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## YOUTH HARM REDUCTION PROGRAMS IN ONTARIO

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Summary of Report: This rapid response research was conducted for the Wellington Guelph Drug Strategy. The research seeks to answer the questions:

- (1) Can the particular character of youth programs have an impact on the success of harm reduction strategies?
- (2) How do youth shelters in Ontario manage harm reduction programs?

A review of the academic and grey literature surrounding the use of harm reduction strategies for youth reveals several tensions in implementing harm reduction practices, in particular needle exchanges, in the youth program context. Harm reduction practices are particularly contentious when developing programs for youth based on categories of vulnerability to which youth may belong, including age and homeless status. This report explores the barriers to providing needed services to youth without establishing a “culture of drug use” and the strategies for harm reduction service provision proposed or employed by shelters and programs in Ontario. Using scholarly journal article and Google searches, as well as informational interviews with youth shelters and programs operating under a harm reduction model, the report reviews the ways in which tensions surrounding youth and NEP use are managed by existing programs.



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## INTRODUCTION

### RESEARCH GOALS

(1) Can the particular character of youth programs have an impact on the success of harm reduction strategies?

(2) How do youth shelters in Ontario manage harm reduction programs?

### BACKGROUND

Harm reduction has been identified as a key strategy in drug policy in Canada, and is one of the “4 pillars” of substance use management (Wellington Guelph Drug Strategy, 2012)<sup>i</sup>. The needle exchange program (NEP) falls under the harm reduction umbrella, which recognizes that abstinence from drugs is one option among many for drug users (Poulin, 2006). NEPs provide intravenous drug users with materials to ensure safer drug use. Although needle exchanges in particular and harm reduction-oriented programming more generally are gaining popularity for adult intravenous drug using population, harm reduction based programs for youth remain somewhat contentious (Poulin, 2006).

In Ontario, several youth programs including Eva’s Satellite, Youth Link Inner City, and Breakaway Addictions Services in Toronto provide needle exchange services to youth. Following the best practices for Ontario Needle Exchange Programs established in 2006 by the Ontario Needle Exchange Coordinating Committee (ONECC), these programs and some others allow needles on site and provide an environment that supports the safer use of intravenous drugs and crack cocaine (Strike, Leonard, Milson, Anstice, Berkeley & Medd, 2006). Although some programs in Ontario provide needle exchange programs specifically for youth, there is still some controversy surrounding the expansion of youth-oriented programming to include a focus on needle exchange and safe injection (Poulin, 2006).

### A CALL FOR INCREASED DRUG SERVICES FOR HOMELESS YOUTH IN ONTARIO

Despite the hesitation of some programs to expand their drug services, the need for increased drug services for homeless youth has been well documented (Poulin 2006). Additionally, studies reveal that zero-tolerance approaches are ineffectual among youth in particular, and may serve to further alienate youth from making use of drug services (Bonomo & Bowles, 2001). There have been few evaluations of harm reduction and needle exchange programs tailored specifically toward youth (Poulin, 2006). However, there is growing evidence that traditional, non-harm reduction focused shelters and programs for youth drug users do little to reduce the incidence of drug use or associated health issues including HIV/AIDS and Hepatitis C (Bonomo



& Bowles 2001; Green, Ennett & Ringwalt 1997; Mayfield Arnold & Rotheram-Borus, 2009). In discussions prior to creating this report, several potential concerns were raised about reactions from those opposed to needle exchange for youth. Among these, concerns may include the potential for materials used for injection drugs, such as sharp needles, may be used as weapons. However, there is no support in the literature for needles being used as weapons by needle exchange program users in general (Thomson 2008). The literature suggests that other concerns have been raised about the lack of current guidelines about youth safety in needle exchange programs, and that some opponents suggest that allowing drug use will increase drug use among homeless youth who are not currently using drugs or create a drug-oriented culture among youth using general shelter/program services (Poulin 2006).

Some youth shelters and programs are adopting harm reduction policies, including the provision of clean needles, and responding to the ONECC Best Practices' suggestion of partnership development between agencies serving youth populations and NEPs (Strike et al., 2006). This report outlines the ways in which this service provision is currently being implemented in Ontario programs and shelters and outlines several considerations to be taken into account when expanding drug services for youth.

