INDIGENOUS SUPPORT WORKERS PROJECT (ISWP)

SPARK IT UP! OVERDOSE PREVENTION TEAM

BASELINE REPORT 2025

Mapping the journey of ISWP's peer-led overdose prevention team

PTSA

ISWP

Special thanks to the following for contributing their knowledge and feedback to this report:

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The work of the Peer Overdose Prevention Team happens on traditional and unceded territory of the Kanien'kehà:ka Nation. We are grateful to the Kanien'kehà - ka for protecting and caring for these lands since time immemorial, and to the Elders, Knowledge Keepers, community members, ancestors, land and waters for their guidance and support.

We carry in our hearts those we've lost to overdose along this journey. Friends, family, and community members whose absence leaves a space that can't be filled. We hope our work will honour them and contribute to the healing and connection of all First Nations, Inuit and Métis peoples.

Report written by Rachelle Perron.
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More information on the Indigenous Support Workers Project:
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INTRODUCTION

This document captures the origin story and early learnings of the **ISWP Overdose Prevention Team**, an Indigenous, peer-led harm reduction initiative operating in Plateau, Montreal. The team is part of the Indigenous Support Workers Project (ISWP), a small but strong team of Indigenous people supporting the street community in Plateau and downtown Tiohtià:ke (Montreal). ISWP centers and strengthens community well-being through decolonial advocacy, front-line support and revitalization practices.

This report is intended to give us a "baseline" – a picture of where things are now. The team began over a year ago and grew naturally without formal structure until they recently got funding. Now we want to capture the knowledge and learning that has guided their work so far. Like mapping river conditions before a canoe trip, this document shows our understanding of the team's situation, opportunities, goals, strengths, and challenges. For current and future team members, it's a way to look back and see where the team came from, what knowledge was gained along the way and the impact the work has on the community. For other Indigenous communities across Turtle Island, it shares what peer-led Indigenous harm reduction looks like in practice, hoping to inspire similar community-led responses.

“For so long, so many of the decisions that dictate how we’re going to deal with anything were decided from the outside. Like how we deal with drug use, how we deal with everything. And in the community, there’s agreement that it’s better to make these decisions ourselves.”

UNDERSTANDING THE CONTEXT

The Peer Overdose Prevention Team started because of an urgent crisis. The drug poisoning epidemic was causing deep harm to close friends, family and community members, requiring immediate community action. The group formed in 2023 when members of the Indigenous Street Worker Project realized their regular services weren't reaching people who were on the streets in the evenings and at night.

This crisis sits within a broader context of profound systemic harm. Indigenous Peoples are vastly overrepresented among those experiencing homelessness in Tiohtià:ke (Montreal), a direct consequence of colonial policies, intergenerational trauma, systemic racism, and socio-economic marginalization. For Indigenous peoples, homelessness encompasses far more than lack of shelter—it includes the historic and ongoing displacement, genocide, and disconnection that are a direct result from colonization. These same forces create healthcare access barriers and re-traumatization, fostering deep mistrust and leading many to avoid seeking care even when urgently needed.

The recent shift in drug markets has brought unknown contaminants and increasingly toxic drug supply to the streets. Quebec is seeing record-high drug poisonings—485 people died from overdose in just nine months of 2024, a one-third increase from the year before. In the Plateau, most community members lack education about safer substance use, and accessible resources for Indigenous substance users are virtually non-existent.

Indigenous people dealing with substance use, homelessness, and systemic oppression have valuable knowledge about survival and healing. They know what their communities need, but this expertise isn't informing the services made for them. This team was created to fill that gap—bringing help from the community, directly to the community.

“There’s so many overdoses that you don’t even have time to mourn the person.”

OUR SHARED STARTING POINT

By Rachelle Perron

This work uses a developmental evaluation approach, which means learning and adapting in real-time rather than waiting until the end to assess what worked. As the evaluator joining this work, I've been getting to know the peers, experiencing what patrol is like, and learning about Indigenous homelessness and peer-led outreach.. My role is to help capture and reflect back what the team is learning, support their reflection processes, and document their innovations so they can be shared with others. Ultimately, the peers are the primary knowledge generators in this process—their expertise comes from lived experience and daily engagement with the community.

