



A COMMUNITY-BASED EVALUATION

Aligning Diverse Community Needs

**FOR A YOUTH HARM REDUCTION
PROGRAM MODEL**



**PARKDALE
QUEEN WEST**
Community
Health Centre



**CENTRE FOR
COMMUNITY
BASED RESEARCH**



Acknowledgements

This community-based evaluation took place in Tkaronto (Toronto) where the Parkdale Queen West Community Health Centre is situated on the traditional territory of the Anishnabeg, the Haudenosaunee, and the Wendat peoples. Toronto is covered by Treaty 13 with the Mississaugas of the Credit and guided by the Dish with One Spoon wampum belt agreement, which calls for nations to treat each other with care and protect the land.

While much of this work took place in Toronto, we also recognize the lands on which the Centre for Community Based Research (CCBR) offices are located – the Haldimand Tract, land promised to the Six Nations of the Grand River and the traditional territory of the Anishinaabeg, Haudenosaunee, and Chonnonton peoples.

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Table of Contents

Introduction	4
What is Trip!?.....	5
Evaluation Overview	6
Evaluation Approach	7
Evaluation Design	8
Evaluation Questions.....	10
Evaluation Methods.....	11
Evaluation Findings.....	16
Program Context: Youth Drug Use Trends	16
Trip! Program Implementation: Harm Reduction in the Party Scene	21
Trip! Program Implementation: Addressing Parkdale Queen West Community Health Centre's Vision, Values, and Mission for Equitable, Accessible Urban Health Care	25
Program Future: What are Youth Looking for in Harm Reduction Programs?	29
Recommendations for Re-envisioning Trip!.....	37
Works Cited	42

Introduction

Young people's access to relevant and meaningful harm reduction services is critical to supporting and enabling safer drug use practices amongst youth. Importantly, these programs are best designed and facilitated by leveraging the wisdom and experience of youth who use drugs (Canêdo et al. 2022; Switzer et al. 2016). Many harm reduction programs focus on the needs of adults, and more tailored youth-focused and youth-led harm reduction programs are needed to best meet the needs of young people who use drugs (Kimmel et al., 2021).

Several barriers exist that prevent young people from accessing harm reduction supports and services, including but not limited to:

- availability and accessibility of services – including limited hours of operation, especially for street-involved young people (Hawke et al. 2022; Kirst & Erickson, 2013; Turuba et al., 2022a)
- lack of youth-oriented safer consumption, drug checking, harm reduction housing, and educational programs with dedicated community-specific programming (e.g., programs specifically for racialized and Indigenous youth, queer youth, young women) (Canêdo et al., 2022)
- stigma from friends, family, and other service providers (Turuba et al., 2022a)
- top-down programs not designed with youth needs in mind (Canêdo et al. 2022; Jenkins et al., 2017; Switzer et al., 2016)
- intersecting experiences of racism, homophobia, or transphobia, as connected to housing instability (Adamson et al., 2017; Bozinoff et al., 2017; Canêdo et al., 2022)

This report produced for Parkdale Queen West Community Health Centre (PQWCHC) provides an overview of the *Trip! Process Evaluation: Aligning Diverse Community Needs for a Youth Harm Reduction Model*.

The report details the community-based evaluation approach, evaluation questions, and methods used. Most centrally, it provides a descriptive and thematic summary of evaluation findings, with attention to stakeholder differences (where relevant). It concludes with recommendations, as verified by the community advisory board, and youth stakeholders. The report is complemented by an accessible, youth-friendly infographic.

What is Trip!?

The Trip! project is a youth-led harm reduction health information service for dance scenes and youth who use drugs. Trip! is funded by the Toronto Urban Health Fund to serve youth ages 16-29. Trip! trains (youth) peer workers and volunteers to:

- distribute harm reduction supplies and information via outreach booths;
- provide peer support;
- facilitate workshops and webinars;
- engage with youth involved in the party scene online through social media.

The Trip! Project is located at Parkdale Queen West Community Health Centre, a community-based health service organization located in south-west Toronto. PQWCHC offers a broad range of services, including primary health care, dental care, harm reduction, health promotion, counselling, and community development programming. Within PQWCHC, Trip! is embedded within a large harm reduction program that provides harm reduction supply distribution; a supervised consumption site; safe opioid supply program; a hepatitis C program; harm reduction outreach and satellite programs; and other partnered programs.



Evaluation Overview

Launched in 1995, Trip! was initially designed to provide peer harm reduction support to Toronto youth in the rave scene. In 1997, Trip! was formally integrated into Central Toronto Community Health Centre (otherwise known as Queen West Community Health Centre). In 2017, Queen West Community Health Centre and Parkdale Community Health Centre integrated into what is now Parkdale Queen West Community Health Centre (PQWCHC).

Drug use trends, intervention opportunities, and the needs of diverse youth who use drugs have changed significantly since the 1990s. The drug toxicity crisis, changes in drug policy, the advent of dedicated harm reduction funding, and the COVID-19 pandemic have also significantly impacted the harm reduction landscape since Trip!'s inception. Many new and exciting harm reduction initiatives have taken root in the city. At the same time, PQWCHC has grown and changed significantly. Many of these changes – combined with a desire to ensure Trip! is equitably serving the youth who need harm reduction programming most – initiated this evaluation.

Thus, PQWCHC (and associated Trip! project stakeholders) partnered with the Centre for Community Based Research (CCBR) to co-design and conduct a community-based evaluation in order to explore the extent to which the current Trip! project model is aligned with 1) current drug using trends amongst diverse youth in the community; and 2) PQWCHC's values, vision, and mission of providing “equitable, accessible urban health care for people where, when, and how they need it.” These findings informed a collaborative process of identifying recommendations for future program delivery.

The evaluation described herein is a **process evaluation** (not an impact evaluation). This means this evaluation and report findings focus primarily on **program activities and models versus program impact**. Although the report briefly addresses program effectiveness, the focus is on the extent to which the program activities align with current drug trends, and PQWCHC's values, vision, and mission.

The evaluation was conducted from July 2022-June 2023, with primary data collection occurring in the fall and early winter of 2023. Soon after the Trip! evaluation began, PQWCHC launched a process to refresh its current strategic plan which included review of the organization's vision, mission, values, and strategic directions. These changes were formalized in January 2023, after the evaluation was designed, and most data was collected.

This refreshed vision, mission and values will guide PQWCHC's work over the next three years:

Vision: Inclusive Communities. Responsive health care. Healthier Lives.

Mission: Providing and leading equitable, accessible comprehensive healthcare for people where, when, and how they need it.

Values: Client-centered, Community responsiveness, Social Justice, Equity, and Access, Capacity Building, Humility and Reconciliation, and Accountability.

Because the evaluation was already underway at the time of this change, this report reflects alignment with *previous* mission, vision, and values. (For more information, see page 12). However, there are many overlaps, and the refreshed values, vision and mission remain resonant with the mission and values that informed this evaluation.

Sarah Switzer, CCBR Senior Researcher, led the evaluation with support and leadership from a larger CCBR evaluation team including:

- Alex Nsoby, Peer Researcher
- Fitsum Areguy, Researcher
- Veen Wong, Researcher
- Lizzy Berg, Student research placement
- Kate Short, Student research placement

Prior to joining CCBR, Dr. Switzer worked with PQWCHC in several capacities, including but not limited to external consultant, research partner, and employee (2010-2013). Other team members had no previous affiliation with PQWCHC.

Evaluation Approach

Meaningfully engaging young people who use drugs in the development, implementation, and evaluation of harm reduction services is key to their relevance, effectiveness, and success (Kimmel et al., 2021; Stowe et al., 2022). This evaluation followed a community-based evaluation approach, with two underpinning assumptions (figure 1a and 1b):

- First, youth who use drugs have the knowledge and experience to shape, inform and lead youth harm reduction programs.
- Second, community-based evaluation leverages the wisdom, insight, and skills of those most impacted by an issue to systematically explore a problem or question and create action for change.

Community-based research (CBR) is defined as “a research approach that involves active participation of stakeholders, those whose lives are affected by the issue being studied, in all phases of research for the purpose of producing useful results to make positive changes” (Nelson, Ochocka, Griffin & Lord, 1998, p.885). CBR has three hallmarks: it is community-driven, participatory, and action-oriented (Ochocka & Janzen, 2014).

This theoretical approach was paired with the tenants of Youth Participatory Action Research (YPAR). Drawing on the work of Michelle Fine (2008), Ozer et al. (2020) describe YPAR as:

an orientation, rather than a method, that challenges dominant assumptions about who holds and creates knowledge. Youth are considered experts who generate valid knowledge about the conditions they seek to change while working to shift power structures and change inequitable systems, policies, and practices (p. 3).

The evaluation also takes inspiration from other participatory harm reduction projects which foreground the lived experience of youth who use drugs as central to the formulation of harm reduction programs and drug policies (see also: Canêdo et al., 2022; Turuba et al., 2022b; Switzer et al., 2016).



Evaluation Design

This study incorporated both CBR and YPAR approaches by 1) assembling a community advisory committee to guide the evaluation; 2) hiring a youth peer researcher with lived experience to co-lead the evaluation; 3) facilitating a youth program design workshop to validate, prioritize and refine recommendations; and 4) creating an evaluation working group composed of PQWCHC stakeholders and CCBR researchers. The working group was made up of Lori Kufner, Trip! Coordinator; Arpa Azmila, Manager, Harm Reduction, and lead evaluator Sarah Switzer, Senior Researcher with other CCBR team members attending where schedules allowed. Other PQWCHC management staff were involved as necessary to support alignment with organizational goals.

Figure 1a - Guiding Assumptions (Image Source: National Harm Reduction Coalition)



Guiding Assumption # 1: Youth who use drugs have the **knowledge** and **experience** to shape, inform and lead youth harm reduction programs.

Figure 1b - Guiding Assumptions

**1. Community-Driven**

The research is practically relevant to youth who use drugs and other stakeholders in the harm reduction community.

**2. Participatory**

Youth and other stakeholders share in research planning and the doing.

**3. Action-Oriented**

Evaluation does not sit on a shelf. It leads to concrete change for organizations and programs.

Guiding Assumption # 2: Community-based evaluation leverages the **wisdom, insight, and skills** of those impacted by an issue in order to systematically explore a problem or question and **create action** for change.

