"Crystal Meth Project"

RESEARCH BULLETIN
» 2025-2026

The Neighbourhood Group received SUAP funding in 2024 for a 4-year capacity building project: "Building Up People Who Use Crystal Meth".

TNG Community Services

ISSUE THEME: PEER TRAINING AND COMMUNITY PLACEMENT

Background

The Crystal Meth Project is designed to address a near-total absence of services tailored to people who use crystal meth, a population experiencing high rates of homelessness, social isolation, and worsening physical and mental health, while facing pervasive stigma that can limit access to health and social services. This project was launched by The Neighbourhood Group (TNG) in 2021 with funding from Health Canada's Substance Use and Addictions Program (SUAP). A preliminary evaluation conducted in 2022 found that peers appreciated the training, valued staff support in navigating social services, and identified areas for expansion - including deeper training on substances beyond crystal meth and conflict resolution skills.

In 2024, TNG received new SUAP funding to continue building the capacity of people with lived or living experience of stimulant use by providing them with a comprehensive training program to become Peer 2 Peers (P2Ps), enabling them to provide support for people who use stimulants in community settings.

A central feature of this work is a paid peer training and employment initiative. People with current or past lived experience of crystal meth use are recruited into a **12-week training program, then employed for one year in community placement roles** at TNG (primarily in their drop-in program), as well as in external placements with partner agencies.

The training is rooted in TNG's established Peer Training and Development Program model, and has been expanded in length and depth to provide comprehensive structured training and skills development for peers, in areas such as harm reduction, conflict resolution and in the foundational skills peers need to work effectively in frontline settings.

This bulletin reports on a follow-up evaluation of the 2025 training cohort, which reflects the significantly expanded three-month training program. Additionally, this bulletin reports on the implementation of new external placements for peers with partner agencies across Toronto.

Evaluation Methods

A total of 10 peers went through the new, expanded training program from April-June 2025; surveys were conducted with trainees following the completion of training sessions and these results are presented in tables throughout this bulletin.

Additionally, in December 2025, qualitative focus groups with peers and interviews with TNG staff members supporting them were conducted. This qualitative data collection occurred 6-months after the completion of the training program, and at the point when peers had been in community placements for approximately six months. The timing was deliberately chosen to allow peers and staff to reflect on both the training program and its applicability in practice during their placements.

DATA WERE COLLECTED THROUGH:

- Two focus groups with the 2025 peer cohort (n = 7 participants across both groups)
- Individual interviews with four staff members involved in delivering the training, supporting peers, and managing and supervising placements

In the sections that follow, this bulletin presents both results from surveys conducted following the training, as well as qualitative findings focused on the experience of the training, the transition into and experience of community placements, and supports received during both training and placement.

Training Program

WHO PARTICIPATED

TRAINEE DEMOGRAPHICS (N=10)	N	%
Gender		
Male	5	50%
Female, non-binary or gender diverse	4	40%
No response	1	10%
Racial/ethnic identity		
White - North American or European	7	70%
Indigenous - First Nations, Métis or Inuit	3	30%
Black or other racialized identity	1	10%
Prefer not to answer	1	10%
Mean age	43 (range: 29–56)	–

The peers in the 2025 cohort represented a wide range of life circumstances and histories. Several entered the program while actively experiencing homelessness or having recently transitioned out of living in encampments. Employment histories varied widely: some had not worked for years, and for at least one participant, this peer position was their first paid job. Several participants reported chronic health conditions, ADHD, or other learning challenges that made sustaining traditional forms of employment difficult.

For many, this program was not simply a training opportunity – it was re-entry into social participation and formal employment after extended periods of social exclusion and marginalization.

> ***The training, it saved my life. I could never have employment - I started in my fifties.*** **- PEER**

Many were already functioning as informal and unpaid harm reduction workers in their communities before joining the program, distributing supplies, administering naloxone, and serving as community liaisons in encampments. For them, the training formally recognized and expanded the care work they were already doing in their communities.

Evaluation Findings

THE TRAINING PROGRAM

OVERALL ASSESSMENT

The overall assessment of the training was extremely positive, with participants finding that the program provided a valuable foundation for working in front-line settings. Both peers and staff emphasized that the most important outcomes of the training were often not only its formal educational content, but the social connections and community integration that it provided for participants:

> ***It was connecting back with people I hadn't seen in a long time, and I was able to reintegrate myself back into the community.*** **– PEER**

Program strengths included the training around boundary setting, harm reduction knowledge, and the structure of regular, scheduled attendance at training sessions.

