The Accessibility of Harm Reduction Services for Street Involved Youth in Victoria B.C.

Participant Demographics

- **Age**: 17 (59%) UNDER 19, 7 (25%) 19-24, 3 (10%) 25-
- **Gender**: MALE (25%), FEMALE (43.8%), TRANSGENDER OR NON-BINARY (31.2%), HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%)
- **Sexuality**: HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%), HETEROSEXUAL (43.7%)

First Nations (Tseycum, Tsartlip, Tsawout, Cree, Stł’atl’imx, Ahousaht, or unknown)
Métis (communities of origin unknown)

Housing

There was greater variability in the reported housing arrangements for Indigenous youth in comparison with non-Indigenous youth, and higher risk responses such as camping, sleeping rough, and sleeping in a car were only reported by Indigenous youth.

First Nations and Métis Youth’s Housing Situation in the Past Year (n = 12)
Non-Indigenous Youth’s Housing Situation in the Past Year (n = 4)
Harm Reduction Service Access

All 16 participants had personal experience with harm reduction services, although 6 were unfamiliar with the term.

- Several youth did not feel the need to access adult-centered harm reduction services, because the youth services available to them had been enough or were closer by.
- On the other hand, some participants reported only accessing adult-centered harm reduction services, because they were unaware of the youth centered services available locally.

Nearly half of youth shared that they found the experience of accessing HR services to be uncomfortable or awkward (43.8%).

Half of participants reported having failed to receive support at some point when attempting to access HR services (50%).

Reasons for failing to receive support included:
- Being ineligible for the services offered (e.g. safer use supplies being available to residents only)
- The organization’s hours
- The organization having run out of the supplies they were seeking
- Having behaved violently towards staff in the past.

1 youth shared that they had been kicked out or banned from multiple local HR organizations after having behaved violently towards staff.

Service providers should ensure to communicate timelines for reconnection with youth so that they are aware of when and under what circumstances they can return, as opposed to permanent severing of the relationship.

Organizations Most Accessed:
- YT5 (Youth Tier 5) Mobile Intensive Case Management Team
- The Lighthouse
- SOLID Outreach Society
- AVI Health and Community Services
- Foundry Victoria Youth Clinic

Most Helpful HR Organizations:
- YT5 (Youth Tier 5) Mobile Intensive Case Management Team
- AVI Health and Community Services
- Foundry Victoria Youth Clinic
### Types of Harm Reduction Services

<table>
<thead>
<tr>
<th>Number</th>
<th>Service Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Supplies</td>
<td>Many youth reported being unable to access harm reduction supplies due to services having an unreliable stock of supplies, or because supplies were reserved for residents.</td>
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<td></td>
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<td>&quot;They said that I can’t get harm reduction supplies because I don’t live there. And it was late at night so I was like bro...where am I supposed to go now to get harm reduction supplies?&quot;</td>
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<td>02</td>
<td>Safe Injection and Inhalation Sites</td>
<td>Participants also expressed that there is a need for injection and inhalation sites to be made more accessible to youth.</td>
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<td>&quot;Cause I know a lot of people who aren’t 19 who are having to like inject on their own because they don’t...they can’t access that [safe injection site].&quot;</td>
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<td>03</td>
<td>Nurses and Clinics</td>
<td>Youth shared that having nurses come to locations they spend time at such as drop-in centres, was appreciated. Some youth suggested that having pop-up clinics for youth who use substances would be helpful, particularly in municipalities where there aren’t as many HR services available as downtown.</td>
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<tr>
<td>04</td>
<td>Outreach</td>
<td>Youth reported finding outreach services very supportive. Participants expressed that it would be helpful if HR organizations increased the number of people working in this role.</td>
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<td>05</td>
<td>Drug Substitution and Safe Supply</td>
<td>Youth expressed that accessing safe supply should be easier for those using street-level substances. They wished service providers helped more youth transition preventatively.</td>
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<td>&quot;Cause for me, I only was able to get on it cause I started selling myself. And before that, when I asked for it, and I know lots of people who...have begged and haven’t been able to get it and have ended up doing the same thing I was doing.”</td>
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<td>06</td>
<td>Counselling</td>
<td>Youth expressed a desire for more counsellors to be made available at HR organizations. Youth also shared that having substance use counsellors in schools would be an important avenue for HR, as this could help youth who use substances to feel more supported and have the resources they need to remain in school.</td>
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Participants expressed that being able to contact HR service providers was important, however many youth shared that they and their peers had inconsistent access to phones, which acted as a barrier to timely service access.

