

On THE ROAD...

By Martin PM
and André-Anne Parent



André-Anne Parent is one of those nomads strolling along the 7,821 km-long Trans-Canada Highway.



Hello, could I speak with whoever is in charge at the Centre?

Come back to see Esteban around 4 p.m.

But André-Anne is not on the road to vacation. She is on the road...

...of overdoses



The names of the people interviewed have been changed.

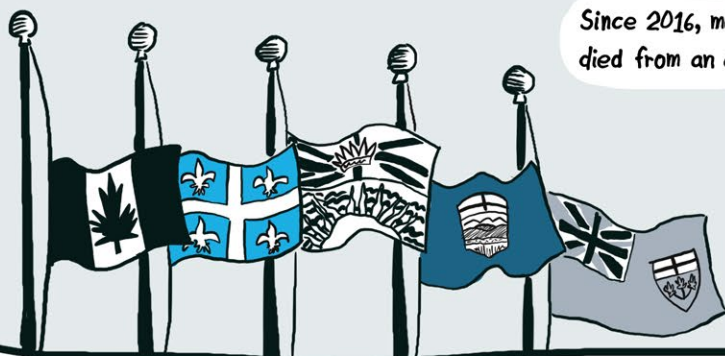
André-Anne Parent is a researcher at the School of Social Work at the Université de Montréal.



She is currently studying the prevention of overdoses in the context of psychoactive substance use.



There is currently a serious epidemic of deaths from overdoses of psychoactive substances in Canada.



Since 2016, more than 50 000 Canadians have died from an overdose of psychoactive substances.

This represents, on average, 21 deaths per day, the majority of which are concentrated in British-Columbia, Alberta and Ontario.

But no region has really been spared.

This is why André-Anne Parent got behind the wheel of her van.

Community and justice services



I wanted to lead an exploratory research project to document the situation in Canada by meeting with those affected and concerned.



While the overdose crisis is just as present in the United States, the situation in Canada is distinct. In community and public resources, there are many activities aimed at harm reduction.

It is not a matter of eliminating substance use, but of mitigating its negative impacts.



This has been primarily achieved through...

- The distribution of sterile consumption equipment.
- The distribution of naloxone, an antidote to opioid overdose.
- The operation of supervised consumption sites.
- The provision of substance analysis services.

My goal is to better understand the diverse array of current preventive actions and to hear the lived experiences of those who have overdosed or have helped someone who has overdosed.



Back to the Back Door Mission.



André-Anne finally meets with Gwyneth, a nurse practitioner who helped establish the Back Door Mission.

Our goal when founding the mission was to combine social and medical services. We wanted to facilitate access to personalized care and services for marginalized people who otherwise would not consult a doctor or go to the hospital.



In March 2019, the municipal council rejected a proposal for the establishment of a supervised consumption site.

In March 2020, the COVID-19 pandemic further aggravated the needs of people who use psychoactive substances, but it also increased dialogue among the various community organizations, various actors and government authorities.

We were officially opening the mission's doors in a month. It was quite a quick change with quite a few of our partners right out of the gate, with several more joining over the following months.



This fast inauguration was made possible thanks to the intervention of Jake, a municipal councillor who approached the mayor and various health service workers.



We take care of psychological issues, addiction, wound care, palliative care and proximity intervention.

Jessy, Nurse

This proximity work is done by a social worker and a paramedic who walk the city's streets and camps.



Hi Jeff! How are you today? Do you need anything?

I'm alright, I'm alright...

Do you have syringes?

Of course.

Actually, it's my neighbour I'm more worried about...



He's been out cold for a couple of minutes.

I wanted to send someone to get help.

Get the naloxone kit. I'm calling an ambulance.

