

Youth Wellness Hubs Ontario

Substance Use Practice Brief on Harm Reduction with Youth



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Last updated: August 2025

Acknowledgements

This Substance Use Practice Brief on Harm Reduction provides practical considerations and examples to help implement harm reduction more effectively into practice. This brief is intended to support clinicians, therapists, counselors, social workers/social service workers, nurse practitioners, registered nurses, physicians, and other healthcare professionals providing treatment and counselling to youth aged 12-25 with substance use and addictions concerns. This document is intended for educational and informational purposes only. It is not a substitute for professional training, institutional policies, or clinical judgment.

Youth Wellness Hubs Ontario (YWHO) in collaboration with provincial partners are supporting substance use capacity building for child and youth mental health and addictions professionals across Ontario. A special thanks to the Provincial Steering Committee for Substance Use Capacity Building for guiding and supporting this work and ensuring system collaboration and alignment across sectors.

Contributors of this document from the Youth Wellness Hubs Ontario Provincial Office:

- Leshawn Benedict, Knowledge Broker
- Christopher Bourke, Knowledge Mobilization Lead
- Michelle Peralta, Primary Care Lead
- Stephanie Coronado-Montoya, Post-doctoral Fellow
- Art Vijayaratham, Brand and Content Specialist
- Waasii Hester, Youth Engagement Specialist
- Abdur Willie, Youth Engagement Specialist

For more information about this document, please contact training@ywho.ca

Suggested citation:

Youth Wellness Hubs Ontario. (2025). Substance Use Practice Brief on Harm Reduction with Youth. <https://youthhubs.ca/capacity-building-ywho>

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Table of Contents

What is Harm Reduction?.....4

Examples of Harm Reduction.....5

**Practice-based
Considerations.....6**

**Organizational
and Programmatic
Implementation
Considerations.....10**

**Evidence Review of Harm
Reduction and Substance
Use Approaches in Youth14**

Links & Resources16

References.....17

What is Harm Reduction?

Harm Reduction is an evidence-based, public health approach that applies to several health domains such as safe operation of vehicles, safer sexual health practices, injury prevention, infectious disease control, and substance use.^{1,2} In the context of substance use, harm reduction aims to decrease the negative health, social, and economic consequences of substance use-related harms; this approach recognizes that the spectrum of harm reduction goals may also include abstinence-related outcomes.² It encompasses a variety of programs, services, and practices aimed at reducing the harms associated with substance use.³

The harm reduction approach is particularly relevant for youth as it acknowledges the realities of adolescence, which often involves a period defined by rapid neurodevelopment, curiosity, risk-taking, experimentation with substances, skepticism of authority, and other behaviours that can carry risks.^{4,5} Youth may use substances for different reasons, such as coping, pleasure, social connection, experimentation, enhancing performance, spiritual exploration, or managing their physical or mental health.^{6,7} Using harm reduction approaches for substance use can also be relevant to youth who report perceiving benefits from their substance use, as this approach can be more adapted to their realities and motivations for modifying their substance use. Harm reduction integrates a nonjudgemental approach that can invite youth to reflect on the harm drugs and/or alcohol are having in their life. Tailoring harm reduction to youth requires acknowledging these factors and meeting their needs in developmentally appropriate and culturally safe ways.⁸

Evidence shows that harm reduction strategies can effectively support young people in decreasing overall substance use, limiting adverse outcomes, preventing transmission of infectious diseases, mitigating risks of drug poisoning, and addressing other substance use-related harms (see page 14).⁶ Harm reduction can empower young people with the knowledge they need to stay safe and avoid harmful situations. Embedding harm reduction within a broader continuum of care provides meaningful entry points to health and social supports, empowering youth to access the right services at the right time.³

Examples of Harm Reduction

There are many examples of harm reduction practices, programs, and services, but it is important to note that local laws and regulations often influence them. Some substance use-related examples include:



Education and Support Services

- Substance use and safer use education
- Counselling and peer support



Overdose Prevention

- Overdose prevention distribution (e.g., naloxone distribution)
- Needle and syringe exchange programs
- Substance checking services



Supervised and Regulated Use

- Supervised consumption sites
- Virtual supervision for substance users



Medical Interventions

- Opioid Agonist Therapy (e.g., methadone and buprenorphine)
- Community and hospital-based withdrawal management services

What are some harm reduction practice-based considerations when working with youth?