Youth generally expressed that HR services should be available later into the night, more days of the week, or even 24/7.

Participants widely expressed that the HR services they preferred were near places they already spent their time, however it is important to note that the locations youth gather shift over time.

HR organizations should be responsive and adjust their services accordingly, by either changing locations or engaging in more outreach.

Some youth did not have much knowledge of the HR services available to them, and offered suggestions for increasing awareness of services such as putting up posters in drop-in centres.

Some youth shared that they only find out about HR services through word of mouth, which is not an adequate means of relaying information as this puts less socially embedded youth at increased risk.

Participants reported that their currently preferred HR services were relaxed, comfortable, and friendly environments.

Having a designated place to hang out and relax was seen as valuable, particularly for those feeling sick from their substance use or withdrawal symptoms.

"Yeah, like a comfortable spot. Like I remember I would rely on this place a lot when I felt really sick. I come here at like 2am, like 3am or 4am. I literally sit here in silence."

One youth shared they were unable to find adequate places to go at night when feeling sick from withdrawal symptoms, so they would sit outside one of the youth services even though it was closed and no staff were present. Youth should have safer options than this available to them.
A number of Indigenous youth expressed that the organizations they currently access for HR services did not provide any cultural supports, such as having Elders onsite or providing access to traditional ceremonies, medicines, or other ways of healing.

Youth shared that it would be helpful to have a separate room at HR organizations for cultural support provision, so that it is available to Indigenous youth who are interested, but not provided to everyone in the space.

The majority of Indigenous youth who participated in the study shared that integrating cultural support into HR service provision was important to them.

Two Indigenous youth explicitly stated they did not see a need for cultural support because they wanted all people to be treated the same way, or because they were unfamiliar.

Most sexual and gender minority youth who were interviewed expressed that they had not experienced discrimination based on their sexual or gender identity when accessing HR services. Many shared that they felt local service providers were very open and accepting.

Discrimination was sometimes experienced from others utilizing the services, but not from staff.

HR organizations should ensure they are fostering an environment where these youth can feel safe, so that they are not dissuaded from accessing their services and forced to resort to less safe alternatives.

Abusive behaviour towards any 2SLGBTQIA+ youth by staff or others accessing the service should not be tolerated, and these expectations should be made clear to all.
**Age**

HR services’ age restrictions were very salient to participants:

Most youth indicated they had not been turned away from or denied services from an HR organization because they were too young. However, a few had this experience, at times with dire consequences such as using alone and overdosing.

“Yeah and then this one motherfucker...kicks me out [of a safe injection site] and he’s like “No can’t be in here, you’re too young”. Ummm like...would you rather me go overdose in an alley by myself? And then I overdosed in an alley by myself.”

- Participants suggested that having youth-specific services where they are not exposed to adults was extremely important for safety and accessibility.
- However, flexibility of age cut-offs at adult HR services was also seen as essential, to ensure youth are never left having to use alone or with old supplies at any time.

**Staff**

Age of Staff

- Youth shared that they felt most comfortable interacting with younger staff, as they anticipated older staff would judge them or lecture them about their substance use.
- When staff were older, youth shared that their comfort engaging with them increased if they knew the staff member had lived experience of substance use and street involvement, or if they were a parent.

Relationships to Staff

- Positive relationships with staff were often described by youth as a primary reason they sought out certain HR services, whereas negative experiences with staff were a strong deterrent.
- Youth referred to certain organizations as a ‘second home’ or ‘second family’ and described attachment relationships to HR organizations and staff.

Staff as a Barrier to Harm Reduction Support

- Some youth shared that they based their decision about attending HR services on who is working that day
- Participants also expressed that at times staff withheld supplies out of fear for their safety (eg. due to their age or recent overdose experiences). The youth recognized why staff made these decisions, but expressed that these circumstances left them having to seek out other, less safe options instead.

