



The **Research Shop**

COMMUNITY. CAMPUS. COLLABORATION. 

## YOUTH HARM REDUCTION PROGRAMS IN ONTARIO: EXPANSION REPORT

OCTOBER 2012

Andrea LaMarre, Research Shop Intern

Citation: LaMarre, A. (2012). Youth Harm Reduction Programs in Ontario: Expansion Report. Retrieved from [www.theresearchshop.ca/resources](http://www.theresearchshop.ca/resources)

**Summary of Report:** This research was conducted for the Wellington Guelph Drug Strategy to expand upon research conducted this past spring. The previous report, “Youth Harm Reduction Programs in Ontario,” was presented at the Youth Harm Reduction Forum held in Guelph on May 16<sup>th</sup>, 2012. The report addressed the way in which shelters and programs serving marginalized youth manage harm reduction and/or needle exchange.

Building on the interest generated by the prior report, this research addresses the ways in which programs and shelters in cities closer in size to Guelph manage harm reduction and/or needle exchange programs. Further, the expansion report addresses the issue of health and safety as it relates to needle exchange and weapons. Detailing the results of informational interviews with 12 shelters and programs across Ontario as well as Google searches, the report provides a “community snapshot” of harm reduction practices in Ontario. The services offered by the various programs and shelters for youth are explored in the context of suggested best practices for harm reduction and youth services more generally identified in the literature.



### INSTITUTE for COMMUNITY ENGAGED SCHOLARSHIP

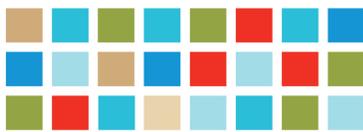
College of Social and Applied Human Sciences  
University of Guelph Guelph, Ontario Canada N1G 2W1  
phone: 519 / 824.4120 Ext. 53829 | email: [ices@uoguelph.ca](mailto:ices@uoguelph.ca)  
[www.theresearchshop.ca](http://www.theresearchshop.ca)



## TABLE OF CONTENTS

Context	3
Introduction .....	3
Methods.....	5
Results/Findings.....	6
Harm Reduction Orientation.....	7
Health and Safety Policies and Needles On-Site.....	8
Case Studies .....	9
The POSSE Project.....	9
Sudbury Action Centre for Youth and The Point Needle Exchange.....	10
Conclusion.....	10
Limitations of the Report.....	11
Acknowledgements .....	12
References .....	13



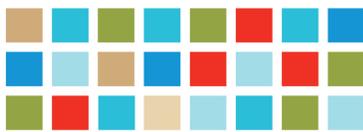


## CONTEXT

This research was conducted for the Wellington Guelph Drug Strategy to expand upon research conducted this past spring. The previous report, “Youth Harm Reduction Programs in Ontario<sup>i</sup>,” was presented at the Youth Harm Reduction Forum held in Guelph on May 16<sup>th</sup>, 2012. The report addressed the ways in which several primarily Toronto-based youth shelters and programs manage harm reduction and/or needle exchange programs. Following the presentation of this report, several community organizations serving youth with a harm-reduction orientation suggested that the research be expanded to include programs in cities more close in size to Guelph. Additionally, questions were raised about a largely unsupported concern as to whether needles could be used as weapons in a program or shelter. As harm reduction continues to be recognized as an integral pillar within drug strategies across Ontario<sup>ii</sup>, this report responds to questions identified at the forum relating to how harm reduction can be put into practice in a way that most accurately responds to the needs of youth. There have been calls for increased services in general for marginalized and/or homeless youth (Poulin 2006). Further, there is increasing recognition that traditional, zero-tolerance style interventions tend not to positively impact youth health (Bonomo & Bowles 2001; Green, Ennett & Ringwalt 1997; Williams, Chang & Addiction Centre Adolescent Research Group 2000). Given the current interest in improving services for this population, examining how organizations currently providing services to youth under a harm-reduction model manage their programs helps to reveal what is working and what gaps remain in this field.

