



REPORT ON RESISTANCE 3

YOUTH USE DRUGS WHY DENY IT?

UNCEDED X^mMəθkwəy' əm, Skwxwú7mesh, AND
Səlílwəta7/Selilwitulh TERRITORIES

TO ALL YOUTH WHOS YOUNG LIFE WAS CUT SHORT DUE TO
TOXIC DRUG POISONINGS, YOU ARE MISSED
YOU WERE FAILED BY OUR GOVERNMENT DUE TO
DRUG AND HARM REDUCTION POLICIES THAT EXCLUDED YOUTH

TO THE YOUTH WHO ARE FIGHTING + ADVOCATING TO HAVE
YOUR VOICE HEARD AND A SEAT AT DRUG POLICY, DECRIM AND
"SAFE SUPPLY" TABLES, DONT GIVE UP KEEP FIGHTING

THIS REPORT WAS CREATED ON
UNCEDD X^wMəθkwə́y əm, SKW̄XWÚʔMESH, AND
SƏLÍLWƏTƏʔ/SELILWITULH TERRITORIES

INTRODUCTION

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YOUTH USE DRUGS. WHY DO WE NOT ACCEPT THIS FACT? IS IT BECAUSE WE, AS A SOCIETY, FEEL LIKE DENYING HARM REDUCTION SERVICES TO YOUNG PEOPLE WILL MAKE THEM THINK, "WELL, GUESS I WON'T BE USING DRUGS."

IS IT BECAUSE WE THINK THAT WE NEED TO "SAVE" THEM? IN REALITY, YOUTH AS YOUNG AS 11 AND 12 ARE SHOOTING UP. WE CAN'T DENY THESE HARSH TRUTHS. WE CAN'T DENY YOUTH HARM REDUCTION SERVICES AND EDUCATION BECAUSE WE THINK THAT BY NOT PROVIDING THEM WITH SUPPLIES THEY WON'T USE, OR THAT BY GIVING THEM HONEST DRUG EDUCATION THEY'LL BE MORE CURIOUS AND TEMPTED TO USE DRUGS. WHY ARE WE SO AFRAID OF KEEPING YOUTH SAFE WHEN IT COMES TO YOUTH WHO USE DRUGS? FEAR BASED MESSAGING IS HARMFUL AND UNSAFE. 1 2 YOUTH ARE COMPLEX, UNIQUE AND RESILIENT. WE NEED TO ALLOW YOUTH TO MAKE THEIR OWN CHOICES WHEN IT COMES TO SERVICES OR RESOURCES. THIS IS WHY WE NEED TO TRULY MEET THEM WHERE THEY ARE AT, NOT WHERE WE WANT THEM TO BE.

IN 2022 WE LOST 34 YOUTH UNDER 19 DUE TO TOXIC DRUG POISONINGS. THESE DEATHS COULD HAVE BEEN PREVENTED IF YOUTH HAD BETTER ACCESS TO HARM REDUCTION SERVICES AND OR A YOUTH DEDICATED OVERDOSE PREVENTION SITE. WE'RE ALMOST 7 YEARS INTO THE TOXIC DRUG POISONING CRISIS AND LITTLE HAS BEEN DONE FOR YOUTH WHO USE DRUGS IN RELATION TO HARM REDUCTION SERVICES. THE BC GOVERNMENT HAS ALWAYS FOCUSED ON PREVENTIVE MEASURES FOR YOUTH. THE BC GOVERNMENT FOR A SECOND TIME ATTEMPTED TO PUSH A BILL THAT WOULD INVOLUNTARILY LOCKED UP YOUTH WHO OVERDOSE. IT HAD MANY NAMES: SECURE CARE, YOUTH OVERDOSE BILL, MANDATED CARE, ETC. THIS BILL WOULD HAVE SEEN MANY MORE YOUTH DYING; IT WOULD HAVE STRIPPED YOUTH OF THEIR RIGHT TO CONSENT AND AUTONOMY.

