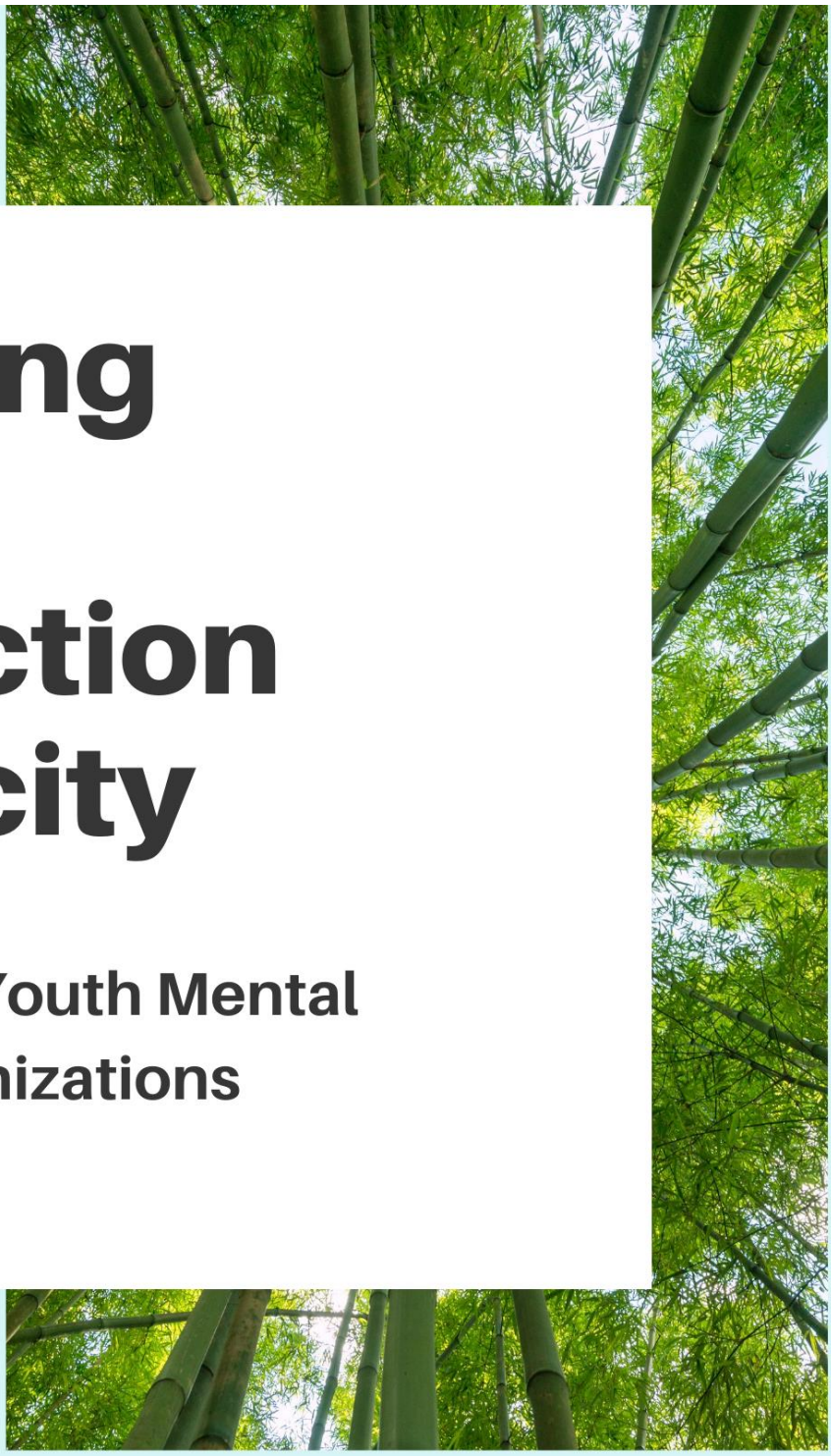

# Building Harm Reduction Capacity

## A Model for Youth Mental Health Organizations

lumenus
Community Services

# INTRODUCTION

This resource is intended for mental health service providers with limited experience working from a harm reduction framework. It sets out a process that aims to support agency capacity to work with young people who use substances.

This resource has been prepared by Jordana Rovet, Harm Reduction Coordinator, following a peer-led harm reduction capacity-building project that was conducted between 2017 and 2020. The project was led by the Youth Harm Reduction Team, including Hunter Caldwell, Jennah Donnelly, Emman Mahmood, Riven Thorne, Mahalia Dixon, Nick Jakubiak and Owen Heathcote Fraser.

## BACKGROUND

This model is informed by a project conducted at Lumenus Community Services (formerly Skylark Children Youth & Families) over the course of three years with the aim of building agency capacity to implement harm reduction within a youth mental health organization. The project began after the realization that the way service providers were offering support to youth was not conducive to best practices of integrated care. At the time, two separate groups of professionals treated substance use and mental health challenges in different settings. Providers in the mental health system would say, "You need to deal with your substance use first," and providers in the substance use system would say, "You need to deal with your mental health first." Youth would be shuffled between these two systems and, as a result, would never receive appropriate treatment or support. Research conducted by and with clients who experience both mental health and substance use, highlighted that many youth still do not feel safe talking about substance use with service providers due to fear of judgment, stigma and discrimination. In addition, many youth reported feeling concerned that disclosure of substance use would result in imposed abstinence requirements. As a result, many youth who were accessing mental health services, were engaging in substance use, but not feeling safe or comfortable enough to share that information with staff. This prompted the development of several programs related to drug education for youth and families, such as SESSIONS and Tuning in. However, we found that just offering programs for substance use within a mental health agency was not sufficient to providing integrated care. We realized that it was, therefore, critical for service providers within the agency to shift in the way that we were approaching, thinking about and working with youth who use substances.

## MENTAL HEALTH & SUBSTANCE USE

Concurrent experiences of mental health and substance use are common in both the mental health and substance use systems. Studies have shown that between 40 and 60 percent of people who experience mental health challenges will also engage in substance use.[i] These percentages are similar for people who seek help for their substance use. Furthermore, young people aged 15 to 24 have been shown to be more likely to experience mental health and/or substance use challenges than any other age group.[ii] These studies have sparked an ongoing conversation about how service providers can best support youth who are experiencing both substance use and mental health challenges, recognizing the value of an approach that addresses both experiences concurrently.

These studies and conversations have uncovered one consistent message: Despite the increased awareness about mental health and substance use, their prevalence, and the need for a holistic approach to treatment, stigma continues to be a significant barrier for people living with mental health challenges and engage in substance use.[iii] This often-unconscious bias prevents people from seeking assistance, accessing services or, in many cases, continuing with the treatment programs that play a vital role in their care and wellbeing. Those of us who provide

mental health services have a critical role to play in addressing this stigma. We have acute awareness of the barrier that stigma creates when someone is trying to access support. Yet, we often hold unexamined prejudices or misconceptions of our own. This guide aims to support people working in youth serving mental health organizations by providing them with an interactive framework to discuss, learn, understand and reflect on the ways in which an organization can better support clients who engage in substance use through a harm reduction framework.

## WHAT IS HARM REDUCTION?

Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with risk behaviours, such as substance use, without necessarily requiring people to abstain or stop[iv]. Harm reduction entails a series of values, programs, services and practices. Essential to a harm reduction approach is that it provides people a choice of how they will minimize harms through non-judgemental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives.[v]

Harm reduction acknowledges that many individuals may not be in a position to remain abstinent from their behaviour of choice. The harm reduction approach provides an option for clients to engage with support services in a way that will 'meet them where they are at.'[vi] This allows for a health-oriented response that provides people with the tools and information to make decisions about their health that are best for them. It has been proven that those who engage in harm reduction services are more likely to engage in ongoing treatment as a result of accessing these services.[vii]

*Note: Harm reduction is not limited to drug use and can be applied to any risk behaviour that has the potential to minimize harm. However, this resource will largely focus on substance use.*

## WHY HARM REDUCTION WITH YOUTH?

A key feature of harm reduction is pragmatism. The harm reduction approach accepts that for many young people, engaging in risk behaviours is inevitable and that to some extent is a normal activity.[viii] Furthermore, harm reduction recognizes that by failing to acknowledge this reality or only focusing on prevention is to put young people at greater risk of harm when they inevitably engage in these behaviours. Harm reduction does not condone these behaviours, however, it does ask the question, "If this happens, what can be done to reduce potential harms?" In this approach, a strong emphasis is placed on personal choice and responsibility, recognizing that young people do have the capacity to make decisions about their health when provided with the skills and information to do so.[ix] The ability to support informed decision-making and critical thinking skills is central to implementing harm reduction with youth clients. To view research studies that demonstrate the effectiveness of harm reduction with youth clients, please see the readings sections at the end of this guide.

Keep in mind…

- While this guide has been structured in a consecutive order, it is expected that organizations will likely move back and forth between sections, recognizing that this process is fluid and iterative, as well as, dependent on shifting priorities, community needs and organizational culture.
- There is no timeline associated with this model and the reason for this is due to the recognition that all organizations will likely take varying amounts of time to navigate each stage, depending on various factors such as the organization's size and readiness for change. Readers are encouraged to move through this model with the understanding that meaningful change takes time and hold on to the importance of remaining patient yet persistent.

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# 1. EXPLORING ATTITUDES AND CONCERNS OF STAFF

- Identify areas that staff agree
- Identify areas of disagreement that require resolution
- Recognize the need for shared principles and values
- Understand importance of basing decisions on factors which do not rely on personal judgments alone

## SETTING THE STAGE

Individual staff opinions can greatly influence the experience that children and youth have of support services. Therefore, it is essential that the appropriate time be taken to explore staff attitudes. For this to be effective, it is essential to create a safe environment for where staff will feel comfortable to honestly share and respectfully challenge opinions. It is important to keep in mind that disagreement may arise due to a conflict in personal and professional values. These instances should be handled with sensitivity, remembering that not all staff will share the same perspectives. The following are a few ground rules that may be helpful to creating a safe environment. Please feel free to add to this list, while also asking participants what they may need to feel safe in this conversation.

- Participants are encouraged to share ideas, but participation is voluntary.
- Participants are encouraged to express differences of opinion.
- Use "I" statements; the first person is more straightforward.
- Actively listen to others.
- Confront with care; challenge with respect.

## EXERCISE A: GROUP DISCUSSION OF SCENARIOS

Purpose: This exercise will help staff to explore their personal and professional attitudes in relation to working with children and young people who use substances or engage in other risk behaviours. The aim of this exercise is to identify areas of agreement and highlight potential areas of conflict.

