The Accessibility of Harm Reduction Services for

Street Involved Youth in Victoria B.C.

by

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Introduction

Harm reduction (HR) services aim to decrease substance use related harms such as overdose and infectious disease transmission, rather than insisting upon abstinence (Pauly et al., 2013). This approach has become increasingly prevalent in recent years, as communities work to tackle the toxic drug crisis (Bozinoff et al., 2017). The B.C. Coroner's service found that the greatest number of overdose deaths are occurring in the province's most populated cities, with Victoria B.C. having had the highest number of deaths both in 2021 and 2022 thus far (British Columbia Coroners Service, 2022). The Greater Victoria Coalition to End Homelessness found that experiencing street-involvement increases youths' risk of substance use, as substances are often used as a means of coping with adverse experiences (Fiorentino et al., 2020). Among the 84 street involved youth surveyed in the 2020 Point in Time Count, 71% shared that they were navigating substance use challenges (Fiorentino et al., 2020). Street involved youth have been found to have a risk of mortality 8 to 11 times higher than their same aged peers (Krüsi et al., 2010). During the month of February 2022 alone, six youth in B.C. under the age of 18 lost their lives to fatal overdose (British Columbia Coroners Service, 2022).

While this study awaited Ethics approval, three youth connected to Sanctuary Youth Centre, the drop-in centre for street involved youth from which youth were recruited for this study, died of fatal overdose within a two-week time period. One youth who participated in the current study was lost to a fatal overdose between the time of their interview and dissemination of the project's results. The toxic drug crisis has only continued to escalate in recent years, with an increasingly toxic drug supply that puts youths' lives at risk every single day. As a severe public health concern, it is imperative to continue gathering data as the toxic drug crisis evolves.
so that services are not lagging behind the needs and lived realities of those they are intending to serve and keep safe.

**The Harm Reduction (HR) Approach**

HR services, including supervised consumption sites and safer use supply distribution (syringes, pipes, etc.), were originally spearheaded by drug-user activists, as a means of protecting one another from substance use related harms. As the toxic drug crisis becomes increasingly recognized as a public health concern, these services are now administered in a 'provider–client' context, with services run by working professionals such as nurses and outreach workers (Kerr et al., 2006). The aim of such services is to provide people who use substances with knowledge and supplies to protect themselves and those around them from high-risk situations and detrimental health outcomes as they navigate their substance use (Paterson & Panessa, 2008). Interventions such as Naloxone kits and safer use supply distribution (syringes, pipes, etc.) have proven to be evidence-based and effective approaches to minimizing substance use related harms (Marshall et al., 2016).

However, studies have indicated that HR services are underutilized by or inaccessible to youth in comparison with adults, as exhibited by the fact that youth who use substances do not access HR services at the same rates as adult populations (Goldman-Hasbun et al., 2017; Marshall et al., 2016; Phillips et al., 2015). In Vancouver B.C., HR services are widely available within the downtown area and have contributed to significant declines in drug-use equipment sharing (such as needles and pipes) and disease transmission amongst adults (Phillips et al., 2015). However, young peoples' utilization of these services has been low, leaving them at greater risk of substance use related harms such as disease transmission and overdose (Marshall et al., 2016). In Victoria B.C., HR supplies have increasingly been made available to youth
through local youth clinics, outreach workers and nurses, and other HR oriented organizations. Some of these services are directed specifically at youth, some are adult-centered services that also allow youth access, and some adult-centered services operate on a case-by-case basis (depending on youths' substance use history, etc.; British Columbia Centre on Substance Use, 2017). Youth also continue to use alone or with one another and to re-use old supplies, indicating they are at times unable or unwilling to utilize currently available HR services. Amongst street involved youth, Phillips and colleagues (2015) found a significant positive association between high intensity substance use and drug-use supply sharing. They suggested this may reflect the fact that currently available HR services are inadequately tailored to the needs of street involved youth, and argued for a need for further research (Phillips et al., 2015). These low rates of service access can compound the vulnerability of street involved youth, who are a population already facing high levels of risk (Phillips et al., 2015).

**Are Harm Reduction Services Meeting Street Involved Youths' Needs?**

Research has indicated that currently available HR services may not be meeting the needs of high-risk youth such as street involved youth due to the complex circumstances and unique barriers faced by this population (Phillips et al., 2015). A study by Brands and colleagues (2005) found that 34% of surveyed street involved youth had attempted to access substance use services but failed to receive them due to barriers such as programs' age restrictions, the influence of peers, and fear of being stereotyped. Discrepancies have been noted between the amount of knowledge street involved youth have about HR services, such as take-home Naloxone kits, and their uptake or utilization of available services (Goldman-Hasbun et al., 2017). In a study by Goldman-Hasbun and colleagues (2017), researchers found that while 71.2% of surveyed street involved youth knew about take-home Naloxone kits, only 22.6% possessed one. They suggested
that further research was needed to elucidate the reasons youth are not taking advantage of available HR services such as take-home Naloxone kits, and what barriers other than knowledge may be preventing them from doing so (Goldman-Hasbun et al., 2017). One study by Krüsi and colleagues (2010) found that youth avoided adult-centered homeless shelters, which often house harm-reduction services, as they saw themselves as different or separate from more deeply street-entrenched adults. This avoidance of adult services due to identity-based motivations is worthy of further investigation.

Providing HR supplies and services to youth can also lead to discomfort amongst staff and other community stakeholders, due to a desire to protect young people from street level drugs in general, as well as developmental concerns and disagreement regarding youths' abilities to make informed decisions about their substance use and health (Watson et al., 2015). Staff must balance ethical concerns such as contacting youths' parents or guardians or local authorities, with aiming not to deter youth from returning to seek their services out of fear of being reported (Watson et al., 2015). We recognize that staff are trying their best to provide youth with effective services that reduce their risk of substance use related harms, while not inadvertently worsening other outcomes or leading them into deeper street involvement. This report is written with the intention of providing further information about youths' perceptions of and experiences with HR services, with the recognition that there are rarely easy answers or solutions that will meet everyone's needs and priorities, as well as the recognition that staff are currently working hard under stressful conditions with limited funding.