#### Key Terms:

- **Harm Reduction:** strategy for drug policy advocating an acceptance of the place at which the client finds themselves, where seeking treatment is one option among many
- **Needle Exchange Program:** program offering intravenous drug users access to materials for safer injection practices, including clean needles and other drug use supplies
- **Youth:** for the purposes of this report, youth can be broadly defined as individuals between the ages of 10-29, incorporating a wide variety of experiences and histories

## METHODS

### SOURCES

Scholarly (e.g. academic journals) and grey (e.g., Google, governmental resources, organizational websites) literature scans were performed in the preparation of this report. With the time-sensitive nature of the report in mind, this scan captured a snapshot of the relevant literature on youth and harm reduction. Additionally, phone calls were made to shelters and program for youth in Ontario who self-identified as harm reduction oriented to obtain further information on needle exchange policies. These interviews were informational in nature and thus did not require ethics clearance. Findings are presented below, including information on increasing youth IDU access and decreasing barriers to needle exchange program use, a brief overview of extending Ontario's best practices for NEPs to the youth population, and an outline



of the practices of several shelters and programs in Ontario operating under the harm reduction umbrella.

## RESULTS/FINDINGS

### DIFFICULTIES REACHING YOUTH INTRAVENOUS DRUG USERS

One of the most commonly identified tensions in the literature surrounding youth and NEPs is the difficulty reaching and extending to vulnerable youth the ability to access clean materials for using injection drugs (Strike et al., 2006). This is problematic given that youth who use intravenous drugs may be at even higher risk for contracting HIV and other blood-borne illnesses than adult intravenous drug users (IDUs) (Guydish, Brown, Edgington, Edney & Garcia, 2000). For example, as compared to adult IDUs, youth have usually been using for a shorter period of time, are more likely to exchange sex for drugs or money, and are more likely to practice more risky needle-sharing behavior as a result of knowing less about the way in which HIV is transmitted and/or about lower-risk drug use procedures (Weiker, Edgington & Kipke 1999). Moreover, youth IDUs are less likely to ever attend a NEP, and are more likely to drop out after only one visit (Khoshnood, Caplan & Heider, 1995). As a result, many harm reduction advocates have taken up the idea of tailoring NEPs more specifically toward youth in an effort to improve drug services for homeless youth who are already using intravenous drugs (Weiker, Edgington & Kipke 1999; Bonomo & Bowles, 2001).

#### *Increasing Outreach Reduces Barriers to Youth NEPs*

Youth may perceive certain barriers in accessing health services in general, including rigid program structures, fragmentation in service delivery, identification, travel distance, cultural insensitivity and discrimination (Karabanow et al., 2007). These barriers can be reduced, some studies suggest, by implementing mobile health outreach units, storefront street organizations and more holistic health services (Karabanow et al., 2007). Additionally, having programs that improve the relationships between the community in general and homeless/vulnerable youth may be an important aspect to consider in increasing success rates for youth shelters (Walsh, Shier & Graham, 2010). Particularly in small cities and rural communities, being attentive to the needs of youth can help to maintain contact with homeless youth and increasing use of youth services (Guydish et al., 2000).



## YOUTH CULTURE AND DRUG USE

Few empirical evaluations have examined the potential for youth needle exchange programs to increase drug use or create a “culture of drug use.” Because of their age and individual histories, youth may have a different perspective about both the utility and effectiveness of NEPs (Guydish et al., 2000). HIV risk behavior is believed to be lower among youth who use NEPs, echoing general population findings (Guydish et al., 2000). Introducing these programs can help to decrease the spread of blood-borne illness among IDU youth (Guydish et al., 2000), which is particularly salient given that homeless youth are at a higher risk for HIV/AIDS, particularly if they are intravenous drug users (Karabanow et al., 2007; Gwadz, Cleland et al., 2010).