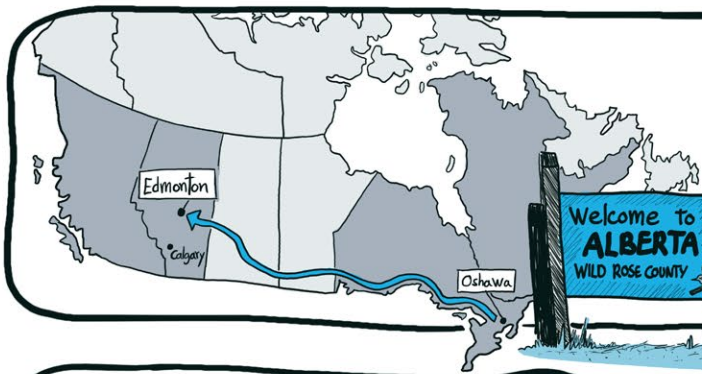


There is also a doctor available via video call or at the clinic.

Organizing all these services has helped reduce visits to the emergency room.

click!





The services are different than in Ontario. The Alberta government does not recognize the benefits of harm reduction. Instead, its funding focuses exclusively on the treatment of substance dependence.



So, it is often peer caregivers who compensate for this lack of services, but not without difficulties. I went to meet with them to learn more about their work and the challenges they face.



Hello!
Hello!
In order to combat the overdose epidemic and reduce the number of deaths, we need a safer supply.

Detox programs are great for people that are ready and willing to go.



As for the others, it is a safer supply that is going to enable them to stay alive. This, however, is something that government authorities are not interested in.

I heard that the Boyle Community Center handles many overdoses every day. They do what they can, but there is an obvious lack of resources, and it has coincided with increased calls to emergency services.



I don't want to go to rehab, but I don't want to die either! I'd just like to know that what I'm smoking is not contaminated.

Government says no to that!

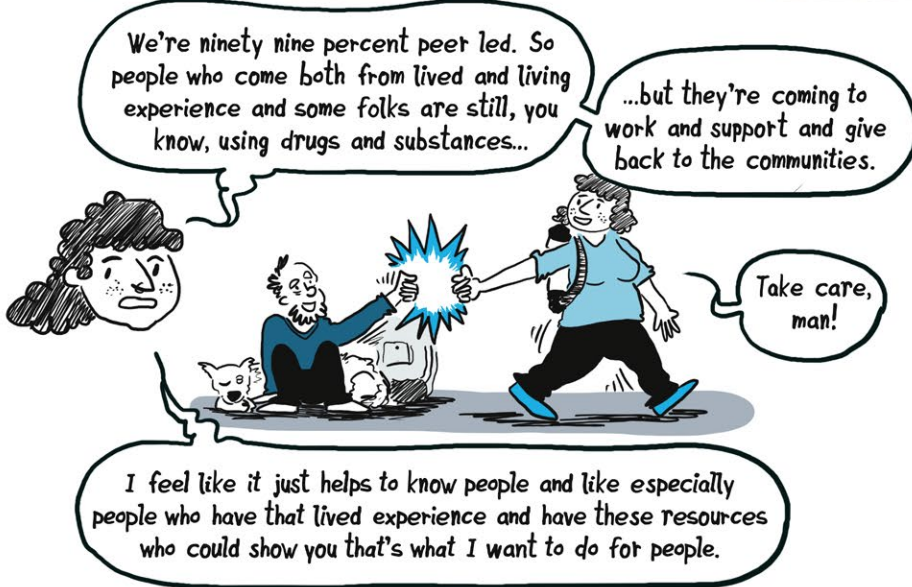
There are also few services adapted to the reality of Indigenous people, who form a large part of Edmonton's marginalized populations.

For a province known for its extremely cold weather, which can start as early as September, there is also a substantial lack of housing, social or supervised housing, and, more generally, simply a lack of bathrooms.



It is therefore community organizations, peer caregivers and volunteers that compensate for this lack of services.

Peers are out in the field. They go out to meet users right where they are and take the time to develop trusting relationships.



They offer frontline services, but also play a liaison role by connecting users to existing resources.



However, this job is not without its adversities. Grief and mourning are common, near-universal, almost omnipresent, experiences.



I've worked here 9 or 10 years now.

And like, I could probably name about 100 people that I personally know, that I personally worked with, that I actually care about that have passed away through that time period.



That's not that many for 10 years, but like, I could name even more people I didn't know personally...