**Scenario #1:**

During a counselling session with an ongoing client Jamal, 17, casually mentions that he recently began using Percocet to relax after a long day at school. He tells you that Percocet has become his new favorite downer as it provides the balance of effects he has been looking for. However, he also tells you that a friend he went to a party with experienced an overdose while using Percocet. This has made him concerned about the risks of his own use. He tells you that while he does not plan to reduce his use of Percocet, he is interested in exploring strategies that would help him to reduce potential harms.

- What is your initial reaction?
- How well prepared are you/is your organization to support this young person?
- How would you proceed?

Scenario #2:

Lindsey, 16, is a new resident of a group home for youth with mental health challenges and on their first weekend at the house, they were perceived to be under the influence of substances when they arrived home at night. As Lindsey's primary worker, you decide to have a conversation with them about safety. On Monday, you ask Lindsey about their weekend and they share with you that they were at a friend's house party and was mixing alcohol and ecstasy.

- What is your initial reaction?
- What additional information might you need?
- What are the implications of any action you take?
- How would you proceed?

➢ These discussions should reveal that there are no simple solutions or right or wrong answers to these scenarios. How you respond may depend on;

- The attitudes, beliefs and experience of staff
- The ethical, clinical and legal issues at hand
- The values embedded within the organization and associated policies
- The professional obligations enforced in your country/region
- The laws and regulations that exist in your country/region
- The way funding is provided to your agency and the attitudes of funders

## EXERCISE B: AGREE/DISAGREE STATEMENTS

Purpose: The purpose of this exercise is to share and discuss staff attitudes towards working with people who use substances.

Instructions: Hand out copies of the statements below. Ask participants to work through the exercise on their own, deciding whether they 'Agree' or 'Disagree' which each of the statements listed. Explain to staff that there are no right and wrong answers. Participants should feel comfortable to respond honestly and safely challenge one another.

| # | Statement | Agree | Disagree |
|---|---|---|---|
| 1. | Clients are not always capable of making the best decisions for themselves. | | |
| 2. | Providing harm reduction supplies encourages substance use. | | |
| 3. | A 16 year old has the right to access harm reduction supplies. | | |

| | | | |
|---|---|---|---|
| 4. | It is always in the client's best interest to involve parents/caregivers in conversations about substance use. | | |
| 5. | Clients lack the necessary life experience to understand the implications of engaging in substance use. | | |
| 6. | Most of the risk to people who use drugs is brought on by themselves. | | |
| 7. | Our ultimate goal should be to get the clients we see to stop taking drugs. | | |
| 9. | People with good mental health do not use drugs. | | |

- Reflect on areas of common agreement and disagreement. This exercise will help to identify areas of major staff disagreement, but also highlight areas of mutual agreement. Areas of mutual agreement can demonstrate organizations collective values. These values are what will underpin the approach to working with youth who use substances.

## EXERCISE C: MYTHS & FACTS

Purpose: This exercise aims to dispel myths concerning substance use, mental health and concurrent problems, in addition to, raising awareness of the impact of myths and how they perpetuate stigma, prejudice and discrimination.

**Note: This exercise is adapted from an activity created by the Staff Development team, Education & Publishing, Centre for Addiction and Mental Health, as well as, Beyond the Label, a guide produced by Centre for Addiction and Mental Health (2005).*

Instructions:

1. Print the following fact sheets on separate pieces of paper and tape them on the walls around the room, leaving enough space to allow several people to gather.
2. Ask participants to walk around the room and read each of the fact sheets.
3. When they have finished, ask participants to stand beside the fact that is the most surprising to them (or that they think would be the most surprising to other people).
4. Once participants have all chosen a fact, ask the participants who have chosen the same fact to discuss why they were drawn to this fact (or why other people might be surprised by this piece of information).
5. With the entire group, go around the room and have one person from each small group read the fact and summarize the thoughts of the group. Please feel free to add to the list of myths and facts!

| MYTH: | FACT: |
|---|---|
| People with mental health challenges and engage in substance use are less likely to seek treatment than people who do not. | People with mental health challenges and engage in substance use are more likely to actively seek treatment than people with only one problem. They are also more likely to be stigmatized and excluded from existing services.[x] |

| MYTH: | FACT: |
|---|---|
| Youth who experience mental health challenges who also engage in substance use can benefit from substance use support or mental health support if integrated services aren't available. | Engaging and working with youth at either point of entry is crucial but "if one of the co-occurring problems goes untreated, both can get worse and additional complications can arise."[xi] |

| MYTH: | FACT: |
|---|---|
| Most youth with mental health challenges and engage in substance use will have trouble fitting in with the rest of society. | The stigma associated with mental health and substance use makes it difficult for people to be open with friends, family and service providers, leaving many people to incorrectly believe that youth with mental health challenges who engage in substance use will end up living in poverty.[xii] |

| MYTH: | FACT: |
|---|---|
| Youth who engage in recreational substance use are at greater risk of developing an addiction than adults. | There is no evidence to suggest that youth who engage in recreational substance use are at greater risk of developing an addiction than adults who engage in recreational substance use.[xiii] |

- Having the facts about people with mental health challenges and engage in substance use will help dispel myths. Myths about substance use and mental health challenges contribute to stigma resulting in prejudice and discrimination.

# 2. LEGALITY

*Disclaimer: This section was not written with consultation from legal professionals and is not to be considered legal advice. If legal advice is needed, please consult with a lawyer.*

- Map the legal environment in which you work
- Assess legal barriers
- Explore implications of providing services to children and young people
- Explore consent and capacity in decision making

Determining the legal context of your workplace is essential to building organizational harm reduction capacity. The legal and policy framework that is used can greatly influence the way in which we interact and approach service delivery with people who use drugs or engage in other risk behaviours. Furthermore, the belief that staff might get in to trouble will also affect personal attitudes and the way in which we provide services. Assessing legal barriers is critical to understanding risk and evaluating if your organization will be able to work with individuals who use substances.

## EXERCISE D: MAPPING THE LEGAL ENVIRONMENT

Purpose: The purpose of this activity is to explore the laws that may present challenges when working with youth who engage in substance use.

Instructions:

1. As a group, discuss the laws that exist in the place where you practice that may influence your work with youth who use substances. Laws should be discussed in relation to the following topics, where applicable;

- Access to services for minors
- Parental Consent
- Age of Consent
- Duty of Disclosure
- Provision of safer drug use information/supplies
- Provision of sexual health information/supplies
- Naloxone Administration
- Other relevant laws

2. Discuss what the implications are for the situations you may be faced with in your work. You can use the scenarios provided previously to guide your discussion.

The chart below reflects the legal landscape for Ontario, Canada as of 2019. You may wish to complete a similar chart reflecting the laws and legal barriers applicable to your organization.

| Topic | Laws |
|---|---|
| Access to services for minors | There is no general age of consent to treatment or counselling; instead, the issue depends on whether the young person is capable of consenting. A young person will be found to have capacity to consent or to refuse consent if they both:<br>1) Understand the information relevant to the proposed treatment in issue, and<br>2) Appreciate the reasonably foreseeable consequences of consenting or refusing consent.[xiv] |
| Parental Consent | The Child Youth and Family Services Act allows for adolescents 12 or older to obtain counselling without their parents' knowledge or consent. However, no youth under 16 years of age may be admitted to residential care without their parent's or guardian's consent.[xv] |
| Age of Consent to Sexual Activity | At 12 – 13 years old, you can only consent to sexual activity with a person who is less than 2 years older than you*.<br>At 14 – 15 years old, you can only consent to sexual activity with a person who is less than 5 years older than you*.<br>At 16 – 17 years old, you can consent to sexual activity with a person who is older than you by any number of years*.<br>*In all cases, the person must not be in a position of authority or trust over the information (i.e., teacher, coach, doctor, and lawyer).[xvi] |
| Duty of Disclosure | According to OCSWSSW Code of Ethics & Standards of Practice (4.4. 1) "College members inform clients early in their relationship of any limits of client confidentiality including with respect to the client record. […] If, in the member's professional judgement, disclosure of information from the record to a third party could result in harm to the client, College members make a reasonable effort to inform the client of the possible consequences and seek to clarify the client's consent to such disclosure."<br>(5.3. 5) "When consent to the disclosure of information is required, College members make reasonable efforts to inform clients of the parameters of information to be disclosed and to advise clients of the possible consequences of such disclosure."[xvii] |
| Provision of safer sexual health information/supplies | The law protects youths' right to receive confidential sexual and reproductive health care, including prescriptions for contraception and to treat STIs, as long as they are mature enough to understand the nature and consequences of treatment.[xviii] |
| Provision of safer drug use information/supplies | Canadian law (The Infants Act) states that a minor may consent to health care as long as the healthcare provider has explained the risks and benefits of the care and has made reasonable efforts to determine, and has concluded that the health care is in the young person's best interest.[xix] |

| | |
|---|---|
| Naloxone Administration | Naloxone is specifically approved in Canada for layperson/bystander administration in an opioid-related emergency outside of a hospital. The National Association of Pharmacy Regulatory Authorities and Health Canada have designated naloxone a Schedule II Drug, meaning naloxone is not a prescription drug and is meant to be used in emergency situations.[xx] |

## SAFEGUARDING AND PROTECTION

Safeguarding is the process by which we protect children and youth's safety, wellbeing and human rights, allowing them to live devoid of harm, abuse and neglect. Protection can include laws, policies, procedures and other structures that aim to support children's safety.

However, when we think of protection, there are many ways it is interpreted and implemented. Protection to some people can mean taking action to control the decisions of children in attempt to keep them safe. Yet, it is critical that as children mature, there is space for them to make their own decisions and build their own capacity for self-protection. Too often protection and self-determination are viewed as conflicting principles, with adults protecting children by preventing them from making 'bad decisions' in their 'best interest'. At times, protection is used against a child's will, for instance, when being apprehended from their family.

As service providers, we need to develop the trust and confidence of young people so that we are able to support them to make informed choices regarding their safety and wellbeing. Establishing strong relationships with our clients will enable us to make an informed decision regarding the young person's capability of making decisions on their own behalf. Sometimes, it will be determined that a service provider needs to act in order to protect a client from harm. Nevertheless, it is important that we exercise our duty to protect cautiously and involve the client as much as possible in decision-making regarding their care.

## CONSENT & CAPACITY

According to Ontario's *Health Care Consent Act, 1996* (HCCA) service providers can assume that the client has the capability to give, refuse or revoke consent, if the client is over 16 years of age. This presumption is itself set out under the Health Care Consent Act in these terms (emphasis added):

> *Presumption of capability*
>
> 3(1) Until the contrary is demonstrated, every adult is presumed to be capable of (a) giving, refusing or revoking consent to health care…[xxi]

Notably, though it does establish a presumption of capacity for persons age sixteen or older, the HCCA does not prescribe a minimum age for consenting to treatment. Therefore, as with all clients, a service provider must assess the decision-making capacity of a child before proceeding with treatment.

