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A safer downtown for all: The inclusion of people who use drugs in community safety

Tabitha Morris*, Jamie Muckle* and Rob Boyd*

This article is related directly to the Seventh International Conference on Law Enforcement & Public Health (LEPH) held in Ottawa, Canada in July 2025.

ABSTRACT

Ottawa Inner City Health implemented a peer-led "Block Leader" program to restore peer norms, reduce visible disorder, and strengthen multi-sector relationships in the downtown core. Co-designed with people who use drugs, the program recruited and trained unhoused peer leaders to perform short, supported shifts focused on litter and equipment removal, wake-ups, wayfinding for visitors, basic supports, and referrals to low-threshold services. From 1 October 2024 to 30 September 2025, Block Leaders (n = 100) contributed 27,375 hours of shift work and recorded tens of thousands of direct contacts and service interactions. Program design features that supported acceptability and retention included low-barrier recruitment, co-designed rules and escalation pathways, modest cash stipends, regular peer meetings, and proactive engagement with businesses and outreach partners. Observational program data suggest improvements in predictable, peer-mediated interactions with residents, visitors, and local stakeholders and increased linkage to supports. Limitations include variable reporting completeness and the absence of a controlled evaluation. The Block Leader model offers a practical, transferable approach for organizations seeking to centre lived experience in community safety and well-being, and we recommend formal evaluation to quantify impacts on public safety, service access, and community perceptions.

Key Words Peer-led outreach; co-design; harm reduction; community empowerment; outreach evaluation; marginalized populations; multi-sector partnerships; urban stewardship.

INTRODUCTION

Ottawa's downtown has experienced a marked erosion of peer-based social norms among people who use drugs, with consequences for community safety and well-being (CSWB). This paper describes an innovative, peer-led "Block Leader" program that empowers people who use drugs to restore community norms, reduce public disorder, and build constructive partnerships with businesses, health services, and public safety actors. By shifting from doing solutions to this population towards doing solutions with them, the initiative offers a replicable model for multi-sector collaboration in CSWB (Owczarzak et al., 2024).

This paper outlines the measures a social service provider, Ottawa Inner City Health (OICH), in Ottawa, Canada, has taken to amplify those marginalized voices and remove barriers to their participation in public safety solutions.

BACKGROUND

Since 2017, changes in Ottawa's unregulated drug supply have disrupted established peer norms and leadership within street-involved communities. The loss of community leaders and resulting social deregulation has increased disorder, isolation, and barriers to accessing services, reaching a low point during the COVID-19 pandemic, when needed community

Correspondence to: Rob Boyd, Ottawa Inner City Health, Inc., 550 Old St. Patrick Street, Ottawa, ON K1N 5L5, Canada. Telephone: 613-562-4500. **E-mail:** rboyd@oich.ca

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services were shuttered, basic amenities were withdrawn, and already marginalized individuals were isolated.

FINDING A SOLUTION

As a means of restoring peer leadership and community accountability, defined here as individuals with lived experience who historically enforced norms, mediated conflicts, and connected peers to services (Elkhalifa et al., 2020), people who use drugs were consulted in the development of a survey on risks to safety and proposed solutions. In a series of open meetings, frustration was expressed that the services set up to support them were often oppressive in their approach and triggered their past and current trauma reactions. Shifts in the drug supply had made it an "every person for themselves" mentality, and there was a strong desire to return to pre-pandemic norms and the restoration of the positive aspects of street culture: keeping the public space clean, looking out for kids and families in the area, and looking after the more vulnerable street-involved people.

A co-designed, peer-led intervention, the Block Leaders, was created, with the goals of restoring dignity, reducing visible disorder, and rebuilding trust with neighbours and local businesses. Centred in lived experience and shared ownership, the intervention provides paid, trained roles for people who are unhoused and have lived experience of substance use, whose primary responsibilities are modelling positive norms, providing low-barrier supports, and acting as visible, accountable stewards of public space.

CO-DESIGN AND ROLE DEFINITION

Participants were recruited from the downtown unhoused community and trained in an approach which emphasized non-coercive expectations: Block Leaders do not act as security, hold belongings for others, or report peers to authorities; instead, they model respectful behaviour, pick up litter and used equipment, offer wayfinding and basic support to visitors, and connect peers to low-threshold services. Crucially, the program's rules, escalation pathways, and recognition systems were developed with Block Leader members, creating a sense of ownership and accountability. This co-design approach aligns with established peer-engagement frameworks that emphasize shared ownership, low-barrier roles, and collaborative evaluation (Greer et al., 2019).