## INTRODUCTION

Research for “Youth Harm Reduction Programs in Ontario” revealed several potential guidelines for implementing needle exchange and harm-reduction oriented programs for youth. Among these guidelines, redefining the “success” of a program is suggested. For example, increasing youth knowledge to minimize the risks of injecting, including overdose prevention training and practices to reduce the risks of blood-borne illnesses (ex. HIV/AIDS and Hepatitis C) represents a positive outcome of a needle exchange program (Weiker, Edgington & Kipke 1999). The creation of programs with a strong orientation toward the community may also be a means to strengthen youth connection to their communities, and also provides youth with an opportunity to choose from a variety of services to meet their needs and desires (Walsh, Shier & Graham 2010). Making treatment programs more client-centered and individualized, based on consultation with each youth, was also identified as an important aspect of harm reduction programs in general (Bonomo & Bowles 2001). Providing these services through a peer outreach model was seen as a way to increase effectiveness in reaching the youth intravenous drug using population (Strike et al. 2006). Establishing satellite sites to reach youth where they



are is yet another suggestion put forth in the literature as a way to increase access to services for youth using intravenous drugs (Strike et al. 2006). These findings reinforce the best practices for marginalized youth service delivery developed by the Ontario Youth Strategy Project (2008), which recommended making services:

- More client-centered and based on an inherent trust of and respect for youth seeking services
- More holistic and harm reduction-oriented
- More focused on experiential learning and skill-building
- More youth-oriented by involving youth in all aspects of programming
- More easy to navigate for youth by enhancing case management and providing more options

These emerging best practices may help to address the concerns of those opposed to implementing needle exchange programs for youth. Moreover, fears over the creation of a “culture of drug use” or needles being used as weapons may be largely unfounded, particularly if needle exchange and harm reduction-oriented programs for youth follow best practices tailored toward youth (Strike et al. 2006).

The programs and services described in this report respond to the needs of youth in various ways. It is the intent of this report to discuss:

- How programs and services operating in cities of a similar size to Guelph manage harm reduction for youth
- Whether needles are described as weapons in youth shelter/program policies, and whether the shelters/programs interviewed have experienced incidents of needles being used as weapons

The report is not intended as a judgment or assessment of the effectiveness of these services, but rather a description of what is currently being done in the realm of youth harm reduction in Ontario.

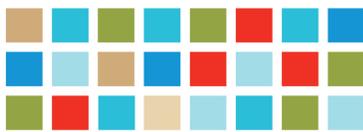


## METHODS

As this research stems from interest of several youth-serving organizations, the first few interviews were with programs and shelters that had indicated interest in taking part in the expanded research. Initially, the focus of the research was on shelters and programs in the Guelph area, including Kitchener, Georgetown, Acton, and Milton. After speaking with the first few shelters, it became clear that expanding the area of focus would be necessary in order to generate enough data to create a more comprehensive picture of services and harm reduction practices. To determine additional shelters and programs to contact for this report, a basic Google search was performed, using the search terms “youth,” “harm reduction,” and “shelters.” Interviews were informational in nature, and so did not require ethics clearance. The interviewees were informed of the purpose of the research: to expand knowledge about what is currently being done with respect to youth harm reduction and needle exchange. Further, interviewees were told that the information in this report may be shared in a semi-public forum, and that there was no guarantee of anonymity or confidentiality of information. As such, representatives from shelters and programs involved in this research were free to answer or not answer whichever questions they felt were appropriate or inappropriate. Initial emails were sent to organizations identified in the Google search as potential participants, informing them about the nature of the research and requesting their involvement.

Follow up interviews took place over the telephone, and took an average of 15 minutes each. One interview took place in person, and one potential interview ended at the email stage, with organizations consenting to be included as respondents but not feeling that a full phone interview was necessary in order to explain their services. In total, 11 organizations took part in the research. Once the interviews were complete, data was put into a basic Excel spreadsheet detailing each shelter or program’s policies, as well as their answers to the interview questions. The total number of shelters/programs answering yes, no, or neither yes nor no was calculated to establish the percentages of respondents in each category.

Information about services offered at shelters was obtained both from the interviews and from public information available on the organizations’ websites, and is included in order to describe the state of services in general offered at these highly diverse organizations. The previous report and the literature considered therein was also consulted in writing this report, and a brief scan of the literature was performed using scholarly and Google searches in order to determine whether additional useful resources had been published since the previous report.