It is imperative that HR services take the needs of people of diverse ages and cultures into account in order to avoid marginalizing people who may need their support (Pauly et al., 2013). The location of HR services has been found to be extremely important to youth, and greatly
influences their utilization and perceptions of services (Bozinoff et al., 2017; Kozloff et al., 2013). Generally, youth prefer to have integrated services in one easily accessible location (Kozloff et al., 2013). On the other hand, there may be good reasons to host some services separately. For example, some argue that abstinence-based services and HR services should be held separately in order to avoid triggering youth who are aiming to exit street life and substance use (Kozloff et al., 2013). Street involved youth who use substances have also been found to avoid organizations which maintain strict rules (no swearing, lack of privacy, excessive monitoring, etc.) as these can be reminiscent of past institutional experiences such as correctional facilities, hospitals or government care (Krüsi et al., 2010). Many youth feel that these inconveniences or infractions upon their autonomy outweigh the safety or health benefits they receive (Krüsi et al., 2010).

**Research Approach When Working with Street Involved Youth**

There has been a call for further research to elucidate the factors keeping street involved youth from accessing HR services (Goldman-Hasbun et al., 2017; Phillips et al., 2015). Understanding and dismantling the barriers that keep youth from accessing services is integral to equitable service provision, and to ensuring youths' lives do not continue to be lost to tragedies such as overdose, which HR services have the tools to prevent (Bozinoff et al., 2017). The Representative for Children and Youth (RCY)'s 2018 report “Time to Listen: Youth Voices on Substance Use” includes the following passage, which explicitly states the need for the current study:

“Given the challenges youth reported in accessing these services and supports, further information is needed to better understand the extent of harm reduction services available to youth and the challenges youth experienced accessing them” (p. 20).
Often, due to power dynamics built into the research framework, people experiencing street-involvement are treated as ‘objects’ of research rather than individuals with agency (Farrugia & Gerrard, 2016). Researchers should never try to solve problems for street involved folks without consulting with them, learning from their experiences and following their lead (Farrugia & Gerrard, 2016). A review of the literature about the efficacy of HR interventions for high-risk youth was conducted by Paterson and Panessa (2008). Findings indicated that youth who use substances are not often included at the decision-making table during the development of HR services, or during evaluations of these services' effectiveness (Paterson & Panessa, 2008). This can be due to dominant stereotypes of these youth as being unreliable or challenging to deal with (Paterson & Panessa, 2008). Paterson and Panessa (2008) outlined that it is rare for at-risk youth to be asked for input, or to have their ideas and suggestions recognized as valid. They expressed that while previous research and HR programs have recognized the importance of involving youth as collaborators and partners in informing the HR interventions that serve them, this ethical ideal is not often executed in practice (Paterson & Panessa, 2008).

The current study adds to the body of research regarding the accessibility of HR services for street involved youth. There is an understanding that youth are underutilizing HR services in comparison with adults, but their voices need to be heard as to why, so that appropriate adjustments to current organizations and models of care can be made, in line with their needs, values, and visions for pathways forward. Youths' participation in semi-structured interviews served as an opportunity for them to voice their experiences and frustrations, and shift HR services to better meet their needs and the needs of their peers. Findings from this study will be shared with local HR service providers and community organizations in an effort to increase
their awareness of and responsiveness to the needs and experiences of street involved youth in Victoria B.C.

Methods

Positionality Statement

I have worked with street involved youth who use substances in an outreach capacity, in mentorship, as well as in program development and delivery for the past 4 years. My comfort working with this population, awareness of the challenges they face and connections to service providers working in the local area are all assets to this study. I understand the sensitivity required to work with street involved youth who use substances and am confident engaging with these youth in diverse settings and with challenging dynamics.

I have spent years building rapport with street involved youth in downtown Victoria, and my proximity in age to the youth I interviewed, as well as the relationships we hold, were essential to contributing to their feelings of comfort and safety throughout the knowledge sharing process. It can take years to build trusting relationships with youth so that they will open up about their experiences. It is imperative that this work be done relationally and respectfully, and someone who has, and will continue to, work closely with these youth is better suited to do this work than a researcher who will drop in and then out of the youths' lives.

I have had countless informal conversations with youth at Sanctuary Youth Centre in recent years about their struggles accessing HR services. This study was conceptualized as a more formalized setting for these conversations to occur within, so that youths' experiences and needs could be shared systemically rather than anecdotally with HR service providers.

I was supervised by Dr. Costigan who is a Registered Psychologist with extensive training in ethics and experience conducting interviews with vulnerable individuals in the downtown area.
Community Engaged Research Approach

Throughout the study design process, it was extremely important to ensure consistent and meaningful consultation occurred between the research team and the communities involved. A youth from the Ahousaht First Nation assisted in the study as a peer researcher. Using her lived experience with street involvement and substance use, she provided the research team with consultation and input on the study methods such as the interview questions, demographics form, and methods of compensation. The peer researcher was also part of a local youth clinic's Youth Advisory Committee, certified in Mental Health First Aid, had taken Naloxone training, Island Health's research department training, peer support training, and gender diversity training. These trainings, alongside her own personal experiences, allowed her to provide valuable insights and edits to the research team and helped to ensure the entire research process was mindful of and responsive to street involved youth who use substances' unique context and needs.

Indigenous peoples comprise 4.8% of Victoria B.C.'s population according to the 2016 census, but make up 36% of youth experiencing homelessness in Victoria B.C. according to the Greater Victoria Coalition to End Homelessness' 2020 Point in Time Count (Fiorentino et al., 2020). Due to this significant overrepresentation, it was important to establish a relationship with the Aboriginal Coalition to End Homelessness (ACEH) and to engage in ongoing conversations with them throughout the planning stages of the study (Fiorentino et al., 2020). The perspectives of this organization, alongside our peer researcher, helped to bring a valuable culturally-responsive perspective to the study design.