Service-based Practice Considerations

- 1.1** Use a patient-centred approach that acknowledges the perceived benefits of substance use and provides harm reduction strategies that align with the individual's goals.⁹

Example: During a counselling session, a youth shares that cannabis helps reduce their anxiety and improves their sleep. Instead of solely focusing on abstinence, the service provider validates their anxiety and their desire to address it. They reflect on other ways they could be addressing anxiety and how substance use could be helping and/or aggravating it.

- 1.2** Recognize that not all adolescents who use substances have a diagnosable substance use disorder and treatment may not always be indicated.⁹

Example: A youth who sometimes drinks at parties is offered education on the standard drink guidelines and harms of binge drinking rather than being referred to addiction treatment.

- 1.3** Assess a youth's readiness to engage in harm reduction services/strategies and make every effort to follow the youth's preferences and needs.¹⁰

Example: A youth declines naloxone training but agrees to take home a safer use handout. The service provider respects this choice and revisits the topic in future sessions.

- 1.4** Tailor harm reduction programs to the needs of youth and ensure they are developmentally appropriate.³

Example: A drop-in program creates interactive workshops that are co-designed with youth to ensure youth-friendly language and the use of peer educators to talk about substance use and harm reduction.

- 1.5** Individualize treatment programs to meet the needs of each youth.¹¹

Example: A youth with a co-occurring diagnosis with substance use who is struggling in school may be offered a combined care plan that includes harm reduction, academic and social support, therapy, and other services in collaboration with the youth.

- 1.6** Respect youth autonomy and provide a clear understanding of the benefits and potential harms of harm reduction.⁵

Example: A service provider explains the benefits and limitations of drug testing, like using a fentanyl test strip, to ensure youth are informed of the risks and realities.

- 1.7** Utilize peer-based programs to improve service reach, engagement, and health information exchange among young people.¹²

Example: A youth-led outreach team distributes harm reduction education and shares experiences at a community event or fundraiser.

1.8

Understand that youth are a diverse group of people who have varying experiences with harm reduction strategies, which are shaped by different contexts.^{7,9,13}

Example: A program offers multiple harm reduction strategies/initiatives, recognizing that an urban youth may need different supports than an indigenous or 2SLGBTQIA+ youth living in rural settings.

Trauma-Informed and Culturally Informed Care Practice-based Considerations

2.1

Integrate principles of Indigenous cultural safety, trauma-informed care, and harm reduction to guide interactions and delivery of services.¹⁰

Example: Working with Indigenous based organizations to offer culturally responsive harm reduction education.

2.2

Utilize a trauma-informed approach that fosters safety, choice, and trust, recognizing that many youth may have experienced trauma that impacts their substance use and engagement with services.¹⁴

Example: A service provider recognizes that substance use might be the result of experiences of trauma. Also, they recognize that trust takes time to build and behaviour change takes time to occur.

2.3

Consider cultural, social, and geographical differences in how youth use substances and develop harm reduction strategies to ensure programming is relevant.⁷

Example: An organization's outreach team adapts harm reduction strategies to local drug trends, transportation barriers, historical context, and community and cultural values surrounding privacy. Consider local communities' awareness of specific drug supply dangers, overdoses, and use of public health alerts.

Communication and Relationship Building Practice-based Considerations

3.1

Utilize intentional, person-first, and community-informed language to reduce stigma, foster inclusion, build rapport, and balance power dynamics.¹⁵

Example: Referring to someone as "a young person who uses substances" instead of "addict," and avoiding labelling language when discussing service options and referrals.

3.2

Create a collaborative relationship with youth and affirm their experiences to maximize the potential to improve outcomes.⁹

Example: During a session, a youth may share that they use substances to manage stress related to family and work. The service provider listens without judgment, validates their coping strategy, and explores safer use and other alternatives to coping.

3.3

Clearly explain the potential risks of substance use and how to reduce those risks, while also promoting open communication.⁹

Example: A service provider explains the risks of mixing substances like alcohol and benzodiazepines, while also discussing safer use strategies and encouraging ongoing check-ins. The service provider also considers how the youth will process and receive this information.