An important objective of the project is to ensure that those who experience the most marginalization are able to participate. It is critical that those who were seen as being the cause of the social disorder be targeted for participation in this program to restore social order. Acting as a role model in the community requires the membership to grapple with divisive issues, such as reporting a fellow Block Leader's behaviour on shift to a supervisor, racism, sexism, and harassment. The program acts as a venue to address these issues to the benefit of the community.

Block Leaders have the option of attending one of two weekly meetings where they troubleshoot shift allocations, refine rules together, and co-design community events. Celebrations such as Block Leader Appreciation Day, Christmas and Halloween gatherings, and summer BBQs bring everyone together to connect, have fun, and strengthen the sense of community.

The bi-weekly Block Leader meetings are key to the creation of a safer space for collaboration, collective problem-solving, and difficult conversations. Issues and resolutions at one meeting are brought to the other for input and ratification. It should be noted that the community makes the decisions regarding the program: what is a Block Leader, what happens when someone does not live up to the community expectations, and what new projects are undertaken.

The role of OICH in this program is to support the co-development and delivery of training, facilitate note-taking, schedule creation, and room booking, provide peer supervision (for Block Leaders who are now employed by us), and offer food and cash stipends. This role reversal is critical, as the program is designed to build community through the agency of its members rather than to simply employ them.

SHIFT STRUCTURE AND PROGRESSION

Shifts are intentionally short: 2 hours for "block" shifts and 3 hours in the Byward Market, a popular tourist location in Ottawa to match participants' capacities and to provide clear opportunities for recognition and advancement. Block Leaders, who demonstrate stability and reliability by not using drugs while on shift, are offered higher-visibility shifts and additional responsibilities, such as supporting local businesses or assisting with morning outreach. If a Block Leader is unable to complete a shift, there are no punitive consequences. Participation is framed as inclusive and restorative rather than disciplinary. Operational guidance from peer-role frameworks supports short, supported shifts and clear progression pathways to match participant capacity and encourage retention (Buxton et al., 2024; Vancouver Coastal Health, 2015).

COMMUNITY ENGAGEMENT AND MULTI-SECTOR RELATIONSHIPS

The program deliberately positioned Block Leaders as partners for local stakeholders. Early outreach for OICH included meetings with business associations, tourism stakeholders, and public safety representatives to explain the role and establish referral pathways. Block Leaders coordinate with mobile outreach teams and harm reduction services to ensure people encountered during shifts can access immediate supports. Over time, these interactions have begun to rebuild mutual respect: businesses and visitors receive consistent, predictable interactions; police and service providers gain a peer-mediated bridge to people who use drugs; and Block Leaders regain a recognized role in neighbourhood stewardship.

Over time, this program continues to build community through the personal growth experiences of its participants, the improvement of relationships with other community members and stakeholders, and the continued learning opportunities for us as social service providers on how to meet the needs of our clients.

1. Data, accountability, and learning
2. Block Leaders and program staff record shift activities using simple logs to capture contacts, service referrals, and community clean-ups. These data serve both to demonstrate impact and to inform iterative improvements to training and role design. Importantly, data collection is framed as a collaborative activity. Block Leaders help define what is counted, and why, so that reporting reflects lived priorities rather than external metrics alone.

TABLE CONTEXT AND DATA COLLECTION

Table I summarizes Block Leader activities from 1 October 2024 to 30 September 2025. Data were recorded by Block Leaders and program staff using standardized shift logs and weekly meeting summaries. Block Leaders (n = 100) contributed 27,375 hours of shift work. Counts reflect direct contacts, service referrals, and clean-up activities; limitations include variable reporting completeness and potential duplication across categories.

PRINCIPLES THAT SUPPORTED SUCCESS

Several practical design choices underpinned the program's acceptability and sustainability: low-barrier recruitment; co-designed rules and escalation processes; modest cash stipends to acknowledge labour; regular peer meetings for problem-solving and social connection; and visible, consistent engagement with local stakeholders to manage public perception. These elements combined to restore a degree of peer accountability and mutual care that had eroded with changes in the unregulated drug supply and pandemic-era service disruptions.