The ACEH's focus is the provision of loving, culturally supportive housing and services for Indigenous people experiencing homelessness on Vancouver Island (Aboriginal Coalition to End Homelessness, 2020). The ACEH's Decolonized Harm Reduction Framework Research
Coordinator provided feedback regarding the study's research methodology, interview questions and demographics form. She also suggested measures to improve cultural safety for any Indigenous youth that chose to participate. The research team remained in regular contact with the ACEH as the study progressed.

Participants

Youth between the ages of 13-24 who identified as 'street involved' and self-reported the use of illicit substances or drug substitution alternatives (such as Methadone or Suboxone) in the past 30 days were considered eligible to participate. The window of 30 days was consistent with previous studies with street involved youth who use substances (Boyd, et al., 2017; Bozinoff et al., 2017; Carmona et al., 2017; Hadland et al., 2009). Any individual who was currently experiencing/had experienced homelessness (camping, sleeping rough, staying at a youth shelter, couch surfing, sleeping in a car) in the past year, or had accessed services open to people experiencing homelessness in the past year, was considered ‘street involved’ for the purposes of this study.

Recruitment

Participants were recruited through posters and social media by Sanctuary Youth Centre staff and by word of mouth through ‘snowball sampling’ as youth informed their peers about the study. Our partners at Sanctuary Youth Centre were well positioned to identify youth who may be interested in participating, as they have built relationships with street involved youth for many years but are not considered a harm-reduction organization. Due to the relationships and connections the staff hold, they were able to gain a true understanding of which youth were interested in and had the capacity to participate in the study. The Sanctuary Youth Centre staff who assisted with recruitment were committed to ensuring youth did not feel pressured to
participate, and that they only took part if this was an opportunity they were personally interested in. The staff were also provided with talking points to assist them in reassuring youth of their autonomy, their control over whether they share information and how much they share, clarity around what the information will be used for, and assurance that their decision to participate or not would not impact their relationships with staff, volunteers, the research team, or their ability to access services. Personal contact information available to Sanctuary Youth Centre staff was used to inform youth of the research opportunity, via phone and their Facebook group. Physical and digital posters were also provided to community organizations who serve potential study participants. These organizations included harm-reduction organizations, youth shelters, youth clinics, and drop-in centres. The poster delineated the topic of the study, inclusion criteria, the compensation that would be provided, and the methods for potential participants to contact the research team.

The researcher was not directly involved in the recruitment process due to their previous employment and ongoing volunteer work at Sanctuary Youth Centre and the relationships established through that work with many street-involved youth. These pre-established relationships were seen as an asset because they would help participants feel comfortable and safe during the study and disrupt the typical power dynamics that can emerge between researchers and participants. However, for the purposes of recruitment, the researcher remained at arm's length to avoid undue influence. The peer researcher was also still an attendee of Sanctuary Youth Centre at the time of the study, and thus was not actively involved in the recruitment process.
Ethics and Consent

The purpose and subject of the research study was explained to all youth in advance of their participation through recruitment materials (posters, social media posts), as well as the recruitment script. With this information, it was expected that youth who might experience severe uncomfortable feelings or distress when thinking about their substance use and experiences with harm-reduction services would refrain from participating in the study. However, as a precaution, youth who chose to participate were also provided with a list of support services (counselling, substance use related services, culturally supportive services, crisis lines, etc.). This list was provided within the consent form so that those who did not complete the entire interview would still have access to the resources.

At the time of the in-person interview, the researcher provided participants with a comprehensive overview of the consent process. Time was taken for participants to read the consent form (or have it read to them), and the researcher was available to answer questions as needed. Youth were reminded by the researcher during the consent process and throughout the interview that they were in control of how much information they chose to share in their interview responses. They were also reminded of the researcher's ethical boundaries and commitments to confidentiality, including the fact that the researcher would not discuss their interview or the contents of their responses when she was back in a volunteer role at Sanctuary. The researcher was clear with the participants about how the information would be used and assured them that their responses would never be linked to their name. Participants were also reminded that the researcher's liking of them would not change based on anything they said, and that it would not harm the relationship if they chose not to participate. These precautions were essential due to the pre-established relationships the researcher held with some participants, and
the likelihood of ongoing contact after the interview. Once a participant agreed to participate in the study, they were asked to sign the consent form.

The consent form addressed participants' right to skip questions or withdraw from the research at any time without penalty, and still receive the same compensation as those who completed the full questionnaire ($10 gift card for ice cream). Participants were also informed that if they chose to withdraw part way through the study, their interview would not be used in the analysis and would be destroyed from records. The researcher also ensured that participants understood the fact that their choice to participate or not participate in the study would have no impact on their ability to access services at Sanctuary Youth Centre, nor on their relationship with Sanctuary Youth Centre staff or the researcher.

Due to the complexity of street involved youths' relationships with their parents/guardians, the research team believed that getting youths' consent without seeking parental/guardian consent was the best approach for this study. The potential risks to youths' safety that may have arisen from involving parents or guardians in this study about HR and substance use outweighed the benefits of seeking their consent. Youth under 19 in B.C. are considered capable of making their own healthcare decisions, and thus can access HR and other health-related services without parental consent. In light of this, requiring parental consent for this study would likely act as a barrier to participation for many youth who use substances and do not have a relationship with their parents or guardians. Thus, consent was obtained only from the youth themselves.

The researcher was conscious to maintain an awareness of the dynamics of her relationship with youth and Sanctuary staff’s relationships with youth throughout the study, as well as afterwards. The commitment to confidentiality and respect of the youths' autonomy over
their own voices and decisions endures even after the study has ended. The study design was granted approval from the University of Victoria's Human Research Ethics Board.

**Data Collection**

Qualitative data collection took place at Sanctuary Youth Centre, a drop-in centre for street involved youth. This location was selected because it was a safe environment where street involved youth in Victoria already feel comfortable. As recommended by the ACEH's Decolonized Harm Reduction Framework Research Coordinator, potential participants were invited to bring a support person with them to increase their feelings of comfort and safety throughout the interview. One youth brought an outreach worker with them for the interview, and two other youth chose to complete the interview together in order to support one another. All youth who chose to bring a support person were Indigenous youth. After reviewing the informed consent process, participants were invited to complete a one-page demographics form to confirm their eligibility. Participants who did not meet all inclusion criteria were thanked for their interest and invited to share the study with others who may be eligible.