## RESULTS/FINDINGS

### SERVICES OFFERED AT RESPONDENT ORGANIZATIONS

The respondents represented a highly diverse pool of youth-serving organizations. Among them, seven provide shelter for marginalized youth. The four other programs comprise peer outreach services, addictions counseling services, and drop-in services. With this diversity in mind, the following broadly details some of the key services offered by respondent organizations<sup>iii</sup> (see also Figure 1):

- All of the programs and services collaborate in some capacity with other community organizations, whether this be a formalized funding arrangement, providing youth with relevant referral information, or other forms of collaboration
- 82% provide meals of some kind (varying from one meal to all meals per day)
- 64% provide education support services, often offering tutor or teacher services, or advising youth about their options for finishing high school or obtaining a GED
- 55% provide drop-in services for youth, whether these be daytime, evening, or overnight services
- 55% offer recreation services for clients, including art and sport activities
- 46% provide employment services of some kind, with common services including access to Internet and hard-copy classified ads, as well as employment and resume counseling in some cases
- 36% identified providing aftercare once youth are no longer clients
- 27% have peer-led initiatives among their programs and services, including peer mentorship and peer outreach services
- 18% identified employing on-site medical professionals, primarily registered nurses and/or foot specialists

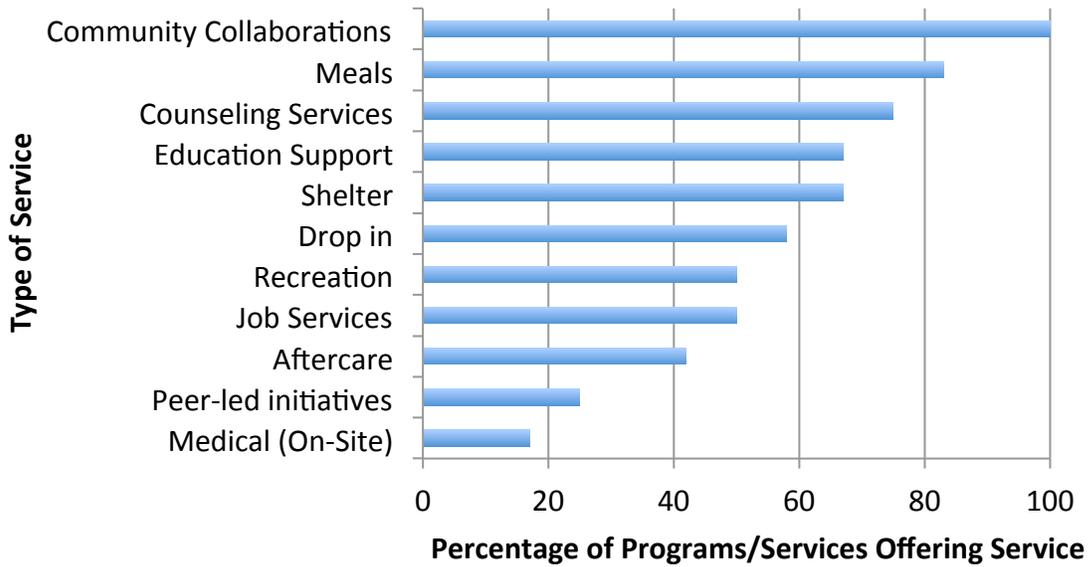
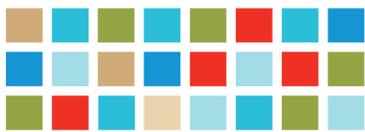
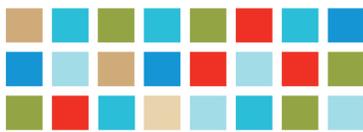


Figure 1. Key services offered by respondent organizations (n=11).

### HARM REDUCTION ORIENTATION

Of the shelters and programs interviewed, 64% self-identified as harm reduction oriented. Among those shelters and programs who did not explicitly describe themselves as harm reduction-oriented, several identified a desire to become more harm reduction-oriented. Respondents identified that taking this step toward increasing harm reduction programming was largely dependent on community reception and negotiations with collaborating organizations. Harm reduction was often described as a desirable and realistic approach for youth, and several of these shelters/programs are currently in the process of determining their next steps in implementing a more harm reduction-oriented approach.