INTRODUCTION CONT 2

EVIDENCE HAS SHOWN THAT FORCED TREATMENT DOES MORE HARM THAN GOOD. YOUTH WHO ALREADY HAVE DON'T HAVE TRUST IN THE HEALTH CARE SYSTEM THIS WOULD OF PREVENTED MORE YOUTH TO NOT ACCESSING HEALTH CARE DUE TO THEIR FEAR OF BEING LOCKED UP, HAVING A MCFD REPORT DONE INAPPROPRIATELY OR PREMATURELY OR THEIR FEAR OF POLICE MISTREATMENT IF THEY CALL 911 FOR A FRIEND WHO IS OVERDOSING. NOW, DON'T GET US WRONG, INVOLUNTARILY CARE IS SOMETIMES NEEDED FOR A SMALL NUMBER OF YOUTH (IF THEY HAVE PROPER SUPPORT IN PLACE LIKE A SUPPORTIVE HOME, SUPPORT TEAM) BUT NOT ALL. BILL 22 WAS SCRAPPED, BUT THIS VICTORY WAS SHORT LIVED BECAUSE WE LEARNED THAT DIRECTIONS YOUTH DETOX, VANCOUVER'S ONLY YOUTH SOCIAL DETOX, WAS BEING CLOSED. SOCIAL DETOX, IN THE CONTEXT OF DIRECTIONS DETOX, WAS EFFECTIVE BECAUSE IT WENT BEYOND THE MEDICALIZED MODEL, AND TRULY MET YOUTH WHERE THEY WERE AT NOT WHERE WE THINK THEY SHOULD BE AT.

IN THIS REPORT, WE'RE OFFERING UP KNOWLEDGE PRODUCED BY YOUNG DRUG USERS THE PEOPLE MOST AFFECTED BY DRUG POLICY THAT SHOULD BE TAKEN INTO ACCOUNT IN HARM REDUCTION SERVICES TO BETTER MEET THE NEEDS OF YOUTH WHO USE DRUGS. WE HOPE THIS GIVES A VOICE TO YOUTH WHO HAVE BEEN LEFT OUT OF OFFICIAL CONVERSATIONS ABOUT DRUG POLICY, DECRIMINALIZATION, AND A MEDICALIZED SAFE SUPPLY OF DRUGS. YOUTH VOICES NEED TO BE HEARD, AND WHAT THEY SAY NEEDS TO TRANSLATE INTO ACTUAL CHANGE. THIS REPORT WILL ENGAGE YOUTH FROM THE VERY START TO FINISH. WE WILL CONSULT A VARIETY OF YOUTH WITH DIFFERENT LIFE EXPERIENCES, I.E. YOUTH WHO USE DRUGS, YOUTH IN RECOVERY, STREET INVOLVED YOUTH, AND PEOPLE WHO HAVE AGED OUT OF YOUTH SERVICES.

HARSH TRUTHS

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AGE RESTRICTIONS AT A SCS SIS OR OPS ARE DANGEROUS AND HARMFUL AND ARE TELLING YOUTH THEIR LIFE IS NOT WORTH IT. THEY ARE CREATED TO PROTECT YOUR SERVICE FROM ANY LIABILITY IF A YOUTH ENDS UP INJURED OR DIES WHICH WE KNOW NO ONE HAS DIED USING AN OPS OR SIS

YES, WE DON'T WANT A 11 OR 12 YEAR OLD TO BE USING DRUGS OR SHOOTING UP BUT REALITY IS THEY ARE AND THE SAFEST PLACE FOR THEM TO GET EDUCATION AROUND HOW TO SAFELY INJECT IS AT AN OPS OR SIS

WE OFTEN CAN'T TELL IF SOMEONE USES DRUGS, WITH YOUTH, THEY OFTEN GET CRAFTY IN HIDING DRUG USE CAUSE AS WE ALL HAVE SECRETS THINGS WE DON'T WANT PEOPLE TO KNOW FOR FEAR OF BEEN JUDGED OR IN TROUBLE FOR WHEN A YOUTH OR ANYONE COMES TO AN OPS OR SAFE INJECTION SITE THEY KNOW WHY THEY ARE THERE. IT'S RARE THAT SOMEONE COMES INTO ONE AS A FIRST TIMER.