If youth arrived to participate in the study and were under the influence of substances or in mental health distress, the researcher evaluated whether they were able to provide informed consent. If not, the researcher still completed the interview and listened to the youths' experiences, however their data were not used for the study. Two youth began the research process but were found to be ineligible after providing their demographic information. Two additional youth completed the interview questions, but their responses were not included as they were not in a state to have been able to provide informed consent. These youth were all still provided with a gift card to compensate them for their time.
Semi-structured interviews were conducted with 16 youth over the period of 2 months by the same researcher to maintain consistency. Interview questions centered around youths' experiences with HR services in Victoria B.C., which organizations they access or avoid, experiences of discrimination and barriers to support, as well as what changes could be made to improve the accessibility of HR services for youth. Youth were asked what the perfect HR organization would look like, including factors such as location, who would serve as staff, and whether cultural support (such as the presence of Elders, participation in traditional ceremonies and ways of healing, etc.) would be provided. They were also asked to share any other comments or experiences they had with HR services, which may not have been addressed specifically in the interview questions.

Sample interview questions:

- Have you ever tried to access harm reduction supports or services and not received them? If so, what stood in the way of you receiving support?
- Do you ever find accessing harm reduction services uncomfortable or awkward? What could these services do or change to make you feel more comfortable?
- Have you ever experienced discrimination on the basis of your age that prevented you from accessing harm reduction services?

Semi-structured interviews lasted between 20 and 45 minutes and were conducted in person at Sanctuary Youth Centre, following all COVID-19 related public health guidelines. Participants were screened before they engaged in the interview to ensure they were COVID-19 symptom free, and that they were not currently under the influence of substances or in mental health distress. Completing the entire data collection process/methods took approximately 30-60 minutes including screening, the consent process, demographics form, the interview, and
compensation. All participants were provided with a $10 gift card to an ice cream shop to demonstrate that their time and insights were valued.

Throughout the interview process, a Sanctuary Youth Centre staff member was present at the Centre in case additional support was needed. They were not able to hear interview responses but were quickly accessible if assistance was needed. Staff at Sanctuary were not involved as part of the interview process and did not receive access to the data. Youth were interviewed separately (except for those who chose to bring a support person) and did not know the content of other youths' interview responses.

All interviews were audio-recorded, then later transcribed and double-checked for accuracy. Transcription occurred concurrently with interviews as the study progressed. The audio-recorded interviews and transcripts were identified with a code number only; no names were recorded or used. Youth who consented to be contacted for a follow-up were reached out to a few months later for the purpose of providing feedback on the study's findings and to ensure their experiences were portrayed accurately before the results of the study were disseminated.

**Data Analysis**

The same researcher who conducted the interviews transcribed the recordings. This transcription process was used as an opportunity for familiarization with the data set. The completed transcripts were read again after transcription by the researcher for further familiarization, and to confirm their accuracy.

Once all interviews and transcriptions were complete, Reflexive Thematic Analysis (TA) was used to code youths' interview responses and to generate initial themes. The lens through which the researcher interprets the data is positioned as a strength of the knowledge translation process within Reflexive TA, and some degree of bias is seen as unavoidable. According to
Braun and Clarke (2021), the process of Reflexive TA is a recursive one, wherein codes and themes are generated through the researcher's time spent immersed in the data set. This immersion allows underlying complex themes to be interpreted which could not have been preconceived or anticipated before commencing analysis. These themes are informed by both participants stories and the unique experiences and insights of the researcher (Braun and Clarke, 2021).

The researcher read each transcript individually and identified an initial list of codes. The first round of coding was loosely framed around the interview questions, however all related information youth shared in addition to answering the interview questions was also coded. Salient direct quotes were also identified at this time. The researcher then went back through each of the transcripts again, refining, re-organizing and re-coding the data to ensure the information was coded appropriately and that the codes were distinct and not repetitive.

The researcher then began to organize codes into potential themes, grouping codes together that fit into a collective theme, or a subsection/dimension of a theme. A second round of coding was also conducted to develop more underlying, abstract themes. Two approaches were used in the presentation of the results. First, specific responses to concrete questions are reported (e.g., types of HR supplies used); this includes a quantitative representation of how many youth endorsed different experiences, alongside their qualitative comments. Second, the overarching themes that were constructed based on youths' responses throughout the interview are presented in line with Braun and Clarke (2021)'s concept of themes as capturing shared meaning.

Results were organized and reorganized several times. Initial findings were then brought to the ACEH's Decolonized Harm Reduction Framework Research Coordinator as a means of approaching the knowledge creation and meaning making processes collaboratively, with a
recognition of the importance of anchoring this work in their cultural knowledge and relations to the Indigenous street community.

Once final themes were created, the researcher presented them to the study participants who had consented to be contacted for a follow-up. Participants were asked about how accurately their experiences were portrayed by the study's findings, as well as whether they had any further insights to share about how the data should be presented. The youths' and ACEH's insights were used to refine the presentation of the results and ensure that the constructed themes credibly reflected and resonated with the lived experience of street involved youth who use substances before any dissemination of results occurred.

Results

Demographics

In total, 15 interviews were conducted with 16 youth (one interview included two participants). Out of the 16 youth who participated, seven identified as female (43.8%), four as male (25.0%), one as both two-spirit and transgender, one as transgender, and three as non-binary (31.3%). Nine of the participants (56.3%) identified as part of the 2SLGBTQQIA+ community. The youth ranged between the ages of 16 and 21 with the mean age being 17.8 years (SD= ±1.42 years). Twelve of the youth were under the age of 19 (75.0%) whereas four were 19 or older (25.0%). Eleven participants (68.8%) identified as a person with one or more disabilities or mental health diagnoses.