To ensure youth voices were co-driving the evaluation, we employed the following roles and mechanisms:

Peer Researcher

A peer researcher was hired as a core CCBR team member to help lead the evaluation from design to dissemination. Working with peer researchers is considered a best practice in youth harm reduction research (Turuba, 2022b; Stowe et al, 2022) and aligns with peer harm reduction models employed by both Trip! and PQWCHC.

Community Advisory Board (CAB)

PQWCHC and CCBR worked together to assemble a community advisory board. The initial committee consisted of 4 youth; 3 service providers (internal and external to PQWCHC); 1 youth-identified party-promoter (working within the youth QTBIPOC party scene); and PQWCHC working group members. In some cases, members identified with multiple roles. Youth were internal and external to Trip!.

The committee met four times, including during the program design workshop to provide ongoing feedback and direction. Committee members supported recruitment efforts, co-designed focus group and interview guides, and provided feedback on preliminary findings, recommendations, and program design workshop agendas.

Program Design Workshop

To move findings into action, and to foreground the hallmarks of community-based research, we hosted a program design workshop to share back and discuss findings with participants; to prioritize, validate and refine recommendations; and to dive deeper into key areas highlighted during the research. All evaluation stakeholders were invited to participate. Youth CAB members also attended. For more details, see the methods section below.

Evaluation Questions

The following evaluation questions guided the study:

- 1. Program Context:** What are current drug use trends amongst young people in Toronto?
 - a. What new risks and intervention opportunities for young people who use drugs did the COVID-19 pandemic introduce?
- 2. Program Implementation:** How is the program currently being implemented, and whom does it serve?
 - a. What is the current effectiveness and responsiveness of the Trip! project to youth engaging in drug use and higher risk activities, both in and out of the party scene?
 - b. How and to what extent does the current program model and activities address PQWCHC's vision, values, and mission to provide "equitable, accessible urban health care for people where, when, and how they need it"? (See Table 1).
- 3. Program Future:** What are young people looking for in harm reduction programs?
 - a. What, where and when are early interventions most needed for young people?
 - b. What would best support and enable youth from diverse drug using communities to engage with the Trip! project?
- 4. Program Future:** Considering the above, how might the Trip! project and related activities be modified to meet the diverse needs of youth who use drugs?
 - a. Is the current program model still relevant and responsive to community needs? Why or why not?
 - b. What organizational and environmental conditions are best for Trip! to thrive? And where relevant, how might the program be better integrated into PQWCHC?
 - c. What are recommendations for Trip! and PQWCHC moving forward?

Table 1 – PQWCHC Values, Vision and Mission at time of evaluation¹

PQWCHC Values, Vision and Mission		
Values	Mission	Vision
Client-centered	Provide equitable, accessible urban health care for people where, when, and how they need it	Inclusive Communities. Responsive Healthcare. Healthier Lives
Social Justice, Access, and Equity		
Capacity-Building		
Community-responsiveness		

¹ For updated PQWCHC Values, Mission and Vision visit the [PQWCHC website](http://www.pqwchc.org) (www.pqwchc.org).

Evaluation Methods

We used a combination of methods to answer evaluation questions. These included a literature review, internal document review, key informant interviews, focus groups, and a program co-design workshop. For a list of methods by evaluation question, see Table 2. Each method is described in detail below.

Table 2 – Methods by Question

		Research Questions		
		Drug use trends and interventions in youth communities (<i>program context</i>)	Program alignment with PQWCHC mission, values and vision (<i>program implementation</i>)	Future program model: What do youth want in harm reduction programs and re-envisioning Trip! (<i>program future</i>)
Methods	Internal Document Review	✓	✓	
	External Literature review	✓		✓
	Key informant interviews: Trip! stakeholders and service providers	✓	✓	✓
	Focus groups (external youth)	✓		✓
	Program co-design workshop (Cross stakeholder)			✓

Literature Review

A literature review on youth drug trends and intervention opportunities was conducted to frame the evaluation and complement findings. Databases such as Google Scholar, PubMed, ProQuest, APA PsycInfo and the Cochrane library were searched using keywords such as: youth/young adult/adolescent/young people; substance/drug use; intervention; and harm reduction. A secondary search was completed with more specialized search terms as found in the literature (e.g., young people and drug checking, or young people and naloxone). For scope, only articles published in the last 5 years, and in Canada were included. Abstracts were reviewed for relevance by two team members. In total 58 articles were identified, and 34 reviewed.

Unfortunately, up to date and geographically specific research on youth drug use trends and youth harm reduction programming is limited. To ensure community relevance, literature supplemented and triangulated findings identified by interviews and focus groups. In other words, this report prioritizes the wisdom and experiences of stakeholders living and working on the ground over academic literature.

Key Stakeholder Interviews

We conducted 14 key informant interviews with stakeholders, both internal and external to Trip!. Stakeholders were identified by the PQWCHC working group with attention to diversity of roles, varied involvement/awareness of Trip! and identity. PQWCHC management also helped identify key external stakeholders. Wherever possible, interviews with Trip! internal stakeholders (e.g., with youth) were jointly conducted by a CCBR researcher and a peer researcher. For a breakdown of stakeholder roles see figure 2. Because of the small size of Trip!, to protect confidentiality, peer worker, peer volunteer, or coordinator quotes are most frequently attributed as internal Trip! stakeholders throughout the report.

Figure 2 – External and Internal Interviews: Stakeholder Roles

Trip! Volunteers	Trip! Peers*	Coordinator	PQWCHC Service Providers	PQWCHC Management	External Service Providers	External Stakeholder
4	3	1	2	1	2	1
Trip! Project			PQWCHC		Youth Serving Organizations	Party Promoter

* Trip! peer workers are often former volunteers

Focus Groups: Connecting with Youth Not Engaged with Trip!

Three focus groups with 21 youth not connected to Trip! were co-facilitated by a peer researcher and lead evaluator, with student researcher support. Because we wanted to consult with youth *not* currently engaged in Trip!, recruitment required sustained effort and creativity. Given the evaluations' focus – i.e., how does Trip! reach youth they are not already reaching – this challenge was intricately connected to the evaluation itself.

To respond to this challenge, working group members met regularly, alongside the lead evaluator and peer researcher to brainstorm recruitment strategies. We also hosted separate meetings with youth CAB members to brainstorm approaches and solicit input. We launched a multi-pronged recruitment strategy including:

- digital and physical posters printed and circulated at:
 - youth-organizations (youth drop-ins, libraries, community centers, and youth sexual health clinics)
 - harm-reduction drop-ins and other initiatives
 - public locations downtown - including local businesses that may attract youth (e.g., specific tattoo and piercing shops)
- direct email to city of Toronto youth workers
- word of mouth via youth CAB members to peer networks
- flyer circulation via:
 - local networks and listservs
 - Trip! peer workers and volunteers
 - internal and external interviewees

Collectively, all team members supported recruitment, however, a peer researcher and youth CAB member played a leadership role. For a copy of our flyer, see figure 3. As will be explored below, print flyer circulation at local youth organizations when combined with a peer-led approach was the most effective recruitment strategy (See: “What do youth want in youth harm reduction programs?”).

To keep us organized, a recruitment database was created to keep track of flyer distribution and organizational contacts. Due to staff turnover because of the national staffing shortage, this database had to be built from scratch.

Focus group demographics

Interested participants were directed to fill out a questionnaire to confirm eligibility, indicate date preferences, and share any accessibility or technology needs, including preference for an in-person or online focus group.

Eligibility to participate included: living and/or residing in Toronto; between the ages of 16-29; experience with drug use; and no prior experience as a Trip! volunteer or peer worker. Overall, 43 individuals completed the survey; twenty-six people were eligible to participate. Survey entries were screened by 2-3 CCBP team members to assess eligibility. Eligible participants were contacted, and 3 focus groups were scheduled.

Two focus groups were held online on Zoom, and one in person at PQWCHC. Overall, focus groups were very well attended (n=21); participants reflected several diverse youth communities who use drugs (by identity, experience, involvement in pre-existing harm reduction services, and geography). As part of the eligibility survey, we asked participants to describe how they self-identified via an open text question. See figure 4 for more information on demographics. While we were able to connect with youth 17 and up, reaching younger youth was a challenge.

Figure 3 - Participant Recruitment Flyer



The flyer has a vibrant pink background. At the top, a white banner with a black border and a yellow rectangular section contains the text 'SEEKING YOUTH PARTICIPANTS'. To the right of the banner is a small white card with the word 'trip' in pink cursive. Below the banner, the text asks if the reader is familiar with the drug and/or party scene, between the ages 16-29, passionate about harm reduction, and lives in Toronto. It then states that a 90-minute focus group is being hosted to hear from youth who use drugs to learn about relevant harm reduction programming. It mentions a particular interest in hearing from youth who are not a part of Trip! A large yellow megaphone with an orange rim is positioned on the right side. Below the megaphone, it asks if the reader is interested and provides a QR code link. It also provides contact information for Sarah Switzer and mentions a \$40 honoraria for the focus group. At the bottom, it lists the partners: Parkdale Queen West Community Health Centre and the Centre for Community Based Research.

SEEKING

YOUTH PARTICIPANTS

Are you familiar with the drug and/or party scene, and between the ages 16-29? Passionate about harm reduction? Live in Toronto?

We want to hear from you! We are hosting a 90-min focus group to hear from youth who use drugs to learn about how to provide relevant harm reduction programming for youth across different communities.

We are particularly interested in hearing from youth who are not a part of Trip!

Interested? Complete the survey using the QR code.

Questions? Contact:
Sarah Switzer
sarah.s@communitybasedresearch.ca

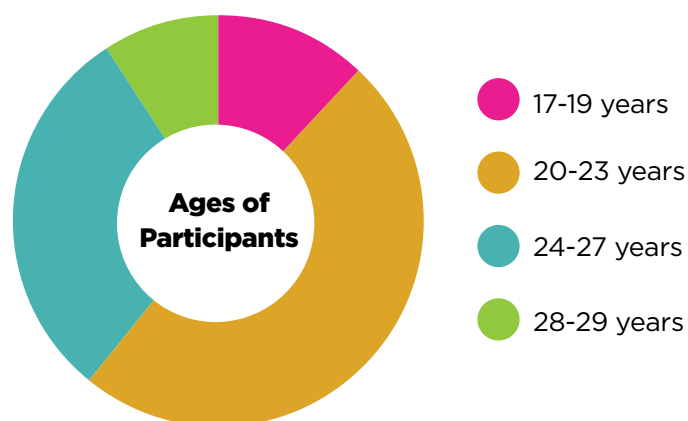
A \$40 honoraria will be provided for the focus group.