TABLE I Block Leader program activities from 1 October 2024 to 30 September 2025

Market Relations	1 Oct–30 Sept Totals
Contacts with neighbours and local residents	16,908
Contacts with tourists and visitors	22,121
Contacts with local businesses	4,728
Positive interactions with police	1,288
Community impacts	
Community/client interactions	67,068
Wake-ups	3,423
Coffee station attendees	7,349
Water/food distributions	4,314
Clothing/hygiene item distributions	1,308
Community clean-up	
Needles picked up	5,587
Bags of garbage collected	5,400
Pipes picked up	9,564
Community health and safety	
Overdoses attended	61
First-aid interventions	520
9-1-1/emergency calls	27
Salvation Army van calls	11
Total	149,677

PROGRAM CONSIDERATIONS AND LIMITATIONS

Most marginalized persons do not have access to bank accounts, due to identification requirements, past criminal history, or legal status within Canada. The continued operation of the Block Leader program has required the organization to assume the sizeable risk of maintaining cash stipends.

Members of the public have misidentified Block Leaders as OICH employees. Complaints about smoking cigarettes or loitering while on shift are the most common concerns raised. Community feedback is encouraged, and these concerns are shared with the Block Leaders to help craft the public image they wish to project to those they encounter while working. A Frequently Asked Questions section is being developed for the OICH website to clearly explain the purpose of the program.

This model requires ongoing funding, careful risk management (e.g., around cash stipends), and sustained stakeholder engagement. Nonetheless, the core approach of centring peer leadership, co-design, and short, supported shifts offers a practical template that other jurisdictions can adapt to local contexts.

CONCLUSION

The Block Leader program demonstrates that empowering people who use drugs to reclaim a stake in their neighbourhood can restore norms of respect, accountability, and mutual care. These are all benefits that extend to businesses, visitors, and public safety partners. By co-designing roles, providing low-barrier stipends, and creating regular forums for problem-solving, organizations can address common barriers such as financial exclusion, public misperception, and unstable funding. We encourage other jurisdictions to adapt this peer-led model as a practical pathway to more inclusive, effective CSWB strategies and to prioritize evaluation to document outcomes and refine implementation (Ma, 2024; Owczarzak et al., 2024).

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CONFLICT OF INTEREST DISCLOSURES
The authors have no conflicts of interest to declare.

AUTHOR AFFILIATION
*Ottawa Inner City Health, Inc., Ottawa, ON, Canada.

REFERENCES

Buxton, J. A., Daowd, K., Lock, K., Danaei, A., Burmeister, C., & PEEP. (2024). *This is PEEP: Reflections on eight years of a peer consultation and advisory group with expertise in substance use in British Columbia, Canada*. BC Centre for Disease Control.

Elkhalifa, S., Jozaghi, E., Marsh, S., Thomson, E., Gregg, D., Buxton, J., & Jolly, A. (2020). Social network support and harm reduction activities in a peer researcher-led pilot study, British Columbia, Canada. *Harm Reduction Journal, 17*(1), 57. https://doi.org/10.1186/s12954-020-00401-3

Greer, A. M., Amlani, A., Burmeister, C., Scott, A., Newman, C., Lampkin, H., Pauly, B., & Buxton, J. A. (2019). Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada. *Canadian Journal of Public Health, 110*(2), 227–235. https://doi.org/10.17269/s41997-018-0167-x

Ma, M. C. K. (2024). Peer power: How drug user groups navigate harm reduction and rebuild community norms. *Community Development Journal, 59*(4), 737–754. https://doi.org/10.1093/cdj/bsae048

Owczarzak, J., Martin, E., Weicker, N., Evans, I., Morris, M., & Sherman, S. G. (2024). A qualitative exploration of harm reduction in practice by street-based peer outreach workers. *Harm Reduction Journal, 21*, 161. https://doi.org/10.1186/s12954-024-01076-w

Vancouver Coastal Health. (2015). *Peer framework for health-focused peer positions in the Downtown Eastside*. Retrieved April 16, 2026, from https://www.vch.ca/sites/default/files/import/documents/DTES-Peer-Framework.pdf