Eight participants (50.0%) identified as First Nations and some had knowledge of which Nation or community they were from (Tseycum, Tsartlip, Tsawout, Cree, Stl'atl'imx, Ahousaht), whereas others were unsure. Four participants (25.0%) identified as Métis. Three of the 12 First Nations and Métis youth who participated had status. The other nine had either never had status,
it was expired, or they were in the process of applying. Three youth (18.8%) identified as white, and one youth (6.3%) identified as South Asian.

Minimal information will be shared about the person providing each quote. This was done in the interest of protecting participants' privacy, because the community of street involved youth and HR service providers in Victoria B.C. is small and interconnected.

**Housing**

As shown in Table 1, differences were apparent between the First Nations and Métis youths' reported housing situation over the past year in comparison with non-Indigenous youth. There was greater variability in the reported housing arrangements for Indigenous youth, and higher risk responses such as camping, sleeping rough, and sleeping in a car were only reported by Indigenous youth.

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<th>Table 1. Housing</th>
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<td>First Nations and Métis Youths' Housing Situation in the Past Year</td>
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<tr>
<td>Youth shelter</td>
<td>16.7% (2)</td>
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<tr>
<td>Couch surfing</td>
<td>16.7% (2)</td>
</tr>
<tr>
<td>Recovery program</td>
<td>8.3% (1)</td>
</tr>
<tr>
<td>Transition house</td>
<td>8.3% (1)</td>
</tr>
<tr>
<td>Sleeping in a car</td>
<td>8.3% (1)</td>
</tr>
<tr>
<td>Camping</td>
<td>33.3% (4)</td>
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<tr>
<td>Sleeping Rough</td>
<td>33.3% (4)</td>
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<th>Non-Indigenous Youths' Housing Situation in the Past Year</th>
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<tbody>
<tr>
<td>Youth shelter</td>
<td>25.0% (1)</td>
</tr>
<tr>
<td>Couch surfing</td>
<td>50.0% (2)</td>
</tr>
<tr>
<td>Recovery program</td>
<td>25.0% (1)</td>
</tr>
<tr>
<td>Other</td>
<td>25.0% (1)</td>
</tr>
</tbody>
</table>
**Harm Reduction Service Access**

Youth shared a wide range of experiences with access to harm reduction services. All participants (N=16) had personal experience with HR services, although six (37.5%) were unfamiliar with the term.

<table>
<thead>
<tr>
<th>Table 2. Issues Faced when Attempting to Access Harm Reduction Services</th>
<th>Total (n = 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing HR services was uncomfortable/awkward</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43.8% (7)</td>
</tr>
<tr>
<td>No</td>
<td>50.0% (8)</td>
</tr>
<tr>
<td>No response</td>
<td>6.3% (1)</td>
</tr>
<tr>
<td>Tried to access HR services but did not receive support</td>
<td></td>
</tr>
<tr>
<td>Yes, at some point</td>
<td>50.0% (8)</td>
</tr>
<tr>
<td>Never</td>
<td>37.5% (6)</td>
</tr>
<tr>
<td>Support had been delayed, but not denied</td>
<td>6.3% (1)</td>
</tr>
<tr>
<td>No response</td>
<td>6.3% (1)</td>
</tr>
</tbody>
</table>

As outlined above in Table 2, nearly half of youth shared that they found the experience of accessing HR services to be uncomfortable or awkward. Interactions were uncomfortable when youth had to initiate conversations with HR service providers, and when outreach workers asked youth what they needed and offered support while indoors with others in earshot. Youth preferred for staff to initiate conversations and for staff to be discreet and keep discussions one-on-one.

Half of participants reported having failed to receive support at some point when attempting to access HR services. 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, or due to having behaved violently towards staff in the past. One youth shared that they had been kicked out or banned from multiple local HR organizations after having behaved violently towards staff. Although outreach services continued to connect with them, other 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 and Types of Services Most Accessed**

The 5 most frequently reported HR organizations that youth accessed were YT5 (Youth Tier 5) Mobile Intensive Case Management Team (a team of outreach nurses), The Lighthouse (a youth-driven housing and HR project), SOLID Outreach Society (a peer-support based health and HR organization), AVI Health and Community Services (a multi-site health and HR organization), and Foundry Victoria Youth Clinic (a youth-centered clinic). Three out of five of these services are youth-specific (YT5, The Lighthouse, and Foundry), whereas two (SOLID and AVI) also serve adults. The three organizations named by youth as most helpful were YT5, AVI and Foundry.

**Youth Feedback on Harm Reduction Services**

The specific feedback provided by youth is organized into four categories. A discussion of several broad overarching themes follows. In addition to sharing the types of harm reduction supports they have accessed, youth also described their experiences with these services, the issues they had faced, and their ideas for pathways forward.

**1. Types of Harm Reduction Services Accessed**

As outlined below in Table 3, youth reported accessing certain kinds of HR services, such as safer use supplies and Naloxone kits, much more than others, such as safe injection or inhalation sites or interacting with peer support workers.

<table>
<thead>
<tr>
<th>Type of Services Accessed</th>
<th>Total (n = 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe injection or inhalation sites</td>
<td>31.3% (5)</td>
</tr>
<tr>
<td>Naloxone kits</td>
<td>87.5% (14)</td>
</tr>
<tr>
<td>Safe use supplies</td>
<td>87.5% (14)</td>
</tr>
<tr>
<td>Safe use supplies from outreach workers or nurses</td>
<td>43.8% (7)</td>
</tr>
</tbody>
</table>
Interacted with street nurses 62.5% (10)
Interacted with peer support 12.5% (2)
Is personally a peer support worker 6.3% (1)
Interacted with a substance use counsellor 6.3% (1)

Experience with drug substitution (such as Methadone or Suboxone)
- Yes, currently 25.0% (4)
- Yes, previously 18.8% (3)
- Never 43.8% (7)

Uninterested in initiation/re-initiating drug substitution 18.8% (3)
Disliked/had a negative bodily reaction to drug substitution 31.3% (5)

Experience with cannabis substitution
- Yes, currently 6.3% (1)

Motives for Accessing HR Services
- Acquiring clean supplies 31.3% (5)
- Fear of fatal overdose 12.5% (2)
- Advice from others 12.5% (2)
- Seeing other access HR services 6.3% (1)
- To be around others 12.5% (2)
- To have someone to talk to 6.3% (1)
- They distribute gift cards or bus fare 12.5% (2)
- Had not sought out HR services, service providers came to them 12.5% (2)

**1A. Supplies.** Many youth reported being unable to access harm reduction supplies due to services having an unreliable stock of supplies. Sometimes, the organizations ran out of the supplies they needed and other times supplies, particularly more expensive items such as ‘bubble pipes’, were withheld or reserved for residents. Some youth were unable to acquire supplies from a different organization in these instances, leaving them in a vulnerable position.

