

Guidelines for Providing Harm Reduction Services to Youth in British Columbia (BC)

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In BC, youth experience disproportionate harms related to substance use and face significant barriers to accessing appropriate harm reduction services. There are also certain circumstances that may prompt ethical or legal considerations for providers supporting youth seeking harm reduction services.

Harm reduction services operated by nonregulated health and social service providers can mitigate this by developing connections with their health authority for clinical support from regulated healthcare providers (such as RN, NP, paramedic or MD) or a primary care team. This will provide an opportunity to discuss emerging issues and identify additional supports in order to link youth to relevant programs and services.

3.1. Purpose

This appendix has been developed as a guide for organizations and service providers when engaging with youth who are seeking harm reduction supplies and services. It describes considerations to better support youth seeking harm reduction services.

Sometimes staff are unsure if youth are allowed to access harm reduction services on their own or if the youth needs a parent or guardian's consent. This confusion creates unnecessary barriers for youth and distress for providers.

3.2. Priority Population

Youth, also called “minors” in legal terms, refers to anyone under 19 years old. Youth who use substances are a highly underserved population that need access to harm reduction services. Health and social services providers can improve access for youth through consideration of youth needs when planning and delivering harm reduction services. Including youth in harm reduction service delivery can support community building and health promotion¹.

3.3. Background

Youth requesting access to harm reduction supplies and services require thoughtful and intentional consideration, including additional supports and service referrals unique to their needs. Historically, youth have been excluded in the planning and delivery of harm reduction services, and face multiple barriers to

accessing critical harm reduction services and drug poisoning prevention and response services to prevent: blood-borne pathogen transmission and/or sexually transmitted infections²; sexual abuse and assault; exploitation; victimization; gender-based violence; physical abuse and assault³; drug poisoning; and death⁴. These barriers are even greater for Indigenous youth, youth who experience poverty or are unhoused, youth in and from care, and 2SLGBTQ+ youth.

Additionally, intersecting experiences can increase harms and impact the severity and duration of substance use for youth. Colonialism, racism, discriminatory laws and policies, legacy of residential schools, and theft of territory have contributed to a breakdown of traditional social supports within Indigenous (First Nations, Inuit, and Métis) communities, resulting in an enduring mistrust of institutions and services. This separation from sources of aid and support intensifies even further the risks of substance-related harms for Indigenous youth.

3.4. Key Considerations

Health and social service providers are well positioned to provide access to harm reduction services. However, youth who use substances are often made vulnerable by judgmental and stigmatizing treatment in health and social systems.

Providers who deliver harm reduction services can greatly impact the quality and accessibility of services by incorporating key considerations:

- Integrate principles of Indigenous cultural safety, trauma and violence informed care, and harm reduction should guide interactions and delivery of services.
- Reflect on the knowledge that substance use is not limited to urban settings, certain groups of people, or just persons with substance use disorder. Diverse groups of people both with and without substance use disorder use substances and are at significant risk for harms and death from the unregulated drug supply.
- Support, don't punish. Provide a welcoming environment for youth and support youth to identify their needs access services.
- Demonstrate knowledge of provider legal responsibilities including access to harm reduction services, when to refer to a regulated care provider, duty to report, and confidentiality.
- Respect confidentiality. Youth have a reasonable expectation of confidentiality when accessing services. Premature or inappropriate reporting could damage trust and create barriers to accessing healthcare in the future.
- Recognize the unique nature of youth, potential harms youth may experience, and harms that may arise if youth are not able to access harm reduction services.
- Realize every youth's situation and needs are different and should be considered individually.

- Acknowledge many youths have a mistrust of institutions.
- Consider the role service providers have in a youth's trust of the healthcare system, and their decisions to seek care in the future⁵.
- Deliver accessible youth services that are consistent, reliable, and transparent.
- Realize the historical and ongoing colonialism and discrimination that contributes to a health system that is inaccessible and underserves Indigenous youth. As a result, Indigenous youth are less likely to access health services⁶.
- Consult and partner with Indigenous youth organizations and communities to ensure culturally appropriate care, support, and harm reduction services⁷.

3.5. Guidelines

If a person who appears to be a youth under 19 years of age accesses services:

- Provide consistent and reliable services. This requires service providers to invest time and effort to establish rapport and earn trust. Service providers should strive to cultivate an atmosphere of support, enhancing coping skills, promoting wellness, and with the goal to minimize substance use harms.
- Provide access to basic harm reduction services without requiring guardian consent:
 - Basic harm reduction services include providing harm reduction supplies, witnessing substance use, providing safer substance use education and coaching, supporting safer substance use practices, delivering overdose prevention services, training and giving out take home naloxone kits, providing drug checking services and education, and any other services that can be delivered by a provider with basic training and equipment for drug poisoning response.
 - Any provider who is competent to deliver harm reduction services and adequately equipped to respond to drug poisoning (e.g. take home naloxone kit) can provide basic harm reduction services to a youth.
- Provide emergency drug poisoning response without requiring guardian consent:
 - If a youth experiences drug poisoning, provide emergency drug poisoning response (including naloxone) without guardian consent.
- Refer the youth to a regulated healthcare provider (e.g. physician, nurse practitioner, etc.) if the youth wishes to access advanced practices in harm reduction.
 - Advanced services are considered healthcare interventions that go beyond basic harm reduction and drug poisoning prevention and response and can only be performed by a regulated healthcare provider. Advanced practices in harm reduction and drug poisoning are considered healthcare services under the Infants Act and require formal capacity assessment (also referred to as “mature minor consent”) by a regulated healthcare provider, and in accordance with the provider’s professional standards of practice.