A California-based study examining HIV risk among youth using three needle exchange programs designed specifically for youth revealed that NEP participation was associated with increased access to clean syringes, decreased number of needle sharing partners, and increased ownership of clean syringes (Guydish et al., 2000). As is the case with several evaluations of adult NEPs, some participants did perceive that there could be negative effects associated with implementing these programs, including beginning injecting at an earlier age, injecting drugs more frequently, or avoiding treatment for addiction (Guydish et al., 2000).

## TOWARD BEST PRACTICES FOR YOUTH NEEDLE EXCHANGE

While best practices have been established for needle exchange programs in general, there remain few guidelines specific to youth needle exchanges. Overall, the literature suggests the following considerations be taken into account in implementing needle exchange programs targeted at youth:

- Redefining outcome success to incorporate increased knowledge about safer injection practices;
- Creating programs with a strong community orientation;
- Individualizing treatment programs to meet the needs of each youth, no matter their choices about drug use;
- Establishing multi-level programming to include safer drug use as one option among many (e.g. also providing the option to pursue addiction treatment);
- Using “satellite sites” for needle exchange in programs/shelters already providing services for youth.

### *Redefining Success*

A study of Los Angeles’ Harm Reduction Central, a drop-in center offering needle exchange as well as creative arts programming, substance use counseling and case management used qualitative and quantitative data to evaluate the way in which a community-based agency’s service delivery philosophy can affect evaluation (Weiker, Edgington & Kipke,



1999). The study revealed some interesting conclusions about the relationship between youth and NEPs. In particular, this study suggested a need to redefine what is meant by “success” for youth-oriented NEPs. Following the principles of harm reduction, the authors suggest that it is important to see increased youth knowledge and skills about ways in which to prevent overdose and other health concerns associated with drug use as valuable outcomes of harm reduction based programs (Weiker, Edgington & Kipke, 1999)

### *Community Orientation*

The importance of creating programs based on community partnerships and providing multi-level services to allow youth to choose from a variety of options surrounding their drug use is stressed throughout this article and several others (Walsh, Shier & Graham, 2010).

### *Inclusion and Individualization*

Removing abstinence from drugs as a criterion for inclusion in more broad-based programming for homeless and vulnerable youth may also help to increase the appeal of these programs (Bonomo & Bowles, 2001). Programs which operate on a harm reduction basis should also provide individualized assessment, be targeted at high-risk youth who may already be drug users/aware of the community that exists, and include mental health assessments, treatment and referral if desired (Bonomo & Bowles, 2001)

### *Satellite Sites*

The use of satellite sites to reach youth has been explored as a way to improve youth safe injection skills including the use of needle exchange programs. Partnerships between needle exchanges and shelters and/or programs already providing support to youth in areas such as mental health and/or housing can be important to implementing effective youth-oriented NEPs. These “satellite sites” should follow the guidelines set out by NEPs, for example the best practices established by ONECC (Strike et al., 2006). Furthermore, these programs may be most effective if they tailor their approach to youth in particular, including peer-based programming and operating at times during which drug use tends to occur (Strike et al., 2006).

## EXAMPLES OF PROGRAMS IN ONTARIO

Although several youth shelters and programs in Ontario employ a generally harm reduction-oriented approach, relatively few offer needle exchange programs. The following details some of the existing programs, as well as the guidelines they follow for youth needle exchange.

### *Eva’s Satellite*



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Eva's Satellite is a harm-reduction-oriented shelter based in Toronto (<http://evasinitiatives.com/2011/10/04/evas-satellite/>). It offers health, wellness and stabilization support, as well as individualized plans for each individual youth client. The shelter focuses on providing an environment that is drug permissive but that also provides many other options for youth, including recreation and peer-education (<http://evasinitiatives.com/2011/10/04/evas-satellite/>).

