



## The **Research** Shop

# YOUTH HARM REDUCTION PROGRAMS IN ONTARIO: SUMMARY REPORT

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## BACKGROUND

- There is a need for increased harm reduction services for homeless youth<sup>i</sup>:
  - Traditional non-harm reduction focused shelters and programs who serve youth drug users do little to reduce the incidence of drug use or associated health issues including HIV/AIDS and Hepatitis C.<sup>ii</sup>
  - Concerns about needle exchanges in youth shelters and programs may include: syringes as weapons, the willingness of organizations to include harm reduction services as part of their service models, hypothesized suppositions that youth harm reduction programs could lead to increased drug use among homeless youth not currently using drugs, and concerns regarding the emergence of a “culture of drug use.”<sup>iii</sup>

## METHODS

- Google and academic scans and informational interviews with existing harm reduction shelters/programs for youth were used to generate preliminary findings

## RESULTS/FINDINGS

- Best practice for youth NEPs should include:
  - Establish multi-level programming to include safer drug use as one option among many (e.g. also providing the option to pursue addiction treatment);
  - Outcome success should include increased knowledge about safer injection practices;
  - Create programs with a strong community orientation;
  - Individualize treatment programs to meet the needs of each youth, no matter their choices about drug use;
  - Using “satellite sites” for needle exchange in programs/shelters already providing services for youth.
- Youth have greater risk of blood-borne illnesses than adult intravenous drug users<sup>iv</sup>
  - Youth show increased risky needle sharing as a result of lower knowledge of how HIV is transmitted and/or about lower-risk drug use procedures<sup>v</sup>



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- There are difficulties reaching youth intravenous drug users for harm reduction/NEP purposes<sup>vi</sup>
  - Youth IDUs are less likely to ever attend a NEP, and are more likely to drop out after only one visit<sup>vii</sup>
- Few empirical evaluations have looked into the potential for youth NEP to increase drug use or create a “culture of drug use”
  - NEP participation increases access to clean syringes, decreases number of needle sharing partners, increases ownership of clean syringes<sup>viii</sup>
  - Youth perceptions of the usefulness and effectiveness of NEPs vary based on age and individual histories<sup>ix</sup>
  - HIV risk behavior is believed to be lower among youth who use NEPs<sup>x</sup>
- Some youth participants attending harm reduction oriented programs do perceive negative effects associated with NEPs, e.g. earlier age of injection drug use, increased frequency of drug use, avoiding treatment for addiction<sup>xi</sup>
- The few examples of youth shelters and programs in Ontario with NEPs include:

#### ***Eva’s Satellite, Toronto ON***

- Health, wellness and stabilization support; Individualized plans for each individual youth client; Environment is drug permissive; Many other options for youth are provided, including recreation and peer-education.

#### ***YouthLink Inner City, Toronto ON***

- A “safe place to land” for youth under 25; Provides a needle exchange<sup>1</sup> and other supports for youth, including physical and mental health services, employment skill building
- Follows harm reduction principles, ONEC best practice; Policies distributed to employees during training; Evaluation is part of City of Toronto data; Operational for 15 years, YouthLink Inner City is slated to end service provision on March 30<sup>th</sup> of this year due to lack of funding.

#### ***Breakaway Addictions Services, Toronto ON***

- NEP on site, plus other services for youth 13-25 and their families
- Follows best practices for needle exchange<sup>1</sup>; Information on harm reduction policies on website, in lobby and waiting room, in each counselor’s office; NEP operational for 6 years; Evaluated as a part of public health; Breakaway keeps track of the needle exchange supplies they distribute, and updates public health at the end of each month.

## CONCLUSIONS

- The literature suggests that although controversial, harm reduction oriented programming for youth can help to reduce the incidence of drug-use-related health risks faced by youth;
- Examples in the Ontario context indicate the possibility of pursuing harm reduction strategies (including NEPs) as one option among many;



→ This report presents the findings of a scan of the literature, and not a full literature review tapping all academic, peer-reviewed articles on this topic; Studies of adult IDUs may not generalize to youth populations.

## REFERENCES AND NOTES

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<sup>i</sup> Poulin, Christiane. (2006). Harm reduction policies and programs for youth. Harm Reduction for Special Populations in Canada: Canadian Centre on Substance Abuse, 1-16.

<sup>ii</sup> Bonomo, Ya & Bowles, G. (2001). Putting harm reduction into an adolescent context. *Journal of Paediatric Child Health*, 37, 5-8; 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; Mayfield Arnold, Elizabeth & Rotheram-Borus, Mary Jane. (2009). Comparisons of prevention programs for homeless youth. *Prevention Science*, 10, 76-86.

<sup>iii</sup> See, for example, Poulin 2006; Thomson 2008

<sup>iv</sup> 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.

<sup>v</sup> 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.

<sup>vi</sup> Strike, Carol, Leonard, Lynne, Millson, Margaret, Anstice, Susan, Berkeley, Natasha & Medd, Emily. (2006). Ontario needle exchange programs: best practice recommendations. *Health Canada*, 1-260.

<sup>vii</sup> Khoshnood K, Kaplan EH & Heimer R. (1995). 'Dropouts' or 'drop-ins'? Client retention and participation in New Haven's needle exchange program. *Public Health Reports*, 10(4), 462-466.

<sup>viii</sup> Karabanow, Jeff, Hopkins, Sharon, Kisely, Steve, Parker, Joanne, Hughes, Jean, Gahagan, Jacqueline & 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), 12-32.

<sup>ix</sup> Guydish et al. 2000

<sup>x</sup> Ibid

<sup>xi</sup> Ibid