Harm Reduction

Harm Reduction Manual

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First Nations Health Authority
Health through wellness

BC Centre for Disease Control
Provincial Health Services Authority

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Understanding Substance Use

People use substances in many different ways and for many different reasons. Each person's relationship with substances is unique and changes over time.[1,2]

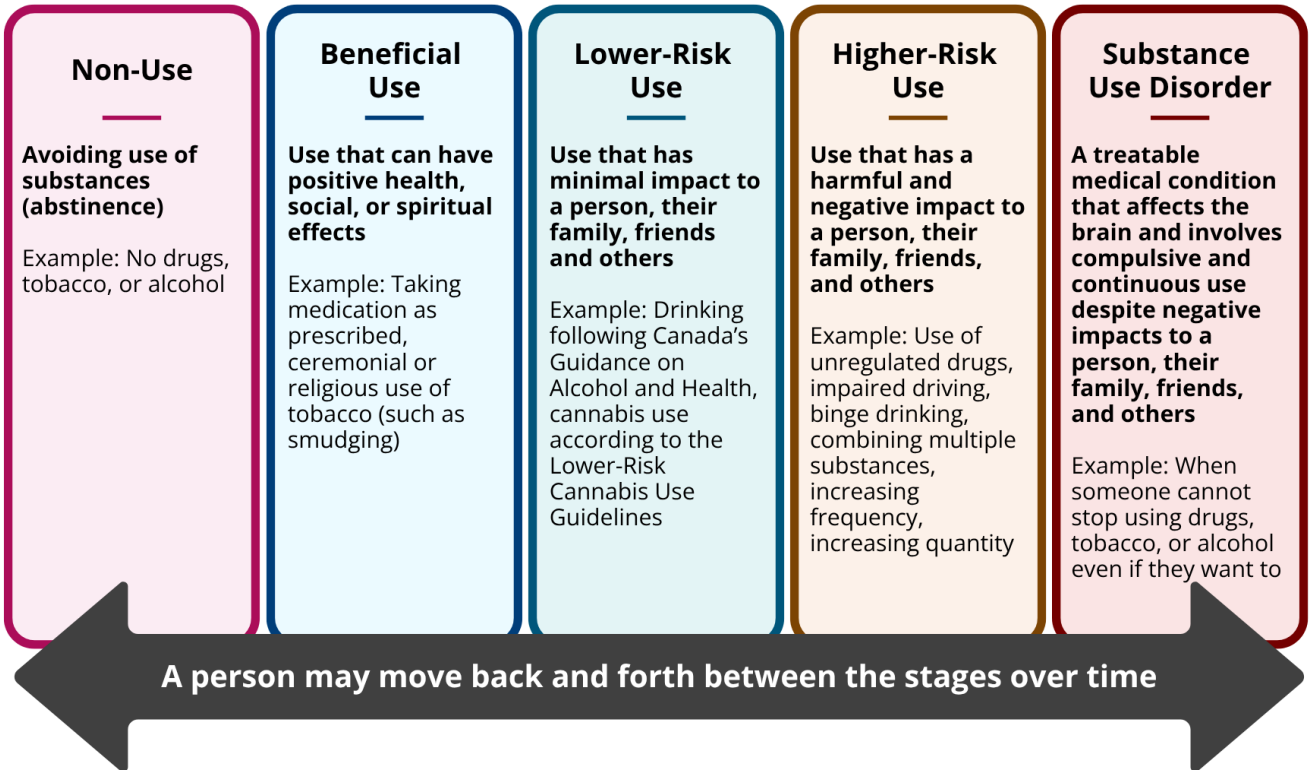
People use substances for many different reasons, including:

- To feel better,
- To relax or cope with anxiety, stress, symptoms of depression, trauma and violence, grief, pain, mental illness, or withdrawal,
- To increase energy and stay awake,
- To deal with feelings of isolation, including physical, social, or cultural isolation,
- Curiosity, such as wanting to experience new feelings,
- Connection, such as when socializing or having sex,
- For traditional use, such as cultural, religious, or ceremonial use, and
- Reasons that others may not be aware of.

Substance use exists on a spectrum with varying levels of risk and benefits depending on the person and situation.[1] Sometimes, substance use can be helpful or supportive in a person's daily life. Other times, substance use can be harmful and disruptive. Sometimes, the person might not be able to stop even if they want to because they have developed a habit, coping mechanisms, or physical or psychological dependence on one or more substances.

People who use substances (PWUS) do not always move across the spectrum of substance use from one stage to the next. Instead, people move in non-linear ways with different benefits and risks.[2]

Figure 1. The Substance Use Spectrum. Substance use is different for everyone and can be viewed on a spectrum with different stages of benefits and harms. People can move back and forth between these stages at any time. Adapted from Health Canada's Substance Use Spectrum.



A Public Health Approach to Substance Use

Substance use related harms are not just because of a person's individual behaviours and choices. Social, environmental, and economic factors, such as prohibition, criminalization, and settler colonialism affect how much harm a person experiences from substance use. People who experience more harms from substance use often also experience several unfair and unjust inequities, such as poverty, racism, discrimination, lack of food and housing, and less access to resources. People who experience inequities have a harder time accessing essential services and supports, which increase negative health outcomes.

The Canadian Public Health Association's (2024) Framework for a Public Health Approach to Substance Use lists key ideas for developing substance use policies, programs, and services that support and maintain population health.[3] This approach helps everyone have a fair chance to be as healthy as possible and improve the well-being of populations.

The key ideas of the Canadian Public Health Association's public health approach to substance use are:

Respect the **autonomy and self-determination** of people who use substances.

Understand substance use **exists on a spectrum**, with risks and benefits. Reduce harms and maximize benefits.

View substance use with a health and human rights perspective. Recognize the harms from drug policy.

Recognize and **collaborate with people with lived and living experience of substance use**. Provide fair compensation.

Support the **determinants of health** and **address health inequities.**

Trauma- and violence-informed, gender transformative, anti-racist, anti-oppressive, and **culturally safe.**

Pragmatic and **evidence-informed.**

End stigma and **discrimination**.

Protect and promote the **freedom, health, wellness, and safety** of **people who use substances.**

Collaborative and comprehensive. Provides **access to a continuum of services** to meet peoples needs.

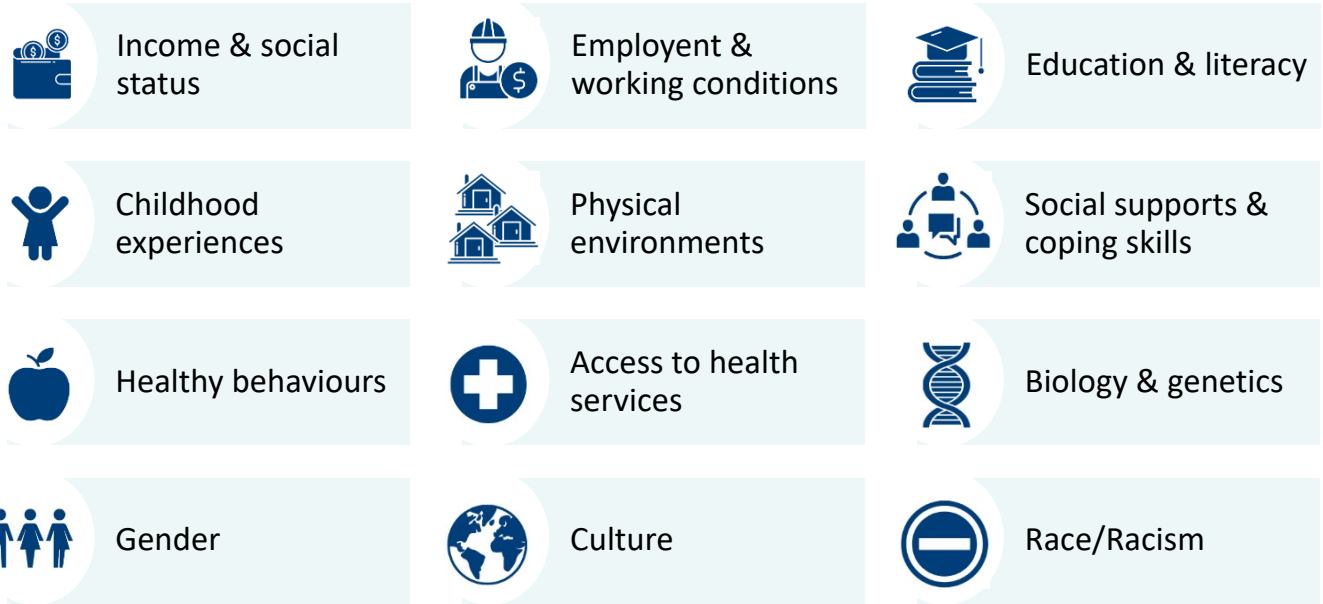
The Social Determinants of Health and Substance Use

The social determinants of health are the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life".[4]

Things like money, school, and housing can all affect how healthy people are. These things are connected and can help or hurt health. For example, poverty has been linked to greater substance use harms.[5] The relationship between poverty and substance use is complicated but may be connected to poor housing, geographic isolation, lack of jobs, increased stress, and other factors.

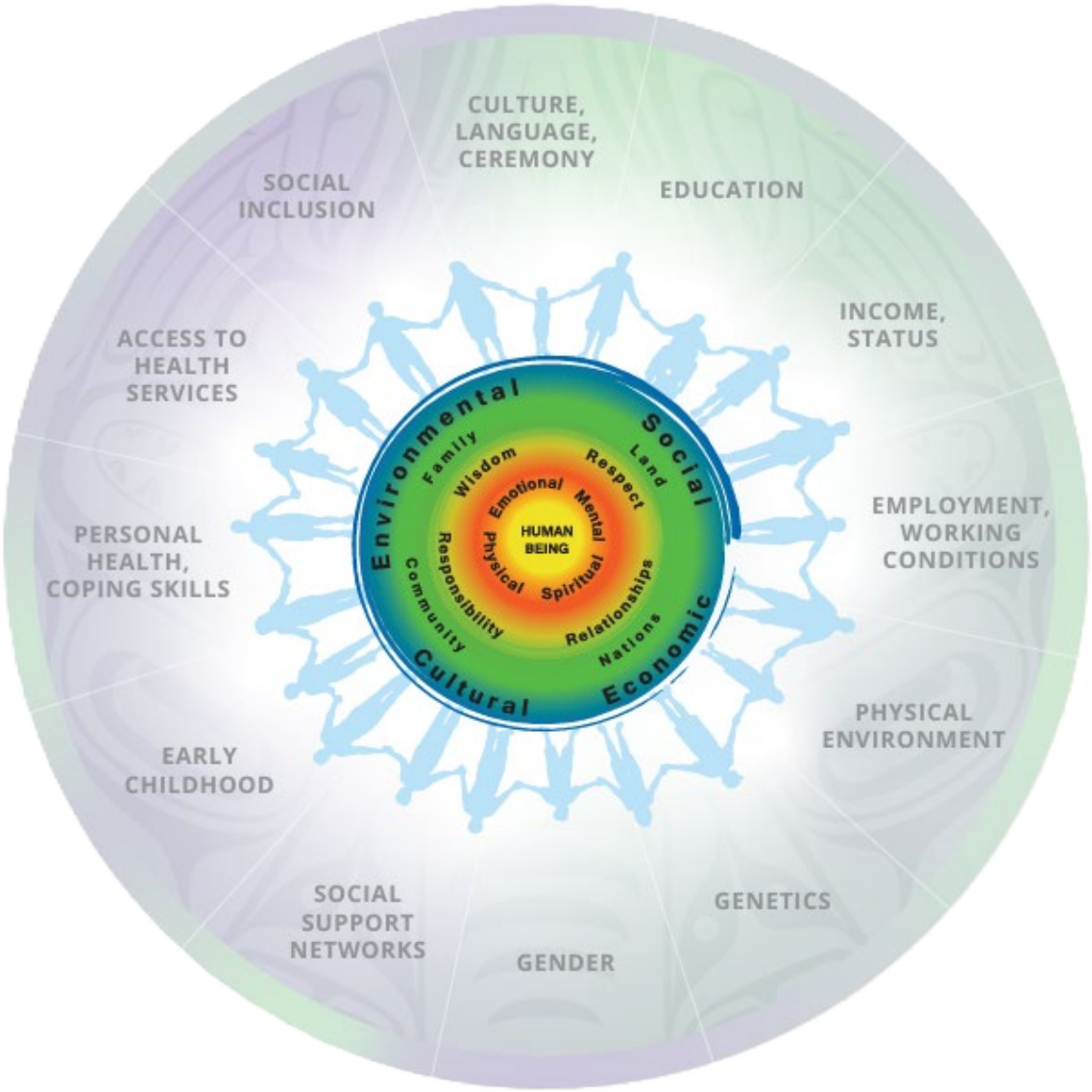
Harm reduction recognizes how the social determinants of health affect substance use-related harms and helps to improve these conditions to address the root causes of harm.[16] Things like low barrier housing, connection to culture, and referrals to different health and social services are an important part of harm reduction.