In partnership with:

 **PARKDALE QUEEN WEST**
Community Health Centre

 **CENTRE FOR COMMUNITY BASED RESEARCH**

Figure 4 - Focus Group Participant Demographics



2/3 of youth

described themselves as either queer, two-spirited, bisexual or pansexual.

Several youth

identified as gender diverse (non-binary, gender fluid, trans).

There was strong representation from youth in the shelter system.

Approximately 2/3 of youth identified as racialized – including those who identified as Black, Indigenous, Asian, mixed race, or Middle Eastern youth. Approximately one third of youth identified as white, or did not identify.

Areas in Toronto where youth identified hanging out



1. Downtown Toronto
2. Church and Wellsley
3. Scarborough
4. Lansdowne
5. Bloordale
6. Parkdale
7. Moss Park
8. Liberty Village
9. Etobicoke

Program Design Workshop

The goal of the program evaluation was to bring youth and service providers together to present and discuss findings and recommendations. During the workshop, stakeholders provided feedback on preliminary findings, collaboratively prioritized future program areas, discussed partnerships ideas and brainstormed youth advisory models based on questions identified in the literature (Moreno et al, 2021; Turuba et al., 2022b; Switzer et al., 2019).

All stakeholders who participated were invited to participate. Of the 21 attendees, 11 youth were from focus groups, 4 were youth CAB members, 4 were Trip! volunteers or peer workers, and 2 were staff and/or management. While service provider attendance was low, we suspect that the higher percentage of youth participants created an environment where young people felt comfortable expressing their needs, thoughts, and desires on harm reduction programming.

Evaluation Findings

Program Context: Youth Drug Use Trends

This section provides an overview of youth drug trends, including most consumed drugs, age of initiation, COVID-19 impacts such as changed use and access, and the drug toxicity crisis. Findings are based primarily on interviews with youth stakeholders and paired with academic literature² and external stakeholder interview quotes where relevant.

Youth Drug Use Trends

During interviews and focus groups, we asked youth about the drugs they – or their friends – were using. Because of stigma, we intentionally kept language open, on advice from the CAB. Figure 5 visualizes the drugs mentioned by young people *across* interviews and focus groups, with the larger words representing the frequency with which they were mentioned.³ Youth shared that the most commonly consumed drugs were: cannabis, cocaine, MDMA, crystal meth, alcohol, ketamine and mushrooms. These drugs were consistent across all youth stakeholder groups. While alcohol was mentioned less than cannabis, cocaine, and MDMA, this may be because many youth did not consider alcohol an illicit substance and chose not to mention it. Opioids, research chemicals/designer drugs, and GHB were second most common.

While there were many overlaps between Trip! internal stakeholders and youth not involved with Trip!, Trip! peer workers and volunteers were more likely to report using research/designer drugs and GHB compared to other youth stakeholders. Although not as commonly mentioned, crack, heroin, poppers, codeine and Adderall were all drugs uniquely mentioned by youth *not* involved with Trip!. (Of note, opioid use was mentioned similarly across all youth stakeholders). While it is difficult to ascertain why these differences exist, reasons may include popular drugs within the rave and party scene (e.g., research designer drugs, GHB) as well as cost, access, and availability. As will be discussed below, youth in focus groups were less likely to engage in the party scene, and many experienced socio-economic barriers like housing instability.

Figure 5 - Most Mentioned Drugs Used by Youth (Across all Youth Stakeholders)



² Because of the slow nature of research, published peer-reviewed literature does not always accurately reflect 'real-time' drug use trends in communities. Furthermore, the literature tends to be concentrated in Vancouver, or more national in scope (i.e., general population, with limited age range).

³ Word clouds display a general snapshot of conversations with youth. To create the word cloud, focus group and interview transcripts with youth stakeholders (only) were reviewed, and drugs uniquely mentioned were tallied. On advice of the PWQCHC working group, drugs were grouped according to category vs. their street name. Where possible, we removed unique mentions of drugs related to contamination (e.g., fentanyl was only included when youth were talking about intentional fentanyl use). Finally, the word cloud was presented to the CAB for feedback.

Table 3 – Youth Drug Use Trends from the Literature


Here is what the research says about youth drug trends in Canada.

1. In a 2019 study on national youth drug trends, the three most consumed substances from youth respondents were alcohol, cigarettes, and cannabis. In this same study, street-involved youth (55.4% of whom identified as Indigenous) reported slightly higher levels of substance use or experimentation than non-street-involved youth (CANFAR, 2019).
2. In the 2018-2019 Canadian Student Tobacco, Alcohol and Drugs Survey there was a 7% increase in the prevalence of use of psychoactive pharmaceuticals (i.e., sedatives/tranquilizers, stimulants and prescription pain relievers) for non-medical purpose for students living in Canada in grades 7-12 (Health Canada, 2020).
3. Non-medical consumption of pharmaceuticals is estimated at 7% of students surveyed in grades 7-12 (~137,000 students) (Health Canada, 2020).
4. Injection drug use is not common among young people (except for youth who are street-involved) (Adamson et al, 2017).
5. During the pandemic, youth increased use of alcohol, cannabis or both compared to older adults (Leger, 2021a), with an increase in alcohol and cannabis use among 2SLGBTQ+ youth (Leger, 2021b).
6. During the pandemic, female high school students with poor mental health were more likely to use substances to cope with pandemic-related changes (Romano et al, 2021).
7. During the pandemic (2020-2021), 2 in 3 opioid-toxicity deaths amongst youth (ages 15-24) occurred among males, with older youth accounting for more deaths. Of these deaths, 90% involved only non-pharmaceutical opioids. (Iacono et al., 2023).

Youth we spoke to consume a wider range of substances than compared to the research literature (see table 3). For example, one internal Trip! stakeholder shared “there is definitely a lot more opioid, particularly fentanyl usage in younger people.” The same individual noted that they were witnessing increasing ketamine injections amongst youth. Compared to the literature, where injection drug use was noted as rare amongst youth, during our conversations, this was not uncommon (however, other modes of use were referenced more frequently).

Across all stakeholder groups, participants spoke to a general “shift of people trying drugs younger and younger.” Age 12 was identified as the most common age of initiation. One service provider also spoke about a young person they connected with who at age 8 began engaging in drug use. As one internal Trip! stakeholder shared, “people used to say in grade 12 ‘Well, I wish I had this in grade 10’. And now there’s people [in] grade 10 are saying, ‘Wow, I wish...I had this in grade 7.’” As described below, Trip!! is funded to serve youth ages 16-29, however, findings suggest that Trip! might explore creating more tailored programming for younger youth in the future.

During interviews and focus groups, youth shared that youth use different drugs for a range of reasons, and in a range of different settings. Participants emphasized that drug use is shaped by individuals’ dispositions, life experiences, health, housing, and financial situations. As one youth focus group participant explained,

 ***People can look at something like psychedelics and be like, oh, ‘it’s an escape’... but that’s not the experience for everybody. Just like ketamine...people use it in the party scenes, but they also use it isolated. I think [it] really change[s] depending on just people’s general disposition. Everyone has different life experiences ...and of course, the pandemic affected it too.... Some people are isolated, and some people are homeless and use.***

Overall, youth identified they – or those they knew – used drugs to have fun, “escape” or experience relief from life challenges or stressors, increase energy and focus, to make sex more enjoyable, or to build social connections with others. In a national study, Canadian street-involved youth reported trying or using downers and uppers more than two times greater than non-street-involved youth, citing boredom and coping with mental health as reasons for using substances (CANFAR, 2019). For some youth, their use and drug of choice was mediated by financial factors. As one internal Trip! stakeholder shared,

With weed...it's a coping mechanism. ... The world sucks, and people aren't given the tools they need to cope with it. So, they're turning into something that they know they can rely on. And that's not to blame them for anything...do what you have to do. ... because therapy is \$125 a session, and two weeks' worth of weed is 60 [dollars].... there's a lot of people who are reliant on [weed] because it's just more available [than therapy].

Many youth shared that drug use was affected by environmental factors. For example, a youth focus group participant shared that stimulants may be used in “party situations” or in “work environments, like school.” In contrast, downers may be used in “smaller groups where you can just sit around and kind of lay there while enjoying yourself.” Another youth focus group participant shared that “in the winter, [my] party friends use strictly coke/tina. And in summer it's a lot of coke mixed with ket, shrooms, MDMA, acid, etc.”

When speaking to external stakeholders about youth drug trends, many spoke to the variety of ways young people access drugs. For example, as one service provider shared, “I think because of the access to the ingredients, [some drugs are] just easier to get. You know, it's much easier to buy a bunch of stuff from Shoppers than it is to try and find a street dealer when you're 13 to sell you something....” Other service providers spoke to how youth increased use of off-label prescription drugs. For example, as one service provider shared:

Sometimes [youth are] asked to clean out a house where maybe someone [has] been living for a long time, an older person may have been on...lots of medications. And there's lots of pills in these houses. And sometimes they bring in pill bottles from [them]...with hydromorphone in it.

One internal Trip! stakeholder shared that their younger siblings were more likely to access drugs through friends of friends, which created added risks around quality. As will be explored next, the COVID-19 pandemic, alongside the drug toxicity crisis, has considerably impacted drug use trends and access.

Impacts of COVID-19

Increased isolation, mental health challenges & drug use.

For many youth, the pandemic significantly impacted their substance use. Some youth focus group participants shared they did not “touch hard substances until the pandemic.” Youth identified several reasons for increased use including relief from increased stress, boredom, isolation and inability to work (which supplied more free time), and mental health challenges.

Increased drug use was echoed by an internal survey conducted by Trip! with 86 volunteers or peer workers in 2020. In the survey, 87.2% of respondents self-reported increasing “general use” of substances during the pandemic, with alcohol and cannabis being ranked as the most increased substance, in part due to other drugs being harder to access early on. Of Trip! members surveyed, 30% of respondents reported using substances up to 5-7 days per week (almost daily). For some Trip! youth, the pandemic was also an opportunity to stop use entirely.