DENYING SOMEONE ACCESS IS PUTTING THEM INTO A SITUATION OF USING UNSAFELY. WHICH OFTEN MEANS THEM USING A USED SHARP, COOKER AND PROBABLY UNSTERILE WATER WHICH PUTS THEM AT RISK OF INFECTIONS, HEP C AND HIV AND SOMETIMES DEATH FROM NOT KNOWN WHAT IT WAS USED FOR LAST

THEY BECOME ASHAMED AND FEEL JUDGED WHEN DENIED ACCESS TO HR SERVICES WHICH OFTEN RESULTS IN THEM USING ALONE, THINKING THEY ARE DENIED FROM ALL HR SERVICES SOMEWHERE HIDDEN LIKE PARKING GARAGES AND NOT TALK ABOUT USING DRUGS

DENYING YOUTH ACCESS TO HARM REDUCTION SERVICES IS SAYING YOUTH LIVES DON'T MATTER, THEY DON'T NEED THE SAME CARE AND RESPECT AS ADULTS

JUST CAUSE A YOUTH USES DRUGS DOESN'T MEAN THEY ARE INCAPABLE TO MAKE DECISIONS FOR THEMSELVES OR CONSENT TO THINGS

YOUTH HARM REDUCTION SERVICES POLICY DRAFT

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For youth that use illicit substances it's a complicated issue that many don't think is important to talk about or should be talked about due to the fact that youth using drugs is taboo. Parents and caregivers often don't think it could happen to their child which usually results in the youth not having been able to open up and be honest about their drug use which often results in youth using alone and in secret.

No one ever talks about keeping youth safe when it comes to youth who use drugs

This is why when creating harm reduction services or education it needs to be done with youth from the very start to implement the needs they have and are wanting to see.

These are some thoughts that came up from youth about having a youth harm reduction site/drop in space

- Be place where youth will be heard and respected
Suggestions and ideas from youth will be implemented where applicable
- Having Youth peer workers who are folks who are still using and those in recovery, those housed and those living on the streets
- Youth by youth model in terms of design for space & guidelines for the space

YOUTH HARM REDUCTION 5

SERVICES POLICY CONT

- Having staff understand that this is a youth space and give them what they need cause not doing so can cause harm
- The harm reduction site that would be specifically youth only needs to be in an easily accessible location, ground floor but with a semi private entrance, also could be integrated into youth service.
- Harm reduction sites should have a drop in space of its own where youth would be able to take a break from the streets for a bit. Eat, hydrate and shower.
- Youth clothing donation room stocked with socks, tampons and Pads etc.
- The harm reduction site should include a youth specific overdose prevention site or episodic overdose prevention for youth to have somewhere safe to use
- Creating youth friendly environment so incorporating ideas and art from the youth who will be accessing the space.
- Harm reduction education and best practice workshops around 'safe IV use' 'stimulant safety' 'Naloxone training' 'dealing with police' and others suggested by the youth

YOUTH HARM REDUCTION

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SERVICES POLICY CONT

-Harm reduction supplies are giving out with best practice from BCCDC HR policy

-Age "cut off" should be discussed and discussed with youth to determine what they think is best

Youth brought up anywhere between 25-30 with transition plans in place 2 years before they "age out". This would give time for a proper 'age out' and ensure they are connected with the appropriate services needed.

No youth that is "Aging out" will be left without proper connection to services needed

Anyone who has "Aged out" will still be able to access supplies and food

Its important to remember youth use drugs and should be giving the same dignity and services as adults.

YOUTH MOST IMPORTANT NEEDS

YOUTH WOULD BE ABLE TO ACCESS CRISIS SUPPORTS IN PERSON
HOPEFULLY 24/7

- 1-1 SUPPORT WITH PEERS, COUNSELING, AND CRISIS MANAGEMENT
- HAVING FOOD (GRANOLA BARS, SNACK PACKS ETC.) + JUICE AND WATER AVAILABLE TO ENCOURAGE YOUTH TO EAT + HYDRATE
- OUTREACH PROGRAMS TO DELIVER SUPPLIES TO YOUTH + ON CALL SERVICE TO DROP OFF SUPPLIES ALSO REACHING OUT TO YOUTH WHO MAY NOT BE COMFORTABLE COMING INTO THE SPACE
 - WOUND CARE IF NEEDED
 - ACCESS TO OTHER RESOURCES LIKE HEALTH CARE, TREATMENT(WHAT EVER THAT LOOKS LIKE TO THEM) AND MENTAL HEALTH SUPPORTS
 - BE ABLE TO MAKE REFERRALS FOR SAFE SUPPLY FOR BOTH STIMULANTS AND OPIOIDS
 - DRUG TESTING VIA STRIPS
 - MAKING SURE OLDER ADULTS WHO TRY TO ENTER ARE REFERRED TO ANOTHER AGENCY OR STAFF CAN OFFER TO BRING SUPPLIES TO THEM
 - PARENTS GROUP TO UNDERSTAND HARM REDUCTION PRACTICES AND EDUCATION IF NEEDED
 - A PLACE WHERE YOUTH WILL BE HEARD AND RESPECTED
 - THEIR IDEAS WILL BE IMPLEMENTED