The Public Health Agency of Canada identifies 12 social and economic influences on health, called the determinants of health and health inequalities:[59]



The First Nations Health Authority (FNHA) Social Determinants of Health - A First Nations View builds on the social determinants of health by including land, culture, community, family, and Nations in our understanding of wellness. These determinants of health affect the mental, emotional, spiritual and physical parts of a person's wellness.[6]

Figure 2. The Social Determinants of Health – An Indigenous View. Generally, First Nations perspectives include a wholistic view of wellness that includes mental, emotional, spiritual, and physical dimensions of a person. These are connected to land, culture, family, and community and align with the Social Determinants of Health.



What is Harm Reduction?

This section includes content adapted with permission from CATIE and FNHA.

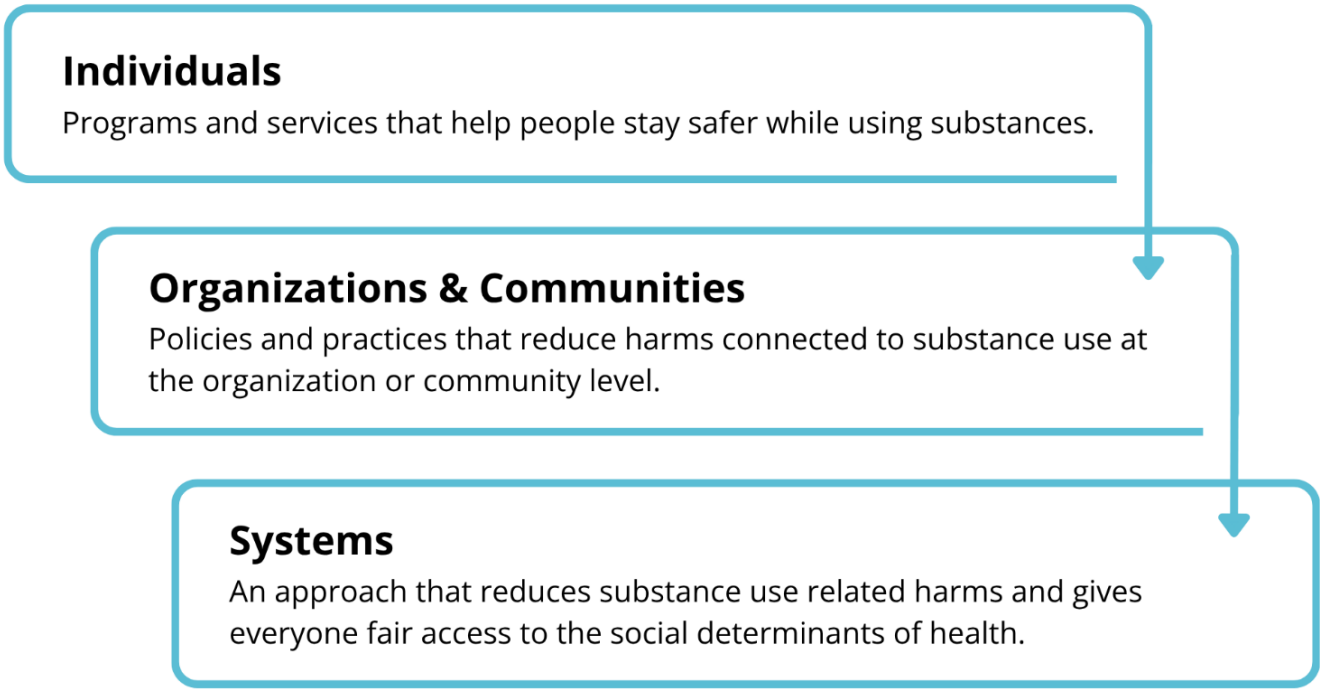
Harm reduction is based in evidence and supports people who use substances to define healing and wellness for themselves, their families, and their communities.

There is no single, universal definition of harm reduction. Many groups, organizations, and people have defined it. In this manual, we consider harm reduction as:[7-15, 19]

- A set of principles that inform policies, programs, and practices which aim to reduce harms connected to substance use, and substance use policies and laws.
- An approach that focuses on the safety of people who use substances, no matter how they use substances.
- A part of a comprehensive system of care to support the health and wellness of people who use substances.
- An approach that can be a part of any type of program, service, or organization.
- An approach that includes the voices of people with lived and living experience (PWLLE) of substance use.
- An understanding based on human rights that every person should be treated with dignity, respect, and compassion no matter their situation.
- An approach that addresses the harms of settler colonialism, which increases substance use harms for First Nations, Métis, and Inuit Peoples.
- Services that are culturally safe and free from stigma and racism.
- An approach that is based in equity and has a specific focus on the populations who are unfairly impacted by substance use related harms.

A decolonized approach to harm reduction recognizes the distinct cultures, histories, and identities of Indigenous communities, and supports healing through connection to culture, land, and relationships.[8]

Harm reduction action can happen at different levels, including:



Some examples of harm reduction programs, services, and approaches include (but may not be limited to):

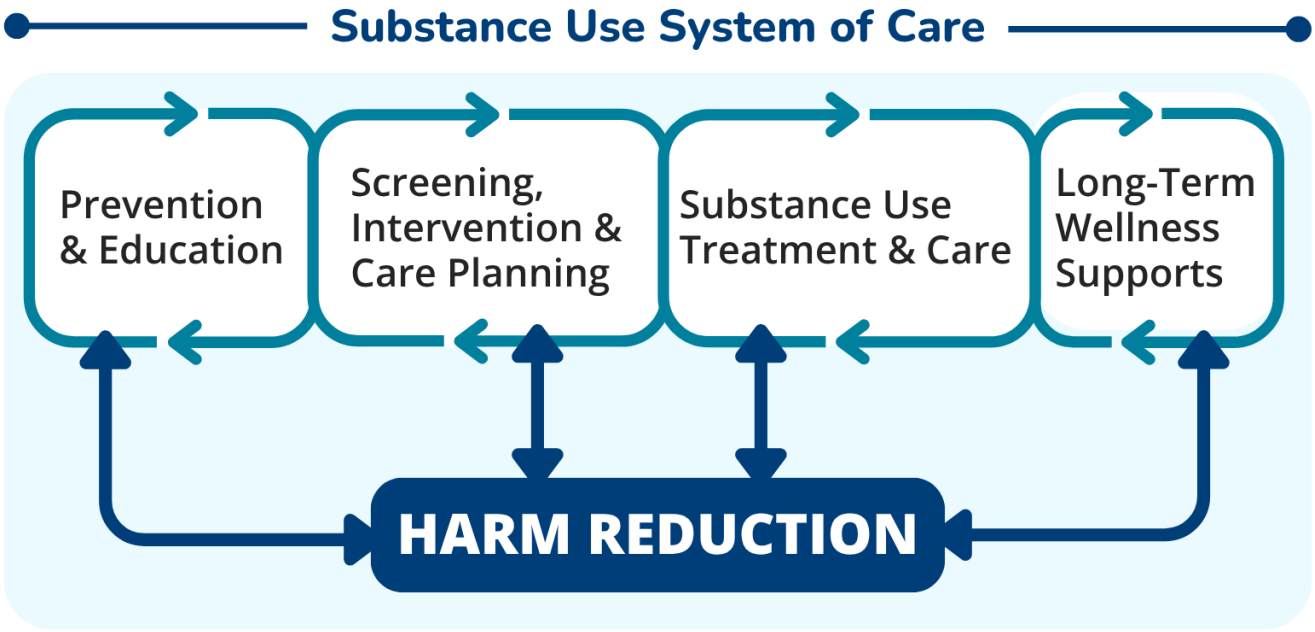
- Safer substance use supplies,
- Safer sex supplies,
- Take Home Naloxone (THN) kits and training,
- Not Just Naloxone training,
- Safer substance use education,
- Drug checking,
- Overdose prevention services (OPS) and supervised consumption sites (SCS),
- Opioid agonist therapy (OAT) and injectable OAT (iOAT),
- Prescription alternatives to unregulated substances,
- Peer support programs,
- Low barrier connections to culture (e.g., Elders, ceremony, land-based, cultural events),
- Hiring PWLLE of substance use,
- Outreach programs,
- Low barrier employment,
- Drug user advocacy groups,
- Harm reduction organizational policies,
- Low barrier housing,
- Anti-stigma campaigns,
- Decriminalization of substance use, and
- Movements to create healthy drug policy.

Where Does Harm Reduction Fit

Harm reduction is not a stand-alone approach. It is part of a comprehensive system of care to support people wherever they may be along the substance use spectrum (figure 1). Harm reduction approaches can be integrated into education, screening and intervention, treatment, and health promotion.[20]

It is best practice to include harm reduction services in all health and social service settings, because substance use affects people of all backgrounds. The way harm reduction is implemented will look different across settings. Offering support in places like clinics, shelters, housing, pharmacies, and community centres helps ensure everyone can access care when and where they need it.

Figure 3. The Substance Use System of Care. The substance use system has many care pathways. It is not a linear pathway and people move in and out of different care options based on their needs. Harm reduction is integrated throughout all the options to promote health and wellness.



All Paths Lead to Wellness

Each type of support along the substance use system of care helps people on their healing journey.[31] People may use one or many of these options at different times. Focusing on people's strengths and supporting their needs is part of a community-centred approach to healing.[17,18]

Figure 4. FNHA's All Paths Lead to Wellness. Each person needs different supports at different times. There are a range of programs and services available to meet people's needs at different stages of their healing journey.

The Ethics of Harm Reduction

Service providers should treat everyone who comes for care with kindness and respect, without discrimination, regardless of their own personal values or beliefs. Sometimes providers struggle with this. Providers may feel moral distress or face ethical dilemmas when their own beliefs, or the beliefs of others, affect the care they give. This is especially challenging when those beliefs differ from the beliefs of other providers or the person receiving care.

Ethical values of harm reduction can help people understand why this approach can be helpful, give clarity to those who are unsure about fully supporting it, and guide people through ethical challenges they may face.

Fair and Inclusive Processes Improve Service Delivery

When creating harm reduction programs and services, a fair process means being **transparent, inclusive, accountable, reasonable, and consistent**. It also means working with First Nations, Métis, and Inuit communities to make sure cultural safety and humility are a priority.

Decision-making should be **effective, efficient**, and **flexible.** Everyone involved should act with **integrity** and **solidarity** with people who use substances, Indigenous peoples, and anyone facing systemic or structural inequities.

Ethical Reasons for Offering Harm Reduction

Harm reduction aims to ADVANCE HEALTH by:

- **Providing timely care to any person who wants it.**
  Ethical principle of **duty to care**: all providers have a responsibility to provide care.
- **Making decisions that minimize harm and promote benefits.**
  Ethical principle of **utility**: weighing potential harms and benefits to uphold a positive balance.
- **Reducing disease and death.**
  Ethical principle of **effectiveness**: how well something produces an intended goal. Care is tailored to different groups of people who face higher levels of harms.

Harm reduction aims to SUPPORT DIGNITY by:

- **Supporting a person's self-determination, bodily autonomy, and preferences.**
  Ethical principle of **respect:** recognizing and appreciating everyone's basic value and worth.
- **Providing options based on a person's unique needs and goals.**
  Ethical principle of **individualism**: prioritizing concern for an individual.
- **Giving information about a person's risk of harm and respecting their choices.**
  Ethical principal of **humanism**: moral values come from our shared human nature and experience, and that thoughtful action should promote individual and collective wellbeing.