As one youth focus group participant shared, during the pandemic drug use was directly connected to “mental health issues, and [not] drug issues.” As she elaborated mental health issues “easily [turned] into drug issues,” which only worsened during the pandemic. The worsening of youth mental health issues and resulting increased use was not unique to youth in our study (for more, see Hawke et al., 2022). The relationship between mental health crises and ‘riskier’ drug use practices has been documented by others (Bozinoff et al., 2017). In fact, according to a recent report by Iacono et al., (2023), 90% of young people who died from an opioid-related overdose during the pandemic in Ontario were shown to have accessed healthcare for a mental health diagnosis in the five years prior to their death. Many of these deaths occurred in private residences, when they were alone (Iacono et al., 2023).

Importantly, while pandemic restrictions impacted many, some youth – particularly street-involved youth – were disproportionately affected. One service provider spoke to the “loneliness and the isolation” youth in the shelter system experienced during COVID-19:

[During] the youth drop ins....Now people would pick up their individual food things and go to their rooms, or they had to sit at separate tables...It was very sad to see that because when you're already socially isolated, and then you're staying in a place [like this], it's like a prison.

This isolation also had an impact on drug access as will be explored next.

Changing drug access

Many youth we spoke to shared how their access to drugs changed during the pandemic. As one youth focus group participant shared “there was no one to talk to, and the only person who would talk to you was your dealer.” This same participant explained that for youth who had access to the Canada Emergency Response Benefit, the sudden availability of funds *combined with* social isolation led to increased drug access and use during the pandemic. These combined factors “made it simpler just to go and get” drugs. When asked directly about why drug access changed, participants shared that since employment was down, “people had to improvise with their income” and take “up a side hustle” thus implying that drugs were perhaps circulating more freely by their peers or dealers than pre-pandemic.

Other youth spoke to their usual drugs of choice not being available. Sometimes this had negative impacts on how they experienced the drug or could put them in dangerous situations. As two focus group participants shared:

I have seen some people do meth, just because Adderall or coke wasn't like, there for them. So instead, they would just go for the next closest thing and hope it would have the same reaction, which sometimes didn't fully work out for them, and usually could lead them to having a bad time.

Because [drug use] is so stigmatized, and because it's like not accessible, people often have to go out of their way to go into dangerous situations to find their drugs of choice and what they're looking for. And oftentimes, it may not even be what they're looking for.

Other reasons for changed or increased access included the rise of licensed cannabis stores during the pandemic.

Disrupted drug supply & increased overdoses.

The drug toxicity crisis loomed large for many. In Ontario, deaths amongst youth (aged 15-24) related to opioid toxicity increased from 115 deaths in 2019-2020 to 169 deaths one year into the pandemic, with fentanyl directly contributing to 94% of these deaths. Of these deaths, the rate of deaths amongst youth aged 18-24 was 5x higher than among adolescents (aged 15-17) (Iacono et al., 2023).

Many stakeholders spoke about the impact that the drug toxicity crisis had on people's lives, as well as substance use patterns. The rise of laced substances also impacted drugs of choice. Some participants shared that if youth cannot safely and reliably access their drug of choice, they may make modifications. One youth focus group participant shared, "So often if I'm in like a bad mental state or trying to escape something, I generally go for benzodiazepines mostly research chemicals, because honestly, finding real Xanax these days is like completely impossible. So, I'd rather order a research chemical knowing what I'm getting than gamble with my life and order Xanax that could be pressed with like fentanyl or something." Many youth talked about their fear of drugs being laced with fentanyl.

As will be elaborated below, youth – especially in focus groups – shared many painful experiences of lost friends and peers from overdose. This influenced many of the suggestions they provided on what relevant and meaningful harm reduction programming might look like for them, and their communities.

In summary, the backdrop of increased isolation, earlier age of initiation, changing drug use access, increasing overdoses and disrupted drug supply, suggests that youth harm reduction programming is needed now more than ever. The following section speaks to how Trip! is currently being implemented, and who it presently serves.

Trip! Program Implementation: Harm Reduction in the Party Scene

This section shares findings on current program implementation and effectiveness. More specifically, it responds to the question: “Who does Trip! currently serve?”. Since this is a process evaluation (not an impact evaluation), findings focus on program activities and models versus program impact.

Current Program Implementation

Trip! provides several harm reduction services to diverse nightlife communities and other groups of youth who use drugs. The program is currently funded to support youth aged 16-29. The goal of Trip! is to make sure youth are well resourced to engage in safer drug-use and safer sex. For a full list of activities see figure 6. Many activities moved online during the pandemic. During the evaluation, Trip! began resuming in-person programming such as in-person outreach, and volunteer meetings.

Trip! workers and volunteers’ main duties include creating harm reduction supply kits, overseeing booths at festivals and parties, creating educational literature, managing social media, and running webinars and workshops. Drug testing and checking services are also offered as connected to PQWCHC’s larger harm reduction services. Trip! volunteers and peer workers also run Trip!’s social media profile, including creating online blog and Instagram content. While Trip! previously produced print and online literature, resource development slowed during the pandemic.

The Trip! project currently embraces a peer-led model. Peer workers – traditionally hired from the volunteer pool – and peer volunteers carry out Trip! activities under the supervision of a Trip! coordinator. As will be explored in further detail below, Trip!’s peer-led model is its greatest strength.

Current Program Demographics

Limited data exists on current race, gender, class, sexual orientation, and ability demographics of Trip!’s volunteer and peer worker pool. Many stakeholders (both internal and external to Trip!) identified that reaching low-income youth was a big gap, suggesting that most Trip! youth – although not all – are stably housed, and do not experience significant financial precarity. This claim is further supported by past internal evaluations. An internal 2020 survey conducted with Trip! volunteers, peer workers, and those in their network found that 15% of youth surveyed (n=86) “did not qualify for CERB or EI and were living precariously” during the pandemic. Additionally, 27% percent of respondents were on CERB or EI. While original data is not available to confirm, this suggests that the remaining 58% of youth were financially supported by other means (i.e., family support, stable employment). Although some internal stakeholders we spoke with shared personal experiences of housing instability and homelessness, accounts shared by other stakeholders suggest that this is not reflective of general Trip! demographics.

As will be further elaborated below, when asked about race, many stakeholders spoke to Trip!’s demographics as being largely white. As one internal Trip! stakeholder shared “We do have a few volunteers that are people of color, but the whole staff team is white.” As this stakeholder explains, because peer workers are hired from the volunteer pool, this impacts the racial diversity of subsequent recruitment efforts. This is not to say that Trip! does not engage with *any* racialized and/or queer racialized young people. As one (racialized) internal Trip! stakeholder shared, “I feel like [Trip! does] like really, really well, like with, especially with like, the BIPOC. And LGBT plus community. Like, a lot of us, like, identify as that [with these communities].”

Both internal and external stakeholders identified a gap in reaching newcomer youth. Gender, Indigeneity, and disability were not frequently discussed in interviews by Trip! stakeholders but are nonetheless

important identities to consider. Finally, according to those we interviewed, Trip! engages some queer and trans youth, however, as will be explored below, engaging with 2SLGBTQ youth outside the rave scene, including racialized queer and trans youth, has been a challenge.

The limits of the rave/party scene from an equity-lens will be explored in greater detail throughout the report.

Figure 6 – Trip! Project Activities

OUTREACH	<ul style="list-style-type: none"> Harm reduction booths at nightlife events (raves, festivals, clubs, after hours, house parties) Harm reduction supplies distribution Peer engagement sessions and bi-monthly peer meetings Blogs and social media posts
SUPPORT	<ul style="list-style-type: none"> Drug checking services Direct peer support via email, social media DMs, and SMS Peer support at online raves, online community events Weekly drop-in's
EDUCATION	<ul style="list-style-type: none"> Drug and sex harm reduction information Community workshops on harm reduction strategies Public webinars
PEER LEADERSHIP	<ul style="list-style-type: none"> Peer volunteers and peer workers trained and supported to run program activities

Youth Harm Reduction in the Party Scene

A Peer-Run Model

Trip! is currently funded to serve youth ages 16-29 who use drugs, who frequent local underground or all ages parties or festivals. As described above, peer workers are typically hired from the volunteer pool. Volunteers are recruited via Instagram, booths at events, via peer workers and other volunteers, and through the Trip! listserve.

Trip's peer-led model is its greatest strength. Nearly all stakeholders emphasized the importance and success of the peer-led model for youth harm reduction. As an internal Trip! stakeholder shared:

Using the peer model approach is really what does it honestly. So, working with people from the communities of people that we're trying to reach so that there's this safety judgment, not judgment free that's hard to do, but you know, managing biases, space for communicating information around safer drug use and safer sex and trying to create that container of safety for folks to bring up any issues that they might be having... or additional resources or referrals that people might not feel comfortable asking for.

Trip!'s peer-led approach was echoed by both Trip! peer workers and volunteers, as well as external stakeholders. Many internal stakeholders connected Trip!'s peer-led approach to volunteers and peer workers' ability to have open, de-stigmatizing conversations on drug use. As one internal Trip! stakeholder shared:

Compared to a lot of organizations that are out there, I do think we're doing pretty well, because we have a peer-based system. There's a lot of organizations out there that are run by what we like to call drug saviors. It's like, "Oh, my God, you poor drug user". And I think we don't do that. We don't really put up with that.

This has led to a wide recognition of Trip!'s peer approach in the larger harm reduction community. As one external service provider shared: "I think [Trip! is] really youth-led, which I have so much respect for and admiration for. I really know that they want to empower youth voices. So, it's not necessarily adults running the show and doing all this delegation."


Making a Mark on the Party Scene

This peer-led approach has helped situate Trip! as a central harm reduction player in the Toronto party scene. Funded since 1995 by the city of Toronto, Trip! is one of the most long-standing harm reduction programs in Toronto. In a socio-political context where many health promotion projects are short-lived, Trip!'s 25 years in harm reduction programming is in part evidence of its success. As reflected by quotes in table 4, Trip! has left its mark on the Toronto party scene by distributing harm reduction supplies, providing peer support, and making drug checking available at countless festivals and nightlife events.