In Section 7 of the HCCA, it states that a young person will be found to have capacity to consent or to refuse consent if they both:

- Understand the information relevant to the proposed treatment in issue, and
- Appreciate the reasonably foreseeable consequences of consenting or refusing consent.[xxii]

For obvious reasons, a baby or toddler does not have capacity to consent. As a child gets older, however, the issue becomes more complicated. It is up to the person proposing the treatment to decide if the young person is capable of consenting or refusing consent. The issue of capacity requires the service provider to consider the client's age, maturity and general level of understanding, while recognizing that an individual's capacity may vary over time and that a young person may be capable of making certain decisions but not others.

## EXERCISE E: WHO KNOWS BEST?

This exercise aims to illustrate the ways in which perspectives on a client's rights may differ. It will help you consider the way that individual life circumstances may shape a persons behavior and understanding, especially when working with children and young people.

Instructions:

1. Read the following scenario out to the group:

Scenario:

You are about to enter a session with a new walk-in client, Camilla (15), who is seeking support for her mental health. In your conversation, she shares with you that she regularly injects drugs with her 19-year old boyfriend and shares injection equipment. Camilla explains to you that she does not know how to inject on her own and relies on her boyfriend to assist her. In spite of mentioning this, she does not mention that this is something she wants to talk about.

2. Give individuals a card with one of the below characters on it (you can change or add characters to reflect your context). Ask people to think of the perspective of that person and what they might think is best for Camilla, while also exploring what rights might be important to consider in this situation.

For example:

- Walk-In Therapist
- Father of Camilla
- Peer Support Worker (with lived experience of injection drug use)
- Guidance Counsellor

*Examples of how each individual might respond:*

> Walk-In Therapist: "I am concerned about what Camilla has shared with me because I am not familiar with how to support individuals who engage in injection drug use. I feel uncomfortable in the conversation, but know that it is in her best interest to support her safety and wellbeing."
>
> Father of Camilla: "I want my child to have the best life possible and am angry that Camilla is dating someone so much older. I am scared and upset with her choices."
>
> Peer Support Worker: "I respect Camilla's decision to make her own choices, while also know the risks of injection drug use from my own personal experience. I have many suggestions for how Camilla could be safer and reduce risks related to injection drug use."

Guidance Counsellor: “I think Camilla has so much potential but worry about her going down the ‘wrong path.’ I would like to support Camilla to stop using drugs so that she can realize her academic potential.”

3. Present the views of each of the actors and discuss the following as a group

- Which opinions are in opposition?
- How do opinions differ depending on the relationship to the client?
- How might these opinions have an impact on Camilla?
- How might Camilla respond?
- What are Camilla’s rights to confidentiality?
- What legal considerations might be important to keep in mind?
- Who do you think would provide the most effective support to Camilla? Why?

4. Emphasize that all people involved in the scenario hold different perspectives that may be based on personal bias, law, policy, custom and duty. Discuss the impact of the varying perspectives on Camilla and their relationship. Stress the importance of Camilla’s point of view.

## EXERCISE F: EVOLVING CAPACITY

Instructions:

1. As a group, use the scenario from the previous exercise to discuss and compile a list of questions you would ask to explore the client’s capacity to make decisions;

- What will you need to ask Camilla to be sure you can answer the questions required to determine capacity (see Consent & Capacity section) and make a decision about the services you will offer?
- How will you assess whether Camilla understands the services being provided? What would you need to ask them to find out their thoughts on providing parental consent?

Example Questions:

- Do you know why we are proposing this service for you?
- Do you understand the service we are proposing? Please tell me what you know about it.
- What do you understand to be the expected benefits of the service?
- Are you aware of any risks of the service? What do you understand to be the consequences of not receiving the service?
- Are you aware of any alternative services?

2. After the exercise, discuss which questions worked best in getting the information you needed.

3. Note down anything that helped or hindered the discussion. Emphasize the importance of how we gather information and ask questions as well as what we ask.

# 3. KEY PRINCIPLES OF HARM REDUCTION

- Address myths about harm reduction
- Ensure that all staff have a solid understanding of the main principles and values of harm reduction

## ADDRESSING MYTHS ABOUT HARM REDUCTION

- **Harm Reduction is Anti-Abstinence:** The most prominent of these misconceptions is that harm reduction is anti-abstinence. Nothing could be further from the truth! While non-use is a highly effective way of reducing the harms associated with substance use, abstinence lies at one end of a continuum of use that results in harm, with the other end being highly harmful use. Service providers who practice harm reduction are very happy when their clients choose abstinence as a means of addressing issues related to their substance use.

  Where harm reduction service providers differ in their approach from traditional practitioners is that they do not insist on abstinence (or even substance use) being the focus of treatment. Rather, in harm reduction, and consistent with such empirically-supported approaches as motivational interviewing where clients are the ultimate decision makers about goals, the focus and goals of treatment are decided by the client, not the service provider. Harm reduction service providers are not at all opposed to abstinence, provided that is the goal chosen by the client.

- **Harm Reduction Enables Substance Use:** A second misconception is a belief that harm reduction approaches condone and enable substance use and other risk behaviors. This is an illusion that grows out of the approach just mentioned—where the client chooses the focus and goals of treatment, not the service provider.

  With this in mind, it becomes clear that service providers need to recognize and meet their clients where they are at in order to help clients motivate themselves to make changes. Motivation ultimately originates in the client, and the job of the service provider is to help clients who may not yet have decided to change consider the pros and cons of doing so. Insistence on a particular change by the service provider does not result in motivation to change on the part of the client. In fact, research has shown that such insistence fosters resistance! Thus, service providers are faced with a dilemma—insist on change to abstinence and possibly foster resistance, or meet the client where they are and use empirically supported approaches, such as motivational interviewing, to help the client move to a less harmful place in their lives.

  Another benefit of harm reduction approaches, supported by research, is the link with health care services and treatment programs that develops for this marginalized population. For some of these people, this may be the only way they access health care services as well as counseling and other social services.

- **Harm Reduction Permits Harmful Behavior:** Harm reduction neither condones nor condemns any behavior. Instead, it evaluates the consequences of behaviors and tries to reduce the harms that those behaviors pose for individuals, families and communities.

- **Providing Harm Reduction Supplies Encourage Risk Behavior:** Making harm reduction supplies and information readily available shows commitment to the health of clients and the overall community. It demonstrates that you value individuals' health and well-being, and creates opportunities to have open

and honest conversations about varying levels of risks associated with risk behavior. There is no evidence that making these supplies available leads to an increase in the level of risk activities either inside or outside programs.[xxiii] In fact, there is evidence to suggest that harm reduction approaches make people more likely to access treatment. Examples of harm reduction supplies may include providing access to sterile syringes, screens, mouthpieces, as well as, condoms, lube etc.

- Harm Reduction Can/Should Only Be Applied To Substance Use: Harm reduction refers to interventions aimed at reducing the negative effects of health behaviors without necessarily stopping/abstaining from the behaviour(s). The vast majority of harm reduction literature focuses on the risks associated with substance use and on specific harm reduction strategies, such as syringe exchange or supervised consumption sites, rather than on the harm reduction philosophy as a whole. Given that, it is important to understand that a harm reduction approach can address many other risk behaviors that may or may not occur alongside substance use. Harm reduction principles have been applied to various situations that present opportunities to minimize risk such as sex, sex work, self-harm, online dating, gambling etc.

    - Harm Reduction & Sex Work

      Like youth who engage in substance use, youth who engage in sex work have a history in which they have been stigmatised, criminalised, pathologized and discriminated against. They too have a tumultuous history with trying to access social services, which have left many hesitant to seek out support. It's also important to keep in mind that sex work does not only refer to street-based sex work, but is an umbrella term for a variety of situations such as escorting, sending nude pictures, stripping, digital sex work etc. Harm reduction's central values of self-determination, personal agency and non-judgment can be readily applied to work conducted with youth engaging in sex work. Examples of harm reduction strategies for youth who engage in sex work might include peer education, training in condom-negotiating skills, boundary setting, as well as, online safety tips for digital sex work.

      **Note: While what is considered sex work can be highly individual and subjective, there is one universal aspect: consent. For any form of sexual service to be considered sex work, the worker needs to have consented to the activities in advance of and during the session. If any external force or pressure has taken place, this is not sex work. This is sex trafficking.*

## HARM REDUCTION PRINCIPLES

Inspired by the Harm Reduction International's harm reduction definition[xxiv];

- Harm reduction emphasizes the value, dignity, and rights of all human beings;
- Harm reduction recognizes a continuum of risk behaviours and recognizes that some choices present more potential risk for people;
- Harm reduction respects the autonomy of people and is non-coercive. People who engage in a variety risk behaviours that may place them at some form of risk (e.g. substance use, sex work) have the right to access the highest attainable standard of comprehensive health care and social services, offered without bias, judgement, and without the imposition of conditions such as abstinence;

- People who engage in risk behaviours have the right to access available evidence and research on substances, substance use, and harm reduction delivered without prejudice;
- Harm reduction recognizes that people who engage in risk behaviours can best judge the success and effectiveness of interventions, programs, services, and policies;
- Harm Reduction is informed by, centred around, and driven by the community expertise and knowledge of people who engage in risk behaviours;
- Harm Reduction recognizes that factors beyond individual behaviours affect individual and community vulnerability and the capacity to prevent, reduce, and mitigate harm. These harms are magnified by social, and structural conditions including—but not limited to—colonialism, poverty, mental health status, unstable housing, racism, social isolation, incarceration, citizenship rights, past trauma, and discrimination.

# 4. STAFF NEEDS ASSESSMENT

- Evaluate staff knowledge and understanding of issues related to substance use
- Identify gaps in knowledge and learning needs

One of the main principles of harm reduction is the notion of meeting people where they are at and thus, we must first obtain an understanding of the current level of staff knowledge within your organization. To do this, a needs assessment can be conducted with staff to identify gaps in staff knowledge and areas of proficiency. Needs assessments will be most effective conducted amongst individual staff teams as this will allow you to determine staff learning needs in the context of their respective programs and/or services.

## EXERCISE G: ASSESSING STAFF NEEDS

The identification of learning needs is what will inform and shape the way in which you proceed with the following phases of the project.