As a Red River Métis with mixed heritage who is academically trained, stably housed and often coded as white, I bring both connection and distance to this work. While my own experiences with addiction, colonial trauma and loss to drug poisoning allow me to relate to and connect with the peers, I don't have lived experience with homelessness and live with privileges and protections that the peers do not share. This positioning shapes how community members relate to me and what stories they're comfortable sharing. I make it a practice to reflect on power dynamics and prioritize peer voices, knowing their expertise comes from navigating the world in ways I never have. The peers have been open to sharing and gentle with their feedback. I am grateful for all they have taught me and honoured to walk with them as they do this important work.

As we start this evaluation journey, the team has shared a strong vision that guides their work and our learning together...

OUR MISSION

We are Indigenous peers with lived experience of substance use and homelessness working to ensure every Indigenous person on the streets of Plateau has the knowledge, skills and supplies to prevent overdoses and save lives.

We are committed to ...

- Building a community that helps each other and keeps each other safe. Seeing our people get strong and survive the odds is what drives our work.
- Meeting people where they are with respect and without judgment.
- Valuing the wisdom that comes only through living on the streets.
- Leaving no one behind. Finding ways for people to participate, no matter where they are on their journey.
- Respecting everyone's journey. Healing is possible on the street but it looks different for everyone.
- Supporting peers to prevent burnout, grow and heal.
- Building bridges between street knowledge, peers and healthcare systems to improve services and expand peer networks.
- Creating spaces where Indigenous peers can laugh, celebrate, connect and be ourselves

OUR GUIDING STARS

- **Community Overdose Response**
- **Knowledge Exchange**
- **Peer Wellness**

Harm reduction is about meeting people where they're at. It's about reducing harms of substance use, not forcing people to quit. It saves lives and treats everyone with dignity.

We understand that harm reduction extends far beyond individual substance use—it's about our Indigenous rights to health, security, and self-determination. It's about showing up for each other, healing on our own terms and changing the systems that create harm in the first place. Our harm reduction reflects our Indigenous values: patience, love, connection and not leaving anyone behind.

"At the end of the day, it's about making a difference in people's lives. That's what keeps us going."

THE TEAM'S JOURNEY SO FAR

The **Overdose Prevention Team** wasn't planned but grew naturally from the community when urgently needed. The drug poisoning crisis was getting worse, especially after several people died in late 2023. The founding members, motivated by personal connection and grief, saw that existing services weren't helping Indigenous people on the street at night. So in October 2023, the evening peer team began its work.

In the early days, they responded to immediate needs and adapted quickly. They shared what they had, listened closely to what the community needed, and learned together as they went. What started as informal meetings in parks grew into gatherings in a trailer and heating tent. When they saw people needed evening help, they got funding for paid outreach shifts.

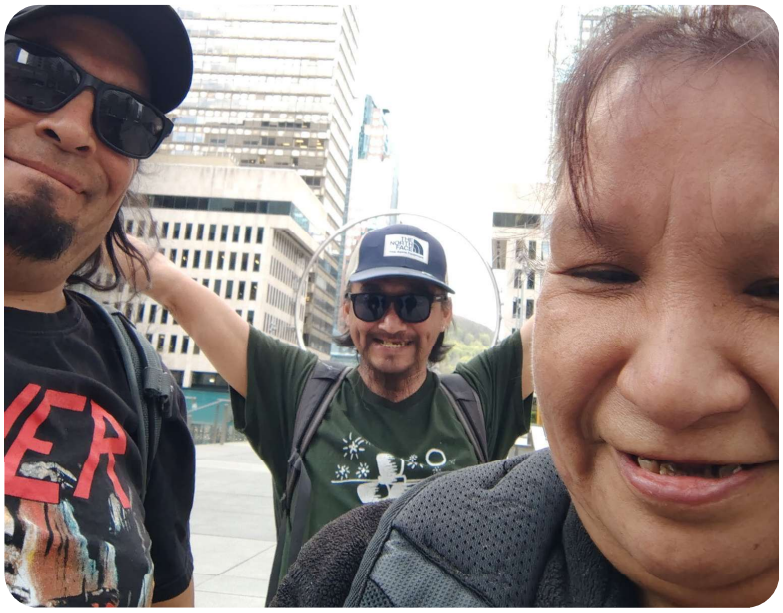
Team members talk about their first night as just "jumping in" without feeling ready. They called this "**Spark It Up!**" to honour a cherished community member who had recently passed away. Since they had lived on the streets themselves, the outreach wasn't scary, but they remember thinking, "we're actually doing this now." They started simply - talking to people, asking if they were okay, if they had a place to sleep.