Importance of Relational and In-and-Out Harm Reduction Services

- Despite this emphasis on the importance of staff relationships, a number of youth also expressed a need for low threshold, in-and-out options where they could simply access HR supplies and then leave. Both were seen as valuable.
Sense of Ownership & Belonging in HR Spaces

- Youth referred to HR organizations as a kind of second home or family, and a place they could gather together to be safe.
- Youth shared that HR services were often the only place they could congregate for long periods without being harassed by law enforcement or told to leave.

  “Especially when I was alone, right? It was just...you go into a place and there’s a bunch of people there and it’s just like...you feel safer and like also you end up making friends talking to people and shit like that.”

- One youth described that after leaving a substance-use treatment program, they felt extremely ‘attached’ to treatment, but that this ‘attachment’ relationship transferred onto an HR organization after they finished their program.

Stigma

- Some participants used stigmatizing language (‘crackhead’, ‘kook’) when referring to people who use substances; particularly older adults who may outwardly demonstrate more of the negative physical and psychological impacts of substance use.

  “Yeah separate, right? Cause I don’t want to go to somewhere where there’s a 52 year old guy sitting there and I’m just like ‘What the fuck am I doing here?’...It’s just like ‘What are you doing here? What am I doing here?’”

- Participants seemed to experience internalized stigma regarding their own substance use, while attempting to distance themselves from older individuals who use substances and some organizations they frequent, as a means of protecting their self-concept.

- Service providers should maintain an awareness of whether youth perceive their organization positively, or whether they see attendance as a threat to their self-concept and identity, as these perceptions could be acting as powerful barriers to rates of access.

Other Youth as Harm Reduction

- Many participants expressed that when they did not access formal HR services, they took things into their own hands by turning to other youth.
- Youth who felt uncomfortable or shy interacting with service providers either had friends acquire supplies on their behalf, or went in groups to reduce feelings of anxiety.

  Participants expressed that they often turned to youth who had better access to supplies than them, such as those living in supportive housing settings which distribute HR supplies.

  Although the funding HR organizations receive for supplies is often based on the number of individuals they make contact with, that number may not be accurate if youth are indirectly accessing supplies through their peers.

- Service providers should directly ask youth which supplies they require for themselves, as well as whether they have any friends waiting outside or at another location who need supplies.
- HR organizations should be especially attuned to the needs of youth who are not as socially connected, as they may not be able to turn to peers for supplemental HR support.
Reflections about Substance Use Initiation

During their interviews, several youth disclosed the reasons they believe they began using ‘hard’ drugs. This question was never explicitly asked, however a number of youth felt comfortable enough to engage in this reflection.

Reasons youth brought forward included being kicked out of the house, lack of parental support after coming out as part of the 2SLGBTQIA+ community, or an inability to access marijuana.

Having this interview time specifically set aside may have led youth to reflect about their substance use initiation for the first time. Alternatively, they may regularly ponder this subject but not have avenues to openly share these thoughts.

Youths’ earlier suggestions of increasing access to substance use counsellors may be an avenue for increasing these valuable opportunities for reflection.

Pathways Forward

These semi-structured interviews prompted discussions with youth about their identity, as well as their substance use initiation and the circumstances that led them to need access to HR services or supplies in the first place.

These conversations went much deeper than the types or qualities of services and services providers that youth need, and provided an opportunity for self-reflection and disclosure about who they are and how they got to where they are in their lives.

Further investigation into youths’ relationship to staff at HR organizations is warranted. Participants’ responses suggested that HR organizations may currently be fulfilling their community, safety, and belonging needs which could further complicate the process of exiting street-life, as leaving may necessitate severing those relationships.

Interviewing street-involved adults who use substances to discuss their attitudes towards youth accessing the same HR services as them could also be a valuable direction forward before implementing any changes regarding age restriction protocols.

Future research could also more deeply explore youths’ practice of relying on one another as a form of HR.

Also needed is more information about engaging specifically with less socially connected youth to learn about their HR experiences and what strategies they use to keep themselves safe.

HR organizations and staff who are currently working with youth on the ground are uniquely positioned to make use of this feedback to improve the HR services meant to keep youth safe.

It is imperative that youths’ experiences and reasons for accessing or avoiding certain services are taken seriously, as they are the ones making decisions about whether to attempt to access HR services or engage in higher risk substance use behaviours instead.

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