As evidenced by Trip! and PQWCHC's internal annual reporting, Trip!'s services result in youth engaging in new harm reduction strategies, including but not limited to supports and referrals to other services:

- 76% of service users and 88% of volunteers self-identify as adopting at least 1 harm reduction strategy post-Trip! interaction
- 349 service-users contact Trip! through online engagement seeking information/referrals to other services, with 73% feeling more connected after the interaction.





While many youth sexual health resources and organizations exist in the city, initiatives that create space for candid, stigma-free conversations on drug use *and* safer sex amongst youth are rare. Many stakeholders (including external stakeholders and youth in focus groups) spoke to the lack of judgement-free spaces to discuss harm reduction and safer drug use for youth. As an internal Trip! stakeholder shared:

 ***A lot of the like sexual health clinics are also hit or miss in terms of like stigma...We hear a lot of feedback from like, youth in Trip! specifically..... What are good harm reduction based, youth friendly, like sex positive clinics? And there's not that many of them. And we also have a bit of a different take on, not consent, but like drugs and sex together. Because a lot of people in the party scene don't have sober sex. And that is like a big no-no, pretty much everywhere else. And, you know, we recognize that comes with a ton of complications, and can be really difficult, and like, lots of messiness can happen around that. And just the reality of it is lots of people have sex and do drugs at the same time.***

Trip! has recently begun running a monthly word-of-mouth youth harm reduction drop in for youth who engage in sex work. This intersection of harm reduction friendly sexual health supports is an important gap Trip! fills. There are plans to scale up the drop in the coming year.

Finally, during the pandemic Trip! scaled up their online engagement, especially via capacity-building and public webinars. Although initially aimed at youth, the webinar audience grew substantially to include many adult harm reduction service providers or health providers looking to learn more youth drug trends, and harm reduction approaches with youth.

Table 4 - Making a Mark on Toronto's Party Scene

-  We track how many interactions we have, how many were harm reduction, strictly harm reduction based and meaningful in that way. How many kits, party packs, Naloxone kits, straws, condoms, lube, like whatever pieces of literature we, like, track every single one of those, put them into our stats. We track people that we refer to HIV info services. We track just all of these things, essentially. We also have surveys that our volunteers fill out after volunteer trainings and surveys that various attendees of our workshops and webinars will also fill out. And so, when we see numbers come up on those surveys where like, you know, there are common questions like, "How did you feel about this topic before this session and how you feel about this topic now?". We see those numbers increase and the comfortability with those numbers. And we see our supplies just going out and running out of supplies constantly having to make more kits like that, to me means that we're making a mark and getting what we do out there." - *Trip! Volunteer*
-  Seeing that people want to come in and get their drugs checked, and people want to come in and get kits, that people are like coming up to the booth knowing that they can get earplugs there, because they've heard that like hearing damage can happen. Through Trip!, people coming to like naloxone trainings and telling their friends to carry naloxone. I think that that's all sorts of evidence." - *Trip! Peer Worker*
-  All of these, like, quarantine parties were happening [during the pandemic], like on Zoom and stuff. And so, it sounded like Trip! was really plugged into that, which was great." - *Internal PQWCHC service provider*
-  I think that they're really, really good at being non-judgmental, and entering spaces that are really youth friendly, and not making it feel punitive or making it feel crappy. I think [Trip! is] really...big on making sure that, you know, their presence feels supportive, versus like, in any way of monitoring the youth who are who are just trying to, you know, go party and have a good time. They're just trying to, you know, promote safety, which I think is great." - *External Service Provider*

Trip! Program Implementation: Addressing PQWCHC's Vision, Values, and Mission for Equitable, Accessible Urban Health Care

In this section, we reflect on Trip! program implementation and effectiveness outside the party scene. More specifically, we explore how and to what extent the current program model and activities address PQWCHC's vision, values, and mission to provide "equitable, accessible urban health care for people where, when, and how they need it."

Youth Harm Reduction Outside of the Party Scene

When reflecting on PQWCHC values of community-responsiveness, and client-centeredness, it is clear from the findings that Trip! does an excellent job of responding to youths needs within the Toronto rave scene. The larger question, driven by the evaluation, is given PQWCHC's mission and mandate to provide "equitable, accessible urban health care for people where, when, and how they need it," how responsive is Trip! to the community needs of youth who use drugs *outside* the party scene? And, taking an equity-based frame, which youth are subsequently excluded when harm reduction is explicitly focused on parties?

Many stakeholders (both internal and external to Trip!) speculated that Trip!'s focus on the party scene may exclude youth who are lower-income – especially those who may be racialized, queer, or in the shelter system. For example, while some youth in focus groups attended parties, most did not. Similarly, when asked if they had heard of Trip! these same youth (who did not attend parties) were unfamiliar with the program. Many of these youth had the *most to say* about gaps in harm reduction programming.

Moreover, two internal Trip! stakeholders shared that although they volunteered at parties, parties were not somewhere they or their friends attended and used recreationally. When probed why, one internal Trip! stakeholder explained: "Because all of these parties are like \$30 and above. And then you're paying for drinks and like, and some people don't have like, more than the outfit that they have on their back." As another internal stakeholder shared, "We go to shows where people can pay money to go watch something and like that's a privilege, right?". Many internal stakeholders we spoke to were keen to address this class gap.

The focus on the party scene may have implications for who Trip! reaches and connects with, especially when service provision and outreach happen predominately through large parties and festivals. As one internal Trip! stakeholder shared:

Historically, Trip! has not been very good [at reaching out to Black, Indigenous and racialized communities]. I think currently, there are more racialized people in the organization than I'd previously seen, which is amazing. It makes me feel super comfortable. [But] like, definitely, historically, Trip! has always been pretty white. I think the rave scene is a large part of that.

As an external stakeholder shared:

Trip! has supported the goal of the organization harm reduction work reaching young populations. That there has been a narrowness to that population, however, in that it has been largely white. And if not white, it's largely middle class. And, and it has been folks who are students in university, in colleges, has been some of the folks... who the program reaches ... So, it's been responsive to a certain slice.

Given the above, both internal and external stakeholders saw a rich opportunity for Trip! to “look at a range of strategies” to branch outside of large party scene venues to be more responsive to diverse drug using communities. As one external stakeholder commented during an interview, “If you’re looking at reaching low income racialized young people... those spaces may not be the spaces where you will find the range of diverse communities, and populations of young people who need, who would benefit from the service.”

Some volunteers made the connection between the current volunteer/peer worker pool, and challenges engaging youth outside the rave scene. In short, because outreach is driven by youth *currently involved* with Trip!, the identities and experiences of volunteers and peer workers inform where, how and with whom outreach happens. Furthermore, peer workers tend to be hired from the volunteer pool, which then informs who drives the needs of the program. Many spoke to the need for “better and more volunteer outreach” as at the core of Trip!’s program change. One internal Trip! stakeholder expressed the cyclical nature of this challenge:

Trip! doesn’t do as much outreach in sort of the queer community. ...There tends to be a lot of queer people at raves. But we’re not accessing non-rave queer spaces as much. I think that that would definitely be a community that Trip! could better reach. Sometimes that’s because there’s few volunteers.... So, it sort of depends on whether there’s enough peers to be able to go to all these different events. I also know that Trip! tends to be very white as far as like, both peers and volunteers. So, I think definitely reaching out to ... BIPOC spaces would be advantageous.

Other internal Trip! stakeholders commented on the possibility of doing more outreach at parties specifically run by racialized queer and trans youth and/or connecting with music scenes outside the rave scene. Trip! is a small program with limited funding. Because of limited volunteer resources, this may mean carefully reflecting on where to best put Trip!’s recruitment and outreach efforts moving forward.

Finally, it is important to note that not all stakeholders interviewed felt it was important to leave the party scene behind. While many expressed a desire to expand outside the rave scene, there was an undercutting tension between reaching youth outside the party scene while still not losing many of the activities Trip! was founded to undertake. One internal Trip! stakeholder spoke to this tension when sharing that Trip! “struggle[s] a little bit to reach youth outside of the rave scene.” As she continued:

It’s obvious that we’re not reaching all the youth in the city. Not all of them go to raves. And so, in that sense, it’s very narrow - our scope. But that’s kind of like the intention that Trip! was originally founded for. And there’s definitely still a need for that.

However, as will be addressed next, this “narrow scope” may be creating a barrier for connecting with structurally disadvantaged youth from equity-deserving groups who could most benefit from Trip!’s support and services.

Furthermore, as some shared, the “whiteness” embedded in harm reduction is not a problem unique to Trip!. External Trip! stakeholders (internal to PQWCHC) shared that both the harm reduction sector and PQWCHC as agency could more effectively recruit, support and maintain racialized staff. There are also agency-level challenges to meeting youth needs, as will be explored next.

Nonetheless, change starts at all levels to ensure the Trip! program best serves the needs of youth “when, where, and how they need it.” With hope, this evaluation may be a launching pad for future conversations about best aligning Trip!’s future with PQWCHC’s values of social justice, equity, access; community and client responsiveness; and capacity-building.


Trip! and PQWCHC Integration: Internal Collaboration to Support Youth who use Drugs


Trip! peer workers, volunteers, staff, and PQWCHC stakeholders all identified key challenges with Trip!'s integration into a health centre that predominately serves adult populations. As one internal Trip! stakeholder explained, "Because we're so youth oriented a lot of their services ... have a much like older population and so that might be a little bit intimidating for younger Trip! involved folks." Interestingly, many Trip! peers and volunteers used third person language (i.e., "their") when speaking about PQWCHC, which reinforces the findings that Trip! is disconnected from larger PQWCHC operations. Both volunteers and peer workers expressed wanting more "visibility" of Trip! within PQWCHC.

Internal Trip! stakeholders and PQWCHC staff equally expressed needing more streamlined institutional pathways to internal referrals such as clinical care, youth-focused case management or counselling. For example, some internal service providers spoke about being eager to serve Trip! youth but not knowing how to connect with them. As one internal service provider shared, for "intuitional pathways" to be created, "the onus really needs to be on primary care in conjunction with the feedback from the Trip! program".

Furthermore, because Trip! runs programs in the evenings (which is common for youth programs), there is less cross-over with other agency programs. COVID-19 restrictions and changes in programming and work locations only exasperated this distance. Many of these challenges were named equally across stakeholder groups. While Trip! peer workers and staff interface with other harm reduction staff, it's largely through the harm reduction room, described as a "distribution hub, kind of a grab and go."