### *YouthLink Inner City*

YouthLink Inner City is a drop-in center for youth also based in Toronto. With a mandate to provide a “safe place to land” for youth under 25, the shelter provides a needle exchange<sup>ii</sup> as well as other supports for youth ranging from physical and mental health professionals to employment skill building (<http://www.youthlink.ca/innercity.html>). Needle exchange equipment is provided on-site, and the shelter follows harm reduction principles as well as the best practices for needle exchange established by ONEC. Policies about harm reduction are distributed to drop-in employees during training. In establishing its needle exchange program, YouthLink underwent negotiations with the City of Toronto. Program evaluations are undertaken as a part of the City of Toronto's broader statistics on harm reduction, and there are no specific measures for effectiveness of YouthLink in particular. Operational for 15 years, YouthLink Inner City is slated to end service provision on March 30<sup>th</sup> of this year due to lack of funding. The City of Toronto is currently evaluating ways to take up service provision in other areas (<http://www.youthlink.ca/innercity.html>).

### *Breakaway Addictions Services*

Another Toronto-based youth service center, Breakaway Addictions Services provides a needle exchange on site and other services for youth 13-25 and their families (<http://www.breakawayyouth.org/>). Breakaway follows best practices for needle exchange, including placing all needles in correct containers, distributing up to 3 safe injection kits per client upon request<sup>iii</sup>. Information on harm reduction policies are provided on Breakaway's website, in the lobby and the waiting room and in each counselor's office. Breakaway's needle exchange has been operational for 6 years, after negotiations with the City of Toronto's public health department. Similarly to YouthLink, the program is evaluated as a part of public health. Breakaway keeps track of the needle exchange supplies they distribute, and update public health at the end of each month.

## CONCLUSIONS

### GENERAL CONCLUSIONS





→ Despite the controversial nature of harm reduction oriented programming for youth, the literature suggests that, implemented correctly, these programs can help to reduce the incidence of drug-use-related health risks faced by youth. Examples in the Ontario context, such as YouthLink Inner City, Breakaway Addictions Services and Eva's Satellite indicate the possibility of pursuing harm reduction strategies, including needle exchanges, in an environment still oriented at empowering homeless youth and providing safe drug supplies not as the only option but as one option among many.

### **LIMITATIONS OF THE REPORT**

→ Much of the literature examining the barriers between youth and NEPs focuses on youth who are already using intravenous drugs being unable or unwilling to access to NEPs, leading to worsened health outcomes. Harm reduction strategies for adolescents, it is noted, need to take into account the social context of the particular youth, including accepting that there is a relatively high rate of drug use among homeless youth (Karabanow et al., 2007). It is widely established that zero-tolerance approaches for adolescent drug use produce little to no effects on decreasing drug use (Bonomo & Bowles 2001). However, the provision of needle exchange programs must take into account several adolescent-specific provisions in order to be effective in reducing the harms associated with drug use. The findings used to support NEPs among adult IDU populations may not generalize to youth, and many service providers and policy makers wonder if the presence of youth-specific NEPs encourage more drug experimentation and/or abuse, or whether their implementation decreases desire among youth to seek alternative forms of drug management and/or treatment (Gyudish et al., 2001). This report presents the findings of a scan of the literature, and not a full literature review tapping all academic, peer-reviewed articles on this topic. Further investigation is warranted in order to verify the results against the broader academic landscape.

### **IMPLICATIONS OF THE FINDINGS**

In light of the symposium on Youth Harm Reduction being held in Guelph on May 16<sup>th</sup>, 2012, these findings may help to guide expansion of existing shelter services in the Guelph Wellington area.

### **FUTURE CONSIDERATIONS**

Qualitative and quantitative evaluation of needle exchanges geared toward youth may help to clarify the success rates of youth harm reduction policies. This should help policy makers to



ascertain with greater certainty whether these programs reduce risks for youth drug users without encouraging drug use among youth who are not already using drugs.

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<sup>i</sup> <http://wgdrugstrategy.ca/get-informed/4-pillar-drug-strategies/harm-reduction/>

<sup>ii</sup> Personal communication, program supervisor, March 5<sup>th</sup> 2012



<sup>iii</sup> Personal communication, March 6<sup>th</sup> 2012. Safe injection kits include all of the elements of an average safe injection kit, including metal vestibules (cookers), alcohol swabs, water pack, rubber ties, syringes, vitamin C and minor instructions describing how to use the equipment properly for safer injecting.