“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?”

One youth shared that he did not believe youth should be allowed to access safer use supplies from HR organizations, particularly needles, even though he utilized those services himself. He believed that he would not be engaging in injection drug use had he not been able to acquire needles from harm reduction service providers. Other youth expressed a similar sentiment,
suggesting that nurses and outreach teams should maintain an awareness of which youth are using which substances, and distribute supplies accordingly. They felt that at times, youth were given supplies they did not need due to service providers' lack of knowledge of their use patterns. It may be challenging for nurses to maintain an ongoing record of which substances each youth is using and which supplies they require, particularly since this would require increased disclosure from youth themselves. However, since participants mentioned interest in implementing such approaches, protocol development in this area may be worthy of further exploration.

“Cause they don't understand what everyone's usage is at. They're just supposed to ask if you need anything. But that's like how a bunch of 12 and 13 year olds have been getting pipes and stuff like that.”

**1B. Safe Injection and Inhalation Sites.** Participants also expressed that there is a need for injection and inhalation sites to be made more accessible to youth. Some youth shared that they have not sought out the local safe injection or inhalation sites available to adults because they did not believe they were allowed there.

“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].”

According to the British Columbia Centre on Substance Use (2017), operational guidelines for supervised consumption sites typically allow for individuals between the ages of 16 and 19 to access their services if they meet several additional assessment criteria, such as demonstrating obvious signs of previous injection drug use. These assessments are typically conducted by a Registered Nurse or other qualified staff member onsite (British Columbia Centre on Substance Use, 2017).
Although these additional steps are taken out of concern for youths' safety and wellbeing, if they discourage youth from seeking out safe injection or inhalation sites, these protocols may warrant re-evaluation. Youths' concerns regarding accessing the same harm reduction services as adults, which may be an additional barrier to supervised consumption site access, are outlined in section 2F. In their interview responses, youth shared that at times they are resorting to alternatives such as using on the sidewalk as there are not adequate alternatives available for their age group. Participants also expressed that staff at some HR services which are not designated safe consumption sites will sit with youth while they use to ensure they are safe. However, participants specifically stated that increasing accessibility of safe injection and inhalation sites for youth who are using substances in those ways is an important step forward.

1C. Nurses and Clinics. Youth discussed the importance of having medical staff onsite at HR services. They also 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 are not as many HR services available as downtown.

As outlined in Table 3, 10 youth (62.5%) reported having had contact with street nurses such as the YT5 team. Some of these youth were connected to the nurses through their proximity to other youth on the nurses' caseload, rather than being on the caseload themselves. When nurses came to check in on their friends, these youth were sometimes able to acquire support as well, by association (either from the nurses themselves, or through their friends' willingness to share supplies). According to youth, their reasons for not being on the nurses' caseloads included being too close to the age limit of 19, over the age limit, or having been uncooperative with the registration process.
1D. Outreach Services. Youth shared that they found outreach services very supportive, and they appreciated when outreach workers showed up to bring them supplies or snacks. Participants expressed that it would be helpful if HR organizations increased the number of people working in this role.

“There’s a lot of people that have like problems and a lot of people that have so many problems from being on the streets. They need more people that are out. Like helping the people that are stuck in their places.

1E. Drug Substitution and Safe Supply. Youth reported a range of experiences with drug substitution options such as Methadone and Suboxone (which are medications used to treat opioid dependence, by acting as either full or partial opioid agonists). Some youth had never tried these alternatives (either due to lack of availability or lack of interest), some currently used a drug substitution option, and some used one in the past but no longer. Only one youth mentioned participating in a cannabis substitution program, and they believed more youth should have access to this option. One youth disclosed that nurses were resistant to provide them with safe supply, and only did so once their circumstances became much more dire.

“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.”

Youth wished it was easier to access safe supply for those using street-level substances and wished service providers helped more youth transition preventatively.

1F. Counselling Services. Youth expressed a desire for more counsellors to be made available at HR organizations. Substance use counsellors in schools were also seen as a means of
helping youth who use substances to feel more supported and have the resources they need to remain in school.

2. Logistical Considerations Related to Accessing Services

Youth also shared the practical, logistical challenges they have faced when attempting to access HR services. Youths' perspectives could be applied to a wide range of HR services to better tailor the services to youths' needs and experiences.

2A. Importance of Contact Information. Participants expressed that being able to contact HR service providers was important, especially for connecting with outreach workers and nurses. However, many youth shared that they and their peers had inconsistent access to phones, which acted as a barrier to timely service access. Participants suggested that a more reliable way of getting in touch would be if HR workers or nurses had contact info for youths' support workers, or others they connect with consistently.

2B. Hours. Youth expressed that organizations' hours impact their accessibility, and that at times they had attempted to access a service but were unable to because the service was closed, leaving the youth without anywhere to turn for support. When asked specifically what hours would be ideal, youth shared a range of responses but generally preferred that HR services be available later into the night, more days of the week, or even 24/7. One youth shared that when they were unable to find adequate places to go at night when feeling sick from withdrawal symptoms, 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.

“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.”
2C. Location. Youth also expressed that the location of some HR services made them challenging to access, particularly if they were located far from areas youth typically congregate. Youth shared that health challenges such as ‘street feet’ make it difficult for them to travel long distances without paying for public transit. Participants widely expressed that the HR services they preferred were near places they already spent their time. It is important to note that the locations youth gather change over the years and can shift suddenly due to pressure from law enforcement (e.g., to vacate busy tourist areas and public squares). HR organizations are most helpful when they can be responsive and adjust their services accordingly, by either changing locations or engaging in more outreach. Although youth emphasized that HR services should position themselves in the areas of downtown where youth spend their time, some participants also shared that HR services were needed in other municipalities. Youth listed Langford, View Royal, the Saanich Peninsula, and Duncan as areas in need of outreach workers and drug testing services.