Trip! being disconnected from the health centre is a catch-22. Because PQWCHC is not set up to explicitly serve youth, structurally, it makes providing services to youth a challenge (for more, see: what do youth need from harm reduction programs?). Two Trip! internal stakeholders – who spoke about their previous involvement with the shelter system – expressed this dilemma well.

 *I think it's like a pretty good space - like Queen West like everybody kind of knows where that is.... Street cars goes right there. They ... give out tokens to when you come. ... I guess the downside is everyone I talked to about it has no clue [what] I'm talking about like, all youth. Okay, I didn't even know what it was until Trip!. ...Right? But it's easy to get there.*


 *I know that I trust what goes on there. And I would tell other friends if I knew the resources, but I personally don't use [PQWCHC] for anything else other than Trip! meetings, making kits with them, or going in for my own drug test That's where I send all my friends who I just want them to go get something looked at... before they're going to use something.... Other than that, like I know that they're an existing health center...Here's the like the divide because as a queer person, I really benefit from being at the queer health centre.*

Some challenges with integration are structural. In addition to internal "institutional pathways" staff identified a variety of other issues including not having other youth programs in the building, lack of gender-neutral bathrooms, and limited youth-specific mental health and housing supports. Additionally, when an organization is not set up to serve youth, there can be challenges with agism from other staff. While PQWCHC used to have a youth advisory committee, this disbanded over the years.

Internally, questions were also raised about whether PQWCHC was the right place for Trip! given the mismatch between the current demographics of Trip! and the agency's priority to serve populations who experience heightened marginalization. One external stakeholder shared that other staff within the organization had raised that "it feels like this is a service largely for middle class young people. And that's a needed support, but should we be the people providing that service?"



Nonetheless, despite these challenges, many shared real and potential benefits of Trip! being housed within PQWCHC. As one stakeholder shared, the “cross pollination” between adults and youth can be generative. Youth have

 *...really fresh ideas, lots of energy, lots of motivation. ... Sometimes like in adult services, and as adults, we can get a bit jaded and a bit tired. And so, it's nice to see like this refreshing energy, and it helps to sort of like co-motivate. ... And there might be...opportunity to learn from some of those experiences that [older] people have had.*

To this end, internal staff shared desires to see Trip! peer workers and volunteers integrated into larger harm reduction programs, including other peer worker positions, or centre events such as Overdose Awareness Day, or related events. Clinical staff spoke to a desire to learn more from Trip! youth on drug trends. Internal staff also spoke to the value Trip! brings to PQWCHC around 2SLGTBQ youth issues – including but not limited to structural challenges such advocating for the availability of gender-neutral washrooms.

In summary, Trip!’s integration into PQWCHC is a key tension reflected in conversations with stakeholders. As will be explored next, there are several strategies that youth have identified that would make Trip! – and PQWCHC – more inclusive for youth from diverse drug using communities. We will turn to this next.

Program Future: What are Youth Looking for in Harm Reduction Programs?

This section explores what young people are looking for in harm reduction programs. Within this, we consider what, when, and where early interventions are most needed. More specifically, analysis was conducted with an equity-based framework, considering what might be helping and/or hindering diverse youth from engaging with Trip! Here, diverse refers to a broad intersecting range of identities and experiences including but not limited to race, gender, class, housing status, sexual orientation, ability etc.

Harm Reduction When, Where, and How Youth Need it

During focus groups, we asked youth not engaged in Trip! *“If you were running Trip! how would you run it?”* The following section highlights key responses to this question, as well as conversations with other stakeholders, as depicted in figure 7. In the section that follows, we unpack each suggestion below.

Figure 7 – What Do Youth Want and Need in Harm Reduction Programs?



Peer-led Programs and Support

All youth stakeholders preferred to talk about drug use with their peers. An internal Trip! stakeholder shared why: “It’s more comfortable hearing [about drug use] from someone closer to your age, and who’s going through it currently, or has gone through it before. It’s that connection is way easier to trust and feel safe with.” As discussed above, many external stakeholders re-affirmed the importance of a peer-led approach.

Peer-based approaches to youth harm reduction are also well-supported by literature (Canêdo et al. 2022; Stowe et al, 2022). Studies suggest that peer involvement in service provision such as supplying new needles, supplying fentanyl test strips, and facilitating drug checking services significantly helps to increase service uptake among young adults (Adamson et al., 2017; Canêdo et al., 2022; Krieger et al., 2018). Young people are more likely to rely on their peers or social networks, rather than formal services for harm reduction information and support (Turuba et al., 2022a). Furthermore, young people’s valuable expertise ensures that peer-led harm reduction programs are relevant and meaningful to youth who use drugs (Switzer et al., 2016).

Reliable and Timely On-Site Drug-Testing

Many stakeholders – across all stakeholder groups – spoke about the need for reliable and timely drug testing. The cost and difficulty in acquiring drug testing kits is a gap in youth harm reduction (Cristiano, 2020). Trip! volunteers and peers in particular spoke about their “dream” for *on-site* drug testing during outreach. One party promoter interviewed shared a story about supplying free drug testing kits at a local festival frequented by young people. He shared that at the festival there was a “blackboard ... that would say... ‘hey, this colour pill, don’t do it.’ ... And people became aware.” While this story focuses on drug testing in the party scene, the need for drug testing was shared by all youth stakeholders regardless of preferred environment of use. Drug checking services such as fentanyl test kits have also been shown to significantly reduce overdose risk behaviour in young people (Krieger et al., 2018).


Honoraria and Incentives

When asked what would be helpful in recruiting and maintaining a stronger and more equitable volunteer base, many youth – both internal and external to Trip! – spoke to the importance of honoraria or other incentives.

Specific examples of incentives shared include:

- Cash honoraria
- Highschool community involvement hours
- Grocery cards
- Gift cards with multiple options (e.g., multiple stores, or gift cards which can be used in multiple settings)
- Meals
- Transit support
- Ready access to drug-testing, and other harm reduction supplies

When speaking with the Trip! coordinator, lack of honoraria was identified as a significant barrier and tension when wanting “to reach diverse groups of young people” dealing with complex life challenges by asking them to “volunteer their time.” One youth focus group participant explained the dilemma:

 ***I am incredibly busy on a day-to-day basis.... Setting aside time to learn more can be kind of almost like adding to the information overload that I’m experiencing. So, if I know that I’m going to be like fed, or that they are giving something out, that would be helpful for me. As somebody who wants to engage in harm reduction, if I’m provided an honorarium, I think that would allow me to...go.***


Providing honoraria is strongly supported by youth harm reduction literature (Turuba et al., 2022b; Hawke et al., 2022, Switzer et al., 2016). Honoraria not only recognizes the knowledge, contributions, and labour of young people, but also makes volunteering more accessible, especially for low-income youth.

Importantly, in addition to honoraria or other incentives, youth stakeholders shared that feeling like their voice matters, and is being taken seriously, is also important for sustained engagement.

More Non-Judgemental Harm Reduction Education, Spaces and Resources


Youth – in focus groups especially – spoke passionately about wanting safer, non-judgemental, and non-stigmatizing spaces to talk about drug use with their peers. Ideally, substance use education should begin before high school (Jenkins et al., 2017). As evidenced above, internal, and external stakeholders interviewed identified age 12 as a common age of drug use initiation suggesting that harm reduction programs might consider specialized support to youth under the age of 14.

Workshops or conversational drop-ins were the top identified ‘ask’ by youth currently not connected to Trip!. As one youth focus group participants shared:

 *Further education would be really, really great ... Sometimes there is a lot of fear centered in the education.... But...like people are going to do [drugs] anyway. And putting that fear with them is... like, I find that when I'm anxious before I smoke, I'm gonna' be even more anxious if I smoke during.... So, if we can figure out ways to like to re-frame [drug use that] would be helpful... And classic like, how to clean your [equipment]. Things like that would be really, really helpful.*

Not surprisingly, stigma was a common topic amongst all stakeholders. Stigma impacts the harm reduction supplies people ask for, and where and how young people access their drugs. As an external service provider shared: “I went to [harm reduction event] and I...had my crack [and] meth starting kits. And people only took [the Coke] starting kits... They're afraid to take the crack kits or the meth kits.” And yet, as our conversations with youth reflected, crystal meth is a fairly frequently used substance – at least within the communities of youth we spoke with.

Many youth in focus groups spoke passionately about the need for greater overdose training and education, including how to use naloxone, and the benefits and limits of the Good Samaritan Act. Some shared painful stories of being at parties where others overdosed and feeling alone in not knowing what to do, or experiencing peers leave, and being left all alone to attend to an overdose. Others had recently lost friends. As one focus group participant shared:


 *I overdosed, and people have had drugs on them. I'm like, call an ambulance because I cannot. [They say] “We can't.” ... It's like, and [The Good Samaritan Act is] one of the things that does need to be said more. But I don't know how nobody knows, still. Like there's some things I don't know. Still, nobody knows. But [change] always comes from that awareness, right? And that education. And if that's not happening, then...*

Interestingly, many of the desires expressed by youth in focus groups line up with programming and conversation topics Trip! is already initiating, suggesting that Trip! may want to scale up or expand community workshops. The desire for non-stigmatizing workshops and resources is well supported by the literature. Kimmel and colleagues (2021) found that peer-led naloxone and overdose trainings improved attitudes and helped instill a sense of altruism amongst youth at risk for overdose. Other topics identified in the scholarship include more well-rounded information on substance use (i.e., the neuroscience of addiction, short- and long-term impacts of drugs use [both positive and negative]) and how lifestyle and emotional regulation play a role in substance use behaviours (Turuba et al., 2022a; Hawke et al., 2022).

More Youth-Friendly Print Marketing

When asked how to best reach youth from diverse drug using communities, youth from all youth stakeholder groups spoke about marketing. Displaying posters and pamphlets about harm reduction in places where young people who use drugs frequent is a key strategy in engaging young people in harm reduction programs (Hawke et al., 2022; Cristiano, 2020). This connects well with what one Trip! internal stakeholder described as “more and better volunteer recruitment.” For example, one youth focus group participant shared that her ideal youth harm reduction space would involve being greeted by youth friendly advertising of services, like a menu at a restaurant. She expressed when it came to youth harm reduction, she just didn’t know what was available.