**Note: Upon distribution to staff, it is essential to emphasize that this needs assessment is not a measure of staff's performance or an assessment of their ability to provide effective support to their clients. Rather, it is an opportunity for professional growth in areas where they may have not had the chance to previously. In addition, it may be important to highlight the strength in having the self-awareness to identify areas where they could improve. The purpose of this is to ensure that staff feel safe being truthful in their responses to the needs assessment.*

This template reflects a sample needs assessment that may be conducted with your organization;

| Position: | Department: |
|---|---|
| Desired Outcome | |
| 1. How would you describe the ideal application of harm reduction in your program? | |
| Current State | |
| 2. What is the current state of your program's relationship to harm reduction approaches and practice?<br><br>3. Is there anything unique about *your position's* relationship to harm reduction within your program? Please describe:<br><br>4. What could your program do to improve its capacity to deliver harm reduction based service?<br><br>5. What barriers exist to implementing these improvements? | |

6. Other comments:

Importance and Proficiency

7. Please rate the following Harm Reduction related topics and approaches on:
   a. The level of importance relative to your work (1-5, 1 being minor importance, 5 being very important)
   b. Your level of proficiency with the topic's information/application (1-5, 1 being none, 5 being a great deal)

| TOPIC | DEGREE OF PROFICIENCY | | | | | LEVEL OF IMPORTANCE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Harm Reduction Core Principles | | | | | | | | | | |
| General information related to substances | | | | | | | | | | |
| Overdose Prevention & Response | | | | | | | | | | |
| Lower Risk Drinking | | | | | | | | | | |
| Safer Use Kits | | | | | | | | | | |
| Safer Injecting Practices | | | | | | | | | | |
| Safer Snorting Practices | | | | | | | | | | |
| Safer Smoking Practices | | | | | | | | | | |
| Possession/Trafficking laws | | | | | | | | | | |
| Legalization/Decriminalization | | | | | | | | | | |
| Street-based Sex Work | | | | | | | | | | |
| Online/Digital Sex Work | | | | | | | | | | |
| Contraception | | | | | | | | | | |
| Sexually Transmitted Infections | | | | | | | | | | |
| Self Harm | | | | | | | | | | |
| Hepatitis A, B, C | | | | | | | | | | |
| HIV/AIDS | | | | | | | | | | |
| Referral Paths for Harm Reduction Services | | | | | | | | | | |
| Motivational Interviewing | | | | | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Stages of Change | | | | | | | | | | |
| Other: | | | | | | | | | | |

| Capacity Building | | | | | |
|---|---|---|---|---|---|
| I am most likely to increase my proficiency with harm reduction topics through; | | | | | |
| Rate below: | 1 least | 2 less | 3 neutral | 4 more | 5 most |
| Group training workshops | | | | | |
| Individual targeted training sessions | | | | | |
| Individual case consultations | | | | | |
| Better understanding the "WHY" (philosophical underpinnings) | | | | | |
| Better understanding the "HOW" (practice with harm reduction materials) | | | | | |
| Relevant books | | | | | |
| Relevant pamphlets | | | | | |
| Relevant websites | | | | | |

**Note: It is important to think about the various contexts in which your organization interacts and engages with young people. Depending on the types of programs and services that your organization offers, you may find that staff identify a wide range of potential learning needs and have substantial variations in areas of capacity/proficiency. This is to be expected considering the differences in staff roles and responsibilities. As an organization, you should consider which areas of knowledge are most important for which staff members; for instance, you may decide that it is essential for staff who provide ongoing counselling to be proficient in the Transtheoretical Model of Change, but that it is not essential for administrative staff. You may also want to consider identifying unique learning priorities for different programs.*

# 5. INVOLVING YOUTH WITH LIVED EXPERIENCE (PEER WORKERS)

- Honour the expertise of young people with lived experience
- Position young people as leaders in the process of building harm reduction capacity
- Training and supporting peer youth employees

Peer work has long been the basis of any community based movement or organization, especially when it comes to harm reduction. The meaningful employment of people with lived experience improves service quality through more relevant, accessible services informed by those who may access them. In this context, meaningful employment refers to the active engagement of peer workers throughout their work within the agency. This means moving away from tokenism (a practice that consults peers for superficial purposes), and actively involving peers in all stages of decision-making, program/policy planning and development.

## STRUCTURING THE ROLE

Peer work is all about a human-centered approach, focusing on the needs of the individual and trusting them to lead the way. In order for an agency to successfully integrate peer work into their organization, it is important that this approach be extended beyond the peer-client relationship and into the peer-employer relationship as well.

With that said, below are a few key questions that organizations should consider before recruiting peer youth;

- How many peers does your agency aim to hire? (At least three is recommended)
- Consider the valuable kinds of life experiences (past and present) that peers should have in order to fulfill the role.
- How many hours will peers work each week? Will they be uniform across all peers or negotiable on an individual basis?
- Who will supervise the peers?
- What kind of supports might they need both professionally and personally?
- What training might you need to offer to support peers in their work?

## RECRUITMENT CONSIDERATIONS

When working with peers, accessibility through all stages of the hiring and employment process is essential.

### THE JOB AD

When looking to hire peer workers, it's important that the job advertisement is as clear and accessible as possible. In order to make that happen, try to use language that can be easily understood and aim to avoid jargon.

The primary job qualifications for a peer harm reduction worker should relate the applicants':

- Lived experience such as substance use and/or mental health;
- Alignment with harm reduction principles and values;
- Capacity to advocate with and for clients;
- Professional and ethical conduct.

Of note, many providers have found that the application of common job criteria for service provider positions can effectively screen out some of the most promising peer candidates. Job criteria that most frequently screen out

ideal candidates are *academic qualifications* and *criminal history*. It's important to keep in mind that having lived/living experience of substance use means that peers are more likely to have had interactions with the criminal justice system due to the criminalization of substance use. Similarly, if hiring young adults as peers, by the very nature of being young adults means that they are less likely to have obtained academic qualifications often required of service providers. Thus, it makes sense for program management and HR to relax requirements that tend to screen out youth and young adult applicants, especially those with lived experience of substance use.

Be clear about the roles and responsibilities of the position as well as pay rate, number of hours, and location. If the position will be paid in cash, or honorarium be clear about this as well. If there are any additional forms of compensation (e.g. tokens, food) make note of this.

Peer positions should be advertised in a variety of settings. This can include virtual options such as job sites, social media (Facebook, Instagram, Twitter), the agency's website etc. as well as posters in local drop-ins, health centres, and anywhere that provides services relevant to the position.

### APPLICATION SUPPORT

Because of the nature of potential candidates, it is necessary to consider how best to support them in the recruitment process. Some applicants may still be in high-school and have never applied to a formal job posting before. Other applicants may not have a lot of experience in the workforce and will lack the confidence or skills to apply. Some of the common elements of employment recruitment, such as providing a cover letter and resume, may represent a real barrier to the very people who could be the most helpful peers. Support for prospective applicants can be provided either within the organization or offered to applicants through a partner agency specializing in employment support. For example, Skylark has a partnership with Toronto Youth Partnerships & Employment (TYPE), which provides mobile intensive case management to youth (aged 16-29) in Toronto who are facing challenges obtaining employment.

### DIVERSITY IN LIVED EXPERIENCE

While lived experience is often talked about as a singular thing, with only one facet being highlighted (e.g. lived experience of substance use, mental health etc.), lived experience is inherently unique to the individual and their own intersectional identity/ies. When asking for feedback based on lived experience, employers should account for these intricacies and seek out peers that are representative of the diverse communities they work with. This will help to ensure that the perspectives being shared are truly relevant to the community and recognizes that diversity is essential to responding to the ever changing range of client experiences.

## EMPLOYMENT SUPPORT

When working with peer youth, it is important to continuously check in with any accommodations the peers may require. This can look like group check-ins every meeting, as well as individual check-ins with peers one-on-one.

Additionally, as time goes on, the life of peer workers may change and their availability (physical and emotional) may fluctuate. Staying flexible and working around these changes will go a long way in employee retention, workplace satisfaction, and the mental wellness of peer workers.

Remembering that many peer workers will continue to experience the social barriers that make them an asset to your team and responding to such needs is an important part of hiring peer workers. Employers have a responsibility to ensure that mental and physical wellness support is offered to their peer workers throughout their

employment. In addition to workplace accommodations (e.g. flexible hours, altered workspaces, etc.) support should be offered outside of work hours. This may include counseling, employment, housing, and/or physical health supports.

**Note: Some peer workers may feel conflicted about continuing to access support services at the agency they are now employed by. Before hiring peer workers, consider reaching out to community partners to identify external supports that would be available to peers.*

## PEER TRAINING

One of the ways that organizations can support the meaningful participation and engagement of people with lived experience is by providing opportunities for professional and personal development. The intention of peer training is twofold; firstly, it is critical that organizations acknowledge the emotional labour inherently involved with doing peer work. Peer workers are expected to continuously draw upon their own experiences of struggle, trauma and resilience. In comparison, most workplaces typically do not ask, if not discourage employees from bringing their personal life into their work. With this in mind, it is important that organizations who work with peer workers offer opportunities for peers to develop skills necessary to do their work and beyond. Secondly, while peers should be drawing upon personal experiences as their expertise, peers may still need to build their knowledge in areas of harm reduction that they have less, little or no experience; they also may need support developing their ability to translate their personal experiences into educational content. Depending on funding restrictions and organizational capacity, trainings can be offered internally or externally.

Trainings offered to peers may include the following topics;

- Professional Boundaries- navigating peer relationships with clients, personal/professional boundaries
- Group Facilitation- tools and strategies for facilitating a successful workshop/training/group
- Peer Support- including skills such as active listening and basic counselling approaches
- Research & Evaluation-facilitating focus groups, conducting interviews and community needs assessments
- Anti Racism & Anti-Colonization- understand the dynamics of privilege, power, oppression, and positionality, systemic racism as well as, non-Western approaches to health/harm reduction
- Harm Reduction 101- harm reduction philosophy, values, approach to practice etc.
- Drugs 101- reviewing types of drugs, drug categories, history of drugs, legality of drugs etc.
- Safer Drug Use- drug, set and setting, strategies to reduce harms of various substances
- Sexual health- STI's, contraception, HIV/AIDS, harm reduction strategies
- Overdose Response- signs, symptoms and responses, Naloxone administration

**For more information on considerations when hiring and working with peer youth, please see the guide created in collaboration with our Peer Youth Harm Reduction Team, "Best Practices for Peer Work" (2020).*

# 6. IDENTIFYING YOUTH NEEDS

- Centre youth voices in identifying areas for improvement
- Provide opportunities for youth who engage in risk behavior to express their thoughts and opinions.