2D. Knowledge of Available Services. Some participants did not have much knowledge of the HR services available to them. Several youth shared that they only find out about HR services through word-of-mouth and offered suggestions for how organizations could increase awareness of the services they offer. These ideas included listing the supplies and services organizations provide on the front of their building or putting posters up in drop-in centres. Expecting youth to hear about available services through word-of-mouth, puts less socially embedded youth at increased risk. Service providers should find additional ways to connect with and communicate information to youth who use substances.

2E. Comfort and Safety of the Space. Participants reported that their currently preferred HR services were relaxed and friendly environments, that others utilizing the service were kind,
and that the spaces were warm and comfortable. 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. Youth expressed that they liked the idea of posting the rules of the space publicly, such as treating others with ‘respect’ and ‘dignity’.

**2F. Age Restrictions.** HR services' age restrictions were very salient to participants. Most youth (N=12, 75%) 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”. Umm like...would you rather me go overdose in an alley by myself? And then I overdosed in an alley by myself.”

Some youth expressed that they did not feel the need to access adult-centered HR services because the youth services available to them had been enough or were simply closer (N=3, 18.8%). One youth (6.3%) reported only having accessed adult-centered HR services because they were unaware of the youth-specific services available locally.

Youth also shared that they had lied about or hidden their age from service providers due to the fear of being turned away. Some youth shared that they never attempted to access services which they overheard did not provide supplies to those who looked young. This indicates a need for clarity around what services are provided to youth, so that rumours do not stand in the way of service access. A few youth around the age of 19 shared that they had been turned away from youth-based HR services for being too old. This is a very vulnerable age for youth – too old for youth-centered HR services but not comfortable accessing adult options.
“It's so stupid because like you're stuck in that middle age. You can't get the adult but you can't get the youth. It's like...but what are you supposed to do?”

A number of youth in this age range expressed disappointed that they were not allowed to be on YT5's caseload as they were right on the cusp of the age limit. Participant responses indicated that after being turned down, they were not connected with an alternative case-management team. Ensuring these youth are connected to alternative services at this critical junction must be a priority.

Youths' suggestions for what the ideal age limits would be for youth-specific HR services were varied, with the lower age limit ranging between 10 and 16 years old, and the upper age limit ranging between 19 and 25 years old. There were no major differences in the opinions of youth under and over 19 years old towards age limits. A number of youth expressed resistance to age limits in general, often out of concern for very young people being denied access to support.

“Anybody, doesn't matter how old you are, you should still be allowed to...if you're doing drugs I mean...yeah it sucks if you're doing it at a young age, shouldn't be doing it. But you should still have access to be doing it safer.”

Some youth also expressed that they felt more resistance to their presence at adult-centered services from the adults who utilize those services than from staff. Participants shared that adults do not want youth using around them at adult-centered services for several reasons. For example, adults can face confrontations with law enforcement if there are under-aged youth around using substances or trying to get supplies from them. Witnessing youth using substances can also be distressing for adults who entered street life as youth themselves.
“They'll literally beat up little kids for using in front of them. But that doesn't make it any better. So if there's opposite places to go for youth, I feel like that would be the absolute biggest help.”

Participants also expressed concern over youth being groomed or used in relationships with adults they are exposed to at adult-centered services, especially if they are accessing their drugs from these individuals. 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.

3. Cultural Support for Indigenous Youth

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. Indigenous youth expressed that exposure to things that made their lives meaningful before drugs was important, and that there was a need for healing specific to them as individuals.

“There's a lot of Aboriginal people as well who don't feel in touch with their own identity, just because of how like...colonized we've become and modernized. Like everything is centered towards...I don't want to say white people, but definitely more centered towards the Caucasian lifestyle. So being Indigenous and trying to stick with your roots and having to do all of this stuff too, it doesn't really work out too well. They don't give you much option.”
Youth reported hearing from other Indigenous peoples that certain organizations did not offer cultural support, which made them reluctant to seek out those spaces.

“No cultural support, like it's just straight up rehab. And honestly that's not the way to go.”

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

4. Two-Spirit, Transgender and Non-Binary Youths’ Experience

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.

“A lot of older men tend to pick on me and everything. And I become normally like...pretty much like a fucking joke all the time or something like that. There's always an inside joke for me or like a new nickname, stuff like that.”

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.

Overarching Themes

Some common experiences were shared by youth across interview responses. These overarching themes addressed how participants position themselves in reference to HR spaces
and in reference to other youth who use substances. The importance of fostering opportunities for discussion and reflection with youth about their substance use experiences was also highlighted.

1. Sense of Ownership and Belonging in Harm Reduction 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 expressed feelings of belonging, but also a sense of pride and ownership in HR spaces. Those involved in providing peer support and those who lived at organizations which distribute HR supplies used language such as ‘we’ and ‘us’ when describing these spaces. They expressed pride about being involved in projects that supported their peers and others in the street community and felt invested in bettering those services. Other youth described HR organizations as ‘their spot’. One youth expressed that when they were alone on the street, they knew they could turn to HR services to be around others, find safety and belonging.

“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.”

Youth also 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, which provided a sense of refuge. Another youth echoed this sentiment, saying their preferred HR organization would let them ‘hang around’ all day if needed. 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.
2. Relationships with Staff

Staff were extremely important in shaping youths' experience of accessing HR services. 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 that kept youth from accessing HR support. The job of providing HR support is very challenging. Most individuals pour their hearts into their work with positive intentions and are doing their best under difficult circumstances. The information below is offered in that spirit and is meant to illuminate how important dynamics with staff are to youth.

