

Meeting Thresholds for In-Person Service Participation and Addressing Substance Use on Site: Some YWHO Guidelines

Part 1: Considerations regarding young people's participation in programs/services:

YWHO aims to uphold a welcoming, inclusive, low/no barrier, positive service for young people experiencing substance use, mental health, primary care, and social support challenges. With its accessible, walk-in model, young people may come through the door with varying levels of capacity, ability, and interest to participate in hub services and programming. In line with YWHO's aforementioned values, we strive to avoid refusing service to young people and, instead, focus on integrated concurrent care, a harm reduction approach, and meeting young people "where they are at." While the information below represents some best practice responses to the needs of young people within a hub setting, please consider and incorporate any policies of your hub's network lead agency in your site's specific responses.

If young people arrive at a hub and there is a concern that they are unable to meet a certain **threshold for participation in a service** (determined by each hub and service type), there are several response options. The suggestions further below are ordered from responses supporting young people to engage in a way most accessible to them, to delayed service. Sites are encouraged to consider participant safety and risk factors in the implementation of the below.

Approach:

- Hubs focusing on thresholds of participation, versus substance use/intoxication, can veer away from a message that young people are not welcome at the hubs to one that says they may not get as much from their participation that day as they regularly would, and that hubs will support them in the moment, and moving forward.
- Service providers using a positive approach (e.g., saying they are not upset with young people, that individuals are not always feeling at their best, normalizing substance use) may enhance the likelihood of young people returning to the hubs.
- Service providers are encouraged to keep a harm reduction-based approach throughout interactions, considering the potential benefits and risks of supporting young people to continue to engage in programming versus being turned away and denied service.
- If young people are engaging in substance use/are under the influence of a substance at the time of accessing services, consider the functionality of their use in this setting. Have they previously identified that using substances supports their ability to access services? (e.g., coping strategy, helping to manage participation)
- Service providers are encouraged to consider their own individual beliefs or biases around substance use, and reflect on their values, experiences, and perspectives in a safe, supported way at hubs.

Response(s):

- If service providers notice that young people may not meet the threshold of participation in an activity, they are encouraged to check in with young people and privately engage them in a conversation about their experience with the programming at that time (e.g., “How are you feeling? Things feel a bit different today – are you doing alright? It seems like it may be a bit hard for you right now and that’s alright. How about we step out for a second and come back if we’re feeling a bit better?”) It is preferable that young people are re-directed from the space in a way that does not draw attention and is less likely to cause them conflict or feelings of hurt, blame, or rejection.
- After spending time with young people, if participation in the service/program as it is typically presented is not feasible, service providers provide young people with an explanation as to why they are not able to be a part of the particular program/session that day. This includes sharing the determined/assessed reason (e.g., emotional dysregulation, excessive sleepiness, acute grief, inability to attend to information, disruptive outbursts impacting others etc.), **and presenting alternate options**. Service providers are encouraged to use their knowledge and judgment of the situation and the young people they are working with to make as collaborative decisions as possible as to next steps.
- Peer support workers are looped in to check in/chat with young people, walk outside with them, etc. If young people are accompanied by support people/family members, they can also be involved to assist.
- The particular program or session is suitably modified to support young people’s participation (e.g., changed focus, modified intensity).
- Young people are offered a more manageable alternate activity at the hub (e.g., drawing, watching a TV program, going for a walk, helping to do some practical tasks, attending a different session or program going on at the same time, so that they can participate in something after making the trip to the hub). If possible, engage young people in this decision-making process.
- Activity/session is rescheduled. Staff are encouraged to proactively address any potential feelings of shame, anger or rejection in young people. Service providers can commend young people for attending the hub appointment or drop-in space and let them know they will be glad to meet with them at a rescheduled time when they are able to participate in a way that feels best for them.
- Ideas are brainstormed about how young people can get home or to another service/location (e.g., hospital, withdrawal management service, shelter) safely (e.g., “Is there someone you/we can contact?”)
- Plans are in place to monitor for intoxication, withdrawal, or overdose risk, and to provide young people with support to access related, higher complexity services and supports. (Hub sessions may be deferred at this point due to safety/risk concerns; can work with young people in an attempt to de-escalate and plan for them to return at another time).