Several things helped shape the team. Getting funding brought stability and let them pay peers for their work. They dealt with management changes and worked on preventing burnout while finding healthy boundaries. While they started very flexible, they learned the value of some structure - clearer roles, schedules, and better communication - but still respecting each person's individual path. They added important skills like Naloxone training and harm reduction basics. Their work grew beyond crisis response to include teaching the community, sharing skills, and creating ways for street knowledge to influence formal healthcare systems. Their work continues to evolve in response to what they are learning and changes in the community.

WHERE WE ARE NOW

CURRENT ACTIVITIES

- **Evening Street Patrol** - Core outreach providing culturally safe support, overdose response, and supplies
- **Naloxone Training & Distribution** - Building community capacity with life-saving skills
- **Peer Support & Connection** - Offering guidance grounded in shared experience and respect
- **Knowledge Sharing Activities** - Walk-alongs, peer engagement toolkits, and Street-to-System sessions. The team actively learns from other peer overdose prevention in Tiohtià:ke and different cities by connecting with them and exploring their work.
- **Team Development** - Focusing on orientation, recruitment, mutual support, and culturally grounded wellness through art and land connections
- **Basic Data Tracking** - Monitoring key outreach metrics like Naloxone and safer smoking kits distributed and overdoses reversed
- **Community Consultations** - Listening to stories during patrols and community events to identifying service gaps and come up with new strategies.



KEY PROCESSES

- **Recruitment -** Finding suitable peers is challenging. Regular team members invite one additional peer per shift using a sign-up system, which sometimes causes conflict. The team is working to reduce barriers by creating less demanding roles and helping with costs like transportation. Word of mouth is our primary method.

- **Compensation** - Peers receive cash honorariums of $100 at shift end ($25 per hour). The Team Lead collects and distributes this money daily.

- **Scheduling** - Patrols run Monday-Thursday from 4-8 PM, with every other Thursday used for team meetings instead. While consistent, the team recognizes the need for expanded hours to better serve the community. The role isn't traditional full or part-time work, but more 'on-call' with varying shift availability.

- **Leadership -** A rotating Team Lead manages each shift, which has helped reduce burnout. They handle recruitment, decide patrol routes, and guide outreach. The team is still learning to balance peer leadership with management oversight.

- **Decision Making -** Day-to-day decisions are made together informally (sometimes even using rock-paper-scissors). There's uncertainty about who makes bigger decisions, often defaulting to management. The team is working toward having greater influence over decisions that affect them and their work. Accountability comes through support rather than punishment, with regular check-ins to balance flexibility with reliability.

- **Training -** The team provides both informal and formal Naloxone training to new team members. mandatory Naloxone training. The team is working to creating an accessible orientation for new peers. This training is a priority because each peer who joins shifts (approximately 16-32 people monthly) learns these life-saving skills and brings harm reduction knowledge back to the community.

> *That's why I like this... because it's like you're not fired because you can't hand out material. You're not fired because you get scared to talk to people. And you're not fired because you don't think you can do the job. You can always come back when you're ready.*

PEER SKILLS AND STRENGTHS

- **Life Experience -** Being able to relate to and understand the community
- **Relationship Skills -** Active listening, empathy, and building trusting connections
- **Communication -** Sharing information clearly and navigating difficult conversations
- **Conflict Resolution -** Addressing disagreements constructively within the team and community
- **Harm Reduction Knowledge -** Understanding and applying harm reduction principles and practices
- **Self-Awareness & Boundaries -** Recognizing personal limits and navigating the complexities of peer roles to maintain well-being
- **Crisis Intervention -** Responding during emergencies, - administering Naloxone, talking with first responders, and providing support in high-stress situations
- **Problem Solving -** Finding creative, practical solutions to complex challenges, while working with limited resources

RESOURCES THAT SUPPORT THE WORK

- **Peer Expertise -** The team's invaluable lived experience and community wisdom
- **ISWP Staff -** The organization’s staff and volunteers providing essential background support, coordination, administration, and handling funds
- **Funding -** Grants and donations enabling operations, compensation, and supplies (with stable, long-term funding identified as an ongoing need)
- **Partnerships -** Collaborations providing resources, space, learning, and support
- **Harm Reduction Supplies -** Access to essential materials
- **Community Relationships -** Strong trust and rapport built through consistent, respectful presence
- **Cultural Resources -** Access to Elders, traditional knowledge, ceremonies, and the land

PARTNERS IN THE COMMUNITY

The team actively collaborates with a network of partners....