It is essential that children and young people are consulted in processes and decisions that aim to benefit them, and are involved in the design, implementation and evaluation of programs and services to ensure that they reflect their realities and needs. Recognizing that those with lived experience are best placed to advise on challenges and barriers they face is a key component of ensuring meaningful participation and involvement.

Checklist for discussions with children and young people;

- Employ youth with lived experience (peer workers) to facilitate the discussion, as many young people will not feel comfortable speaking honestly with adults or service providers.
- Explain young people's right to leave the process at any point
- Be clear about the limits to confidentiality
- Tell them about any policies that may influence their participation (duty to report etc.)
- Be clear about service boundaries- what you can and can't do
- Explain why you are documenting discussions and how information will be used

Be prepared to act on the suggestions provided by your clients. If you've determined as an agency that there are limits to your capacity to implement harm reduction, prepare to support your staff to identify external programs and services that clients can be referred to if/when needed. In these cases, it is important to inform clients of the organizations' limits to avoid unrealistic expectations.

In keeping with best practices for youth engagement, it is essential to provide some form of compensation to youth who have taken the time to participate in providing feedback. If monetary compensation is not possible, consider providing food, tokens, extended program access etc.

## EXERCISE H: ASSESSING NEEDS OF YOUTH

Purpose: Identify the challenges that young people are experiencing in regards to accessing mental health supports as individuals who engage in substance use.

Instructions:

1. Identify a small group of questions to be discussed in the focus group. Questions should be open ended to ensure participants are not led in a certain way.

> *Upon discovering our agency, what was your first impression of our ability to support you as someone who engages in substance use?*
>
> *When discussing experiences with a staff member, have you ever felt the need to leave out details related to substance use? If so, what are the reasons you felt this way?*
>
> *In what ways are staff able to make conversations about substance use more comfortable?*

*What types of resources or support would you find helpful if you could access?*

2. Identify peer workers to moderate the discussion and clients with lived experience to participate in the focus group. You should aim to have around 6-10 participants.

3. Discuss with participants how they would like to provide feedback. Make arrangements to meet those preferences and accommodate for any accessibility needs. For instance, participants may request to provide feedback using art-based evaluation methods or through interactive activities rather than a typical discussion-based focus group.

4. Provide incentives for clients to participate, such as honoraria, tokens, volunteer hours and/or snacks.

5. Following the focus group, provide an opportunity for participants to evaluate their participation in the focus group. The evaluation may ask participants to evaluate the structure of the group, how the conversation was facilitated, in addition to, how comfortable they felt sharing their opinions in the group.

5. Determine how you will analyze and disseminate the data.

**Note: Depending on the nature of your services and clientele, focus groups may not be the most effective method of obtaining feedback. It is important to provide a variety of methods for clients to offer their input, including surveys, one-on-one interviews, as well as, arts-based methods. Due to experiences of stigma and discrimination, it is to be expected that some clients may not feel comfortable speaking about their experiences in a group setting. Considering the types of services your organization provides, staff are encouraged to discuss these methods with frontline service providers (including peer workers) to determine which method(s) would be most preferable to clients in their respective programs.*

# 7. EXPLORING READINESS FOR CHANGE

- Assess organization capacity to meet the identified needs of youth who use drugs
- Explore programs and services in your agency that do or have the ability to support harm reduction
- Develop procedures to mitigate the potential impact on staff members

When thinking about capacity, you may need to reflect on a number of factors. Essential among these are the current skills and knowledge of staff. You should consider in particular whether staff have the skills to consider the needs of children and young people within harm reduction services; are able to communicate with and listen to children and young people and build a rapport with them.

You also need to assess whether the services **can be delivered on site** or **through a referral process**. It is important to think about your organizational values, mandates and capacity when making this decision.

## EXERCISE I: DETERMINING PRIORITY SERVICES FOR YOUTH WHO ENGAGE IN SUBSTANCE USE

Purpose: This exercise is designed to help you prioritise learning objectives based on staff's ability to bring change or improve the lives of children and young people who engage in substance use.

Please use the responses provided in Exercise H to inform this activity.

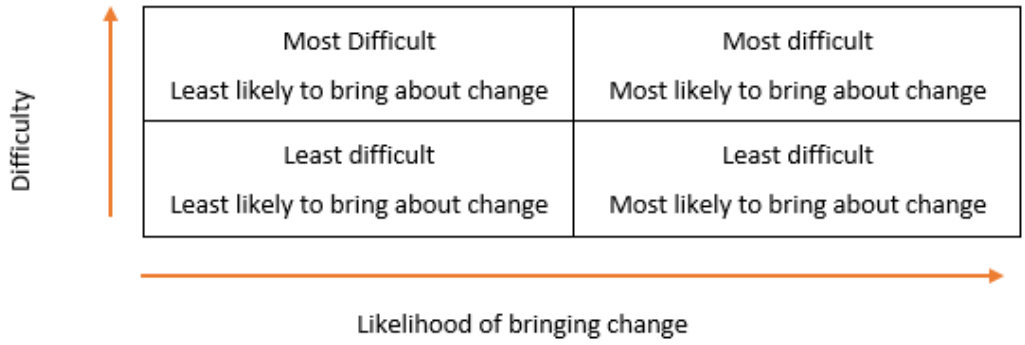
Instructions:

1. Write each of the resources and types of support that focus groups identified on a post-it note. On a white board or big sheet of paper draw a graph (like the example on the next page) with 'Difficulty' on the vertical axis and 'Likelihood of bringing about change' on the horizontal axis.

Example: At Skylark, the following responses were outcomes of the needs assessment conducted with youth:

- To receive support from service providers around specific harm reduction practices for substances they use or other risk behaviours they engage in.
- Services that do not require abstinence (removing zero-tolerance policies)
- Honest drug education (without fear tactics and acknowledgments of benefits)
- Being able to receive support from people with lived experience
- Access to safer sex supplies, particularly dental dams and insertive condoms ( as these are the least accessible/most costly)
- Access to safer drug use/ supplies, such as filters, testosterone kits, and drug testing kits
- Access to safer tattooing/piercing supplies such as needles, alcohol wipes, non-toxic ink etc.
- Access to food, shelter and legal support

2. As a group, decide where each of the resources and types of support should be placed along the axis. This will help you visualise what services are likely to have most impact, and which will be easiest to provide.




3. Use the exercise to help you prioritise what services should be offered. As a group, discuss the following considerations: Will you choose to focus on one service, which may be difficult but likely to bring about most change? Or perhaps you feel it would be best to offer a number of services that will be easy to implement but may only lead to small amounts of change? **This is not to say that effective change is always difficult to achieve**, but this exercise will help you to determine your priorities and capacity for organizational change. It may also highlight some additional barriers and potential challenges as you begin to think about actualizing new or differently delivered services. Decide as a team what is best for your organisation. It is important to remind yourself of the principles and commitments to working with children and young people, and the duty of care we have as service providers to ensure we are doing all we can to meet their needs.

4. Once you have decided which services to focus on, the template below can help your organisation determine what issues require follow up.

| **Service** | **Do staff have adequate knowledge in this area to provide this service?** If not, what are the gaps in knowledge and how can they be addressed? | **What considerations are involved with providing this service?** I.e. legal, politics, policy, funding, mandates etc. | **Can this service be provided on-site?** If so, who would be best positioned to provide this service. How will this service be communicated to staff, clients, community etc. | **Could this service be delivered via referral?** If so, have we identified what services are available elsewhere? How will the referral process be managed? |
|---|---|---|---|---|
| *To receive support from service providers around specific harm reduction practices for substances they use and/or other risk behaviours they engage in.* | *Staff express hesitancy around best practices for harm reduction strategies. Trainings will be offered to support staff knowledge in this area.* | *Laws surrounding 'consent to capacity' for youth.*<br>*Policies that conflict with working with people who use drugs will need to be reviewed.* | *Yes. All of our frontline staff are able to provide this service. This service will be communicated via our website and the peer youth harm reduction team.* | |

| | | | | |
|---|---|---|---|---|
| | | *Explore professional mandate around 'duty to disclose' when working with youth independent of their families.* | | |
| *Access to safer drug use/ supplies* | *Staff are currently unfamiliar with harm reduction supply kits, how to use them, store them properly. Staff have additional concerns around distributing them within a children and youth mental health agency.* | *Legality of providing HR supplies to children and youth.*<br>*Safety concerns around providing sharps to youth who are accessing mental health services.*<br>*High risk of conflict with mandates and donor perspectives.* | *No.* | *Yes. Service users will be directed to access harm reduction supplies at a community health centre which provides specific drop-in hours for youth and young adults.* |
| *Access to sexual health information and contraception* | *Staff are knowledgeable and confident in their ability to support clients in conversations about sexual health, contraception and STIs. Trainings were provided to support staff in conversations with parents who express concerns.* | *There is no legal risk or conflict with current policies, mandate or funding obligations.* | *Yes. Sexual health kits will be made available in the waiting rooms of our walk-in clinics, residences and day treatment programs. This service will be communicated via word of mouth and social media.* | |

## EXERCISE J: CREATING A REFERRAL DIRECTORY

Purpose: Using the outcomes of Exercise J, you will have identified the service needs that will be offered internally and which will be referred externally. Therefore, it is essential that service providers are familiar with and knowledgeable of what services are available in your local community. It's also important to prepare for the wider needs of children and young people who engage in risk behaviour through identifying services such as shelter, education, employment and legal services which often intersect with experiences of substance use and other risk behaviours. Through this exercise, you will identify available services and develop a referral directory.

Instructions:

1. Reflect on the focus group discussion in Exercise J. As a group, determine which needs are covered

2. For each of the expressed needs, create a list of services that your organisation could provide referrals to. Use the template below to develop a document that can easily be given to young people.

There are several ways to format a referral directory but at a minimum, you should include the following information:

- Organisation or service name
- Address, phone number, email address, web address and contact person (if
- possible)
- Type of services available and any restrictions e.g. age
- Hours of operations
- Any charges/costs involved
- Client reviews/feedback

How you organise the directory is up to you. You could arrange services alphabetically, or by service type.

**Note: a referral directory is only as useful as it is accessible. When organizing your referral directory, it is important to think about how it will be used by service providers and the ease at which they will be able to identify appropriate services. It is recommended that you implement a method of filtering results to find services that meet the needs of specific clients.*

Example:

| Counselling Services | | | | |
|---|---|---|---|---|
| Organization | Location | Contact | Eligibility | Notes |
| | | | | |

If you decide to organize your directory alphabetically, it is a good idea to provide an overview of the services that each organization provides.