YOUTH OPS-WHAT YOUTH & WANT

When we asked youth what would an youth specific overdose prevention site would look like this is what ideas they came up with

A youth specific OPS would run just like other OPS just with a focus on youth.

-The Youth OPS will make sure staff understand that youth are able to make choices for themselves & having the attitude of needing to "save" them will not be tolerated as this approach may seem helpful, it is in fact harmful.

-Always keep other staff and managers about youth deemed "High risk" (That if a youth expresses to harm themselves, others or is admitting to abuse) Its understanding that some youth may need this approach but to always remember you are there to provide support and to witness drug use only.

-By giving unwanted help or telling them you know what's best for them could potentially make them not want to come back & would tell others to stay away. It's important to remember Only offer help or resources when asked and make sure to provide options.

YOUTH OPS WHAT YOUTH 9 WANT CONT

-Youth drug use is complicated and parents may stop by looking for a youth. You must remember confidentiality is key even if that parent is desperate. You must inform them about confidentiality and remember you don't know what their relationship is like so by saying yes they are putting them at risk.

To remember:

Youth who use IV are often approached with the attitude of 'We got to save them' or 'involuntary treatment is the only way' to help them. Yes it can be a way to support & or help them but it's also harmful to have this approach. 'Saving' youth who are not ready or asking for support is harmful because it leads them to thinking you will always be around. You will drop everything to help them. They can become dependent & sometimes manipulative for your help. Involuntary treatment is harmful because you're making a youth do something when they may not be ready, or seeking it, and they often will mistrust the health care system. If themselves or if a friend ODs, they often will try and wait it out, which could lead to a death

YOUTH OPS-WHAT YOUTH 10 WANT CONT

A youth specific OPS would run just like other
OPS just with a focus on youth.

***Witnessed injection & OD response**

***It must be staffed by folks under 30 with lived experience with illicit drug use to work the injection room and support staff, managers, supervisors etc. have no age limit**

***Be accessible, ground floor so youth wanting to access it don't have any barriers with security**

***Youth specific health care (Nurse, doctor etc.)
access to youth peer support (1-1, harm reduction education etc.)**

***Healthy food, snacks & water (when they come into the site staff offer food or drink)**

***OD response education (Naloxone, stimulant overamping, benzos)**

***chill room**

***Crisis response for youth in crisis**

***Outreach to encourage youth who are using outdoors to use in an OPS**

***Safe smoking area**

***Youth friendly interiors, décor (like slang words
Yeet, Gucci, no cap/cap)**

INVOLUNTARY CARE

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IN REGARDS TO BILL 22 2020 MENTAL HEALTH AMENDMENT ACT, AKA YOUTH STABILIZATION CARE THAT WOULD ALLOW INVOLUNTARY STABILIZATION CARE TO YOUTH UNDER 19 WHO GO TO THE HOSPITAL AFTER AN OVERDOSE. MANY YOUTH WHO CURRENTLY USE ILLICIT SUBSTANCES AND DO SO FOR A NUMBER OF REASONS WHETHER IT BE TRAUMA, COPING MECHANISM, CONTROL OR SOMETIMES TO STAY ALIVE. THE REALITY IS YOUTH ARE USING DRUGS. YOUTH HAVE EXPRESSED THAT BILL 22 COMING INTO LAW WOULD MEAN HAVING MORE UNTRUST IN THE HEALTHCARE SYSTEM WHICH WOULD DRASTICALLY IMPACT THEM ACCESSING HEALTH CARE NEEDS, FEAR OF ACCESSING HARM REDUCTION SERVICES AND ACCESSING EMERGENCY MEDICAL SERVICES. IF A YOUTH IS USING WITH FRIENDS AND ONE OF THEM OVERDOSES OR NEEDS MEDICAL ATTENTION THEY MORE THEN LIKELY WILL NOT CALL 911 IT'S BEEN SHOWN THROUGH A NUMBER OF PUBLISHED RESEARCH THAT INVOLUNTARY CARE DOES MORE HARM THAN GOOD. IT'S ALSO BEEN SHOWN THAT YOUTH, SPECIFICALLY YOUTH WHO ARE INDIGENOUS, STREET INVOLVED, IN CARE OF MCFD, AND 2S/LGBTQIA YOUTH WOULD BE PLACED IN INVOLUNTARY CARE AS A MEANS OF LAST RESORT CARE FOR YOUTH DEALING WITH SUBSTANCE USE.