WHAT WORKED WELL

Structure and routine as important outcomes:

For participants coming from homelessness, long-term unemployment, or social isolation, re-establishing a daily routine was repeatedly highlighted as a major component of the program.

> ***I hadn't had structure for a couple of years. So yeah, it was great to get back in some kind of routine.*** **– PEER**

All training sessions were scheduled in the afternoon with regular breaks - a deliberate choice for when to schedule trainings based on staff knowledge that people who use stimulants tend to function better later in the day. This reduced friction and improved participation.

Bonding among peer cohort members:

The relationships formed within the training cohort were described as one of the most meaningful and lasting benefits of the program. For participants who had been experiencing social isolation, the training re-established connection and created a sense of mutual accountability and shared purpose.

> ***It wasn't like we were joining a team - we were creating a team. So it kind of established a different bond through that.*** **– PEER**

Staff identified the bonds among cohort members as an intentional objective of the extended training model, using the period strategically to observe interpersonal dynamics and build collaboration and conflict navigation skills before placement.

Boundaries training:

Training on maintaining personal boundaries was identified by all peers and staff as one of the most immediately applicable elements of the curriculum, used from the first day of placement.

> ***One specific element of training that was very helpful going forward was boundaries. Because that's a huge thing that we deal with. I'm sure each and every one of us deals with it, on a daily basis.*** **– PEER**

Staff used a layered approach to teaching this: explaining why boundaries matter in general, why they are particularly important in peer roles where workers may personally know clients, and reinforcing the content multiple times throughout the training period.

Emergency first aid, CPR, and Basic Life Support certification:

Certification in first aid, CPR, and Basic Life Support was described as "priceless" - both as a practical skill for overdose response and as a portable career credential that could benefit peers regardless of where they worked next. Staff also identified the absence of mandatory first aid and CPR training for shelter workers as a broader sector gap, positioning the program as a model for best practice and as a potential advocacy platform to scale this up across the sector.

Extended three-month training model:

The expanded duration allowed time for routine formation, cohort bonding, and for key content to be revisited and reinforced. Staff described using the three-month period to "mould the team" before placements began - observing dynamics, addressing friction among participants, and building a unified group. Both peers and staff viewed this as a significant improvement over previous training cycles with shorter training periods.

> ***We had three months to mould our team so they're unified, they're together, and whatever hiccups happened could happen while we were doing this training rather than in the placement.*** **– STAFF MEMBER**

SURVEY RESULTS

The surveys conducted following training reinforced how positive the training experience was for participants, particularly in terms of support from staff for peers during the training program, and the way in which the training increased their confidence in becoming a peer worker.

Post-Training Survey Results:

KNOWLEDGE & CONFIDENCE (N=10)

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
The Team Lead and Supervisor supported my learning very well	0	0	4 (40%)	6 (60%)
The program increased my confidence in becoming a peer worker	1 (10%)	0	2 (20%)	7 (70%)
The program increased my knowledge of peer and social service work	4 (40%)	0	5 (50%)	1 (10%)

PERSONAL IMPACTS OF THE TRAINING PROGRAM (N=10)

BEING PART OF THE PROGRAM...	YES	NOT SURE	NO
Strengthened my support networks	10 (100%)	0	0
Made me more aware of community services	10 (100%)	0	0
Made me more independent	10 (100%)	0	0
Increased my feelings of self-worth	10 (100%)	0	0
Improved my ability to pursue employment/career goals	9 (90%)	1 (10%)	0
Supported me in my well-being*	9 (90%)	0	0
Helped with my substance use and/or recovery	5 (50%)	3 (30%)	2 (20%)

** One respondent did not answer this item.*

REPORTED HEALTH IMPROVEMENTS SINCE STARTING THE PROGRAM (N=9)

HEALTH AREA	N	%
Mood improved	7	78%
Thoughts more positive	7	78%
Motivation to do things increased	7	78%
Sleep habits better	3	33%
Appetite/eating habits improved	3	33%

WAYS THE PROGRAM HELPED WITH SUBSTANCE USE (N=9)