Example:

| Organization | Types of Services Offered | | | | | |
|---|---|---|---|---|---|---|
| | Counselling | Residential | Legal | Supplies | | |
| Example 1 | | | X | X | | |
| Example 2 | X | X | X | | | |

Before you start referring clients to services, you need to make sure you have thought about any unintended consequences. You also need to make sure you have a way of tracking and monitoring these referrals, to ensure that your clients are getting the care they need and to facilitate continuous quality improvement. Remember, some service agencies may not have experience or be familiar with providing services to youth who engage in substance use or other risk behaviours.

Due to the time demands on frontline workers and the complex issues presented by some young people, there can sometimes be a temptation (and some pressure) to 'pass' the young person off to another service. However, this is not good practice and may result in unintentional harm. Building a relationship with a young person takes time, effort and energy. Gaining and maintaining trust is so important for the young person's continued development and for their future ability to trust other agencies and professionals. It is, therefore, critical for staff to ensure that all referrals take the form of a warm handoff, whereby staff involve clients and members of the external organization in the process of determining what services would best support the client.

## CONSIDERING THE IMPACT ON STAFF

Working with young people who engage in substance use can present dilemmas and ethical decisions to service providers. Your concern to support a young person as best you can in the context you are in can lead to difficult emotions. In addition, staff may have security concerns and legal worries about approaching children. It is important that your organisation has thought about the need for support and supervision of your staff members.

Your concern to support a young person as best you can in the context you are in can lead to many emotions; you may feel guilt about a decision, feel responsible for the ongoing care of your client, feel anxious about the consequences, or have conflict with clients or other staff. The protection and wellbeing of young people can be distressing and can lead to burnout among staff. It is critical that practices are put in place to ensure that staff are adequately supported throughout their work.

The following exercises aim to help foster solidarity and a community of support amongst colleagues, in addition to, collaborative solutions to collective problems. The first exercise is an excerpt from Vikki Reynolds' (2011) article "*Resisting burnout with justice-doing*";

### EXERCISE K: WITNESSING OUR COLLECTIVE ETHICS

Purpose: The objective is to identify collective ethics that bring meaning and purpose to your work.

Instructions: In staff teams, pairs or as a large group, discuss the concept of collective ethics. There are multiple ways this exercise can be facilitated. The following questions can be discussed as a large group, individually, as well as, through other mediums such as art.

Collective Ethics are those important points of connection that weave us together as therapists and community workers. In most of our work these collective ethics go unnamed, but they are the basis for the solidarity that brought us together and can hold us together. It is helpful to map out collective ethics within teams of workers to foster a collective commitment to these ethics and create shared meanings. Naming collectively held ethics can invite rich critique, and clearer agreements. As community workers we do not have to create perfect collective ethics, as distinctions in our ethical positioning can also offer multiple possibilities that can expand our usefulness.

- What are the ethics that drew you to do this work? What ways of being in this work do you value, hold close, maybe even sacred? What ethics are required for your work, without which you would be unable to work?
- What is the history of your relationship to these values and ethics? Who taught you this? How have these ethics shown up in your life and work?
- What ethics or values do we hold collectively?
- What ethics are alive in our work when we're doing work that clients experience as most useful?

- How do we do this work in ways that are in accord with our collective ethics?
- How can the holding close of our collective ethics foster our sustainability and transformation across time?

*From: Reynolds, V. (2011). Resisting burnout with justice-doing. The international Journal of Narrative Therapy and Community Work. (4) 27-45.*

## EXERCISE L: ASSESSING & PREPARING FOR EMOTIONAL CHALLENGES

Purpose: This exercise is to help you think through some of the emotional challenges your staff may be facing in their work and how best to address them.

Instructions:

1. In a group setting, ask people to think of a situation where they made or dealt with a decision that affected them emotionally. Perhaps they felt guilty or uncomfortable? Maybe they could not stop thinking about the consequences?

> Example Scenario: During a session with a walk-in client, Nala (14), shares that they would like to talk about strategies that will help them with social anxiety. They mention that they've recently tried MDMA and really enjoyed the effects. They noticed that after taking MDMA, their anxiety completely went away, which enabled them to have a great night with their friends. Nala states that they would like to discuss how they can cope with social anxiety when they aren't under the influence of MDMA, such as at school.

2. Either together or in small groups, ask someone to describe a real life example that had an impact on them. Talk through:

- How it affected them and what helped them deal with the decisions/actions and what didn't help
- What other support they might need
- What other support they would expect from your organisation.

Questions for reflection include:

- Do staff know whom to talk to when difficult situations arise?
- Is there an organisational policy on what staff members should do if they are feeling overwhelmed?
- What support is given for a new staff member on how to navigate and address the emotional challenges associated with the work?
- While ensuring confidentiality, is there a space for sharing among colleagues?

# 8. BUILDING CAPACITY

- Peer-led facilitated workshops to be provided to agency staff
- Consultations to be conducted with agency staff on individual client scenarios
- Offer topic-specific training to staff based on team-identified learning needs.
- Develop learning materials and resources for staff and youth

## WHY PEER-FACILITATED WORKSHOPS?

### LIVED EXPERIENCE AS EXPERTISE

Lived experience matters because it resonates with service providers and clients more than theories, statistics, and diagnoses on a piece of paper. When you hear someone has lived experience, you know that these issues affect real people and learn how to better understand the perspectives of the individuals you aim to support in your work.

### BENEFITS AGENCY CREDIBILITY AND EFFECTIVENESS

Choosing to engage peers in public health policy, planning, programming and evaluation comes with several benefits. Input from the community ensures initiatives are relevant and can minimize unintended consequences. Collaborating with peers promotes the credibility and legitimacy of service providers, thereby increasing buy-in from the community and acceptance of decisions. By ensuring decisions will be acceptable and equitable, peer engagement minimizes implementation issues, ultimately producing more sustainable decisions and outcomes overall.

### THE DIFFERENCE OF PEER WORK TO CLIENTS

People prefer to confide in someone who has been through it, as opposed to a professional who doesn't know what they don't know. The support and understanding you get from someone who has been there can offer you guidance and options in a different way. It's difficult to get that kind of empathy from someone who has only read about it in books.

## STAFF TRAINING

Depending on the types of needs identified in Stage 3, you will have determined the types of trainings that would be helpful to staff. Keep in mind that because of diverse work histories, types of interactions with youth and personal biases, it is expected that not all staff will see eye to eye in regards to their comfort level, knowledge and experience with harm reduction. When developing trainings for staff, it is important to keep in mind that there may be a range of knowledge that currently exists amongst staff. Therefore, it may be necessary to develop unique trainings for each staff team.

### POSSIBLE STAFF TRAINING TOPICS:

- Harm Reduction Philosophy

- Routes of Administration
- Safer Substance Use Strategies:
    - Cannabis, Alcohol, Cigarettes
    - MDMA, LSD
    - Cocaine, Crack, Heroin
    - Pharmaceutical/Prescription Drugs
- Stages of Change & Substance Use Management (SUM)
- Motivational Interviewing
- Overdose Prevention & Response
- Supporting Parents/Guardians of Youth who Use Substances

**Note: For a sample template for a staff training that was developed by the Youth Harm Reduction Team, please view to Appendices A-F.*

## CONSULTATIONS

While trainings offer staff an opportunity to learn and practice new skills, it is often impossible to plan for every possible situation that staff may experience in their work. Consultations allow for staff to access ongoing support as they become familiar with applying a harm reduction approach in their work. If this is something that is determined would be helpful to your staff, consider investing in a Harm Reduction consultant who can support you on an ongoing basis. Consultations can be offered individually with service providers or amongst staff teams. Depending on how your organization is structured, it might be necessary to offer multiple methods of accessing consultation. For instance, phone calls, email correspondence, web meetings and off-site meetings are all possible methods of providing consultation.

Example consultation scenarios;

- I am working with a client that identifies that they would like to abstain from smoking cannabis, but they do not feel ready to make any changes to their use. How can I support this client in their goal of abstinence if they do not want to stop using?
- I am working with a client who uses cocaine with their friends at social gatherings. They are worried because they have heard about the risk of drug contamination and want to know how they can minimize this risk. How do I support them to stay safe?
- I am working with a client who is frequently using alcohol and is noticing some negative impacts on their life. They do not want to stop using, but are concerned that their drinking is interfering with their schoolwork. What strategies might be helpful to support this client to change their use so that it does not hinder their ability to succeed at school?

# 9. SUSTAINING CAPACITY

- Formalizing and standardizing change
- Preparing for attrition
- Measurement
- Maintaining momentum

Sustaining change means integrating it into the larger systems of the organization, including its culture and management systems (e.g., HR practices, power structure, and governance). It is important to highlight the "what's in it for me," for everyone affected by the changes being made. Effective, early, and frequent communication will give those affected by the change some ownership of the project and a stake in its success.

## FORMALIZE AND STANDARDIZE CHANGE:

Research and experience demonstrate that support from organizational leadership is essential to successful quality improvement efforts.[xxv] In order to formalize and standardize change, it is, therefore, imperative for leadership to have a clear understanding of their role in modelling and promoting that change. Agency leaders can demonstrate this through visible and audible support for harm reduction whenever communicating to staff, clients and stakeholders, recognizing that communication allows us to share norms and values, as well as, foster trust and commitment to the change.

Once a change or new process has been implemented, it must be monitored to ensure it is performing as expected. It also helps to eliminate old methods of doing things where possible. This can include removing zero-tolerance policies, as well as, revising procedures that conflict with the values of harm reduction. At the same time, behaviours that support new processes should be encouraged and reinforced to make the change the 'norm' within the organization. This may include the development of new policies and procedures to ensure that staff and clients have a clear understanding of how harm reduction will be incorporated into service delivery.

## PREPARING FOR ATTRITION

Implementation science tells us that ongoing opportunities for learning are essential to sustained organizational change, often in the form of provision of resources, along with training and coaching.[xxvi] To make changes "stick," information about the new processes should be built into the orientation of new employees, into job descriptions, and into policies. All too often training is too brief and too infrequent. Training should be an ongoing process that provides direct support to those affected by the changes being made. Effective training sessions not only inform participants about how to complete a process, they are also opportunities for gauging the comfort level of those being trained on the new skills and knowledge they are learning. The following are some suggestions to ensure training sessions are effective, valuable and sustainable:

- Encourage those being trained to identify other skills and processes they may require training in
- Offer ongoing peer support to prepare staff to respond to the evolving needs of youth and stay informed of current trends
- Identify a small number of staff who could be trained to be trainers themselves.
- Implement a procedure for staff to provide ongoing feedback to assess impact, value and relevancy of trainings offered

When training sessions are informative and effective, staff will grow confident in working with new processes. They will also be better able to improve, maintain or re-establish the changed process, even if there are factors that threaten to disrupt it.