FOR INDIGENOUS YOUTH THIS PRACTICE GOES AGAINST THE RECOMMENDATIONS OF TRUTH AND RECONCILIATION. IT HAS THE POTENTIAL OF WHAT INDIGENOUS PEOPLE FACED WHEN KIDS WERE TAKEN FOR RESIDENTIAL SCHOOL, 60S SCOOP AND WHAT'S BEEN GOING ON WITH THE FOSTER CARE SYSTEM. THE TRAUMA OF BEING INVOLUNTARY LOCKED UP IS THE SAME PRACTICE SO CALLED CANADA IMPLEMENTED FOR RESIDENTIAL SCHOOLS.

INVOLUNTARY CARE 12

A COLLECTIVE EXPERIENCE OF US WHO BEEN THROUGH THE FOSTER CARE SYSTEM AND BEEN YOUNG USING SUBSTANCES. BEEN FORCED INTO DETOX OR TREATMENT MADE OUR SUBSTANCE USE DEEPER AND DROVE US TO HIDE OUR USE WHICH IN TURN PUT US AT GREATER RISK OF OVERDOSE YOUTH COMING OUT OF INVOLUNTARY CARE WOULD MORE LIKELY USE AGAIN AND THAT USE WILL MORE LIKELY BE THE SAME AS THEY WENT IN BUT WITH THEIR TOLERANCE BEING LOWER ARE AT RISK OF OVERDOSING AND THAT OVERDOSE TO BE FATAL IS HIGHER DUE TO THE UNTRUST AND FEAR OF HEALTHCARE AND BEING LOCKED UP AGAIN. WHAT EVER HAPPENED TO KEEPING KIDS OUT OF JAIL?

AS THE CHILD REPRESENTATIVE HAS SAID IN A REPORT THE NEED FOR YOUTH SPECIFIC HARM REDUCTION SERVICES IS NEEDED FOR EXAMPLE A YOUTH OPS WOULD BE A GREAT FIRST STEP. YOUTH SHOULD NOT BE ASHAMED OR GUILTED INTO TREATMENT AS INVOLUNTARY CARE WOULD BE DOING. IT WOULD BE PUTTING YOUTH AT RISK OF PREVENTABLE DEATHS WE ALL NEED TO UNDERSTAND YOUTH USE DRUGS, IT'S A KNOWN FACT WE NEED TO STOP HIDING IT AND START TEACHING HARM REDUCTION EDUCATION AND HAVING OPEN HONEST CONVERSATIONS ABOUT DRUG USE WOULD MEAN YOUTH HAVE A BETTER UNDERSTANDING OF DRUGS,

THANKFULLY THIS BILL WAS STOPPED DUE TO OUTCRY BUT THE FIGHT CONTUNIES AS THEY WANT TO DO INVOLUNTARY CARE FOR EVERYONE

YOUTH THAT USE DRUGS

PLEASE GET YOUR DRUGS TESTED
DEMAND ACCESS TO HARM
REDUCTION SERVICES AND
EDUCATION

FIGHT FOR SEAT AT THE TABLE
OF DRUG POLICY, DECRIM AND
TOXIC DRUG POISONINGS CAUSE
YOU HAVE THE RIGHT TO HAVE A
VOICE AT THESE TABLES

DRUGS DON'T MAKE YOU A BAD
PERSON, BAD DRUG POLICY DOES

THE COALITION OF PEERS DISMANTLING THE DRUG WAR
MINISTRY OF PROPAGANDA