complicate **personal recovery**
- “The *wounded healer* feels compelled to *save* the client”
- Working within fragmented and **resource limited** settings
- **Myopic perspective** of treatment based on personal experiences
- Ineffective management **counter-transference**






Developing Effective Chemsex Peer Support Systems

- Organisational Responsibility
- Suitability of Peer Staff
- Supervision, Mentoring and Support
- Fidelity and Monitoring Systems
- Training

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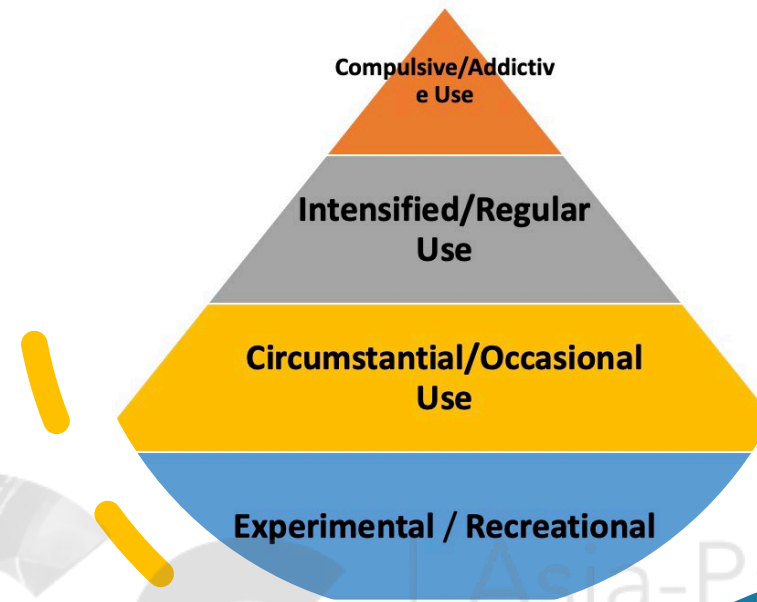


Organisational Responsibility

- Organisations have an obligation as **gate keepers**
- Healthy, supportive and consultative **organisational culture**
- Composition of **lived/living and non-lived experienced** staff
- Avoid **over-extending peers** with multiple functions
- Develop a **tiered system** for peers based on experience, training and professionalisation - Reward ongoing development
- Role function and clarity is well defined
- Clear ethical and **organisational policies** (dual relationships, peer stability and wellbeing etc.)
- Peers work within **multidisciplinary teams**
- **Professionalise peer supporters** beyond volunteers and “support staff” by offering competitive pay
- **Understand and accommodate** peers with lived experience and mental health challenges
- Non-maleficence, **protect the staff**

Suitability of Peer Supporters

- **Suitable** and **well-trained** peers (UNODC Intl Stds, 1.2)
- Define optimal Peer staff qualifications
- **Assessing motivation** of peer supporters
- Peers with living experience should be **recreational or intentional** users
- **Stable recovery** for peers with lived experience of addiction or problematic chemsex use



International standards for the treatment of drug use disorders

REVISED EDITION
INCORPORATING RESULTS
OF FIELD TESTING

Supervision, Mentoring and Support

- **Reporting and consultation structure**
 - On call clinician / supervisor
 - Case conferences and daily handover meetings
 - Shared decision-making process – team decisions
- **Regular professional, peer and individual supervision**
 - Cases, skills, competencies and wellbeing evaluation
 - Provide resources for on-site peer support
- **Implement a standardised ethical decision-making model**
 - eg White and Popovitz (2001) ; whose interest, values, impact)
- **Strongly encourage own therapy/support engagement**
- **Create mentoring programs for peer empowerment**



Fidelity and Monitoring Systems

- Development of clear and specific **protocols & SOP's**
- **Manualised interventions** and **fidelity checklist**
- **Documentation** and record keeping
- Ensure assessment, interventions and tools are **holistic, relevant** and recovery oriented
- Create a **feedback mechanism** channel for clients
- **Outcome tracking** based on established metrics eg client engagement, goal attainment, QOL improvements



Training

- Provide **foundational** training
 - Psychoactive substances, harm reduction, trauma-informed care and recovery principles
 - Client centered approach (skills for motivating clients, goal setting, recovery and harm reduction skills)
- Incorporate advanced and **specialised** training
 - Basic screening, brief interventions, principles of EB interventions, MI skills
- Requirement for **ongoing education** and training
- Training on **effective utilisation of lived experience** that is objective and supportive

Summary

- Peer supporters are an invaluable asset
- Peers are vulnerable to multiple challenges
- Organisations are responsible for ensuring safety of peers and clients
- Not all individuals are suitable for the role of peer supporters
- Fidelity – make it simple
- Appropriate training is crucial

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Thank you

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