While many of the suggestions in figure 7 create the conditions for youth to stay engaged in harm reduction programming, marketing is the first step in inviting young people into programs. Signage also needs to be appealing to youth audiences. In addition to posters at community agencies, some suggested more internal cross-promotion. As one internal Trip! stakeholder shared:

 ***More signage and more sort of cross program promotion would be great. If when people went into the [Safe Consumption Site] there was information like ‘Did you know the [Trip!] drop-in happens in this building?’***

Although social media is often associated with youth, youth frequently mentioned *print* marketing as their preferred mode of communication. Many youth in focus groups described wanting to see posters while travelling about the city, whether it be on a street corner, or within an organization. This contrasts with Trip!’s current approach, which is largely driven by social media, as informed by peer/volunteer networks, which some internal stakeholders described as an “echo chamber.”

Finally, as one Trip! internal stakeholder shared, marketing is best paired with in-person visits at community organizations: “It’s more personable. You can actually see the person you can hear the person. It shows that they actually really care that they went out of their way to come.”

Learning as We Go...

When discussing marketing in focus groups, many focus group participants referenced the study poster as an example of how they found out about the evaluation.

While some participants were referred directly through a service provider, many participants stumbled upon the poster – and hence the evaluation – organically.

From a recruitment perspective, we learned that physical posters and emailing non-harm reduction youth organizations – when combined with a peer-driven approach – served to be the most effective strategy for engaging diverse youth who use drugs who were outside the Trip! network.

Recruit Peers, Staff, and Volunteers from Diverse Drug Using Communities

When asked what an ideal harm reduction program would look like, youth shared that hiring staff with lived experience is important. Youth want harm reduction programs that are staffed by non-judgmental peer workers and service providers reflective of diverse drug using communities. Non-judgmental service-providers help to build trusting relationships with youth (Hawke et al., 2022; Stockings et al., 2016). Young people are also more likely to return to harm reduction services, when they feel cared for by (Turuba et al., 2022a).

While peer-programming was identified as important, youth as a category includes many heterogeneous identities. As one stakeholder shared: “I would love to see more workers both in peer positions and [non-contract staff] positions with different identities and different lived experience levels.” As she shared, by hiring individuals from diverse drug using communities, it also communicates the message that many communities use drugs.

Programs that Meet Youth Where they are at Geographically and Organizationally

When asked where participants wanted to access youth harm reduction services, youth during focus groups largely spoke about engaging with harm reduction supports where they were *already* connected, both geographically and organizationally. Many spoke excitedly about the vital need for youth-specific harm reduction programming that Trip! offers but appeared disinterested in attending programs directly at PQWCHC. Many suggested that Trip! consider branching outside the physical location of PQWCHC to provide outreach, drop-ins, workshops, to other organizations, schools, or neighbourhoods. A mobile site was also identified as a possibility by a number of youth, including youth internal to Trip!.

Many Trip! *internal* stakeholders also suggested that this may be a promising approach. When asked what was hindering and/or helping diverse youth engage with Trip! one internal Trip! stakeholder shared: “the best ways to connect is via *other groups*, and them hosting us for workshops with whatever specific youth group or demographic they deal with. ... We’re working on like reconnecting with everyone and doing that more.” Many relationships with youth organizations were disrupted due to the pandemic, or because of high staff turnover. As another internal Trip! stakeholder shared: “I definitely think doing more to sort of reach people where they’re at...just expecting people to come to a drop-in that they don’t know anything about isn’t going to happen.”

Trip! peers and volunteers also suggested that workshops at community centers and other youth drops-ins would be helpful spaces to recruit volunteers, thus helping to diversify the pool of youth that led Trip!’s programs.

Youth during focus groups and some internal Trip! volunteers also spoke about the value of in-person programs and drops-in for youth in the shelter system who lack structured opportunities to connect and socialize with others.


During the program evaluation workshop, the desire to expand beyond PQWCHC was validated by stakeholders. Many external stakeholders we spoke to (i.e., internal staff at PQWCHC) spoke about potential opportunities to re-engage with many of the youth serving organizations near Queen and Bathurst, such as Evergreen, the YMCA drop-in, and Eva’s housing services. A list of potential program partners is identified in the recommendations below.

Gender-Inclusive, Youth-Friendly Harm Reduction Spaces with Evening and Weekend Hours

Youth wanted youth-friendly locations, and spaces with a good “vibe” as well as accessible hours of service. A youth focus group participant shared wanting harm reduction programs where youth: “feel safe to use, and to hang out, like a little community space,” will not “feel judged and scared,” and where if youth want to “be high... then they have a place to be and not on the streets.”


Youth-specific, and youth-friendly environments (tailored to young people’s needs) with evening and weekend hours is well-supported by literature (Canêdo et al., 2022). Based on conversations with young people, Hawke et al. (2022) recommended building a youth hub to provide integrated services for “addiction, mental health, physical health, social, financial, and quality-of-life service options in one location” (p. 43). Other recommendations include a non-clinical atmosphere, a welcoming drop-in space, and private spaces for consumption (Canêdo et al., 2022).

To this end, some stakeholders expressed challenge around the “clinical” feel of PQWCHC. They noted that the adult-dominated and clinical environment was a potential barrier for youth accessing care or programming on site. Many youth at the focus groups had never heard of or been to PQWCHC, including those who lived/resided in the area. During the in-person focus group, when talking about space, we asked participants what suggestions they might have for creating a youth-friendly environment. One focus group participant looked around and then pointed to a flyer for adult-oriented services on the wall, and explained:

 *I don’t know, just like, [we want] things [to] actually look better. Like if it’s like a poster or a pamphlet or whatever it looks, [it should] attract you more. So, you’re actually looking at that and it looks like it understands you, if that makes sense? Like instead of like this weird like, maybe that format [points at info poster in the room at PQWCHC]? I don’t know, like what the h*** is that? I don’t know what that is? Maybe something that’s actually drawing...towards you.*

Similarly, an internal Trip! stakeholder who was extensively connected to youth housing organizations, shared that it was hard to convince youth to come to PQWCHC – perhaps for reasons identified throughout (e.g., adult-dominated services). Adult harm-reduction services function very differently from youth services, and often youth want to access harm reduction in places designed explicitly for them (Turuba et al., 2022a). For example, some youth and service providers articulated the need for a *youth-specific* supervised consumption site. As a service provider shared, when the consumption site is “an adult heavy space, and ... it’s all 60–70-year-old dudes, like why would an 18-year-old want to go hang out there?” Both internal and external stakeholders described a youth-specific supervised consumption site as a “dream.”

Many youth we connected with spoke passionately about the challenges they faced with zero-tolerance approaches towards drug use within the housing system. These conversations during focus groups were often heated, with many participants jumping in to offer examples of when they or others they knew were “high or have drugs on [them]” and “were kicked out” of a shelter by a staff member. As one youth shared:

 *A lot of shelters call themselves harm reduction shelters. ... They’re supposed to sort of aid the people who they know are using or assume are using. ... But a lot of the time, they’ll take somebody who you know, is out of their mind on something and then kick them on the streets because they’re misbehaving. Or they’re being loud. A lot of the time, they’re not. Sometimes they are, but you know this person is using substances, you know this person is now at risk of themselves and now you’ve just put them back out on the streets, and they have nowhere to sleep. And they are really high. So, you know, there’s just... that’s not harm reduction, in my opinion.*


Many felt that this zero-tolerance approach puts youth at additional risk, and that this could be curbed by more training for workers on destigmatized and non-carceral approach to drug use, as well as safe youth-friendly spaces to use.

As we learned through our conversations with all stakeholders, youth-friendly spaces are more than just walls and chairs. Queer and trans youth we spoke with also articulated the need for gender inclusive washrooms. Friendly staff, an inviting atmosphere, youth-specific services, a destigmatizing approach, accessible hours and relevant and representative youth-friendly imagery all contribute to making a space youth-friendly.

Taking an Intersectional Approach

In addition to destigmatizing spaces, harm reduction workshops, resources and training must also take an intersectional approach. After all, there is no 'one size fits all' approach to harm reduction. The risks and harms young people who use drugs experience are greatly influenced by intersections of class, race, gender, sexuality, and ability (Canêdo et al., 2022; Stowe et al., 2022, Switzer et al, 2016). Youth harm reduction services should consider various contextual challenges to safer drug use, ranging from social/cultural (i.e., stigma), political/legal (i.e., policing), economic (i.e., cost of new equipment), and structural (i.e., safe spaces to use drugs) (Kimmel et al., 2021; Cristiano, 2020).

Taking an intersectional and structural approach to harm reduction was identified by both the literature and direct conversations with stakeholders. During focus groups especially, youth shared many examples of how their experience as drug users was mediated by race, sexual orientation and/or class (especially housing status). For example, one young person spoke to how the stigma she experienced was mediated by her race and gender as a young Black woman. Many youth in the shelter system (many who were also racialized) spoke about the specific barriers they faced as youth without stable housing. As one external stakeholder articulated:

 ***If Trip! is going to be engaging [racialized youth] ... then they also need to be explicit in being able to talk about racism in the justice system, and the differential impact on racialized young people, because harm reduction, quite frankly, has been traditionally very white and concerned with very much about itself as white folks using drugs.***


The 'whiteness' of the harm reduction and rave scene was echoed by some of the Trip! peers and volunteers when we asked them to reflect on what was helping and/or hindering diverse youth engagement with Trip! as evidenced above (See: Program Effectiveness and Implementation). Service providers also spoke to the impacts of colonialism on Indigenous youth and learning from Indigenous-led harm reduction movements.

While youth may not have used the term intersectionality directly, when shared as a key finding and recommendation during the program workshop, youth underscored that this should be a *key priority* moving forward for Trip! and other youth harm reduction programs.

Expanding Services to Include Inside and Outside of the Party Scene

While Trip! has been very successful implementing harm reduction interventions within the party scene, many youth – particularly those who are low-income and/or racialized, and/or queer and trans – are not attending public parties or festivals. Nonetheless, this is not to say harm reduction at parties is not warranted. When asked where Trip! should provide harm reduction support, many youth both internal and external to Trip! identified bars, or other public places youth gather to use drugs. Some internal stakeholders suggested branching outside of raves such as QTBIPOC-led parties, gigs sponsored by the youth arts community, or the punk scene. House parties were also identified. Nonetheless, by focusing *exclusively* on parties and festivals, Trip! may be overlooking a key community of youth who use drugs – especially youth who experience multiple layers of marginalization.