- Native Friendship Center of Montreal (NFCM)
- Urban Indigenous Community NETWORK
- First Peoples' Justice Center (FPJCM)
- Projets Autochtones du Quebec (PAQ)
- The Open Door
- Citizen's Committee of Milton Parc (CCMP)
- Doctors of the World
- Plein Milieu
- Le Programme sur l'usage et les dépendances aux substances (PUDS) de Santé Canada
- Health system partners (CIUSSS)

These collaborations help the team share knowledge and resources, learn from others, and receive crucial support. Peers often become bridges between formal services and community members. Building and navigating these relationships remains a key focus for the team's development.

> *...like they'd be like oh people experiencing homelessness can't come to these tables can't come to these meetings because it's too racist and they'll be traumatized and i'm like well why don't you just stop being so racist...support the person in that in that moment. Most backwards thinking I've ever heard of.*

COMMUNITY IMPACT

Community members are central to the team's work:

- Participating as active team members
- Sharing feedback and knowledge
- Accessing support and spreading the word

Community members trust the team because "they get it." The team provides emotional connection alongside practical help and life-saving support.

What we're hearing and seeing:

- **Knowledge spreads naturally -** one peer teaches their friend, who teaches someone else. It becomes part of how the community looks out for each other.

- **People feel safer -** everyone knows there are people around who know what to do in a crisis. A peer who had been trained with the overdose prevention team later saved someone's life.

- **More people want to join -** when community members see peers being respected and making a difference, they want to be part of it too.

- **Change feels possible -** Seeing peers' growth and dedication creates hope and motivates others to consider new possibilities.

> *And it does give the courage, man, because we have some people who try to do it and they're like, I'm not ready. I'm not ready, but now we got the ones who weren't ready to do the project at the beginning, and now they're like, I want to be sober, and I want to work with you guys. I like what you're doing, and I think I'm ready now.... they're like, okay, that's it. Enough of our friends dying. We got to start saving people like they do.*

MEASURING OUR STEPS

WHAT THE LOGS SHOW

*This snapshot captures the team's work from **February 2 to April 21, 2025.** It's not about judging good or bad but celebrating wins and understanding the starting point for learning and growth.*

Outreach Presence:

- 33 documented outreach shifts over the period (monthly average: 13 shifts)
- 82.75 total hours in the community (weekly average: 7.2 hours)
- 667 community member interactions (monthly average: 267 interactions)

Life-Saving Supplies Distributed:

- 186 harm reduction kits distributed (monthly average: 74 kits)
- 2 individual Naloxone kits documented in logs
- Regular distribution of essential items like socks, hats, clothing, water, and food

Team Composition:

- 16 core peers identified as "ready to work" based on training, availability and consistency
- 5-6 new peers trained informally
- Current logs don't systematically track how many team members participate in each shift
- Individual peer retention rates cannot yet be calculated from available documentation

Community Connections:

- Regular presence at Milton Parc Art Hive events
- Important casual connections during team meals - valuable time for reflection and informal planning
- Participation in collective actions like marches for the overdose crisis
- Collaborations with other groups like NFCM Ka'wàhse team
- Presence at monthly community suppers

REFINING OUR TRACKING APPROACH

As the evaluation continues, the team will focus on:

Improving Current Documentation:

- Identifying which information is most helpful and which is annoying to collect
- Making note-taking easier and more consistent
- Creating simple tools for quick, useful feedback

Developing Meaningful Metrics:

- Defining what "doing well" looks like from community and team perspectives
- Finding ways to capture stories of connection, trust, and community resilience
- Including community voices in determining what success means for the team

THINGS WE WANT TO TRACK IN THE FUTURE

Core Harm Reduction:

- Overdoses responded to and reversed
- Informal harm reduction conversations during outreach

Knowledge Sharing:

- Team member formal training completion
- Community members trained and workshops conducted
- Walk-alongs and Street-to-System sessions
- Toolkit usage and feedback

Team Wellness:

- Monthly peer participation rates
- Peer retention patterns over time
- Participation in wellness and support activities
- Regular check-ins on team well-being

Community Impact:

- Stories of change and resilience
- Successful connections to other services
- New partners and activities

The team will continue to develop tracking methods that support their learning without creating unnecessary work. They believe that stories and conversations are as valuable as numbers.