## NEEDLE EXCHANGE PROGRAMS FOR YOUTH

Among those shelters and programs that identified having a harm reduction approach within their programming, 27% provide needle exchange services for youth. Another 36% refer out for needle exchange, often to collaborating agencies and/or outreach vans that serve the general intravenous drug-using population. For those programs and services offering needle exchange, staff and clients are both made aware of the proper handling of needles and made aware of the particular organization's policies for needle exchange. Further, information about harm reduction practices for intravenous drug users is often included in needle exchange kits. Though the programs and shelters offering needle exchange vary in their policies, all provide sharps containers and ask clients to dispose of used equipment in the proper containers rather than having staff handle used needles, in accordance with Ontario's best practices on needle exchange (Strike et al. 2006). Additionally, 73% of all respondents (including those not providing needle exchange services) provide sharps containers on site, in recognition of the potential of needle use among clients.

## HEALTH AND SAFETY POLICIES AND NEEDLES ON-SITE

As identified above, not all organizations interviewed provide needle exchange or sharps containers on-site. Among shelters/programs interviewed, only 46% allow needles on site. While none of the respondents list needles among the list of "weapons" in their health and safety policies, several organizations confiscate needles from clients upon entering the shelter/program. In these cases, needles are confiscated along because they represent drug paraphernalia, rather than due to their potential to be used as a weapon. None of the representatives from the respondent organizations had heard of incidents at their shelters or programs whereby needles had been used as weapons. This finding supports the idea that incidents of needle sticks/needles being used as weapons are rare among populations who use needle exchange programs (Thomson 2008).

Overall, health and safety policies relating to weapons for youth involved in the shelters and programs interviewed varied from specific, procedure-based policies (for instance, searches upon entry, random bed/belonging/person searches) to no specific policies. In some cases, policies were derived in consultation with the youth themselves in order to create an experience of mutual safety between youth and staff.



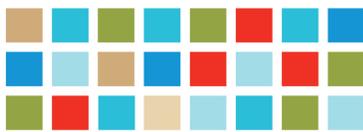
## CASE STUDIES

As previously mentioned, the sample organizations included in this research represent a highly diverse range of services for youth, with several of the organizations offering innovative harm reduction approaches and services for youth. The following case studies provide concrete examples of different forms that services in general and the harm reduction model more specifically can take for the youth population.

### THE POSSE PROJECT<sup>iv</sup>

The POSSE (Peer Outreach Support Services and Education) Project is a youth-driven organization aimed at promoting harm reduction and human rights among youth through an outreach-based program in Georgetown, Acton and Milton. The project began in 2002 in response to the realization by Halton's Sexual Health and Needle Exchange Program that they were not connecting with youth. At that time, a youth outreach worker was hired to develop the North Halton Youth Hepatitis C Prevention Project, a one-year project raising awareness about the role of harm reduction in reducing the spread of blood borne illnesses such as Hepatitis C. Following the one-year pilot, youth were consulted to determine the future direction of the project, and shared their desire to themselves become harm reduction outreach workers. The youth involved receive training on harm reduction, sexual health, homophobia, sexual health, racism, sexism, sexual assault and other related issues, and on how to conduct street-level outreach for youth. Youth are made familiar with community services and resources through discussion-based training sessions led by representatives from local social service agencies.

Currently, youth involved in the POSSE project provide outreach to their peers in order to "meet youth where they are." This approach represents one way to break down barriers to marginalized youth service usage, by engaging peers as relatable outreach workers (Weiker, Edgington & Kipke 1999) in providing street-level services (Karabanow et al. 2007). Outreach is provided from June through September, and the office is open and drop-offs are provided year round. The youth involved in POSSE are involved in all aspects of program development, decision-making, and service delivery. Work with POSSE is generally on a volunteer basis, but two youth in each community also receive honorariums for their participation in POSSE work relating to training and outreach. The program is a "satellite" style model, corresponding to Ontario's needle exchange best practices, which suggest tailoring needle exchange to specific sub-population needs and matching service models to environments. In this case, POSSE serves a number of municipalities, making its mobile character a key program element that provides peer outreach to youth in particular (Strike et al. 2006).