- If there is a safety concern for young people/providers/others at hub, the site's crisis/emergency response is initiated (e.g., call for support/consult - nearby staff, young people's supports, crisis line, 911).
- Consider a staff circle of care when working with youth (e.g., if service providers are working with young people one-on-one, and are experiencing difficulty addressing the situation, require support, and/or need to take a break, have a process for tagging someone or including other staff)

Following the event:

- Service providers document the situation and debrief with other members of the team. Consider how this type of situation might be able to be handled in the future, strengths and any shortcomings of the response, and impact on the individual, other young people in the space, as well as service providers.
- Be sure to attend to staff self-care.
- Follow-up with young people after the incident to ensure their safety, comfort, and understanding. This could involve coming up with a plan if this situation occurred again (e.g., how might young people want to be engaged in a similar situation in the future?)
- Review any laws in this regard in your jurisdictions and look at standards/codes of conduct/principles of any Colleges to which staff belong (e.g., Social Work, Occupational Therapy, Psychology, Psychiatry) relevant to these situations. Hub network leads/partners may already have procedures and policies in place for these scenarios (e.g., managing young people's medical risks, safety/risk to others, rescheduling appointments, transportation, documentation, staff debriefing, etc).

Part 2: Some strategies regarding youth on-site substance use (*to be determined by each hub network*):

- Noting the YWHO value of the hub being a safe space for all young people, letting youth know (verbally and with clear signage) that substance use is not permitted on site.
- If young people cannot store substances off-site, can lockers be provided (in a secure place or with locks) for young people to leave their belongings that they don't need for their scheduled/drop-in program, so they feel their belongings are safe?
- Using a harm-reduction lens, does it make sense at your hub to have needle disposal bins, naloxone kits, drug purity/fentanyl testing kits, alcohol swabs? Keep in mind that young people may also be injecting prescription medication (such as hormones or insulin). Having information about safer substance use, a resource list of safe consumption sites, where to get kits if not at the hub, resources for internal and external programs if youth would like (additional) supports, and crisis lines is beneficial.
- In a drop-in space/program, encourage young people to chat with a peer support worker, counsellor, or nurse practitioner/other medical professional regarding their

substance use, if they have identified that this is an area where they would benefit from support.

- If young people enter the hub washroom sober and exit demonstrating behaviours that may indicate being under the influence of a substance, staff are encouraged to check in with them about the change in their behaviour in a non-judgmental or blaming way. Young people benefit from knowing that YWHO service providers are safe people to talk with about substances and substance use.
- Staff are encouraged to problem-solve with young people. This may involve reviewing hub expectations, and having conversations explaining to young people that they cannot use substances on site, but young people's access to hub service is important to maintain. Discuss how service providers can work together with young people, what action plans would young people think were fair, what strategies might work for them to make different choices, etc. (If the result is that young people cannot safely and responsibly access a space/program, this process may help them understand that they contributed to the decision, versus the hub having made the decision for them).
- Although hub doors are open for drop-in spaces, please keep in mind a level of structured programming (e.g., homework time, cooking classes, yoga, beading, movie night, set social hours, etc) where staff are present to interact with young people, as this may reduce overall and specific risk of on-site substance use and/or distribution, and address any concerns promptly as they arise.

Some resources:

- Time to Listen: Youth Voices on Substance Use - <https://youthrex.com/report/time-to-listen-youth-voices-on-substance-use/> (e.g., youth suggestions for supporting safer substance use, harm reduction, importance of cultural connection, relationship between substance use and trauma)
- Interactive map: Opioid Harm Reduction and Treatment Service locations across Canada - <https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html>
- Covid-19: Youth Mental Health and Substance Use - <https://youthrex.com/wp-content/uploads/2020/08/YouthREX-FS-Substance-Use-Youth-COVID-19.pdf>
- Overdose Prevention and Response in Washrooms - <http://www.vch.ca/Documents/Washroom-Checklist-Service-Settings.pdf> (e.g., washroom safety plan, if relevant at hub)