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Upholding Indigenous Rights

We all have a responsibility to recognize the inherent rights of all First Nations, Métis, and Inuit Peoples living in BC. Because of past and ongoing unfair treatment, Indigenous Peoples experience more health challenges compared to other residents in BC. These differences, called health inequities, cause serious harm, like more chronic illnesses and higher rates of drug poisoning deaths.

The negative and unfair differences in health experienced by Indigenous Peoples in BC are partly caused by:[21,27-29]

- Past and ongoing settler colonial violence, including residential schools, day schools, medical experimentation, Indian Hospitals, forced displacement from traditional lands, the Sixties Scoop and ongoing child apprehension, and underfunding of essential services in First Nations communities.
- Widespread Indigenous-specific racism in the healthcare system and beyond.
- Substance use stigma and stereotypes about substance use.
- A lack of culturally safe services.
- A lack of local services and reliable transportation. Many First Nations people need to travel long distances to receive care, which can be expensive and time consuming.

Including culturally appropriate services within harm reduction programs supports wellness. From a First Nations perspective, health and wellness includes mental, emotional, spiritual, and physical health, and they are all connected. Each Nation has its own unique cultural beliefs and activities, which may include connecting with Elders, drumming circles, making medicine, land-based programs, sweat lodges, spirit baths, and healing circles.

Land-Based Healing

Adapted from Land for Healing: Developing a First Nations Land-Based Service Delivery Model, Thunderbird Partnership Foundation.

Indigenous Peoples have lived in relationship with the land since time immemorial, caring for and stewarding it through generations with knowledge, respect, and responsibility. The land has always been essential to the health and identity of Indigenous Peoples.

Land Theft

The Indian Act of 1867, along with the reservation system and enfranchisement policies, were used by the Canadian government to force Indigenous Peoples out of ancestral lands, dismantle connections to culture and traditions, and assume control of vast natural resources from the land. The ongoing impacts of land theft, residential schools, the 60's Scoop, and taking Indigenous children out of the home, continues to damage Indigenous Peoples' relationships with communities, cultures, and lands.

What is Land-Based Healing?

Land-based healing is a holistic, culturally grounded approach that connects Indigenous Peoples back with the land, language, culture, and traditional knowledge. It is rooted in the understanding that the land is alive and central to identity, healing, and well-being. Land-based healing is not just a practice, but a way to reclaim culture, identity, and sovereignty through deep, ongoing relationships with the land.

Continued…

Land-Based Healing continued…

Aspects of Land-Based Healing

Land-based healing programs differ in many ways depending on the nation or community-specific values and practices, lands, and who the program serves. While programs are different, they do have things in common, such as:[34]

- **Elements of Culture**. Land-based healing is grounded in Indigenous knowledges, ways of being, and culture. It includes cultural traditions (such as ceremony, storytelling, Indigenous languages, and cultural teachings) to support healing, connectedness, and wellness.
- **Relationality.** The land is connected to identity, meaning, connection, and belonging. The meaning of land is deeply rooted in culture and comes not only from being on the land but also from stories, relationships, and ancestral connections to the land.
- **Teacher and healer.** The land is a teacher and healer. Being on the land supports all aspects of wellness, including spiritual, emotional, mental, and physical.
- **Culture-specific life skills.** Teaching through *doing* and storytelling passes on values, important life skills, and intergenerational knowledge. Skills can include food preparation, survival skills, sweat ceremonies, healing circles, hunting, fishing, canoeing, hiking, berry picking, and traditional crafts.
- **Aspect of self governance.** Land-based programs promote self governance through a community-focused and driven design and implementation, which is often guided by Elders and Knowledge Keepers.
- **Determinants of health.** Land-based programs address determinants of health, such as language acquisition, ceremony, education, and social inclusion.

How Service Providers Can Uphold Indigenous Rights & Cultural Safety

It is all of our responsibility to uphold Indigenous rights and support access to culturally safe services. Some ways to do this include:[22-26,114]

RESPECT AND RECOGNIZE

- [ ] Recognize the unique cultures, preferences, beliefs, practices, histories, rights, laws, and governments of First Nations, Métis, and Inuit Peoples and communities.
- [ ] Include local Indigenous cultures, wisdom, and traditions in policies and service delivery.

CHANGE COLONIAL STRUCTURES

- [ ] Recognize that settler colonialism continues to shape the health and social service systems. Challenge policies and practices that perpetuate racism and exclude Indigenous perspectives.
- [ ] Acknowledge the power imbalances that exist between service users and providers. Make decisions together and follow the lead of the person accessing services.

MAKE HARM REDUCTION INCLUSIVE

- [ ] Recognize how westernized approaches to harm reduction do not include Indigenous views of health and healing.
- [ ] Be flexible and allow room for harm reduction to look different for each person.
- [ ] Follow a holistic approach to wellness that is self-defined and strengths-based.

LISTEN TO COMMUNITY

- [ ] Include the voices of Elders, Knowledge Keepers, people with lived and living experience, Indigenous women, and young people.
- [ ] Incorporate Indigenous Matriarchal knowledge, ceremonies, and leadership.
- [ ] Support community-based and peer-led program development and delivery.

GIVE TRAUMA-INFORMED CARE

- [ ] Understand that substance use-related harms are shaped by social determinants of health. Avoid blaming the person.
- [ ] Support community-based and peer-led program development and delivery.
- [ ] Recognize the impacts of personal trauma, intergenerational trauma (trauma passed down from one generation to the next), and violence from systems, and how they impact people's access and responses to care.
- [ ] View everyone as a person who has value, and not a product of their substance use.

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Resources for Indigenous Approaches to Harm Reduction

Strengthen your understanding of Indigenous approaches to harm reduction and providing culturally safe services:

- BCCDC Indigenous Health Substance Use Resources poster series on humility, respect, connection, and love.
- First Nations Health Authority:
    - Indigenous Harm Reduction for more information on an Indigenous harm reduction approach.
    - All Paths Lead to Wellness to learn more about how harm reduction fits into the substance use system of care.
    - Overdose Prevention and Harm Reduction Information for stories and resources on substance use and harm reduction at the FNHA.
    - Courageous Conversations Toolkit for resources to inform conversations and dialogue about substance use with families, friends, and communities.
    - Framework for Action: Responding to the Toxic Drug Crisis for information on FNHA's framework to respond to the toxic drug crisis for First Nations.
    - Policy Statement on Cultural Safety and Humility for resources and actions to support a culturally safe health care system for First Nations people.
- CATIE's Indigenous-Centred Approaches to Harm Reduction and Hepatitis C Programs for Indigenous-led and community informed approaches to harm reduction and Hepatitis C.
- Native Youth Sexual Health Network's Indigenizing Harm Reduction
- Minister's Advisory Council on Indigenous Women Indigenous Gender Based Analysis Plus (IGBA+) Toolkit

Harm Reduction Principles

There are many ways to think about harm reduction and put it into practice. This section describes some principles that shape our approach to harm reduction. Harm reduction is always evolving, and we expect these principles will change over time.

The FNHA uses cultural symbols to describe harm reduction principles and practices. These symbols also reflect the ethical principles of harm reduction.

Figure 5. Cultural Symbols of Harm Reduction Principles and Practices. The principles and practices use cultural representation from 4 animals: the eagle – a symbol of knowledge and wisdom (top), the raven – a symbol of identity and transformation (right), the bear – a symbol of strength and protection (bottom), and the wolf – a symbol of relationships and care (left).

Use Harm Reduction Principles to Deliver Services

In this section, cultural symbols of the wolf, eagle, bear, and raven describe ways to use harm reduction principles to deliver programs, policies, and services to all people who use substances.[30]

The Wolf: Relationships and Care

- **Focus on connection.** Treat people with respect, empathy, kindness, and compassion. Use a strengths-based approach that focuses on abilities instead of challenges. Support and acknowledge people's self-determination, culture and traditions, relationships, and community.
- **Use non-judgemental person-first language.** Emphasize the person before a condition. For example, say "a person who uses substances" instead of "a drug user". Speak about substances and people who use substances in ways that are de-stigmatizing and respectful. Deliver services that are free from stigma, judgment, and discrimination.
- **Use a trauma- and violence- informed approach to care.** Understand the impact that trauma and violence (including racism, intergenerational trauma, and experiences of trauma) can have on all aspects of a person's health and how people engage with care. Prioritize safety, choice, and building trust.

An Example of Wise Practices in First Nations Harm Reduction
from the FNHA's Indigenizing Harm Reduction Study

"We also distribute harm reduction supplies from our camper trailer. And we can also host people inside it for a bit, warm up. Our next step is we want to get internet onto the Jeep. So people will come and use our Wi-Fi for a while, while waiting for their turn to sit in the trailer and have some street counseling. Again, we've really been focused on meeting people where they're at."

-Mel Bazil, Dze L̲ K'ant Friendship Centre
As shared in the FNHA Indigenizing Harm Reduction Study

The Eagle: Knowledge and Wisdom

- **Understand that substance use occurs on a spectrum** - from no use to beneficial use, lower-risk use, higher-risk use, and substance use disorders. Health and wellness are

possible at any point on this spectrum. Each person and community defines what being healthy means in their own way.

- **Create services, programs, and policies based on evidence.** Decisions about substance use care are guided by the best available evidence, including peer-reviewed research, Indigenous ways of knowing, clinical expertise, collaboration with PWLLE, and feedback from people who use services.
- **Meet individuals, families, and communities where they are at.** Recognize the expertise of individuals and communities and respect their right to choose their own path to healing, including community-led approaches. Support people in all stages of substance use and connect them to different services, including harm reduction, stabilization, treatment, and recovery.

> So really **meeting folks where they're at,** and supporting them and just being honoured enough to be able to walk alongside them in their journey, I think is something that the whole team does a really great job of.
>
> *-Lacey Jones, Director, QomQem Coastal Connections*

The Bear: Strength and Protection

- **Collaborate with PWLLE of substance use.** Ensure PWLLE are at the centre of decisions that affect them. Involve PWLLE from the beginning of projects, provide fair compensation, develop relationships and build trust, value expertise, and include PWLLE's contributions in the final product. Avoid seeking approval or feedback after decisions have been made.
- **Include culture.** Support people to include their own culture and practices into substance use care, if they choose. This will be different for each person and could include land-based healing, ceremony, traditional knowledge, connections with an Elder, and traditional wellness practices.

SOLID Outreach

SOLID Outreach is a peer-led outreach program in Victoria. SOLID outreach workers are trusted amongst people who use substances and are easy to recognize on the street. Outreach workers connect with people who use substances to provide safer substance use supplies, connections to drug checking, naloxone kits and training, and referrals to health and social services such as ID, income assistance, and housing.

The Raven: Identity and Transformation

- **Respect the human rights of people who use substances**. Engage with people using approaches rooted in human rights and public health. Respect everyone's right to dignity, health, timely and appropriate care, and privacy.
- **Commit to eradicating Indigenous-specific racism**. Recognize and respond to Indigenous-specific racism in care by identifying and challenging harmful policies, practices, and attitudes. This includes challenging stereotypes related to substance use and poor treatment because of presumed or actual substance use.

Kìlala Lelum Mobile Outreach Program (MOP)

Kìlala Lelum Health & Healing Cooperative is a primary care clinic and medicine house, providing equitable, culturally safe, and low barrier care to residents of the Downtown Eastside. Through its many programs, Kìlala Lelum's interdisciplinary team of healthcare providers, outreach workers, Elders, and Knowledge Keepers combine Western and traditional Indigenous forms of care to help meet the wellness goals of its members and the wider community.

Of note is Kìlala Lelum's Mobile Outreach Program (MOP): a 'one-stop-shop' medical clinic on wheels offering everything from harm reduction supplies, food, and cultural medicines to primary care and nursing. MOP also connects participants to in-clinic appointments, outreach support, and smudging, cedar brushing, and one-on-one visits with Elders and the cultural wellness team.