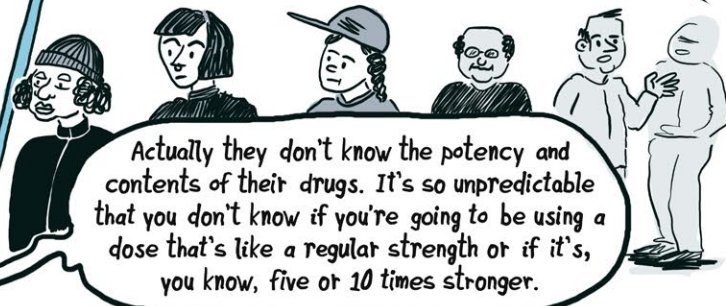
In British Columbia, continued efforts advocating for the operation of InSite, the first supervised consumption site in Canada, resulted in a series of court hearings in which the Supreme Court ultimately ruled in favour of the facility's continued operation.

Faced with the current crisis, peer-led groups and organizations have to once again innovate and dismantle institutional barriers and obstacles.



Safe supply is a real response to this crisis. That could drastically reduce the rates of overdose in that people are overdosing.

Drug User Liberation Front (DULF) Caregiver



Actually they don't know the potency and contents of their drugs. It's so unpredictable that you don't know if you're going to be using a dose that's like a regular strength or if it's, you know, five or 10 times stronger.



If people know what they're getting and are able to get it in an accessible and affordable way in terms of their drugs...

They're going to be able to manage their substance use and in a much more reasonable way.

No real change in drug policy has happened without people taking action first.

We've given out over one hundred and fifty grams of tested substances total now.

And as far as we know, there have been zero overdoses either fatal or non-fatal.

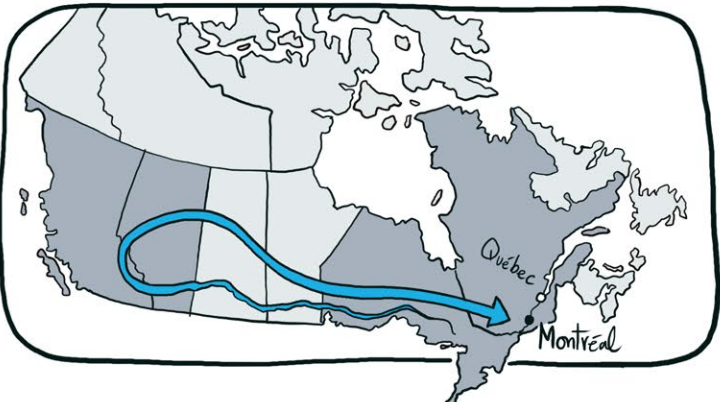
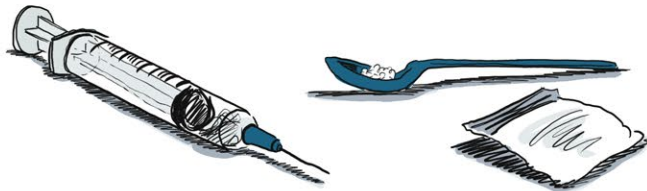


We're now beyond the individual harm reduction. We need to work collectively.

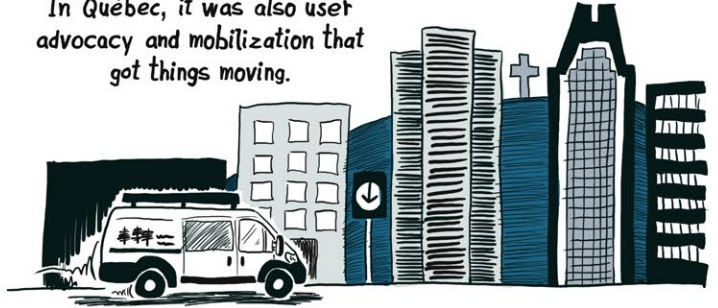
Caregiver at Vancouver Area Network of Drug Users

People were used to use a little bit to test out the strength. But if, like it's carfentanyl, you could use a little bit and immediately go into an overdose.