RESPONSE	N	%
Allowed me to share about substance use without feeling judged	9	100%
Provided something to do other than use	7	78%
Provided something to do other than think about using	7	78%
Gave me additional income so I'm less stressed about money	7	78%
Introduced me to peers who are positive influences	6	67%
Gave me ideas about what I can do other than use	5	56%
Helped me save money since I'm using less	4	44%
Gave me knowledge of how to be safer when I use	4	44%
Connected me to services and resources for substance use	3	33%
Helped me decrease my substance use	3	33%
Helped me schedule my substance use	2	22%

TRAINING PROGRAM KEY RECOMMENDATIONS

Preference for active, participatory learning activities:

Peers highlighted that they enjoyed sessions where facilitators spoke directly and interactively with the group, as "the room came alive." Peers wanted active, participatory learning, and they preferred this to sessions that involved direct reading from slides, with limited interaction or discussion.

> ***We all do meth, and we need to be stimulated.*** **– PEER**

While repetition of key and core concepts is necessary (particularly given the differing background experiences peers brought into training), this should be supported by group discussion and scenario work to consolidate learning.

Strong and broad curriculum coverage could be complemented with expanded training in some areas:

Participants felt that the program had a strong focus on crystal meth that equipped them for their placements. They sometimes felt like the curriculum had too much attention to opioid harm reduction rather than stimulant-specific content (which is understandable given the current overdose crisis and the need for peers to have a strong basis in being able to respond to opioid-related overdoses in particular). While peers highlighted they had received training in all the key areas, they wanted more in-depth training and information on how to address over-amping, stimulant psychosis, meth-related health presentations, and harm reduction strategies specific to crystal meth use.

Peers liked receiving training certificates and wanted more opportunities for credentials: Participants were very appreciative of trainings that provided them with credentials that could be transferable to other job opportunities, like the first aid, CPR and Basic Life Support training. They suggest further certifications like oxygen administration and food handler certification would be useful. And while they felt that the curriculum was very good at providing them a solid base of training in conflict resolution, they enjoyed learning about these topics and developing skills that helped them address the daily realities in front-line work, such as: de-escalation training; personal safety and situational awareness; and self-care.

Evaluation Findings

COMMUNITY PLACEMENTS

PLACEMENT SETTINGS

The 2025 cohort of peers were placed across a broader range of settings than in previous cycles, including both internal TNG sites and, for the first time, in external partner organizations. Placement settings included: the TNG drop-in, where peers supported daily operations in reception and laundry roles; Dunn House, a low-barrier supportive housing program run in partnership with UHN's Social Medicine program, where peers ran activities and facilitated group programming; the REACT overdose response team, where peers support the team responding to overdoses at multiple shelter hotel sites; and the Crystal Clear public speaking program, co-developed and co-facilitated by peers.

WHAT SUPPORTED THE TRANSITION INTO THE PLACEMENT SETTING

The training cohort bond provided a relational foundation that eased the transition into placements – peers arrived knowing they had a group to turn to for support. Peers felt extremely well-supported by staff during the transition to placement settings. Staff were deliberate in attempting to match individual peers' preferences, workplace readiness and past experiences with either internal or external placements that would set them up for success in their roles, and that reflected their strengths and current situations. For peers who may have required more support at the beginning of placements, being placed at the TNG drop-in offered familiarity with the community and clients. At TNG sites, clear supervisory contacts, regular check-ins, and a shared WhatsApp group for daily sign-in were valued by peers.

TNG staff provided wraparound support that extended well beyond formal supervision - accompanying peers to court, writing support letters, organizing housing assistance, and helping with practical barriers to participation.

> ***If they have to go to court, I would go with them. We've written support letters. If they need help with housing, I work on that with them. Any sort of support that they need, if it's something we can give them, we will.*** **– STAFF MEMBER**

The strong provision of supports by the Crystal Meth program staff was described as an integral part of supporting peers, and enabled peers to show up reliably. While the majority of peers no longer required dedicated case management support, short-term dedicated case management was available to peers if needed.

SUPPORT FOR PEERS IN EXTERNAL PLACEMENTS

The quality and consistency of TNG's support during external placements were described very positively by peers. Peers described regular check-ins and visits from TNG supervisors to ensure a smooth transition into the placement. Staff members described a structured monthly review process that tracked progress and identified areas of need with peers as well. However, external placements necessitated measures not needed for internal placements, due the lack of an onsite TNG supervisor. To ensure peers had proper support in external placements, TNG ensured that peers had a contact from the host organization who they could turn to if necessary. Additionally, TNG staff were onsite for regular check-ins with peers. Peers also identified some areas that could support the transition into external placements. For example, having the opportunity to tour each potential placement site during training and having a clear job description for each role could help peers decide which placements they might be best suited for. Overall, peers felt well-supported and like they had continued TNG supervisory support throughout; this suggests that peers were well-matched to their placements, particularly the external placements that require more autonomy from peers.