3.4

Leverage family and social connections when possible while being mindful of adolescents' fears of disclosure and legal consequences.⁹

Example: After explaining confidentiality, information sharing, and obtaining youth consent, a service provider involves a trusted adult in care planning.

3.5

Train young adults as harm reduction peers and develop their capacity to engage at every level of programming.³

Example: A youth substance use program works with youth who are current or former service users and trains them to co-facilitate workshops, provide program feedback, and support outreach.

3.6

Respect youth rights to privacy and confidentiality by having policies in place and ensuring youth are aware of their rights.¹⁶

Example: Service providers are aware of their local privacy and confidentiality rules and regulations. They are able to clearly explain them using youth-friendly language, allowing for anonymity when accessing harm reduction supplies.

Knowledge of Harm Reduction Practice-based Considerations

4.1

Be knowledgeable about harm reduction supplies and practices, and be aware of local laws about providing harm reduction supplies to youth.⁹

Example: A Nurse explains how to use naloxone and fentanyl test strips and clearly explains Ontario's policies/procedures for youth accessing harm reduction kits.

4.2

Provide information about risks associated with combining multiple substances.⁹

Example: A service provider talks with a youth about how mixing certain substances can negatively affect a person's physical health such as breathing and teaches youth about the signs of overdose or dangerous outcomes related to mixing different substances.

4.3

Offer clear advice that incorporates harm reduction even when treatment or cessation of use may not be desired.⁹

Example: A youth declines support to quit using crystal meth, so the service provider instead discusses safer use strategies like using lower doses and staying hydrated.

Integrated Youth Services Practice-based Considerations

5.1

Careful consideration is needed when youth request access to harm reduction supplies and services. Understand the need for additional supports and service referrals unique to their needs.¹⁰ This includes providing relevant and timely wraparound care, including referrals to primary healthcare, substance use services, housing, cultural supports, and others based on the youth's needs.¹⁰

Example: When a youth accesses harm reduction supplies or services, the service provider also checks in about other relevant social determinants of health as appropriate (e.g. ask about health, housing, food insecurity, etc.).

5.2

Recognize the challenges youth face when aging out of youth-specific programs and ensure seamless transitions to avoid disengagement.^{17,18}

Example: Having conversations with youth who are close to aging out of youth services, to make a transition plan. Support them in exploring and accessing adult programming before they age out. Make the necessary referrals in a timely manner to ensure continuity of care and warm transfers.

Counselling and Skill-building Practice-based Considerations

6.1

Employ client-centred counselling techniques, including motivational interviewing, to explore reasons for change and build rapport.^{19,20}

Example: Practice openness and curiosity with the young person's reasons for using substances. Avoid the 'righting reflex' or desire to challenge a youth's perception. Let them articulate what is working and not working about substance use to elicit change talk. E.g. things that youth talk about that relate to the possibility of changing their behaviour.²¹

6.2

Provide support with setting goals, practicing refusal skills, identifying alternative behaviours, and considering prevention using a cognitive-behavioural framework.^{19,20}

Example: A therapist helps a youth set a goal to reduce weekend substance use and may role-play scenarios involving peer pressure.

6.3

Provide adolescents with education aimed at reducing health-related consequences.⁴

Example: A youth program facilitates drop-in sessions where counsellors explain safer substance use strategies and provide info sheets in a format that resonates with youth.

What are some organizational and programmatic implementation considerations?

Underserved Populations

1.1

Youth who are using substances may also be facing several challenges related to poverty and homelessness, which may be additional barriers for youth trying to access services. It is essential for organizations and harm reduction planning initiatives to consider the unique needs of populations to improve accessibility.²²

Example: Engage with individuals with lived experiences with substance use to help develop your planning initiatives.²⁰

1.2

Community-based harm reduction programs should consider including folks with lived experiences among boards, advisories, staff, and team members.^{15,23}

Example: Establish an advisory group or working group that includes youth and staff with lived experience to guide program design and decision-making

Integrating Trauma-Informed, Culturally Safe Harm-Reduction Services

2.1

Substance use services should consider integrating trauma-informed care, cultural safety and harm reduction to inform the delivery of services. This includes working together with relevant partners and community members to ensure holistic care.²²

Example: Some examples of Canadian and Ontario-based organizations that provide information, resources, and guidance on substance use and harm reduction include the Canadian Centre on Substance Use and Addiction, Ontario Harm Reduction Distribution Program, Canadian AIDS Treatment Information Exchange (CATIE), Knowledge Institute on Child and Youth Mental Health and Addictions, and local aid service organizations.