After all, ‘risk’ is not always distributed evenly. Even if harm reduction services are geographically or physically accessible, young peoples’ ability to reduce harm is constrained by their social, structural, and environmental contexts (Bozinoff et al., 2017; Canêdo et al., 2022; Adamson et al., 2017; Slemon et al., 2019). For example, an external service provider we spoke with shared that she was witnessing the ‘riskiest’ drug use amongst her clients engaged in sex work, who were also queer and trans. As she shared:

 *I'm seeing a lot of heavy drug use amongst my queer and trans clients. And that is both for the party scene within the [Church and Wellesley] village, but also [those who] engage in sex work ... in a way that might make [sex work] a little bit less miserable for them. Not to say that all sex work is miserable. ... I think Trip! being able to kind of refocus harm reduction and safer sex supports to ... [youth] ... engaging in [drug use] activities for more survival versus the party scene [would be helpful].*

Trip! recently begun a drop-in for youth who trade sex, however, it is unknown if the youth who attend are more connected to the party scene or engaged in ‘survival sex’. Nonetheless, given findings and partnership recommendations below, this may be a promising area for Trip! to continue to explore moving forward.

Recommendations for Re-envisioning Trip!

In the section that follows, we provide recommendations for re-envisioning the Trip! program model. Recommendations are not mutually exclusive and should be employed in tandem with one another for maximum impact. Because of Trip!’s youth-led model, program activities have historically been driven by the networks, connections, and desires of Trip! peer workers and volunteers. Many recommendations are already being prioritized, as sparked by ongoing conversations, and formalized by the evaluation.

Draft recommendations were shared, prioritized, and refined at the program design workshop in March 2023, following a discussion on preliminary findings.⁴ Findings and recommendations were also shared and refined with the PQWCHC and CCBR working group and community advisory board.

1. Expand Outside of the Party Scene(s)

1. **“Reaching youth where they are at:”** Expand in-person outreach, drop-ins and workshops beyond the party scene, particularly with non-explicitly harm reduction/HIV/sexual health focused services. This includes existing community organizations, youth shelters and housing organizations, youth drop-ins, community centers, and schools (i.e., late middle and high school).
2. **Create a dedicated partnership strategy to expand and grow partnerships.** During the program workshop, we asked youth to prioritize and rank where Trip! should put partnership efforts moving forward. The list below reflects potential partnerships, in order of priority and potential impact.⁵
3. **When conducting outreach at parties, continue considering larger issues of equity when prioritizing venues** including cost of entry, general demographics of (youth) attendees, and location so that outreach aligns with PQWCHC’s larger mission of providing “equitable, accessible urban health care for people where, when, and how they need it”.

Specific partnerships might have unique purposes such as: peer support for youth who use drugs; capacity building; and/or mutual support and collaborative service delivery.

⁴ The program design workshop focused primarily on recommendations 1-4. Recommendation five was drafted in collaboration between PQWCHC and CCBR with youth feedback in mind.

⁵ This list reflects stakeholder suggestions and has not yet been acted upon or shared with organizations.

Suggested Potential Partnerships (by priority and impact)

- I. Youth shelters or transitional housing organizations
 - a. Organizations identified include Eva's Initiatives, Covenant House, Evergreen, Kennedy House (in this order)
- II. Youth drop-ins or general organizations where youth are already accessing services or attending:
 - a. Sketch – a youth arts organization providing arts programming for youth on the margins
 - b. City or organization run drop-ins (that are not sexual health, HIV or harm reduction focused)
 - c. Organizations working explicitly with youth in care including but not limited to Step Stones to Youth; The Pape Adolescent Resource Centre; and One Vision, One Voice (for Black families involved with the child welfare system)
 - d. Central Toronto Youth Services – a community-based mental health organization which aims to support youth who are particularly vulnerable to larger systems of marginalization
- III. Indigenous-run harm reduction organizations.
 - a. As discussed at the program design workshop, there may be opportunities for Trip! to learn from and work alongside Indigenous-run harm reduction organizations and initiatives. As one stakeholder noted, Indigenous-run harm reduction organizations are “already good at implementing harm reduction strategies but [we] can always benefit from integrating services”
- IV. Sex worker run organizations such as Maggie's.
 - a. As one stakeholder noted, “youth engaged in sex work face unique challenges when it comes to drug use. The stigma of using drugs and sex work compound”

- V. School boards such as the TDSB, including alternative schools
 - a. While schools were ranked lower compared to other organizations, during focus groups and interviews many stakeholders identified schools as an excellent venue to engage youth, especially younger youth⁶

2. Support the Leadership of Low-Income, Racialized, Queer & Trans Youth

4. **Dedicate peer volunteer and employment opportunities** for low-income youth, in particular youth who are also racialized, queer and/or trans, and/or youth involved in shelter and/or transitional housing system.

In addition to programming led by youth, peers and staff should be reflective of diverse drug using communities – including, but not limited to racialized and Indigenous youth, low-income youth, youth with disabilities, newcomers, and queer and trans youth. (Of note: these categories are not mutually exclusive).

5. **Create incentives and enhanced support** for youth on the margins (honoraria, referral processes, etc.).

In addition to honoraria and other incentives, consider using a dedicated partnership strategy and expanded outreach to build external and/or internal referral processes to best support Trip! volunteers and peer workers.

⁶ It is possible that this partnership option was discussed less during the program workshop since a previous conversation (prior to the ranking activity) focused on community organizations

3. Establish a Youth Advisory Committee to Provide Guidance on Future Activities

- 6. Establish a youth advisory committee (YAC)** to guide Trip!'s activities moving forward. Considerations for YAC design, and operation are outlined in table 5, as synthesized from program workshop discussions. Potential areas for YAC guidance could also include revamping Trip!'s volunteer and peer training, using an intersectional lens.

As per the suggestion from youth to build in professional development opportunities, Trip! could consider inviting YAC members to participate in and shadow future grant writing, budget review, and guest speaking opportunities.

Table 5: Youth Advisory Committee – Youth Suggestions from Program Design Workshop

Who participates?	What does it look like?	How do we make it accessible?
<ul style="list-style-type: none"> Youth with diverse lived experiences (e.g., racialized and queer youth, youth involved in the shelter system, and those within and outside in the party scene) Set membership with core members – with opportunity for rotating members or drop-in meetings for wider feedback at designated points 	<p><i>Structure & Content:</i></p> <ul style="list-style-type: none"> Semi regular meetings to provide feedback on Trip! activities, outreach and recruitment <i>as well</i> as a space to talk about drug trends, and harm reduction-focused news and resources. Leverage the networks of YAC members for volunteer and peer recruitment from diverse youth drug using communities. Hybrid model (join by video call or in person) <p><i>Professional Development Opportunities:</i></p> <ul style="list-style-type: none"> Youth want to learn and apply skills such as writing and public speaking. Build in specialized YAC opportunities for professional development to develop skills for future employment 	<ul style="list-style-type: none"> Incentives for youth participation: community involvement hours, money, grocery cards Promoting a safer space Opportunities to change levels of participation as needed. Provide meals and transportation. Accessible by transit (considering participants come from different locations across the GTA) and/or hybrid options

4. Explore Future Program Activities

7. During the program workshop, we asked participants to rank suggested future program activities, so that in the case of limited resources, Trip! could prioritize. When asked to vote, **79% of stakeholders identified “more outreach, workshops outside of the party scene, done in partnership with other organizations” as the top program activity Trip! should explore moving forward.**

Other program activities, in order of ranking included:

1. Continue advocating for timely and reliable on-site drug testing
2. Intentionally revamp the Trip! volunteer and peer worker trainings to integrate an intersectional approach
3. Host in-person opportunities for youth to connect, especially for youth experiencing marginalization (e.g., in partnership with other organizations)
4. Explore conversations about youth-specific supervised consumption site, potentially in partnership with other youth-focused organizations
5. Use a partnership strategy to strengthen external referral processes to better support volunteers and peer workers within Trip!
6. Conduct external service provider training (especially for those working in the transitional housing/youth shelter system)
7. Conduct Trip!-led training on drug trends for clinical staff at PQWCHC
8. Internal in-reach through other PQWCHC programs and services such as the supervised consumption site

Activities 1-6 were ranked relatively evenly (~40-50%). Notably, Trip!-led internal training on youth drug trends, and internal in-reach at PQWCHC were the lowest ranked (28% and 17%). This may be because PQWCHC service provider participation at the program workshop was limited, and over half of stakeholders at the workshop had no previous relationship with PQWCHC (i.e., external youth and some CAB members). These lower rankings may also reinforce the adult-focused nature of PQWCHC, and young people’s desire to access services elsewhere.

5. Revisiting Internal PQWCHC Priorities

8. As evidenced by findings, there is a current misalignment between PQWCHC's adult-focused services, and the youth-led programming Trip! runs. To be most effective in the long-run, youth harm reduction services need to be conducted in youth-friendly spaces tailored specifically to young people, alongside other supports, with attention to other structural, organizational and programmatic factors identified throughout the report.

While Trip! fills a valuable role within the party scene, evaluation findings suggest that Trip! – *as currently designed and operationalized* – is not set up to most optimally meet the needs of equity-deserving youth communities. Furthermore, with limited funds and staff, and as a singular program within a larger agency focused primarily on supporting the needs of older adults, capacity and funding issues present key challenges.

Thus, in combination with the above recommendations, to better align Trip! with PQWCHC's mission, values, and vision, PQWCHC might consider:

- a. Intentionally integrating other youth-supports, services and structures into PQWCHC (e.g., building enhanced institutional pathways for internal referrals, youth-friendly design, youth-specific services)
- b. Decentralizing the PQWCHC location as the 'centre' of Trip!, and instead, moving to a partnership-based service model, where primary outreach, workshops, drop-ins and support happens via alternate youth agencies
- c. Partnering with other youth agencies equipped to house and support Trip!
- d. Enhance the scope of Trip! by sourcing other resources to meet the needs of youth who use drugs outside of the party scene.



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