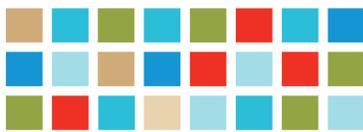
In addition to the needle exchange program, the POSSE project provides a variety of harm reduction kits to youth using their services. These include safer marijuana, crack, cocaine, meth, IV drug and piercing kits, as well as condoms. Street outreach is provided three nights per week, year round, with one night each spent in Georgetown, Milton and Acton. An additional outreach evening is also offered in Milton on varying evenings. The project has also published a “Guide to Growing POSSE” available on their website aimed at guiding those interested in beginning similar initiatives ([www.posseproject.ca/index.php/peer-outreach/a-guide-to-growing-posse/](http://www.posseproject.ca/index.php/peer-outreach/a-guide-to-growing-posse/)).

### **SUDBURY ACTION CENTRE FOR YOUTH AND THE POINT NEEDLE EXCHANGE<sup>v</sup>**

The Sudbury Action Centre for Youth (SACY) is an example of a multi-component, harm reduction-oriented organization for marginalized youth. The Action Centre provides a variety of services to its clients (youth 16-24), which include housing support, peer mentorship, youth workers and community referrals, a drop-in centre providing meals, recreational activities, and educational support by a teacher. Additionally, SACY is affiliated with The Point needle exchange, who provide needle exchange programming, as well as drop in services including free condoms, health information, referrals, counseling and support. The harm reduction program also includes an outreach intravenous drug use service, providing information and support, transportation, counseling, community presentations and safe disposal of needles in the community. These harm reduction services are not specifically youth oriented, but are linked to SACY, thus providing a point of entry for youth intravenous drug users and enabling these youth to choose among options in their community, recognizing that individual youth will have different needs (Walsh, Shier & Graham 2010).

## **CONCLUSION**

As illustrated by the case studies above and the general findings about service provision and harm reduction orientation among shelters and programs in Ontario, there are many areas in which services currently provided fit with suggested best practices for serving marginalized youth. The shelters and programs involved in this research offer a diverse array of youth-oriented programming, much of which is experience and/or skill building focused, holistic, and harm reduction oriented, in accordance with suggestions put forth by Ontario’s Youth Strategy (2008). An increasing understanding on the part of shelters and programs involved about the realistic nature of the harm reduction approach may result in changes to the services offered by these organizations in the coming years.

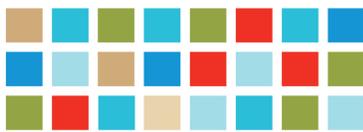


With respect to needle exchange services for youth, the majority of shelters and programs for youth continue to refer out to collaborative agencies for needle exchange, rather than offering these services on site. Nevertheless, this collaborative approach helps to direct the youth intravenous drug using population toward services they may feel uncomfortable accessing on their own (Karabanow et al. 2007) that in turn provide services that reduces the risk of contracting HIV/AIDS, Hepatitis C, and other blood borne illness (Guydish et al. 2000). Regardless of harm reduction orientation and needle exchange provision, none of the shelters and programs interviewed identified needles as explicitly belonging to the list of weapons in their health and safety policies. If needles are confiscated upon entry to the shelter/program, this is due to their status as “drug paraphernalia,” rather than their potential to be used as a weapon.

Corresponding to suggestions from research for the prior report on the subject of youth harm reduction, the respondents for this report are strongly community-oriented, offer in large part services that are client-centric and individualized, and are multi-level, offering a variety of choices to youth. Additionally, certain shelters and programs use an outreach approach and many identify as aiming to “meet you where they are at,” indicating a commitment to harm reduction-oriented practices.

## LIMITATIONS OF THE REPORT

Many of the limitations from the prior report, Youth Harm Reduction Programs in Ontario, hold true for this report. This research presents results from a preliminary scan of the literature, rather than a systematic review of all of the academic articles about youth, harm reduction, and needle exchange. Thus, the findings warrant contextualization against the broader academic literature. Further, developing best practices for youth harm reduction and youth needle exchange may be premature, as the issue of implementing youth needle exchange remains quite controversial (Poulin 2006). Studies detailing the effects of needle exchange for youth remain few and far between, and if they exist tend to draw from contexts outside of Canada. Any best practices suggested herein draw influence from more general recommendations for service provision for marginalized youth in general, and thus further investigation of the effects of implementing such practices is desirable. Nonetheless, it is hoped that by detailing the current practices of shelters and programs in Ontario reveals areas for inspiration and evolution in the area of harm reduction for youth.