Resources for Delivering Stigma-Free Harm Reduction Services

There are several educational opportunities for service providers to develop or strengthen understandings of high-quality services for people who use substances. These include:

- CATIE's Harm Reduction Fundamentals: A Toolkit for Service Providers is a comprehensive course on the basic principles of harm reduction and how to use a harm reduction approach to substance use.
- Toward the Heart's Compassionate Engagement modules shares resources to reduce stigma and improve respectful care for people who use substances.
- Equip Healthcare's Trauma- and Violence-Informed Care Foundations Curriculum to learn more about the foundations of equity oriented care.
- The Canadian Institute for Substance Use Research's Harm Reduction Implementation Framework to assist leaders, service providers and policy makers to implement harm reduction in programs, services and organizations.
- FNHA video series and teaching guides on anti-stigma, supporting and talking to people who use substances, and connecting to culture can be found on the Indigenous Harm Reduction webpage.
- FNHA Indigenizing Harm Reduction in Response to the Overdose Crisis for more information on wise practices in harm reduction to develop a harm reduction framework for BC First Nations.
- Interior Health's Harm Reduction 101: Understanding Harm Reduction Principles and Practices.
- FNHA Open Arms Toolkit for resources on how to have conversations with friends, family, and loved ones about substance use, harm reduction, and healing.

Harm Reduction for Equity-Deserving Groups

Equity-Deserving Group

An equity deserving group is a group of people that have been treated unfairly in the past and still face barriers because of discrimination built into systems like healthcare, education, and law. Certain groups of people have been denied equal chances for jobs, education, and other opportunities because of characteristics like their age, gender, Indigenous identity, ethnicity, culture, disability, and other reasons.

Anyone can be harmed by substance use, and everyone deserves care that meets their needs. Some groups experience more harm because of unfair treatment, not because of who they are.[57] We call these equity-deserving groups. Being part of an equity-deserving group does not always mean having more problems. It means some groups face unfair barriers that can cause health and social issues.[58]

Equity-deserving groups that have barriers to accessing harm reduction services:

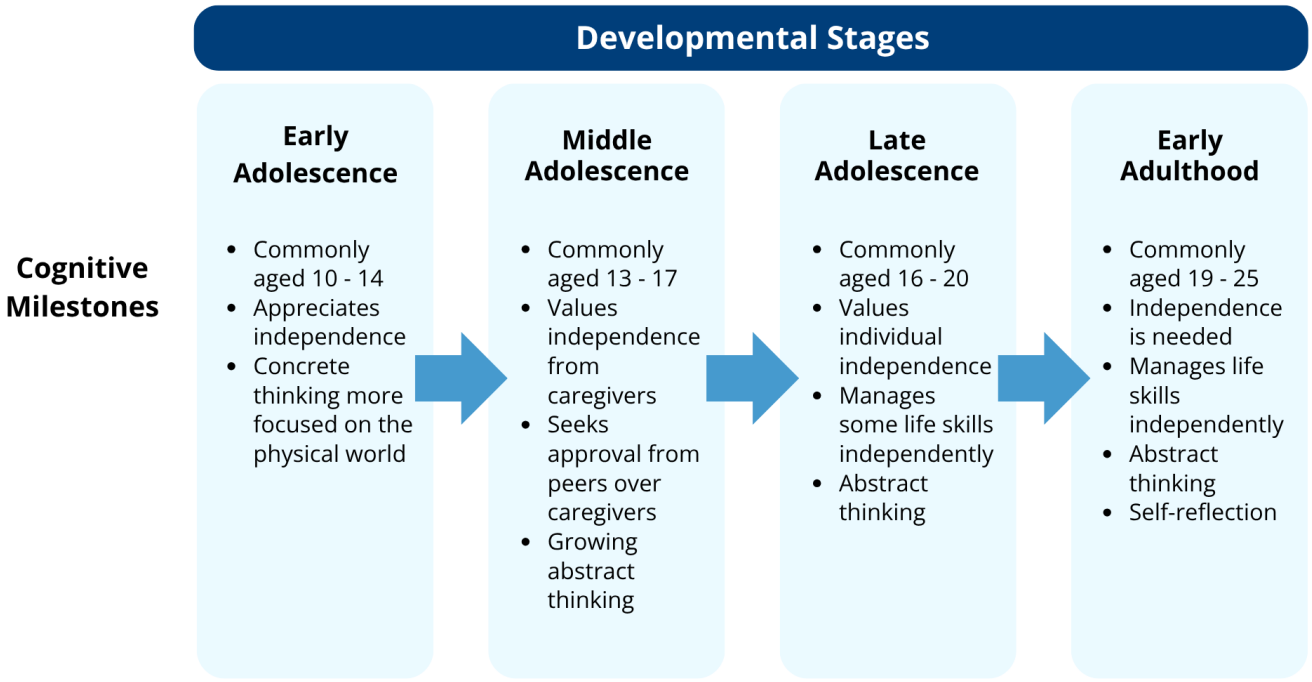
- Indigenous Peoples
- Young people
- People who are pregnant or parenting
- People who identify as 2SLGBTQIA+
- Newcomers to Canada (within 5 years)
- People who work in trades
- Older adults (age 65 or older)
- People with disabilities

The next sections offer information on some of the unique characteristics of some equity-deserving groups to help service providers better connect with and provide harm reduction care to these groups.

Young People

Children (also called "minors", referring to anyone under 19 years old) and youth (up to and including 25 years old) often use substances differently than adults. Young people's brains are still developing, which can make decision-making harder, lower impulse control, and increase risk-taking for pleasure.[60] Young people often get information about substance use and risks from social media, peers, and youth-focused groups.[61]

Figure 6. Developmental Stages of Youth. The diagram below summarizes key shifts in thinking and independence from early adolescence (10-14 years old) to early adulthood (19-25 years old). Adapted from Shared Care and University of British Columbia Continuing Professional Development.



Supporting young people means listening to their needs, recognizing their circumstances, and providing information and supports that help to achieve healthier outcomes. Some young people may be using substances and need support to stay safer. Others may not be using substances, and in those cases, it may be more helpful to focus on prevention and building skills and supports. Including a harm reduction approach across youth-focused services can make it easier for young people to engage with different programs and services that fit their diverse needs.

Barriers that young people face when trying to access harm reduction and substance use services include:[62]

- Less reliable transportation. They may rely on public transit or other modes of transportation.
- Less time to access services due to school or work.
- Fear of being 'found out' or identified as a person who uses substances.

- Being turned away by staff at harm reduction sites.
- Lack of appropriate services. Most harm reduction services are designed for adults and don't offer services that are tailored to young people.
- Have less knowledge of substances, how they're used, and the risks involved.

Young people who experience poverty, are unhoused or live in unsafe environments, have a relationship with Ministry care (such as foster care), or identify as 2SLGBTQIA+ face even more challenges accessing services and have more severe substance-related harms.

First Nations, Métis, and Inuit young people often don't get the support they need because of racism, unfair laws, the impacts of residential schools, the Sixties Scoop, loss of culture, and many other harms of settler colonialism. Intergenerational trauma continues to affect families and communities today and many Indigenous young people have experienced involvement in the child welfare system. These histories contribute to a lack of trust in health and social services, especially when young people know of negative or discriminatory experiences faced by family members or people in their communities. These experiences make young people hesitant to seek out services, increasing the risk of harms and reducing access to culturally safe supports.

Recommendations

When designing harm reduction services for youth, make sure they have the extra support they need and the right people to provide it. Create spaces where young people feel safe and respected.

Service providers should build skills to talk openly with young people about substance use and provide fact-based and non-judgmental information. Make services safer, more welcoming, and easier for youth to access by using the key practices outlined below:[63-70]

Deliver accessible substance use services that engage youth

Provide youth-focused harm reduction services

Provide culturally safe, gender-responsive, and trauma- and violence-informed care

Be transparent, respect confidentiality, and act ethically

Deliver accessible substance use services that engage youth:

- Match your approach to each young person's stage of development—not just their age. Take time to understand their history, the supports they have, and their goals.
- Recognize that every young person is different. Tailor supports for their situation and needs.
- Create a welcoming and supportive environment.
- Provide protected spaces that are designed for youth separate from adult services to reduce potential vulnerabilities.
- Offer choices. Recognize that youth might need more time than adults to think through what each option means and to make decisions. Check in regularly to review their options.
- Support young people to strengthen their coping skills.
- Deliver mobile or outreach services (services that come to community).
- Acknowledge that young people may not trust institutions like health care.
- Offer easy to access services. This includes services that: have short or no wait times, do not require ID, do not have a minimum age to access services, and do not require people to stop using in order to access them.
- Use the Foundry Youth Service Assessment Tool to determine if your setting provides an accessible, inclusive, safe, and appropriate environment for young people who use substances.

Provide Youth-Focused Harm Reduction Services

- Follow the young people's lead and respect their need for information and support.
- Be a safe and approachable adult who can help young people find trusted sources of information. You do not have to know everything about substances.
- Talk about all types of substance use, including legal (e.g., alcohol, cannabis, prescription medication) and illegal (e.g., fentanyl).
- Teach young people that the unregulated (illegal) drug supply is toxic. Using substances from the unregulated drug supply can cause serious harms or death from drug poisoning.
- Provide safer substance use education so they can reduce their risks of harms. Be clear that these actions won't take away all the risks of using substances.
- Provide drug poisoning response training and Take Home Naloxone (THN) kits.
- Help young people connect to other types of care, including:
    - Referrals to a family doctor or nurse practitioner (primary care),
    - Getting OAT,
    - Other substance use services, like detox and treatment,
    - Mental health supports,
    - Cultural supports for Indigenous young people,
    - Sexual health services,
    - Housing services,

- Transportation, and
- Family-based programs that support young people and their families (e.g., Foundry).

Provide care that is culturally safe, supports all genders fairly, and is sensitive to people who have experienced trauma and violence.

- Learn more about how to use cultural safety, gender responsive care, trauma- and violence-informed care, and harm reduction practices in your care.
- Understand that Indigenous specific racism has made it harder for Indigenous young people to get healthcare.
- Work with support persons that young people choose, like Indigenous Elders, Knowledge Keepers, peers, or family members.
- Partner with Indigenous youth and organizations to make sure your services are culturally safe.
- Learn about and connect with Indigenous communities and groups in your area. For example, find out more about the Métis Nation Chartered Community in your area or reach out to the local Friendship Centre for Indigenous-specific youth support groups.
- Create safer, more welcoming services for 2SLGBTQIA+ young people.
- Promote sex positivity (open and non-judgemental about sex) and gender equality.

Be transparent, respect confidentiality, and act ethically

- Invest time and effort to build relationships and earn trust.
- Deliver services that are consistent, reliable, and honest.
- Explain confidentiality clearly and be honest about when you must share information.
- Respect confidentiality within the limits of regulations and your profession. Sharing information too soon or inappropriately can break trust and stop them from seeking care in the future.
- If you have to break confidentiality, try to work with the young person. This could mean disclosing together or letting them know how and why you have to break confidentiality.
- Seek feedback from young people. Change your services based on their input.
- Act on your legal responsibilities as a service provider. Know rules about access to harm reduction services, when to get help, your duty to report, and responsibilities around confidentiality. These responsibilities are covered in the next section.

Access to Harm Reduction Services for Young People

Regulations Around Harm Reduction Services for Young People

All service providers should understand what harm reduction services young people can access without restrictions and which services require a formal assessment. For services that require a formal assessment, service providers should understand the steps needed to be able to provide those

services. Service providers should also understand the legal requirements for reporting child abuse and neglect.

Basic Harm Reduction Services

There are no age restrictions for accessing basic harm reduction services.

Basic harm reduction services include:

- Providing harm reduction supplies, including safer sex and safer substance use supplies,
- Teaching and supporting someone to use substances more safely,
- Observing someone using substances to support drug poisoning prevention and response,
- Supporting safer substance use practices,
- Responding to drug poisoning emergencies like giving naloxone,
- Training and giving out Take Home Naloxone (THN) kits,
- Providing drug checking services and education, and
- Any other service that a provider can give with basic training and equipment for drug poisoning response.

Any service provider who is trained to provide harm reduction services and can properly respond to a drug poisoning (e.g., with naloxone), can give basic harm reduction services to young people without needing parental or guardian consent.