The first time when I actually had to administer my first Naloxone, I was scared shitless. I had to poke somebody. And I was like, I don't want to do this. But I had no choice because it was my life. I just had to keep doing it.

WHAT WE'RE LEARNING TOGETHER

This evaluation supports the team in understanding their own work better. Since the start of the project, the team has learned about the importance of team dynamics, communication, and finding flexible structures that honor different styles and stages of life. Based on our early conversations and the team's reflections, here's a snapshot of what's working well and what challenges they're facing.

"I've learned to take time for myself when I need it. If I don't, I can't help anyone else."

WHAT'S WORKING WELL

- **Peer Expertise and Relationships -** The "By Us, For Us" approach is foundational. Peers' lived experiences allow them to connect authentically, fostering trust in ways other services might not.

- **Community Connection & Trust -** Direct, relational outreach builds strong bonds. Community members trust the team because "they get it," which helps guide program decisions.

- **Supportive, Non-Judgmental Environment -** The team creates a space where people feel accepted regardless of where they are in their journey.

- **Collaboration -** Partnerships with other organizations amplify impact. Peers uniquely bridge gaps between formal organizations and the street community.

- **Helpers & Allies -** Non-peer allies who support with logistics, organization, and leveraging their privilege and connections are vital. This shared workload model prevents expecting peers to do everything alone.

- **Empowerment & Growth -** The work offers purpose and validation. Peers build confidence by taking on responsibilities at their own pace and develop crucial skills like boundary-setting.

- **Adaptability -** The team learns and adjusts based on experience and feedback, showing flexibility in roles to allow meaningful contribution.

- **Strong Team Bonds -** The difficult nature of the work fosters family-like bonds among team members, providing mutual support.

"I'm starting to smudge now. Yeah, it helps. It helps a lot. I learned from my elder, who helped me to smudge, take showers, cry in the shower, yell. And a lot of crying."

CHALLENGES

- **Sustainability & Burnout -** The work's intensity creates burnout risk. Making sure peers are well support and workloads are manageable is key.

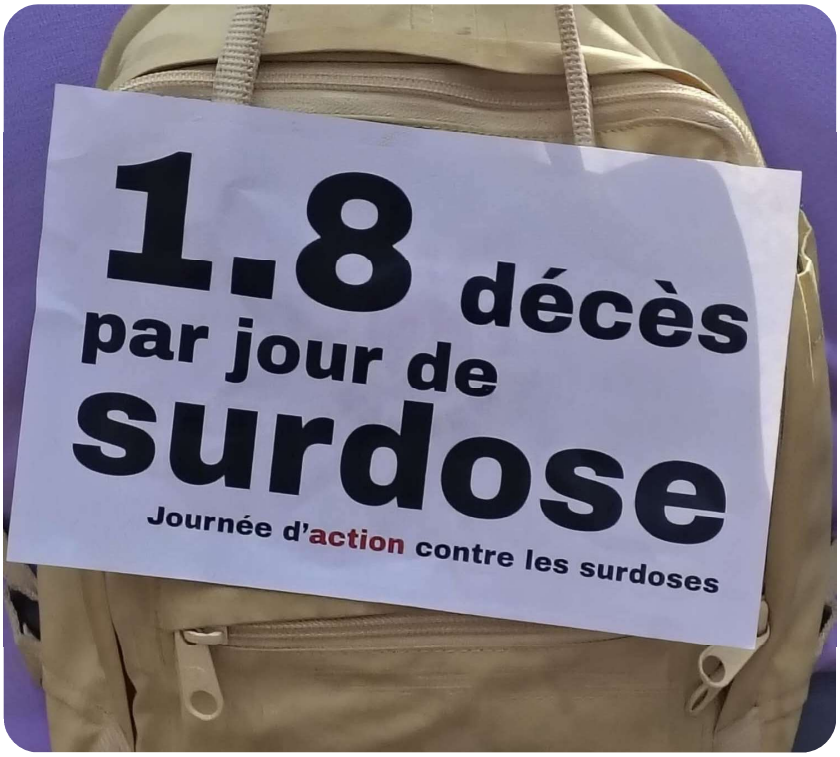
- **Emotional Toll -** Peers grapple with responsibility, guilt after community harm, and grief from frequent losses. They need strong support systems.