I think that's why drug policy or harm reduction needs to go to the next step.



In Québec, it was also user advocacy and mobilization that got things moving.



It is the people who use substances and the ones working in community groups that actually developed most of the services offered nowadays.

We never would have gotten naloxone if we hadn't first illegally imported it from Ontario.

Never.

We also never would have gotten fentanyl test strips, to test the drugs, if we hadn't created a purchasing group and exerted pressure on policymakers.

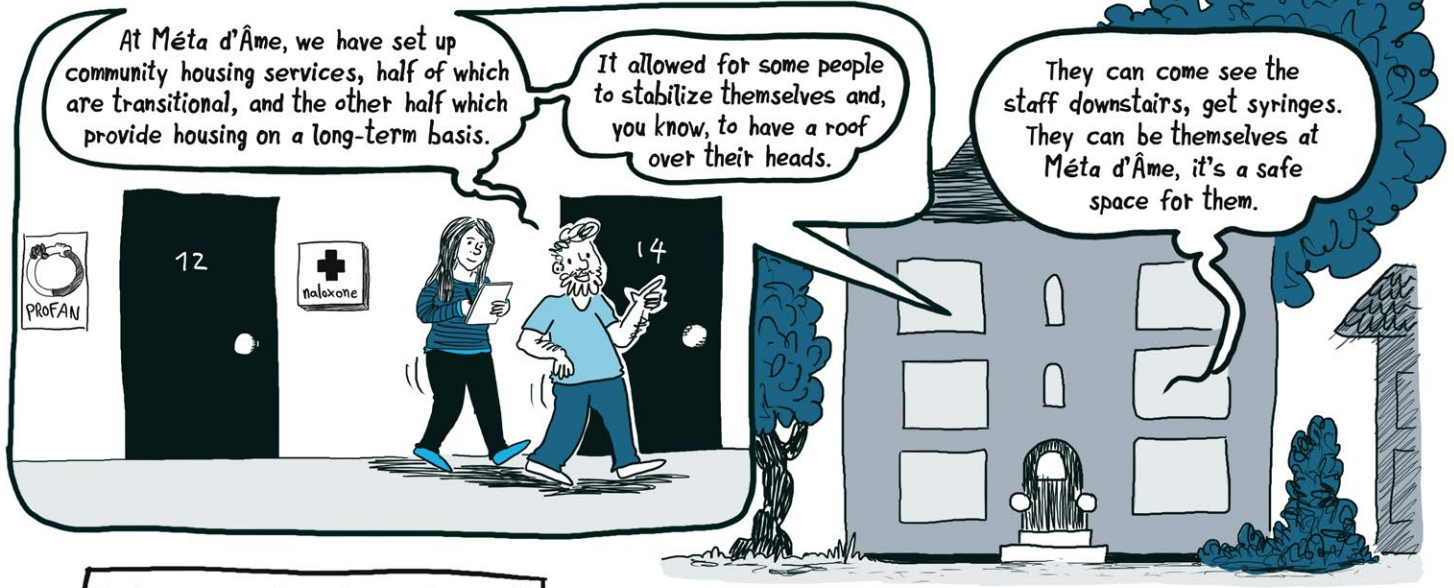


It's unfortunate that we have to act this way, but it's necessary because of the population we're work with: populations no one thinks of.

A lot of people were going to pharmacies before, but now they prefer coming to see us here because we offer more. Here, you're not just a number, you can sit down, eat your lunch with me, and talk to me about whatever you want.



Community organizations in Québec have also adopted a harm reduction approach, with a global perspective of social justice.



There are people using drugs in every social class.

However, the overdose crisis hits marginalized populations much harder and overlaps with, and is worsened by, other crises: climate, housing, sanitary, etc.

Click!

Break!

After all my encounters and discussions across Canada, it unfortunately feels like some lives are treated as if they are worth more than others.

And some lives receive less collective attention.

I'm talking about marginalized people that have very little societal recognition.

However...!

Foomp!