**Age of Staff.** Youth expressed that the age of staff working at HR services was important and influenced their comfort and willingness to share information with them. Participants 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 with Staff.** Youth expressed that their HR service preference was heavily dependent on their relationships with specific staff members. Participants shared that staff who had known them for an extended period and knew their history made a big difference by relating with them personally and demonstrating care. Youth referred to certain organizations as a ‘second home’ or ‘second family’ and described attachment relationships to HR organizations and staff. One individual shared that their strong relationships to staff helped them feel safe interacting with newly hired team members.

“And I really feel like, even when a new person comes in I know they're a good person because like, important people in my life think they're good.”
Participants shared that their preferred HR organizations were those whose staff had helped them in times of crisis, such as after experiences of assault or overdose. Youth felt deep connections to these staff, which increased their positive feelings about the HR organization as a whole. Youth also shared that staff at local HR organizations helped them look forward to the future, fostering their desire to continue living and moving forward.

_Staff as a Barrier to HR Support._ A number of youth reported that they avoid certain HR organizations due to previous negative experiences with staff. Others stated that they based their decision about attending on who is working that day. Participants shared that uncomfortable exchanges with staff, such as being turned away, denied supplies, or being lectured, made them reluctant to access certain HR services. Some participants shared that they believed some staff were biased about to whom they distributed supplies.

“Every time they're like ‘we don't have any’. And then I see someone five minutes later who just got one from there. So they're very selective on who they like to help and I don't think places like that are very nice.”

Some youth expressed that at times staff withheld supplies from them out of fear for their safety, because they were concerned about their wellbeing or knew they had been trying to overdose. It was evident that 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 HR 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 can simply access the HR supplies they need and then leave. Both were seen as valuable. In-and-out options were seen as necessary for when youth were in a hurry,
times when they did not have the capacity for deeper relational interactions, as well as for increasing the comfort of the experience for certain youth.

“It's just more comfortable cause it's just more of an in and out situation.”

3. Dealing with Stigma

Several youth 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. Responses also indicated that youth were thinking about public perception of people who use substances, which elicited emotions such as shame and defensiveness. Participants seemed to experience internalized stigma regarding their own substance use, while simultaneously attempting to distance themselves from older individuals who use substances and some organizations they frequent, as a means of protecting their self-concept.

“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?’”

As outlined in the previous theme, youth see the HR services they attend as places of comfort, safety and belonging. They have strong relational ties to staff and feel a sense of ‘home’ in those spaces. 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.

4. 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. Rather than attending safe injection or
inhale sites, youth often use groups to keep each other safe. Seven youth (43.8%) reported that at times they acquired their HR supplies from other youth rather than from HR service providers. One individual shared that they saw this as a much safer option than asking older adults for HR supplies.

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. They also shared that out of a group of friends, individuals who were not actively using were typically asked to go find supplies for the others, since they had greater reliability, energy, and motivation. Youth who felt uncomfortable or shy interacting with service providers either had friends ask for supplies on their behalf or went in groups to reduce their feelings of anxiety. Youth also shared that they must always have someone they know with them when accessing services, or the experience is too overwhelming due to their anxiety and other mental health challenges.

“I always have to have someone with me that I know, or I can't do it. It's too much.”

Since youth are evidently gathering supplies for their less confident or less healthy peers, HR service providers may be inadvertently putting youth at risk of harm by limiting the number of supplies they hand out to each individual. 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 there are youth indirectly accessing supplies through their peers. Rather than leaving youth in a position where they have to hide that they are collecting supplies for their friends, service providers should directly ask which supplies they require for themselves, as well as whether they have any friends waiting outside or at another location who need supplies. Youth could end up in a very unsafe position if they are accustomed to relying on friends for their HR supplies and those relationships break down. As HR organizations strive to ensure that
their services are reliable and that youth feel comfortable turning to them, it will be important to keep these dynamics with peers in mind. Ensuing HR services are as accessible to youth as possible, by aligning them with the suggestions for improvement youth have shared, should decrease the likelihood that youth will consistently turn to peers. In addition, 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. These youth may be at increased risk of reusing old supplies or engaging in other unsafe behaviours if they are anxious about reaching out to service providers and are not able to turn to friends.

5. 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. This interview time specifically set aside may have led youth to reflect about their substance use initiation for the first time. Or 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 opening further 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 of services and qualities of service providers that youth need and they provided an opportunity for
self-reflection and disclosure about how youth see themselves and how they got to where they are in their lives. This sharing may have been motivated by a need for connection and self-dDisclosure, or as a means of defining themselves as a whole person with a life story, rather than a statistic. Further opportunities for this kind of deep reflection and engagement should be offered to youth. Feedback youth shared should be taken seriously and meaningfully used to inform the direction of HR services and programming.

Interviewing street-involved adults who use substances to discuss their attitudes towards youth accessing the same safe consumption sites or other HR services as them could also be a valuable direction forward before implementing any changes regarding age restriction protocols. Further investigation into youths' relationship to staff at HR organizations is warranted – particularly regarding how these relationships influence youths' willingness to access services, what happens when trusted staff leave the organization, and the ‘attachment’ or family-like relationships youth described having with HR services and their staff. Understanding how these dynamics relate to youths' early relationships to their caregivers, or attachment disruptions they may have experienced in the child-welfare system, may facilitate the development of more effective HR services. Participants' responses suggested that HR organizations may currently be fulfilling community, safety, and belonging needs of street involved youth who use substances, which could further complicate the process of exiting street-life, as leaving may necessitate severing those relationships.

Future research could also more deeply explore youths' practice of relying on one another as a form of HR. The dynamic of whether increased social connection leads to decreased HR service access warrants further exploration. Also needed is more information about engaging
specifically with less socially connected youth to learn about their experiences and what strategies they use to keep themselves safe.

Participants' responses revealed several tensions, wherein HR service providers are clearly aiming to strike a fine balance between providing youth with the support they need without inadvertently increasing their risk of substance use related harms. These tensions included how flexible to make age cut-offs, the timing of transitioning youth onto safe supply, as well as providing relational connection while honoring the need for in-and-out low threshold options, to name a few.

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. If funding shortages or organizational guidelines make some of these changes challenging to implement, youths' voices should be amplified and relayed to funders and organizational leadership. 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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