- **Boundary Challenges -** Deep community connection builds trust but complicates boundaries, leading to emotional challenges and relationship issues. This requires clear communication and self-awareness.

- **Triggers -** Working in environments with substance use can trigger people to use or make recovery harder to manage.

- **Reliability Issues -** Practical challenges like missed shifts and lateness make it hard to have a full team each day. This can lead to conflict around scheduling, contributing to burn out.

- **Barriers to Participation -** Peers may hesitate to join due to low confidence, daily struggles , mental health and substance use challenges, and stigma.



CHALLENGES

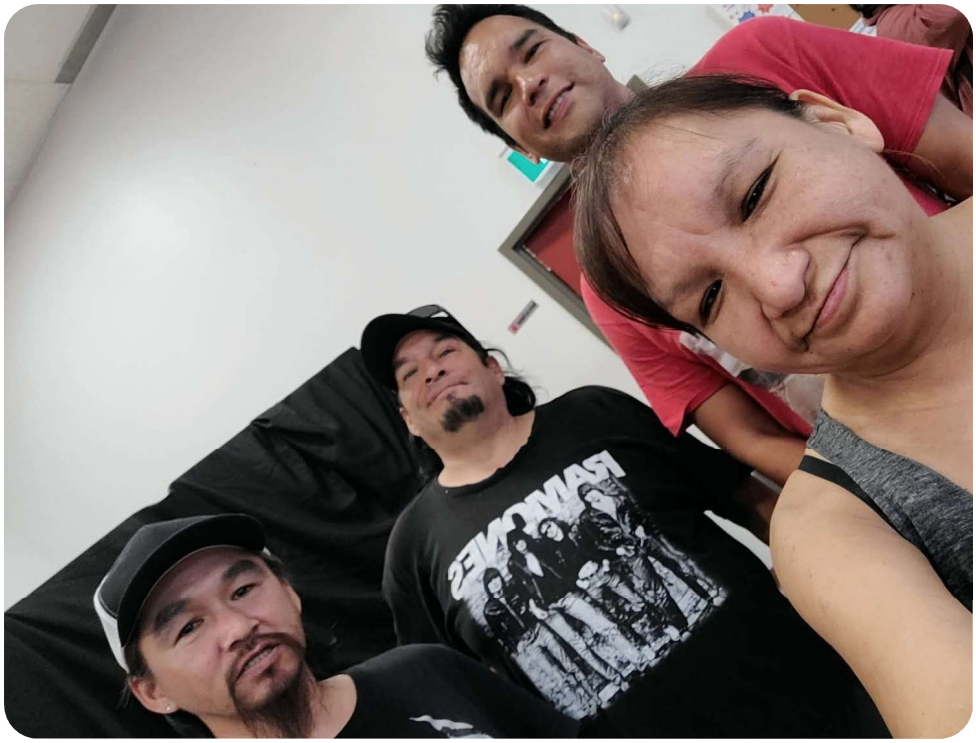
...continued...

- **Systemic Barriers -** The team faces numerous external challenges including:
  - Lack of stable housing for peers and community members
  - Limited access to medical and psychological care
  - Few accessible treatment or healing options
  - Continuing cycles of criminalization
  - Punitive practices in existing services (like barring)
  - Racism and opposition to harm reduction from authorities

- **Clarity & Alignment -** Ensuring a clear direction, shared expectations, and genuine peer autonomy in decisions requires ongoing work.

- **Balancing Direct Service & Advocacy -** Opportunities to share knowledge with other organizations are valuable but take time away from front-line work.

- **Tokenism -** When sharing knowledge with system partners, peers often feel included only to "check a box" rather than having their expertise truly valued.



It's the most hardest job I think I've ever done in my life... because you got feelings, they're your friends, you get to bond with them and they get their trust and it's a very difficult job and eventually you become family.

LOOKING AHEAD

As we look to the future, the team sees significant opportunities while also grappling with important questions about how to grow sustainably and effectively.

"The way I see it, recovery isn't about preaching. It's about being there when someone is ready to hear it."

QUESTIONS THE TEAM IS EXPLORING

How to grow while taking care of ourselves and preventing burnout?