2.2

Consider offering smooth transitions, flexible services, reducing barriers, and integrated healthcare services.²³

Example: For example, the integration of youth mental health, addiction, and primary care can lead to improved care among youth. A key consideration is integrating harm reduction services with physical, psychological, and social support to increase access and meet individual needs.²⁴

Assessing Readiness and Service Referrals

- 3.1** Programs should assess a youth's readiness to engage in harm reduction services by working with the youth to better understand the care and support they need.²²

Example: This could involve utilizing short 'readiness to change' questionnaires to better understand stages of change.²⁵

- 3.2** Programs should strengthen their referral to other relevant services, as well as ones that address social determinants of health in collaboration with the youth.²²

Example: Strengthening referrals goes beyond simply providing a list of services. It involves taking an active approach to supporting youth in accessing and engaging with the necessary services, such as facilitating connections and helping youth set up appointments.

Staff Capacity Building

- 4.1** Staff training on culturally safe care, substance use, and harm reduction training with continuous learning opportunities is critical.^{16,20}

Example: Some key training topics include overdose prevention and response, peer engagement best practices, harm reduction principles and practices, health promotion and illness prevention, public health ethics, connection and communication, and health equity and inclusion.¹⁰

- 4.2** Maintaining a well-resourced harm reduction workforce is essential, especially for the sustainability of community-based programs.^{20,23}

Example: This includes organizational leadership from people with lived experiences, appropriate wages and benefits for harm reduction workers, and training and technical assistance.²³

- 4.3** It is also essential to provide counselling and support services for those providing harm reduction services.²⁴

Example: Counselling and support services should be made available or encouraged through employment assistance programs or supervision.

Respecting Privacy and Confidentiality

- 5.1** Organizations must respect youths' right to privacy and confidentiality by ensuring youth are aware of their rights and that the organization has relevant policies and guidelines.¹⁶

Example: Consider having the rights and privacy disclosure information posted publicly, and reiterate this with youth.

Youth Engagement and Decision-making

6.1

Youth bring a unique perspective about the realities of drugs and their use, which can help ensure that programs are tailored to youth-specific needs and concerns. Harm reduction programs should actively seek feedback from youth by creating safe channels for complaints (surveys, brief interviews, suggestion box, etc.), regularly seeking input on services, and involving youth in planning and decision-making through structures like youth advisory committees.^{7,16,26}

Example: The formation and maintenance of youth advisory committees that are engaged in programming and operational planning. Ensure that the youth advisory committees have representation of people who use drugs and access harm reduction services.

6.2

Harm reduction programs often fail to meet the diverse needs of youth who use substances.²⁷ Programs and interventions should be aware of barriers such as the lack of youth specific care options, age restrictions, negative service provider interactions, restrictive program expectations such as abstinence-only models, and difficulty navigating the care system.²⁷ Youth engagement efforts must be meaningfully informed by intersectionality and the lived experiences of young people who use drugs, particularly those from 2SLGBTQIA+, racialized, and ethnic minority communities.¹³

Example: Prioritizing using harm reduction programs/interventions that have been co-designed with diverse youth, including from underrepresented communities.

Program Accessibility

7.1

When considering harm reduction, abstinence can be a goal, however, it doesn't have to be the primary goal. Harm reduction programs should try to avoid restrictive, abstinence-based approaches and work with youth to develop realistic, flexible goals to reduce barriers to access.²⁷

Example: Improving youth access to harm reduction services involves offering convenient service hours, walk-in options, flexible and virtual supports, funding or transit assistance, and ensuring services are in accessible locations by considering mobile outreach and other satellite sites.^{16,27}

Provider Interactions

8.1

Being able to foster positive, respectful interactions between providers and youth is essential, as discrimination or lack of autonomy can be significant barriers to the uptake of harm reduction services.²⁷

Example: Youth were more likely to return when service providers went beyond standard care by offering rides, meeting in preferred settings, and checking in regularly, as these actions made them feel genuinely cared for.²⁸ It is also essential that providers are aware of their own biases and stigma.²⁹

Addressing Basic Needs

9.1

Harm reduction approaches often involve first addressing basic needs such as housing, food, and clothing before directly engaging youth in discussions on substance use. This approach can reduce risky behaviours and promote access and utilization of harm reduction services.^{27,30}

Example: An organization may create a youth drop-in service that provides meals, showers, and clothing to youth experiencing homelessness to address immediate needs and concerns while starting the process of building trust to engage with other services.