## MEASUREMENT

Measurement is crucial at every stage of change implementation. Establishing a baseline for measuring and communicating the improvements can be an exciting and motivational process for teams. Measurement helps the team identify priorities. Providing feedback on the progress achieved (or not achieved) allows the organization to celebrate their success or take action to resolve any issues. Measures should be shared with staff in various ways, including staff meetings and formal reports. Graphs that depict data gathered over time are effective for conveying success stories. Displaying these graphs in areas where the staff tends to gather (for example, the break/coffee room) is an excellent way of sharing measurements and demonstrating progress. Being able to see how well teams are doing with improved processes often incentivizes further improvement.

## MAINTAINING MOMENTUM

Sustainability is accomplished when the new ways of working and the resulting improved outcomes become the norm. Not only have the processes and outcomes changed, but the thinking and attitudes behind them are fundamentally changed. In this case, harm reduction would be integrated into the day-to-day, rather than something 'added on.' Sustainability means holding the gains and evolving as required, without reverting to the old ways of doing things. Typically, the completion of an improvement effort is celebrated, but little is done to celebrate the maintenance of that improvement. A part of maintaining momentum, might look like making definite plans to celebrate continued success and to reflect on the agency's progress.

## SUGGESTED READINGS:

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Slemon A, Jenkins EK, Haines-Saah RJ, Daly Z, Jiao S. "You can't chain a dog to a porch": a multisite qualitative analysis of youth narratives of parental approaches to substance use. Harm Reduct J. 2019;16(1):26. Published 2019 Apr 5. doi:10.1186/s12954-019-0297-3

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# APPENDICES

## APPENDIX A: SAMPLE FACILITATION GUIDE

This training was developed and facilitated by peer youth harm reduction workers for service providers at a youth mental health organization in Toronto, Ontario.

**Note: This is a sample of what a possible staff training may look like within your organization, however it is important to keep in mind that the discussions and activities outlined in this template were created by youth specifically for service providers at our organization and may not be relevant/applicable to yours. Please feel free to adapt these activities to better suit your organization and the communities you work with.*

**Training Topic:** Harm Reduction 101

Purpose: To encourage staff to start thinking about harm reduction as an approach to practice, address misconceptions and highlight the importance of using harm reduction with youth.

**Introduction**

Welcome the group and introduce yourself. Consider giving some details about your background and experience i.e. why you are here to do this training.

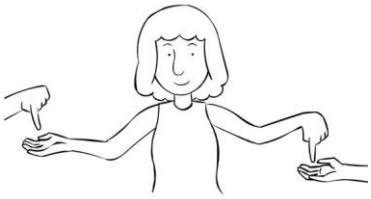
**Land Acknowledgment**

*We would like to begin by acknowledging that the land we are on is the traditional territory of the Anashnaabeg, Haudenosaunee, Huron-Wendat, Petun, Seneca and, most recently, the Mississaugas of the Credit River. We want to acknowledge that the land that we are situated on is stolen land that was forcibly taken through dispossession, displacement and genocide. We recognize that colonization is not merely a piece of our history, but is perpetuated through the systems and structures that we continue to operate within. This land acknowledgment is particularly relevant for this workshop because of the direct role that drug policy plays in maintaining colonial relationships. It is also important to note that while colonialism plays a huge part in policy, attitudes and internal stigma are a more insidious yet equally as painful aspect of colonial thought. In order to continuously decolonize our thoughts and behaviours, examining internalized drug related stigma is integral to effective deconstruction of colonial system.*

*It is important to recognize that this land acknowledgment is not just a statement, but also an intentional act as part a collective agreement and responsibility to work towards decolonization. Decolonization, like harm reduction, is not a set of concrete practices or actions, but a value system and lens, which must permeate through all aspects of our daily life. This intention does not end at the completion of this workshop, but embodies a lifelong commitment to work in solidarity with the Indigenous communities that exist on Turtle Island.*

**Check-In:** Tell participants that we will be going around the room to introduce ourselves and explain our connection to the work. Ask everyone to explain: Your name, pronouns, your role (position title), and how your role brings you to interact with youth who use drugs.

**Icebreaker Activity:** Finger Story



You Will Need:

- "Bird" story (Appendix B)

Instructions:

- Ask participants to stand in a circle
- Participants in the circle will be asked to connect with one another by standing with their hands reaching out to one another. With the left hand they will be asked to hold their palm facing up (as if they are about to receive something). With the right hand, they will be asked to point their index finger down. Once this is done, each person will have their palm connected to the index finger of the person standing to their left and their index finger connected to the palm of the person standing to their right. See image above for a visual example of how this should look.
- The facilitator will explain to the participants in the circle that they will be told a story and that they have to listen carefully for a particular word to be said. The facilitator will then begin to tell a story which integrates the chosen word.
- When the participants hear the chosen word, they must try to capture the finger of the person standing to their left, while simultaneously trying to pull their finger away from being caught by the person on their right.
- This activity can be repeated with new words!

**Activity Debrief:**

Discuss the following questions with participants:

- How much of the story do you actually remember?
- Explain that this activity was done to demonstrate the consequences of what can happen when we allow our attention to focus on substance use, rather than the whole story. When we are so focused on buzzwords, we sometimes become so concentrated on listening for the buzzword that we end up missing the entire story. In the case of working with young people who use substances, this could result in denying that young person the opportunity to talk about what is important to them, as well as, reinforce negative stereotypes.
- Ask the participants, if anyone at times felt as though they were anticipating the word being said, before the word was actually said?
- How does this experience relate/change the work you do with young people who use substances?

Explain to participants, that sometimes we become so attuned to listen for certain buzzwords that we find ourselves, trying to predict the story. When working with young people, this tendency could possibly result in assuming that we know where the story is going and unintentionally, impose a narrative onto that young person. Likewise, we may also make the assumption that we know what the important parts of the story is, as opposed to letting the person tell us what is important to them.

Oftentimes, when youth mention experiences of drug use, it can create an emotional response. We become on high-alert for any risks or dangers the youth maybe encountering. Despite our commitment to not impose our feelings onto our clients, our reactions can speak loudly and this is why we are here to talk to about harm reduction.

Discussion:

What is harm reduction?

Harm Reduction is a practice meant to do as it says, reduce harms. But harm reduction is much more than a practice, it is a mindset and value that is rooted in a number of principles.

- Harm Reduction first and foremost recognizes that all people are valuable and entitled to dignity and respect as well as the choice of how to live their life.
- Harm reduction does not seek to make choices for people, but to help support the choices they make themselves. Harm reduction also does not judge peoples choices, rather places value in lived experience and understands that when it comes to the clients' life, they know best.
- Harm Reduction seeks to affect people who use drugs on not only an individual level but on a systematic level by challenging judgements and stigmas that are deeply embedded into our society.
- Harm reduction neither promotes nor vilifies drug use, it simply accepts it as part of life and seeks to lessen potential risks associated with drug use.

Why harm reduction and youth?

Harm reduction applies to young people more than any other demographic as harm reduction focuses on liberating an oppressed group of drug users. Someone who is young is more likely to be oppressed and subject to stereotypes than someone who is an adult. Young people often come under unwanted surveillance even if they are only suspected of drug use. Young people often use their limbic system to make decisions, which is emotionally driven and looks for quick rewards, while usually ignoring risks. For this reason, youth are more likely to use substances. Harm reduction goes hand in hand with youth because it can protect them while they use. Harm reduction explores aspects of drug use that traditional drug education does not, it does not perpetuate harmful stereotypes, it trusts people to make the decisions that work best for them. Harm reduction teaches principals and skills that young people need to make informed decisions about their health.

Activity: Gallery Walk

Purpose: This activity helps to demonstrate the various ways we each understand harm reduction and harm reduction values.

You Will Need:

- Quotes- each quote should be printed on a separate piece of paper (Appendix C)
- Tape to stick quotes onto the wall

Instructions:

- Explain to the participants that they are about to do a gallery walk, which involves walking around the room and reading each quote on the walls.
- After reading all of the quotes, ask participants to choose the one quote which most resonates with them and their practice.
- The facilitator will lead a discussion, asking participants why they chose the quote that they did, what it means for them and how it relates to their practice.

## Activity Debrief:

- What did you see/hear?
- How did you feel during this exercise?
- What are some key insights?
- What will you do differently as a result of the experience?

## Discussion:

Panic & Pathologization:

It can feel scary to learn that a client is using drugs. However, we must recognize that most of this fear comes from stereotypes. Some models suggest that drug use is a disease. These models dehumanize people who use drugs and deny their power to make their own decisions by assuming they have no power over their use. People will also associate certain races with drug use over others. This association can cause other increased risks, including but not limited to, potential legal consequences.

Isolation:

These legal consequences push youth who use drugs to go underground. This leads to the constant feeling of isolation. As well, youth who use drugs constantly come under surveillance and interference, making them feel unsafe and untrusted. In turn, they do not trust us as well so drug use is rarely talked about with service providers or adults. Therefore, when it is mentioned, it is seen as radical and dangerous, which can lead to shame and blame. Not only is this harmful to clients, it prevents them from accessing and benefitting from supports.

Shame & Blame:

People, especially youth, often get blamed for drug use as some sort of moral or social failing, they are seen as weak for not "getting clean". This blame often leads to internalized shame.

It's important to acknowledge that substance use may meet important needs for a youth. Many people benefit from licit and illicit substance use and we cannot assume harms from what we think we can see. Issues for people who use drugs often relate to structural factors like poverty, racism, criminalization, and mental health status. People who use drugs are more than their use, people who use drugs are people, period

Someone who uses regularly and expects discrimination can be harmed by stigmatizing attitudes, practices and behaviors. We have to build trust with our clients so that they feel comfortable and we can accomplish the goals they set effectively. Allow your client to talk about their use without judgment. Talk about positives as well as the possible harms and strategies to reduce risk.

**Note: Using language like drug abuser, clean, dirty, crackhead etc. reduces people to only their use. People are so much more than that and ignoring other aspects of who they are reinforces negative ideas and connotations when we think of what people who use drugs look like or who they are and what they do in communities. It is imperative to promote trust and practice honesty, while putting judgments aside.*

Client-Centred Approaches:

There is no effective 'one size fits all' approach and there has never been- not with clothing and definitely not with an organizations policies. Generalized policies are not effective as they assume that conditions for everyone are the same.

For example: would you serve only carrots at a party where there is going to be all different sorts of people with different eating habits? Sure, some people will eat the carrots and maybe a few people will even enjoy the carrots. But what will people think when they leave your party? Will they ever come to one of your parties again? Do you think they'll say 'Wow that party really reinforced my love for carrots?' or will they say 'I no longer trust anything orange in color…' Set conditions contribute to barriers and make it difficult to access, 'I would've loved to have been able to come to your party but I hate carrots!' With blanket policies, we assume things about individuals and contribute to stereotyping. It's important not to make assumptions about the needs of clients. Have meaningful conversations about drugs and be honest about both risks and benefits.