- Growing without becoming disorganized or taking on too much
- Supporting each other without taking on everyone's pain
- Managing the toll of witnessing community suffering and overdose deaths

How to learn from others while staying true to our approach?

- Learning from other peer groups and best practices
- Avoiding tokenization and having our knowledge extracted
- Collaborating with new partners without compromising what makes this team unique

How to define success in ways that make sense to us?

- Balancing data/numbers with storytelling and community feedback
- Measuring what matters to the community, not just funders

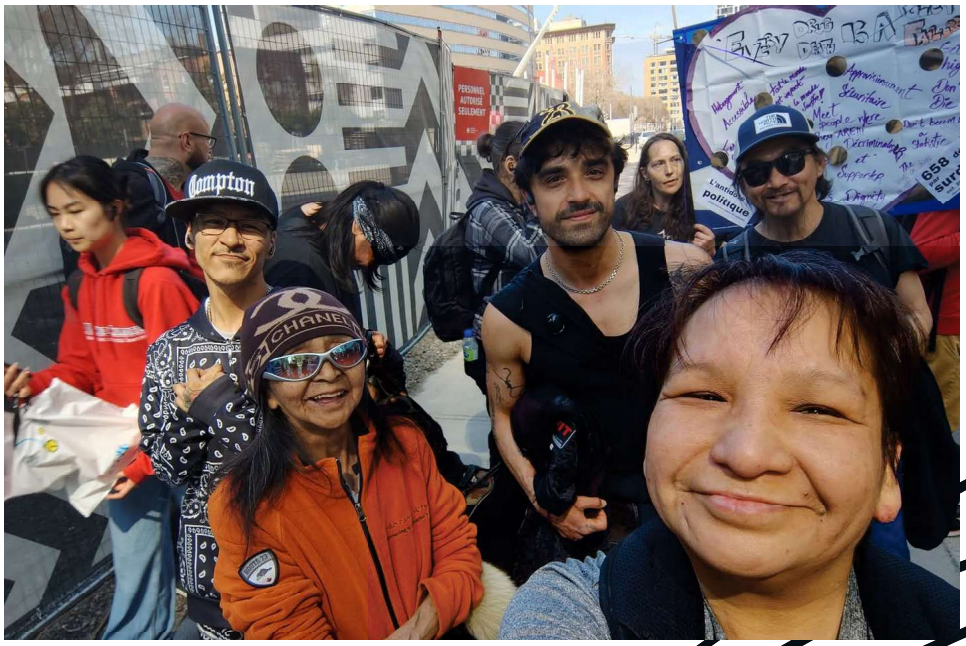
How to balance flexibility with accountatbility?

- Giving peers space to grieve or deal with life, while maintaining some structure and consistency
- Managing different communication styles and expectations
- Addressing conflicts before they escalate

How to address barriers that prevent peers from participating?

- Lack of stable housing, ongoing criminalization, and other systemic issues
- Supporting peers who may be triggered by the work
- Ensuring people have the knowledge they need about safer drug use, Naloxone, etc.

> *We know where to find the people. You might not see someone on the street, but we know the cubby holes in the street. We know the underground. And people will actually come and talk to you and trust you.*



TEAM IDEAS FOR STRENGTHENING AND GROWING THE WORK

Reaching More People - Get out more often and cover more areas by adding shifts, while finding steady funding and growing carefully without burning out.

Learning from Others - Connect with peer teams in other cities to see what works and adapt good ideas for our community.

Making Resources Everyone Can Use - Create overdose response videos and harm reduction materials in multiple languages so more people can access life-saving information.

Getting Naloxone Everywhere - Put weatherproof Naloxone boxes in key spots and work with local businesses to make sure help is available even when we're not around.

Knowledge Sharing and System Change - Do Walk-a-longs and Street-to-System sessions so our lived experience actually changes how services work and pushes for better systems.

Taking Care of Each Other - Support our well-being through healing circles, cultural activities, and respite funding so peers stay healthy.