Financial and Resources

10.1

Previous challenges of implementing harm reduction interventions included limited program capacity, small staff teams, time-limited funding, provider burnout, and client's time-consuming needs.³¹ Harm reduction programs need increased funding and staffing support to operate effectively.³ It is essential to consider program, operational, personnel, and outreach costs, among others.

Example: Partner with local organizations who might be funded to deliver harm reduction services and ensure strong referral pathways if the program doesn't have its own funding for harm reduction.

Ethical Considerations

11.1

Implementation should follow key ethical principles by ensuring harm reduction messaging does not unintentionally encourage substance use or create stigma for those who use substances, promoting fairness and addressing disparities across different settings, and respecting youth confidentiality and their right to make informed choices about their care.^{3,5}

Example: Organizations may consider training staff on ethical principles and confidentiality practices, and tailor services to reflect the diverse needs of youth. Organizations may also conduct audits of organizational material through working with youth advisory committees.

Evidence Review of Harm Reduction and Substance Use Approaches in Youth

Youth experience a period of significant biological, psychological, and social development marked by vulnerability to the adverse effects of substance use, including mental health disorders and increased risk of developing substance use disorders.³² Although recent data show overall declines in alcohol, cannabis, tobacco, mushrooms, cocaine, ecstasy, heroin and other substances among grade 7 to 12 Ontario students between 1999 and 2023, substance use remains a significant health concern.³³ Rising mental health challenges and the growing threat of a toxic drug supply underscore the urgent need for integrated, youth-focused harm reduction and mental health support.^{5,7,33}

It has been shown that abstinence-based approaches do not resonate with youth and may not be relevant for those who are already using substances.³⁴ Youth may develop their own informal harm reduction practices, reinforcing the need for evidence-based, youth-centered harm reduction interventions.⁷ Many harm reduction programs and interventions have been studied, developed and funded in the context of adults with less focus on the youth population.³ Despite this, some studies have showcased the significant effects of harm reduction education and interventions in reducing substance use and harm in youth.³⁵ These include: studies that look at the effectiveness of reducing the use of specific substances such as cannabis or alcohol along with other interventions aimed at increasing youths' knowledge of substances, and their effects and risks, to prevent initiation and use.^{36,37,38,39} Harm reduction can help engage youth to remain in treatment and support services due to increased access and awareness of service options.⁶ In particular, lower barrier programs such as take-home naloxone programs and supervised consumption sites may reach youth

who traditionally face barriers and be more effective at engaging the most high-risk youth.¹⁰ Including youth with lived experience in harm reduction initiatives planning and design is essential for ensuring these programs are relevant and effective.^{3,13}

Naloxone, also known by brand name Narcan, is a lifesaving medication that can be taken by anyone to reverse an opioid overdose and can take the form of an injectable or nasal spray.⁴⁰ In Ontario, organizations or pharmacies can apply to disseminate take-home naloxone, and individuals can locate free naloxone kits through the Ontario Take-Home Naloxone Programs. Treatment for opioid use disorder and distribution of naloxone that are offered to adults should also be offered and tailored to adolescents based on their risk profiles to reduce the rise of overdoses.^{9,41}

Needle and syringe exchange programs are a cost-effective harm reduction strategy that often provide health education, referrals, counselling and the distribution of sterile needles, syringes and other supplies for people who inject drugs such as cocaine and opioids.⁴² Needle and syringe exchange programs provide benefits to communities and public safety by reducing needle injuries and overdose deaths, without increasing criminal activities and injection frequency, as well as serving as a link to other substance use-based programming.^{43,44} Needle and syringe exchange programs are associated with reductions in HIV risk and injection risk behaviours while encouraging naloxone use, expanding access to overdose education, and streamlining referrals and enrollment into treatment programs.^{43,45} Compared to more restrictive needle exchange programs (those that limit the number of needles/syringes provided and limit peer distribution), those that were less restrictive were found to have increased needle and

syringe access, decreased needle and syringe sharing, and increases in the proper disposal of used supplies.⁴⁶