- Advanced practices include inserting an intravenous line, inserting a nasopharyngeal airway, prescribing safer supply, prescribing opioid agonist therapy (OAT), etc.
- Assess a youth's readiness to engage in harm reduction services. Every effort should be made to follow the youth's lead and provide them with appropriate and expedited wraparound care including referrals to primary healthcare, substance use/addictions services, sexual health services, shelter/housing, mental health supports, cultural supports, and any others identified by the youth.
- Reach youth through lower barrier service models such as the Take Home Naloxone (THN) program, Supervised Injection/Consumption Services (SIS/SCS), Overdose Prevention Sites (OPS), and overdose prevention services

All providers have a legal duty to report to a child welfare agency Ministry of Children and Family Development (MCFD) or [the Indigenous Child and Family Service Agency \(ICFSA\)](#) if they believe a child under 19 is being abused or neglected.

- Substance use alone or accessing harm reduction services are not reasons to report.
- Duty to report should be done thoughtfully and together with the youth and with any support people identified by the youth.

Regulated healthcare providers delivering advanced harm reduction health services should follow the [Infants Act](#), which states that:

- A mature minor may provide a valid consent to healthcare if the regulated healthcare provider: has explained the risks and benefits of the healthcare; is satisfied that the youth understands the nature and consequences and the reasonably foreseeable benefits and risks of the healthcare; and the care provider has concluded that the healthcare service is in the youth's best interest⁸.
- To assess this, the healthcare provider must explain to the youth the nature and consequences of the proposed healthcare, as well as the reasonably foreseeable benefits and risks. The healthcare provider should be satisfied that the youth understands this information and is able to apply the information to their own situation.
- In BC, there is no set age when an individual can be considered a mature minor. This means that there is no set age for youth accessing healthcare services from a regulated healthcare provider.
- If the healthcare provider has made reasonable efforts to determine, and has concluded, that healthcare is in the mature minor's best interests, then the provider should administer care if appropriate consent has been given. Consent from the youth's parent or legal guardian is not required.
- When determining if healthcare is in the mature minor's best interests, healthcare providers should consider the potentially fatal consequences of not providing drug poisoning prevention and response services.

3.6. Duty to Report

According to [Section 14 of the Child, Family and Community Service Act](#) (CFCSA), if a provider believes a youth under 19 years of age is being abused or neglected, there is a legal duty to report their concerns to MCFD⁹ or ICFSA. They are available 24 hours a day, 7 days a week.

Considerations for duty to report:

- Substance use, accessing harm reduction supplies or take home naloxone, or STI testing does not mean there is immediate risk of harm. These are not appropriate reasons to report. This means there is no duty to report youth based on substance use, access to harm reduction, or take home naloxone.
- Reporting to authorities such as police or MCFD/ICFSA¹⁰ should be considered carefully and with caution. A mature youth has a reasonable expectation of privacy and confidentiality when accessing health services¹¹. Making a premature or inappropriate report could damage any trusting and therapeutic relationship developed with the youth and impact their decisions on accessing health or social services in the future.
- If there are additional concerns for a youth, including lack of food, shelter, clothing, or medical care, discuss with the youth about making a report or requesting support services to an MCFD or ICFSA. Communicate and ensure transparency with the youth about what information will and will not be shared with MCFD or ICFSA.
- There may be circumstances where a provider has significant concerns about a youth in care's well-being and safety. In collaboration with the youth, consider sharing, discussing or planning with their social worker at MCFD/ICFSA. If the youth does not provide consent to share with their MCFD or ICFSA social worker, contact may still be necessary to ensure the youth's safety and well-being.

3.6.1. Who should I call?

If a youth is in immediate danger, call 911.

If you believe a youth under 19 years of age is being abused or neglected, call the Provincial Centralized Screening line at 1-800-663-9122 any time of the night or day.

For more information, access the [BC Handbook for Action on Child Abuse and Neglect](#)⁶

If a youth would like to talk to someone, call the Helpline for Children 310-1234 (no area code needed). The call will be answered by a trained child protection worker.

3.7. Other Inquiries about Youth

If a service provider has ethical concerns they should connect with a regulatory body or other resources available through your organization. Your health authority harm reduction representative may be able to help you to identify additional resources.

Providers should refer to the [BCCDC MMHA Provincial Episodic Overdose Prevention Services \(eOPS\) Protocol](#) for information on delivering episodic overdose prevention services for youth.

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