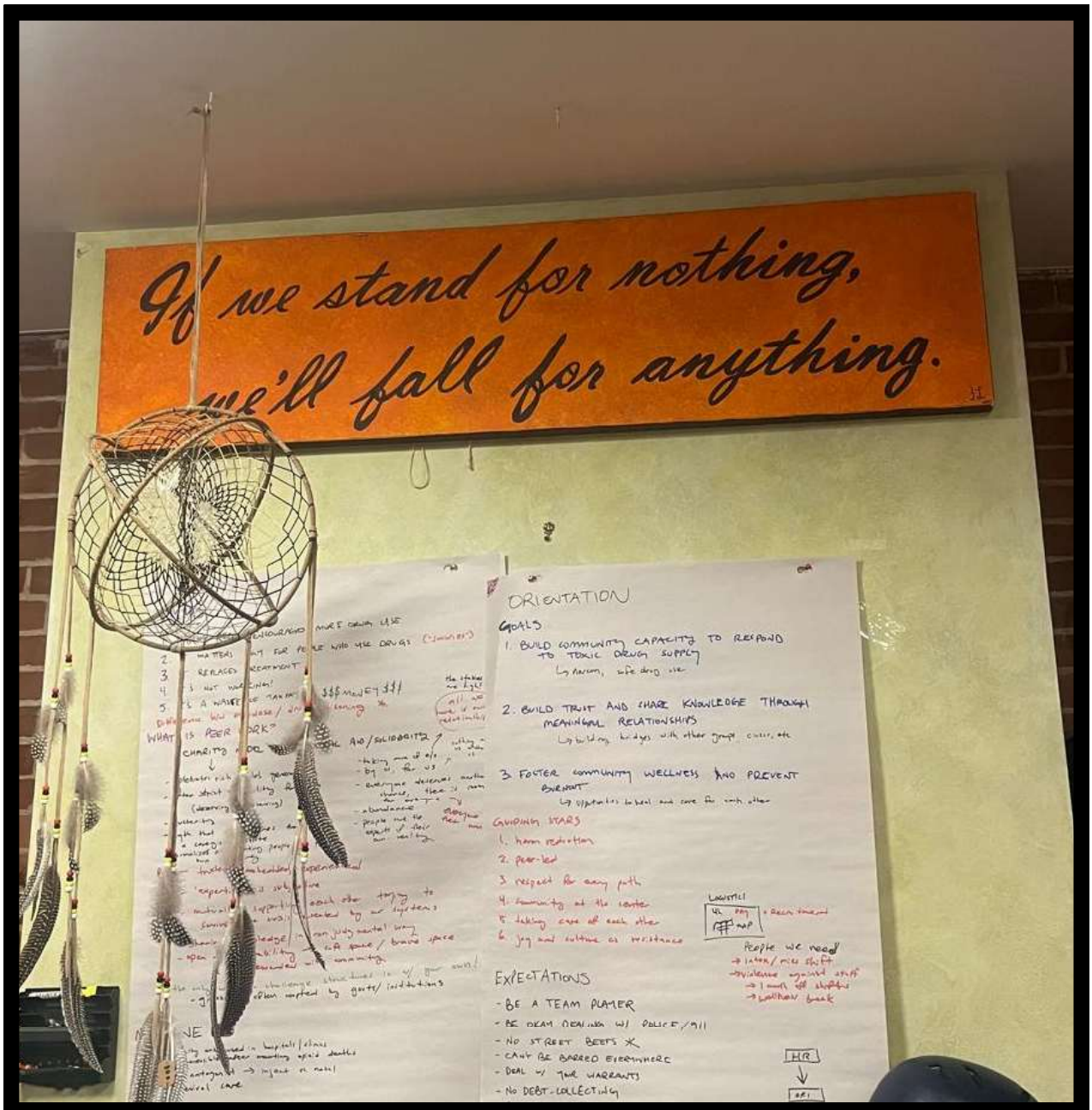
Improving Training - Create training that comes from peers and gives everyone ongoing chances to learn and teach others.

Improving How We Work Together - Clarify roles and make decisions together while staying flexible and true to "By Us, For Us" values.

Learning from Our Work - Find ways to understand our impact using both stories and numbers to guide how we grow.

More Community Partnerships - Strengthen partnerships and host events focused on sharing knowledge and cultural healing.

> *Sometimes they fall back down. It's alright. It's alright. Just keep going and we're still here. We're not going to just, 'Oh, you forgot your sobriety or whatever.' Oh, well, we're not going to turn them down. We're just going to say, 'Put the bump in the log. Keep going. We're here to help you.*



"If I can share my story and it helps even one person, then it's worth it."

For questions related to this report:
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More information on the Indigenous Support Workers Project:
https://sites.google.com/iswp.info/home/ptsa