Supervised consumption sites are spaces for individuals who use substances to bring their substances and use them in a clean, safe environment in the presence of trained staff such as nurses, nurse practitioners, physicians, social workers, and community health workers.^{47,48} In addition to the primary goal of reducing overdoses, supervised consumption sites also aim to reduce transmission of diseases among people who use substances, as well as serving as a bridge to other substance use health supports and treatments.⁴⁷ These sites can lead to reductions in injecting behaviours, increase the number of clients accessing other services, reduce the morbidity and mortality of overdoses, provide a safer space for people to use and inject substances, and be cost-efficient.⁴⁹ In Canada, between March 2020 and November 2024, the most common substances used at these sites included fentanyl, methamphetamine, hydromorphone, heroin, opioids, and cocaine.⁴⁸ Ontario had around 1, 247,003 visits to supervised consumption sites within the same period, with around 197,919 unique users.⁴⁸ Within this period, in Canada, 1% of visits were from individuals under the age of 20, whereas 18% were from individuals 20-29.⁴⁸

Beyond supervised consumption sites, harm reduction also includes opioid agonist therapy, which supports youth with opioid use disorder through medications like methadone and buprenorphine. It is a promising harm reduction approach in youth, with the support of a growing evidence base over the past years for moderate and severe opioid use disorder.^{19,50,51}

Harm reduction principles can also apply to other substances, including alcohol, cannabis, and crystal meth, each with their own strategies to minimize associated risk. Harm reduction strategies for alcohol consumption include

reducing the total amount consumed, drinking slowly, alternating alcoholic beverages with water or non-alcoholic drinks, choosing alcohol-free or low-alcohol options, eating before or while drinking, and having alcohol-free periods or activities.⁵² In terms of harm reduction strategies related to cannabis, delaying use until older, limiting frequency, choosing products with lower tetrahydrocannabinol (THC) or higher cannabidiol (CBD), avoiding synthetics, and opting for vaping or edibles over smoking can help reduce some associated health and well-being risks.⁵³ Crystal meth is a stimulant drug that can be snorted, injected or inhaled and its effect can last up to 12 hours.⁵⁴ Harm reduction strategies associated with crystal meth include starting with a low dose, using snorting and smoking over injecting, avoid the sharing of needles, avoiding mixing with other drugs, staying hydrated and avoiding frequent and regular use.⁵⁴

Links and Resources

Documents:

- [Harm reduction and young people: Reducing substance related harms](#)
- [Harm Reduction Clinical Resources](#)
- [Best Practice Recommendations for Canadian Harm Reduction Programs](#)
- [Harm Reduction Fundamentals: A toolkit for service providers](#)
- [Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools](#)
- [Harm Reduction Best Practices: Partner Resources](#)
- [Best practices for supporting people who use substances toolkit](#)
- [CATIE's Ontario Harm Reduction Program](#)
- Drug Info Sheets with harm reduction tips
 - [Alcohol](#)
 - [Cannabis](#)
 - [Psychedelics](#)
 - [Stimulants](#)
 - [Opioids](#)
- [Canada's Lower-Risk Cannabis Use Guidelines](#)
- [Poster on Useful tips about safer ways to use Cannabis](#)
- [Poster on Canada's Guidance on Alcohol and Health](#)

Videos:

- [What is Harm reduction?](#)
- [Harm Reduction Fundamentals - Harm reduction principles and practices](#)
- [Harm Reduction Fundamentals - Indigenous Harm Reduction](#)
- [Harm Reduction Fundamentals - Meaningful involvement of people who use drugs](#)

Courses:

- [Harm Reduction Fundamentals: A toolkit for service providers](#)
- Youth Harm Reduction 101 - Interior Health
 - [Part 1: Youth and Substance Use](#)
 - [Part 2: Harm Reduction Stigma](#)
 - [Part 3: Harm Reduction Services](#)
 - [Part 4: Legislation & Policies](#)

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