Young people (under 19 years old) can access basic harm reduction services without a regulated health care professional needing to do a formal capacity assessment (also called “mature minor consent”). This means that:

- Young people can access overdose prevention services (OPS) or supervised consumption sites (SCS) without a legal guardian or formalized capacity assessment by a regulated provider.
- If a young person is unconscious from a suspected drug poisoning, consent is not needed to give emergency treatment, such as naloxone.

Any service provider offering basic harm reduction services to young people should make sure the young person agrees with any support offered and has the chance to ask questions and receive information to make their own decisions.

Advanced Harm Reduction Services

Advanced harm reduction services are practices that go beyond basic harm reduction and can only be provided by a regulated healthcare provider. Advanced harm reduction services include, but are not limited to:

- Clinical services like writing a prescription for OAT,
- Inserting an intravenous line (a thin tube put into a vein to deliver fluids or medication directly into the blood),
- Providing hands-on help with venipuncture (injection into the vein), and
- Giving someone injectable OAT (iOAT).

Mature Minor Consent

There is no specific age when someone is considered a mature minor in BC. This means that there is no set age when young people can get healthcare services from a regulated healthcare provider without their parent or guardian's consent.

Regulated service providers giving advanced harm reduction services need to complete a formal capacity assessment. A capacity assessment is a process conducted by a regulated healthcare provider to determine whether a young person (under 19 years old) is capable of making their own healthcare decisions, without their parent or guardian's consent. It is also referred to as "mature minor consent".

The Infants Act says that a mature minor can provide valid consent to a healthcare service on their own if the regulated healthcare provider has:[73]

1. Explained the risks and benefits of the service,
2. Is confident the young person understands what the service is, how it applies to their own situation, the consequences of not doing the service, the benefits and risks of the doing the service, and
3. Believes that the service is in the young person's best interest.

When deciding if giving healthcare is in the mature minor's best interests, healthcare providers must weigh the risks of providing health services with the risks of harm if services are not provided.

The assessment needs to follow the healthcare provider's professional standards of practice. Healthcare providers should check with their regulatory body, organizational policies, and other relevant legislation to make sure they know all of the specific regulatory requirements and practice guidance they need to follow. Nurses are encouraged to consult the BC College of Nurses and Midwives practice standards that apply to each of the advanced harm reduction activities.

Nonregulated service providers can help connect young people to a regulated healthcare provider (e.g., physician, nurse) if they request advanced harm reduction services.

Duty to Report

All service providers have a legal duty to report to a child welfare agency—the Ministry of Children and Family Development (MCFD) or the Indigenous Child and Family Service Agency (ICFSA)—if they believe a young person under 19 is being abused, neglected, or needs protection. Reporting can also be made through an Indigenous authority acting under its own child and family service laws, if that authority confirms it will assess the information in the report.

If a young person is in immediate danger, call 911. If you think a young person under 19 years of age is being abused or neglected, call the Provincial Centralized Screening line at 1-800-663-9122 any time of night or day. If a young person wants to talk to someone, call the Helpline for Children 310-1234 (no area code needed) where they can talk with a trained child protection worker.

These agencies are available 24 hours a day, 7 days a week. If a report needs to be made, it should be done thoughtfully and together with the young person. The young person can include other people during this process for support.

A young person using substances or accessing harm reduction services are NOT reasons to make a report.

If a report needs to be made, service providers should consult with team members and be transparent with the young person. Things to keep in mind when considering making a report:

- Using substances or getting harm reduction supplies (like Take Home Naloxone or STI testing) does not mean a young person is in immediate risk of harm. These are not good enough reasons to report and do not meet the criteria for making a report.
- Service providers have the option to speak with MCFD or ICFSA without sharing personal details about the young person.
- Reporting to authorities such MCFD, ICFSA or police should be done carefully and with caution. A mature young person has a reasonable expectation of privacy and confidentiality when accessing health services. Reporting too early or without a good enough reason could damage trust or impact their future decisions to seek out health or social services.
- If there are more concerns for a young person, like lack of food, shelter, clothing, or medical care, talk with the young person about making a report or requesting support services from MCFD or ICFSA. Be clear and honest about what information will and will not be shared.
- If a service provider has serious concerns about the safety and well-being of a young person in foster care, work together with the young person to figure out what to share with their MCFD

or ICFSA social worker. If the young person does not provide consent to share information with their MCFD or ICFSA social worker, you might still need to reach out if their safety and well-being is at risk.

If a service provider has ethical concerns or is not sure about the right thing to do, they should connect with their colleagues, professional organizations, or resources available through their organization. Harm reduction staff at your regional health authority may be able to help you find other resources.

Resources

For details on youth substance use, services, programs, and engagement in BC:

- BC Handbook for Action on Child Abuse and Neglect to help service providers recognize, respond to, and report child abuse and neglect in accordance with provincial laws and policies.
- BC's Representative for Children and Youth's Youth Substance Use Services in BC - an Update for an update on the state of substance use services available in BC.
- BC's Representative for Children and Youth's Time to Listen: Youth Voices on Substance Use for a report on the lived experiences of young people in BC who use substances.
- BC Centre on Substance Use Youth Health for information on research being done with young people who use substances in BC.
- McCreary Centre Society's VYPER Evaluation Report: Youth Engagement through Youth-Adult Partnerships for an evaluation of the impact of youth-adult partnership.
- Foundry and the Canadian Centre on Substance Use and Addiction (CCSA) Improving Treatment Together Project for information on a project to improve young peoples' experiences of substance use treatment.

Resources for Parents of Young People

- FNHA Open Arms Toolkit for supporting conversations with friends, family, and loved ones about substance use, harm reduction, and healing.
- Interior Health Talking with Teens about Alcohol and Other Drugs to help parents and caregivers have open and supportive conversations about substance use.
- Foundry Supporting Family Members to help families support young people experiencing mental health and substance use challenges.
- Foundry Parent Handbook for Supporting Youth with Substance Use Disorder for peer support for families with a young person who experiences substance use challenges.
- Holding Hope Canada for peer-led support groups for families with loved ones who use substances.

People Who Are Pregnant or Parenting

People who are pregnant or parenting may use substances for different reasons, such as wellness, enjoyment, coping, or keeping their family functioning. This can also be a time when people seek substance use services.[75-76]

People who are pregnant or parenting and use substances should have access to supportive, non-judgmental care, including harm reduction services. Many people avoid substance use services due to stigma, fear of losing their children, and other barriers like long wait times, lack of privacy, and mental health challenges. These barriers are especially harmful for Indigenous people, who continue to experience the impacts of colonial policies such as residential schools, Indian Hospitals, and the Sixties Scoop and discriminatory child welfare practices.

Recommendations

To help people who are pregnant or parenting access substance use services, service providers should meet people where they are at in a way that is respectful, non-judgmental, and keeps trust. A goal should be to help keep families together, whenever possible. To do this, service providers should:[73-79]

Use an Anti-Stigma Approach

- Use person-first, de-stigmatizing language.
- Recognize the power imbalance in healthcare settings. Understand that people who are pregnant or parenting and use substances may feel especially vulnerable due to stigma and judgment.

Provide Person and Family Centred Care

- Use a trauma- and violence-informed approach to care.
- Focus on support, not punishment.
- Tailor services to meet each person's unique needs and their chosen support network.

- Offer service hours that work for parents, such as times when childcare is available. Consider ways to support access to childcare so parents can receive services.
- Build safety and trust. Go at the person's pace.
- Ask for permission before talking about substance use. Ask the person in private first, without family or partners present.
- Have conversations about substance use in a private setting. Protect the information from being shared without consent.

Recognize That You Can Cause Harm Without Intending To

- Be aware of your values and beliefs about substance use, pregnancy, and parenting.
- Avoid closely watching and being critical of First Nations, Métis, and Inuit parents or family members because you think they may be using substances.
- Avoid terms like "lifestyle choices," which can blame people who use substances.
- Avoid assumptions about a person's substance use or parenting goals. Each family's needs are different.
- If you must make a report to child welfare agencies, do so carefully and with consideration. Consult with colleagues and the resources that are available to you. Understand that making an unnecessary report to child welfare is harmful and seriously impacts the children who are taken out of their home or community.

Understand Child Welfare Policies

Birth alerts were used in BC until 2019 and caused significant harm, especially to Indigenous families.[76] As a result, infants were removed from their families without agreement, leading to deep and lasting trauma for individuals, families, and communities.

Although birth alerts have officially ended, their legacy continues to affect Indigenous Peoples, adding to the lasting harm caused by residential schools and the Sixties Scoop. These experiences have contributed to significant mistrust in health care and social service systems.

For service providers offering substance use harm reduction to pregnant people, it's important to know that:

- BC's child welfare mandate and duty to report guidelines only applies to living children and not fetuses.[42] This means service providers must not share information about any individual, including pregnant persons who use substances, to agencies or individuals without the pregnant persons' consent. Doing so would be a breach of confidentiality.[43]

- Substance use alone does not mean a parent is abusing and neglecting their children.[44] Substance use, without any signs or concerns that a child is immediate danger, should not be reported to the Ministry of Children and Family Development (MCFD) or Indigenous Child and Family Serving Agencies (ICFSA). This means that substance use alone, where the substance use does not create conditions that would otherwise meet criteria for reporting, whether the substances are regulated (e.g., alcohol) or unregulated (e.g., illicit fentanyl), used rarely or daily, consumed by any mode (e.g., inhalation, injection) - should not be reported to MCFD or ICFSA.
- If a person who is pregnant is looking for basic supports like food, shelter, clothing, or medical care, or a service provider has similar concerns, talk to them before making a referral. Service providers must communicate clearly and honestly with the person receiving care about why they are making the request for support, and what information will and will not be shared with the social service provider.
- Service providers have a duty to report to MCFD or ICFSA if they are seriously concerned that a parent or family cannot safely care for a child because of poor judgement, risky behaviour, or level of consciousness, and the person has not made proper plans for child care.[44] This means that service providers should not make a report to MCFD or ICFSA if the parent or family has made safe arrangements for childcare while they are unable to do it themselves. For more information see Duty to Report.
- Referring someone to MCFD and ICFSA supports is optional. If the person who is pregnant is looking for services or early referral, service providers can share information and refer them to supports if they want them.

Resources

- UBC CPD's e-learning module on Perinatal Substance Use to support healthcare providers to deliver high quality care to pregnant people who use substances.
- SafeCare Perinatal Substance Use for service providers who work with pregnant or parenting people who use substances.
- The BC Ministry of Health's Collaborative Practice Protocol for Providing Services for Families with Vulnerabilities: Roles and Responsibilities of the Director (Child, Family and Community Services Act) and the Ministry of Health for guidance on information-sharing and collaborative care for people who are pregnant or parenting and use substances.

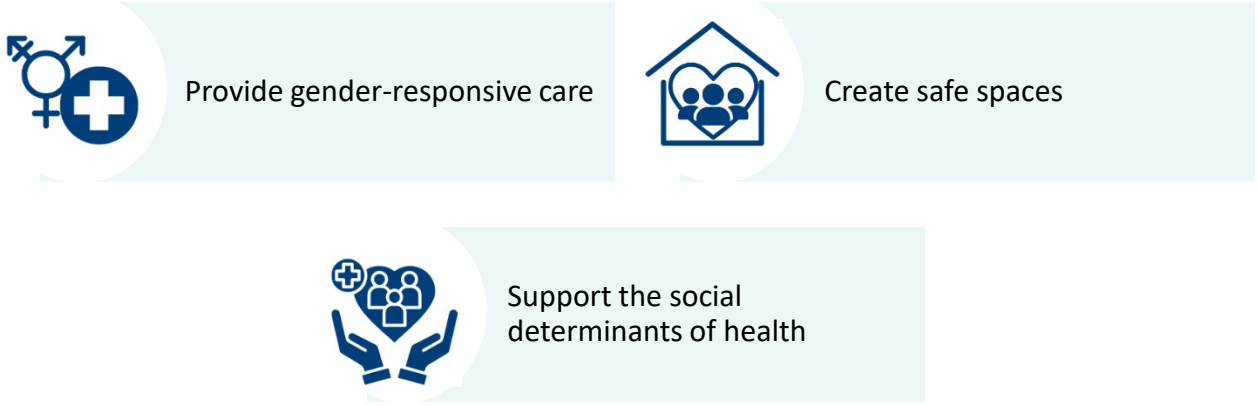
2SLGBTQIA+ Community

People from the 2SLGBTQIA+ community who use substances have unique needs and experience barriers to healthcare.[80] Many prefer accessing community- and peer-based harm reduction services due to past experiences of discrimination.[81] This is in part because of a long history of discrimination. In fact, people who are transgender, Two Spirit, or nonbinary (TTNB) were thought to have mental health disorders[82] and homosexual behaviour was illegal in Canada until 1969.[83]

2SLGBTQIA+ people often face more stress, including mistreatment or rejection by family. Sometimes people use substances to cope with this stress.[84] Two-Spirit people experience even greater harm because of added trauma from racism. [84] Research shows that 2SLGBTQIA+ young people and adults have higher rates of substance use and experience worse health outcomes compared to those who do not identify as 2SLGBTQIA+.[85]

Recommendations

The following tips can help make spaces more inclusive for the 2SLGBTQIA+ community:



Provide Gender Responsive Care

Having welcoming, supportive, and safe spaces for 2SLGBTQIA+ people is the most important thing harm reduction services can do to give gender-responsive care.[74] Here are some tips for providing gender-responsive care:[80-86]

- Put up a sign, like a Positive Space poster, that shows people that you have a safe, welcoming, and affirming space for 2SLGBTQIA+ people.
- Share your pronouns when you introduce yourself.
- Ask people what pronouns they use, and use them. If you make a mistake, correct yourself and move on.
- Use inclusive gender-neutral language.