...it's mainly peers and community workers that have contributed to setting up sterile material distribution programs, supervised consumption centres, and democratized access to Naloxone.

And they continue to do so, saving lives every day in Canada.

They deserve our gratitude and our support.

Martin PM



Credits

The content of this pamphlet is based on the research of André-Anne Parent, Associate Professor, and Antoine Bertrand-Deschênes, doctoral student and research assistant, from the École de travail social at the Université de Montréal.

The comic pages are scripted and illustrated by Martin Patenaude-Monette (Martin PM), in close collaboration with André-Anne Parent.

Acknowledgments

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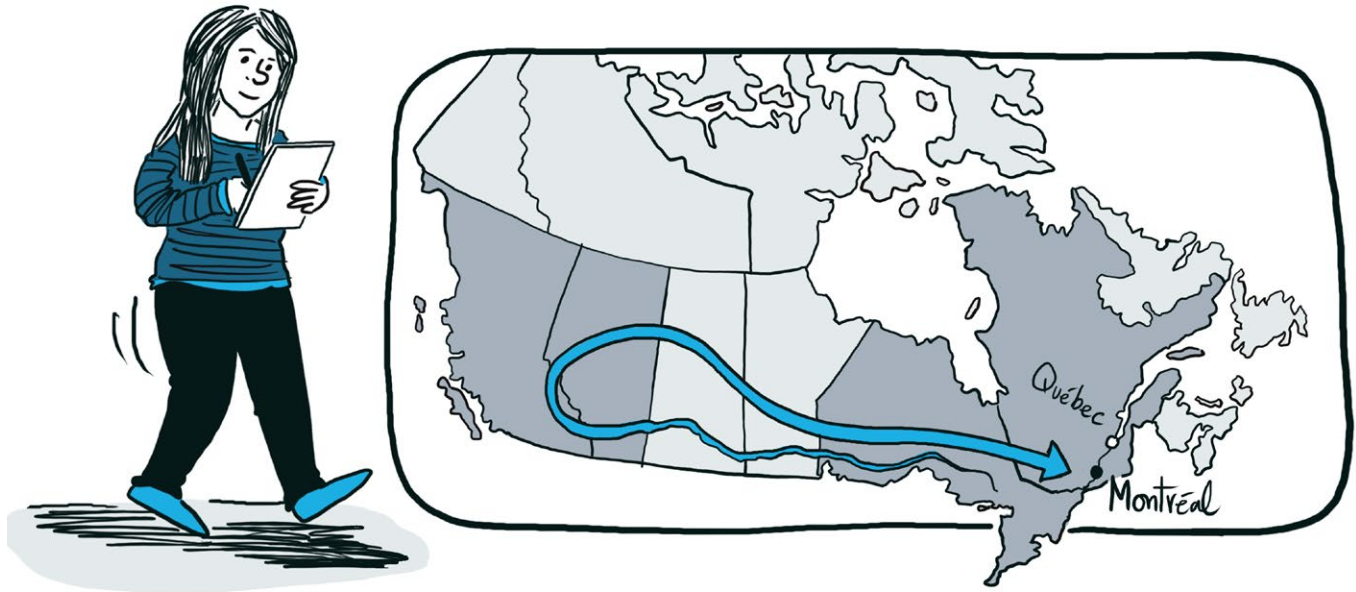
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For more information

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Parent, A.-A., & Bertrand-Deschênes, A. (2025, 27–30 avril). *On the road: A Canadian portrait of overdose prevention*. Affiche. Congrès Harm Reduction International 2025, Bogota, Colombie. https://chairecacis.org/fichiers/publications/2025-poster-on_the_road-a_canadian_portrait_of_overdose_prevention.pdf



Methodology

DATA COLLECTION

2021-2022: Vancouver, Surrey, Kelowna, Lethbridge, Calgary, Edmonton, Sudbury, Oshawa, Montréal, Québec and Joliette

DATA COLLECTION METHODS

- Participant observations (3 to 21 days per city);
- Semi-structured interviews (with 39 caregivers, 10 peer caregivers, 11 service users);
- Keeping of a logbook to document our reflections and observations.

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