What does the client want?

We need to respect the agency of our clients in all aspects. When we let our personal fears or bias influence what we assume the issue to be for the youth, we lose sight of what the youth is identifying. We may think that if the client stopped using drugs it will help their goals, but that is when we start setting our own goals for them. Abstinence is only one of many goals. Although the intention was driven by a desire to want to help, that intention can lead to paternalistic behaviors, as opposed to, centering the voice of the youth we are working with.

**Activity:** Barriers

Purpose: This activity aims to demonstrate some of the challenges and barriers a young person often experiences when trying to access services

You Will Need:

- Barriers (Appendix D) and Community Resources (Appendix E)
- 2 facilitators (one facilitator to lead the discussion and another facilitator to pick up the mines and hand out community resources)
- Open space to conduct activity

Preparation:

- Write each barrier (Appendix D) on individual sheets of paper (one barrier per piece of paper)
- Write each community resource (Appendix E) on individual sheets of paper (one resource per piece of paper)
- Lay the pieces of paper with barriers on the ground in a circle faced down (so that you cannot read them)
- Hold on to the community resource cards as these will be introduced later in the activity

**Note: While we have provided examples of barriers and community resources in appendices D and E, please feel free to create your own that might be more relevant to your community!*

Instructions:

- Ask participants to form a circle around the pieces

- Select a volunteer and explain that they will have to 'navigate the minefield'
- Tell the volunteer that they will need to close their eyes as they walk through the circle (*be sure to ask if it is okay to stop the person when they are at the end to avoid any collisions)
- As the volunteer walks through the minefield, a second facilitator will follow behind them and pick up each of the 'mines' that they stepped on
- Once the mines have been gathered, read them out one by one and explain to the volunteer that these are the obstacles/barriers they will be facing as a person who uses drugs.
- Allow a few more volunteers to run through this exercise.
- Ask them how they feel? Emphasize that these are the types of barriers that young people who use drugs often have to navigate when trying to access support.
- Now, begin to pass out Community Resource cards. Explain that these are some of the support services that can help youth who use drugs navigate these obstacles. (*Mention that these resources represent a model of harm reduction- these resources may not all exist in our communities but represent ideals we can strive for!)
- Once the Community Resource cards are all passed out, ask another volunteer to walk through the minefield
- Repeat the process of picking up the mines that were stepped on and read them out to the group, but this time, after each barrier is read, ask the surrounding participants if they have any resources that could support this young person in overcoming this barrier?
- Allow staff to bring forward their Community Resource cards as each barrier is read.
- Repeat the activity with one or two more volunteers.

Activity Debrief:

- What did you observe?
- How did it feel for the person who had community support in overcoming their barriers?
- How did it feel for the person who did not have community support?
- Can you think of reasons the person got community supports and you did not?
- How did it feel for the community members to be able to provide support?
- How did it feel when they were not able to provide support?
- How will you do things differently going forward?
- How does this relate to concepts of Harm Reduction?

Explain that these support services are representative of an ideal harm reduction model. We may not have all of these services available, but this exercise demonstrates what is possible and what we can strive for!

Throughout this workshop, we have introduced various concepts and principles related to harm reduction while offering suggestions for implementation. Now, we would like to give you a chance to apply what you've learned by practicing with mock-scenarios.

Activity: Scenarios

Purpose: Case scenarios are used to help participants apply what they have learned into practice by practicing with mock-scenarios and discussing how harm reduction can best be implemented in various situations.

You will need:

- Pre-prepared case scenarios (see Appendix F for example scenarios and responses)

Instructions:

- Split participants into smaller groups
- Distribute one scenario to each group.
- Tell the groups that they will be given time to read through the scenario and decide how to respond- using the associated questions to guide their response.
- After the groups have been given enough time to think through their scenario and responses, tell the entire group that they will be asked to share their scenario and their group's responses to the rest of the group.
- Ask a person from each group to read their scenario and explain their responses to the associated questions. Ask the other members of the group if they have anything to add.
- Ask people from other groups if they agree with the groups decisions and/or if they have any alternative thoughts or suggestions regarding that particular scenario.
- Debrief the scenario. Debriefs will look differently depending on the scenario and the responses the groups provide. Ask participants from other groups if they have anything to add to the response.
- Continue until each group has had an opportunity to present and debrief their scenario.

Activity Debrief:

- How would prior conversations about harm reduction and harm reduction strategies better these interactions?

## APPENDIX B: BIRD STORY

*Once upon a time, I was walking through the High Park when I noticed a little blue bird following me. I kept walking through the park and every time I looked back I saw the bird! I wondered to myself is that the same bird or a different bird? I sat down to eat the tuna sandwich I prepared for lunch when I noticed there was a bird staring down at me from the old birch tree that I was sitting under. Again, I wondered to myself "is that the same bird?" and "why is the bird following me?" I decided to chase the bird for 10 blocks before I realized I had to leave. I left the park around 3pm to meet up with my friend because we had plans to go to the movies. As I rode the bus, I thought to myself how strange it was that I kept seeing the same bird. When I arrived at my friend June's house, we decided that I would ride my bike and she would take her rollerblades to get to the movie theatre. To my surprise, before walking into the theatre, I was flabbergasted to see the bird again! As I told my friend the story of the bird, she looked back and said to me, "next time that happens, just flip em the bird."*

Details:

- What park did I go to? High Park
- What colour was the bird? Blue
- What did I have for lunch? Tuna sandwich
- What tree did I sit under? Old Birch
- For how many blocks did I chase the bird? 10
- What time did I leave the park? 3pm
- What was the name of my friend? June
- How did June and I get to the movie theatre? I rode my bike and she took her rollerblades.

## APPENDIX C: GALLERY WALK QUOTES

| |
|---|
| *All addiction is an escape from pain. All addictions come from emotional loss, and exist to soothe the pain resulting from that loss.*<br>- Gabor Maté |
| *In order to be a mentor, and an effective one, one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of chemistry, or of blood or water. Know what you know and care about the person, care about what you know and care about the person you're sharing with.*<br>— Maya Angelou |
| *If the structure does not permit dialogue the structure must be changed.*<br>— Paulo Freire |
| *We believe in the intelligence and expertise of clients to make decisions in their own lives.*<br>- Edith Springer |
| *It's a holistic idea. Society says that drug use is a disease, and that is must be cured by abstinence. Harm reduction looks at social policy, at the individual in the social realm.*<br>- Joyce Rivera |
| *I see harm reduction as a way of engaging people as part of that path to recovery.*<br>- Paul R. Ehrlich |

## APPENDIX D: BARRIERS

| | | |
|---|---|---|
| No phone/internet access | No ID | Kicked Out of Home/Family |
| Age-restricted services | Isolation | Experiencing grief/loss |
| Lack of accessibility | Don't Know Words/Language to Talk about Mental Health | Lack of access to sterile supplies |
| Discrimination | Siloed services | Service bans |
| Zero-tolerance policies | Suspended/expelled from school | Internalized stigma |
| Precarious housing | Previous bad experience with services | HIV-positive |
| History of incarceration | Unemployment | Limited (or no) access to transportation |

## APPENDIX E: COMMUNITY RESOURCE CARDS

| | | |
|---|---|---|
| Providing tokens or transportation support | Peer support | Harm reduction supplies |
| Non-judgmental support | Sexual health services | Peer run groups |
| Legal assistance | Free recreational programs | Accommodations to services |
| Mentorship | Accompaniments | Restorative and transformative justice |
| Alternative education options | Accept Collect Calls | Grief counselling |
| Employment support | Family support | Connection to community |
| Housing assistance | Internet & Computer Access | Service navigation support |
| Meal or food program | Non-coercive services | Barrier-free programs |

## APPENDIX F: SCENARIOS

Scenario A:

*Max, 17, comes in for a counselling session. You have seen them once before where you discussed strategies for coping with anxiety. You suspect they are high on this visit (they have large pupils, faint odour of pot, and are giggly). They insist they want to see you.*

- What are your motivations in this scenario?
- What are your client's motivations in this scenario?
- How do you proceed?
- What strategies would you use?

Possible Responses:

- Do not assume Max has used drugs. Ask him before coming to conclusions.
- In considering Max's ability to consent to service, ask participants how they would assess capacity for consent in the event that a client was in emotional distress?
- There are many circumstances where risks of unwanted disclosure are present, encourage staff to think about how they respond in those circumstances (such as when a client is experiencing emotional distress) because they should be no different in the case that a client is assumed to be under the influence.
- It is important to engage Max beyond the topic of substance use, Max is insisting they want to see you, perhaps a good place to start is to explore the reason Max is so eager to talk to someone.

Scenario B:

*During a session, Chad, 15, talks about his depression. He describes his life as without meaning and tells you that he lacks motivation to even get up in the mornings. He frequently sleeps until the afternoon and tells you his school has threatened to kick him out or fail him. He also tells you he spends most of his time awake smoking pot.*

- What do you see as the main issue?
- What are your motivations in this scenario?
- What are your client's motivations in this scenario?
- How would you proceed?
- What strategies would you use?

Possible Responses:

- Encourage participants to let Chad determine what the main issue is, rather than defining the issue for him.
- Be careful not to assume that Chad's issues are associated with his substance use. This assumption ignores Chad's concerns about depression. If chad is talking about depression as the issue, focus on depression. Do not make assumptions or false connections based on stereotypes.
- If Chad is experiencing issues at school, perhaps exploring how Chad feels about school or exploring alternative education options.

Scenario C:

*You are meeting with your client, Jasmine, a young trans-woman, and her mother, Donna. Jasmine is saying she feels her family doesn't accept her transition when Donna interrupts to say she cannot accept a child who won't obey the rules of her house or the law. Donna goes on to say that she searched Jasmine's room and found a large amount of pills. Donna threatens to call the police and to kick Jasmine out of the house.*

- What are the issues?
- What are your motivations?
- What do you think are Donna's motivations?
- What do you think are Jasmine's motivations?
- How would you proceed?
- What strategies do you use?

Possible Responses:

- Be careful not to make assumptions about substance use, the drugs could be legal and related to Jasmine's transition (i.e. Hormones)
- Speak to each client individually. However, if your client is Jasmine, it is important to make Jasmine your focus.
- Explain to Donna the unintended risks of calling the police on Jasmine (trans folks are much more likely to experience police violence)
- Validate Jasmine's feelings and experience.
- Ensure that Jasmine is safe and offer resources for peer and/or legal support.

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