- Get training on gender-responsive care and inclusive communication.
- Provide care that is sex positive (open and non-judgemental about sex) and respectful of all gender identities.
- Support open conversations and ways to stay safer in situations where people may use substances, including during sex or sex work.

Create Safe Spaces

- Acknowledge that trans, Two-Spirit, and nonbinary (TTNB) people often face stigma and discrimination.
- Recognize TTNB people may not feel safe making their gender identity or needs known when accessing services.
- Hire 2SLGBTQIA+ people and women to help make harm reduction services more comfortable and welcoming for people who experience gender-based discrimination.
- Offer service hours just for TTNB people and people who experience gender-based violence (e.g., women, trans, Two-Spirit, and non-binary people's nights).

Support the Social Determinants of Health

- Review The Social Determinants of Health and Substance Use section to learn more about how a person's health and daily life are shaped by the conditions in which they are born, grow, work, live, and age.
- Support the social determinants to reduce substance use related harms, including:
    - Help people access food, housing, and transportation by providing information on programs and referrals to nearby services.
    - Make connections to community, such as providing information on 2SLGBTQIA+ groups and resources in your area,
    - Offer sexual health education and referrals, including safer substance use and sex,
    - Make referrals to other substance use services, including treatment and recovery,
    - Give out safer sex supplies, such as condoms and lubricant,
    - Provide hormone injection supplies,
    - Provide support and referrals to mental health services.

Resources

- Trans Care BC's Education Centre offers a range of course and learning tools to support people to provide gender affirming care.
- Stimulus Connect Webinars: Make it Queer: Intro to Harm Reduction through a Gender and Sexual Diversity Lens

Sex Workers

Sex workers who use substances face unique risks. Research shows sex workers are more likely to use substances and experience drug poisoning from the toxic unregulated drug supply.[87-89] Stigma, criminalization, and policing make it harder for sex workers to access harm reduction services.[89]

Some sex workers use substances during "party and play" sessions with clients, where unregulated substances increase risks for harm.[90] Substances in the unregulated drug supply can cause sedation (sleepiness) and blackouts, increasing the risk of drug poisoning and violence. These effects can increase vulnerability for sex workers, making it harder to say no, refuse unsafe work, or negotiate fair rates.[91]

Sex workers report that the drug poisoning public health emergency is sometimes exploited by clients who give substances without consent, increasing risks of drug poisoning and sexual assault. These harms are worsened by the toxic drug supply and criminalization.[90]

Recommendations

There are many people who use substances and do sex work.[92-93] Harm reduction services play an important role in supporting health and safety. The following tips can help make spaces more inclusive and safe for sex workers:

Provide accessible and inclusive services

Promote safety

Deliver community-led services

Provide Accessible and Inclusive Services

- Offer easy access to sexually transmitted and blood borne infection (STBBI) testing and treatment.
- Deliver services with flexible hours.
- Provide direct connections to different types of health and social services.

Promote Safety

- Provide culturally safe and non-stigmatizing services that promote safety and encourage access.
- Give out safer sex supplies and toiletries (e.g., mouthwash, wet wipes, gum).
- Provide information on sedatives in the unregulated drug supply. Support access to drug checking and offer safety strategies.
- Offer supports for people who have experienced violence or bad dates.

Deliver Community-Led Services

- Connect and partner with sex worker support organizations.
- Hire people with lived or living experience in sex work.

Resources

- Bad Date Reporting is a safety resource from WISH Drop-In Centre Society that allows sex workers to anonymously report and share information about violent or dangerous encounters in Vancouver.
- BC Bad Date and Aggressor Reporting (BC BDAR) Project is a province-wide initiative that helps sex workers share information about violent or unsafe encounters that is accessible across communities and services in BC.
- CATIE resources to learn more about sex work and harm reduction:
    - Sex Work and the Law in Canada
    - Sex work and harm reduction discourse: A reflection

Newcomers to Canada

Newcomers to Canada include immigrants, refugees, international students, and temporary foreign workers who have come to Canada in the past 5 years. Newcomers face unique risks related to immigration, mental health, and substance use. These risks can increase over time due to trauma, language barriers, cultural isolation, and unfamiliarity with substance use in BC. Some newcomers may use substances to cope or to fit in socially, without knowing the potential harms, especially in the context of the toxic drug supply.[95-98]

Recommendations

The following tips can help make spaces easier to access for newcomers:

Promote Culturally Safe and Inclusive Care

- Understand that attitudes towards substance use is different across cultures.
- Create a non-judgemental environment so people feel safe accessing services.
- Provide services that are private and respectful.
- Connect people to culturally safe and appropriate mental health and sexual health services.

Promote Safety and Reduce Risks

- Provide access to easy-to-reach, culturally safe, and responsive substance use services.
- Provide services that overcome barriers like transportation, legal concerns, language differences, and social isolation.
- Talk with people about substances they may have used that aren't available in Canada (e.g., khat is used in some parts of Africa and the Middle East). When these substances aren't accessible, some people access the toxic unregulated drug supply instead.
- Provide clear information about the risks of using unregulated substances including information about the drug poisoning public health emergency.
- Offer safer substance use education and drug poisoning prevention strategies to reduce harm.

Resources

For service providers looking to provide information on the toxic drug crisis in Canada to South Asian immigrants and refugees in several languages:

- Fraser Health's South Asian toxic drug crisis resources provides information, videos, and tools in multiple South Asian languages to help individuals and families stay safer, reduce stigma, and access support during B.C.'s toxic drug emergency.
- Help Starts Here - Resources for South Asian Communities provides resources for South Asian communities.

People Who Work in Trades

People who work in trades have jobs that involve physical labour or need mechanical skills. This includes work in construction, transportation, manufacturing, and service. Around 85% of people working in the trades are men. Since 2016, most opioid-related deaths in Canada have been among men, with trades workers most affected.[99-103]

Recommendations

The following tips can help make spaces more inclusive for people who work in trades:

Understand why people in trades are at higher risk for substance use harms

Start conversations about substance use, pain, and harm reduction

Destigmatize mental health and substance use challenges

Understand Reasons Why People in Trades are at Higher Risk for Substance Use Harm

- Many worksites have "zero tolerance" substance use policies because of safety sensitive work. This can make it difficult for people to take certain medications (like OAT) to treat substance use disorders, which can lead to:
    - People hiding substance use,
    - People not carrying naloxone,
    - Worksites not carrying naloxone in first aid kits,
    - People being too afraid to ask for help for fear of losing their job.
- Work can be physically demanding with long work hours and interrupted sleep:
    - Many people choose to relax after work with substances,
    - People often get injured and experience pain. People use substances to cope with pain. Some people can't afford to miss work when they are injured and substances can help them to keep working.
- Stigma around substance use is made worse by society's expectations that discourage men from talking about mental health. This leads to:
    - People using substances alone
    - People feeling unsafe to tell others they use substances, making it less likely they'll ask for help.

Start Conversations About Substance Use, Pain, and Harm Reduction

- Provide hours that make it easier for working people to access services.
- Provide harm reduction education for trades workers, such as:
    - The importance of not using alone,
    - How isolation can be harmful for mental health and substance use,
    - How using multiple substances at once (e.g., alcohol and stimulants) can increase harms.
    - The importance of carrying naloxone and knowing how to use it,
    - Understanding that drug poisonings can happen with any unregulated substance because they can contain other unexpected substances.
- Recommend peer support groups that are scheduled outside of working hours.
- Offer strategies to manage pain,
- Provide referrals to pain management services,
- Discuss how taking prescribed opioids (e.g., for an injury) can lead to the body getting used to them and developing a tolerance, where a person may need more to feel the same effect.

Destigmatize Mental Health and Substance Use Challenges

- Talk openly about substance use and normalize conversations about harm reduction, substance use, and mental health.
- Provide THN kits and drug poisoning response training.
- Support workplace initiatives that reduce pressure to act tough.
- Encourage employers to assess fitness for work based on behaviour and performance, rather than enforcing zero-tolerance substance use policies, including for use outside of work hours.

Resources

Service providers looking for more resources for people who work in the trades:

- The Tailgate Toolkit webpage. This project provides services and connects people working in the trades with on-site education, supervisor training, a virtual support group, and distribution of naloxone kits and training.
- The Guide Line from PainBC provides practical tools, emotional support, and links to resources including counselling, pain programs, mental health supports, and substance-use services for trades workers.
- The Workplace Safety & Prevention Services brief online course for people working in the trades: Substance Use in the Trades: Supporting Your Well-Being.
- A video series by the Tides of Change South Surrey, White Rock Overdose Prevention and Response Community Action Team in BC called Building Hope: Men in the Trades and

Substance Use, which aims to raise awareness about the risk of drug poisoning harms to men in the trades.

- The Canadian Centre on Substance use and Addiction's Substance Use and the Workplace: Supporting Employers and Employees in the Trades. This toolkit provides prevention, education, and employee resources on substance use among people working in the trades.
- Build Strong provides services and resources to unionized people working in the trades about substance use and wellness, including giving out naloxone kits and offering related training.
- For more information on duty to report patients who may be unfit to drive for certain regulated healthcare providers.
- For more information on substance use and workplace impairment see Work Safe BC.

Harm Reduction in Different Settings

The setting where care is provided affects how harm reduction is practiced. Some settings have unique barriers that shape what's possible. This section offers practical tips and insights to help service providers adapt harm reduction approaches to different environments.

Acute Care Settings

Acute care settings are places where people receive medical care for serious conditions that need ongoing treatment. These settings include hospitals, urgent care centres, emergency departments, and other settings where people may stay overnight.

People who use substances often visit emergency departments or are hospitalized.[35,105] Many people who use substances leave the hospital before finishing treatment because pain and withdrawal care does not meet their needs.[36]

Previous negative experiences make it hard for people who use substances to disclose substance use or seek care. Many avoid hospitals due to negative experiences and fear of judgment. These challenges are worse for Indigenous people, who also face racism in healthcare.[21] Leaving before treatment is finished makes health conditions worse and increases the likelihood of needing to return to hospital.[39]

A harm reduction approach helps people who use substances care for their health and supports healthcare providers in delivering safe and effective care.

Recommendations

Including harm reduction in acute care means providing supports in different areas of care - from emergency to outpatient care. To do this, acute care settings need harm reduction policies and services.

Some ways to provide a harm reduction approach in acute care:

Use a destigmatizing approach to care with people who use substances

Provide access to harm reduction and substance use services

Include harm reduction in care planning and discharge

Develop harm reduction policies

Use a Destigmatizing Approach to Care with People Who Use Substances

- Provide private spaces to have discussions about substance use and care. Building trust can help people stay in care.[106]
- Recognize that a person's health goals and priorities may not match those of their care team.
- Know that past negative experiences can make it difficult to feel safe in acute care.
- See the following page for more tips.