BENEFITS OF EXTERNAL PLACEMENTS

External placements allowed peers to encounter new communities and client groups outside of the programming they were familiar with at TNG. Peers in shelter hotel settings described occupying a uniquely trusted role, as they shared lived experience with clients, which enabled high quality connections.

> ***There's a power dynamic between clients and shelter operators - that's the same person that can put you out on the street. But here comes this other person who has the same experience you're going through, who can't discharge you, coming to you with a smile. There's no power imbalance.*** **– STAFF MEMBER**

Some peers felt pressure from representing TNG in unfamiliar environments, as they had to earn the trust of new client communities and host organization staff:

> ***You've got to build your own respect. You know what I mean, earn trust. And it's a different environment, because we're guests in their building. So you've got to mind your Ps and Qs, and you've got to be representing TNG.*** **– PEER**

However, peers described being well-prepared for their roles and rose to the challenge. Due to their exposure to new workplace settings, some peers were exposed to tangible career opportunities. For example, some peers were approached by partner organizations about the potential for continuing or future work, allowing them to explore the possibility of continuing in those positions after their peer contracts ended.

GRIEF AND LOSS

Both focus groups ended with mention of the death of a member of the peer cohort during the placement year. Participants described the loss with evident grief, and described strong supports from Crystal Meth program staff in helping them to cope with this loss.

This experience emphasizes the continued impacts of the overdose crisis, and the necessity of building formal grief and loss supports into all programming. An example of this is that TNG has a structured protocol to help guide response when a peer or community member dies, which can be helpful not only in caring for peers, but in providing a guide for staff as they attempt to navigate the dual role of providing support while also grieving the loss themselves.

CAREER PATHWAYS

Peers were excited about future career opportunities and described their placements as a meaningful entry point into the health and social services labour market. Both peers and staff described how having staff members who had themselves started in the peer program and progressed through different positions within the organization provided powerful role models for current peers, demonstrating concretely that the pathway into formal employment is real and achievable.

Participants highlighted the strongly positive impact that the program was having on their lives, and given the current politicization of harm reduction programs and of people with lived experience of drug use, wished there was more broad-based community recognition from outside of TNG of the important work happening in the program:

> ***I'd like to see the acknowledgement somewhere, saying the work that's being done here … I'd like to see a little more recognition from out there, saying, 'Hey, this is actually working.*** **– PEER**

Participants were proud of the training and of being part of the CM program, and actively wished that more peer opportunities were available. Several participants were actively navigating job offers or applications for other jobs at the time of the focus groups, demonstrating the way in which the program is functioning to launch people into new employment opportunities.

KEY RECOMMENDATIONS FOR THE PLACEMENTS

Continue to provide high-quality support during external placements:

The regular supervisory check-ins at external placement sites should be maintained, as they were very appreciated by peers. While this is already in place, it is also important to ensure that peers are aware of the protocol for reaching TNG for support if needed during a shift. Having a designated on-site contact at each host organization is working well and maintaining this is also recommended; these contact are fully briefed on the peer role, the organization's harm reduction approach, and are able to provide support if needed at the host organization.

Ongoing team-building during external placements:

Peers enjoyed the sense of being part of team and camaraderie that occurred during training. While opportunities to come back together as group occurred, they suggested that a regular - perhaps monthly - group check-in during the placement year would be valuable, and that it could be built into paid hours. This would allow the cohort a regular time to come together for shared reflection, peer support, and continuing education.

Continue to support career transition support:

Peers described a strong sense of professional accomplishment from having taken on new roles and responsibilities and finding themselves capable in them. Peers in both focus groups articulated genuine career aspirations and described the peer placement as a meaningful entry point into the broader health and social services labour market.

The focus group occurred at the half-way point of the placements, and TNG staff mentioned the career transition support in place for peers at the end of the placement including resume assistance, skills mapping, and warm introductions to relevant organizations. This should continue in order to maximize the strong trajectory peers are on, and there was evidence of this occurring already, as one peer had already found full-time employment, and another had received a job offer at the time of the focus group.

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