## ACKNOWLEDGEMENTS

I am extremely grateful to the following organizations who took part in this research as respondents and without whose valuable time and insights this research would not have been possible:

The POSSE Project- Halton (<http://www.posseproject.ca/>)

ROOF- Kitchener (<http://www.roof-agency.net/>)

Wyndham House- Guelph (<http://www.wyndhamhouse.org/>)

Bridging the Gap- Halton (<http://www.bridgingthegaphalton.ca/>)

Youth Haven- Barrie (<http://www.youthhavenbarrie.com/>)

WAYS- Chatham-Kent (<http://www.ways.on.ca/>)

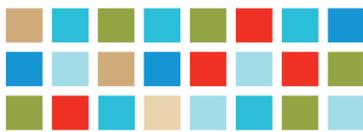
Kingston Youth Shelter (<http://www.kingstonyouthshelter.com/>)

The Point Needle Exchange/Sudbury Youth Action Centre (<http://www.sacy.ca/>)

York Region Addiction Services (<http://www.asyr.ca/>)

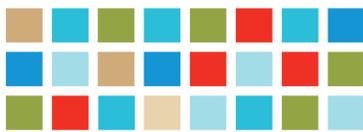
Our Place Youth- Guelph (<http://www.40bakerstreet.org/ourplace.html>)

The Refuge (<http://www.refugeoutreach.com/>)



## REFERENCES

1. Bonomo, Ya & Bowles, G. (2001). Putting harm reduction into an adolescent context. *Journal of Paediatric Child Health*, 37, 5-8.
2. Greene, Jody M., Ennett, Susan T. & Ringwalt, Christopher L. (1997). Substance use among runaway and homeless youth in three national samples. *American Journal of Public Health*, 87(2), 229-235.
3. Guydish, Joseph, Brown, Clare, Edgington, Renee, Edney, Heather & Garcia, Delia. (2000). What are the impacts of needle exchange on young injectors? *AIDS and Behaviour*, 4(2), 137-146.
4. Karabanow, Jeff, Hopkins, Sharon, Kisely, Steve, Parker, Joanne, Hughes, Jean, Gahagan, Jacqueline, and Campbell, Leslie Anne. (2007). Can you be healthy on the street? Exploring the health experiences of Halifax street youth. *Canadian Journal of Urban Research*, 16(1).
5. Ontario Youth Strategy Project. (2008). Best practices in treating youth with substance use problems: a workbook for organizations that serve youth.
6. Poulin, Christiane. (2006). Harm reduction policies and programs for youth. Harm Reduction for Special Populations in Canada: Canadian Centre on Substance Abuse, 1-16.
7. Strike, Carol, Leonard, Lynne, Millson, Margaret, Anstice, Susan, Berkeley, Natasha & Medd, Emily. (2006). Ontario needle exchange programs: best practice recommendations. *Health Canada*, 1-260.
8. Walsh, Christine A., Shier, Micheal L. & Graham, John R. (2010). Local community engagement: implications for youth shelter and support services. *Canadian Journal of Urban Research*, 19(2), 46-61.
9. Weiker, Rebecca L., Edgington, Renee & Kipke, Michele. (1999). A collaborative evaluation of a needle exchange program for youth. *Health Education and Behaviour*, 26(2), 213-224.



10. Wellington Guelph Drug Strategy. (2012). "4 Pillar Drug Strategies: Harm Reduction."  
<http://wgdrugstrategy.ca/get-informed/4-pillar-drug-strategies/harm-reduction/>
  
11. Williams, Robert J., Chang, Samuel Y., and Addiction Centre Adolescent Research Group, Foothills Medical Centre, Calgary, Alberta, Canada. (2000). A comprehensive and comparative review of adolescent substance abuse treatment outcome. *American Psychological Association*, D12.

---

<sup>i</sup> Citation: LaMarre, A. (2012). Youth Harm Reduction Programs in Ontario. Retrieved from [www.theresearchshop.ca/resources](http://www.theresearchshop.ca/resources)

<sup>ii</sup> Including the Wellington-Guelph Drug Strategy (<http://wgdrugstrategy.ca/get-informed/4-pillar-drug-strategies/harm-reduction/>)

<sup>iii</sup> Obtained from interviews and from respondent organization websites (see respondent list for web addresses)

<sup>iv</sup> <http://www.posseproject.ca/>

<sup>v</sup> <http://www.sacy.ca/>