Provide Access to Harm Reduction and Substance Use Services in Acute Care

- Explain that sharing substance use info is their choice and helps tailor care, including pain and withdrawal management.
- Respect that people may feel watched and may not want to talk about substance use.
- Offer overdose prevention services (OPS) and harm reduction supplies on the unit or at the site.
- Offer early referrals to substance use services like addictions medicine team, peer support workers, and OPS.
- Share information about safer substance use: where to find sharps containers, safer substance use supplies, and OPS.
- Support pain management. Recognize that people who use opioids may need higher doses of pain medication in addition to opioid agonist therapy (OAT).
- Offer secure storage. Provide lockers with locks for personal belongings, when possible.
- Create a substance use care plan together. Include safety planning, drug poisoning prevention and response strategies, and referrals to supports.
- Support safe discharge. Provide safer substance use supplies, Take Home Naloxone (THN) kits and training, and information on drug poisoning risks from decreased tolerance after leaving hospital.
- Hire PWLLE as navigators or peer supports to help bridge the gaps between clinicians and PWLLE, and make PWLLE more comfortable seeking care.

How Healthcare Providers Can Talk About Substance Use

Some healthcare providers find it challenging to talk about substance use. Open, non-judgmental conversations using a trauma- and violence-informed approach can help. This includes avoiding assumptions about substance use or treatment needs.

Always ASK IF IT'S OK to talk about substance use.

"I'd like to ask you some questions about substance use. I ask every patient so I can offer the best care for each person's needs, like making sure pain, cravings, or withdrawal are managed. What you tell me is confidential, and only for your care team. Is it okay if I ask you some questions about substance use?"

HELP PEOPLE feel welcome and supported.

"I'd like to help you feel safe and meet your needs while you are in hospital. How can I support you? What do you need to feel safe and supported?"

"I let all of my patients know that safer substance use supplies are available in the cart in the hallway and you can visit the mobile overdose prevention site outside the front doors until 10 pm."

Acknowledge and SHOW UNDERSTANDING for people's feelings and experiences.

"You sound upset. Being in hospital can be stressful and scary. How can we make this a better experience?"

Find out WHAT HELP THEY NEED and other services they are interested in.

"I noticed your hand shaking. Are you feeling pain, stressed, or any withdrawal symptoms? How can I help with that?"

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Use a Harm Reduction Approach to Substance Use in Their Discharge Plan

Use a harm reduction approach in discharge planning:

- Start discharge planning at admission. Provide referrals and connections to:
  - Primary care,
  - Substance use services (e.g., OPS, treatment and recovery, OAT clinics),
  - Supports needed for follow-up appointments and prescription renewals, especially in rural or remote areas,
  - Housing safety and accessibility, and available outreach supports.
  - Community and at-home supports (e.g., home care services),
  - Safe transportation home,
  - Peer and cultural supports.

- Things to consider for rural and remote settings:
  - Talk about how the person will get their medications. If the pharmacy is far, help plan alternatives, such as longer prescriptions, delivery options, or support from local clinics.
  - Identify locations of safer substance use supplies and drug checking services in their community.
  - Provide information about virtual substance use services.

- Things to consider for First Nations people who live in-community:
  - Provide information about FNHA healthcare programs and services, including:
    - First Nations Primary Care Initiative,
    - Virtual services: Maternity and Babies Advice Line, Mental Health Counselling, Telehealth, etc.,
    - Virtual Doctor of the Day,
    - Virtual Substance Use and Psychiatry Services

Develop Harm Reduction Policies

Leaders are encouraged to develop harm reduction-based policies and protocols:[107-112]

- Create non-punitive environments. Avoid zero-tolerance substance use policies where possible.
- Develop harm reduction protocols. Include overdose prevention services and safety planning.
- Support staff training. Focus on teaching about harm reduction, trauma- and violence-informed care, stigma reduction, cultural safety, and Indigenous-specific racism.
- Promote respectful language. Define acceptable language and build a culture that supports it.
- Hire PWLLE of substance use in policy development and as peer support workers.

- Minimize security involvement. Develop policies that reduce interactions between patients and security. Use security only as a last resort.
- Provide access to a full range of harm reduction services. Provide safer substance use supplies, drug checking, safer substance use education, THN kits and training, and overdose prevention services (OPS).
- Establish substance use teams to help patients with:
    - Timely access to medical treatment (e.g., OAT and pain and withdrawal management)
    - Social supports (e.g., ID, medication coverage)
    - Referrals to treatment and recovery services,
    - Post-discharge connections (e.g., cultural supports, housing, support groups, community clinics,)
- Set up on-site overdose prevention services, such as in-hospital OPS or episodic OPS (eOPS). If on-site services aren't possible, consider partnering with another organization to provide mobile options.

Resources

Service providers looking for more resources to help them care for and have conversations with people who use substances who are admitted to acute care:

- Interior Health's Talking to People Who Use Substances
- The BCCSU's Providing Care in Acute Care Settings
- EQUIP Healthcare's harm reduction in healthcare settings.

Community-Based Health and Social Services

Community health services include public health units, youth and sexual health clinics, community health centres, and family doctor or nurse practitioner offices. Community social services include neighbourhood houses, drop-in programs, shelters, food banks, and other organizations. These services provide safe, welcoming, and non-judgmental spaces for people who use substances.

Many community organizations also support harm reduction by offering safer use and safer sex supplies, drug checking, naloxone kits and training, overdose prevention services, and referrals to housing, food, and cultural supports.

Recommendations

The following tips can help make spaces more inclusive at community-based health services:

Make sure everyone gets fair access to services

Provide low barrier harm reduction services

Strengthen connections to care and community

Make Sure Everyone Gets Fair Access to Services

- Make services easy to access for groups who face more barriers (equity-deserving groups), including:
  - Youth
  - People who are pregnant or parenting
  - 2SLGBTQIA+ communities
  - Newcomers to Canada
  - People working in trades
- Conduct an equity walk-through of services to assess how people experience the space when they arrive and interact with staff. Ask:
  - Is the space comfortable?
  - Is it easy to navigate?

    - What message does the space send to people who use substances or face barriers?
- Hire PWLLE of substance use as peer support workers, outreach workers, peer navigators, or family liaison workers.

Provide Low Barrier Harm Reduction Services

- Make it easy for people to get safer substance use and safer sex supplies, drug checking, and naloxone kits and training.
- Do not require appointments or ID to get services.
- Offer information on safer substance use and safer sex practices.
- Offer THN kits and training.
- Have an OPS on-site or offer episodic OPS (eOPS). Include safer inhalation spaces.
- Share information on drug poisoning prevention, like OPS locations and virtual OPS.
- Provide drug checking. Give out test strips, provide access to a Fourier-transform infrared spectroscopy (FTIR) machine and technician, or provide mail-in drug checking.
- Provide harm reduction education to all staff, including clinicians and reception staff.

Strengthen Connections to Care and Community

- Help people access cultural supports, such as Indigenous Peer Navigators, Elders, or Knowledge Keepers.
- Provide direct connections to a range of services, including:
    - Mental health services,
    - Education opportunities,
    - Income supports,
    - Substance use care, like treatment and recovery services, perinatal substance use, and youth-focused substance use services,
    - Food security programs and low-cost food options,
    - Housing and shelter supports.

Resources

- 2-1-1 is a free and confidential service that helps people find local community, social, and government services. It's available by phone (dial 2-1-1) and online.
- HelpStartsHere is a website to help people in British Columbia find free and low-cost mental health and substance use services.
- KUU-US Crisis Line Society 1-800-588-8717 (1-800-KUU-US17) is a 24-hour, province-wide crisis and support line in British Columbia for Indigenous Peoples who are experiencing crisis, emotional distress, or need connection to services.

- The University of British Columbia's EQUIP Healthcare has resources on equity-oriented healthcare and harm reduction in service settings.
- BC Alcohol and Drug Information and Referral Service is a 24-hour confidential phone line available 24/7 for substance use information and referrals.
- Opioid Treatment Access Line is a free, confidential phone service that provides same-day access to opioid agonist therapy (OAT) medications people with opioid use disorder.

Community Care Facilities

Community care facilities—such as assisted living, supportive recovery, and long-term care—serve many older adults with complex physical, mental health, and substance use needs.

These facilities vary in type and regulation. Some are privately operated, while others are licensed under provincial legislation. As a result, policies on substance use and harm reduction differ widely. Some facilities prohibit unregulated substance use entirely, while others permit recreational use. A few settings offer managed alcohol or medical cannabis programs. However, many do not provide harm reduction services or allow certain forms of opioid agonist therapy (OAT).

Strict bans on substance use can lead to hidden use or off-site consumption, increasing the risk of drug poisoning and reducing staff's ability to respond effectively.

Older Adults with Complex Needs

Older adults are the fastest-growing population in Canada, projected to make up 25% of the population by 2036.[37] From 2016–2022, adults over 60 accounted for about 10% of opioid and stimulant toxicity deaths in Canada.[38]

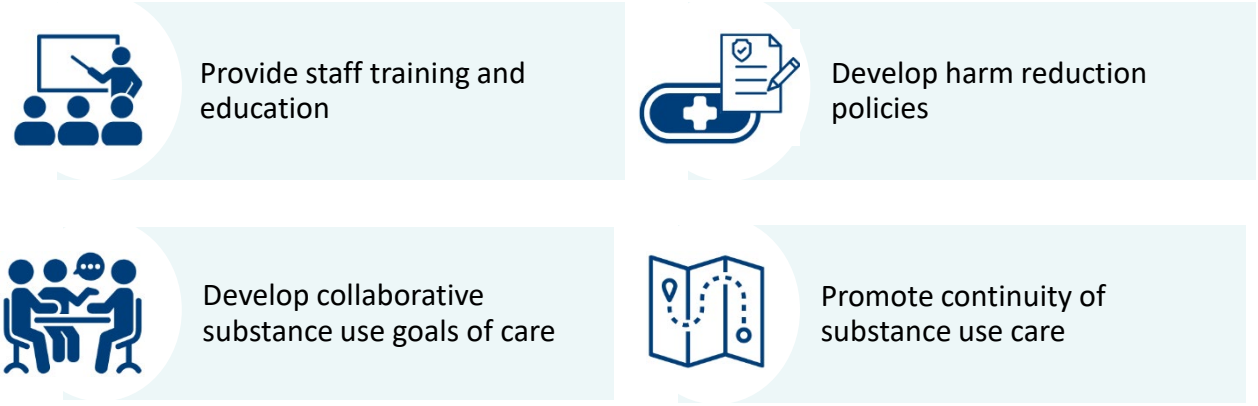
With increasing age, residents entering community care facilities are more likely to use substances and face higher risks from drug interactions, falls, and adverse physical responses. Many also have complex care needs.[113]

Staff may lack harm reduction and substance use training for older adults. Without this knowledge, providers may miss signs of drug poisoning or overlook substance use related health problems. Physical challenges, like mobility issues or using lifts, can also make emergency response harder.

To improve safety and care, facilities should ensure staff are trained in harm reduction approaches and equipped to respond.

Recommendations

Leaders and service providers in community care facilities can support people who use substances in the following ways:



Provide Staff Training and Education

- Provide education on the basics of substance use, including why people use substances, the spectrum of substance use, and safer substance use practices.
- Provide CPR and drug poisoning prevention and response training, including how to give naloxone.
- Provide education on how to develop a drug poisoning prevention safety plan with residents.
- Provide education on relevant legislation (such as the Mental Health Act and Adult Guardianship Act) to ensure care is provided in a legally informed, rights-based, and least restrictive manner.
- Provide training to healthcare providers on harm reduction and substance use care.

Develop Harm Reduction Policies

- Develop protocols for staff to respond to drug poisonings and when to call emergency health services (9-1-1).
- Provide access to harm reduction supplies and education, including naloxone, safer substance use, and safer sex supplies.
- Provide a space for episodic overdose prevention services (eOPS) to support safer substance use with protocols for monitoring and responding to drug poisoning events.
- Apply to the Facility Overdose Response Box (FORB) program to support drug poisoning response readiness.
- Establish policies to support prescribing of opioid agonist therapy (OAT) and injectable OAT (iOAT).

Develop Collaborative Substance Use Goals of Care

- Facilitate collaborative substance use care planning between the resident's primary care provider and the care team.

- Support residents' right to make informed choices about substance use by sharing information on risks and safer use practices and respecting individual choice. Balance these choices with the needs and considerations of other residents.
- Implement policies that require staff to initiate and document Goals of Care (GoC) related to substance use with each resident, including substance use goals, substance use safety plans, and resident preferences in the event of a drug poisoning (e.g., administration of naloxone, rescue breaths, and transport to hospital).
- Document and discuss GoC conversations to prevent unwanted medical interventions and distress to residents, families, and staff. Make sure documentation is accessible to all members of the care team.
- Review and update GoC regularly, especially as residents' health status or substance use patterns change.

Promote Continuity of Substance Use Care

- Support continuity of care when residents transition into a facility by minimizing disruptions to existing substance use prescriptions (e.g., OAT)
- Establish processes to prevent gaps in medication access, especially during transitions between prescribers.
- Support connections with substance use resources, including addiction medicine specialists, such as the 24/7 Addiction Medicine Clinician Support Line, the BC Centre on Substance Use (BCCSU) clinical resources, , and the Provincial Opioid Treatment Access Line.
- Establish referral pathways and consultation processes with specialized Addiction Medicine teams for residents with complex substance use needs.
- Identify clear referral processes so residents can access different services, including harm reduction services, detox, stabilization and recovery programs.

Correctional Centres

People who use substances are often criminalized and overrepresented in BC's correctional centres. Correctional centres are linked to poor health outcomes for people who use substances. People who are incarcerated experience more health challenges while incarcerated and are at high risk of dying from drug poisoning after release—especially in the first two weeks after release.[56]

Access to harm reduction services in correctional centres is limited. Provincial correctional centres do not provide harm reduction supplies. Federal prisons offer a needle exchange program, but participation is low due to fear of punishment and stigma. Possessing substances or supplies can affect parole and lead to disciplinary action. Staff opposition can also limit program effectiveness.[50-53]

Healthcare providers in correctional centres face barriers to offering harm reduction. Most centres follow abstinence-only policies. However, correctional centres include some harm reduction approaches to substance use. Evidence-based treatments like opioid agonist therapy (OAT) can help people manage substance use during incarceration and reduce drug poisoning risk after release.

Recommendations

Service providers working in correctional centres are often unable to provide the full range of harm reduction services. However, service providers can implement a harm reduction approach to care and support people who use substances in the following ways:[47-52]

Support Access to Substance Use Care

- Recognize substance use is common among people entering the correctional system.
- Support access to withdrawal management, including starting or continuing opioid agonist therapy (OAT).
- Provide clear information about health services and how to access substance use treatment.

- Reduce risks from shared equipment by offering HIV prevention tools like pre-exposure prophylaxis (PrEP) and other harm reduction supplies.
- Support safe transitions on release by connecting people to cultural supports, outreach teams, peer-led reintegration programs (e.g., Unlocking the Gates), health care, housing, financial aid, and social services.
- Provide a THN kit and training when people are released.
- Share information about the risks of drug poisoning after leaving correctional facilities and ways to reduce risks.

Provide Harm Reduction Education

- Share information about what harm reduction supplies are available and disclose barriers to accessing them.
- Provide evidence based education on safer substance use practices, including:
    - How to care for veins,
    - Why using sterile equipment can reduce passing on HIV and Hepatitis C,
    - The risks of unreliable cleaning methods (e.g., bleach),
    - How reduced tolerance increases drug poisoning risk—especially after release.
- Offer education to non-clinical staff on harm reduction and destigmatizing approaches to supporting people who use substances.

Provide Destigmatizing Care

- Address stigma and beliefs that that could stop people from getting care.
- Offer every person timely access to available substance use services.
- Offer education and information in a trauma-informed and culturally safe way.
- Involve PWLLE of substance use. Especially PWLLE most impacted by systemic harms, such as Indigenous women, in designing and delivering services.

Rural and Remote Areas

People in rural and remote areas face unique challenges that can make it harder to access substance use services. Generally, the more remote a community is, the fewer supports are available.

People in rural and remote communities face barriers to substance use services, including isolation, limited transportation, fewer health services, and costs. Services are often far away, hard to reach, and limited, especially for parents.

Each First Nations community has its own perspectives on substance use and harm reduction. In rural and remote First Nations communities, strong cultural and community ties can support wellness. However, the impacts of land dispossession and the reserve system have led to fewer resources and limited control over funding and services.

In small communities, people often receive care from someone they know, which can make it harder to seek help due to stigma and concerns about privacy. This can limit access to harm reduction supplies and services, increasing the risk of using alone and death from drug poisoning.

Recommendations

Leaders and service providers in rural and remote areas can support people who use substances in the following ways:

Safeguard Privacy

- Protect people's privacy by maintaining strict confidentiality and privacy procedures.
- Offer information about your privacy policy to people who use your service upfront, so they know what kind of privacy protections to expect.
- Use discreet methods to hand out supplies. Set up private areas to access them.
- Offer virtual or remote ways to connect.

Address Stigma

- Share information about substances and substance use in a factual and non-judgmental way.
- Talk openly with community members about substance use.
- Maintain a consistent and respectful presence in both public and private settings so community members and future clients experience you as a trustworthy person.
- Share information on how harm reduction is a part of the substance use continuum of care.
- Provide education in schools, recreation centres, and other youth spaces to raise awareness about the toxic drug poisoning emergency and safer substance use.

Provide Culturally Safe Services

- Work with community members and leaders to design services that reflect local strengths and priorities.
- Join community events to build trust and share harm reduction information.
- Support access to cultural resources like Elders, land-based programs, and ceremony.
- Strengthen relationships with First Nations, Métis, and Inuit communities by listening first, understanding local needs, and offering support toward community-defined wellness goals.

Offer Flexible Service Models

- Offer outreach or mobile services to reach people where they are.
- Partner with local organizations to offer flexible, community-based care.
- Provide low-barrier access to harm reduction supplies.
- Give people enough supplies for themselves and others, if they ask.
- Understand people's transportation options and use that information in decision-making about follow up care.
- Check in to make sure safer sex and safer substance use supplies meet people's needs.
- Use episodic overdose prevention services (eOPS) when permanent OPS sites are not available.
- Follow the FNHA Raven's Eye Sage Sites guide to run on-demand OPS for communities.
- Promote access to drug checking through test-strip, mobile, or mail-in options.

Glossary

60's (Sixties) Scoop refers to the mass forcible removal of thousands of Indigenous children from their families and communities into the child welfare system starting in the 1950's and expanding into the 1960's and beyond. The Sixties Scoop has caused a profound and lasting impact, with many survivors experiencing a loss of culture, language, and history. This practice was part of a history of cultural genocide and forced assimilation in Canada. Indigenous children continue to be over-represented in Canadian foster care at 53.8% in 2021.

2SLGBTQIA+ is an inclusive acronym for people who are non-heterosexual or non-cisgender, including Two-Spirit (2S), lesbian, gay, bisexual, transgender, queer and questioning, intersex, asexual and agender; '+' acknowledges that there are varying and evolving identities.

Advanced harm reduction services refer to harm reduction services that can only be provided by a regulated healthcare provider, such as a nurse or physician. Advanced harm reduction services include insertion of a vascular access device (VAD) (e.g., intravenous or peripherally inserted central catheter), prescribed alternatives, prescription of opioid agonist therapy, assisted injection, etc.)

Anti-oppressive refers to a way of being that confronts discrimination, violence, and oppression through actions or practices.

Anti-racist refers to a way of being that actively confronts and opposes racism, and that identifies and eliminates racism by changing attitudes, systems, and practices.

Basic harm reduction services refer to harm reduction services that can be provided by any provider (regulated and non-regulated) with training and equipment, including (but not limited to) observed consumption, overdose prevention services, episodic overdose prevention services, needle exchange, naloxone training and kit provision, safer substance use education and coaching, etc.

Cisgender means a person whose gender identity corresponds with the sex assigned to them at birth

Consumption means the act of taking a substance in any way, including injection, ingestion, rectal administration, snorting, inhalation (smoking), amongst others.

Cultural humility means a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Cultural safety refers to an outcome that aims to address power imbalances, so an environment is free of racism and discrimination, and all people are respectfully engaged and encouraged to draw strength from their identity and culture.

Destigmatizing means removing shame and negative associations associated with an identity or practice.

Drug poisoning refers to physiological harms that can occur from consumption of substances. Drug poisoning does not indicate the type of substance. Sometimes referred to as 'overdose'.

Enfranchisement refers to a government process that took away a person's legal identity as an "Indian" under federal law and sometimes their land. This meant that First Nations people were removed from their band's list and lost all the rights and benefits of being a band member or having status.

Equity refers to fairness and justice in the allocation of resources and opportunities to achieve similar outcomes. This means that different individuals or groups require different resources to achieve similar outcomes.

Episodic overdose prevention service (eOPS) refers to the act of observing consumption of regulated or unregulated substances by a regulated or nonregulated service provider to support safer substance use practices and to prevent and respond to drug poisoning, wherever services are required. Often, eOPS takes place outside of established sites, such as outreach settings, private residences, care homes, etc.

Equity-oriented care means providing adequate resources to people and groups with the greatest needs.

Equity-deserving group refers to groups of people that have historically faced barriers to participating fully in society due to systemic discrimination.

Fourier-transform infrared spectroscopy (FTIR) refers to a technique used to identify chemicals. FTIR is used as a drug checking method to identify different substances.

Gender responsive care refers to an approach that recognizes and meets the different needs of people of all genders. It creates safe, respectful, and inclusive environments, especially for women, trans, Two Spirit, non-binary people.

Gender transformative care refers to a way of being that focuses on taking action on gender inequities in health and healthcare by transforming harmful and unequal gender norms, relations, and practices.

Inequities refer to unfair differences between people or groups. These differences can be in things like health, education, or income. They happen because some people have more advantages or opportunities than others.

Indigenous-specific racism refers to stereotypes, bias, and discrimination against Indigenous Peoples that is rooted in white supremacy and settler colonialism. Indigenous specific racism is the manifestation of white supremacy and impact of settler colonialism.

Low barrier refers to programs or services that do not require abstinence from substance use as a condition to participate.

Overdose prevention services (OPS) refer to low-barrier harm reduction services that allow clients to consume substances under the observation of trained personnel. People trained in drug poisoning response monitor clients during their visit, providing immediate lifesaving supports in case of adverse events (e.g., toxic drug poisoning). In BC, OPS operate under the authority of Ministerial Order 488/2016.

Service provider refers to someone who is employed in a regulated (e.g., nurse, social worker, physician) or nonregulated (e.g., outreach worker, mental health worker, peer worker) role to provide health or social services.

Settler colonialism refers to a system of power that seeks to eliminate Indigenous Peoples and establish settlers' rights to Indigenous land. Settler colonialism is rooted in white supremacy.

Sexually transmitted and blood borne infections (STBBI) is a term used in public health to refer to a range of infections that are transmitted through sexual contact or contact with blood that carries certain viruses or bacteria.

Supervised consumption sites (SCS) refer to harm reduction services that allow clients to consume substances under the observation of trained personnel. People trained in drug poisoning response monitor clients during their visit, providing immediate lifesaving supports in case of adverse events (e.g., toxic drug poisoning). In Canada, SCS operate through federal exemptions to the Controlled Drugs and Substances Act (CDSA).

Trauma and violence-informed care refers to services and care delivered in a way that acknowledges the effects of interpersonal and systems-level trauma and violence on a person's behaviour and health.

Trauma and violence informed care aims to promote safety and trust through connection, collaboration and using strengths-based approaches.

Two-Spirit is a pan-Indigenous term used across English-speaking communities on Turtle Island (colonially known as North America), introduced by Elder Myra Laramee; an umbrella term that refers to a person who identifies as having both a feminine and masculine spirit; has a wide range of meanings for different people and communities, relating to sexuality, spirituality, and gender identity.

Unregulated substance refers to a substance that is currently illegal and not monitored for quality or consistency (e.g., crystal methamphetamine). Often referred to as “illicit substances”, or “street drugs”.

White supremacy refers to values and behaviours rooted in a false and socially constructed racial hierarchy in which White people and White ways of knowing and being are deemed superior.

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